



Nevada Department of  
Health and Human Services  
Ensuring a healthy future  
for every Nevadan



## 2020 Nevada Licensed Childcare Oral Health Survey-Data Form

<b>Licensed Childcare Facility BSS ID<sup>1</sup></b>	<b>Screener ID and Initials</b>	AC	<b>Date of Screening (mm/dd/yyyy)</b>	Nov 2, 2020	
	<b>Record ID of Child</b>		<b>Gender</b>	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Leopard Cabs			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Fluoride Varnish Applied:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>If No:</b> <input checked="" type="checkbox"/> Consent for screening only <input type="checkbox"/> Intra-oral inflammation <input type="checkbox"/> Related allergies <input type="checkbox"/> Ulcerative gingivitis <input type="checkbox"/> Child refused/uncooperative	

### Basic Screening Survey Data Collection

Untreated Decay	Treated Decay	Non-Cavitated White Spots	Treatment Urgency	Urgent Care
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>No Obvious Problem</b> – continue with regular dental checkups	<input type="checkbox"/> Pain
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> <b>Needs Dental Care</b> – needs to be seen soon (before their next regularly scheduled dental visit)	<input type="checkbox"/> Abscess
<u>        </u> # of teeth	<u>        </u> # of teeth		<input type="checkbox"/> <b>Urgent Care Needed</b> (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

Other Findings: \_\_\_\_\_



Nevada Department of  
Health and Human Services  
Ensuring a bright future  
for every child in Nevada



## 2020 Nevada Licensed Childcare Oral Health Survey-Data Form

<b>Licensed Childcare Facility BSS ID<sup>1</sup></b>	<b>Screener ID and Initials</b>	Ac	<b>Date of Screening (mm/dd/yyyy)</b>	11/2/20	
	<b>Record ID of Child</b>	[REDACTED]	<b>Gender</b>	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Leopard Cubs			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If No:</b> <input checked="" type="checkbox"/> Consent for screening only <input type="checkbox"/> Intra-oral inflammation <input type="checkbox"/> Related allergies <input type="checkbox"/> Ulcerative gingivitis <input type="checkbox"/> Child refused/uncooperative	
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>Fluoride Varnish Applied:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

### Basic Screening Survey Data Collection

Untreated Decay	Treated Decay	Non-Cavitated White Spots	Treatment Urgency	Urgent Care
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No Obvious Problem – continue with regular dental checkups	<input type="checkbox"/> Pain
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Needs Dental Care – needs to be seen soon (before their next regularly scheduled dental visit)	<input type="checkbox"/> Abscess
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Other Findings: \_\_\_\_\_



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<b>Licensed Childcare Facility BSS ID<sup>1</sup></b>	<b>Screener ID and Initials</b>	<i>A</i>	<b>Date of Screening (mm/dd/yyyy)</b>	<i>11/2/2020</i>	
	<b>Record ID of Child</b>	<i>5</i>	<b>Gender</b>	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	<i>Leopard Cubs</i>			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
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<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No Obvious Problem – continue with regular dental checkups	<input type="checkbox"/> Pain
<input type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Needs Dental Care – needs to be seen soon (before their next regularly scheduled dental visit)	<input type="checkbox"/> Abscess
<i>3</i> # of teeth			<input type="checkbox"/> Urgent Care Needed (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

Other Findings: \_\_\_\_\_





Nevada Department of  
Health and Human Services  
1500 S. Virginia St., Suite 100  
Las Vegas, NV 89102



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	<b>Record ID of Child</b>	[REDACTED]	<b>Gender</b>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Leopard Cubs			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If No:</b> <input type="checkbox"/> Consent for screening only <input type="checkbox"/> Intra-oral inflammation <input type="checkbox"/> Related allergies <input type="checkbox"/> Ulcerative gingivitis <input type="checkbox"/> Child refused/uncooperative	
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<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>Fluoride Varnish Applied:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

### Basic Screening Survey Data Collection

Untreated Decay	Treated Decay	Non-Cavitated White Spots	Treatment Urgency	Urgent Care
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>No Obvious Problem</b> – continue with regular dental checkups	<input type="checkbox"/> Pain
<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> <b>Needs Dental Care</b> – needs to be seen soon (before their next regularly scheduled dental visit)	<input type="checkbox"/> Abscess
<u>        </u> # of teeth	<u>  1  </u> # of teeth		<input type="checkbox"/> <b>Urgent Care Needed</b> (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

Other Findings: \_\_\_\_\_



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	<b>Record ID of Child</b>	[REDACTED]	<b>Gender</b>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Leopard Cabs			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
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<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>No Obvious Problem</b> – continue with regular dental checkups	<input type="checkbox"/> Pain
<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> <b>Needs Dental Care</b> – needs to be seen soon (before their next regularly scheduled dental visit)	<input type="checkbox"/> Abscess
<u>          </u> # of teeth	10 # of teeth		<input type="checkbox"/> <b>Urgent Care Needed</b> (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

**Other Findings:** 3 teeth lost to decay & space maintainers in place  
one tooth w SDF treatment



Nevada Department of  
Health and Human Services  
Division of Public Health  
700 S. Main Street, 4th Floor  
Las Vegas, NV 89101



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	<b>Record ID of Child</b>	[REDACTED]	<b>Gender</b>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Leopard Cubs			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If No:</b> <input checked="" type="checkbox"/> Consent for screening only <input type="checkbox"/> Intra-oral inflammation <input type="checkbox"/> Related allergies <input type="checkbox"/> Ulcerative gingivitis <input type="checkbox"/> Child refused/uncooperative	
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>Fluoride Varnish Applied:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

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Untreated Decay	Treated Decay	Non-Cavitated White Spots	Treatment Urgency	Urgent Care
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>No Obvious Problem</b> – continue with regular dental checkups	<input type="checkbox"/> Pain
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> <b>Needs Dental Care</b> – needs to be seen soon (before their next regularly scheduled dental visit)	<input type="checkbox"/> Abscess
<u>        </u> # of teeth	<u>        </u> # of teeth		<input type="checkbox"/> <b>Urgent Care Needed</b> (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

Other Findings: \_\_\_\_\_





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	<b>Record ID of Child</b>	[Redacted]	<b>Gender</b>	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Early Entry Steps			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>Fluoride Varnish Applied:</b>	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>If No:</b> <input type="checkbox"/> Consent for screening only <input type="checkbox"/> Intra-oral inflammation <input type="checkbox"/> Related allergies <input type="checkbox"/> Ulcerative gingivitis <input type="checkbox"/> Child refused/uncooperative	

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<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>No Obvious Problem</b> – continue with regular dental checkups	<input type="checkbox"/> Pain
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<u>        </u> # of teeth	<u>        </u> # of teeth		<input type="checkbox"/> <b>Urgent Care Needed</b> (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

**Other Findings:** \_\_\_\_\_



Nevada Department of  
Health and Human Services  
Protecting and Promoting the  
Well-being of Nevadans



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	<b>Record ID of Child</b>		<b>Gender</b>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Early Steps			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If No:</b> <input type="checkbox"/> Consent for screening only <input type="checkbox"/> Intra-oral inflammation <input type="checkbox"/> Related allergies <input type="checkbox"/> Ulcerative gingivitis <input type="checkbox"/> Child refused/uncooperative	
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>Fluoride Varnish Applied:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			

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<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>No Obvious Problem</b> – continue with regular dental checkups	<input type="checkbox"/> Pain
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> <b>Needs Dental Care</b> – needs to be seen soon (before their next regularly scheduled dental visit)	<input type="checkbox"/> Abscess
_____ # of teeth	_____ # of teeth		<input type="checkbox"/> <b>Urgent Care Needed</b> (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

**Other Findings:** \_\_\_\_\_





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	<b>Record ID of Child</b>	[REDACTED]	<b>Gender</b>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Early Step			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Fluoride Varnish Applied:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>If No:</b> <input type="checkbox"/> Consent for screening only <input type="checkbox"/> Intra-oral inflammation <input type="checkbox"/> Related allergies <input type="checkbox"/> Ulcerative gingivitis <input type="checkbox"/> Child refused/uncooperative	

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<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>No Obvious Problem</b> – continue with regular dental checkups	<input type="checkbox"/> Pain
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> <b>Needs Dental Care</b> – needs to be seen soon (before their next regularly scheduled dental visit)	<input type="checkbox"/> Abscess
<u>        </u> # of teeth	<u>        </u> # of teeth		<input type="checkbox"/> <b>Urgent Care Needed</b> (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

**Other Findings:** Shadowing observed. mom was present and this was shown to her



Nevada Department of  
Health and Human Services  
Nevada's Health Care  
Partnership



## 2020 Nevada Licensed Childcare Oral Health Survey-Data Form

<b>Licensed Childcare Facility BSS ID<sup>1</sup></b>	<b>Screener ID and Initials</b>	AZ	<b>Date of Screening (mm/dd/yyyy)</b>	11/3/2020	
	<b>Record ID of Child</b>	[REDACTED]	<b>Gender</b>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Spring Creek			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Fluoride Varnish Applied:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<b>If No:</b> <input checked="" type="checkbox"/> Consent for screening only <input type="checkbox"/> Intra-oral inflammation <input type="checkbox"/> Related allergies <input type="checkbox"/> Ulcerative gingivitis <input type="checkbox"/> Child refused/uncooperative	

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Untreated Decay	Treated Decay	Non-Cavitated White Spots	Treatment Urgency	Urgent Care
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No Obvious Problem – continue with regular dental checkups	<input type="checkbox"/> Pain
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Needs Dental Care – needs to be seen soon (before their next regularly scheduled dental visit)	<input type="checkbox"/> Abscess
<u>        </u> # of teeth	<u>        </u> # of teeth		<input type="checkbox"/> Urgent Care Needed (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

Other Findings: \_\_\_\_\_



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	<b>Record ID of Child</b>	[REDACTED]	<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Spring Creek			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Fluoride Varnish Applied:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If No: <span style="color: blue;">Contra</span> <input checked="" type="checkbox"/> Consent for screening only <input type="checkbox"/> Intra-oral inflammation <input type="checkbox"/> Related allergies <input type="checkbox"/> Ulcerative gingivitis <input type="checkbox"/> Child refused/uncooperative	

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3 # of teeth	_____ # of teeth		<input type="checkbox"/> Urgent Care Needed (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

Other Findings: \_\_\_\_\_





Nevada Department of  
Health and Human Services  
Division of Public and  
Preventive Health



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	<b>Record ID of Child</b>	[REDACTED]	<b>Gender</b>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Spring Creek			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
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_____ # of teeth	_____ # of teeth		<input type="checkbox"/> <b>Urgent Care Needed</b> (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

Other Findings: \_\_\_\_\_



Nevada Department of  
Health and Human Services  
Division of Public Health  
1000 South Carson Avenue, Suite 100  
Las Vegas, NV 89101



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<u>1</u> # of teeth	<u>          </u> # of teeth		<input type="checkbox"/> <b>Urgent Care Needed</b> (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

Other Findings: \_\_\_\_\_

NDE\_000013



Nevada Department of  
Health and Human Services  
Ensuring a Bright Future  
for Every Child



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	<b>Record ID of Child</b>	[REDACTED]	<b>Gender</b>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Spring Creek			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If No:</b> <input type="checkbox"/> Consent for screening only <input type="checkbox"/> Intra-oral inflammation <input type="checkbox"/> Related allergies <input type="checkbox"/> Ulcerative gingivitis <input type="checkbox"/> Child refused/uncooperative	
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>Fluoride Varnish Applied:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

### Basic Screening Survey Data Collection

Untreated Decay	Treated Decay	Non-Cavitated White Spots	Treatment Urgency	Urgent Care
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No Obvious Problem – continue with regular dental checkups	<input type="checkbox"/> Pain
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Needs Dental Care – needs to be seen soon (before their next regularly scheduled dental visit)	<input type="checkbox"/> Abscess
<u>        </u> # of teeth	<u>        </u> # of teeth		<input type="checkbox"/> Urgent Care Needed (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

Other Findings: \_\_\_\_\_

*S. [Signature]*  
NDE\_000014





Nevada Department of  
Health and Human Services  
700 South Carson Avenue, 4th Floor  
Las Vegas, NV 89101



## 2020 Nevada Licensed Childcare Oral Health Survey-Data Form

<b>Licensed Childcare Facility BSS ID¹</b>	<b>Screener ID and Initials</b>	AC	<b>Date of Screening (mm/dd/yyyy)</b>	11/3/2020	
	<b>Record ID of Child</b>		<b>Gender</b>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Spring Creek			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If No:</b> <input checked="" type="checkbox"/> Consent for screening only <input type="checkbox"/> Intra-oral inflammation <input type="checkbox"/> Related allergies <input type="checkbox"/> Ulcerative gingivitis <input checked="" type="checkbox"/> Child refused/uncooperative	
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Screening Completed:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>Fluoride Varnish Applied:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

### Basic Screening Survey Data Collection

Untreated Decay	Treated Decay	Non-Cavitated White Spots	Treatment Urgency	Urgent Care
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No Obvious Problem – continue with regular dental checkups	<input type="checkbox"/> Pain
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Needs Dental Care – needs to be seen soon (before their next regularly scheduled dental visit)	<input type="checkbox"/> Abscess
_____ # of teeth	_____ # of teeth		<input type="checkbox"/> Urgent Care Needed (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

Other Findings: \_\_\_\_\_

*[Signature]*  
NDE 000015



Nevada Department of  
Health and Human Services



## 2020 Nevada Licensed Childcare Oral Health Survey-Data Form

<b>Licensed Childcare Facility BSS ID<sup>1</sup></b>	<b>Screener ID and Initials</b>	AC	<b>Date of Screening (mm/dd/yyyy)</b>	11/3/2020	
	<b>Record ID of Child</b>	[REDACTED]	<b>Gender</b>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
	<b>Licensed Childcare Location</b>	Spring Creek			
	<b>Consent Signed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If No:</b> <input type="checkbox"/> Consent for screening only <input type="checkbox"/> Intra-oral inflammation <input type="checkbox"/> Related allergies <input type="checkbox"/> Ulcerative gingivitis <input type="checkbox"/> Child refused/uncooperative	
	<b>Med. History Reviewed</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Screening Completed:</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>Fluoride Varnish Applied:</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

### Basic Screening Survey Data Collection

Untreated Decay	Treated Decay	Non-Cavitated White Spots	Treatment Urgency	Urgent Care
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> <b>No Obvious Problem</b> – continue with regular dental checkups	<input type="checkbox"/> Pain
<input checked="" type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No	<input type="checkbox"/> <b>Needs Dental Care</b> – needs to be seen soon (before their next regularly scheduled dental visit)	<input type="checkbox"/> Abscess
# of teeth	2 # of teeth		<input type="checkbox"/> <b>Urgent Care Needed</b> (Pain, Swelling or Infection present) - needs immediate dental care within 24 – 48 hours	<input type="checkbox"/> Other (broken or knocked out tooth)

Other Findings: \_\_\_\_\_

*[Signature]*  
NDE\_000016