Section 7. Sealant Event Data Collection Form

Event Date(s) ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent Forms Distributed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Labor

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Dentist | Hygienist | Assistant | Other |
| Total hours at school[[1]](#footnote-2) |  |  |  |  |
| Total hours travelling to and from school[[2]](#footnote-3) |  |  |  |  |
| Total miles travelling to and from school2 |  |  |  |  |

Vehicles

|  |  |
| --- | --- |
| Number owned/operated by SSP driven to event |  |
| Total miles driven for event |  |

Services delivered (*Only complete if your program will not input child-level data into SEALS.)*

|  |  |
| --- | --- |
| Number of children screened |  |
| Number of children receiving sealants |  |
| Number of teeth sealed |  |
| Number of children receiving fluoride varnish |  |
| Number of children receiving prophy[[3]](#footnote-4) |  |

## Detailed Child-Level Data Collection Form (complete one form per child)

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event (School/dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient ID[[4]](#footnote-5) #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ (4 to 18 years) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_

Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  Race |  Ethnicity |
| Latino |  | Asian |  |
| Non-Latino |  | Black or African American |  |
| Unknown |  | White |  |
|  |  | American Indian or Alaska Native |  |
|  |  | Native Hawaiian or Other Pacific Islander |  |
|  |  | Unknown |  |

Check one box for both race and ethnicity:

## **Screening**

Chart for program use: **D** = decayed, **F** = filled, **M** = missing due to disease, **S** = sealant present,
**PS** = prescribe sealant, **RS** = recommend reseal, **no mark** = no treatment recommended

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 12 | 13 | 14 | 15 | 16 | Sealant Prescriber’s Signature/Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluoride Prescriber’s Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 32 | 31 | 30 | 29 | 28 | 21 | 20 | 19 | 18 | 17 |

## Comments:

**Data for SEALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sealants Present:No/Yes  | Untreated Decay: No/Yes | Treated Decay:No/Yes | Referral:NoneNot urgentUrgent | Number of decayed/filled 1st molars: (0–4) =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## **Preventive Services**

## **Chart for program use** (Mark with an “S” the teeth where sealants were placed.)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 12 | 13 | 14 | 15 | 16 | Provider’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 32 | 31 | 30 | 29 | 28 | 21 | 20 | 19 | 18 | 17 |

##  Comments:

|  |  |  |
| --- | --- | --- |
| Number of 1st molarssealed:(0–4) =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Number of 2nd molars sealed: (0–4) =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Number of other permanent teeth sealed: (0–8) =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of primary teeth sealed:(0–8) =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fluoride varnish provided:No/Yes | Prophylaxes provided: No/Yes  |

**Data for SEALS**

## **Follow-Up**

## **Chart for program use** (Mark with an “R” teeth where sealants were retained.)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 12 | 13 | 14 | 15 | 16 | Evaluator’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 32 | 31 | 30 | 29 | 28 | 21 | 20 | 19 | 18 | 17 |

## Comments:

 **Data for SEALS**

|  |  |
| --- | --- |
| Number of teeth with a retained sealant (0–8) |  |

1. If SSP uses reusable instruments, hours spent on sterilizing instruments offsite should be included in school hours. [↑](#footnote-ref-2)
2. Only complete if your SSP reimburses workers for this item. [↑](#footnote-ref-3)
3. Delivered with low-speed hand piece or power scaling. [↑](#footnote-ref-4)
4. Each child’s ID# must be unique for that event; do not use duplicate ID#’s at any one event. Programs must ensure complete confidentiality of each child. [↑](#footnote-ref-5)