Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	Golf Course
Record #	408-1

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☒ Urgent ☐ Early ☐ None
☒ No	☒ No cavitation	☒ No	Comment: pain on lower right molar shadowing on tooth but no cavitation

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☒ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	pain LR molar, suspected cavity		

Provider Signature X [signature] _____ Provider Number 5-4-17 Date

Recorder Signature X K deBlagn _____ Recorder Number

NDE_000017

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey
Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	1 Golf Course
Record #	407.1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 2	☐ Yes # Teeth ____	☒ Urgent ☐ Early ☐ None
☐ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☒ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	LR cavity + pain		

Provider Signature X [signature] ____ Provider Number 5-4-17 Date

Recorder Signature X K deBraga ____ Recorder Number

NDE_000018

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 406 - 1

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 1	☒ Yes 1 fill # Teeth 1	☒ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☒ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	UL molar has visible cavity and is causing pain		

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name I Golf Course

Record # 405-1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 4	☒ Yes # Teeth 4	☒ Urgent ☒ Early ☐ None
☐ No	☐ No	☐ No	Comment: pain

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☒ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:	Pain LR tooth		

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000020

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name) Golf Course

Record # 404 .)

1. Child's Name (print) [redacted]

2. Child's Age 3

Child uncooperative

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	If No: ☐ Consent for FLV only Other reason: _____ ☒ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☐ Consent for screening only ☒ Related allergies ☒ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:	[redacted] did not want us to screen her or apply fluoride today.		

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X KdeBraga Recorder Number _____

NDE_000021

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 403-1

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☒ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/4/17

Recorder Signature X _____ Recorder Number _____

NDE_000022

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name L Golf Course

Record # 402 a)

1. Child's Name (print) [redacted]

2. Child's Age 3

No services provided.	☒ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/4/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	1 Golf Course
Record #	401-1

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☒ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☒ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/4/17

Recorder Signature X _____ Recorder Number _____

NDE_000024

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 400 - 1

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☒ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/4/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 399-1

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☒ Absent	
HH Reviewed.	☐ Yes	☒ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/4/17

Recorder Signature X [signature] Recorder Number _____

NDE_000026

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name) Golf Course

Record # 398 .)

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☒ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/4/17

Recorder Signature X [signature] Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5-4-17

Center Name 1 Golf Course

Record # 397-1

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☒ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/4/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5-4-17

Center Name 1 Golf Course

Record # 396-1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☒ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] _____ Provider Number 5/4/17 Date

Recorder Signature X _____ Recorder Number

NDE_000029

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5-4-17
Center Name	1 Golf Course
Record #	395-1

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☒ Absent	
HH Reviewed.	☐ Yes	☒ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only ☐ Child uncooperative Other reason: _____
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Child uncooperative ☐ Intra-oral inflammation ☐ Related allergies ☐ HS has other FLV prgm ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/4/17

Recorder Signature X Kelly _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	Golf Course
Record #	394 - 1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☒ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/4/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 393-1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-13

Recorder Signature X [signature] Recorder Number _____

NDE_000032

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 392-1

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☒ Yes # Teeth 1	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☒ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-13

Recorder Signature X K deBraga Recorder Number _____

NDE_000033

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	1 Golf Course
Record #	391 - 1

1. Child's Name (print) [redacted]
2. Child's Age 57 months 4 years

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only ☐ Child uncooperative Other reason: _____
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Child uncooperative ☐ Intra-oral inflammation ☐ Related allergies ☐ HS has other FLV prgm ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] _____ Provider Number _____ Date 5-4-13

Recorder Signature X K deBraga _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	1 Golf Course
Record #	390-1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000035

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 389 - 1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☒ Yes 7 SSC 5 fill # Teeth 12	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] _____ Provider Number 5-4-17 Date

Recorder Signature X [signature] _____ Recorder Number

NDE_000036

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 388-1

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000037

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	Golf Course
Record #	387-1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 2	☐ Yes # Teeth ____	☐ Urgent ☒ Early ☐ None
☐ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only ☐ Child uncooperative Other reason: ____
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Child uncooperative ☐ Intra-oral inflammation ☐ Related allergies ☐ HS has other FLV prgm ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number ____ Date 5-4-17

Recorder Signature X [signature] Recorder Number ____

NDE_000038

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	Golf Course
Record #	3860

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000039

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 385-1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☒ Yes 1 SSC 7 Fill # Teeth 8	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5-4-17

Recorder Signature X _____ Recorder Number _____

NDE_000040

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	1 Golf Course
Record #	384-1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☒ Yes # Teeth 1	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☒ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 383-1

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only ☐ Child uncooperative Other reason: _____
FLV Applied:	☐ Yes	☒ No	If No: ☒ Consent for screening only ☐ Child uncooperative ☐ Intra-oral inflammation ☐ Related allergies ☐ HS has other FLV prgm ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X KdeBraga Recorder Number _____

NDE_000042

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 382-1

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X K deBraga Recorder Number _____

NDE_000043

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey
Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	Golf Course
Record #	381

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☒ Yes # Teeth 1	☒ Yes 4 ssc ~~[illegible]~~ 5 fill # Teeth 9	☐ Urgent ☒ Early ☐ None
☒ No	☐ No	☐ No	Comment: large cavitation surrounding amalgam amalgam failing → recurrent decay at margins (counted as tx and untx)

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☐ Consent for screening only ☒ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	Unable to provide varnish due to allerigies		

Provider Signature X [signature] Provider Number 5-4-17 Date

Recorder Signature X [signature] Recorder Number

NDE_000044

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 380-1

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000045

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 379.1

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☒ Yes # Teeth 4	☐ Yes # Teeth ____	☐ Urgent ☒ Early ☐ None
☒ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: ____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number ____ Date 5-4-17

Recorder Signature X [signature] Recorder Number ____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 378.1

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection			
Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X K deBraga Recorder Number _____

NDE_000047

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 377-1

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000048

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 376 -1

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☒ Yes 5SSC 8Fill # Teeth 13	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5-4-17

Recorder Signature X _____ Recorder Number _____

NDE_000049

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 375-1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000050

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 374-)

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X KdeBraga Recorder Number _____

NDE_000051

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 373

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☒ Yes 9SSC 1 ext 6 fill # Teeth 12	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:	Space maintainer is causing pressure when eating can see dentist for adjustment if needed		

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000052

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	Golf Course
Record #	372-1

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5-4-17

Recorder Signature X _____ Recorder Number _____

NDE_000053

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 371-1

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000054

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	1 Golf Course
Record #	370-1

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☒ Yes # Teeth 2	☐ Yes # Teeth ____	☐ Urgent ☒ Early ☐ None
☒ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number ____ Date 5-4-17

Recorder Signature X KdeBiaga Recorder Number ____

NDE_000055

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 369 -1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☒ Yes # Teeth 3	☐ Yes # Teeth ____	☐ Urgent ☒ Early ☐ None
☒ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☐ Consent for screening only ☒ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:	"Maybe" marked on consent form for asthma Asthma is contraindicated for fluoride varnish in this setting (allergic reactions have occured)		

Provider Signature X [signature] Provider Number ____ Date 5-4-17

Recorder Signature X [signature] Recorder Number ____

NDE_000056

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 368-1

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5-4-17

Recorder Signature X _____ Recorder Number _____

NDE_000057

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name I Golf Course

Record # 367 .1

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☒ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	Fluoride varnish not recommended in this setting due to asthma (allergic reactions have occured)		

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X Kelli Biagn Recorder Number _____

NDE_000058

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 3666-1

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☒ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	fluoride varn not rec in this setting; allergic rxns have occured		

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000059

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 365-1

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☒ Yes 3SSC 7Fill # Teeth 10	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000060

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 364.1

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☒ Yes 2 Fill # Teeth 2	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X Kaubiaga Recorder Number _____

NDE_000061

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 363.1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	~~☒ No~~
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000062

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 362-1

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☒ Yes 1 fill # Teeth 1	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X K deBraga Recorder Number _____

NDE_000063

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 361-1

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☒ Yes 5 fill # Teeth 5	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000064

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 360-1

1. Child's Name (print) [redacted]
2. Child's Age 3.5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] _____ Provider Number 5-4-17 Date

Recorder Signature X [signature] _____ Recorder Number

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name Golf Course

Record # 359-1

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5-4-17

Recorder Signature X _____ Recorder Number _____

NDE_000066

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/4/17

Center Name 1 Golf Course

Record # 358.1

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X KdeBiaga Recorder Number _____

NDE_000067

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	1 Golf Course
Record #	357.1

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 4	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☐ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5-4-17

Recorder Signature X [signature] Recorder Number _____

NDE_000068

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey
Screening Form/Treatment Record

Screening Date	5/4/17
Center Name	Golf Course
Record #	356

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☒ Yes 7ssc 1fill # Teeth 8	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] _____ Provider Number 5-4-17 Date

Recorder Signature X [signature] _____ Recorder Number

NDE_000069

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/15/17

Center Name Moapa

Record # 33-7

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 2	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☐ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number 5/15/17 Date

Recorder Signature X [signature] Recorder Number

NDE_000070

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/15/17

Center Name ? Moapa

Record # 32-7

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 2	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☐ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/15/17

Recorder Signature X [signature] Recorder Number _____

NDE_000071

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/15/17

Center Name ? Moapa

Record # 31.7

1. Child's Name (print) [redacted]

2. Child's Age 4/29/13

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 3	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☐ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only ☐ Child uncooperative Other reason:
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Child uncooperative ☐ Intra-oral inflammation ☐ Related allergies ☐ HS has other FLV prgm ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number 5/15/17 Date

Recorder Signature X [signature] Recorder Number

NDE_000072

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/15/17
Center Name	7 Moapa
Record #	30-7

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection			
Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth ____	☐ Yes # Teeth ____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: ____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number ____ Date 5/15/17

Recorder Signature X [signature] Recorder Number ____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/15/17

Center Name Moapa

Record # 29-7

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth	☒ Yes Amalgams # Teeth 4	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number 5/15/17 Date

Recorder Signature X [signature] Recorder Number

NDE_000074

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/15/17
Center Name	Moapa
Record #	28-7

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth ____	☐ Yes # Teeth ____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: ____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number ____ Date 5/15/17

Recorder Signature X [signature] Recorder Number ____

NDE_000075

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/15/17
Center Name	1 Moapa
Record #	27.7

1. Child's Name (print) [redacted]

2. Child's Age ~~1/13/2012~~ 11/13/12 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 8	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☐ No	☐ No	☒ No	Comment: Cavities on every 1st molars

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/15/17

Recorder Signature X [signature] Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 3/15/17

Center Name 7 Moapa

Record # 26-7

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection			
Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth	☐ Yes # Teeth	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number 3/15/17 Date

Recorder Signature X [signature] Recorder Number

NDE_000077

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/15/17

Center Name 7 Moapa

Record # 25-7

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth	☐ Yes # Teeth	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/15/17

Recorder Signature X [signature] Recorder Number _____

NDE_000078

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/15/17

Center Name Moapa

Record # 24-7

1. Child's Name (print) [redacted]

2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth	☒ Yes SSC # Teeth 1	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☐ No SSC	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☐ Yes	☐ No	If No: ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number 5/15/17 Date

Recorder Signature X [signature] Recorder Number

NDE_000079

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/15/17

Center Name Moapa

Record # 23-7

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 1	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☐ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/15/17

Recorder Signature X [signature] Recorder Number _____

NDE_000080

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/15/17
Center Name	7 MOAPA
Record #	22-7

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth ____	☐ Yes # Teeth ____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: ____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number ____ Date 5/15/17

Recorder Signature X [signature] Recorder Number ____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/15/17

Center Name 7 Moapa

Record # 21-7

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth	☒ Yes # Teeth 2	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/15/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/15/17

Center Name Moapa

Record # 20-7

1. Child's Name (print) [redacted]

2. Child's Age 11/24/12

No services provided.	☒ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth ____	☐ Yes # Teeth ____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: ____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X ____ Provider Number ____ Date ____

Recorder Signature X ____ Recorder Number ____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 156-13

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000084

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/2017

Center Name 13 Ely

Record # 155-13

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency		
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent	☐ Early	☒ None
☐ No	☒ No	☒ No	Comment:		

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/16/17

Recorder Signature X _____ Recorder Number _____

NDE_000085

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 154-13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth ____	☐ Yes # Teeth ____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	Consent for screening only		

Provider Signature X [signature] Provider Number ____ Date 5/16/17

Recorder Signature X [signature] Recorder Number ____

NDE_000086

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey
Screening Form/Treatment Record

Screening Date 5/16/17
Center Name 13 Ely
Record # 153 -13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 2	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☐ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number 5/16/17 Date

Recorder Signature X [signature] Recorder Number

NDE_000087

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 152-13

1. Child's Name (print) [redacted]
2. Child's Age 3½

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:	varnish applied except for - lower right quad (child became uncooperative)		

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date	5/16/17
Center Name	13 Ely
Record #	151-13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only ☐ Child uncooperative Other reason: _____
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Child uncooperative ☐ Intra-oral inflammation ☐ Related allergies ☐ HS has other FLV prgm ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000089

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 150 > 13

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/16/17

Recorder Signature X _____ Recorder Number _____

NDE_000090

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 149.13

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☒ Yes 3-SSC - extractions # Teeth 10	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/16/17

Recorder Signature X _____ Recorder Number _____

NDE_000091

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 148 · 13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☒ Yes # Teeth 2	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☒ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number 5/16/17 Date

Recorder Signature X [signature] Recorder Number

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 147 - 13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 1	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☐ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number 5/16/17 Date

Recorder Signature X [signature] Recorder Number

NDE_000093

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 146 - 13

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/16/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/2017

Center Name 13 Ely

Record # 145-13

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 1	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☐ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number 5/16/17 Date

Recorder Signature X [signature] Recorder Number

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 144 -13

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:	no Consent for services		

Provider Signature X _____ Provider Number _____ Date 5/16/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 143-13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:	no consent for services		

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000097

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 142-13

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☒ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment: Child describes pain in the upper incisors – no visual cavitation

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☒ Urgent ☐ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000098

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 141 - 13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☒ Yes # Teeth 1	☐ Yes # Teeth	☒ Urgent ☐ Early ☐ None
☒ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☒ Urgent ☐ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:	large cavity - lower left w pain		

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 140 - 13

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 1	☒ Yes # Teeth 3	☒ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☒ Urgent ☐ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:	Lower ~~right~~ left - side - large cavity w/ pain		

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000100

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 139 - 13

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency		
☒ Yes	☒ Yes # Teeth 2	☐ Yes # Teeth ____	☐ Urgent	☒ Early	☐ None
☐ No	☐ No	☒ No	Comment:		

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only ☐ Child uncooperative Other reason: ____
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Child uncooperative ☐ Intra-oral inflammation ☐ Related allergies ☐ HS has other FLV prgm ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number ____ Date 5/16/17

Recorder Signature X [signature] Recorder Number ____

NDE_000101

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 138-13

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only ☐ Child uncooperative Other reason: _____
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Child uncooperative ☐ Intra-oral inflammation ☐ Related allergies ☐ HS has other FLV prgm ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000102

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 137-13

1. Child's Name (print) [redacted]

2. Child's Age 3 1/2

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000103

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 136 · 13

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☒ Yes # Teeth 1	☐ Yes # Teeth _____	☐ Urgent ☒ Early ☐ None
☒ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000104

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 135-13

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000105

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 134-13

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only ☐ Child uncooperative Other reason: _____
FLV Applied:	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Child uncooperative ☐ Intra-oral inflammation ☐ Related allergies ☐ HS has other FLV prgm ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/16/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 133 · 13

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000107

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 132 - 13

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☒ Yes # Teeth 2	☐ Yes # Teeth	☐ Urgent ☒ Early ☐ None
☒ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X [signature] Provider Number 5/16/17 Date

Recorder Signature X [signature] Recorder Number

NDE_000108

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 131 - 13

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only ☐ Child uncooperative Other reason: _____
FLV Applied:	☐ Yes	☒ No	If No: ☐ Consent for screening only ☒ Child uncooperative ☐ Intra-oral inflammation ☐ Related allergies ☐ HS has other FLV prgm ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	child uncooperative (upset)		

Provider Signature X _____ Provider Number _____ Date 5/16/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 130-13

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☒ Yes	☐ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☒ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/16/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 129 - 13

1. Child's Name (print) [redacted]
2. Child's Age 3

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	If No: ☐ Consent for FLV only Other reason: _____ ☒ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☐ Consent for screening only ☐ Related allergies ☒ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	Child uncooperative (upset)		

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000111

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 128-13

1. Child's Name (print) [redacted]

2. Child's Age 4

No services provided.	☒ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☒ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/16/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 127-13

1. Child's Name (print) [redacted]
2. Child's Age 4

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other: Teacher adminstered tablet
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	Teacher administered tablet		

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000113

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 126 - 13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☐ Yes # Teeth _____	☒ Yes SSC # Teeth 2	☐ Urgent ☐ Early ☒ None
☐ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other: Teacher administered tablet
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	Teacher administered tablet		

Provider Signature X _____ Provider Number _____ Date 5/16/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name B Ely

Record # 125-B

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☒ Yes extractions # Teeth 2	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other: Teacher administered tablet
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	Teacher administered tablet		

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

NDE_000115

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 124-13

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth ____	☐ Yes # Teeth ____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: ____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other: Teacher administered tablet
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	Teacher administered tablet		

Provider Signature X [signature] Provider Number ____ Date 5/16/17

Recorder Signature X [signature] Recorder Number ____

NDE_000116

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 123-13

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☒ None
☒ No	☒ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other: Teacher administered tablet
Finding Sheet Marked:	☐ Urgent ☐ Early ☒ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	Teacher administered tablet		

Provider Signature X [signature] _____ Provider Number 5/16/17 Date

Recorder Signature X [signature] _____ Recorder Number

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 122-13

1. Child's Name (print) [redacted]

2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency		
☒ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent	☐ Early	☒ None
☐ No	☒ No	☒ No	Comment:		

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other: Teacher administered tablet
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	Teacher administered tablet		

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey
Screening Form/Treatment Record

Screening Date	5/16/17
Center Name	13 Ely
Record #	121-13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth ~~8~~ 1	☒ Yes 2 amalgams (8 Restorations) 6-SSC # Teeth ~~8~~ 8	☐ Urgent ☒ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☒ Yes	☐ No	If No: ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	If No: ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other: Teacher administered tablet
Finding Sheet Marked:	☐ Urgent ☒ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	Teacher administered tablet		

Provider Signature X [signature] _____ Provider Number 5/16/17 Date

Recorder Signature X [signature] _____ Recorder Number

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 120 - 13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☒ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:			

Provider Signature X _____ Provider Number _____ Date 5/16/17

Recorder Signature X _____ Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 119 - 13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:	No consent for services		

Provider Signature X [signature] Provider Number _____ Date 5/16/17

Recorder Signature X [signature] Recorder Number _____

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 118-13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☐ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☐ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other:
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:	No consent for services		

Provider Signature X [signature] _____ Provider Number 5/16/17 Date

Recorder Signature X [signature] _____ Recorder Number

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 117 · 13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☐ Yes	☐ Yes # Teeth _____	☐ Yes # Teeth _____	☐ Urgent ☐ Early ☐ None
☐ No	☐ No	☐ No	Comment:

Screening Completed:	☐ Yes	☒ No	**If No:** ☒ Consent for FLV only Other reason: _____ ☐ Child uncooperative
FLV Applied:	☐ Yes	☒ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other: Teacher administered tablet
Finding Sheet Marked:	☐ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☒ Fluoride varnish not applied.		
Comments on Findings Sheet:	Teacher administered tablet		

Provider Signature X [signature] _____ Provider Number 5/16/17 Date

Recorder Signature X [signature] _____ Recorder Number

NDE_000123

Nevada Department of Education

Nevada 2017 Head Start Oral Health Survey

Screening Form/Treatment Record

Screening Date 5/16/17

Center Name 13 Ely

Record # 116-13

1. Child's Name (print) [redacted]
2. Child's Age 5

No services provided.	☐ Absent	
HH Reviewed.	☒ Yes	☐ No
Consent signed.	☒ Yes	☐ No

Basic Screening Survey – Screening Data Collection

Non-cavitated white spots	Untreated Decay	Treated Decay	Treatment Urgency
☒ Yes	☒ Yes # Teeth 5	☐ Yes # Teeth ____	☐ Urgent ☒ Early ☐ None
☐ No	☐ No	☒ No	Comment:

Screening Completed:	☒ Yes	☐ No	**If No:** ☐ Consent for FLV only Other reason: ____ ☐ Child uncooperative
FLV Applied: Bot removed	☒ Yes	☐ No	**If No:** ☐ Consent for screening only ☐ Related allergies ☐ Child uncooperative ☒ HS has other FLV prgm ☐ Intra-oral inflammation ☐ Ulcerative gingivitis Other: teacher administered fluoride tablet
Finding Sheet Marked:	☒ Urgent ☐ Early ☐ None ☐ Fluoride varnish applied. ☐ Fluoride varnish not applied.		
Comments on Findings Sheet:	large cavities into pulp to gingival irritation but no abscess seen & no symptoms of pain		

Provider Signature X [signature] Provider Number ____ Date 5/16/17

Recorder Signature X [signature] Recorder Number ____

NDE_000124