

# How do you know if your children are ready for school? **Check their smiles.**

All Iowa children enrolling for the first time in **Kindergarten** or **9th grade** must have a dental screening. *It's required!*

## Screening Rules



### **Kindergarten Students**

- Screening must occur no earlier than age 3 and no later than 4 months after enrollment
- Screenings can be performed by: dentists, dental hygienists, physicians, registered nurses, or physician assistants

### **9th Grade Students**

- Screening must occur no earlier than 1 year before enrollment and no later than 4 months after enrollment
- Screenings can only be performed by: dentists or dental hygienists

- Get an official Certificate of Dental Screening form from your school nurse or local I-Smile™ Coordinator.
- Make an appointment for your child to get a dental screening.
- Return the completed form to the school.

Need help getting a dental screening? Your local I-Smile™ Coordinator can assist you! Call **1-866-528-4020** for contact information or visit:

[www.idph.state.ia.us/webmap/default.asp?map=ismile](http://www.idph.state.ia.us/webmap/default.asp?map=ismile)

You can also find forms and additional information on the dental screening requirement at: <http://www.idph.state.ia.us/ohds/OralHealth.aspx?prog=OHC&pg=Screenings>





# 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):
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### 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 health 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 on this form from another health department. 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 Delivery Systems  
515-242-3683 • 866-528-4020 • <https://idph.iowa.gov/ohds>  
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.