



**NKYHEALTH**  
NORTHERN KENTUCKY HEALTH DEPARTMENT



**TO: Teachers, School Nurse, FRYSC, Staff**

The Northern Kentucky Health Department's **Dental Prevention Program** is scheduled to be at your school this year.

#### **WHAT PREVENTIVE DENTAL SERVICES ARE AVAILABLE?**

Pre K and K: Dental assessment, fluoride varnish, dental cleaning and KY Dental Screening Form.  
All other grades: Dental assessment, fluoride varnish, dental cleaning, and dental sealants as needed.  
Dentist referral and case management for all students found to have decay.

#### **HOW DO THE CHILDREN LEARN ABOUT THE DENTAL SERVICES?**

NKY Health Department is supplying each grade with a USB that contains our dental presentation and videos. **Dental Education is a crucial aspect of our Dental Prevention Program and we are requiring that each grade share the video with their classes and have them view it in the 2 weeks before we visit your school.**

#### **HOW WILL THIS AFFECT MY CLASS?**

Classroom participation in oral health education is a critical component of the Dental Prevention Program. A tooth model, relevant handouts and a curriculum, DVDs and books courtesy of the NKHD are available from your school nurse or FRYSC and should be used for classroom instruction to augment the actual sealant placements. **While the program is in your school, participating children will be taken from class for approximately 15-20 minutes each.**

#### **DOES THE PROCESS HURT?**

The dental processes are painless and require no shots. Students should not experience discomfort when they return to class, although the first day they may feel as though they are biting on something.

#### **WHAT DOES IT COST?**

All services are provided at no charge to families if the child has not had preventive dental services within the last 6 months. If the child is enrolled in Medicaid, we must bill Medicaid for the dental services. A current Medicaid number must be included on the consent form.

We do not file private insurance but are happy to see those children under the previous conditions. Please see the cover letter attached to the consent form for complete fee listings.

#### **WHAT IS EXPECTED OF TEACHERS AND HEALTH STAFF?**

**Your assistance in getting consent forms returned from every child in your class is critical to our ability to prevent a lifetime of dental disease. Please remind students frequently to return the forms, and check to see that the form is completed. Promotion of the program on the school's website, calendars, facebook and twitter pages, and all calls are an expectation of the school's participation in this program.**

Health staff will be given a folder that will enable you to make more copies if needed, or call Linda at the number below. A \$25 gift card is given to a class that returns 100% of the forms with at least 50% of them "yes".

If you have any questions or recommendations about this program, you may call the Oral Health Program Manager at 859-363-2035, email [linda.poynter@nkyhealth.org](mailto:linda.poynter@nkyhealth.org), or ask the dental professionals on site.

Thank you for your continuing support of this program.