

**Iowa Department of Public Health
School Dental Screening Requirement Summary Report
2009-2010 School Year**

Key to Columns:

Column A: Enrollment

- Number of students enrolled in Kindergarten and 9th grade
- Number of out-of state transfer students
- Total number of Kindergarten, 9th, and out-of-state transfer students

Column B: Valid Screening Certificates

- Number of students who submitted a valid Certificate of Dental Screening form

Column C: Treatment Needs (status of oral health as indicated on student's valid Certificate of Dental Screening form)

- Number of students with No Obvious Problems (soft and hard tissue appear healthy)
- Number of students who Require Dental Care (tooth decay or a white spot lesion suspected)
- Number of students who Require Urgent Dental Care (obvious tooth decay, pain, infection or injury)

Column D: Provider Type (health care professional who provided screening/exam as indicated on student's valid Certificate of Dental Screening form)

- DDS – Dentist
- RDH – Registered Dental Hygienist
- MD/DO – Physician
- PA –Physician Assistant
- RN/ARNP – Registered Nurse or Advanced Registered Nurse Practitioner

Column E: Valid Exemption Certificates

- Number of students who submitted a valid Certificate of Dental Screening Exemption for Religious reasons
- Number of students who submitted a valid Certificate of Dental Screening Exemption for Financial Hardship reasons

Column F: Total with Certificates (sum of columns B + E)

- Number (#) of students who submitted a valid Certificate of Dental Screening or Certificate of Dental Screening Exemption form
- Percent (%) of students who submitted a valid Certificate of Dental Screening or Certificate of Dental Screening Exemption form

Columns G: Total without Certificates (difference between columns A – F)

- Number (#) of students who did not submit a valid Certificate of Dental Screening or Certificate of Dental Screening Exemption form
- Percent (%) of students who did not submit a valid Certificate of Dental Screening or Certificate of Dental Screening Exemption form