Dear Parent or Guardian:

Your child’s school has been chosen to take part in the state health department’s Early Learner’s Statewide Oral Health Surveillance Project. The purpose of this projectis to gather information about the dental health needs of children throughout Kentucky. This will allow the Kentucky Department of Public Health to create a plan to improve oral health for all of Kentucky’s children in partnership with University of Kentucky College of Dentistry.

If you choose to let your child participate, a dental hygienist will perform a one-minute “smile check” using only a mouth mirror. They will wear dental gloves and use a new, disposable mirror for each child. Reports for the *Smile Survey* will only include de-identified data meaning that the results of your child’s assessment will be kept private, and your child will not be named in any reports.

Your child will receive a toothbrush and your childcare provider will give you a letter to inform you of your child’s screening results. The survey team will not keep records with your child’s name nor any other identifiable information. The survey results kept by our team are anonymous. If you need assistance obtaining dental care or insurance, please contact the school nurse or social worker for resources. This screening does not take the place of regular dental check-ups. Even if you have a family dentist, we encourage you to participate in the *Smile Survey*. By surveying all children in selected schools, we will have a better understanding of the dental health needs of children throughout Kentucky.

***If you do not wish for your child to have this quick “smile check”, please check the NO box below and return the form to your child’s teacher. If you want your child to have a “smile check” you do not need to return this form.***

As you know, a healthy mouth is part of total health and wellness and makes a child more ready to learn. By letting your child take part in this dental screening, you will help contribute new information that benefits all of Kentucky’s children. If you have any questions about the *Smile Survey* please contact Linda Poynter at 513-767-5709 or at lindapoynter9@gmail.com

Sincerely,

Linda Poynter, KY Northern Region Project Coordinator, **Smile Survey**

***If you do not want your child to have a dental screening, please check the NO box, sign, and return to your child’s teacher.***

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ NO, I do not want my child to receive a dental screening

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Parent or Guardian Signature Date