

# Louisiana Seals Smiles

## School-Based Dental Sealant Program Manual

Brought to you by

The Louisiana Department of Health and Hospitals

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## Louisiana Seals Smiles

Louisiana Seals Smiles is an oral health prevention program supported by the Louisiana Department of Health and Hospitals Oral Health Program. It is a school-based or school-linked dental sealant project specifically geared toward first, second, and sixth grade children in Louisiana. Tooth decay (or cavities) is largely a preventable disease, but it is a chronic disease that affects thousands of Louisiana's youth every day. Tooth decay is the most common chronic disease of childhood, more common than asthma and hay fever. Tooth decay is an infection that when left untreated, can cause abscesses, tooth loss, low self-esteem, and weight issues in children. Oral pain and acute infection also causes an estimated 51 million hours of school to be lost each year in the U.S. In an effort to decrease the burden of oral disease on children, the Louisiana Oral Health Program is focusing its efforts on the primary prevention of the disease with dental sealant placement through school-based and school-linked sealant programs.

According to *Oral Health in America: A Report of the Surgeon General, 2000*, children who receive dental sealants as part of a school-based or school-linked program have 60% fewer newly decayed pit and fissure surfaces in back teeth for at least 2 to 5 years after a single application. In children, 90% of the decay is found in pits and fissures, and most decay is found in the pits and fissures of the first molars. Children of racial and ethnic minority groups have about three times more untreated decay and missing teeth due to caries, but they are about one-third as likely to receive sealants.

Louisiana Seals Smiles is a program designed to screen Louisiana's first, second, and sixth graders and place dental sealants, if needed, on their newly erupted first and second molars. The *Oral Health in America: A Report of the Surgeon General, 2000* states that dental sealants are nearly 100% effective in preventing caries in permanent molar teeth, especially when used in combination with other preventive measures such as fluoride and regular brushing. Sealant programs provide sealants to children at greatest risk of developing caries, but are otherwise unlikely to receive them. The Louisiana Seals Smiles dental sealant program incorporates other elements of good oral health, including an educational component for parents, students and teachers, dental screenings, referral for treatment of untreated decay, and retention checks following placement to make sure the sealants are maintained.

Included in this manual is information on how to get the Louisiana Seals Smiles Program started in your community or school and prevent children from suffering with the effects of cavities through a proven prevention method. If you would like to become an official Oral Health Program partner, you will be given forms that you may add your logo to. If interested, please contact the Oral Health Program at (225) 342-7804 or [anna.wanko@la.gov](mailto:anna.wanko@la.gov).

# Louisiana Seals Smiles Table of Contents

Program History.....	3
What are Dental Sealants.....	4
School-based versus school-linked sealant programs.....	5
Planning a Sealant Program.....	6
Program Basics .....	9
Promotion of the Louisiana Seals Smiles Program.....	15
Retention Checks & Follow-Up.....	16
Evaluation of the Numbers.....	17
Budget.....	18
Appendices	
A. School-based Dental Sealant Clinic Operation Forms	
1. Letter to School Contact.....	19
2. Dental Sealant Fact Sheet.....	20
3. Program Requests.....	21
4. School Contact Information Sheet.....	22
5. Consent Form Letter and Dental Sealant FAQs.....	23
6. Consent Form.....	24
7. Student Sealant Report .....	25
8. Sample Press Release.....	26
9. Dental Sealant Program Brochure.....	27
B. SEALS Forms	
1. Event Level Data Form.....	28
2. Child Level Data Form.....	29
C. Evaluation Forms	
1. Volunteer Survey.....	30
2. School Nurse Survey.....	31
3. Teacher Survey.....	32
4. Potential Provider Questionnaire.....	33

## Program History

The Louisiana Department of Health and Hospitals - Oral Health program supports programs designed to identify first, second, and sixth grade children who will benefit from the placement of pit and fissure sealants on their permanent molar teeth. These programs provide the following services on-site at elementary schools across the state:

- A dental screening;
- Classroom and individual education on oral hygiene and sealants;
- Information on oral health and sealants for parents; and
- Appropriate referrals for children who need restorative or emergency care.

School nurses are asked to help administer their school's specific program by performing the following tasks:

- On site logistics – reserving adequate rooms, tables, and chairs;
- Securing parental consent forms;
- Notifying parents of the educational presentations;
- Following up with parents of children who need restorative care; and
- Overseeing the students during the screening and sealant days.

### *What is Happening Now & Future Plans*

According to the *Basic Screening Survey, Bright Smiles for Bright Futures, Assessing the Oral Health Status of Third Grade Children in Louisiana* (2009), more than half of the state's third graders had treated or untreated caries, while only 33% of the students had at least one pit and fissure sealant on a permanent tooth. The Healthy People 2020's goal is 50% of 3<sup>rd</sup> graders to have dental sealants on at least one permanent molar. The Louisiana Seals Smiles program would like to achieve that goal so that Louisiana children at greatest risk of dental disease receive dental sealants.

Based on criteria approved by the Centers for Disease Control and Prevention (CDC), the Association of State and Territorial Dental Directors, and the Health Resources and Services Administration's Maternal and Child Health Bureau, the Oral Health Program is expanding Louisiana Seals Smiles dental sealant program to include all schools that that have a student population of 50% or more that qualify for free and reduced lunch, in a school district that is located in a rural area with great proximity and less availability to dental services, or their water source is non-fluoridated.

## What are Dental Sealants?

Dental sealants are thin plastic coatings that are most often applied to the chewing surfaces of the first and second molars (back teeth) where food and bacteria are not easily removed. They are used for the primary prevention of tooth decay.

The sealant bonds with the enamel of the tooth, and acts as a barrier to protect the pits and fissures on the chewing surface from plaque and acids, which cause tooth decay. As long as the sealants remain intact, the tooth surface will be protected from decay. Dental sealants normally last several years before a reapplication is needed as long as they are applied correctly on a dry tooth surface with proper preparation of the tooth.

### *The Process for Placing Sealants*

- The process of placing sealants is very simple for the operator and easy on the patient. X-rays are not needed, and the process is quick and painless.
- The tooth is examined to make sure it has fully erupted in the mouth and has not already been compromised with decay to the point of needing restoration (fillings).
- The tooth is then cleaned of any visible debris in the pits and fissures on the chewing surface.
- The tooth is rinsed off with water, the tooth is isolated with cotton rolls, and the surface of the tooth is air-dried.
- An etching gel is applied to the pits and fissures of the tooth and left for a few seconds. It is then rinsed completely off the tooth and the surface is examined to make sure it is ready for the sealant. When dried, the etched areas will have a chalky white look to them.
- The sealant material is then placed in the pits and fissures of the tooth. A special light is used to cure the sealant material for 20-30 seconds, depending on the material specifications.
- The tooth is inspected to make sure the sealant is retained on the tooth surface.

## School-Based Versus School-Linked Sealant Programs

School-based dental sealant programs are conducted completely within the school setting. Volunteer or paid dentists, hygienists and/or assistants, and students will use portable dental equipment or a fixed facility within the school to conduct the program. There are several components to a school-based setting that make it possible to provide the program in a very cost-effective and successful manner. The school is given the opportunity to be involved in all aspects of the program and can monitor the process to the extent they wish.

School-linked dental sealant programs are connected with the schools in some way, but they deliver the sealant placement services at a site other than the school. It may be done in a clinic, mobile unit, or dental office. School-linked programs deliver the same services of screening, education, sealants, and follow-up, but they are more removed from the school and may pose additional barriers to care, such as issues of time and transportation, that school-based programs might not.

### *Why Second and Sixth Graders?*

The first permanent molars erupt in a child's mouth at about age 6; this is around the time this age group is entering the first and second grade. Sealants placed on these teeth shortly after they erupt will protect them from developing caries in the pits and fissures of the chewing surface of the tooth where bacteria and plaque is not easily cleaned out. Second molars erupt in the mouth at about the age of 12; this is usually when the child is entering the sixth grade. These teeth benefit from sealants because just like the first molars, the second molars are susceptible to caries and should be sealed as soon as possible after eruption.

The Louisiana Seals Smiles program targets second graders because according to the *Basic Screening Survey, Bright Smiles for Bright Futures, Assessing the Oral Health Status of Third Grade Children in Louisiana* (2009), 65% of third graders have experienced treated or untreated decay and targeting the children a year earlier will eliminate much of this decay in third graders. Likewise, the same children who are more susceptible to tooth decay will also have the chance to have their second molars sealed when they are in sixth grade.

### *How do Schools Qualify for Sealant Programs?*

Schools qualify for the program in one of three ways. They are either an individual school with 50% or greater participation in a free or reduced lunch program, in a school district that is located in a rural area with great proximity and less availability to dental services, or their water source is non-fluoridated. Children in schools with more than one of these qualifications are at even more risk of dental caries, and using these recommendations assures that the program is targeting the children who are most at risk of dental caries that are the least likely to receive sealants. Information about what schools or districts would meet these qualifications is available by contacting the Louisiana Department of Health and Hospitals, Oral Health Program at (225) 342-7804 or [annawanko@la.gov](mailto:annawanko@la.gov).

## Planning a Sealant Program

Planning and implementing a local Louisiana Seals Smiles program involves not only the screening and sealant placement, but also involves some pre-planning and coordinating with local schools and communities. In order for the Louisiana Seals Smiles program to be successful, each local coordinator should communicate with school administrators, teachers, school nurses, and school facility personnel to discuss the logistics of implementing the school-based program. Additionally, there should be communication with local community members, volunteer organizations, dental community, and parents to assure coordination of referral services within the community.

### *Working with schools*

It is vital to establish and maintain a good rapport with the schools. It is ideal that those individuals coordinating the Louisiana Seals Smiles program make initial contact with the school and give them all the information they need about the program. It is very important that the school have information in writing, so that the communication is very clear and directions are easy to follow. It may be helpful to provide the school contact with a list of needs and expectations for the program to run smoothly.

A sample School Contact Information Sheet, Letter to School Contact, and Program Requests are included in the appendix. A discussion of the logistical needs of your sealant program with school personnel should include the following:

- Provide a sealant description fact sheet and any other pertinent information for review;
- Promote both the preventive and educational benefits of sealants and what the Louisiana Seals Smiles program will provide the children;
- Assure student confidentiality and compliance with HIPAA (Health Insurance Portability & Accountability Act);
- Offer to assist the school personnel with treatment referrals and follow through if further dental treatment is required;
- Discuss space needs for your school-based portable dental clinic. The room should have good lighting, proper ventilation, and enough electrical outlets compatible with your electrical needs. The equipment may also be loud and may want to be placed away from areas where students need to concentrate;
- Discuss the student/patient flow of your sealant program. Some sealant programs provide an education presentation on a separate day from the sealant placement and some programs provide the educational component the same day the sealants are placed. Either way, give a description of the program with details including time and space needs. Also, consider the teachers and school nurses as partners who could possibly communicate the educational program to the students unless it's done on a one-on-one basis;

- Arrange a primary contact person for communication between you, the school, and parents. Working with one person will help you coordinate the program more efficiently. Exchange work, cell, and home phone numbers. Usually, the school nurse is a good contact for this project, but often the school nurse has a full schedule, and her time is split between schools with an array of duties outside of the usual scope;
- Arrange dates and times for all aspects of the sealant program including educational presentations, screenings, sealant placement, and follow-up for retention checks;
- Discuss the parental consent, health history, screening, and other communication forms with the schools;
- Discuss the special language needs of the children. Provide the schools with forms translated in the appropriate languages;
- Arrange a time and date for distributing and picking up the parental consent forms and establish a due date for the forms to be returned;
- Explain the importance of sealant retention checks and that they will need to be completed at a later date. Retention checks are one of the most important aspects of the program and special attention should be placed on this with the school contact;
- Send a confirmation letter to the school verifying dates, times, and other arrangements discussed; and
- Send a follow-up letter with program results to the school. Be willing to share data because schools appreciate getting this type of information back on their students.

### *Staff & Volunteers*

One way to maximize resources is to conduct the program using various volunteers and students. Recruiting volunteer dentists, hygienists, dental hygiene students, and dental assisting students may allow for more community involvement, increase capacity, stretch funding and other resources further and enhance partnerships. There are dental schools, hygiene programs, and dental assistant programs that may have students willing to participate in volunteering for the program to help staff a local Louisiana Seals Smiles program. Also, many associations and professional organizations can provide volunteers and possible staff members to work with the program. There may also be local organizations in the community that have a volunteer base that might be able to assist the program.

### *Parents*

Parental support is essential for the program to be successful. Parents should not only be educated about the dental sealant program, but also on general oral health information. Utilize parent-teacher associations, parent volunteers, and “room parents” to gain their support. Parents can also be important in the activities on the day or week of the program. They could be utilized in organizing the children and escorting them from their classrooms to the sealant program.



### *Community Partners*

Support from the community in general is important, but know what groups or entities within the community will garner the most support and assistance in the program. These community partners can help form a local advisory committee or group and could be a conduit for getting volunteers to help with the program. Some possible groups to contact for support:

- Dental associations;
- Dental hygiene associations;
- School nurse associations;
- Community colleges, colleges, and universities;
- Local businesses;
- Medical professionals including dentists, dental hygienists, physicians, and their assistants;
- Community-based health organizations;
- Community health centers;
- Educational associations;
- Local government entities; and
- Youth-serving and community-based organizations like Girl & Boy Scouts.

## Program Basics

The elements required for the Louisiana Seals Smiles program include the sealant placement procedure, supplies and equipment, universal precaution protocols, community/school support, a referral mechanism, and a parent information mechanism. Evaluation of the program is also a requirement that will be discussed in the following section.

### *Sealant Placement Procedure*

The staff and volunteers providing the Louisiana Seals Smiles program need to follow the guidelines in sealant placement as recommended by the manufacturer of the sealant material and current infection control guidelines. Make sure all staff and volunteers are familiar with the steps in sealant placement.

Steps:

- Screen the child's teeth. This should be done by a dentist who will decide which teeth are appropriate for sealants;
- The tooth surface should be cleaned with pumice and a prophylaxis cup, then rinsed and dried;
- Isolate the tooth – use dry angles and cotton rolls;
- Etch the enamel surface;
- Rinse & dry the tooth again;
- Apply sealant material to the grooves of the tooth, and use a yellow microbrush, if needed, to ensure there is even distribution;
- Light-cure the sealant; and
- Evaluate the sealant – make sure it is intact, covers the entire surface of the tooth, and does not have any bubbles or voids.

There are several factors to consider in providing the Louisiana Seals Smiles program:

- Active consent by parents – In Louisiana, positive consent is required by all parents of children that will participate in the program. (An example of a consent form is included in the appendix). A signed consent form **must** be returned before the screening and sealant placement occurs.
- Screening of students by dentist– a dentist screens the child's teeth before sealants can be placed. Sealing the teeth depends on several factors including:
  - Decay present on teeth
  - Molars completely erupted
  - Other issues regarding child or teeth on a case by case basis
    - Oral health status

- Identification of caries or other oral health issues
  - Whether the child needs to be seen immediately by a dental professional for additional care, in the near future for possible problems, or in six months for a regular check-up.
- Health history – Because of limited time and space, questions regarding health history can be limited. The health history can be included in the information requested on the consent forms. Using this information, the dentist can determine if there is a medical condition that would prevent the placement of sealants.
  - The sealant and etching materials used may vary by program. The staff and volunteers should be familiar with the type of products used and follow all manufacturer instructions for placement. The sealant material used should be non-filled and light curing to be the most effective for a school-based or school-linked sealant program.
  - Guidelines on infection control protocols for school sealant programs must be followed. These guidelines are available from the Centers for Disease Control and Prevention (CDC) and must be incorporated into each program.
  - Medicaid/LaCHIP numbers – To allow these dental services to be billed to Medicaid or LaCHIP, the consent form has a space for the parent or school nurse to write in the child's number. The services can be billed only if the provider is a Medicaid or LaCHIP provider.
  - Patient treatment forms – During the screening, the exam form should be completed and signed by the dentist who performed the screening. (An example of the child-level data form is included in the appendix).
  - HIPAA – Health Information Portability and Accountability Act requires that all health information be kept confidential. Information regarding the screening, sealant placement and what the outcome was should be kept in strict confidence with only those individuals providing treatment, school personnel and parents allowed access to that information. The information, if stored on a computer database or disk, should be kept encrypted, locked or password protected and all efforts should be made to protect personal medical information.
  - Information sent home with students – After the screening and sealant placement, the child should be given a form detailing what was done, how many teeth were sealed (if any) and what follow-up needs to occur. Explain to the child that their teeth may feel too tall for a little while, but the feeling will go away as soon as the sealant wears down a bit, and that they shouldn't eat anything sticky or hard (like Doritos or candy) the day of sealant placement.

### *Suspicion of Child Abuse or Neglect*

If a Louisiana Seals Smiles representative suspects child abuse or neglect, it is the mandatory responsibility of that representative to report the suspicion to the school administration and proper authorities. The dental professional is in a unique position to notice problems resulting from physical and sexual abuse that occur around the head and neck area.

## *Equipment*

The Oral Health Program will provide portable equipment free of charge to participating programs; equipment use will be scheduled on a case-by-case basis. The equipment will also be provided on a first come, first served basis. General maintenance and cleaning of the equipment upon completion of use is required. If a local program has access to their own equipment, it may be used as long as it contains the required elements to conduct the program. Also, some dental offices have portable equipment also they may be willing to lend or commit to volunteer.

The following equipment components are required:

- Portable operators stool;
- Portable light;
- Portable dental patient chair;
- Sealant curing light;
- Portable dental sealant unit;
- Air/water syringe;
- Clean self-contained water system;
- Compressed air system;
- Air filter/dryer; and
- Low volume vacuum system.

## *Supplies*

The following supplies are those needed to conduct the program. This is not meant to be an exhaustive list, but at a minimum, most programs would need these items to implement a local Louisiana Seals Smiles program. There are several manufacturers that you may obtain these products from, and many dental offices may be able to assist the coordinator in obtaining many of these products through their providers, and perhaps help to sterilize non-disposable tools.

Patient Treatment:

- Pumice and prophylaxis cups
- Cotton rolls and dry angles
- Etch gel
- Evacuator tips
- Explorers
- Mirrors
- Sealant material
- Trays (disposable)

Provider and Patient Protection:

- Air/water syringe tips
- Bib clip
- Eyewear (for providers and patients)
- Gloves
- Hand soap
- Hand sanitizer

Sterilization and Disinfection:

- Autoclave bags
- Surface disinfectant
- Distilled water
- Gauze squares
- Glutaraldehyde
- Paper towels
- Trash liners
- Vacu-cleanser

Additional Supplies:

- Heavy-duty extension cords
- Tool kit for equipment repairs
- Office supplies (stapler, paper clips, tape, pens, and forms)
- Gauze squares
- Patient giveaways for “goody bags” (toothbrushes, toothpaste, stickers, etc.)

*Standard Precautions*

All Louisiana Seals Smiles programs are required to follow standard Occupational Safety and Health Administration (OSHA) Standard Precaution protocols as required by law. Some of the materials you may need for safe disposal include:

- An Emesis basin for unexpected regurgitation;
- Small plastic bags and tape for soft material clean up;
- Large heavy-duty plastic bags for final disposal;
- Gloves, chair covers;
- Disposable disinfectant wipes;
- Protective eyewear;

- Hand sanitizer;
- Paper towels; and
- Patient sunglasses.

OSHA requires that some of the waste from this project be disposed of by double bagging. Each child should be provided his/her own set up for screening and sealant placement with sanitizing done between each child. Be sure to include all items that OSHA requires your program to have at an event including an eyewash station, a blood borne pathogen spill kit, a chemical hazard spill kit, and a first aid kit with resuscitator. Additional information on OSHA and CDC requirements for guidelines on infection control in a health care setting can be found at the following links:

[www.cdc.gov/mmwr/PDF/RR/RR5011.pdf](http://www.cdc.gov/mmwr/PDF/RR/RR5011.pdf); and

[www.cdc.gov/mmwr/PDF/RR/RR5116.pdf](http://www.cdc.gov/mmwr/PDF/RR/RR5116.pdf)

#### *Oral Health Education*

There is not a specific curriculum recommended by the state sealant coordinator or the state program at this time. Several curricula regarding oral health education are available to purchase online. Each program can also design their own curriculum if they desire. Oral health education can be conducted one on one, in the classroom, or to the entire school population. Each community or school may have their own preferences, but each program is required to do some type of oral health education with the students. **At minimum**, oral health education should include a student component with a brushing/flossing demonstration and a parent component, either written or through a formal presentation to explain what sealants are and their importance in the primary prevention of tooth decay.

#### *Community/School Support*

To be successful, a program should have both school-level and community-level support. The program needs to have a community that shows support through volunteers, donations, and other in-kind support. In addition, a community-based advisory group could be set up to promote support from the community.

Schools can support programs in several different ways. They can provide the children, staff and building support. They may be a resource for obtaining Medicaid numbers. Also, the schools can aid in getting consent forms signed and returned and health history information obtained. Finally, the schools can show support for oral health education and follow up.

#### *Referral Mechanism*

Screenings, oral health education, and sealant placement are not the only responsibilities of the program. There are a significant number of children who already have decay evident in their mouths and need to be referred to a follow up with a dental professional for care. Programs should expect approximately 40% of the screened children to need further treatment. There may be several options in the community, but many communities will have limited resources available. **At minimum**, a list of possible providers in the community who see uninsured

individuals, accept Medicaid and LaCHIP, operate on a sliding fee scale, or offer general services should be given to those children who need further treatment. Some programs may decide that a case manager will help facilitate follow up; sometimes an administrator or school nurse is best for this duty.

The consent form includes a question regarding if the child currently sees a dentist. If the child is currently a patient of a dentist, they should be referred to that dentist for follow-up care. The list of children needing additional care should be shared with the school nurse or school contact so they can follow up with the families and children as needed. If resources are not known, contact the Louisiana Department of Health and Hospitals Oral Health Program for information.

#### *Parent Information Mechanism*

Part of the sealant program involves educating parents on the importance of regular dental care and prevention of dental caries. When a child's teeth have been sealed, a letter should be sent home to parents describing what was done and assessing the child's further needs. An example is in the appendix section. A school nurse or the health educator conducting the program should encourage parents to seek treatment if necessary.

Information on brushing/flossing properly, dental visits, and nutritional snacks and foods should also be given to the parents when the opportunity arises, either at parent-teacher conferences, parent nights, or with the letter sent home after sealant placement.

## Promotion of the Louisiana Seals Smiles Program

Marketing of the sealant program can be done in whatever format works best for the community it is being presented in. There are basic fact sheets and information sources on the Department of Health and Hospitals Oral Health Program website. There are also downloadable fact cards and brochures on sealant and the Louisiana Seals Smiles Program. A sample press release, brochure, and sealant fact sheet in the appendix section to send to local media outlets. The materials can be personalized with logos as needed, as long as the DHH logo and contact information remains equal to or larger than the added logo.



## Retention Checks & Follow-Up

Sealant retention checks are the primary way to assess the program effectiveness. Retention checks will help to evaluate the long-term caries prevention. The Louisiana Seals Smiles program requires that at least 10% of third graders who received dental sealants in second grade have a follow up retention check done within one year of sealant placement. The best time to do this is when the program is returning to the school to place sealants on the new second grade students. At this time, at least 10% of the prior class recipients should be randomly selected and their sealants checked to make sure they are still intact and in place.

There are three classifications of sealant retention:

- **Complete retention:** the sealant is fully intact with no obvious loss of the sealant material.
- **Partial retention:** the sealant is still visibly in place with minor loss of material that does not expose the pits and fissures of the tooth and does not result in significant “ledges” on the tooth.
- **Missing:** considered the major loss of the sealant material that exposes the pits and fissures of the tooth.

If the sealant is missing, it can be reapplied at this time. It is very important to keep correct records on all sealant retention since this is one of the measures we use to determine the program’s success, and the retention of sealants is directly linked to the caries experience of the child. The consent form covers both the grade that the sealant was placed and the year after, so a new consent form will not need to be completed for retention checks of children previously in the program.

## Evaluation

The Louisiana Seals Smiles program uses software based in Excel developed by the CDC called the Sealant Efficiency Assessment for Locals and States (SEALS). The required forms for the program reporting are included in the appendix and a copy of the software is available by contacting the dental sealant coordinator at the Louisiana Oral Health Program at 225-342-7804. The database should be completed and sent via email each quarter to the state sealant coordinator. Training on the software is also available free of charge by contacting the sealant coordinator.

### *What to Report to the Oral Health Program (OHP)*

Please do not send any patient names or other sensitive patient information to the Oral Health Program. This information should be kept confidential between the providers, parents, and school nurse or school personnel responsible. The SEALS software provided by the CDC includes those items that are to be reported to the OHP.

## Budget

As always, there are limited funds available to prevent illnesses, and preventing caries is not any different in that the need always outweighs the resources available. There are limited funds available from the Louisiana Department of Health and Hospitals Oral Health Program to partially fund a Louisiana Seals Smiles program. The funds are available to not-for-profit groups that will not be billing Medicaid for their services, and will be available on a first come first serve basis through a contract process for the following activities:

- As seed money to hire staff to conduct the planning and the program implementation.
- To pay an existing staff member to coordinate and implement the program.
- To pay dentists/hygienists for their time in providing the services.
- For evaluation of the program and data entry.

The Oral Health Program funds cannot pay for disposable supplies or paper supplies. These items will need to be in-kind from volunteer sources or a private practice or by donation to the program. This includes the actual sealant material. Other funding sources must be utilized to purchase these materials. Donations may be sought out, other grant funds can be used, and private donations may be utilized.

### *Billing Medicaid/LaCHIP*

Dentists in the state of Louisiana can have their own Medicaid numbers and bill Medicaid directly. Contact Medicaid for instructions on completing this process. If the program has a dentist applying the sealants, the dentist can bill LaCHIP if they are a provider. The consent form includes information for the parents to fill in the Medicaid/LaCHIP information, but this information is sometimes difficult to obtain. Working with the school nurse might yield additional results.

## Appendices

**Appendix A** contains forms required to develop, organize, and implement the Louisiana Seals Smiles Dental Sealant program in any school. The letter to school contact (A.1), dental sealant fact sheet (A.2), and program requests (A.3) are examples of what you need to inform the school of how your program will operate. The School Contact information Sheet (A.4) is an example of what you can use as you contact the school to make arrangements. The consent form letter with attached Consent Form (A.5) and the Dental Sealant FAQs (A.6) should be included in the information given to the school representative, and should be sent home for the parent's information. A positive consent form needs to be returned before the child has any dental screening or sealants placed. They should be kept on file for 7 years following the last treatment. This information should comply with HIPAA restrictions for the patient protection of sensitive information. One of the most difficult aspects of consent forms is getting consent forms returned; special attention should be placed on this part of the project, and every effort should be made to get the forms returned. Utilize the existing methods of reaching parents such as parent nights, parent-teacher conferences, and school activities. Work with teachers and school contacts to educate them on the importance of this and, if possible, offer an incentive if a class gets every student to return a consent form. Also included is the take home form, the Student Sealant Report (A.7), which is sent home with the child when the activities are completed. The form includes information regarding the child needing further treatment, how many teeth were sealed, if any, and why teeth were not sealed, if they were not. A sample press release (A.8) is also included in case you want to disperse information through local media. The Louisiana Seals Smiles brochure (A.9) may also be used to promote the dental sealant program within a school or school district.

- A.1 Letter to School Contact
- A.2 Dental Sealant Fact Sheet
- A.3 Program Requests
- A.4 School Contact Information Sheet
- A.5 Consent Form and Consent Form Letter
- A.6 Dental Sealant FAQs
- A.7 Student Sealant Report
- A.8 Sample Press Release
- A.9 Dental Sealant Program Brochure

**Appendix B** contains forms that need to be completed for the SEALS evaluation. The Event Level Form (B.1) is to be completed at each individual event. The form will be used to complete information into the SEALS software. The Child Level Form (B.2) is to be completed at the time of the screening, sealant placement and retention checks. The form includes information on areas that are already decayed, sealed and not fully erupted. It also contains information about the general oral health care the child currently has and reflects if sealants were applied during the visit. A copy of the exam forms should be kept in the child's school health chart or student's school chart for the duration the student attends the school or as long as the school deems necessary. The information on the patient exam form should be kept confidential and follow HIPAA guidelines. Because the information on who received sealants

the first year is needed for the retention checks in the second year, the program coordinator should keep the information, but ensure that it is stored in a secure location.

**B.1** SEALS Event Level Form

**B.2** SEALS Child Level Form

**Appendix C** contains forms that can be adapted for the local program to use for the Louisiana Seals Smiles Program for evaluation. Your personal contact information should be included on each form with a contact phone number, so that individuals who have questions may reach you. The forms can also be translated to other languages as needed:

**C.1** Volunteer survey

**C.2** School nurse survey

**C.3** Teacher survey

**C.4** Potential Provider Questionnaire

For additional information, contact the Oral Health Program at (225)342-7804.

## Louisiana Seals Smiles

### Example Letter to School Contact

Dear {School Contact},

Thank you for participating in the Louisiana Seals Smiles school-based dental sealant program. Although dental diseases such as cavities are almost 100% preventable, they remain one of the most common childhood chronic diseases. It is five times more common than asthma and seven times more common than hay fever. An estimated 7.8 million hours of school are lost annually in Louisiana because of oral pain and infection. Dental sealants, which are thin plastic coatings applied to the tops of permanent molars, are one of the best cavity prevention methods available.

Once sealants are placed on the teeth, they can protect teeth up to 10 years. In conjunction with daily brushing with fluoride toothpaste, flossing, and regular check-ups, children who participate in the program can remain cavity free for years to come.

The Louisiana Seals Smiles program will be coming to your school on {dates} to conduct screening and sealant placement. To ensure the program runs as smoothly as possible with minimal class interruption, program staff will set up the equipment on {date & time}. Attached is an itemized list of the needs for the program. If possible I would like to meet with you to discuss these needs on {date/time}.

Thank you again for your participation and help in implementing this program. You have helped to provide an invaluable service to your students. Please contact me at {phone numbers/email} for any additional information.

Sincerely,

{Name, Title}

## Louisiana Seals Smiles Dental Sealants Fact Sheet

What are dental sealants?

- Dental sealants are thin plastic coatings that are put onto the chewing surfaces of the back teeth (molars).
- They are “painted” on the top of the teeth and harden to form a shield over the tooth.

Why should my child get sealants?

- As the back teeth grow, pits and grooves form on the top of the teeth. Food and germs get caught in the grooves and cause the teeth to get cavities.
- While brushing the teeth is an important practice to maintain healthy teeth and gums, it does not remove all the food and germs that get stuck in the grooves.

When should my child get sealants?

- A dental professional should determine whether your child needs dental sealants and apply them when they start getting their first molars (back teeth) at about the age of 6 or 7. They should be applied by a dental professional again on the second molars around the age of 11.
- Make sure a dental professional checks the sealants regularly to be certain they are still covering the teeth.

Does it hurt to have sealants put on teeth?

- No, getting sealants is painless. Drills and shots are not needed. Sealants only take about five minutes to put on per tooth, and once they dry, normal activities are fine.

How long will sealants last?

- Sealants can last up to ten years or longer if they are applied correctly and teeth are properly cared for after placement.

How do dental sealants prevent cavities?

- Dental sealants fill the pits and grooves of the teeth, making it simpler to keep teeth clean because food is easily brushed away with a toothbrush.

How much do sealants cost?

- Usually a sealant costs less than filling a tooth that has a cavity. Some dental professionals offer a sliding fee and most insurance companies cover sealants.

Is brushing still important when teeth have sealants on them?

- Yes, brush & floss every day! You still have to work on keeping your teeth and gums clean & healthy.

## Louisiana Seals Smiles Program Requests

Dates of Screening: \_\_\_\_\_

Dates of Sealant Placement: \_\_\_\_\_

Equipment Delivery Date: \_\_\_\_\_

### Space Needs:

- Area 10' X 14'
- Adequate electrical outlets
- Well Ventilated area
- Well Lit area
- Ground Level
- Nearby Sink/Water
- Away from "Quiet Areas"
- Secure Space that may be locked at night
- Available for Duration of Program

### Other Needs:

- Class List of all 2<sup>nd</sup> graders
- Class List of all 3<sup>rd</sup> graders for retention checks
- Collection of signed consent forms by \_\_\_\_\_
- Trash can
- Possible Custodial Help if needed
- Table
- Two Chairs
- Parking close to entrance



**Louisiana Seals Smiles**  
Example School Contact Information Sheet

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Additional Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Directions to School: \_\_\_\_\_

Dates of Sealant Program: \_\_\_\_\_

Assemblies, Field Trips, Holidays: \_\_\_\_\_

Lunch: \_\_\_\_\_

Recess: \_\_\_\_\_

Principal Name: \_\_\_\_\_

Principal Phone Number: \_\_\_\_\_

School District: \_\_\_\_\_

Application or Permission Requirements to go into School: \_\_\_\_\_

Teacher Name Class Room # Number of Students in Class

<u>Teacher Name</u>	<u>Class Room #</u>	<u>Number of Students in Class</u>

Initial Contact Date: \_\_\_\_\_

Notes of Contact: \_\_\_\_\_


Additional Contacts: \_\_\_\_\_


**Louisiana Seals Smiles**  
Parent Letter and Consent Form

Dear Parent:

Your child's school has been selected to participate in the Louisiana Seals Smiles dental sealant program, a partnership between \_\_\_\_\_ and the Department of Health and Hospitals Oral Health Program. Louisiana Seals Smiles provides **free** dental screenings and dental sealant placement on the back teeth of 2<sup>nd</sup> and 6<sup>th</sup> graders at their school settings.

The week of \_\_\_\_\_ Louisiana Seals Smiles staff and volunteers will be at \_\_\_\_\_ elementary school to provide this free service. If you wish for your child to participate in the program, please fill out the attached consent form and return it by \_\_\_\_\_ to your child's school.

A state-licensed dentist will perform a visual inspection of the teeth to determine if dental sealants are needed, and a dental hygienist will apply the needed sealants(s). Students will also receive education on oral health and learn how to keep their teeth and mouths strong and healthy. Parents of all participants receive follow-up information about the results of their child's dental inspection.

Please find included with this letter more information about dental sealants. If you have questions about dental sealants or about the Louisiana Seals Smiles Program, please contact: {Name} at {Phone Number} or {Email}.

Sincerely,

{Name}

{Title}

{Organization}

**Louisiana Seals Smiles**, a free dental sealant program supported by \_\_\_\_\_ in partnership with the Louisiana Department of Health and Hospitals Oral Health Program will be in your child's school on \_\_\_\_\_. If you consent, a dentist will look at your child's teeth and will decide which teeth can be sealed, and those teeth will be painted with a plastic sealant that will keep food and germs out of the grooves of the teeth.

**Louisiana Seals Smiles** does not take the place of a regular dental checkup. It is a prevention program supported by \_\_\_\_\_ in partnership with the Louisiana Department of Health and Hospitals. To contact the Oral Health Program, call: 225-342-7804.

Consent:

\_\_\_\_\_ **YES**, I want my child to receive a free dental screening and dental sealants  
\_\_\_\_\_ **NO**, I do not want my child to receive a free dental screening or dental sealants

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_  
Teacher Name: \_\_\_\_\_ School: \_\_\_\_\_  
Gender: \_\_\_ Male \_\_\_ Female  
Ethnicity: \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Asian or Pacific Islander  
\_\_\_ American Indian \_\_\_ African American \_\_\_ I do not wish to answer

Has your child ever had:

1. Rheumatic fever or rheumatic heart disease? \_\_\_ YES \_\_\_ NO
2. Allergies? \_\_\_ YES \_\_\_ NO To what: \_\_\_\_\_
3. A Reaction to latex? \_\_\_ YES \_\_\_ NO
4. Asthma? \_\_\_ YES \_\_\_ NO If yes, date of last attack? \_\_\_\_\_
5. Other serious health problems? \_\_\_ YES \_\_\_ NO Please explain: \_\_\_\_\_

Is your child on Medicaid or LaCHIP? \_\_\_ YES \_\_\_ NO  
If yes, what is the Medicaid/LaCHIP 12 digit number? \_\_\_\_\_  
Is your child currently under the care of a dentist? \_\_\_ YES \_\_\_ NO  
If yes, what is the dentist's name? \_\_\_\_\_  
What are they being treated for? \_\_\_\_\_  
When was the last time your child saw a dentist? \_\_\_ Last year \_\_\_ 2+ years ago \_\_\_ Never

I, \_\_\_\_\_ give my permission for my child, \_\_\_\_\_ to take part in the Louisiana Seals Smiles Dental Sealant Program. I understand the information on this form. I give permission for dental providers or Louisiana Seals Smiles program to perform a basic dental screening of my child's teeth. I also give permission for these same individuals to put dental sealants on my child's teeth if they are needed. If my child currently has Medicaid or LaCHIP, the provider may submit a claim. I understand that there is a possibility that photos may be taken during the program for marketing purposes at my child's school while sealants are being placed. I will notify the school if I do not wish to have my child photographed. In case of a medical emergency, I give permission for the attending dentist or dental hygienist to administer medical treatment including medications as law allows them. I also understand that my child's personal information will be kept confidential and will not be shared with any person who is not directly involved in the care of my child. I also understand that I would need to sign a release for the information to be shared with anyone not directly connected with Louisiana Seals Smiles or the school as part of the Health Insurance Portability & Accountability Act. This consent covers my child for two school years, so teeth sealed in the first year may be rechecked and any new teeth can be sealed if necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

## Louisiana Seals Smiles

### Dental Sealant FAQs

Q: What are sealants?

A: Dental sealants are thin plastic coatings that are put onto the chewing surfaces of the back teeth. Sealants are painted on the top of the back teeth and harden to form a shield over the tooth that helps protect it from cavities.

Q: Does it hurt to have sealants put on teeth?

A: No, getting sealants is painless. Drilling or shots are not needed. Sealants only take about five minutes to put on per tooth. Right after they dry, normal activities are fine.

Q: How long will sealants last?

A: Sealants can last up to ten years or longer if they are done right and teeth are properly cared for after they are placed.

Q: How do dental sealants prevent cavities?

A: Dental sealants fill the pits and grooves of the teeth. The teeth are easier to keep clean because the food is easier to brush off with your toothbrush.

Q: Is brushing still important when teeth have sealants on them?

A: Yes, brush & floss every day! You still have to work on keeping your teeth and gums clean & healthy.

Louisiana Seals Smiles does not replace the advice or care from your regular dental professional. Please seek regular check-ups and care.

## Louisiana Seals Smiles

### Student Sealant Report

Today your child, \_\_\_\_\_ participated in the **Louisiana Seals Smiles** Dental Sealant Program at school. A dentist screened your child's teeth for decay (cavities) in the mouth by a visual screening only. **A complete dental exam with x-rays was not done.**

- Your child received \_\_\_\_\_ dental sealants today on their permanent molars (out of 4 possible).
- Your child did not receive sealants today.

If your child **did not** receive dental sealants today it was because:

- The teeth were not grown in enough to seal them.
- The teeth were already sealed.
- The teeth already had fillings.
- The teeth were decayed – seek dental care if possible.
- Your child was not cooperative.

#### **It is recommended that your child see a dentist for:**

- Emergency dental care – immediately
- Possible treatment of cavities – as soon as possible
- For a regular dental exam with x-rays – as needed

At first, sealants can make the teeth feel too tall. The feeling might last until the normal chewing wears the sealant down into place.

Please be advised that your child should not eat hard corn chips (like Doritos) or sticky candy (like taffy or gum) for at least 24 hours.

A regular dental check-up should occur every 6 months for most children. If your child needs dental care, please make an appointment with a dentist as soon as possible. If you have a current dentist, please contact them for care.

## Louisiana Seals Smiles Sample Press Release

Date:  
Contact:  
Phone:  
E-mail:

### Louisiana Seals Smiles

[Community Name] – On [date], the Louisiana Seals Smiles Dental Sealant Program, supported by the Louisiana Department of Health and Hospitals Oral Health Program in partnership with \_\_\_\_\_ will provide sealants to all [1<sup>st</sup>, 2<sup>nd</sup>, and/or 6<sup>th</sup> graders] at [Name of school] School. [Names of staff/volunteers] will be on-site to screen the children’s teeth and apply dental sealants.

Dental sealants are a thin plastic coating that is painted on the chewing surfaces of the back teeth. The sealant helps keep the tooth clean and decreases the amount of food and debris that gets stuck in the deep pits and fissures of the teeth. The food and germs that get stuck in the grooves of the teeth can cause cavities. Brushing isn’t effective in removing the cavity causing materials because the toothbrush bristles are too large to get into the small crevices on the tops of the back teeth. Once the sealant is in place it is almost 100% effective in keeping the sealed tooth cavity free with regular brushing.

Louisiana Seals Smiles is a school-based sealant project of the Louisiana Department of Health and Hospitals Oral Health Program. It is designed to identify first, second, and sixth grade children who will benefit from the placement of dental sealants on permanent molar teeth. The project includes a dental screening, classroom presentations on oral hygiene and sealants, presentations to parents, and referrals for children who need restorative or emergency care. The services are provided on-site at schools with the help of volunteer dentists, hygienists and student dentists and hygienists. For information on Louisiana Seals Smiles programs in your area, contact [name of contact & phone number].

(Brochure Page 1)

(Brochure Page 2)



# SEALS EVENT-LEVEL DATA COLLECTION FORM

\*\*\*\* Please complete one form per site. \*\*\*\*

1. Program name: \_\_\_\_\_ 2. Event name: \_\_\_\_\_

3. School year: \_\_\_\_\_

(Enter the 4 digit year that the school year began; for example, for the '02-'03 school year, enter 2002.)

4. Site type: \_\_\_\_\_

0 = School

4 = Tribal health center

1 = Community site

5 = Community health center

2 = Dental hygiene program

6 = Other \_\_\_\_\_

3 = Dental school

5. Number of dental chairs used for:

a. screening \_\_\_\_\_ b. sealant delivery \_\_\_\_\_ c. retention checks \_\_\_\_\_

6. Total hours organizing event, not spent at site: \_\_\_\_\_

7. Total time spent at site (in hours) for:

a. screening \_\_\_\_\_ c. retention rate checks \_\_\_\_\_  
b. sealant delivery \_\_\_\_\_ d. setup and breakdown/cleanup \_\_\_\_\_

8. a. Number of child hours of oral health education offered: \_\_\_\_\_

b. Number of children receiving oral health education: \_\_\_\_\_

9. Event dates - Choose *a single* representative date for each of the following:

a. screening \_\_\_\_\_ b. sealant placement/fluoride delivery \_\_\_\_\_  
c. follow-up (e.g. retention check, follow-up on referral) \_\_\_\_\_

(Note: Dates should be entered in 8-digit format, including slashes. For example, January 1, 2000 should be entered 01/01/2000. Enter 12/31/1998 as the date for phases of the program that have not yet or will not occur.)

10. Criteria used to determine caries status: \_\_\_\_\_  
 0 = ICDAS                      4 = Other system that distinguishes sound surfaces from non-cavitated  
 1 = BSS                         5 = Other system that classifies surfaces with non-cavitated caries as sound  
 2 = WHO

Total Personnel Hours

A	B All Dental Personnel* Hours (a)	C All Other Personnel** D Hours (b)
E 11. Screening	F	G
H 12. Sealant delivery	I	J
K 13. Retention check	L	M

<sup>N</sup>  
 O \*Dental personnel include dentists, hygienists, and dental assistants  
 \*\* Other personnel include data entry clerks, parent volunteers, etc.

14. Population targeted: \_\_\_\_\_  
 0 = < 20% of children in free or reduced lunch program  
 1 = ≥ 20% & < 40% of children in free or reduced lunch program  
 2 = ≥ 40% & < 50% of children in free or reduced lunch program  
 3 = ≥ 50% of children in free or reduced lunch program  
 4 = other target  
 5 = no target

- 1  
 215. Grade level(s) targeted (Check all that apply):  
 \_\_\_\_\_ Kindergarten    \_\_\_\_\_ 1<sup>st</sup> grade    \_\_\_\_\_ 2<sup>nd</sup> grade  
 \_\_\_\_\_ 3<sup>rd</sup> grade            \_\_\_\_\_ 4<sup>th</sup> grade    \_\_\_\_\_ 5<sup>th</sup> grade  
 \_\_\_\_\_ 6<sup>th</sup> grade            \_\_\_\_\_ 7<sup>th</sup> grade    \_\_\_\_\_ no grade level targeted

316. Permanent teeth targeted (Check all that apply):  
 \_\_\_\_\_ First molars

\_\_\_\_\_ Second molars  
\_\_\_\_\_ Premolars  
\_\_\_\_\_ Incisors

17. # of consent forms distributed: \_\_\_\_\_ (Enter "0" if unknown.)

18. Type of consent: \_\_\_\_\_

0 = Positive

1 = Passive

19. Type of sealant material used: \_\_\_\_\_

P 0 = Light-cured

Q 1 = Self-cured

2 = Combination

R

S 20. Sealant placement procedure: \_\_\_\_\_

0 = 2-handed

1 = 4-handed

2 = Combination

T Value of total resources used, by category\*

U 21. Labor costs \_\_\_\_\_

V 22. Equipment costs \_\_\_\_\_

W 23. Instrument costs \_\_\_\_\_

X 24. Administrative costs \_\_\_\_\_

Y 25. Cost of consumable goods \_\_\_\_\_

Z 26. Other costs \_\_\_\_\_

AA \*Costs in 21 – 26 summed over all events for the year should equal the total value of resources used by your program for the year.

1. Program Name: \_\_\_\_\_ 2. Event/Site Name: \_\_\_\_\_  
 3. Patient Name: First \_\_\_\_\_ Last \_\_\_\_\_  
 4. ID #: \_\_\_\_\_ \*Each child's ID # must be unique for that event; do not use duplicate ID #'s at any one event.  
 5. Sex: \_\_\_\_\_ (0 = Male, 1 = Female) 6. Grade: \_\_\_\_\_ (0 = Kindergarten) 7. DOB \_\_\_\_\_ 8. Age: \_\_\_\_\_  
 9. Race/ethnicity (Check all that apply): \_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic  
 \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Other  
 10. Special health care needs: \_\_\_\_\_ (0 = No, 1 = Yes) 11. Medicaid/SCHIP status \_\_\_\_\_ (0=Medicaid, 1=SCHIP, 2=neither, 99=unknown)

**I. Screening** – **D** = decay, **F** = filled, **M** = missing, **S** = sealant present, **PS** = prescribe sealant,  
**RS** = recommend reseat, **no mark** = no treatment recommended

Comments:	2	3	14	15	Sealant Prescriber's Signature
					_____
					Date _____
					Fluoride Prescriber's Signature
	31	30	19	18	_____
					Date _____

12. Untreated Cavities: 0 = No untreated cavities 1 = Untreated cavities present		13. Caries Experience: 0 = No caries experience 1 = Caries experience		14. Sealants Present: 0 = No sealants 1 = Sealants present	
15. Treatment Urgency: 0 = No obvious problem 1 = Early dental care 2 = Urgent care		16. Referred for treatment: 0 = No 1 = Yes		17. Decayed or filled teeth: a. 1 <sup>st</sup> molars      b. 2 <sup>nd</sup> molars	
				<input type="text"/>	<input type="text"/>

**II. Preventive Services** - Mark the teeth where sealants were placed with an **S**.

Comments:	2	3	14	15	Provider's Signature
					_____
					Date _____
		31	30	19	18

18. Number of teeth sealed among: a. 1 <sup>st</sup> molars      b. 2 <sup>nd</sup> molars      c. other		19. Fluoride treatment received: 0 = none 1 = varnish 2 = gel/foam/rinse	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**III. Follow-Up** - Mark teeth where sealants were retained with an **R**.

Comments:	2	3	14	15	Evaluator's Signature
					_____
					Date _____
		31	30	19	18

20. Number of teeth retaining a program sealant:		21. Subsequent visit for restorative treatment: 0 = No 1 = Yes 99 = Unknown, no follow-up performed by program	
<input type="text"/>		<input type="text"/>	

## Louisiana Seals Smiles Volunteer Survey

Thank you for participating in the Louisiana Seals Smiles dental sealant program. In order to serve you better in the future, please help us learn how we can improve by filling out the survey below and returning it to: \_\_\_\_\_.

Name of School \_\_\_\_\_ Date of Service \_\_\_\_\_

Thank you for your prompt and honest responses. Please circle your responses.

1. I received a volunteer information packet from the Louisiana Seals Smiles Coordinator in time to plan the program.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

2. The volunteer information packet I received was adequate to prepare me for the school-based dental sealant program.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

3. There was enough time allotted to complete the program.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

4. The space allotted and location was sufficient for the activities.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

5. There were enough supplies and materials to perform the program effectively.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

6. I will participate in the program in the future.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

Please write any additional comments in the space provided:

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Optional:

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

## Louisiana Seals Smiles School Nurse Survey

Thank you for participating in the Louisiana Seals Smiles dental sealant program. In order to serve you better in the future, please help us learn how we can improve by filling out the survey below and returning it to: \_\_\_\_\_.

School Name: \_\_\_\_\_ Date of Service \_\_\_\_\_

Thank you for your prompt and honest responses. Please circle your responses.

1. I received the information packet from the Louisiana Seals Smiles Coordinator in time to plan the event at the school.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

2. The information packet I received was adequate to prepare the school, the parents & the students for the school-based dental sealant program.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

3. The hygienists and volunteers were professional and courteous.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

4. The oral health educational information given to me for the students was appropriate.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

5. I will definitely participate in the program in the future.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

6. I had all the information I needed about the sealant program to answer questions from parents, students and teachers.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

7. Communication with the Louisiana Seals Smiles coordinator was sufficient.

Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

Please write any additional comments or ways we can improve in the space provided:

\_\_\_\_\_

Optional:

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Louisiana Seals Smiles Teacher Survey

Thank you for participating in the Louisiana Seals Smiles dental sealant program. In order to serve you better in the future, please help us learn how we can improve by filling out the survey and returning it to: \_\_\_\_\_.

Name of School \_\_\_\_\_ Date of Service \_\_\_\_\_

Thank you for your prompt and honest responses. Please circle your responses.

1. The Louisiana Seals Smiles program operated smoothly in my class.  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

2. I would like to see the program return next year.  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

3. The hygienists and volunteers were professional and courteous.  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

4. The oral health educational information given to me for the students was appropriate.  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

5. The oral health educational information was useful.  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

6. I was well informed about and prepared for the dental sealant program.  
Strongly Agree      Agree      Neutral      Disagree      Strongly Disagree

Please write any additional comments in the space provided:

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Optional:

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Louisiana Seals Smiles**  
Potential Provider Questionnaire

1. Which of the following best describes your dental office or practice?
  - Solo practitioner
  - Dentist  Hygienist
  - Multi-dentist practice
  - Multi-Hygienist practice
  
2. Do you currently apply dental sealants as a part of your general practice?
  - Yes  No
  
4. Who applies dental sealants in your practice?
  - Dentist
  - Dental Hygienist
  - Dental Assistant w/supervision
  
5. Have you participated in any sealant placement programs outside of your practice?
  - Yes  No
  
6. If yes, were they: (skip to Question #8 if No)
  - Based at a school  Linked to a school  Community-based
  
7. Were your services in these programs?
  - Voluntary  Paid
  
8. Would you be willing to participate in school-based or school-linked sealant programs in your community?
  - Yes  No
  
9. What would be the best way to contact you?
  - Phone  Face-to-Face meeting
  - Informational session with other providers
  - Email  Other

Comments:

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Your Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you for providing us with this very important information. If you have questions or comments, please contact: