



Rhode Island School Dental Screening Reporting Form User Guide For School Nurse Teachers

Go to: <http://www.cstesurvey.org/EpiInfoWebSurvey/Home/24-25SchoolDentalReporting>

It is **recommended** that you complete the reporting form in **one** session. However, if you plan to complete the form in more than one session, or, if you need to correct data already entered, use this code to save your entry and return to the form later.

Click **Begin Survey** to open the form.

Reminder: The *Rules and Regulations for School Health Programs (R16-21-SCHO)* pertaining to dental health screening, require that **every student attending public and non-public schools must receive an annual dental screening through the fifth (5th) grade and be screened at least once between the sixth (6th) and tenth (10th) grade.**

Using this form, you are ONLY reporting annual dental screening results for students screened by the school dentist at school. Students who are screened by private dentists/dental hygienists and who provide written documentation (documentation from parent is acceptable) are exempt and may elect not to be screened at school. Dental screening results of exempted students should not be included in this report.

Rhode Island School Dental Screening Reporting

2024-25 RI SCHOOL DENTAL SCREENING REPORTING FORM*

District (If non-public school, please type "Non-public".)
 School

Please provide summary of annual dental screening, as follows (Please leave box blank or put 0 (zero), if there is none to report).

	Kindergarten	3rd Graders	6th Graders (if selected)
1. Number of children enrolled -----	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Number of children screened -----	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Number of children who had a need for non-urgent dental care	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Number of children who had a need for immediate dental care	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Number of children who were recommended for dental sealants	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Screening Date -----	<input type="text"/>	<input type="text"/>	<input type="text"/>

(If more than one screening date, please report one screening date when majority of students were screened.)

Area where summary of dental screening is reported for grades K, 3, and 6. Not all these grades may be applicable to your school. Example: a school with grades 1-5 should fill the 3rd grade column only.

Parents of children who have received their annual dental check-up may opt out of the school dental screening if documentation of the visit is provided to the child's school nurse. Collection of this information is not standardized across RI school districts or schools. Which of the following best describes the process in your school?

My school accepts the following forms of documentation:

- Yellow Cards completed by a student's dentist
- Other documentation completed by a student's dentist
- Documentation from parents that the child has a dentist
- No documentation

The school dentist screens:

- All students
- Only students who do not bring back the required documentation
- Other: (write in comment section below)

School Dentist (first name) (last name)

Reporting Staff (first name) (last name) Title/Position

Phone Number (401) Email Address

Reporting Date

Comments

* In compliance with RIGL 16-21-9 and Section 14.0 of the Rules and Regulations for School Health Programs
Any questions or problems, please contact M. Drogosz, Oral Health Program at Monika.Drogosz@health.ri.gov or 222-2839.

Click **Finish Later** only if you need to finish completing the form later. It is recommended that you complete the form in one session.

RIDOH does not collect paper forms. For your own record keeping, please print the reporting page before you click **Submit Survey**.

Once you have completed the form, click **Submit Survey**. Responses cannot be edited once you submit.

If you click **Finish Later**, your survey will be saved and the window (shown below) will appear.

Note: There are two options you can use to return to your survey at a later time.

Option 1: Copy and save the **Survey Link** and **Pass Code**. You will need both to access the survey later.

Option 2: Enter your email address and have the survey link and pass code emailed to you. Please confirm that your email address is correct before clicking **Send**.

If you choose Option 1, just go to the **Survey Link** you saved.

If you choose Option 2, check your email. You will receive an email from cstesurvey@cste.org providing you with the survey link and pass code.

For either option, you will be redirected to the same window (shown below). Enter the pass code that you saved (or that came with the email link) and click **Go**.

Developed by the Rhode Island Department of Health Oral Health Program
 For questions, please contact **Monika Drogosz** | monika.drogosz@health.ri.gov | 222-2839