



## Protecting and Improving the Health of Iowans

Kim Reynolds, Governor

Adam Gregg, Lt. Governor

Kelly Garcia, Interim Director

DATE: 2020-2021 School Year

TO: Parents/Guardians of Kindergarten students

FROM: Bureau of Oral and Health Delivery System, Iowa Department of Public Health

TOPIC: **Iowa's Certificate of Dental Screening Law**

Since 2008, the State of Iowa requires students entering kindergarten to provide proof of a dental screening to their school. You are receiving this letter because, according to school records, there is not a Certificate of Dental Screening on file for your child.

Please schedule a dental exam or screening as soon as possible to have the required paperwork completed. Medicaid, Hawki and private dental insurance plans will pay for a dental exam. If you do not have a dentist or a way to pay for the exam, please contact your school nurse to assist you.

If your child has had a dental exam or screening since turning three years of age but has not yet turned in the Certificate of Dental Screening, please ask the person who provided the exam or screening to complete the Certificate as soon as possible. Once completed, submit the form to the school nurse. To help you with this, the Certificate of Dental Screening is on the next page.

The intent of the School Dental Screening law is to improve the oral health of Iowa children – finding cavities or other problems early, lowering treatment costs, and teaching children how to care for their teeth and gums through proper brushing and choosing healthy foods and drinks. Having good oral health makes children better learners in school.

Your attention to this matter is appreciated. Thank you!

For more information about the school dental screening law, you may contact the Iowa Department of Public Health at 1-877-528-4020 or [oral.health@idph.iowa.gov](mailto:oral.health@idph.iowa.gov).



## Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.  
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

### Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:	Telephone (home or mobile):	
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

### Screening Information (health care provider must complete this section)

Date of Dental Screening: \_\_\_\_\_

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

- No Obvious Problems** – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.
- Requires Dental Care** – tooth decay<sup>1</sup> or a white spot lesion<sup>2</sup> is suspected in one or more teeth, or gum infection<sup>3</sup> is suspected.
- Requires Urgent Dental Care** – obvious tooth decay<sup>1</sup> is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

<sup>1</sup> Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

<sup>2</sup> White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.

<sup>3</sup> Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):

DDS/DMD     RDH     MD/DO     PA     RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Business Address: \_\_\_\_\_

Signature and Credentials of Provider or Recorder\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.  
Children should have a complete examination by a dentist at least once a year.  
**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

Iowa Department of Public Health • Oral Health Center  
515-242-6383 • 866-528-4020 • <http://idph.iowa.gov/ohds/oral-health-center>  
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.