

**OMB #:** 0970-0401 **Expiration Date:** 5/31/2021

## 2019 Reader Feedback: Brush Up on Oral Health

Brush Up on Oral Health (BUOH) is a monthly tip sheet designed to provide Head Start staff and others with information on current practice and practical tips to promote good oral health. Please tell us what you think about BUOH and how you use it. We also want to know about what topics you would like to learn more about and your ideas on how to improve the tip sheet.

1.	Have you used the information on Brush Up on Oral Health?		
	Yes		
	No		
2.	If yes, check all that apply		
	Personal education		
	Information shared with Head Start staff (for example, at staff trainings, in newsletter, at meetings)		
	Ideas for classroom activity		
	Developed/updated program policy		
	Prepared a recipe		
	Other (please specify)		
3.	Has the information in the tip sheet lead to a policy or program change?		
	Yes		
	□ No		
4.	If yes, please describe.		
5	Have you accessed educational materials (clicked links) in the tip sheet?		
J.			
	Yes		
	No		
6.	If yes, have you shared any of the educational materials in English with families?		
	Yes		

**Paperwork Reduction Act Burden Statement:** This collection of information is voluntary. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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If y	yes, have you shared any of the educational materials in Spanish with families?  Yes  No
Ha	yes No
	Head Start program director Head Start family service coordinator Head Start health manager Head Start home visitor Head Start teacher Head Start state collaboration office staff State Head Start association staff WIC program staff Child care provider Dental provider and office staff Pediatrician and office staff Other (please specify)
	w many people do you send the tip sheet to each month?  1-10 11-25 26-99 100 or more  hat topics would you like to see addressed in the tip sheet in the future?

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13. Wha	at is the state or territory where you work?	
State	: Select State	
14. Wha	t is your position?	
H H H H H H	Dental hygienist liaison  Jead Start program director  Jead Start family service coordinator  Jead Start health manager  Jead Start home visitor  Jead Start program manager  Jead Start teacher  Dral health program administrator  Dral health provider  Other (please specify)	
15. If yo	u work with Head Start, what type of program ar	e you affiliated with? Check all
	apply.	
	Carly Head Start home-based	
	Carly Head Start center-based Head Start	
	American Indian/Alaska Native Head Start	
	Aigrant and Seasonal Head Start	

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