DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF ORAL HEALTH DENTAL SEALANT PROGRAM

(Revised: June 2014)

School-Based Dental Sealant Activity Reporting Form

Local Health Department:	
Name of Reporter:	Phone #: Email:
Fiscal | Award Year:	2015 Reporting Quarter: 1

Measure/Activity	Elementary School						Middle School			High School				
Grade Level:	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	Total
General Demographics (Unduplicated Count)	Note: Sex/Gender, Race and Insurance Status Totals should be the same value and equal the General Demographics Cross-Check Total												General Demographics Cross-Check Total:	0.0
Sex/Gender													Sex/Gender Total:	0
Male	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hispanic Identity (Ethnicity)														
Yes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Race													Race Total:	0
White	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native American/Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Insurance Status													Insurance Status Total:	0
Medicaid/SCHIP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Private	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other/Uninsured/Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Schools														
Number of Title I schools (unduplicated count)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Schools with Free and/or Reduced Lunch	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Screening														
Number of children screened (unduplicated count)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of children screened with untreated decay	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of children screened with caries experience	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of children screened with urgent dental need	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of children screned with early dental need	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of children screened with at least one sealant present	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of children receiving dental referral	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SELECTED CONSECUTIVE AGE GROUPS														
Number of erupted permanent 1st molars	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of permanent 1st molars w/ caries (treated or untreated)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of erupted permanent 2nd molars	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of permanent 2nd molars with caries (treated or untreated)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Services Provided														
Number of children sealed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of permanent 1M sealed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of permanent 2M sealed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of children receiving retention check	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of permanent 1st molars sealants retained	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of permanent 2nd molar sealants retained	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of permanent molars receiving sealant at retention check	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of children receiving fluoride mouthrinse	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of children receiving fluoride varnish	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Event Level Data

Number of dental chairs at events	0.00
Total hours spent **on-site** for screening, sealant delivery and set-up	0.00
Total hours spent **off-site** organizing school dental sealant program	0.00
Number of children receiving oral health education	0
Estimate the average # of minutes spent per child for sealant application	0.00
Program Annual Sealant Retention Rate (%)	0.00
How many cases/families required follow-up? (Additional statements can be added in the notes section.)	0

NOTES ->
Include additional notes and/or comments in the space provided if needed to explain your report.