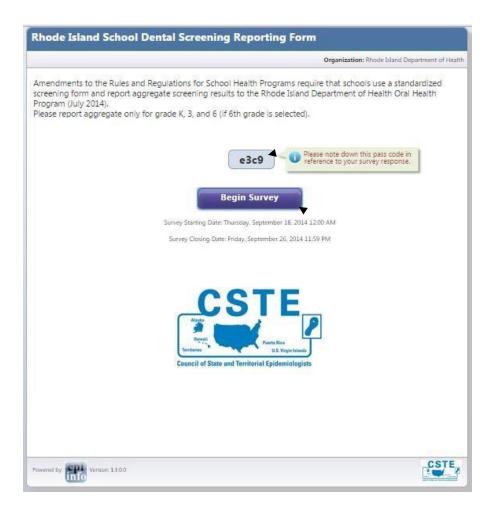


Rhode Island School Dental Screening Reporting Form User Guide For School Nurse Teachers

Go to: http://www.tinyurl.com/2023-24RISchoolDental



It is recommended that you complete the reporting form in one session. However, if you plan to complete the form in more than one session, or, if you need to correct data already entered, use this code to save your entry and return to the form later.

Click **Begin Survey** to open the form.

Reminder: The <u>Rules and Regulations for School Health Programs (R16-21-SCHO)</u> pertaining to dental health screening, require that every student attending public and non-public schools must receive an annual dental screening through the fifth (5th) grade and be screened at least once between the sixth (6th) and tenth (10th) grade.

Using this form, you are <u>ONLY</u> reporting annual dental screening results for <u>students screened by the school dentist at school.</u> Students who are screened by private dentists/dental hygienists and who provide written documentation (documentation from parent is acceptable) are exempt and may elect not to be screened at school. Dental screening results of exempted students <u>should not</u> be included in this report.

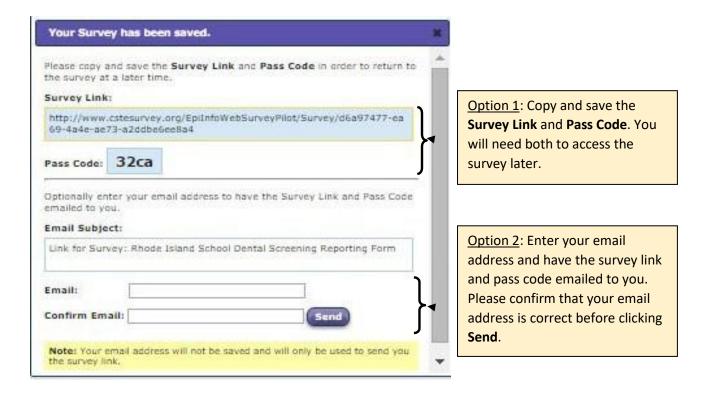
Rhode Island School Dental Screening Reporting 2023-24 2023-24 RI SCHOOL DENTAL SCREENING REPORTING FORM* District (If non-public school, please type "Non-public",) School Please provide summary of annual dental screening, as follows (Please leave box blank or put 0 (zero), if there is none to report). Area where summary of 6th Graders (if selected) Kindergarten 3rd Graders dental screening is reported 1. Number of children enrolled ----for grades K, 3, and 6. Not all 2. Number of children screened ---these grades may be Number of children who had a need for non-urgent dentalapplicable to your school. Number of children who had a need for immediate dental Example: a school with 5. Number of children who were recommended for dental sealants grades 1-5 should fill the 3rd grade column only. (If more than one screening date, please report one screening date when majority of students were screened.) Parents of children who have received their annual dental check-up may opt out of the school dental screening if documentation of the visit is provided to the child's school nurse. Collection of this information is not standardized across RI school districts or schools. Which of the following best describes the process in your school? My school accepts the following forms of documentation: The school dentist screens: O Yellow Cards completed by a student's dentist Other documentation completed by a student's dentist \bigcirc Only students who do not bring back the required documentation O No documentation Other: (write in comment section below) School Dentist (first name) (last name) Reporting Staff (first name) (last name) Title/Position Phone Number (401) **Email Address** Reporting Date Comments * In compliance with RIGL 16-21-9 and Section 14.0 of the Rules and Regulations for School Health Programs Any questions or problems, please contact M. Drogosz, Oral Health Program at Monika Drogosz@health.ri.gov or 222-2839, Click Finish Later only if RIDOH does not collect Once you have completed you need to finish paper forms. For your own the form, click Submit completing the form later. record keeping, please Survey. Responses cannot It is recommended that print the reporting page be edited once you submit. you complete the form in before you click Submit

Survey.

one session.

If you click **Finish Later**, your survey will be saved and the window (shown below) will appear.

Note: There are two options you can use to return to your survey at a later time.



If you choose Option 1, just go to the **Survey Link** you saved.

If you choose Option 2, check your email. You will receive an email from cstesurvey@cste.org providing you with the survey link and pass code.

For either option, you will be redirected to the same window (shown below). Enter the pass code that you saved (or that came with the email link) and click **Go**.



Developed by the Rhode Island Department of Health Oral Health Program

For questions, please contact **Monika Drogosz** | monika.drogosz@health.ri.gov | 222-2839