



Office of  
**Oral Health**  
Maryland Department of Health and Mental Hygiene



# Maryland Mighty Tooth

## Dental Sealant Guidelines and Operations Manual

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## **Forward**

### Director's Message

On behalf of the Maryland Office of Oral Health, I wish to welcome you to our Dental Sealant Guidelines and Operations Manual for school-based dental sealant programs. While the intended users of this manual are dental public health programs, we invite any organization instituting a school-based dental sealant program to make use of this material. We hope that all users of the Dental Sealant Guidelines and Operations Manual will find it a valuable and helpful resource.

The provision of dental sealants is an evidence-based preventive strategy known to effectively reduce the likelihood of dental caries on targeted teeth. A national objective to increase the percentage of children and adolescents who have received dental sealants on their molar teeth is included in the U.S Public Health Service, *Healthy People 2020* objectives for the nation. The Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Pew Center on the States highly promote and monitor the use of dental sealants.

School-based dental sealant programs target schoolchildren from low-income backgrounds at high risk for dental caries who are generally less likely to receive oral health services from a private practice dental care provider. These programs are not intended to compete with private dental practitioners and instead serve to offer a needed safety net service for those children without a current dental home. School-based dental sealant programs have been successfully implemented throughout the country and have been shown to reduce the risk of pit-and-fissure dental caries, as well as racial and economic disparities in dental sealant prevalence among children.

This manual intends to address the following elements of dental sealant programs, among others:

- Best Practices
- Framework to start a dental sealant program
- Opportunity to evaluate and modify your current program
- Provision/terms for funding
- Continuity for delivery of care, reporting programmatic statistics and administrative procedures

As important as these aspects are, this manual was written with the understanding that there is a wide variety of school-based dental sealant programs adhering to differing logistical, political, legal, and environmental circumstances. Users of this manual are encouraged to adopt some or all of this information to meet their own program's specific needs.

We hope that this manual assists you in establishing your school-based dental sealant program as a best practice that effectively enhances oral health and related somatic, psychological and sociological domains for targeted schoolchildren in need.

We wish to acknowledge both CDC and HRSA for their support in the development of this manual and the school dental sealant programs that the manual addresses. And a final thanks goes to you for using this manual. We invite you to provide us with any input to improve and update this manual.

**Dr. Harry Goodman, Director**

Maryland Office of Oral Health

## **SECTION 1: Introduction**

Dental caries is the most common chronic disease among children in the United States and largely preventable. As public health professionals we have a responsibility to ensure that the children in our communities benefit from available resources and current clinical technologies, which can insure a healthy quality of life.

Dental sealants in conjunction with the use of systemic and topical fluorides, proper nutrition and good oral health habits, have shown to be very effective in reducing dental caries and tooth loss in children and adolescents. The use of dental sealants alone in the pits and fissures of chewing surfaces of molars have been proven to prevent the occurrence of dental caries, as well as stop the progression of early dental caries. Dental sealants are bonded onto susceptible tooth surfaces of permanent molars soon after eruption and are safe and cost-effective. Increasing the use of dental sealants is a top national oral health objective as outlined in Healthy People 2020, a series of national health objectives aimed preventing disease and improving overall health.

This “*Dental Sealant Guidelines and Operations Manual*” is an inclusive reference manual and programmatic guide designed for use with the Maryland Mighty Tooth Dental Sealant Program. This statewide program is being implemented and overseen by the OOH to promote and assist in the establishment of new dental sealant programs and/or in the evaluation and revamping of existing ones. LHDs and other community health programs, applying for the OOH Dental Sealant grant through the annual Request for Applications (RFA) can use this manual to learn about requirements and recommendations for the RFA including funding, local demographics, target populations, and state regulatory compliance. Most importantly, it is anticipated that the “*Dental Sealant Guidelines and Operations Manual*” establishes a framework for best practices in dental sealant administration, training, clinical care delivery, data collection, reporting, evaluation and funding for Maryland programs. This manual is found at <http://phpa.dhmh.maryland.gov/oralhealth/docs1/Dental-Sealant-Guidelines-Operations-Manual.pdf> on the OOH website.

For additional Maryland and non-Maryland resources, please refer to:

- **Mighty Tooth:** a website created by the University of Maryland Dental School’s Dental Sealant Demonstration Project with funding from the Centers for Disease Control and Prevention and revamped to an interactive website by the OOH. The project aims at increasing public awareness of the benefits of dental sealants and increasing public demand for dental sealants in private and public dental offices and in school-based and school-linked programs. The site includes information for parents and health professionals, games for children and links to various oral health resources including a booklet about dental sealants (in English and Spanish) and guides on finding oral health care can be found at: [www.sealawaytoothdecay.com](http://www.sealawaytoothdecay.com) and [mightytooth.com](http://mightytooth.com)
- **Maryland Mighty Tooth Dental Sealant Training Program:** The OOH, in partnership with the Maryland Dental Action Coalition, and the National Maternal and Child Oral Health Resource Center, has adapted Ohio’s school-based dental

sealant programs training tool to create a Maryland-specific dental sealant training curriculum. Dental hygienists can receive two (2) continuing education credits by completing the online curriculum available at <http://mightytoothcurriculum.com>. All dental sealant program grant program managers funded through the OOH are required to complete the curriculum every other year and are encouraged to share information with their dental teams.

- **Seal America:** The Prevention Intervention at <http://www.mchoralhealth.org/Seal> which assists health professionals in establishing and implementing a school-based dental sealant program.
- **Ohio’s School-Based Dental Sealant Program:** The Ohio Department of Health operates a model statewide school-based dental sealant program. Their website includes several resources that may be of interest including the five-part, distance-learning course modules that the OOH adapted for use in Maryland. Website: <https://www.odh.ohio.gov/odhprograms/ohs/oral/oralfeatures/dentsealants.aspx>
- **ADA and CDC 2009 Joint Consensus Report** on Dental Sealants entitled “Preventing Dental Caries Through School-Based Sealant Programs”. Found online at: [http://jada.ada.org/article/S0002-8177\(14\)64584-0/fulltext#tbl1](http://jada.ada.org/article/S0002-8177(14)64584-0/fulltext#tbl1).

a. Maryland Infrastructure

In 2008, the Maryland Office of Oral Health (OOH) at the Maryland Department of Health and Mental Hygiene (DHMH) through a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC) developed a Maryland “State-based Oral Disease Prevention Program”. One of the activities under this funding was to develop, coordinate and implement a school-based or school-linked dental sealant program for 2<sup>nd</sup> and 3<sup>rd</sup> grade Maryland school children. This grant was designed in two phases; the first phase required the OOH to implement a dental sealant demonstration project to lay the foundation for a statewide program. The OOH partnered with the University of Maryland Dental School in this effort to conduct a statewide demonstration program at ten (10) Maryland elementary schools (see Section “d” on page 11).

The second phase was to develop a hybrid (school based/school-linked) dental sealant program model for the state of Maryland. Steps taken towards this effort, included:

1. A focus group with state oral health experts
2. A questionnaire for sealant program administrators and practitioners
3. Interviews with dental directors in other states, existing Local Health Departments (LHD) and state sealant coordinators, administrators, health providers, as well as School Based Health Center members

Based on the information obtained, the following recommendations and findings were provided justifying the need for a statewide school-based program:

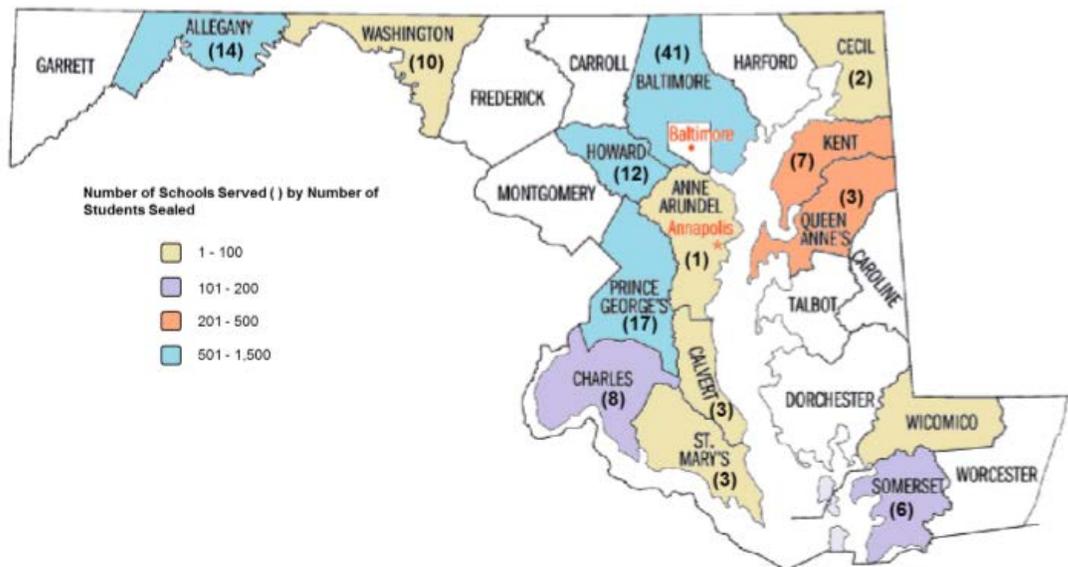
- Dental sealants and fluoride are proven dental caries prevention strategies
- There is strong need for school-based or school-linked dental sealant programs in the state of Maryland

- Only a few existing school-based or linked dental sealant programs administered by Local Health Departments (LHDs) bill Medicaid for services rendered and therefore may not be sustainable without outside grant funding
- Despite recent impressive gains in oral health, access to evidence-based oral disease prevention services for Maryland children can still be improved
- A statewide streamlined approach is needed to implement and administer a school-based or linked dental sealant program to enhance continuity in administrative and clinical protocols (i.e., an operations and guidance manual) as well as in data reporting
- Additionally, there is a need for data collection and information sharing mechanisms that can organize and maintain data for treatment plans, demographic information, referral mechanisms, and clinical information
- Case management or care coordination in some capacity is needed to address access issues, payments and follow-up care. The school nurse, school volunteer or LHD staff member can coordinate this process

b. Maryland Dental Sealant Programs

Since the 1990's, the OOH has recognized the importance of school-based and school-linked dental sealant programs as a major strategy in reducing health disparities in the state's most vulnerable populations. However, with limited funds, resources and infrastructure during the early part of this period, the OOH was unable to mount a statewide campaign. Fortunately, several Maryland counties on their own had developed and implemented successful dental sealant programs to meet the needs of their respective communities. Through its cooperative agreement with CDC and through later receipt of a HRSA State Oral Health Workforce grant in 2012, the OOH is now in a position to develop statewide school-based and school-linked dental sealant programs as an evidence-based strategy to prevent oral disease. As a result, the OOH which had been providing limited grant support for counties who made it a priority to implement a school-based and/or linked dental sealant program can now expand such support.

Office of Oral Health funded School-linked/School-based Dental Sealant Programs by County by number of schools served and children sealed, FY14



Of the 24 LHDs in Maryland, 14 administered OOH-funded school-based or school-linked dental sealant programs in FY 15. In addition to the LHDs, Federally Qualified Health Centers (FQHC), School-Based Health Centers (SBHC) and proprietary mobile dental vans also administer school-based/school-linked dental sealant programs, [serving 88% of Title I schools in Maryland](#).

The OOH will continue to support LHDs operating school-based/school-linked dental sealant programs through its grant program. The dental sealant guidelines and operation manual encourages program consistency, program expansion, and program cost effectiveness. The majority of Maryland’s LHD grantee dental sealant programs are school-based with all services provided on school premises. A few LHDs operate school-linked dental sealant programs which provide screenings on school premises and refer students to a clinic for sealant application. Presently, the OOH offers templates and guidance on service delivery, administrative protocol, and data collection. However, each grantee has its own policies for administering the program and referring to dental homes. Dental homes are assigned based on a variety of criteria such as general need, specialty need, ability to pay for services and geographical location. Maryland school-based dental sealant programs should target Title I schools or children enrolled in the National School Lunch Program.

LHD funding options for the school-based and school-linked dental sealant programs include Medicaid, private insurance or the use of grant funds to pay for services for the uninsured. However, according to focus group discussions with LHD dental sealant coordinators, most programs have not engaged with and received revenues from these 3<sup>rd</sup> party payers in school-

based programs. Although the reasons given vary widely, LHD programs noted difficulties in identifying schoolchildren enrolled in Medicaid. As a result, nearly all school-based dental sealant programs in the State of Maryland are provided at no charge to recipients or 3<sup>rd</sup> party payers. Maryland Medicaid is currently developing rules and guidelines on implementing the Free Care Rule, which may allow programs to bill Medicaid for sealants applied for those children enrolled in the Maryland Healthy Smiles Program (Maryland's Medicaid dental program).

c. Needs Assessment

In 2011-2012 Maryland conducted a survey of the oral health status of Maryland school children as part of its surveillance activity. It consisted of a basic oral screening and a brief oral health questionnaire. Survey data are a bench mark to assess current program progress and serves as an ongoing outline for oral health surveillance system. It also facilitates child oral health related program planning. The following were some of the survey findings for school children in Kindergarten and 3<sup>rd</sup> Grade (*results are also summarized in [appendix A](#)*):

- Approximately 33.2% had at least one tooth with dental caries
- Approximately 32.9% had at least one tooth with a dental sealant
- School children residing on the Eastern Shore were more likely to have at least one tooth with dental caries than similar children residing in Southern or Western Maryland
- Non-Hispanic Black children were more likely to have at least one tooth with dental caries than non-Hispanic white children
- Non-Hispanic Black children were more likely to have at least one tooth with dental sealant the Non-Hispanic White children
- Other characteristics of school children with at least one tooth with dental decay:
  - Living in households eligible for free and reduced meals
  - Living with a parent/caregiver who did not graduate from college
  - Covered by Medicaid dental coverage
  - No private dental insurance coverage
  - Prior dental caries experience in the past 12 months
  - No treatment for dental caries in the past 12 months
- Other characteristics of school children without any dental sealants:
  - Living in households eligible for free and reduced meals
  - Covered by Medicaid dental coverage
  - No dental visit in the past 12 months
  - No treatment for dental caries in the past 12 months

During the 2013-2014 school year, there were 401 schools with a Title I designation. 348 of which had school-wide Title I designations, and 53 provided targeted assistance to children enrolled in the National School Lunch Program. During the 2013-2014 school year, 46,450 students were enrolled in 2<sup>nd</sup> and 3<sup>rd</sup> grades at Title I schools and targeted assistance programs. A school is designated as a Title I school when 40% or more of the student population is enrolled in the National School Lunch Program. During the 2013-2014 school

year, 44.26% or 879,591 students were enrolled in the Free and Reduced Lunch Program in Maryland schools. Maryland will continue to use the Free and Reduced Lunch Program and Title I school designation as a means to determine a child's eligibility to participate. A child is automatically eligible for this program if they meet the following criteria:

- A member of the child's household is receiving assistance under the Food Stamp Program, the Food Distribution Program, on Indian Reservations or Temporary Assistance for Needy Children Program
- Enrollment in Head Start
- Children of migrant workers
- Homeless children
- A runaway child who is receiving assistance from the program under the Runaway and Homeless Youth Act
- Family size and income level

The 2014 federal poverty guidelines for the free and reduced-cost meal program were at or below 130% of Federal poverty level for free meals and the reduced price guidelines are between 130% and 185% of the Federal poverty guidelines. With 2014 Federal poverty guidelines, 130% of the Federal poverty level for a family of four translates into an annual income at or below \$23,550. For 185% of the Federal poverty guidelines for a family of four, the annual income would be at or below \$30,615.

d. Demonstration/Pilot Projects: Outcomes & Evaluation

The University of Maryland Dental School in conjunction with OOH conducted the "State Dental Sealant Demonstration Project" in 10 Maryland schools. The Dental Sealant Demonstration Project consisted of two parts, an oral screening (Part 1) and a health survey (Part 2). Part one included:

- Primary assessments including the presence or absence of teeth
- Permanent or primary tooth status
- Dental caries
- Existing restorations
- Presence of dental sealants
- Ordering and placement of sealants on permanent first molars where indicated
- Overall assessment of anticipated and general oral health treatment needs

Body Mass Index (BMI) was also collected during school visits and was shared with the then named Office of Chronic Disease Prevention (OCDP) at DHMH. Concerned about the rise in childhood obesity and acknowledging the link between poor nutrition and tooth decay, it was an opportune time to partner with OCDP. BMI is a non-invasive screening tool designed to assess the risks of being overweight and underweight for children, adolescents and adults.

Part Two was a self-administered questionnaire, completed by a parent or guardian, designed to collect demographic characteristics.

There were 220 students who participated in the project and 60% of the sample resided in an urban municipality.

Based on the demonstration project findings, it was recommended that a “Statewide Dental Sealant Initiative should not be limited to school-based located programs.” The recommendation was that of a multi-tiered approach, with tier one concentrating on services rendered in a public setting and tier two concentrating in a community private practice setting.

An analysis of the Dental Sealant Demonstration Project by a University of Michigan School of Dentistry dental hygiene student working with OOH (Oral Disease and Prevention of Caries with Dental Sealants, 2010) concluded that different models (school-based, school-linked and hybrid) worked in different circumstances, based on community resources, other constraints and other needs. The analysis also concluded that there were pros and cons to the different models of providing sealants because they were all impacted by factors such as the ability to find follow-up to dental homes, existence of a health education program, disruption of school curricula, and lack of risk assessment, among other factors.

#### e. Risk and Risk Assessment

According to a [2009 joint consensus report](#) of the Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA) on school-based/school-linked dental sealant programs conducted in Title I schools, “caries risk among children from low-income families is sufficiently high to justify sealing all eligible permanent molars and is the most cost-effective prevention strategy.” The report also recommends that due to the predominately low-income status of children attending Title I schools, routine caries risk assessment is unnecessary.

#### f. Best Practices

The Association of State & Territorial Dental Directors (ASTDD) states that, “school-based sealant programs generally are designed to maximize effectiveness by targeting high-risk children.” ASTDD, “fully supports, endorses and promotes expansion of school-based and school-linked dental sealant programs that follow evidence-based guidelines as part of a comprehensive community strategy to serve the greatest number of children and adolescents at highest risk for dental disease.’ ASTDD also recommends that “school-based and school-linked dental sealant programs as an important and effective public health approach that complements clinical care systems in promoting the oral health of children and adolescents.”

## **SECTION 2: General Information and Administrative Protocols**

### a. Contact Information

#### **Maryland Office of Oral Health**

201 W. Preston St., 3<sup>rd</sup> Floor

Baltimore, MD 21201

Phone: (410) 767-5300

Fax: (410) 333-7392

Website: <http://phpa.dhmh.maryland.gov/oralhealth/SitePages/dental-sealants.aspx>

#### **Director**

Dr. Harry Goodman

Phone: (410) 767-5942

Email: [harry.goodman@maryland.gov](mailto:harry.goodman@maryland.gov)

#### **Dental Sealant Program Coordinator**

Kelly Carulli

Phone: (410) 767-3084

Email: [Kelly.carulli@maryland.gov](mailto:Kelly.carulli@maryland.gov)

#### **Financial Reports/Questions**

Teresa Robertson

Phone: (410) 767-7922

Email: [dhmh.ugaoralhealth@maryland.gov](mailto:dhmh.ugaoralhealth@maryland.gov)

### b. Regulatory Compliance (*Supervisors are expected to enforce all policies*)

#### i. Licensing

All dentists and dental hygienists must be licensed and certified to practice by the Maryland Board of Dental Examiners. Licensure may be verified by accessing the MSBDE Web site: <http://www.dhmh.maryland.gov/dental>.

#### ii. Workforce Utilization

Dental hygienists employed or contracted by public health programs may provide dental sealants, fluoride varnish, administer fluoride rinse and render oral assessments without the direct supervision of a dentist. A dental hygienist may provide sealants without the dentist being physically present or there being an initial dentist examination (HB: [10.44.21.09.htm](#)). The use of this law – the Public Health Dental Hygienist Act – can be a catalyst for the creation of similar new programs and an enhancement for existing ones.

### c. Infection Control Resources

Through a series of webinars between August and December 2014, the CDC provided the following infection control resources for school-based dental sealant programs:

1. [CDC Guidelines for Infection Control in Dental Health-care Settings](#) (2003)

2. [OSAP Infection Control Checklist for Dental Settings Using Mobile Vans or Portable Equipment FACT SHEET](#)
3. [OSAP Infection Control Checklist for Dental Settings Using Mobile Vans or Portable Dental Equipment](#)
4. [OSAP Infection Control Considerations for Dental Services in Sites Using Portable Equipment or Mobile Vans](#)
5. [Practical Infection Control for Dental Sealant Programs in a Portable Dental Care Environment](#) (1994)
6. [Sterilization Log Template](#)
7. [CDC Infection Control Webinar Slides](#) (August – December 2014)

All Infection Control Resources can be found on the Office of Oral Health website at: [http://phpa.dhmh.maryland.gov/oralhealth/SitePages/Infection\\_Control\\_For\\_Sealant\\_Programs.aspx](http://phpa.dhmh.maryland.gov/oralhealth/SitePages/Infection_Control_For_Sealant_Programs.aspx)

d. OSHA

While a relatively low risk procedure for exposure to bloodborne pathogens, all dental sealant programs are strongly expected to adhere to *Occupational Safety and Health Administration (OSHA) Infection Control Guidelines* to prevent injuries and protect the health of workers. In Maryland, OSHA guidelines are established and monitored by the Maryland Occupational and Safety Administration or MOSH. Guidelines are available at: <http://www.dllr.maryland.gov/labor/instructions/02-5.shtml>. Please review your infection control protocols. You may want to include the following procedures to insure compliance and to avoid risk:

- A written exposure control plan which is reviewed and updated annually;
- Bloodborne Pathogens training as an annual requirement;
- Infection control training should be given to all workers working in an environment where exposure to blood or other potentially infectious materials (OPIM) may occur prior to beginning employment;
- Personal protective equipment (mask, gloves, face shield, eyewear, gown, smock or other protective clothing) must be worn by dental personnel;
- Appropriate hand cleansing must be instituted. Soap and water, along with alcohol-based hand sanitizers are acceptable. Hands should be cleansed before and after treating each patient and before and after removing gloves. Ungloved hands must be cleansed upon touching contaminated surfaces which contain blood or OPIM, before leaving the operatory and when hands are visibly soiled. Soap and water must be used when hands are visibly soiled. The CDC provides hand-washing instructions available at: <http://www.cdc.gov/oralhealth/infectionControl/faq/hand.html>;
- All autoclavable instruments must be heat sterilized in an autoclave. For those instruments that cannot withstand heat, a high level disinfectant should be used according to the manufacturer's directions. All disposable items should be put in the appropriate receptacle and not re-used;

- If using autoclavable instruments, a spore test must be conducted weekly whose results are verified by a spore-testing company to insure proper use and functioning;
- All environmental surfaces must be cleaned and disinfected with a proper antimicrobial agent;
- Barrier protection should be used for items difficult to clean or disinfect, i.e. light handles. Plastic wrap, small plastic sandwich bags and foil, is most cost effective;
- Sharps containers are to be used for all sharps and red bags are to be used for all waste disposals for OPIM containing items, if present;
- All detachable hand-pieces should be autoclaved;
- Ultrasonic cleaners should be used for preliminary disinfection;
- All transported instruments should be marked “DIRTY” or “CLEAN” and transported in a plastic containers with a lid to avoid cross contamination.
- All non-disposable and autoclavable instruments should be autoclaved either on or off site;
- CDC recommends that water used for routine dental treatment meets EPA standards for drinking water. Please follow manufacturer’s recommendation for all portable equipment for water use.

These regulations can be found on the following websites:

- <http://www.osha.gov/SLTC/dentistry/index.html>
- <http://www.osha.gov/SLTC/bloodborne pathogens/index.html>
- <http://www.dllr.maryland.gov/labor/instructions/02-5.shtml>
- [http://mightytoothcurriculum.com/module2/mod2\\_0.html](http://mightytoothcurriculum.com/module2/mod2_0.html)

**PLEASE NOTE:** Selecting the best location in a school or other facility is imperative to ensure safety and sterility for both practitioners and students. The following are helpful criteria for site selection:

- Area large enough to setup all portable equipment, i.e.: cafeteria, stage, medical suite, library, computer room;
- Access to electrical outlets;
- Access to running water;
- Ability to create a sterilization area which can accommodate one or more autoclaves with a sterile and soiled instrument component, if applicable.

e. Immunizations

All staff should remain current with their immunizations recommended by the CDC for adult immunizations. Current documentation should be kept on file for each staff member in the Infection Control Manual established by the health department program coordinator. Each staff member must provide current proof of immunity or immunization. A medical waiver signed by a physician must be provided for each staff member unable to receive a vaccine.

f. OOH Grant Policies

All grantees must comply with OOH policies which are detailed in the RFA. For further information on grant compliance, either visit our website at:

<http://phpa.dhmf.maryland.gov/oralhealth/SitePages/funding-ops.aspx> or contact Ms. Teresa Robertson, OOH grants manager, at: [dhmf.ugaoralhealth@maryland.gov](mailto:dhmf.ugaoralhealth@maryland.gov)

**PLEASE NOTE:** All applications must be submitted electronically via e-mail with all required attachments to [dhmf.ugaoralhealth@maryland.gov](mailto:dhmf.ugaoralhealth@maryland.gov) no later than the due date designated in the RFA to be considered for funding.

## **SECTION 3: Operating Effective Community Programs**

### **a. Benchmarks, Performance Standards and Evaluation**

Benchmarks and performance standards should be established early in the program planning process; it will allow for ascertaining performance and productivity results and standards easily throughout the life of the program. As an example, the state of Ohio has established the following benchmarks, based on years of programmatic success and data analysis:

- More than 50 percent of children have parental consent to receive sealants;
- More than 97 percent of children with consent are screened;
- More than 90 percent of children in need of sealants receive sealants;
- More than 65 percent of children are screened for follow-up in 3<sup>rd</sup> grade;
- More than 15 children per team per day receive sealants;
- The overall cost per child receiving sealants in the program is approximately between \$49 and \$56 ;
- More than 90 percent long-term retention;
- 100 percent short-term retention.

To gauge a program's success, regular evaluation should be incorporated into the sealant plan. Guidance for program evaluation can be found on the Seal America website: <http://www.mchoralhealth.org/seal/step10.html>

In addition, the OOH has developed an Environmental Assessment tool ([Appendix D](#)) that can be used by community health programs to gauge various measures that inhibit or promote the success of a school-based/linked dental sealant program. Programs are encouraged to complete an Environmental Assessment periodically, and specifically when developing a program or a significant change occurs (i.e., staff turnover, reorganization, school changes, etc.). The tool can be used to identify strengths, weaknesses and focus areas for attention and growth. Evaluating the dental sealant program's environment regularly contributes to the overall sustainability of the program.

### **b. Community Relations**

Program success can depend greatly on establishing and developing community relationships. Every community is different; therefore your approach may vary with each school. The key is to find the decision makers for each school or cluster of schools and gauge their level of support for the program. One or more of the following personnel may need to get involved to get a program into a school: the county school superintendent; the school health coordinator (if applicable); the school nurse; the school principal; local PTA or a parent. Take a written prospectus of the program, outlining benefits, implementation and other programmatic strategies. Never underestimate the influence of any of these individuals when attempting to establish a program.

The OOH has developed an at-a-glance reference sheet for school administrators. Programs are encouraged to use this one pager to reach out to potential school sealant sites to provide

information on dental sealant programs and the corresponding roles of various school professionals.

Once a program has been established, it will be imperative to nurture the relationships you have established, and continue to seek opportunities to create awareness and market the program successfully. The following are examples:

- Back-To-School Night (*most effective*)
- Annual School Nurse Conferences
- PTA Meetings
- School Health Fairs
- School Website and/or Email
- School Calendar
- School Newsletter and/or Newspaper
- School Lunch Menus

Other tips for increasing program awareness and participation:

- Programs are encouraged to include school sealant consent forms with other forms during distribution at the beginning of the school year. Response rate is highest when included with all other beginning of year forms;
- Two distributions may be helpful, with the second marked “Second Notice”;
- Schedule school visits at the beginning of the school year to allow for working out small problems;
- Consider incentives to increase the return rate of consent forms, such as school-determined points or donated supplies like pencils or stickers.

**Key Fact:** Planning is an important key in operating an efficient school-based sealant program. All logistics should be worked out prior to the arrival of the dental team for the sealant day. This will allow the dental team to work efficiently to complete a school in a shorter time frame, treat more children and operate with lower costs.

- c. [“Maryland Healthy Smiles Dental Program \(Medicaid\)” – DentaQuest Office Reference Manual](#)

The Centers for Medicare and Medicaid Services released federal policy guidance on the free care rule in December 2015. The guidance document can be obtained from: [http://www.medicaid.gov/federal-policy-guidance/downloads/smd-medicaid-payment-for-services-provided-without-charge-free-care.pdf?btn&utm\\_campaign=2014-12-18%20DEN&utm\\_medium=email&utm\\_source=Eloqua](http://www.medicaid.gov/federal-policy-guidance/downloads/smd-medicaid-payment-for-services-provided-without-charge-free-care.pdf?btn&utm_campaign=2014-12-18%20DEN&utm_medium=email&utm_source=Eloqua)

Once Maryland Medicaid issues its rules for the revised interpretation of the CMS “Free Care Rule” that would allow state and local supported local health departments to bill Medicaid for school-based sealant services, the DentaQuest of Maryland, LLC, *Office Reference Manual*, will be an informative guide that will assist in the utilization of the Medicaid system. To maximize billing potential, it is recommended that school lists are reviewed and

verified ahead of time for Medicaid eligibility before the first day the program is to begin. However, at this time, all local health departments should first contact either DentaQuest or Maryland Medicaid prior to billing Medicaid for school-based sealant services. Once there is further clarification of this matter, the OOH will issue a communique regarding Medicaid billing.

d. Uninsured Program Participants

Until Maryland Medicaid issues its rules for the new CMS interpretation of the Free Care Rule (see above), there are a number of ways to handle uninsured participants. It is suggested that your approach is one that best works for your specific situation. The following are example approaches that can be adapted:

- Off-set billing costs with Office of Oral Health Funds
- Use a sliding fee scale
- Utilize other grant money to off-set costs

e. Types of Dental Sealant Programs

i. Clinical

A clinical program is a dental sealant program that is operated onsite in a clinical setting such as a local health department, a Federally Qualified Health Center (FQHC) or a private dental practice.

ii. School-Based Programs

A school-based program is a dental sealant program that is operated entirely within a school setting with dental providers utilizing portable equipment. According to CDC, this is one of the most effective ways to target high-risk children who otherwise are unlikely to receive the treatment.

iii. School-Linked Programs

A school-linked program is a dental sealant program that is operated outside of a school in a clinic, health department or private dental office but still connected to the school. Operations can be both clinical and administrative. School-linked programs may provide screenings on-site and refer children to clinics for sealant placement.

iv. Mobile

A mobile program is any dental sealant program that is operated by transporting portable dental equipment in an automobile or fixed dental equipment in a mobile van that is parked on school grounds. School-based and school-linked programs can be mobile programs. Mobile programs can be administered by public health programs or be operated independently by for-profit entities and private dental practices. More information on mobile

and portable equipment can be found at: <http://www.mobile-portabledentalmanual.com> or through an ASTDD policy statement issued in February 2012 entitled “School-Based or School-Linked Mobile or Portable Dental Services” which can be found at: [http://www.astdd.org/docs/School-Based\\_or\\_School-Linked\\_Mobile\\_or\\_Portable\\_Dental\\_Services\\_Policy\\_Statement\\_February\\_28\\_2012.pdf](http://www.astdd.org/docs/School-Based_or_School-Linked_Mobile_or_Portable_Dental_Services_Policy_Statement_February_28_2012.pdf).

v. Hybrid Programs

A hybrid dental sealant program is any dental sealant program which offers more than one mode of treatment and can be any combination of the above programs listed above.

f. Staffing

Staffing of a dental sealant program can be provided based on availability of workforce, budget, size of program and need. The recommendation is to use teams of two or three that includes one staff member as a recorder. Ideally, two (2) practitioners, usually dental hygienists, with 1 recorder, or dental assistants, works well.

g. Supplies

To procure supplies at a discount, your program or center will need to receive tax exempt status, which is a public health discount of approximately 21 percent. This discount varies by vendor. Your vendor should be made aware of this status by contacting your program’s fiscal or procurement manager. The following is a list of recommended items:

Staff and Student Protection

- Air/water syringe tips
- Bib clips
- Bibs
- Sunglasses/Orange Glasses (for staff and students)
- Gloves (vinyl or nitrile gloves recommended) – when possible, avoid using latex gloves because of the potential for latex-related allergic reactions
- Face masks or shields
- Gowns
- Hand soap
- Antibacterial gel
- Headrest covers or paper towels
- Light-handle covers
- Plastic sleeves for air/water syringe and evacuator hoses

Sterilization and Disinfection

- Containers for used and clean instruments
- Dishpan

- Distilled water (if required for sterilizer)
- Gauze squares
- Foil wraps to place on lights to prevent the spread of bacteria when lights are adjusted
- Paper towels
- Sterilizer cleaner
- Surface disinfectant
- Trash can liners
- Two large kitchen trash cans
- Ultrasonic cleaner solution and containers to decontaminate instruments
- Vacuum system cleaner
- Red bags

#### Student Treatment

- Cotton roll holders
- Cotton rolls
- Disposable bite blocks
- Dry angles (for isolation)
- Etch gel
- Evacuator tips
- Explorers
- Incentives for students (i.e.: erasers, pencils, etc.)
- Mouth mirrors (metal)
- Sandwich bags (for toothbrushes)
- Sealant material
- Toothbrushes
- Trays

#### Additional Supplies

- Extra light bulb for dental light
- First-aid kit, including eye wash kit
- Heavy-duty extension cords
- Office supplies (stapler, paperclips, tape, pens, extra forms)
- Plug adapters (three-prong, two-prong)
- Tool kit for equipment repair
- Two tray tables (1 for practitioner, 1 for assistant)

#### h. Equipment

Portable equipment is typically used for school-based, school-linked and hybrid programs. Information on mobile and portable equipment can be found at: <http://www.mobile-portabledentalmanual.com>. The following is a list of basic start-up equipment:

- Practitioner Stool
- Assistant Stool
- Dental Table
- L.E.D. Headband Light, Loupes or Free Standing Fiber Optic Light
- Patient Chair
- Compressor
- Basic Delivery Unit with Suction
- Curing Light
- Autoclave
- Ultrasonic
- Cart/Dolly (Optional)
- Fan (Optional)

For a list of portable dental equipment/vendors go to:

<http://mobile-portabledentalmanual.com/>

**Please Note:** Plastic bins are recommended to store supplies. They should be large enough to hold an ample amount of supplies but easy to carry.

i. Moving Company

Use of moving companies can alleviate the burden of moving supplies and equipment from school to school. It can also save staff time in getting the program up and running, as well as staff energy. Depending on the number of schools served and budget availability, it may be sensible to utilize a moving company for sealant day equipment.

It is important to note that the equipment will need to be stored at the end of the school term and it is most helpful to label and color code all equipment and bins if there are several clinical teams. The following is a sample contract between the program and the moving company:

**SAMPLE:**

**Bid Specifications for Portable Dental Equipment Moving Contract**

- Hourly rate to begin from arrival at the pick-up site to completion at the drop off site.
- Items to be moved:
  - Portable dental equipment (disassembled and packed in bags) include but not limited to patient chairs, compressors and stands, dental lights, operator chairs,
  - Storage containers and boxes
  - Depending on the size of the operation, the equipment and boxes can be divided up into about 3 teams. Each team's equipment and supplies should be transported in 3-4 commercial bins - size 48x24x28.

- Items that have their own wheels are to be transported using a cart and not rolled across the concrete using their own wheels. The wheels are designed for indoor use only.
- Equipment is to be moved onto a truck and secured for transport. The equipment will be unloaded at the site into the room where the Dental Sealant Program is located. The moving company will not be responsible for setting up the equipment or unloading the storage containers once at the site.
- A schedule will be provided at the beginning of the school year (usually September although October may be a more logical start month). This schedule will include all dates from September through May or June.
- The company must be able to accommodate modifications to the schedule within 24 to 48 hours of the original date for the scheduled move. The Dental Administrator will contact the company to make arrangements.
- The schedule may have to be modified on short notice due to inclement weather the morning of the move. For example, Baltimore County schools are closed or opening late: the Dental Administrator will contact the moving company to make other arrangements for delivery.

j. Preliminary Program Tasks

Contact should be made with all schools in March or April of the prior curricular year to set up appointments to discuss the program and to get into their school's calendar of events.

i. School Letter – 1 (To Principal or Program Coordinator) – [Appendix E](#)

Once a school has agreed to participate in the dental sealant program for the following school year, and the sealant day(s) is scheduled, a letter on health department stationery is recommended to go out to the school confirming and providing the following:

- Date(s) of dental sealant services at school
- Sealant program description
- Information on the benefits of dental sealants
- Blank consent forms/blank medical history forms (may be combined)
- Signature Verification Protocol forms
- Dental Health Education Curriculum
- Sealant day logistics
- Follow-up (dental home) procedure

Sealant coordinators should request:

- A request for a volunteer to assist with getting the children from the classroom to the treatment area.
- A list of all 2nd and 3rd grade students for the following school year, including classroom number, teachers and student names.

ii. School Year Schedule & Program Scheduling

The dental sealant program should maintain a calendar with sealant days for all participating schools. Check with the principal, school nurse, teachers and/or secretary at each school to make sure there are no field trips, testing, special guests, parties, etc., scheduled for the classes that will conflict with children getting screened and sealed.

For large programs, it may be beneficial to complete schools in close proximity to one another in succession. When scheduling the dentist or dental hygienist for screenings, schedule short-term retention checks at a school nearby or screen in multiple schools in one day.

iii. School Letter – 2 (For Teachers) - [Appendix L](#)

A second school letter with all of the participating classrooms is recommended to be sent out at least one month prior to the start of the dental sealant program along with **Teacher Instruction Forms** and **Sealant Day Packets**. The “**Teacher Instruction Form**” provides guidance on how to collect Sealant Day Packets. Packets can be collected at least *one month* before the program begins.

iv. Forms

It is recommended that a “**Sealant Day Packet**” be sent to parents at least three weeks prior to the event. This packet should have a letter from the principal containing the principal’s signature on school stationary, and stapled to the front of the envelope. Inside the envelope should contain information about the benefit of dental sealants, the consent form describing the program, requesting permission to place dental sealants and to reseal (copied on bright colored paper), and medical history.

v. Collection of Sealant Day Packets/ Signature Verification/ Name Tags

At least *two weeks* before the program is to begin, review all *consent forms* for parent signatures completed in ink. Also, all signatures should be verified and matched with the *emergency signature card* in the nurse’s office at school. The emergency card will indicate if there is a custody order that exists for that child. Non-custodial parent signatures or non-guardian signatures are not acceptable and are illegal. Name tags can only be placed on a child by the classroom teacher, school nurse or other school staff familiar with the child. Also, clarify any questions you may have regarding medical histories with the school nurse.

k. Sealant Day Set-Up

Schedules, class lists and signed consent forms should all be organized and ready when the program begins. Most schools will require sign in and visitor’s pass at the school’s front office. Notify the school program coordinator, school nurse or person in charge of your presence and how long each child will be out of the classroom. The school volunteer or

teacher should also be notified of your presence and notified with the time in which you will be ready to see the first student as well as how long each child will be out of the classroom.

i. Data System or Chart

The following information is necessary to develop a student chart/record before beginning the examination and/or treatment:

- Student name
- School name
- Teacher Name
- Grade
- Room Number
- Date of Birth
- Race
- Medical history
- Insurance Status

ii. Equipment Set-Up

Tables and Bins:

- Tables are to be wiped down with a disinfectant and then covered
- Supplies are to be set out and left closed/or covered until ready for use
- All extra supplies are to be kept in the bins until needed
- Store bins under tables and/or away from work area

Equipment:

- Plug in all equipment
- Run autoclave if applicable
- Set-up and wipe down all equipment with a disinfectant
- Place water in dishpan and clean water container
- Empty autoclave if applicable
- Re-check supplies and make note of items that are low

iii. Sterilization:

Set-up the following items:

- Dishpan – to rinse off dirty instruments
- Autoclave
- Sterilization Pouches
- Patient Napkins
- Paper Towels (can be used for dental bibs and head rest covers)

- Dirty Cassettes
- Clean Cassettes

iv. Test Strip:

For programs that have on-site autoclaves, a test strip is used weekly in all autoclaves to check for sterilization efficacy and should be placed in the autoclave drum before running the first load of instruments.

1. Clinical Procedures

The clinical flow of children should be steady, allowing for the least interruption possible to the classroom and the clinical area. The following will assist with efficiency of service:

i. Getting Students from Class

Sealant programs utilize several methods for getting students to and from the classroom:

- Option 1:
  1. Have the volunteer take several students from the classroom
  2. Students should assemble and walk quietly in the hallways
  3. Students can return to the class by themselves unless the school does not permit it
    - Give the returning student the name of the next student to be seen
    - If the school does not permit students to walk in the halls by themselves, then have each small group wait until the last student is seen and ask the volunteer to walk the group back to their classroom and get the next group
  4. Always have one child in the chair receiving sealants and one waiting to be next
- Option 2:
  1. Have the volunteer escort one child from the classroom to the sealant area.
  2. When the first child is complete, that child walks back to the classroom and sends the next student.
  3. The time between each child can be used to clean the area and set up new supplies.

ii. Students in the Dental Sealant Program Area

- If children are waiting, this time can be used for oral health education.
  - Give the student an oral health kit, book, or activity
  - Try to keep students quiet if in an area where others may be disturbed.
- Call their name and escort them to sit in the patient chair
- Once seated, have the student say their name to verify that the correct student is being seen and verify with the student record

iii. Dental Procedures (Set-up and Break-down)

These procedures should take no longer than 15 minutes to complete.

- Teams areas should be set-up and ready to go prior to the start of the school day, so students can be seen as soon as possible after the school bell rings
- Maximize time by working until dismissal
- Set-up bracket table with the items that will be needed for the dental procedure
- Only items being used for the dental procedure should be on the bracket table
- Put barriers on dental equipment
- Once the procedure has been completed, dismiss the student from the chair and have them place the safety glasses in the dishpan with dish soap in it
- Disposable instruments and supplies should be discarded in the appropriate receptacle
- Non-disposable dirty instruments should be placed in the appropriate disinfectant container
  - When this container is full, keep it in the dishpan and carry the dishpan over to the sterilization area;
  - Place the dirty instruments in the rinse water.
- Remove all infection control barriers
- Wipe down the table and patient chair with disinfectant.
  - Let dry before setting up for the next student.

iv. Recheck of Dental Sealants (Sealant Retention)

OOH funded programs should conduct sealant retention checks every other year. New permission slips (active) are sent out at the beginning of the year to all 3<sup>rd</sup> grade parents. Rechecks are only done on students who have returned their permission slips and who were sealed the previous year. An exam is done to assess if resealing is needed; if a sealant is needed because of a missing or defective sealant, it is charted and sealed. Best practice guidelines recommend sealant retention checks to be performed within one year of sealant placement (ASTDD).

The timing of sealant retention evaluation can depend on several factors:

- Program objectives;
- Changes in dental materials, techniques or personnel; and
- Student movement in and out of the school and school district.

m. End of Day Procedures and Sterilization

At the end of the day these procedures should take no longer than 20 minutes to complete.

i. Dental Assistant

- Remove barriers and instruments from bracket table
- If applicable, take dirty instruments to sterilization area and process (if time allows) - clearly mark that they are dirty instruments to be run in the morning
- Run suction cleaner through hose and let suction run about 1 minute after all suction cleaner is gone (to dry out hose)
- Remove covered waste water container and place container in bucket with a handle

- Remove clean water reservoir and empty into the same bucket
- Transport covered waste water container to designated area to be disposed of, i.e.: toilet, custodial sink, etc.
- Run air/water syringe until clear of water
- Rinse waste water container with water and empty into toilet
- Spray area with a disinfectant and spray containers with disinfectant
- Wipe wastewater container with disinfectant and leave open overnight if returning to the same location, if not, wipe dry
- Leave clean water container open to dry overnight if returning to the same location, if not, wipe dry
- Wipe down patient chair, operator chair, light and dental units with disinfectant
- Close or cover containers and supplies
- Rinse and dry safety glasses
- Tie up trash bags and dispose in appropriate place
- Unplug dental unit and autoclave, if applicable

PLEASE NOTE: An equipment and maintenance schedule should be developed and adhered to.

ii. Practitioner

- Distribute ‘Letters to Parents’, one copy each to parent/nurse/chart on NCR paper (triple copy paper)
- Review charts for completeness and when done, place back in file box
- Take charts to the appropriate office (usually the nurse’s office) to be locked up if used
- Help dental assistant finish other tasks
- Do final inspection of area

n. End of School/Site Procedures

Follow End of Day Procedures and Sterilization first

i. Supplies

Combine several small amounts of one item into one container.

- Mark boxes (gloves, mask, syringe covers, etc.) that have been opened as “OPEN”;
- Pack bins, placing the open supplies on top. All items should be placed in their assigned bin. Refer to the bin content sheet as a guide;
- Note any supplies that will need restocking.

ii. Equipment

- Wipe down, disassemble and pack:
  - Patient chair

- Light
- Compressor
- Autoclave
- Curing light
- Extension cords

iii. Final Inspection

- Move bins and equipment to one area;
- Inspect floor for dropped items;
- Return any borrowed items from the school;
- Inform the school office, nurse and custodian that the program is finished and tell them what day the equipment and supplies will be picked up if not moving everything at that time;
- MAKE SURE THE AREA IS LEFT IN THE CONDITION AND/OR BETTER CONDITION THAN IT WAS FOUND.

## SECTION 4: Tooth Surface Selection, Materials and Application Techniques

(All recommendations are ADA and CDC approved)

**PLEASE NOTE:** The goal is to provide efficiently placed sealants with quality materials to achieve good retention rates. Medicaid will only pay for a child to receive one sealant per tooth per lifetime if enrolled in the program. According to the ADA and CDC joint consensus report on school-based sealants, since predominately low-income children attend Title I schools, it is not necessary for these children should to receive a sealant and caries risk assessment (see [http://jada.ada.org/article/S0002-8177\(14\)64584-0/fulltext#tbl1](http://jada.ada.org/article/S0002-8177(14)64584-0/fulltext#tbl1)).

Maryland's statewide program primarily concentrates on 2<sup>nd</sup> and 3<sup>rd</sup> grade children in Title I schools unless an established program has a different demographic population already in place. Therefore, the first permanent molar is the primary target of this program.

a. Deciding whether or not to reseal or repair:

- Inconsistent pit and fissure coverage detected visually
- Sealant material that can be dislodged easily with an explorer
- Sealing previously inaccessible areas from the prior year, i.e.: lingual and/or buccal groove
- Missing dental sealant

b. Sealant Materials and Application Techniques

There are many sealant materials commercially available, with some more effective than others. However, consideration should be given to sealant materials which are recommended by Seal America: The Prevention Invention, *Step 4-Purchasing Dental Equipment and Supplies*, as well as *Step 8-Implementing the Program* available at: <http://www.mchoralhealth.org/seal/step4.html>

For more information, please visit the Maryland Mighty Tooth Dental Sealant Training Program at [mightytoothcurriculum.com](http://mightytoothcurriculum.com)

## **SECTION 5: Assessment & Data Collection**

All data collection forms can be accessed from the OOH website:

<http://phpa.dhmh.maryland.gov/oralhealth/SitePages/funding-ops.aspx>

### **BMI**

While not a required assessment of the LHD grant program and statewide dental sealant program, use of the Body Mass Index (BMI) to screen for underweight, overweight and obesity is encouraged. It can have tremendous benefits while using minimal resources. Capturing the BMI during the dental assessment, removes the barrier and stigma usually associated with assessing height and weight alone. Conditions found in children such as obesity, high blood pressure, high cholesterol and diabetes share many of the same risk factors as poor oral health; using the BMI in dental sealant programs can help establish body mass baselines, develop programs, measure progress, and provide parents with information regarding their child's health. Children with these conditions experience higher rates of depression, are less likely to do well in school and have more lost time from school than their peers. Indicators which may be included in data collection are the following:

- Overweight and obesity prevalence by sugar-sweetened beverage consumption
- Overweight and obesity estimates by sex, race/ethnicity and county
- Overweight and obesity estimates as it relates to eligibility in the free and reduced meal program
- Overweight and obesity prevalence as it relates to television viewing frequency

#### Tools Needed:

A *digital scale* for weight and a *stadiometer* device for height are the tools required to obtain proper measurements. Each can be purchased at medical supply stores or on-line vendors.

*PLEASE NOTE:* All dental sealant consent forms should include permission to measure BMI, if BMI is to be screened.

BMI for children and teens is calculated differently than BMI for adults. The BMI number is plotted on a for-age growth chart for either boys or girls to obtain a percentile ranking. The percentile indicates the relative position of the child's BMI number among children of the same sex and age. BMI will be calculated by using the CDC free resource, "Children's BMI Tool for Schools", which can be accessed at:

[http://www.cdc.gov/healthyweight/downloads/BMI\\_group\\_calculator\\_English.xls](http://www.cdc.gov/healthyweight/downloads/BMI_group_calculator_English.xls)

**The following, is the CDC's guidelines for measuring a child's height and weight:**

Measuring height accurately in school to calculate BMI-for-age:

1. Remove the child's shoes, bulky clothing, hair ornaments, and flatten hair that interferes with the measurement
2. Take the height measurement on flooring that is not carpeted and against a flat surface such as a wall with no molding
3. Have the child stand with feet flat, together, and against the wall. Make sure legs are straight, arms are at sides, and shoulders are level
4. Make sure the child is looking straight ahead and that the line of sight is parallel with the floor
5. Take the measurement while the child stands with head, shoulders, buttocks, and heels touching the flat surface (wall). Depending on the overall body shape of the child, all points may not touch the wall
6. Use a flat headpiece to form a right angle with the wall and lower the headpiece until it firmly touches the crown of the head
7. Make sure the measurer's eyes are at the same level as the headpiece
8. Lightly mark where the bottom of the headpiece meets the wall. Then, use a metal tape to measure from the base on the floor to the marked measurement on the wall to get the height measurement
9. Accurately record the height to the nearest 1/8<sup>th</sup> inch or 0.1 centimeter

Measuring weight accurately in school to calculate BMI-for-age:

1. Use a digital scale. Avoid using bathroom scales that are spring-loaded. Place the scale on firm flooring (such as tile or wood) rather than carpet;
2. Have the child remove shoes and heavy clothing, such as sweaters;
3. Have the child stand with both feet in the center of the scale;
4. Record the weight to the nearest decimal fraction (for example, 55.5 pounds or 25.1 kilograms).

The first year of data collection will be on a volunteer basis. We will then take the findings of the pilot and establish standardized indicators and surveillance strategies going forward. The intent is to have at least one collection site in each county and render a surveillance report every 5 years.

## **SECTION 6: Health Education Curriculum**

An oral health education curriculum for children should be one that is fun, interactive, easy to use and informative. Curriculum should be age specific with information and props generic to that group. The following is a list of curriculum components, which will provide for a comprehensive dental health program:

Curriculum Components:

- Nutrition
- Oral Hygiene Instructions (Plaque Control)
- Function (Why Teeth Are Important)
- The Disease Process
- Fluorides
- Dental Sealants
- Mouth Guards and Helmets (Safety)

There are many curricula that can be used to educate and reinforce good oral health habits. Listed below are some of the most popular sites. All curricula have modules designed for 2<sup>nd</sup> and 3<sup>rd</sup> graders, which are Maryland's target populations for dental sealants. Many of these curricula also contain information and materials for other grades.

Suggested Oral Health Curriculum:

- Smile Smarts Oral Health Curriculum, “A Lifetime of Healthy Smiles” – [www.ADA.org/3259.aspx](http://www.ADA.org/3259.aspx)
- National Children's Oral Health Foundation, Teacher in a box – [www.toothfairylsland.com](http://www.toothfairylsland.com)
- Washington State, Tooth Tutor – <http://here.doh.wa.gov/materials/tooth-tutor/>
- National Institutes of Health, NIDCR – <http://www.nidcr.nih.gov/oralhealth/>
- National Maternal and Child Health Resource Center, MCHB – [www.mchoralhealth.org](http://www.mchoralhealth.org)

## **SECTION 7: Training**

The following training resources are available for grantees:

- **State Dental Sealant Guidelines and Operations Manual:** data collection, staffing, sealant day logistics, budgeting, sealant placement, health curriculum, community relations, funding strategies, height/weight assessment, dental assessment, etc.
- **Maryland Mighty Tooth Dental Sealant Training Program:** This Maryland-specific curriculum was adapted from the Ohio Department of Health's dental sealant training modules. Dental hygienists who complete the free online training modules will receive 2 continuing education credits. Dental Sealant Program Coordinators are required to complete these modules every other year. The modules are available at: [www.mightytoothcurriculum.com](http://www.mightytoothcurriculum.com) .

P.A.N.D.A - <http://www.wsdha.net/panda> (Abuse, Neglect, Family Violence & Human Trafficking)

Ohio Safety Net - <http://www.ohiodentalclinics.com> (School-Based Dental Sealants, Special Care and Fluoride Varnish Training for Medical Care Providers)

Annual Meeting – The OOH will host meetings with all program coordinators and stakeholders on an annual basis. The purpose of the annual meeting is to discuss program successes and challenges, identify best practices and network with professionals.

## **SECTION 8: Reports, Comprehensive/Focused Site Reviews and Technical Assistance**

### a. Reports

#### To DHMH/OOH

- *Annually*

*Grantees submit four quarterly reports to OOH throughout the year including*

- Quarterly Expenditure Reports
- Quarterly Activity Reports
- Optional Word Document (to report additional information)

#### To Parent/ Schools/ LHDs

- *Dental Report Card*

### b. Guidelines for Completing Reports

A prerequisite of awards provided by the Office of Oral Health are quarterly activity reports, in conjunction with quarterly fiscal reports. Annually, the due dates are as follows:

<b><u>Quarter</u></b>	<b><u>Due Date</u></b>
July 1 - September 30	October 15
October 1 - December 31	January 15
January 1 - March 31	April 15
April 1 - June 30	July 15

These reports are to be submitted electronically to: [dhmh.ugaoralhealth@maryland.gov](mailto:dhmh.ugaoralhealth@maryland.gov)

It is suggested that programs save reports electronically each quarter.

Prior to each quarter's due date, an e-mail reminder will be sent out to the appropriate Program personnel. Please make sure that OOH has up-to-date e-mail addresses for the Program person responsible for the submitting these reports.

### c. Comprehensive Site Reviews

Once a year during the program cycle, a site review may be conducted. The site review will assess program strengths and challenges and overall program performances. The following may be discussed/reviewed during a site visit:

- A review of all submitted documentation (prior to site visit)
- An assessment of clinical delivery, sterilization techniques and infection control
- An assessment of procedures

- An assessment of data collection
- Administrative review of policies and operations
- Assessment of community relations, staffing and equipment
- Discussion of notable findings

d. Focused Site Reviews

Occasionally situations may arise that necessitate a site visit to address a problem that may present itself. Information will be gathered prior to the visit as well as on-site to address situation.

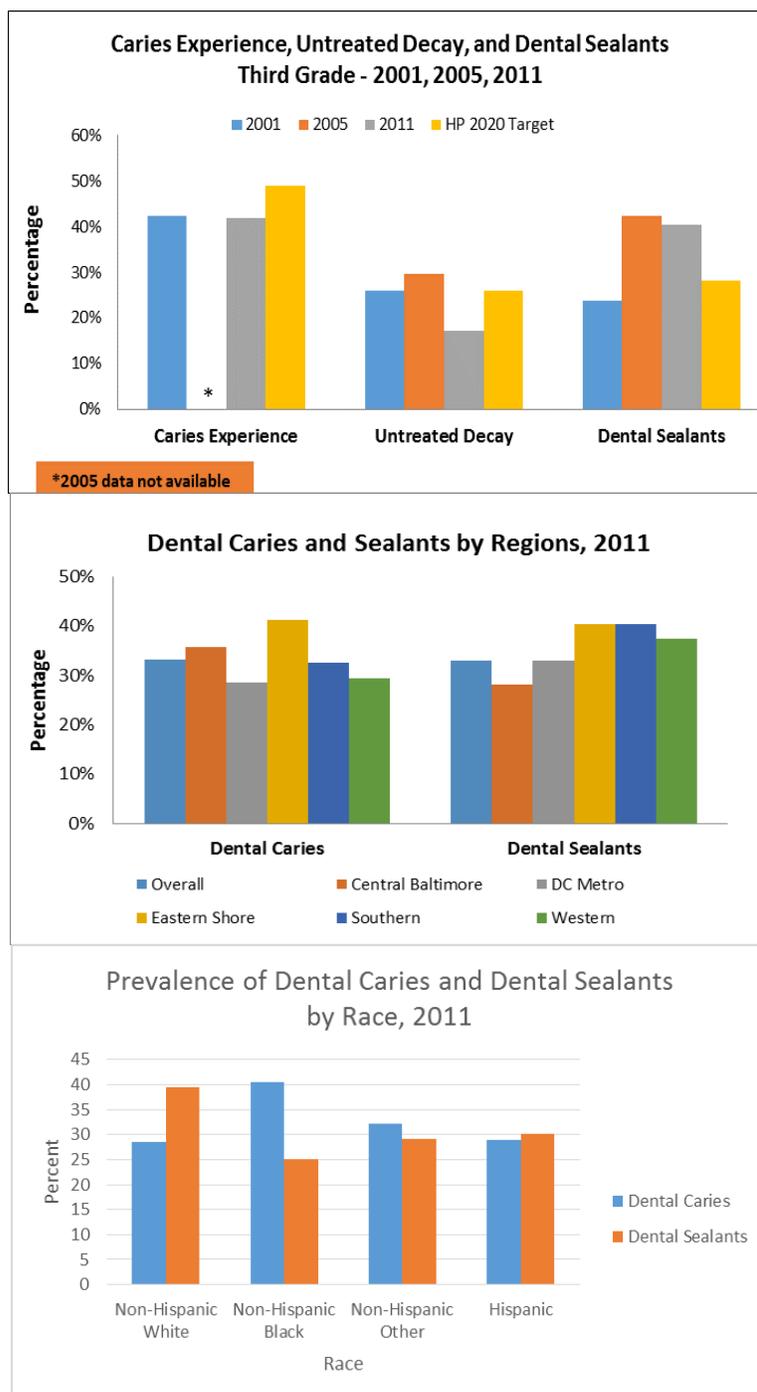
e. Technical Assistance

Technical assistance is available to help programs improve performance, attain goals and adhere to standards. A review of grant proposals, reports, site reviews, interviews and any other information that can provide the desired outcome will be used. Technical assistance may be provided through meetings, site visits, telephone or e-mail. The goal is to provide recommendations and strategies for favorable outcomes.

## SECTION 9: APPENDICES

### A. Prevalence of Dental Caries and Sealants in Maryland School Children

Source: Macek MD, Collier S, Chen H, Manski RJ, Manz M, Altama-Johnson D, Goodman HS. Oral health survey of Maryland school children, 2011-2012. Baltimore, MD: University of Maryland School of Dentistry, 2013.



B. Maryland Mighty Tooth Dental Sealant Brochure  
(Available at <http://phpa.dhmh.maryland.gov/oralhealth/SitePages/materials.aspx>)

**INTRODUCTION**

Cavities are the single most common chronic disease in children. They cause pain and force children in the US to miss more than 52 million hours of school each year. But cavities can be prevented. Regular brushing with fluoride toothpaste, flossing and drinking tap water with fluoride helps to fight cavities. But brushing and flossing are not always enough. Sometimes it is hard for children to brush the grooves of the back teeth and reach tiny particles of food. This can lead to cavities. That's why Dental Sealants are important.

Dental Sealants are thin, plastic coatings that are painted on the chewing surfaces of the back teeth. These teeth are most likely to form cavities because sugar gets trapped in the grooves of the teeth.



Dental Sealants are put on in dentists' offices, clinics, and sometimes in schools. In Maryland, dentists and public health dental hygienists can provide sealants in school settings with parental consent.

To learn more about dental sealants, talk to your dental or medical provider, visit [www.Mightytooth.com](http://www.Mightytooth.com)



or contact the Office of Oral Health,  
Prevention and Health Promotion  
Administration,  
Maryland Department of Health and Mental  
Hygiene  
201 West Preston Street, 4th Floor  
Baltimore, MD 21201  
(410) 767-5300  
[dhmh.oralhealth@maryland.gov](mailto:dhmh.oralhealth@maryland.gov)  
<http://phpa.dhmh.maryland.gov/oralhealth/>



**MARYLAND'S  
DENTAL SEALANT PROGRAM**

Visit us @ [www.mightytooth.com](http://www.mightytooth.com) for more information on dental sealants.

The services and facilities of the Maryland Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations.

The Department, in compliance with the Americans With Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

**Seal Away  
Tooth Decay!**



## MIGHTY TOOTH

### SEAL AWAY TOOTH DECAY!

- ◆ Tooth decay is the most common chronic disease found in Maryland and U.S. children.
- ◆ Children with poor oral health are nearly 3 times more likely to miss school due to dental pain, than healthier children.
- ◆ In addition to brushing with fluoride toothpaste, flossing and drinking tap water that contains fluoride, dental sealants are an important way to prevent cavities.
- ◆ Prevention pays off - the cost of applying a dental sealant on a child's permanent molar is much less than the cost of filling a cavity.

#### How Sealants are Applied

Getting dental sealants put on is simple, painless and only takes a few minutes. Sealants are painted on as a liquid and quickly harden to form a protective shield over the tooth.



1. The tooth is cleaned.



2. The tooth is dried, and cotton is put around the tooth so it stays dry.



3. A solution is put on the tooth that makes the surface a little rough. (It is easier for the sealant to stick to a slightly rough surface.)



4. The tooth is rinsed and dried. Then new cotton is put around the tooth so it stays dry.



5. The sealant is applied in liquid form and hardens in a few seconds.



6. The sealant is in place.



**What are dental sealants?**

Dental sealants are thin, plastic coatings painted on the chewing surfaces of the teeth to prevent tooth decay.

**Why get sealants?**

To avoid cavities and help keep the mouth healthy. 

**Who needs sealants?**

Children, specifically those who may be prone to cavities, should get dental sealants on their permanent molars (back teeth) as soon as the teeth come in – before cavities occur.

**When should children get dental sealants?**

Children should get dental sealants between ages 5 and 7 when their first permanent molars come in and between ages 11 and 14, when their second permanent molars come in.

**How long do sealants last?**

Sealants protect teeth as long as they stay in place. They generally last a few years and will hold up well against everyday chewing, flossing, and brushing. It is important to get them checked at least once a year.

**Where can my child get sealants?**

Children can receive dental sealants at their dental office, in clinics and sometimes in schools. Check with your school or public health program to find out if it has a dental sealant program.

C. At-a-glance one pager for School Professionals



## MIGHTY TOOTH

### SEAL AWAY TOOTH DECAY!

At-a-glance Reference Sheet for Maryland School Professionals

**The FACTS**

- ◆ Tooth decay is the most common chronic disease in children.
- ◆ Children with poor oral health are nearly 3 times more likely to miss school due to dental pain than healthier children.
- ◆ In addition to brushing with fluoride toothpaste, and drinking tap water that contains fluoride, dental sealants are one of the most important ways to prevent cavities.

**What are dental sealants?**

Dental sealants are thin, plastic coatings painted on the chewing surfaces of the teeth to prevent tooth decay.

**Who needs sealants?**

Children at risk for tooth decay should get dental sealants on their permanent molars as soon as the teeth come in – before cavities occur.

**Why are dental sealants provided in schools?**

By providing dental sealants to children while they are at school, health professionals can help prevent cavities for students who are most at-risk to develop them.

Dental sealant programs vary greatly across the state. The following highlights basic information about school sealant programs and describes various roles schools may have in sealant day preparation and logistics.

**The Basics:**

- School-based dental sealant programs should target Title I schools in order to provide a preventive service to students who may otherwise not receive care.
- Programs generally target 2nd/3rd graders, and 6th/7th graders as these are the ages when children’s 1st and 2nd molars are newly present in the mouth.

**The majority of programs include the following steps:**

1. Informed Consent—often these forms will be sent out at the beginning of the school year with other forms that need to be completed by parents. The goal is to ensure that at-risk children receive permission to be screened and sealed, if indicated.
2. Sealant Day—students who have permission will be brought to the sealant area (often in a gymnasium, stage, classroom, or health area of the school). Students will be screened by dental professionals and dental sealants will be placed. The student will receive a report card noting any dental needs and how many sealants were placed before returning to his/her classroom.
3. Case Management—programs should follow-up with parents to link children to a dental provider, if needed. The school nurse may be part of this process.



## The Roles of School Professionals

**School Administrators:** Superintendents, principals and others may be contacted by public, private or mobile programs offering to provide dental sealants to school students. Prior to engaging in any contractual agreements with dental providers, here are some key questions to ask:

1. *Who owns the program and how is it funded?*
2. *How and where are services provided?*
3. *What resources will the school need to provide—space, water, electricity, etc.?*
4. *What referral mechanisms have been established with local providers or clinics? Will there be follow-up with parents?*
5. *What is the informed consent process and how will the school be involved?*
6. *What scope of services will be provided?*
7. *How often and for how long will they be at the site, e.g., once per year, once per week, until a school or grade is finished, or some other arrangement?*

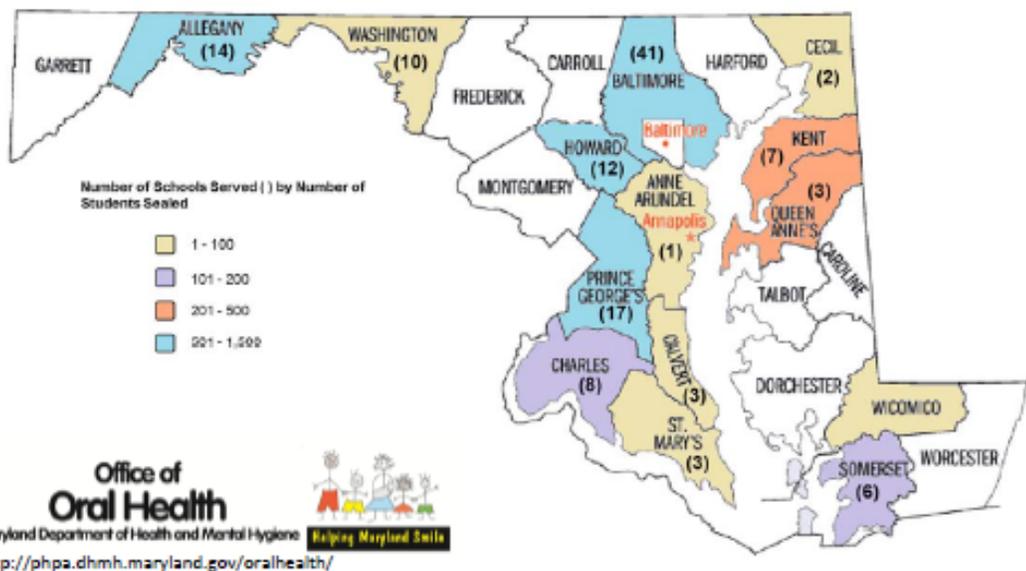
**School Nurses:** Nurses often serve as the primary liaison for sealant day logistics. They may know of children with special health care needs, specific allergies, and imminent dental needs.

- Nurses often lead the collection of informed consent forms and medical histories.

**Teachers:** Teachers are asked to excuse students for a brief period of time to be screened and sealed.

- Teachers may line students up and provide nametags and paperwork.
- Teachers may be asked to recruit volunteers to assist on sealant day to guide students to and from the school sealant area.

Office of Oral Health funded School-linked/School-based Dental Sealant Programs by County by number of schools served and children sealed, FY14



D. Environmental Assessment Tool

**Dental Sealant Environmental Assessment – Overview**

What is it?

- A tool for programs to gauge whether the environment supports successful implementation of a school-based/school-linked dental sealant program.

Who is it for?

- Current, potential, future and past programs that are interested in assessing whether the environment is conducive to operating a sealant program.

How do programs use the tool?

- Go through each category and determine on the likert scale whether the programs current environmental measure inhibits or supports the sealant program.
- Add comments to clarify and understand how certain measures impact your program.

Why use the tool?

- Identify strengths and weaknesses, opportunities and threats.
- Leverage strengths and overcome weaknesses to sustain the program.
- Assess how the program will be supported by key partners to assure success.  
Establish integral relationships
- Understand the partner organization and who to target for collaboration and support.

How often should the tool be used?

- Anytime a new program is being developed
- When there are major changes or concerns
- Ad hoc for current programs (recommend every 2 – 3 years)
- Past programs to assess and make changes for potential reboot of the sealant program

School-based/linked Dental Sealant Program - Environmental Assessment Tool												
	Not present	Strongly Inhibits			Neutral				Strongly Supports	Don't know	Not Applicable	Comments
<b>I STRUCTURES AND PROCESS</b>												
<b>A Infrastructure</b>												
1		-4	-3	-2	-1	0	1	2	3	4		
2		-4	-3	-2	-1	0	1	2	3	4		
3		-4	-3	-2	-1	0	1	2	3	4		
4		-4	-3	-2	-1	0	1	2	3	4		
5		-4	-3	-2	-1	0	1	2	3	4		
6		-4	-3	-2	-1	0	1	2	3	4		
7		-4	-3	-2	-1	0	1	2	3	4		
8		-4	-3	-2	-1	0	1	2	3	4		
9		-4	-3	-2	-1	0	1	2	3	4		
<b>B Human Resources</b>												
1		-4	-3	-2	-1	0	1	2	3	4		
2		-4	-3	-2	-1	0	1	2	3	4		
3		-4	-3	-2	-1	0	1	2	3	4		
4		-4	-3	-2	-1	0	1	2	3	4		
5		-4	-3	-2	-1	0	1	2	3	4		
6		-4	-3	-2	-1	0	1	2	3	4		
7		-4	-3	-2	-1	0	1	2	3	4		
<b>C Leadership</b>												
1		-4	-3	-2	-1	0	1	2	3	4		
2		-4	-3	-2	-1	0	1	2	3	4		
3		-4	-3	-2	-1	0	1	2	3	4		
4		-4	-3	-2	-1	0	1	2	3	4		
<b>D Environment</b>												

1	Location of Oral Health staff (centralized or decentralized)	-4	-3	-2	-1	0	1	2	3	4		
2	Medicaid agenda/policy	-4	-3	-2	-1	0	1	2	3	4		
3	Hiring process/policy	-4	-3	-2	-1	0	1	2	3	4		
4	External expertise available to impact oral health (MPH programs, dental/hygiene schools, evaluation consultants etc)	-4	-3	-2	-1	0	1	2	3	4		
5	Health Department focus on intervention vs. prevention programs	-4	-3	-2	-1	0	1	2	3	4		
6	Media perception of oral health as a part of overall health and newsworthy topic	-4	-3	-2	-1	0	1	2	3	4		
7	Presence of emergent issues or controversy around oral health or oral health organizations within the state	-4	-3	-2	-1	0	1	2	3	4		
8	Communication between Oral Health Unit and general public	-4	-3	-2	-1	0	1	2	3	4		
9	Communication between Oral Health Unit and private care providers	-4	-3	-2	-1	0	1	2	3	4		
<b>E Competition</b>												
1	Presence of mobile program(s) in county	-4	-3	-2	-1	0	1	2	3	4		
2	Other competing entities	-4	-3	-2	-1	0	1	2	3	4		
3	Competition for visibility and dollars among health department programs	-4	-3	-2	-1	0	1	2	3	4		
<b>F Partnerships/Support</b>												
1	Community Partnerships	-4	-3	-2	-1	0	1	2	3	4		
2	Relationship with school(s)	-4	-3	-2	-1	0	1	2	3	4		
3	School Administration Support	-4	-3	-2	-1	0	1	2	3	4		
4	Relationship with School Nurse(s)	-4	-3	-2	-1	0	1	2	3	4		
5	School Superintendent(s) Support	-4	-3	-2	-1	0	1	2	3	4		
6	School Principal(s) Support	-4	-3	-2	-1	0	1	2	3	4		
7	Ability to collaborate with other chronic disease prevention programs	-4	-3	-2	-1	0	1	2	3	4		
8	Parent/Teacher Association Support	-4	-3	-2	-1	0	1	2	3	4		
9	Non-traditional partner support	-4	-3	-2	-1	0	1	2	3	4		
10	Other (explain: )	-4	-3	-2	-1	0	1	2	3	4		
<b>G Education</b>												
1	Awareness of Benefits (of sealants) amongst public	-4	-3	-2	-1	0	1	2	3	4		
2	Awareness of Benefits amongst school administrators	-4	-3	-2	-1	0	1	2	3	4		
3	Awareness of Benefits amongst caregivers	-4	-3	-2	-1	0	1	2	3	4		
<b>H Finance</b>												
1	Resources provided by State	-4	-3	-2	-1	0	1	2	3	4		

2	Resources provided by County	-4	-3	-2	-1	0	1	2	3	4		
3	Resources provided by Federal Government	-4	-3	-2	-1	0	1	2	3	4		
4	Resources provided by non profits/foundations	-4	-3	-2	-1	0	1	2	3	4		
5	Community Health Program budget and fiscal priorities	-4	-3	-2	-1	0	1	2	3	4		
6	Stability of financial support	-4	-3	-2	-1	0	1	2	3	4		
7	Ability to successfully apply for grants	-4	-3	-2	-1	0	1	2	3	4		
8	Prospect for increased oral health support in the next year	-4	-3	-2	-1	0	1	2	3	4		
9	Prospect for decreased oral health support in the next year	-4	-3	-2	-1	0	1	2	3	4		
<b>I External Resources/Assistance</b>												
1	State Sealant Coordinator	-4	-3	-2	-1	0	1	2	3	4		
2	State Dental Director	-4	-3	-2	-1	0	1	2	3	4		
3	Access to technical expertise - data collection	-4	-3	-2	-1	0	1	2	3	4		
4	Access to technical expertise - evaluation	-4	-3	-2	-1	0	1	2	3	4		
5	Access to technical expertise - reporting	-4	-3	-2	-1	0	1	2	3	4		
<b>J Other</b>												
1	Access to follow up care/referral resources	-4	-3	-2	-1	0	1	2	3	4		
2	Population (urban/rural/frontier)	-4	-3	-2	-1	0	1	2	3	4		
3	Number of students enrolled in National School Lunch Program	-4	-3	-2	-1	0	1	2	3	4		
4	Number of schools with Title I designation	-4	-3	-2	-1	0	1	2	3	4		

**PROGRAM RESOURCES**

**Note: All letters and forms included in appendices are samples and may be edited to fit the needs of individual programs.**

E. Principal Letter regarding Newsletter

**XYZ County Health Department**

Health Officer

Telephone Number

Address

Fax Number

Web Address

To: XYZ School

From: Name, Dental Program Coordinator

Date: MM/DD/YEAR

Subject: Dental Sealant Program

---

Attached is an article for your school newsletter and a schedule for the School-based Dental Sealant Program.

You will be receiving permission forms by (WHO) within (TIME FRAME). Permission forms are sent according to when your school is scheduled for sealant placement. (ANY ADDITIONAL INFORMATION YOU MAY WANT TO ADD).

Thank you for your help!

Should you have any questions, please call or email.

F. Article for Newsletter

**XYZ County Health Department**

Health Officer Telephone Number

Address Fax Number

Web Address

To: XYZ School

From: Name, Dental Program Coordinator

Date: MM/DD/YEAR

Subject: Article for School Newsletter, Dental Sealant Program

---

Dental sealants are plastic coatings that are applied to the grooves of the chewing surfaces of the permanent molar teeth, where tooth decay occurs most often. The dental sealant acts as a barrier, protecting the decay prone areas from plaque and acids that cause tooth decay.

Dental sealants for children in the 2<sup>nd</sup> and 3<sup>rd</sup> grades will be offered (offered again) this year by the XYZ County Health Department. The dental team will be visiting your elementary school to provide your child with a dental assessments, dental sealants and reseals to 3<sup>rd</sup> graders previously sealed, at **no cost** to you. Permission forms will be sent home from the school for you to complete and return to the school. Parents are encouraged to complete the permission form so your child can benefit from this program.

(PLEASE ADD ANY OTHER DETAILS THAT YOU WOULD LIKE TO CONVEY ALONG WITH A CONTACT NUMBER).

G. Informed Consent and Medical History Template



**Dental Sealant Program | Informed Consent and Medical History Form**

*Dear Parent or Guardian(s):*

The County Health Department Dental Program is offering free dental screenings, fluoride varnish and dental sealants at your child’s school. **Please fill out this form and return it to your child’s school to allow your child to participate.** Dental screenings provide a quick and easy way to see if your child has any obvious dental issues that are in need of care. A dental screening does not replace a complete dental examination. Your child should visit the dentist for a complete examination every 6 months.

**What are dental sealants?** Sealants are thin, plastic coatings that are painted on the chewing surfaces of the back teeth to prevent cavities. The back teeth are most likely to get cavities because sugar gets trapped on them. Sealants cover the chewing surfaces of these teeth keeping out the sugar and germs that cause cavities. Getting sealants put on is simple and painless. First, the child’s mouth is screened. Any teeth that will be sealed are cleaned and dried. Sealants are then painted on as a liquid and quickly harden to form a protective shield over the tooth. Having sealants put on teeth to prevent cavities will also save time and money in the long run by avoiding costly fillings, crowns, and other procedures needed to prevent or fix cavities.

**What is fluoride varnish?** Fluoride Varnish is a protective coating that is painted on smooth surfaces of the teeth, after a dental screening, to prevent cavities. Fluoride varnish works by releasing fluoride which strengthens teeth and prevents cavities. Fluoride varnish can be applied 2 - 4 times per year.

Child’s Name \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_ Male \_\_\_  
Female \_\_\_  
Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_ - \_\_\_\_\_ -  
\_\_\_\_\_

**Race | Ethnicity:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White                    | <input type="checkbox"/> Hawaiian   Pacific Islander     | Is your child Hispanic or Latino?<br>Yes _____ No _____ |
| <input type="checkbox"/> Black   African American | <input type="checkbox"/> Native American   Alaska Native |   |
| <input type="checkbox"/> Asian                    | <input type="checkbox"/> Other                           |   |

**Medical History** - Please check if your child has or has had any of the following medical conditions:

- \_\_\_ Asthma
- \_\_\_ Diabetes
- \_\_\_ Tuberculosis (TB)
- \_\_\_ ADHD
- \_\_\_ AIDS/HIV
- \_\_\_ Epilepsy/Seizures
- \_\_\_ Bleeding Problems
- \_\_\_ Hepatitis
- \_\_\_ Latex Glove Allergy

Does your child have any allergies? If yes, please list: \_\_\_\_\_

\_\_\_\_\_

List any medications your child is currently taking: \_\_\_\_\_

\_\_\_\_\_

Has your child seen a dentist in the past 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

*No payment is required from you for this program. However, Medicaid and other insurance may help cover the cost of this program. Please fill in the insurance information below:*

**Dental insurance Status:** \_\_\_\_\_ Maryland Healthy Smiles (Medical Assistance) \_\_\_\_\_ Private Dental Insurance  
\_\_\_\_\_ Uninsured \_\_\_\_\_ Other/Unknown

I am the parent or legal guardian of the minor child named above. I hereby give my free and informed consent for the named child to receive: Fluoride Varnish \_\_\_\_\_ Dental Sealants \_\_\_\_\_

X

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

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

H. Dental Screening Results/Follow-Up

**XYZ County Health Department**

Health Officer  
Address

Telephone Number  
Fax Number  
Web Address

Dear Parent/Guardian:

As requested, your child, \_\_\_\_\_, received a dental screening at school on \_\_\_\_\_ to determine if dental sealants should be placed on his/her teeth. This was a visual screening and no dental X-rays were taken. It does not take the place of a regular examination in a dental office and we recommend that you visit your family dentist regularly.

**DENTAL SCREENING RESULTS**

**Yes**, Dental sealants were indicated for your child.

**No**, Dental sealants were not indicated for your child. Reasons why sealants were not indicated include the following: teeth decayed, already filled, already sealed, or not completely through the gums.

**Urgent dental treatment** – Your child has pain, abscess or possible dental infection. Please take your child to the dentist immediately.

**Immediate dental treatment** – Your child appears to have **large/multiple** cavities. Please schedule an appointment with your child’s dentist as soon as possible.

**Non-urgent dental treatment** – Your child has apparent tooth decay. Please schedule an appointment with your child’s dentist within the several weeks.

**Regular dental checks-up – Tooth decay was not readily visible** - regular visits to the dentist are recommended.

**Other** \_\_\_\_\_

**SEALANT ACTIVITY**

Your child received \_\_\_ dental sealants during the school-based Sealant Program at your child’s school.

If your child has a Maryland Medical Assistance card, they are eligible for dental care at the XYZ County Health Department.

Please call the XYZ County Health Department, Dental Program if you have any questions at (000) 000-0000.

**Date:** \_\_\_\_\_

**Health care provider’s signature:** \_\_\_\_\_

I. Signature Verification of Custodial Parent

Verification that the Custodial Parent of the Student has given Consent for Participation in the Dental Sealant Program

Child's Name: \_\_\_\_\_

Date of Birth on the Consent Form: \_\_\_\_\_

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

Type of School Record Used to Verify Information (Check One):

School Emergency Information Card

Other Record Used (Specify): \_\_\_\_\_

Date of Birth Verified with School Record:  YES  NO

Name of the Parent/Guardian who signed Dental Consent: \_\_\_\_\_

Relationship of signer to the child per school record (Check One):  Mother  Father

Grandparent  Step-mother  Step-father  Other: \_\_\_\_\_

Is there an existing current court order regarding custody on child per consent?  YES  NO

Is the court order on file with the school?  YES  NO

Name of the school representative who verified that the order was or was not on file in the school record and verified who has legal custody: \_\_\_\_\_

Is the signer of the consent listed on the court order as having legal custody?  YES  NO

Additional Notes:

\_\_\_\_\_

\_\_\_\_\_

Community Health Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

J. Follow-Up Procedure Form

**XYZ Health Department**

Health Officer  
Address

Telephone Number  
Fax Number  
Web Address

School \_\_\_\_\_

Dear Parent/Guardian of \_\_\_\_\_, Date \_\_\_\_\_

The result of your child's recent dental screening suggests the need for your child to be seen by a dentist for the following reason(s).

\_\_\_ Infection \_\_\_\_\_

\_\_\_ Decay \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

**NOTE:** This was a dental screening, not a complete dental examination. Please take your child to the dentist for a complete dental examination. Have the dentist fill out the lower portion of this form and return the completed form to the school nurse.

If you do not have a family dentist, please call XYZ County Health Department Clinic/Unit at (000) 000-0000.

\_\_\_\_\_ was seen at my office on \_\_\_\_\_.

\_\_\_ All necessary dental treatment was completed.

\_\_\_ Treatment is in progress.

\_\_\_ No treatment was necessary.

Further Recommendations:

---

---

\_\_\_\_\_  
Dentist Name (print)

\_\_\_\_\_  
Dentist Signature

K. Principal/School Coordinator Instructions for Forms

**XYZ County Health Department**

Health Officer

Telephone Number

Address

Fax Number

Web Address

To: XYZ School

From: X, Dental Program Coordinator

Date: 00/00/0000

Subject: Dental Sealant Program, Instructions for Forms

---

- 1) Distribute the sealant consent forms to all **second** and **third** grade children when you receive them.
- 2) Check off the names on the class list if the child has returned their forms.
- 3) If possible, give a pencil or other form of reward to each child who returned a form for the program.
- 4) Three days later, redistribute sealant consent papers to those who did not return a form.
- 5) Review returned consent papers and check to see if the parent or guardian has **signed** and if the **medical history is completed**. If it is complete, divide the forms by “yes” and “no” answers. Put all “no” answers in one folder, paper clipped by grade. Put all “yes” answers in a different folder by grade and teacher. Please include class list with names marked if “yes, “no”, or no permission form has been returned.
- 6) If the medical history is not completed and signed, but the parent has checked “yes”, please send a medical history form home to be completed with a letter attached. **(Letters are included with the permission forms).**
- 7) Return all completed forms **as soon as possible** to the XYZHD Dental Program by mail, fax, electronic copy or other secure method.
- 8) Please return all unused forms and pencils to the XYZ Dental Program.
- 9) Please call me if you have any questions at (000) 000-0000.

**Thank you for your assistance!**

L. Second and Third Grade Teacher Letter

Health Officer

Telephone Number

Address

Fax Number

Web Address

DATE

Dear Second and Third Grade Teachers:

The XYZ County Health Department Dental Program is again providing a School-based Dental Sealant Program OR OTHER for children in the 2<sup>nd</sup> and 3<sup>rd</sup> grades of XYZ County schools. This program is the same as last year. When the students return their permission forms, they are to be given to the school nurse. Each child in 2<sup>nd</sup> and 3<sup>rd</sup> grade that returns a permission form to their class teacher will receive a YOUR CHOICE OF INCENTIVE.

A dental sealant is a plastic coating that is placed into the grooves of the chewing surfaces of the permanent molars to prevent tooth decay commonly known as “cavities”. Dental sealant placement is a simple, safe, and painless procedure. Portable dental equipment will be used to set up the “dental clinic area” in the school. Students with signed permission forms from their parents or guardians will participate.

The dental team will need to be placed near an electrical outlet in the area that the sealants will be placed. This area needs to be large enough to accommodate a full size dental chair, and 2 tables. We have set up the clinic in (CHOSEN AREA OF THE SCHOOL - art room, stage, resource room, cafeteria, etc.).

Our Dentist or Public Health Dental Hygienist will be providing screenings for the 2<sup>nd</sup> and 3<sup>rd</sup> grades on the following days:

(LIST CLASS ROOMS OR TEACHERS NAMES WITH DATES)

Thank you for your cooperation. If you have any questions, please call the Dental Department of XYZ County Health Department at (000) 000-0000.

Sincerely,

Dental Program Administrator

M. Informational Parent Letter for Envelope (Letter 1)

**XYZ Elementary School**

School Principal	Telephone Number
Address	Fax Number
	Web Address

Dear Parent/Guardian:

The Dental Unit of XYZ County Department of Health will be conducting dental screenings and placing dental sealants on the 2<sup>nd</sup> and 3<sup>rd</sup> grade students. The services are FREE for your child. The program will be at our school from (SPECIFIED DATES).

Dental sealants provide maximum protection from food debris, harmful bacteria, biofilm (plaque) and acids that contribute to tooth decay. The chewing surfaces of the permanent molar teeth are coated with a plastic material in the grooves that act as a barrier.

All dental practitioners (dentists and hygienists) are licensed by the state of Maryland. Portable equipment will be used and current infection control regulations will be followed.

Results of your child's dental screening will be sent home, along with how many sealants were placed. Please note that this is a dental screening with no x-rays taken and should not replace regular dental visits.

This is a wonderful free service for your child and I encourage you to review the attached information, sign the enclosed **Parent Consent Form and return it to the school nurse by (THE DATE REQUESTED)**. Your child can not be seen unless we have a signed Parent Consent form. If you have any questions, please contact the school nurse or XYZ County Dental Unit at (000) 000-000.

Sincerely,

Principal

N. Dental Sealant Grant Application Package

i. Dental Sealant Program Request for Application (RFA)

(This document is available at <http://phpa.dhmm.maryland.gov/oralhealth/funding-ops.aspx>)

**OFFICE OF ORAL HEALTH REQUESTS  
FOR GRANT APPLICATIONS (RFA) FY 2016**

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**Dental Sealant Program Grants**

**I. INTRODUCTION**

The Maryland Department of Health and Mental Hygiene (DHMH), Office of Oral Health announces a request for applications (RFA) for dental sealant grants. These grants support the application of dental sealants in school-based/school-linked/mobile settings administered and/or coordinated by Local Health Departments. These grants are *competitive* and will be awarded for one year dependent upon available funds.

*Please note that this RFA ONLY supports pit and fissure dental sealant services provided in off-site component dental programs* administered and/or coordinated by Local Health Departments. A separate RFA and application that supports overall Oral Disease and Injury Prevention Grants covering the following: Adult Clinical Dental Services Program, Oral Cancer Prevention, Children’s Clinical Dental Services Program, Off-site Component, or Other County Identified Need will also be issued. Please note that the Oral Disease and Injury Prevention Grants cover all appropriate services covered under these categories *except* school-based/school-linked/mobile dental sealant programs.

**II. BACKGROUND**

*Oral Health and Systemic Health*

Oral diseases are not self-limiting and increase in severity with time. As a result, medical, nutritional, psychological, educational, social, esthetic, and speech difficulties can originate from preventable oral disease and injury. The adverse consequences of dental caries and other oral diseases include pain, infection, tooth loss, and occasionally death. Studies have demonstrated that oral diseases can place individuals at risk for low-birth weight infants, failure to thrive, and pneumonia. Adverse oral health conditions have been shown to affect aspects of daily living such as quality of life, economic productivity, and work or school performance and attendance including readiness to learn. Future contributions to society and the workplace also may be affected by the poor self-esteem, physical well-being, and quality of life generated by oral health problems.

*Prevention and Control of Dental Caries - Dental Sealants*

Access to oral health care is a critical problem for underserved and minority populations in Maryland. *The 2011 – 2012 Survey of Oral Health Status of Maryland School Children*, conducted by the University of Maryland, School of Dentistry, found that 17.1% of children in kindergarten and third grade had untreated tooth decay. Approximately 40.4% of school children in 3rd Grade had at least one tooth with a dental sealant.

Dental sealants are generally applied in a dental clinic setting but because of the relatively low proportion of high-risk children receiving dental sealants, alternative public health strategies have been enlisted including the provision of dental sealants through school-based, school-linked or mobile approaches.

## School-based & School-linked Dental Sealant Programs

*School-based programs* are conducted completely within the school setting, with teams of dental providers (dentists, dental hygienists and dental assistants) utilizing fixed or portable dental equipment within the school setting.

School-based dental sealant delivery programs provide sealants to children unlikely to receive them otherwise directly within the school setting. Such programs:

- Define a target population within a school district
- Verify unmet need for sealants
- Get financial, material, and policy support
- Apply rules for selecting schools and students

School-based sealant programs are especially important for reaching children from low-income families who are less likely to receive private dental care. Programs generally target schools by using the percentage of children eligible for federal free or reduced-cost lunch programs and/or those identified as Title I schools. Tooth decay may result in pain and other problems that affect learning in school-age children. Findings from scientific studies clearly show that school dental sealant programs work to stop tooth decay. In 2010, the Association of State and Territorial Dental Directors (ASTDD) issued a strong Policy Statement endorsing school dental sealant programs. This policy states that ASTDD “fully supports, endorses, and promotes expansion of school-based and school-linked dental sealant programs that follow evidence-based guidelines as part of a comprehensive community strategy to serve the greatest number of children and adolescents at highest risk for dental disease. The ASTDD [Community Preventive Services Task Force recommends](#) “school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).

There are many resources on school-based dental sealants including new materials that have been developed by the Office of Oral Health. New resources include the new Mighty Tooth Brochure and website, as well as the Maryland School-Based Dental Sealant Training Programs. For a listing of those resources, please refer to the Office of Oral Health website at <http://phpa.dhmh.maryland.gov/oralhealth>. To access national and other state school-based dental sealant materials, please access the following Centers for Disease Control and Prevention (CDC) link: [http://www.cdc.gov/OralHealth/dental\\_sealant\\_program/](http://www.cdc.gov/OralHealth/dental_sealant_program/)

*School-linked programs* are connected with schools in some manner but deliver the sealants at a site other than the school (i.e., a clinic or private dental office). School-linked programs may present information, distribute consent forms and conduct dental screening at schools. Maryland school-linked dental sealant programs must be able to track and effectively link school program to eventual sealant placement off-site.

*Mobile programs* refer to a mobile self-contained motorized van or a non-motorized mobile trailer that can be placed in close proximity of a school. Portable dental programs refer to services provided using portable dental equipment that can be transported into a school. There also are “hybrid” programs that combine elements from both systems.

### **III. GOAL AND APPROACH**

The goal of these grant awards is for local health departments to assume a leadership role in the coordination, development, implementation, and evaluation of a targeted dental sealant intervention for 12 months. The project will be identified, coordinated, and implemented through input from the local public health community, citizen

groups, academia, and private sector entities. The project will be evaluated for efficiency and effectiveness in meeting its intended goals and objectives.

#### **IV. ELIGIBILITY**

Eligible applicants are local health departments located in all twenty-four jurisdictions in Maryland. Local health departments who apply may enter into contracts with private and other public sector entities, including consortia agreements as necessary to meet the requirements of the program and strengthen the overall application.

#### **V. AVAILABILITY OF FUNDS**

The Department of Health and Mental Hygiene anticipates having available resources to fund dental sealant grants for the next year. Awards are dependent upon available funding and may be awarded at levels less than requested. The awards will begin on or about July 1, 2015 and will be made for a 12-month budget period. Grant funds will be awarded on a *competitive* basis.

The Office of Oral Health (OOH) will have additional federal funds to support dental sealant programs starting on or about September 1, 2015 and will end on June 30, 2016. Local health departments interested in applying for this extra funding should notify OOH by July 1, 2015 in order to receive a 1-page application. The application will focus on the purpose of requesting these funds, updated performance objectives, and budget and must be submitted by August 1, 2015 for consideration.

#### **VI. USE AND PURPOSE OF GRANT FUNDS**

Grant funds should be used to cover the direct costs of the implementation and evaluation of an oral health intervention. This includes personnel costs only for the provision and application of dental sealants.

Grantees should be mindful of the Healthy People 2020 objectives for dental sealants when creating projects. *The Healthy People 2020: Objectives for Improving Health* for dental sealants is:

OH-9.1 Increase the proportion of school-based health centers with an oral health component that includes dental sealants.

OH-12 Increase the proportion of children who have received dental sealants on their molar teeth.

**NOTE: Oral Health Education/Literacy:**

It is our expectation that oral health education and/or literacy intervention pertinent to the service being delivered will accompany the dental sealant program whether provided in a clinical, school-based/school-linked/mobile setting. If we are to treat dental caries as the disease that it is in order to reduce “repeat treatment offenders,” it is absolutely critical that appropriate and evidence-based education/literacy information accompany any oral disease and injury prevention initiative to truly attempt to prevent the disease from reoccurring.

**NOTE: Dental Sealants and /Screenings in Off-Site Programs:**

The dental sealant project must appropriately include, in addition to the dental sealant application, an initial risk assessment through examination or screening of the schoolchildren. As such, there must be assurance that there will be appropriate case management or care coordination into the appropriate dental clinical care service for any child found to be at high risk for dental decay.

Grantees will be required to submit periodic progress reports and expenditure reports, as well as deliverables produced under the grant. To facilitate project monitoring, clearly defined data elements will be required from all grantees on a regular basis so that project accomplishments can be monitored, compared, and compiled.

The Office of Oral Health is still submitting success stories to the Centers for Diseases Control and Prevention to highlight program achievements. A success story is a simple description of a program’s progress, achievements, or lessons learned. Award recipients will have the opportunity to submit a success story to the Office of Oral Health. Once selected, the Office of Oral Health will provide the necessary guidance on how to write and document your success story.

The project team may be asked to attend meetings, participate in site visits, and give reports on progress and accomplishments.

As a condition of receiving funds, grantees must agree to participate in an evaluation of the grants program and provide the Office of Oral Health with any data collection, such as State Stat measures. The Office of Oral Health is required to collect demographic data regarding race. All award recipients are required to report this information. Funds awarded in Fiscal Year 2016 may be used for data collection support, i.e. either software or personnel.

**PLEASE NOTE:** Whether an Office of Oral Health grant of any type is awarded or not, all local health department programs MUST submit State Stat measures. A template of the appropriate State Stat oral health measures to be collected will be sent to all local health department programs and is available on our website at <http://phpa.dhmh.maryland.gov/oralhealth/>.

Additionally, as part of the grant application review process, the Office of Oral Health may request an applicant organization provide additional information or revise its application as a condition of approving the award. Grants will be reviewed and awarded by the Office of Oral Health.

## VII. ROLES

The role of the Department of Health and Mental Hygiene, Office of Oral Health is to provide programmatic support, evaluation, fiscal oversight of the grants as well as technical assistance in the implementation of these projects. The grant can be used to fund the salary of a health care practitioner, dental community outreach worker, community health nurse, health educator or other appropriate professional or support staff for the project. The grant can also be used to fund the purchase of supplies, equipment (other than computer, audio or video equipment or out of state travel to conferences). However, there must be clear justification and connection to a planned oral health intervention related to this grant.

The local coordinator(s) will be expected to:

1. Develop, plan and implement the proposed project, based on targeted needs;
2. Complete Maryland Dental Sealant Training Programs online.
3. Identify data sources and collect (when feasible) local oral health status data;
4. Be a designated contact for technical information;
5. Submit quarterly activity and expenditure reports, using forms provided by the Office of Oral Health, via e-mail to [dhmh.ugaoralhealth@maryland.gov](mailto:dhmh.ugaoralhealth@maryland.gov). All quarterly reports, which must include all required State Stat measures, as applicable, should only cover the reporting periods listed below. Reports are due 15 days following the end of the quarter. See attached sample of the quarterly activity reporting form to see how information is completed at the top of the form. Please note the telephone number and fiscal year.

Quarter	Reporting Period	Due Date
First	July 1 – September 30	October 15
Second	October 1 – December 31	January 15
Third	January 1 – March 31	April 15
Fourth	April 1 – June 30	July 15

The role of the local health department(s) entails:

1. Overall interest, involvement, and support for the dental sealant project including related oral health access, outreach and/or case management;
2. Administrative support in the form of a desk, telephone, office supplies, a computer and postage for correspondence.

The Office of Oral Health is able to provide technical assistance in the following areas:

1. Education
2. Funding source
3. Work plan
4. Resource Materials
  - a. Maryland School-based Dental Sealant Training Programs.
  - b. Mighty Tooth Website
  - c. Mighty Tooth Brochure
  - d. Informed Consent/Medical History Template
5. Program development
  - a. Intervention information
  - b. Program materials
  - c. Process, impact, and outcome evaluation
  - d. Data Analysis
  - e. Implementation
6. Access and referrals to local, state and national consultants as necessary.
7. Monitoring progress of the objectives of the project, which will include detailed review of electronically submitted reports and expenditures.

## **VIII. SCOPE OF WORK - REQUIREMENTS**

A. The awards will be made contingent upon availability of funds and the following general criteria:

1. A detailed description of your program including implementation plans and appropriate target population. Programs should target Title I schools and/or those with 50% of students enrolled in the Free and Reduced Meal Program;
2. Realistic, specific, and measurable programmatic objectives and goals;
3. A budget with a budget narrative that clearly explains the use of the Department's funds and is adequately justified, reasonable, and consistent with the intended use of grant funds (see attached budget forms & instructions);
4. Description of your data collection method and evaluation measures;
5. A detailed description of challenges faced when implementing a school-based dental sealant program.
6. Provide an attachment that lists the schools and Title I schools the program anticipates visiting during the school year. Each Fiscal Year, LHDs will be asked to submit a list of all schools and Title I schools served by the Dental Sealant Program. This data will be used for the Office of Oral Health to respond to national CDC and Pew Center of the States surveys.

B. Site visits may be conducted to evaluate the progress and accomplishments of each project.

## **IX. SELECTION CRITERIA**

Each applicant/proposal will be reviewed for the following factors:

1. A clear and appropriate target population based on oral health problem and need;
2. A developed program implementation plan;
3. A program evaluation plan with clear, measurable and realistic goals and objectives; and
4. Demonstration of an effective use of resources within the proposed budget and budget narrative.

## X. APPLICATION SUBMISSION AND DEADLINE

Applicants should complete the attached application and budget forms provided with this announcement. *Do not recreate the application forms.* The application form is also available electronically on our website at <http://phpa.dhmd.maryland.gov/oralhealth/>

**NOTE:** All applications must be submitted electronically via e-mail attachment to [dhmd.ugaoralhealth@maryland.gov](mailto:dhmd.ugaoralhealth@maryland.gov) no later than **April 1, 2015** in order to be considered for funding.

**NOTE:** In your e-mail's subject line, please reference **"your county name and FY 2016 Oral Health Grant Application."** Applications received after April 1, 2015 will not be reviewed by the Office of Oral Health and applicants will have to re-apply the following fiscal year. Applications will not be accepted in hard copy format. The anticipated mailing of award letters will be April 30, 2015. (Once you receive your award letter notifying you that your application has been approved, you must submit the official budget using the DHMD 4542 budget package to [dhmd.ugaoralhealth@maryland.gov](mailto:dhmd.ugaoralhealth@maryland.gov).)

## XI. ADDITIONAL INFORMATION AND TECHNICAL ASSISTANCE

Additional information and technical assistance may be obtained from Ms. Carulli at the Office of Oral Health. She may be reached by phone at (410) 767-3084, or e-mail [kelly.carulli@maryland.gov](mailto:kelly.carulli@maryland.gov).

## XII. NON-DISCRIMINATION CLAUSE FOR EMPLOYMENT IN CONTRACTS

By state law, every contract that you develop and monitor needs to include a nondiscrimination clause for employment. The DHMD State Office of the Attorney General mandates that every contract include the following clause: "The Contractor agrees: (a) not to discriminate in any manner against an employee or applicant for employment because of race, color, religion, creed, age, sex, marital status, national origin, ancestry or disability of a qualified individual with a disability; (b) to include a provision similar to that contained in subsection (a), above, in any subcontract except a subcontract for standard commercial supplies or raw materials; and (c) to post and to cause subcontractors to post in conspicuous places available to employees and applicants for employment, notices setting forth the substance of this clause."

## XIII. OWNERSHIP AND RIGHTS IN DATA

Work produced as a result of this solicitation is and shall remain the sole property of the Department of Health and Mental Hygiene (DHMD):

1. The Department may duplicate, use and disclose in any manner and for any purpose whatsoever, and have others do so, all data delivered under the contract resulting from this solicitation, except where such use may contravene Federal or State guidelines or regulations. The Contractor hereby grants to the Department a royalty free, nonexclusive, and irrevocable license to publish, translate, reproduce, deliver, perform, dispose of, and to authorize others to do so, all data now or hereafter covered by copyright; provided that with respect to data originated in the performance of this contract, such license shall be only to the extent that the Contractor has the right to grant such license without becoming liable to pay compensation to others because of such a grant.

The Contractor shall exert all reasonable effort to advise the Department, at time of delivery of data furnished under this agreement, of all invasions of the right to privacy contained therein and of all portions of such data copied from work not composed or produced in the performance of this agreement and not licensed under this clause. The Contractor shall report to the Department, promptly and in written detail, each notice or claim of copyright infringement received by the Contractor with respect to all data delivered under this agreement.

2. The Contractor agrees that at all times during the term of this contract and thereafter, the works created and services performed shall be “works made for hire” as that term is interpreted under U.S. copyright law. To the extent that any products created under this contract are not works for hire for the Department, the Contractor hereby relinquishes, transfers, and assigns to the Department all of its rights, title and interest (including all intellectual property rights) to all such products created under this contract, and will cooperate reasonably with the Department in effectuating and registering any necessary assignments.

The Department shall have the right to use such works for hire without restriction and without compensation to the Contractor other than that specifically provided by the contract. The Contractor shall not affix any restrictive markings to such works and if such markings are affixed, the Department shall have the right at any time to modify, remove, obliterate, or ignore such markings.

N. Dental Sealant Grant Application Package

ii. Dental Sealant Grant Application FY16

**Office of Oral Health  
FY 2016 Dental Sealants Program Grant Application**

County Name:

Amount of Funding Requested:

New Sealant Program                      Existing Sealant Program

Type of Sealant Program: School-based    School-linked    Mobile    Other

**Section I. Program Description**

A. Please provide a brief description of your sealant program. &KDUDFWHU OLPLW

B. What are your programmatic goals? (*i.e. to prevent and control dental caries (tooth decay) across the life stages*).

- 1)
- 2)
- 3)

C. What is your target population?

High percentage of children receiving free or reduced lunch

Title I designated school – (# of Title 1 schools in jurisdiction \_\_\_\_\_) *\*Include a list of these Title I schools*

Other (explain) -

Not applicable

**Section II. Budget**

A. Will you be receiving funding for this program from other sources?      Yes      No

1) If yes, please list source(s) &KDUDFWHU OLPLW

- a.
- b.
- c.

B. Please use the attached budget form with a budget narrative to detail what Office of Oral Health funding will support.

**Section III. Data Collection Method & Evaluation Measures**

A. What database system will you use to house your dental sealant data?

&KDUDFWHU OLPLW

- 1)
- 2)

B. Please provide an estimate of your anticipated reach for the following services and/or measures. **(These are the measures to be included with your Budget Package, DHMH 4542, if you are awarded funding.)**

Measures	Anticipated Number
Number of Title 1 schools visited	
Number of children screened	
Number of children receiving sealants	
Number of children referred for follow-up care	

C. What type of challenges do you anticipate for your dental sealant program? &KDUDFWHU OLPLW

- 1)

- 2)
- 3)
- 4)

**IV. Contact Information**

Please provide contact information for the following individuals that will be involved in your dental sealant program.

<b>Contact Position</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
<b>Application Preparer</b>			
<b>Sealant Coordinator</b>			
<b>Quarterly Report Contact 1</b>			
<b>Quarterly Report Contact 2</b>			
<b>Fiscal Report Contact</b>			

N. Dental Sealant Grant Application Package

iii. Hints for Filling out Application

(This document is available at <http://phpa.dhmm.maryland.gov/oralhealth/SitePages/funding-ops.aspx>)

**Helpful Hints for Filling out Office of Oral Health (OOH)  
FY 2016 Dental Sealant Program Grant Application**

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**General Tips for Filling out the Application**

- Applications are expected to be filled out completely and thoughtfully. If required information is left blank, it will be returned to you.
  - Please see below for guidelines to complete the RFA
  - If you need clarification of what information might result in a returned application or any further assistance, please do not hesitate to contact by emailing [kelly.carulli@maryland.gov](mailto:kelly.carulli@maryland.gov).

**Section I: Program Description**

A. Narrative and Description Guidelines:

- Include a thorough description of your current program.
  - Who does it target?
  - What are the goals of the program?
  - When will the program begin and when will program milestones be met?
  - Where will the services be provided?
  - How will the program be measured?
  - Include supporting data for best practices from previous years (if applicable)
- If applicable, provide a description of what your current grant is supporting, such as:
  - Infrastructure
  - Supplies
  - Salaries, etc.
  - How might this change in the coming year?

B. Programmatic Goals

(Note: some of the following material is borrowed from CDC guidelines)

***Applications will be returned if this section is incomplete, not thought through, and/or does not relate to indicated evaluation measures in Section III.***

- Objectives are intended to help applicant think strategically, be accountable, communicate effectively, consider obstacles, and think outside the box.
- Clear objectives will also facilitate the evaluation process for the applicants and the OOH.
- It is recommended that objectives follow the SMART formula:

1. Smart
  2. Measurable
  3. Acceptable
  4. Realistic
  5. Time Bound
- Objectives can be found in:
    1. Performance indicators
    2. Strategic plans
    3. Program goals
    4. Budget documents
  - Objectives should be contained to one clear sentence (i.e. “By October 1<sup>st</sup>, initiate a dental sealant pilot program for screening a total of 500 children at five (5) Title I schools”).
- C. Define your target population.

## **Section II: Budget**

- A. This refers to any funding sources for your program received outside of the Office of Oral Health, including funding from the Community Transformation Grant.
- B. See attached Budget Instructions to complete Budget Form.
- C. See attached Budget Narrative Guidelines to complete the Budget Narrative Template.

## **Section III: Data Collection Method & Evaluation Measures**

*Applications will be returned if values in “Anticipated Number” are unrealistic or do not relate to programs indicated in earlier sections (i.e. do not include an estimate for oral cancer screenings if you only plan to visit schools for fluoride varnish applications).*

- A. This refers to any database or system you use to collect data for your program; for instance, Excel or SoftDent.
- B. Annual Anticipated Reach\*
  - School-Based/School-Linked /Mobile – anticipated total number of children the program will serve in school-based/school-linked/Mobile programs in fiscal year 2016.
  - Clinic – anticipated total number of children the clinical program will serve in fiscal year 2016.

\*All measures refer to total number of children rather than unduplicated count, as not all programs are capable of discerning previously seen patients.

- C. The Office of Oral Health is aware that there are going to be several challenges associated with either launching a new dental sealant program or adjusting the data collection requirements for existing programs. Additionally, these challenges will vary by program and each local health department’s capacity. Therefore, a realistic assessment of these challenges will prepare the OOH to determine how it can better assist each program for successful implementation.

**Additional Questions**

- Can funds be used for travel to out-of-state meetings?  
No, grants are exclusively intended to assist local programs in providing direct education, prevention, and treatment services to constituents.

**Attachments**

- Make sure to include a list of Title I Schools that will be visited in fiscal year 2016.

N. Dental Sealant Grant Application Package

iv. Dental Sealant Program Budget Instructions

(This document is available at <http://phpa.dhmmh.maryland.gov/oralhealth/SitePages/funding-ops.aspx>)

**ORAL HEALTH APPLICATION  
BUDGET INSTRUCTIONS**

In order to assist health departments in the preparation of their budget and to comply with the requirements of this RFA, Budget Instructions and Budget Form have been prepared for use with the application. Health departments shall submit their budget using the included template in accordance with the instructions on the template and as specified herein. Please do not alter the form; however, you may re-label the line items to reflect your request. A few blank spaces have been provided for additional budget line items as needed.

The budget form is used to calculate the health department's total Oral Health award request.

- A. All line items must be clearly entered in whole dollars, e.g., \$5,550.
- B. All line items must be the actual estimated cost for which funds are requested from the Office of Oral Health, DHMMH as identified in the RFA.
- C. Any goods or services requested from the Office of Oral Health through this RFA should be clearly entered under "DHMMH Funding Request." If other funding sources including in-kind support, will be used to support this program, please include the amount under "Other Funding." List the purpose of the funds in the Justification box, which should be correlate to the Budget Narrative. (Boxes which have been blacked out do not require justification.)
- D. Every line item in the budget form shall be addressed. If the line item does not apply, please enter \$0 (or N/A in the justification column.)
- E. Except as instructed on the form, nothing shall be entered on the form that alters or proposes conditions or contingencies on the cost.
- F. It is imperative that the explanation for the estimated cost included on the budget form be clear and accurate. This information will weigh heavily on the decision of the Review Committee in awarding funds.

If you have any questions, please contact the Office of Oral Health at [dhmmh.ugaoralhealth@maryland.gov](mailto:dhmmh.ugaoralhealth@maryland.gov).

N. Dental Sealant Grant Application Package

v. Dental Sealant Program Budget Reporting Form

Department of Health and Mental Hygiene  
Local Health Department Budget Form

PROGRAM NAME:  
*(Choose from Dropdown list)*

Funding Administration:	Family Health Administration
Local Health Dept:	
Address:	
City, State, Zip Code:	
Telephone #:	
Grant Number:	
Contact Person:	
Federal I.D.#:	
Index:	
Award Period:	
Fiscal Year:	
County PCA:	

Line Item No.	Line Item Description	Justification	DHMH Funding Request	Other Funding*	Total
<b>Personnel</b>					
0111	Salaries		-	-	-
0121	FICA		-	-	-
0131	Retirement		-	-	-
0141	Health Insurance		-	-	-
0142	Retiree Health Insurance		-	-	-
0161	Unemployment Insurance		-	-	-
0162	Workmen's Compensation		-	-	-
0280	Special Payments Payroll		-	-	-
0291	FICA		-	-	-
0292	Unemployment Insurance		-	-	-
0299	Contractual Services – Other		-	-	-
			-	-	-
			-	-	-
		<b>Sub-Total</b>	-	-	-
<b>Travel</b>					
0405	Mileage		-	-	-
			-	-	-
		<b>Sub-Total</b>	-	-	-
<b>Supplies</b>					
0957	Medical Supplies		-	-	-
0965	Office Supplies		-	-	-
0919	Educational & Vocational Supplies		-	-	-
1073	Office Equipment		-	-	-
1192	Medical Equipment		-	-	-
			-	-	-
		<b>Sub-Total</b>	-	-	-
<b>Other costs (e.g., telephone, postage, printing, and indirect cost)</b>					
0301	Postage		-	-	-
0305	Telephone		-	-	-
0873	Printing		-	-	-
0856	Indirect Cost		-	-	-
			-	-	-
			-	-	-
			-	-	-
			-	-	-
		<b>Sub-Total</b>	-	-	-
		<b>Total</b>	-	-	-

\* Specify other funding sources, including in-kind support, that will be used to support this program.

O. School-Based Dental Sealant Activity Reporting Form Definitions

**School-Based Dental Sealant Activity Reporting Form**

***Data Definitions – updated 06/15***

(This document is available at <http://phpa.dhmm.maryland.gov/oralhealth/SitePages/funding-ops.aspx>)

For FY16, the OOH will require dental sealant programs to report data at the child-level in order to meet CDC data requirements. The OOH has provided a template that programs can fill in on site or print and tabulate. For every child screened through your school-based/school-linked dental sealant program, please collect data on the following measures.

**Measures**

General Demographics

*Child ID* – Programs may use any system of letters and/or numbers to create a unique and anonymous identifier for each child that is screened/sealed.

*Date of Birth* – Enter the child’s date of birth in MM/DD/YY format.

*Grade* – Enter the child’s Grade level K – 12

*Sex/Gender* – Enter M for Male, F for Female

Ethnicity/Race

*Hispanic Identity (Ethnicity)* – Does the child identify as Hispanic? (0 = No, 1 = Yes)

*Race: White* – Is the child white? (0 = No, 1 = Yes)

*Race: Black | African American* – Is the child black? (0 = No, 1 = Yes)

*Race: Asian* – Is the child Asian? (0 = No, 1 = Yes)

*Race: Native Hawaiian | Pacific Islander* – Is the child a Native Hawaiian or Pacific Islander? (0 = No, 1 = Yes)

*Race: Native American | Alaska Native* – Is the child a Native American or Alaska Native? (0 = No, 1 = Yes)

*Race: Other* – Is the child’s race not listed above, or not provided? (0 = No, 1 = Yes)

Insurance Status (only mark one field “yes” or “1”)

*Medicaid | SCHIP* – Is the child enrolled in Maryland Medical Assistance? (0 = No, 1 = Yes)

*Private* – Does the child receive private insurance benefits? (0 = No, 1 = Yes)

*Other | Uninsured | Unknown* – Is the child’s insurance status not listed above, uninsured or unknown? (0 = No, 1 = Yes)

### **Screening**

*Untreated Decay* – Does the child have untreated decay? (unfilled cavitated lesion) (0 = No, 1 = Yes)

*Caries Experience* – Does the child have caries experience (untreated decay or a dental restoration)? This includes any child who has ever had caries experience, regardless of whether a tooth has been filled. This number will include those children identified as having untreated decay and those who have received treatment.  
(0 = No, 1 = Yes)

*Urgent Dental Need* – refers to whether the child has signs or symptoms that include pain, infection and/or swelling. The recommendation for their next dental visit is tantamount to an emergency referral or to be seen as soon as possible.  
(0 = No, 1 = Yes)

*Early Dental Needs* – Does the child have early dental needs – Pre-cavitated carious lesions and/or small or incipient cavitated carious lesions without any accompanying signs or symptoms? Also could include individuals with other oral health problems found during the screening requiring care before their next routine dental visit. The recommendation for their next dental visit is within several weeks. (preventive measure, i.e. a child with lots of plaque, white spots and/or deep staining would be identified under this category).  
(0 = No, 1 = Yes)

*At least one Sealant Present* – Does the child have at least one sealant already present at screening time?  
(0 = No, 1 = Yes)

*Dental Referral* – Did the child receive a dental referral for any dental service?  
(0 = No, 1 = Yes)

*Number of erupted 1M* – How many 1<sup>st</sup> molars have erupted?  
(0, 1, 2, 3, 4 teeth)

*Number of 1M w/ caries* – How many of the child’s first molars have caries (treated or untreated) at time of screening?  
(0, 1, 2, 3, 4 teeth)

*Number of erupted 2M* – How many 2<sup>nd</sup> molars have erupted?  
(0, 1, 2, 3, 4 teeth)

*Number of 1M w/ caries* – How many of the child’s first molars have caries (treated or untreated) at time of screening?

(0, 1, 2, 3, 4 teeth)

### **Sealants**

*Sealant(s) Placed* – Did the child receive any dental sealants?

(0 = No, 1 = Yes)

*Date of Sealant Placement* – If the child received a sealant, enter the date in MM/DD/YY format.

*Number of Permanent 1M Sealed* – How many 1<sup>st</sup> molars were sealed?

(0, 1, 2, 3, 4 teeth)

*Number of Permanent 2M Sealed* – How many 2<sup>nd</sup> molars were sealed?

(0, 1, 2, 3, 4 teeth)

**Retention Checks** (every 2 years - retention check should be done between 9 to 15 months after placement)

*Retention Check* – Did the child receive a retention check?

(0 = No, 1 = Yes)

*Date of Retention Check* – if the child received a retention check, enter the date in MM/DD/YY format.

*Number of Permanent 1Ms Sealants Retained* – enter the number of sealants placed on permanent 1<sup>st</sup> molars by program that were fully retained 1 year after placement.

(0, 1, 2, 3, 4 teeth)

*Number of Permanent 2Ms Sealants Retained* – enter the number of sealants placed on permanent 2<sup>nd</sup> molars by program that were fully retained 1 year after placement.

(0, 1, 2, 3, 4 teeth)

*Number of Permanent 1Ms Receiving Sealant at Retention check* – enter the number of permanent 1<sup>st</sup> molars that received a sealant at the retention check because of an existing defective sealant or because the tooth was newly erupted.

(0, 1, 2, 3, 4 teeth)

*Number of Permanent 2Ms Receiving Sealant at Retention check* – enter the number of permanent 2<sup>nd</sup> molars that received a sealant at the retention check because of an existing defective sealant or because the tooth was newly erupted.

(0, 1, 2, 3, 4 teeth)

*Received Fluoride Mouthrinse*- Did the child receive fluoride mouthrinse?

(0 = No, 1 = Yes)

*Received Fluoride Varnish* – Did the child receive fluoride varnish?

(0 = No, 1 = Yes)

## **Event Level Data**

*Event / Site Name:* Enter the name of the school visited.

*Title 1 Designation* – Does the school meet the requirement of ‘Title 1’ for the state of Maryland?

(0 = No, 1 = Yes)

*Total Hours Spent on site for screening, sealant delivery and set-up* –enter the total hours spent at the school for conducting the screening, dental sealant application, health education, set-up and cleanup.

*Total hours spent off-site organizing school dental sealant program* – enter the total hours spent off-site organizing and coordinating the school-based dental sealant program. This includes time spent preparing materials, and traveling to the site.

*Number of Children Receiving Health Education* –How many children received health education in any oral health topic area?

*Estimated Average Number of Minutes per child for sealant application* – provide an estimate of the number of minutes it took to apply a dental sealant to one child. Note this can be calculated using the following equation:

$$\frac{\text{Number of total hours on site} * \text{number of dental chairs}}{\text{Number of children sealed}}$$

*Program Annual Sealant Retention Rate (%)* – enter your programs sealant retention rate for children sealed in the past 9 to 15 months. **Note: Please re-calculate your sealant retention rate every two years.**

*How Many Cases/Families Required Follow-up* – enter the number of cases and/or families that required follow-up (case management) outside of the report card that was sent home to parents or guardians.

*Number of Dental Chairs used at event during Screening and Sealing* – enter the number of chairs used at the event.

*Hours each chair used for screening and sealing* – How many hours total was the chair in use for the duration of the site visit?

*Total numbers of labor hours worked by all dental personnel for screening and sealing* – Enter the total number of hours worked to serve this school.

*Notes* – Please include any information that would help clarify any data measures or program activities.

P. Dental Sealant Program Data Collection and Reporting Form  
 (This document is available at <http://phpa.dhmm.maryland.gov/oralhealth/SitePages/funding-ops.aspx>)

Department of Health and Mental Hygiene  
 Office of Oral Health Dental Sealant Program  
 School-Based Dental Sealant Activity Reporting Form

 Local Health Department: _____ Name of Reporter: _____ Fiscal   Award Year: 2016 Reporting Quarter: [1 - 4] 1		*** Note: Please Complete One Column Per Child *** (Up to 100 Children Reported Per Form, Tip: Press "Enter" to go to the next row)									
Event   Site Name	Sample Site	1	2	3	4	5	6	7	8	9	10
Child ID	s1										
Date of Birth	MM/DD/YY	01/01/08									
Grade	PK - 12	1									
Sex/Gender	M = Male F = Female	M									
Hispanic Identity (ethnicity)	0 = No 1 = Yes	0									
Race: White	0 = No 1 = Yes	0									
Race: Black   African American	0 = No 1 = Yes	0									
Race: Asian	0 = No 1 = Yes	0									
Race: Native Hawaiian   Pacific Islander	0 = No 1 = Yes	1									
Race: Native American   Alaska Native	0 = No 1 = Yes	0									
Race: Other	0 = No 1 = Yes	0									
Insurance Status: Medicaid   SCHIP	0 = No 1 = Yes	1									
Insurance Status: Private	0 = No 1 = Yes	0									
Insurance Status: Other   Uninsured   Unknown	0 = No 1 = Yes										
Insurance Status Entry Cross-check [X] = invalid insurance selection											
Untreated Decay	0 = No untreated decay 1 = Yes, untreated decay present	1									
Caries Experience (treated or untreated)	0 = No caries 1 = Caries experience	0									
Urgent Dental Need	0 = No 1 = Yes	0									
Early Dental Need	0 = No 1 = Yes	1									
At Least One Sealant Present	0 = No 1 = Yes	1									
Dental Referral	0 = No 1 = Yes	0									
Number of Erupted 1M	(i.e. 0, 1, 2, 3, 4 teeth)	0									
Number of 1M w/ Caries (treated or untreated)	(i.e. 0, 1, 2, 3, 4 teeth)	3									
Number of Erupted 2M	(i.e. 0, 1, 2, 3, 4 teeth)	3									
Number of 2M w/ Caries (treated or untreated)	(i.e. 0, 1, 2, 3, 4 teeth)	2									
Sealant(s) Placed	0 = No 1 = Yes	1									
Date of Sealant Placement	MM/DD/YY	03/03/15									
Number of Permanent 1M Sealed	(i.e. 0, 1, 2, 3, 4 teeth)	4									
Number of Permanent 2M Sealed	(i.e. 0, 1, 2, 3, 4 teeth)	3									
Retention Check	0 = No 1 = Yes	1									
Date of Retention Check	MM/DD/YY	01/01/15									
Number of Permanent 1Ms Sealants Retained	(i.e. 0, 1, 2, 3, 4 teeth)	2									
Number of Permanent 2Ms Sealants Retained	(i.e. 0, 1, 2, 3, 4 teeth)	1									
Number of Permanent 1Ms Receiving Sealant at Retention Check	(i.e. 0, 1, 2, 3, 4 teeth)	3									
Number of Permanent 2Ms Receiving Sealant at Retention Check	(i.e. 0, 1, 2, 3, 4 teeth)	2									
Received Fluoride Mouthrinse	0 = No 1 = Yes	0									
Received Fluoride Varnish	0 = No 1 = Yes	1									