CHAPTER 51
DENTAL SCREENING

641—51.1(135) Purpose. The purpose of the dental screening requirement is to improve the oral health of Iowa’s children. Dental screenings will facilitate early detection and referral for treatment of dental disease; reduce the incidence, impact, and cost of dental disease; inform parents and guardians of their children’s dental problems; encourage the establishment of effective oral health practices early in life; promote the importance of oral health as an integral component of preparation for school and learning; and contribute to statewide surveillance of oral health. These rules will enhance the I-Smile dental home concepts of prevention, education, care coordination, and treatment to provide a critical step in closing the gap in access to dental care for underserved children.

[ARC 8980B, LAB 8/11/10, effective 7/14/10]

641—51.2(135) Definitions. For purposes of this chapter, the following definitions apply:

“Admitting official” means the superintendent of schools or the superintendent’s designated representative if a public school; if an accredited nonpublic school, the governing official of the school.  
“Applicant” means any person seeking first-time enrollment in kindergarten or ninth grade in a public or accredited nonpublic elementary school or high school in Iowa.  
“Dental hygienist” means a person licensed to practice as a dental hygienist.  
“Dentist” means a person licensed to practice as a dentist.  
“Department” means the Iowa department of public health.  
“Electronic signature” means a confidential personalized digital key, code, or number that is used for secure electronic data transmission and that identifies and authenticates the signatory.  
“Elementary school” means kindergarten through grade six in an Iowa school district or accredited nonpublic school.  
“Gum infection” means that gum (gingival) tissue is red, bleeding, or swollen.  
“High school” means grades 9 through 12 in an Iowa school district or accredited nonpublic school.  
“Injury” means soft tissue laceration or a broken or dislodged tooth.  
“I-Smile” means the department program designed to increase access to dental care for children and to ensure a dental home.  
“I-Smile coordinator” means a designated dental hygienist who is employed by or under contract with a local public health agency to administer the I-Smile dental home program.  
“Local board of health” means a county, city, or district board of health as defined in Iowa Code section 137.102.  
“No obvious problems” means a child’s hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.  
“Nurse” means a person licensed to practice as a registered nurse or advanced registered nurse practitioner.  
“Physician” means a person licensed to practice medicine and surgery or osteopathic medicine and surgery.  
“Physician assistant” means a person licensed to practice as a physician assistant.  
“Recorder” means a dentist, dental hygienist, physician, physician assistant, or nurse who is authorized to record screening information and sign the Certificate of Dental Screening form.  
“Requires dental care” means that tooth decay or a white spot lesion is suspected in one or more teeth or that gum infection is suspected.  
“Requires urgent dental care” means that obvious tooth decay is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.  
“Severe infection” means excessive bleeding, swelling, or pus discharge; or an abscess.  
“Signature” means an original signature, or authorized use of stamped signature, or electronic signature of a dentist, dental hygienist, physician, physician assistant, or nurse.  
“Tooth decay” means a visible cavity or hole in a tooth with brown or black coloration, or a retained root.
“White spot lesion” means a demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gum line. A white spot lesion is considered an early indicator of tooth decay, especially in primary teeth.
[ARC 8980B, IAB 8/11/10, effective 7/14/10]

641—51.3(135) Persons included. The dental screening requirements specified in this chapter apply to all persons seeking first-time enrollment in kindergarten or ninth grade in a public or accredited nonpublic elementary school or high school in Iowa.
[ARC 8980B, IAB 8/11/10, effective 7/14/10]

641—51.4(135) Persons excluded. Exclusions to these rules are permitted on an individual basis for religious and financial hardship reasons. Applicants approved for a religious or financial hardship exemption shall submit to the admitting official a valid Iowa department of public health certificate of dental screening exemption.

51.4(1) Religious exemption. A religious exemption may be granted to an applicant if the dental screening conflicts with a genuine and sincere religious belief.

a. The certificate of dental screening exemption for religious reasons shall attest that the dental screening conflicts with a genuine and sincere religious belief and that the belief is in fact religious and not based merely on philosophical, scientific, moral, personal, or medical opposition to dental screenings.

b. The certificate of dental screening exemption for religious reasons shall be signed and dated by the applicant or, if the applicant is a minor, by the parent or guardian.

c. The certificate of dental screening exemption for religious reasons is valid only when notarized.

d. To be valid, the certificate of dental screening exemption for religious reasons shall be the department certificate or a form approved in writing by the department.

51.4(2) Financial hardship exemption. A financial hardship exemption may be granted to an applicant who is unduly burdened by the cost of a dental screening.

a. The certificate of dental screening exemption for financial hardship reasons shall attest that dental screening would cause a genuine financial burden to the applicant.

b. The certificate of dental screening exemption for financial hardship reasons shall be signed and dated by a dentist, dental hygienist, physician, physician assistant, or nurse.

c. The certificate of dental screening exemption for financial hardship reasons shall include the provider type and the provider’s name, business address, and telephone number.

d. To be valid, the certificate of dental screening exemption for financial hardship reasons shall be the department certificate or a form approved in writing by the department.

51.4(3) A faxed copy, photocopy, or electronic copy of the valid certificate of dental screening exemption is acceptable.
[ARC 8980B, IAB 8/11/10, effective 7/14/10]

641—51.5(135) Dental screening components.

51.5(1) A dental screening is a visual assessment and is noninvasive and nondiagnostic.

51.5(2) Dental instrumentation is not required for a dental screening.

51.5(3) A dental screening can identify obvious or suspected oral health conditions that require or that might require examination by a dentist.

51.5(4) The dental screening shall include the following steps:

a. Visual inspection of the soft tissues, including the lips, cheeks, gums, tongue, floor of mouth, and roof of mouth, to assess infection or injury.

b. Visual inspection of all tooth surfaces to assess tooth decay, white spot lesions, or injury.

c. Documentation of the screening and treatment needs according to 641—51.9(135).
[ARC 8980B, IAB 8/11/10, effective 7/14/10]

641—51.6(135) Dental screening providers.
51.6(1) Elementary school. A dental screening for elementary school enrollment shall be performed by a licensed dentist, a licensed dental hygienist, a licensed physician, a licensed physician assistant, or a licensed nurse.

51.6(2) High school. A dental screening for high school enrollment shall be provided by a licensed dentist or a licensed dental hygienist.

[ARC 8990B, IAB 8/11/10, effective 7/14/10]

641—51.7(135) Time line for valid dental screening.

51.7(1) Elementary school. To be valid, a minimum of one dental screening shall be performed on an applicant no earlier than three years of age but no later than four months after the enrollment date.

51.7(2) High school. To be valid, a minimum of one dental screening shall be performed on an applicant no earlier than one year prior to the enrollment date and no later than four months after the enrollment date.

51.7(3) A dental screening may also be deemed valid by the department if the department determines that the applicant has substantially complied with the dental screening requirements.

[ARC 8990B, IAB 8/11/10, effective 7/14/10]

641—51.8(135) Proof of dental screening. The applicant or, if a minor, the parent or guardian of a child enrolled in elementary school or high school shall submit a valid Iowa department of public health certificate of dental screening to the admitting official of the school district or accredited nonpublic elementary school in which the applicant wishes to enroll.

51.8(1) To be valid, the certificate of dental screening shall be the department certificate or a form approved in writing by the department.

a. The Certificate of Dental Screening form is available on the department’s website at idph.iowa.gov/ohds or is available by calling the department at (866)528-4020.

b. The certificate of dental screening shall include all information required by 641—51.9(135).

c. The certificate of dental screening may also be deemed valid by the department if the department determines that the information on the certificate substantially complies with the dental screening requirements.

51.8(2) A facsimile copy, photocopy, or electronic copy of the valid certificate of dental screening is acceptable.

[ARC 8990B, IAB 8/11/10, effective 7/14/10]

641—51.9(135) Dental screening documentation.

51.9(1) Student information. A person authorized to perform a dental screening required by this chapter shall record the following student information or ensure that such information is recorded on the certificate of dental screening provided or approved in writing by the department of public health in cooperation with the department of education:

a. Name (first and last); and

b. Birth date.

51.9(2) Screening information. A person authorized to perform a dental screening required by this chapter shall record the following screening information on the certificate of dental screening provided or approved in writing by the department of public health in cooperation with the department of education:

a. Date of dental screening;

b. Treatment needs (no obvious problems, requires dental care, requires urgent dental care);

c. Provider type;

d. Provider name and telephone number; and

e. Provider or recorder signature and credentials.

[ARC 8990B, IAB 8/11/10, effective 7/14/10; ARC 5526C, IAB 3/24/21, effective 4/28/21]

641—51.10(135) Assuring dental screening services. Each public and accredited nonpublic school, in collaboration with the department, shall assure that the parent or guardian of a student enrolled in the school has complied with the dental screening requirement. Parents or guardians of students who do not
have a valid certificate of dental screening shall be provided with community dental screening referral resources, including contact information for the I-Smile coordinator, the department, or a dental society. [ARC 8980B, IAB 8/11/10, effective 7/14/10]

641—51.11(135) Records. It shall be the duty of the admitting official of an elementary school or a high school to ensure that a valid certificate of dental screening or certificate of dental screening exemption is on file for each child enrolled.

51.11(1) The admitting official shall ensure that all certificates of dental screening are properly completed according to 641—51.8(135).

51.11(2) The admitting official shall ensure that all certificates of dental screening exemption are properly completed according to 51.4(1) and 51.4(2).

51.11(3) The admitting official shall keep the certificates of dental screening or certificates of dental screening exemption on file at the school in which the applicant is enrolled and assist the applicant or the applicant’s parent or guardian in the transfer of the certificate to another school upon the transfer of the applicant to another school.

51.11(4) The local board of health or its designee, the department of education, and the department or its designee shall have the right to have access to the certificates of dental screening and certificates of dental screening exemption of students enrolled in elementary schools and high schools. [ARC 8980B, IAB 8/11/10, effective 7/14/10]

641—51.12(135) Reporting.

51.12(1) It shall be the duty of each local board of health or its designee to audit the certificates of dental screening and certificates of dental screening exemption in the schools within the local board’s jurisdiction to determine compliance with 2007 Iowa Acts, chapter 146, and 2008 Iowa Acts, Senate File 2111.

51.12(2) By May 31 annually, each local board of health shall furnish the department with evidence for the preceding school year that each child enrolled in any public or accredited nonpublic school within the local board’s jurisdiction met the dental screening requirement.

51.12(3) The evidence shall be in the form of a report that includes:

a. Name of school, and
b. Enrollments by grade, and
c. The number of valid certificates of dental screening by grade, and
d. The number of valid certificates for religious exemptions by grade, and
e. The number of valid certificates for financial hardship exemptions by grade. [ARC 8980B, IAB 8/11/10, effective 7/14/10]

641—51.13(135) Iowa’s dental screening database. The department may develop and maintain a statewide dental screening database to ensure that students receive the required dental screening and to monitor oral health.

51.13(1) The database may consist of information from the valid certificates of dental screening and certificates of dental screening exemption, including identifying and demographic data.

51.13(2) The database may be updated, at a minimum, annually.

51.13(3) Database reporting shall comply with 641—51.13(135).

51.13(4) Restricted uses of database. The database information shall not be used to:

a. Market services to students or nonstudents,
b. Assist in bill collection services, or
c. Locate or identify students or nonstudents for any purpose other than those expressly provided in this rule.

51.13(5) Confidentiality of database information. Dental screening information, including identifying and demographic data maintained in the database, is confidential and may not be disclosed except under the following limited circumstances:

a. The department may release information from the database to the following:
(1) The person who received the dental screening or the parent or guardian of the person who received the dental screening;

(2) Users of the database who complete an agreement with the department that specifies the conditions under which the database can be accessed and who have been issued an identification code or password by the department;

(3) Persons or entities requesting dental screening data in an aggregate form that does not identify an individual either directly or indirectly;

(4) Agencies that complete an agreement with the department which specifies conditions for access to database information and how that information will be used. Agencies shall not use information obtained from the database to market services to students or nonstudents, to assist in bill collection services, or to locate or identify students or nonstudents for any purposes other than those expressly provided in this rule; or

(5) A representative of a state or federal agency, or an entity bound by that state or federal agency, to the extent that the information is necessary to perform a legally authorized function of that agency or the department. The state or federal agency is subject to confidentiality regulations that are the same as or more stringent than those in the state of Iowa. State or federal agencies shall not use information obtained from the database to market services to students or nonstudents, to assist in bill collection services, or to locate or identify students or nonstudents for any purposes other than those expressly provided in this rule.

b. Approved database users shall not release dental screening data except to the person who received the dental screening, the parent or guardian of the person who received the dental screening, health records staff of schools, medical, dental, or health care providers providing continuity of care, and other approved users of the database.

[ARC 8980B, IAB 8/11/10, effective 7/14/10]


51.14(1) Between a dentist, dental hygienist, physician, physician assistant, or nurse, and the elementary school or high school that the child attends. A dentist, dental hygienist, physician, physician assistant, or nurse shall disclose a student’s dental screening information, including the student’s name, date of birth, name of parent or guardian, demographic information, the month, day and year of the screening, and the screening results and treatment needs to an elementary school or a high school upon written or verbal request from the elementary school or high school. Written or verbal permission from a student or the student’s parent or guardian is not required to release this information to an elementary school or a high school.

51.14(2) Among dentists, dental hygienists, physicians, physician assistants, or nurses. Dental screening information, including the student’s name, date of birth, name of parent or guardian, demographic information, the month, day and year of the screening, and the screening results and treatment needs shall be provided by one dentist, dental hygienist, physician, physician assistant, or nurse to another health care provider without written or verbal permission from the student or the student’s parent or guardian.

[ARC 8980B, IAB 8/11/10, effective 7/14/10]

641—51.15(135) Referral requirements. Parents or guardians of students who require dental care or require urgent dental care shall be referred to the parent’s or guardian’s dentist of choice. Students without a dentist or who have difficulty accessing dental care shall be referred to a local I-Smile coordinator or local public health agency for assistance with completion of dental care. This assistance may include locating dentists, scheduling appointments, and identifying payment sources.

[ARC 8980B, IAB 8/11/10, effective 7/14/10]

641—51.16(135) Provider training. For the purpose of quality assurance and consistency, the department shall make training and training materials available for dental screening providers.

[ARC 8980B, IAB 8/11/10, effective 7/14/10]

These rules are intended to implement Iowa Code section 135.17.
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