

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

January 2, 2023

Dear Parent/Guardian:

Your child's high school has been chosen to take part in the *2022-2023 Our Smiles Count Project*. The project is with the Florida Department of Health (FDOH) and the Florida Dental Hygienists' Association (FDHA). This project gathers information on the dental health needs of ninth grade children in Florida. A healthy mouth is part of total health and makes a child more prepared to learn.

If you choose to let your child participate, they will receive a dental kit that includes a toothbrush, toothpaste, and floss. A licensed dental hygienist will complete a one to two minute "smile check" (screening) using only a mouth mirror. They will wear gloves and use a new and clean mirror for each child. Results of your child's "smile check" will be kept private. Your child will not be named in any report.

A letter will be sent home with your child's screening results and will include a link to search for dentists in your area. If you need help getting dental care or insurance, please contact the school nurse or school counsellor. This screening does **not** take the place of regular dental check-ups. Even if you have a family dentist, we still want you to participate in *Our Smiles Count Project*.

Please complete and sign the consent form on the back. This will allow your child to be in *Our Smiles Count*. Return the form to your child's teacher tomorrow.

Thank you for working with us to learn how we may improve the dental health of Florida's children. If you have any questions about *Our Smiles Count Project*, please contact Tami Miller, Project Manager, FDHA at (860) 367-4813 or email tami@fdha.org, or FDOH at (850) 245-4333 or email dental@flhealth.gov.

Sincerely,

Catherine Bridges, DMD
State Executive Dental Director
Public Health Dental Program
Florida Department of Health

Consent form on the back



**Florida Department of Health
Community Health Promotion**

4052 Bald Cypress Way Bin A-14 • Tallahassee, FL 32399-1721
PHONE: 850/ 245-4333 • FAX: 850/ 414-7552

www.flhealth.gov/dental



Accredited Health Department
Public Health Accreditation Board

Child's Name: _____

Child's Age: _____

Child's Gender: ☐ Male ☐ Female ☐ Unspecified

Race/Ethnicity:

☐ American Indian/Alaska Native ☐ Asian ☐ White ☐ Black/African American
☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander ☐ Other _____

Type of insurance that pays for some or all of your child's dental care:

☐ Private Insurance ☐ Medicaid ☐ Florida Healthy Kids ☐ Other ☐ None

☐ **Yes, I give permission** for my child's mouth to be screened.

☐ **No, I do not give permission** for my child's mouth to be screened.

Signature of Parent or Guardian

Date

The purpose of this screening is to collect data. You will receive a screening results form for use by a "dentist at a prompt subsequent examination." Please note: "diagnosis of caries, soft tissue disease, oral cancer, temporomandibular joint disease (TMJ), and dentofacial malocclusions can only be completed by a dentist in the context of delivering a comprehensive dental examination," in accordance with Section 466.0235, Florida Statutes.

Please answer the following 7 questions to help us learn more about your child's dental care. If you do not want to answer the questions, your child's mouth can still be screened.

1. Does your child have a history of any chronic conditions and/or developmental delays? **(Select all that apply)**
☐ Asthma ☐ ADD/ADHD (attention deficit disorder/attention deficit hyperactivity disorder) ☐ Cancer
☐ Diabetes ☐ Obesity ☐ Special Health Care Needs ☐ None ☐ Don't know/don't remember
2. During the past 12 months, did your child see a dentist for any kind of dental care, including check-ups, dental cleanings, x-rays, filling cavities, getting a tooth pulled or other treatment? **(Check one)**
☐ No ☐ Yes ☐ Don't know/don't remember
3. During the past 12 months, was there any time when your child NEEDED dental care (including check-ups) but didn't get it because you couldn't afford it? **(Check one)**
☐ No ☐ Yes ☐ Don't know/don't remember
4. During the past 12 months, did your child have a toothache? **(Check one)**
☐ No ☐ Yes ☐ Don't know/don't remember
5. During the past 12 months, did your child visit the emergency department (or emergency room) because of any oral or dental related issues? **(Select one)**
☐ No ☐ Yes ☐ Don't know/don't remember
6. During the past 12 months, how many days of school did your child miss for oral health related problems (toothaches, bleeding gums, etc.)? Do not include days missed for routine dental visit. **(Check one)**
☐ 0 days ☐ 1 to 2 days ☐ 3 to 4 days ☐ 5 days or more ☐ Don't know/don't remember
7. During the past 7 days, how many times did your child drink soda or pop, juice (including 100% fruit juice, Kool-Aid, and lemonade), sweet tea, coffee, sweetened milk or milk substitutes, or sports or energy drinks (such as Gatorade and Red Bull)? **(Check one)**
☐ 1 to 2 times during the past 7 days ☐ 3 to 5 times during the past 7 days
☐ 6 or more times during the past 7 days ☐ None ☐ Don't know/don't remember