

EVALUATION OF SEAL!ND: SCHOOL YEAR 2024–2025

The North Dakota
Oral Health Program's
School-Based
Sealant Program



UND SCHOOL OF MEDICINE
& HEALTH SCIENCES
UNIVERSITY OF NORTH DAKOTA

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Be Legendary.

Evaluation of SEAL!ND School Year 2025-2026

List of Acronyms and Abbreviations

AI	American Indian
CDC	Centers for Disease Control and Prevention
CHC	Community Health Center
HHS	Health and Human Services
DPI	Department of Public Instruction
FQHC	Federally Qualified Health Center
HRSA	Health Resources and Services Administration
MOU	Memorandum of Understanding
ND	North Dakota
NSLP	National School Lunch Program
NDSCS	North Dakota State College of Science
OHP	Oral Health Program
RMCM	Ronald McDonald Care Mobile
SEAL!ND	Name of the North Dakota school-based dental sealant program

Definitions

No treatment	No obvious problem, recommend regular checkup within six months.
Early care needed	Decay present without pain or swelling. Refer to a dentist for treatment.
Urgent care needed	Pain, infection, large decay, abscess or draining. Immediate referral.
Rampant decay	Decay present on seven or more teeth.

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Table of Contents

Evaluation of SEAL!ND School Year 2025-2026	1
List of Acronyms and Abbreviations	1
Definitions	1
Authors	1
Contributors	1
List of Figures	3
List of Tables	3
SEAL!ND: School-based Dental Sealant Program	4
Care Provided	5
Dental Screening	5
Executive Summary: Reach of SEAL!ND, 2024-25	6
Feedback from School Personnel 2023-24	6
Evaluation Activities	7
Site Data	7
School Survey	7
Community Reach and Impact	8
Qualifying And Non-Qualifying Schools	9
Challenges in Determining Eligibility	10
Reach of SEAL!ND Partners	14
Reach of SEAL!ND through the Oral Health Program	15
Big Picture: Impact of the ND OHP	16
Students Served	18
Students Served: Comparing Ten Years Of SEAL!ND	19
Students Served: Population Access Concerns	21
Students Served by Grade Level: Kindergarten through Grade 12	23
Summary	26
Recommendations from Previous Year: Progress	27
Recommendation One: Consistent Data Collection	27
Recommendation Two: Partnerships and Education to Improve Access to Dental Care for Households Covered by ND Medicaid	28
Recommendation Three: Maintain Workforce to Provide SEAL!ND	28
Recommendations for 2025-2026	28
About the Oral Health Program	29

Acknowledgements	30
Citations	30
Appendix A: SEALIND Education Material	31
Appendix B: Invitation Letter and Consent Form	32
Appendix C: Visit Results Sheet	34
Appendix D: Electronic Student Dental Record	35

List of Figures

Figure 1. Percentage of Schools Participating in SEALIND by Provider Type and School Year..	9
Figure 2. Number of Qualifying Schools Participating in SEALIND, by Year	15
Figure 3. Percentage of Students Needing Treatment and Presenting with Decay, by School Year ¹	17
Figure 4. Percentage of Students Needing Treatment and Presenting with Decay, by School Year ¹	17
Figure 5. Percentage of Students Needing Dental Treatment by School Year.....	19
Figure 6. Percentage of Students Presenting with Treated and Untreated Decay by School Year	20
Figure 7. Percentage of Students Receiving at Least One Dental Sealant by School Year	20
Figure 8. Percentage of American Indian (AI) and Non-American Indian Students with Treated and Untreated Rampant Decay, by School Year	21
Figure 9. Percentage of American Indian (AI) and Non-American Indian Students with Treated and Untreated Decay, by School Year.....	22
Figure 10. Percentage of American Indian (AI) and Non-American Indian Students Needing Treatment and with No Dental Visit, by School Year	22
Figure 11. Percentage of Students Needing Treatment by Grade, First Visit.....	23
Figure 12. Percentage of Students with No Dental Visit, by Grade and School Year.....	24
Figure 13. Percentage of Students with Untreated Decay* Present at First Visit, by Grade and School Year	25
Figure 14. Percentage of Students with Urgent Dental Care Needs at First Visit, by Grade and School Year	26

List of Tables

Table 1. Number of Schools in North Dakota Participating in SEALIND by Provider and School Year	8
Table 2. Reach of SEALIND during the 2024-2025 School Year and School Eligibility	11
Table 3. Student Reach of Non-Qualifying Schools Participating in SEALIND.....	14
Table 4. Number and Percentage of Students Served by Race, Gender, and Grade Level.....	18
Table 5. Dental Treatment Need by Grade Level and Visit, 2024-2025	23
Table 6. Percentage of Students Needing Treatment at First Visit, by Grade and Year.....	25

SEAL!ND: School-based Dental Sealant Program

The [North Dakota Health and Human Services \(HHS\)](#)^a Oral Health Program (OHP)^b established a school-based dental sealant initiative, [\(SEAL!ND\)](#)^c, in 2012. Since then, the program has provided dental sealants, fluoride varnish applications, oral health education, and dental screenings with referrals to students across North Dakota (ND). All services are delivered on-site at schools during school hours. School-based sealant programs are a highly effective way to deliver preventive oral health services and dental sealants to children less likely to receive private dental care.

SEAL!ND is funded primarily through federal grants from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control & Prevention (CDC). In alignment with CDC guidelines, the OHP prioritizes preventive care for low-income and underserved students by targeting schools where at least 40–50% of students qualify for the National School Lunch Program (NSLP). Because CDC eligibility thresholds fluctuate from year to year, the OHP prevention coordinator determines school eligibility annually using data from the [North Dakota Department of Public Instruction \(DPI\)](#).^d

While federal funding focuses on schools with higher NSLP eligibility, SEAL!ND also serves additional schools through partnerships with OHP-employed hygienists and local dental providers. The OHP prevention coordinator plays a central role in managing SEAL!ND, working with school administrators, OHP hygienists, community dental providers who have signed memorandums of understanding (MOUs), and partners who extend services to schools that do not meet federal eligibility criteria.

The OHP prevention coordinator assists by developing and providing:

- Program manuals to assist schools and dental teams in implementing SEAL!ND.
- Educational materials for administrators, staff and parents (Appendix A).
- Informational videos explaining the program and how sealants work.
- Invitation letters and consent forms for parents (Appendix B).
- Forms for student data tracking and dental visit results (Appendix C).

The COVID-19 pandemic significantly reduced participation in SEAL!ND during the 2020–21 school year. In response, the OHP shifted resources to distribute dental hygiene kits to students statewide. Each kit included a toothbrush, travel-size toothpaste, and dental floss. Educators also received short (2–4 minute) educational videos that could be shared in classrooms or electronically with parents. These disruptions are reflected in service data beginning in 2021.

Care Provided

SEAL!ND services include dental screening, fluoride varnish application, dental sealant application, oral health education, and dental referral (as needed).

Dental Screening

The dental screening includes collecting information on the student's dental health. The participating dental team members look for and identify:

- Self-report of previously having a dental visit
- Untreated decay
- Treated decay
- Rampant decay (decay of seven or more teeth)
- Presence of any sealant(s)
- Number of filled or decayed molars
- Treatment urgency

Fluoride Varnish

Fluoride varnish is a sticky, colorless paste that contains the appropriate levels of fluoride that helps prevent cavities. If cavities are in the early stages, the fluoride can slow or even stop the cavity process. The entire process is fast, painless and takes less than five minutes to apply.

Fluoride varnish can be applied by any dental team member, doctors, pediatricians and nursing staff. Because of this, it can be applied in numerous community and health care settings such as primary care, schools, long-term care facilities and public health centers

Dental Sealants

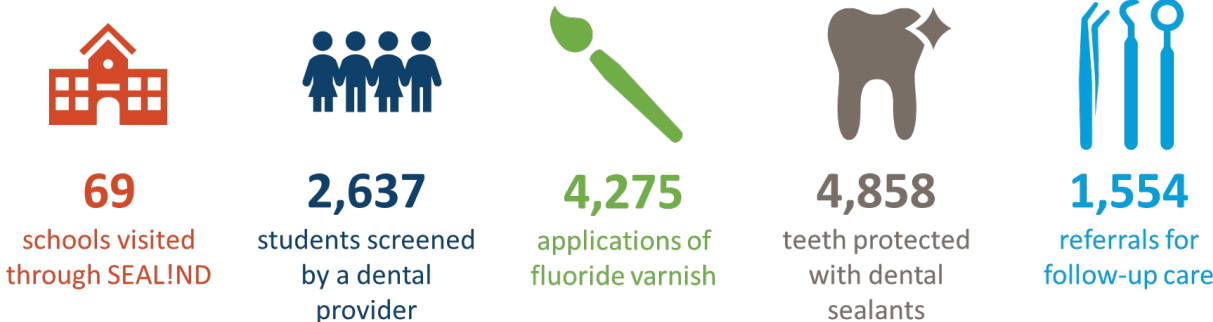
A dental sealant is a coating made from an adhesive material such as resin or glass ionomer, which a dental professional applies to the back teeth. Teeth can be re-sealed if the sealant falls off, but traditionally, it lasts for years. This seals off the grooves in teeth that tend to collect food and protects them from the acid. The process is quick and easy, with the whole procedure taking roughly 10 minutes.

Sealants prevent cavities by creating a barrier between the teeth and cavity-causing bacteria. Sealants also stop cavities from growing and can prevent the need for fillings. Sealants prevent 80% of cavities in the back teeth, where 9 out of 10 cavities generally occur.

The OHP continues to administer SEAL!ND, utilizing dollars from the [CDC State Actions to Improve Oral Health Outcomes](#)^e grant and the [HRSA Grants to States to Support Oral Health Workforce Activities](#) award.^f

Executive Summary: Reach of SEAL!ND, 2024-25

SEAL!ND prioritizes schools with higher proportions of students eligible for NSLP (>50%), while also extending services to additional schools as resources allow. In 2024-25, the program served 69 schools; 30 that met the criteria and 39 additional schools supported through available resources.



NOTE: Total referrals includes those made at the first and second visits combined and does not represent the total number of students with referral. Students may receive referrals at the first and second visits. Referral is determined by an indication of “early care needed” or “urgent care needed” requiring immediate referral.

During a previous year (2023-24), schools that qualified for programming completed anonymous, electronic surveys, reporting their experience with SEAL!ND. Respondents highlighted clear communication, efficient coordination, and the professionalism of on-site staff. The survey will be repeated during the 2026-27 school year.

Feedback from School Personnel 2023-24

- “She does an amazing job . . . Our kids love her [OHP hygienist]. [The OHP] does a great job of communicating and getting everything set up for us.”
- “This takes a little effort but is so worthwhile as our students need this service! We are happy to put in the little extra for our students. The staff that come to our school are so professional and independent we don't even know they are here. They ask very little from us. Emails are answered promptly if I need to get hold of someone. Please continue this service as it is so badly needed in my school!”
- “We are grateful for this program and look forward to participating in the program again in the future.”
- “We love this program!! We are pushing 60% poverty rate. Much needed!!!”

SEAL!ND continues to make a measurable difference in improving children’s oral health by increasing access to preventive care, reducing barriers for families, and supporting schools in meeting the needs of their students. The program’s impact is reflected not only in the thousands of services provided each year, but also in the strong satisfaction and gratitude expressed by participating schools.

Evaluation Activities

The evaluation team at the University of North Dakota School of Medicine & Health Sciences works with the team at the OHP to collect data on the clinical reach of the SEAL!ND program, the referral practices, dental sealant cost savings, and perceptions of school personnel regarding their experiences with the program.

Site Data

Site data for all students are compiled by OHP public health hygienists and dental providers who have signed MOUs with the OHP. These data provide performance measures used to calculate and demonstrate program outcomes. The program evaluators analyze the data collected. Data collection methods employed by the OHP public health hygienists are consistent; however, the systems used by partnering providers and those offering school-based services to non-qualifying schools do not collect the same patient data. Through partnership, these providers continue to share the data they do collect with the OHP to measure community impact. See Appendix D for an example of the patient record utilized by the OHP public health hygienists.

Student data included in this report are collected and provided by:

- The public health hygienists employed by the OHP,
- Dental teams participating in SEAL!ND under MOUs signed with the OHP and serving both qualifying and non-qualifying schools,
- Additional dental teams participating in SEAL!ND and providing care to non-qualifying schools providing only aggregate data to the OHP, and

The [Ronald McDonald Care Mobile's \(RMCM's\)](#)^g school-based sealant program, which is separate from SEAL!ND but replicates the service provision also shares aggregate data on student reach when able and continues to work with the OHP to identify schools served.

School Survey

During 2018-19, 2019-20, and 2023-24 school years, the evaluation team sent electronic surveys to every school participating in SEAL!ND. The survey was designed to explore the schools' experiences with both SEAL!ND and the dental providers, as well as to obtain data regarding challenges and barriers to participating in the program. Results from the 2019-20 survey are available in the report, *Evaluation of SEAL!ND: School Year 2019-2020*.^h Results from the survey distributed during the 2023-24 school year are available in the report, [Evaluation of SEAL!ND: School Year 2023-2024](#).ⁱ This survey is scheduled to be repeated during the 2026-27 school year.

Community Reach and Impact

In 2024-25, SEAL!ND reached 69 schools across ND. Of these, 33 schools were served by OHP public health hygienists, while 36 were served by partnering dental teams that included private practices, and community health centers (CHCs) to include Tribal health centers, federally qualified health centers (FQHCs), and hygiene students from the North Dakota State College of Science (NDSCS) (Table 1).

Table 1. Number of Schools in ND Participating in SEAL!ND by Provider and School Year

School Year:	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	24-25
Private practice providers	0	0	12	49	32	37	12	19	21	5	21
Community Health Centers*	0	8	13	17	17	24	0	10	15	30	15
OHP Hygienist	18	32	41	29	30	19	18	21	22	35	33
TOTAL	18	40	66	95	79	80	30	50	58	70	69

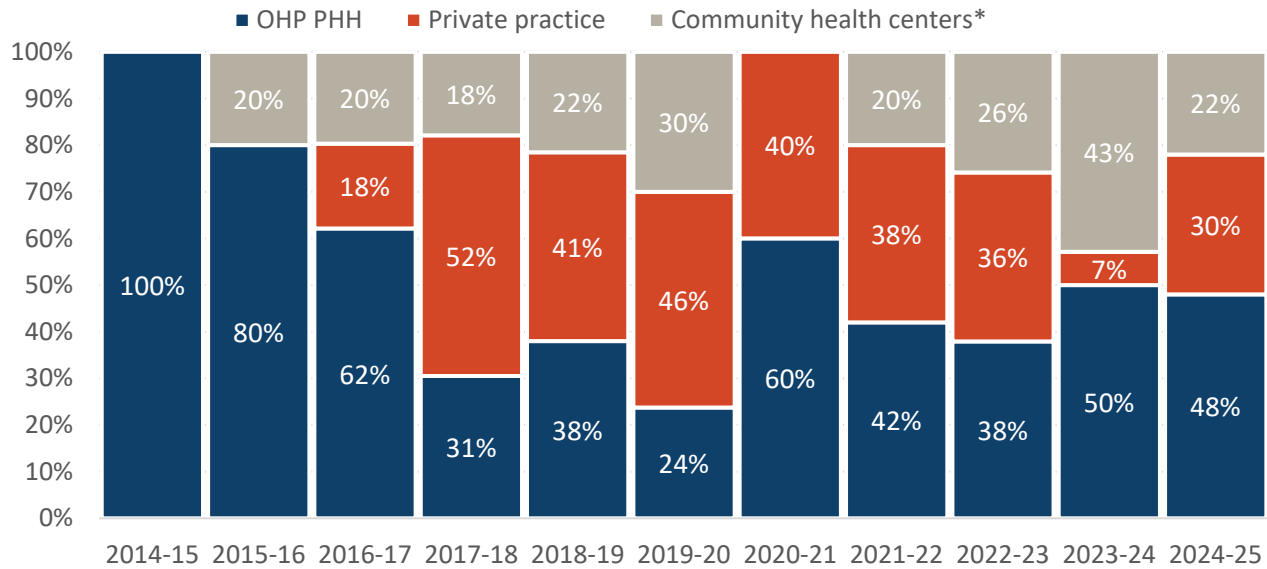
* Community health centers and partners include Tribal health, federally qualified health centers, and students from the North Dakota State College of Science (NDSCS).

The RMCM has historically provided school-based sealant programming, outside of SEAL!ND. Although they are not a contractual partner with SEAL!ND, the RMCM and the OHP work closely to ensure no redundancies in services, and to coordinate care in local schools. On average, the RMCM visits 21 schools a year. They had to stop school-based sealant program services in 2020 in response to the COVID-19 global health pandemic. Because of the high demand for other community-based dental services following the pandemic, the RMCM did not return to school-based sealant program services but continued to provide other essential oral health services to schools and communities in the Western part of ND.

Through MOUs and partnerships developed by the OHP, the proportion of schools visited by OHP public health hygienists has historically decreased. In contrast, the rate of schools visited by CHCs, FQHCs, and private practice providers has increased (Figure 1). This trend illustrates historical growth and potential sustainability as the OHP identifies partners willing to serve in school settings. In the current school year (2024-25), the OHP worked with the NDSCS to place dental hygiene students in the schools, partnered with Tribal health, and worked with both private practice, and FQHCs.

[Back to Table of Contents](#)


Figure 1. Percentage of Schools Participating in SEAL!ND by Provider Type and School Year




* This total includes FQHCs, Tribal health services, and a Dental Hygiene Program at NDSCS.

Qualifying And Non-Qualifying Schools


The program reached 30 qualifying schools, defined as those with at least 50% of students enrolled in the NSLP. Through OHP hygienists and partnerships with community organizations, SEAL!ND also provided dental screenings and preventive services in 39 additional non-qualifying schools with fewer than 50% of students enrolled in the NSLP. In total, 69 schools participated in SEAL!ND.




69
schools visited
through SEAL!ND



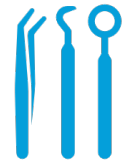
2,637
students screened
by a dental
provider



4,275
applications of
fluoride varnish



4,858
teeth protected
with dental
sealants



1,554
referrals for
follow-up care

NOTE: Total number of referrals made at the first and second visit combined, not total number of students with a referral. Students referred to care at visit one may again be referred to care at visit two. Referral is determined by an indication of "early care needed" or "urgent care needed" requiring immediate referral.

Challenges in Determining Eligibility

Eligibility for school-based sealant programs is determined by CDC's NSLP thresholds, which create several challenges.

One challenge of federally funded programming is that it restricts the OHP from using federal funds to serve schools unless they meet the NSLP eligibility threshold. These criteria are set by federal funding agencies (CDC) and are not determined by the ND OHP. This limitation may reduce the potential positive impact of school-based sealant programming in ND, particularly in rural communities where overall school size is small. In these settings, focusing solely on the proportion of students eligible for NSLP may exclude larger schools with greater numbers of under-resourced children.

For example, a qualifying school with 150 K–5 students, of whom 75% (112 students) qualify for the NSLP, would serve fewer under-resourced children than a larger school with 1,500 K–5 students, where 44% (660 students) qualify for the meals program but do not meet the eligibility threshold. Recognizing this, the OHP continues to serve additional non-qualifying schools, as resources allow.

Recent changes in CDC eligibility criteria have heightened this problem. Until 2023, schools qualified if 45% or more of students were eligible for NSLP, with eligibility determined by a five-year rolling average. This approach allowed greater consistency for small rural schools, where a single family moving in or out of the community could significantly affect eligibility. However, in the 2024–25 funding year, the criteria were revised to require that 50% or more of students qualify for NSLP, based only on the most recent year's data. As a result of this change, 30 schools that had previously qualified lost their eligibility.

Table 2 identifies the schools visited during the 2024–25 school year, including their student census and the percentage of students qualifying for NSLP. The table also highlights 19 schools that had previously been eligible but lost eligibility due to the revised CDC requirements. These 19 schools were still visited in the 2024–2025 school year through additional OHP resources and provide student-level data for evaluation.

During the 2024–25 school year, 69 schools participated in SEAL!ND. Of these, only 30 met the CDC's high-risk eligibility criteria (CDC Eligible). Despite this threshold, the ND OHP and partners with MOUs provided services and collected student-level data in 49 of the 69 schools (Student Data = yes). While partners do not submit student-level data to the OHP for schools that do not meet CDC's eligibility, they provide aggregate totals that help measure community impact.

Table 2. Reach of SEAL!ND during the 2024-2025 School Year and School Eligibility

School	Number of Students	% NSLP	Number on NSLP	CDC Eligible	Student Data*
Wilder Elementary School	200	61%	122	Yes	Yes
Century Elementary School	450	50%	225	Yes	Yes
Eastwood Elementary School	401	50%	201	Yes	Yes
Ed Clapp Elementary School	429	77%	330	Yes	Yes
Elgin/New Leipzig Public School	179	57%	102	Yes	Yes
Emerado Elementary School	115	70%	81	Yes	Yes
Fairmount Public School	50	66%	33	Yes	Yes
Four Winds Elementary School	465	100%	465	Yes	Yes
Horace Mann Elementary School	169	51%	86	Yes	Yes
Jefferson Elementary School	293	77%	226	Yes	Yes
L E Berger Elementary School	355	71%	252	Yes	Yes
Lincoln Elementary School	316	53%	167	Yes	Yes
McKinley Elementary School	161	50%	81	Yes	Yes
Minnewaukan Public School	275	86%	237	Yes	Yes
Minnie H Kindergarten Center	133	57%	76	Yes	Yes
Oberon Elementary School	57	100%	57	Yes	Yes
Phoenix Elementary School	270	53%	143	Yes	Yes
Roosevelt Elementary School	198	50%	99	Yes	Yes
Sterling Elementary School	20	67%	13	Yes	Yes
Warwick Public School	211	100%	211	Yes	Yes
Wheatland Colony School	11	100%	11	Yes	Yes
Willow Park Elementary School	467	71%	332	Yes	Yes
Winship Elementary School	240	62%	149	Yes	Yes
Zeeland Public School	30	86%	26	Yes	Yes
Circle of Nations	83	99%	82	Yes	Yes

School	Number of Students	% NSLP	Number on NSLP	CDC Eligible	Student Data*
Lincoln Elementary School	201	54%	109	Yes	Yes
Roosevelt Elementary School	261	50%	131	Yes	Yes
Washington Elementary School	95	61%	58	Yes	Yes
Grafton Migrant School	115	100%	115	Yes	Yes
Manvel Migrant School	200	100%	200	Yes	Yes
Anamoose Public School	75	28%	21	No	Yes
Midkota Elementary	84	33%	28	No	Yes
Maple Valley Public	170	17%	29	No	Yes
Roosevelt Public School	56	22%	12	No	Yes
Wahpeton Elementary	460	42%	193	No	Yes
Valley-Edinburg Elementary	125	36%	45	No	Yes
Drayton Public School	161	40%	64	No	Yes
Gackle-Streeter Public	104	25%	26	No	Yes
Kulm Public School	123	29%	36	No	Yes
Litchville Public School	141	30%	42	No	Yes
Minto Public School	300	43%	129	No	Yes
Montpelier Public School	105	45%	47	No	Yes
Nedrose Elementary	206	46%	95	No	Yes
Prairie View Elementary	267	45%	120	No	Yes
Starkweather Public School	50	25%	13	No	Yes
Sweetwater Elementary	286	49%	140	No	Yes
Wilton Public School	301	17%	51	No	Yes
Wing Public School	72	39%	28	No	Yes
Wishek Public School	239	35%	84	No	Yes
Prairie Rose Elementary	502	35%	176	No	No
Jefferson Elementary School	419	19%	80	No	No

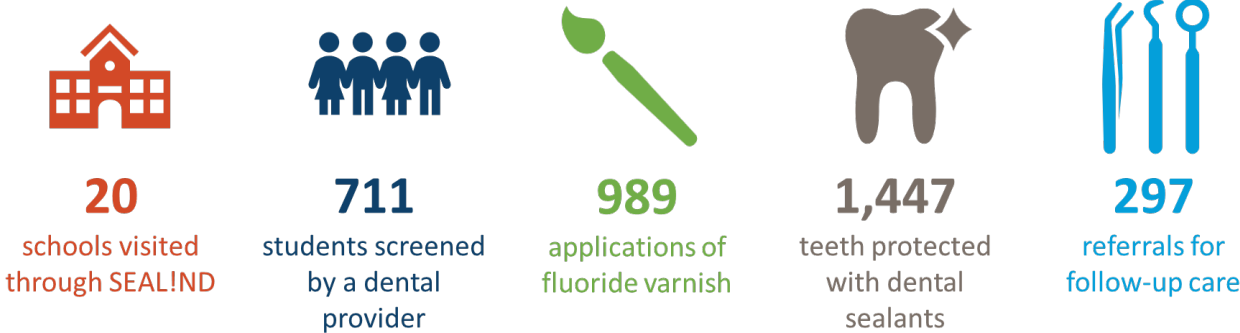
School	Number of Students	% NSLP	Number on NSLP	CDC Eligible	Student Data*
Lincoln Elementary School	396	25%	99	No	No
Roosevelt Elementary School	261	33%	86	No	No
Kennedy Elementary School	458	33%	151	No	No
McVay Elementary School	492	30%	148	No	No
Garden Valley Public School	132	31%	41	No	No
Eight Mile Public School	331	37%	122	No	No
Lewis & Clark Elementary	433	46%	199	No	No
Osgood Elementary	543	37%	201	No	No
Eagles Elementary	304	34%	103	No	No
South Elementary	380	40%	152	No	No
Freedom Elementary	545	29%	158	No	No
Bennett Elementary	627	20%	125	No	No
Independence Elementary	581	24%	139	No	No
Aurora Elementary	491	17%	83	No	No
Westside Elementary	408	24%	98	No	No
Zimmerman Elementary	98	45%	44	No	No
McClusky Public School	115	31%	36	No	No
Underwood Public School	215	21%	45	No	No

[Back to Table of Contents](#)

Reach of SEAL!ND Partners

The ND OHP partners with dental providers across the state to expand the reach of SEAL!ND and ensure that schools not meeting federal eligibility criteria may still benefit from preventive services. Partnering organizations include private dental practices, FQHCs, and dental hygiene students from NDSCS, who volunteer their time and resources to provide oral health services in non-qualifying schools.

During the 2024–25 school year, these partners visited 20 non-qualifying schools. Their measured impact:



NOTE: Total number of referrals made at the first and second visit combined, not total number of students with a referral. Students referred to care at visit one may again be referred to care at visit two. Referral is determined by an indication of “early care needed” or “urgent care needed” requiring Immediate referral.

While partners do not submit student-level data to the OHP, they provide aggregate totals that help measure community impact. Dental services declined across all settings during the COVID-19 pandemic (2020–21); however, partner-supported services in non-qualifying schools have steadily increased each year since (Table 3).

Table 3. Student Reach of Non-Qualifying Schools Participating in SEAL!ND

Table 3	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Participating schools	28	9	14	18	16	20
Students screened (unduplicated)	1,191	326	525	630	645	711
Fluoride varnish applications*	1,349	449	974	1,009	978	989
Dental sealants placed*	1,864	632	942	1,322	1,116	1,447
Students referred for follow-up care	319	122	154	203	246	297

* These numbers include duplicate applications; many students receive fluoride varnish at school visits in the fall and the spring, and several teeth are resealed or newly erupted (a tooth that had grown in that was not present at first visit) between the first and second visits

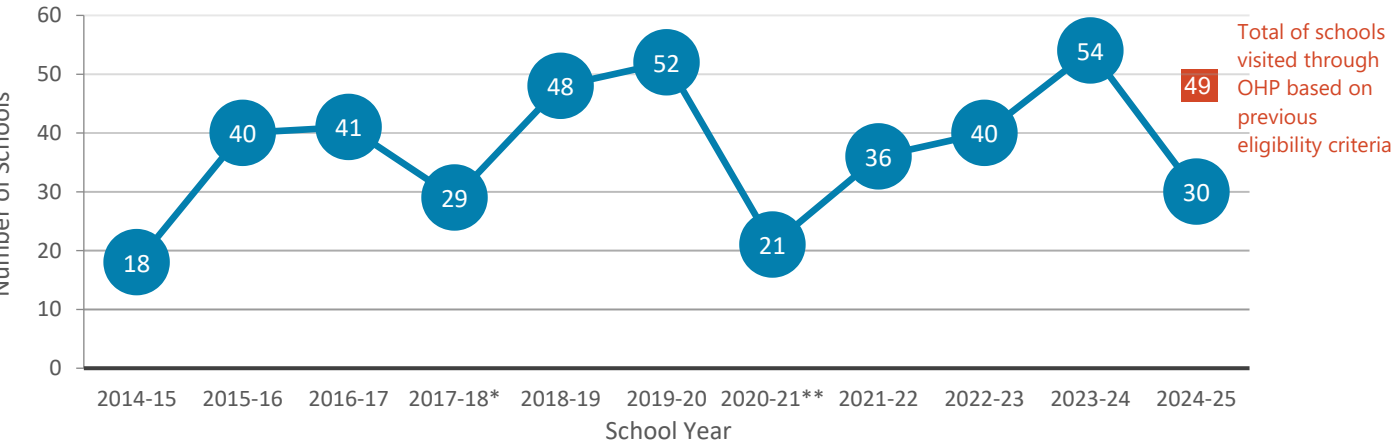
Reach of SEAL!ND through the Oral Health Program

During the 2024–25 school year, 69 schools participated in SEAL!ND. Of these, only 30 schools met the CDC’s high-risk eligibility criteria, defined as having at least 50% of students enrolled in the NSLP. Beyond these qualifying schools, the ND OHP and partners with MOUs provided services and collected student-level data at an additional 19 schools, for a total of 49 of the 69 schools with comprehensive data.

In previous years, the ND OHP only served and reported data from schools that met CDC’s eligibility. However, during the 2024–25 school year, 19 schools that had previously qualified no longer met the threshold, as the CDC bases eligibility on five years of NSLP data. These schools, while no longer classified as high-risk, were still visited by the OHP to ensure continuity of services. Notably, three of those 19 had never met CDC’s threshold but had been previous SEAL!ND participants because of their relationships or shared administration with other eligible schools.

Figure 2 illustrates ten years of SEAL!ND delivery in schools that met the CDC eligibility criteria. Before the COVID-19 pandemic, the number of qualifying schools served increased each year, consistently surpassing the program’s goal of a 5% annual expansion. COVID-19 pandemic-related service disruptions in 2020–21 led to a temporary decline, but participation levels have since rebounded to near pre-pandemic levels. The decline observed in 2024–25 reflects the stricter CDC eligibility criteria rather than a reduction in demand or program capacity, although only 30 schools were considered eligible, the SEAL!ND program managed by the OHP delivered services in 49 schools.

Figure 2. Number of Qualifying Schools Participating in SEAL!ND, by Year

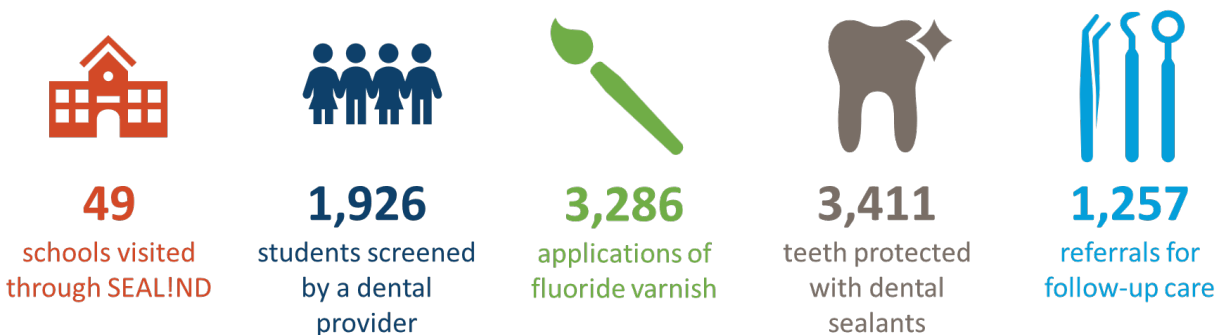


* Data for 2017-18 were only available for schools served by the public health hygienists and did not include services provided to qualifying schools under a MOU by FQHCs or private dental teams.

** COVID-19 led to temporary school closures and delayed reopening and provision of dental services.

Big Picture: Impact of the ND OHP

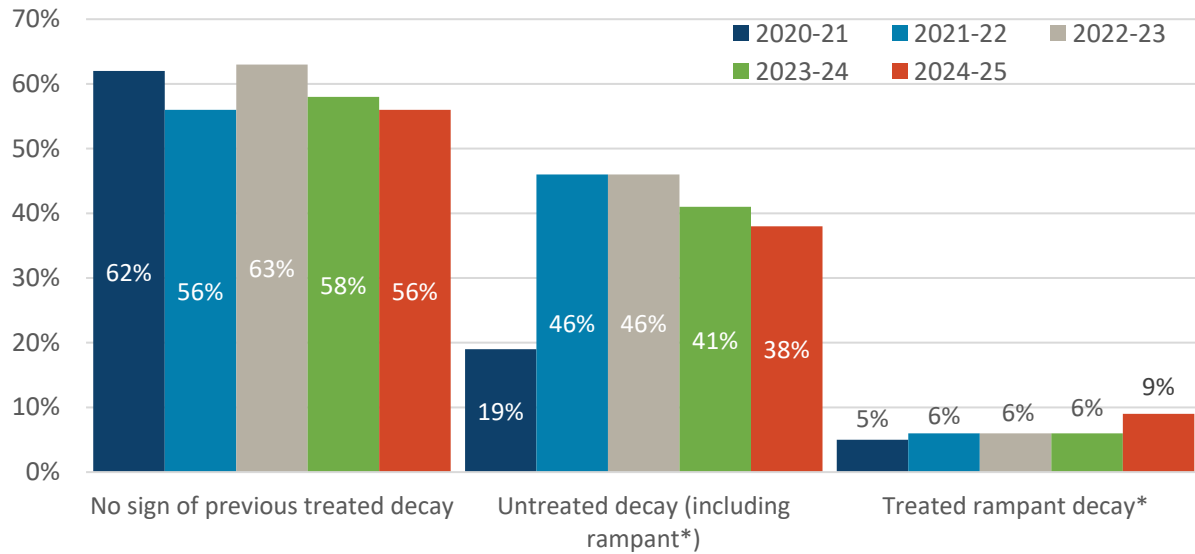
The OHP prevention coordinator oversees scheduling, provides materials and manuals for schools and participating dental teams, and coordinates the collection of student data and dental referrals. Historically, the OHP delivered direct services and collected student-level data only from schools that qualified under the CDC's criteria, defined as having 50% or more of students enrolled in the NSLP. During the 2024–25 school year, however, the OHP expanded its reach by visiting and collecting data not only from the 30 schools that met eligibility requirements, but also from 19 additional schools that had previously qualified but no longer met the threshold. Accordingly, the data presented here reflect only eligible schools in years prior to 2024–25, and comprehensive data from 49 schools served in 2024–25, including both the 30 eligible and the 19 additional schools.



NOTE: Total number of referrals made at the first (n=715) and second (n=542) visit combined, not total number of students with a referral. Students referred to care at visit one may again be referred to care at visit two. Referral is determined by an indication of “early care needed” or “urgent care needed” requiring Immediate referral.

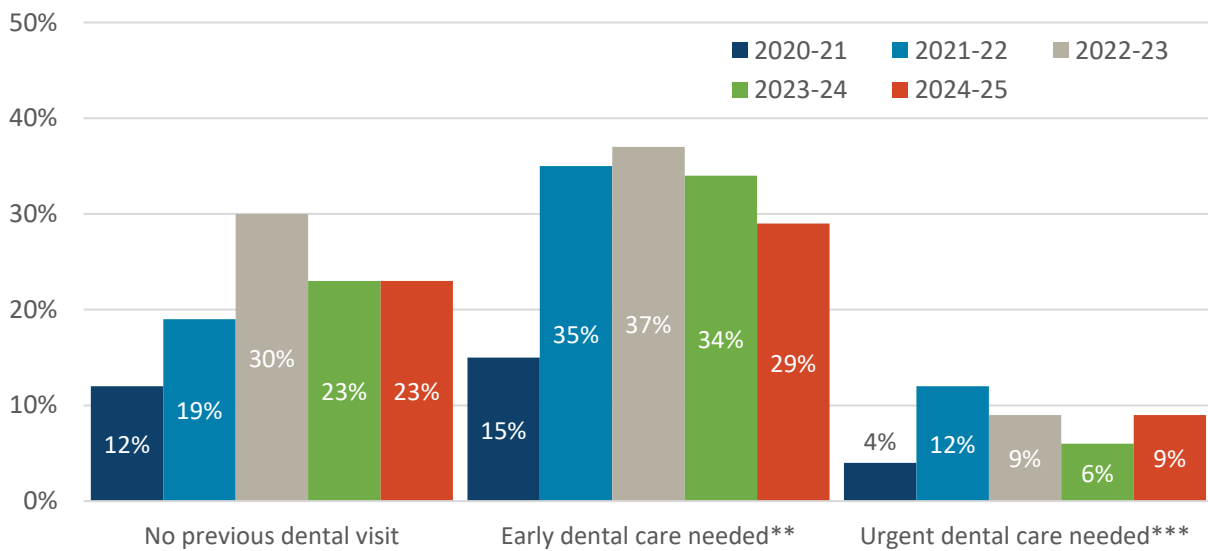
Following national trends showing a decline in dental prevention and treatment services during 2020–21, SEAL!ND also observed a decline in oral health among participating students after the COVID-19 pandemic. While the data do not track the same students over time, participating schools reported a spike in the percentage of students with poor oral health between 2021 and 2023. Encouragingly, improvements have been observed in the 2023–24 and 2024–25 school years (Figures 3 and 4). The only measures not showing notable improvement are the proportion of students with rampant untreated decay and those requiring urgent dental care—though both remain relatively low overall.

Figure 3. Percentage of Students Needing Treatment & Presenting with Decay, by School Year¹



1. 2020-21, n=564; 2021-22, n=1,159; 2022-23, n=1,654, 2023-24, n=2,235; 2024-25, n=1,910
 * Rampant decay is indicated if the student has decay present on seven or more of their teeth.

Figure 4. Percentage of Students Needing Treatment & Presenting with Decay, by School Year¹



1. 2020-21, n=564; 2021-22, n=1,159; 2022-23, n=1,654, 2023-24, n=2,235; 2024-25, n=1,910
 ** Decay present without pain or swelling. Refer to a dentist for treatment.
 *** Pain, infection, large decay, abscess or draining. Immediate referral for treatment.

Students Served

The following data represent the 1,926 students screened at the 49 schools that have comprehensive data. Among these schools, most students served were in grades K-5 (75%). About half of the students served were non-Hispanic White, and 21% of students served were American Indian. This is notable, given only 5.7% of the total state population includes individuals who are American Indian ⁱ (Table 4).

Table 4. Number and Percentage of Students Served by Race, Gender, and Grade Level

Table 4	2024-25		2023-24	2022-23	2021-22	2020-21	2019-20
Number of Schools	49		54	40	36	21	52
Race	n = 1,926	%	n = 2,235*	n = 1654*	n = 1139*	n = 562*	n = 2,322*
White	910	47%	51%	53%	51%	65%	46%
American Indian	398	21%	21%	24%	41%	21%	27%
Black/African American	159	8%	12%	10%	2%	4%	10%
Asian	78	4%	5%	3%	1%	0%	6%
Multi-Race	26	1%	3%	4%	2%	6%	7%
Gender	n*	%	%	%	%	%	%
Male	914	48%	46%	48%	47%	45%	45%
Female	991	52%	53%	52%	53%	55%	54%
Grade	n*	%	%	%	%	%	%
Pre-K	81	4%	3%	3%	3%	1%	0%
Kindergarten	298	16%	16%	21%	16%	14%	19%
First grade	323	17%	18%	18%	15%	18%	17%
Second grade	286	15%	16%	16%	16%	16%	17%
Third grade	281	15%	14%	15%	15%	15%	14%
Fourth grade	248	13%	12%	12%	11%	14%	13%
Fifth grade	180	9%	11%	9%	9%	10%	10%
Grades 6-12	228	12%	10%	7%	18%	12%	8%

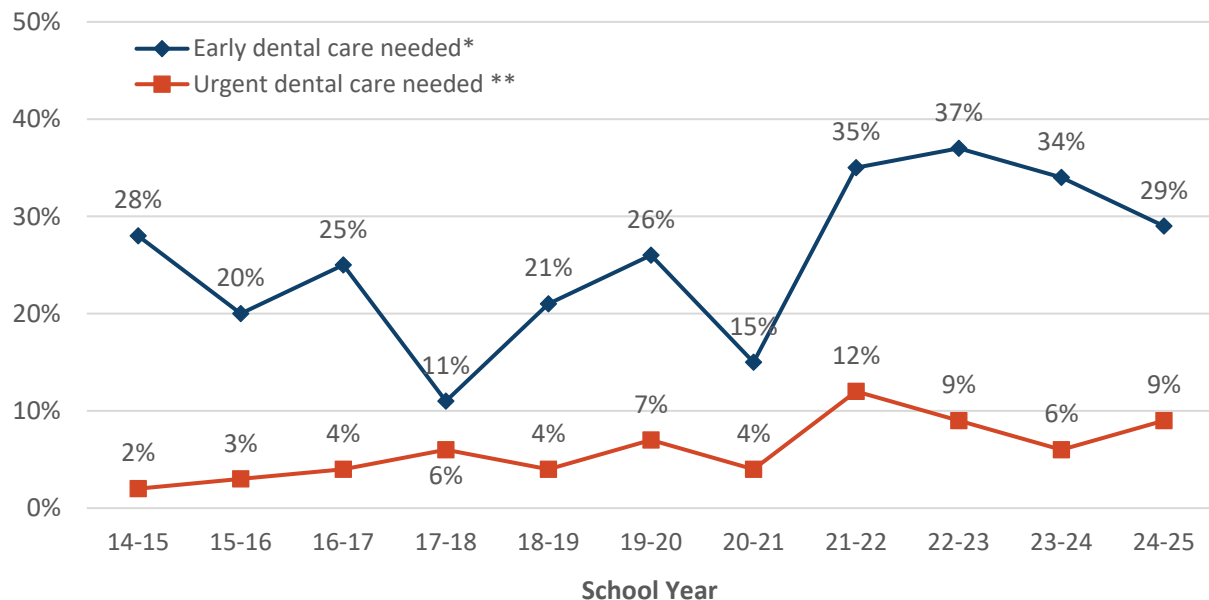
* The *n* reflects the total sample for each year; however, not all participants provided their race, grade, or gender. As a result, the *n* column may not total the sample because of the missing and no-response variables. “No response” are calculated in the percentage. Columns where the total is greater than 100% is a result of rounding to the nearest whole percentage.

Students Served: Comparing Ten Years Of SEAL!ND

The percentage of students participating in SEAL!ND who required urgent dental care has been increasing since the program began ten years ago, with a marked increase following the COVID-19 pandemic (2020-21 school year). Both the proportion of students presenting with early dental care need and urgent dental care need increased considerably in the two years following the COVID-19 pandemic.

As of the 2021-22 school year, for the first time in eight years, more than one in three students needed early dental care, and roughly one in eight required urgent dental treatment. A marginal decline in the proportion of students requiring early dental care has been observed in the last two years, but no consistent downward trend for urgent dental care need has been observed (Figure 5).

Figure 5. Percentage of Students Needing Dental Treatment by School Year

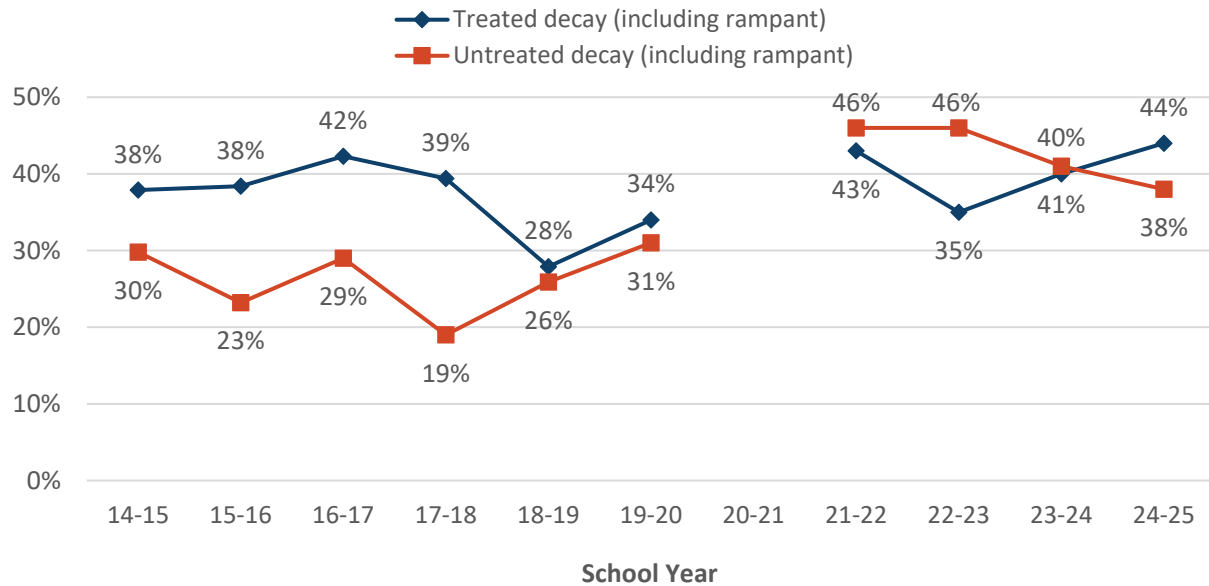


* Decay present without pain or swelling. Refer to a dentist for treatment.

** Pain, infection, large decay, abscess or draining. Immediate referral for treatment.

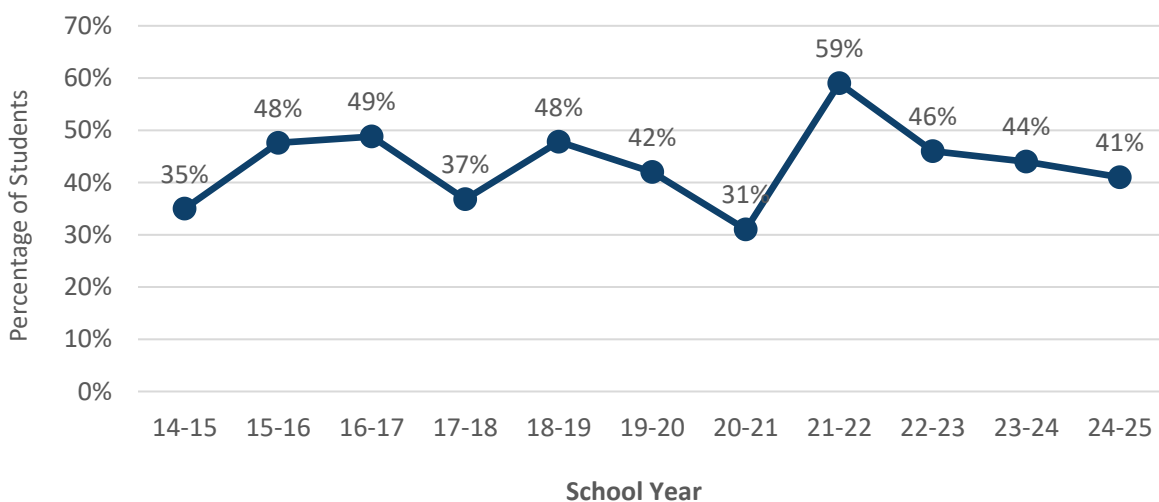
Comparisons across years should be interpreted with caution due to ongoing workflow and data management changes, as well as annual variations in the number of participating schools and students. In the most recent school year, about 40% of students required a dental referral for early or urgent treatment needs. The reason a child requires early or urgent care can vary, but a common reason may be untreated decay. The percentage of students with untreated decay rose sharply during the 2021–22 school year but has since declined (Figure 6). Missing data reflects the year of school closures, when data collection was limited to prioritize direct services.

Figure 6. Percentage of Students Presenting with Treated and Untreated Decay by School Year



Although no research has definitively identified the cause of this spike in ND, anecdotal evidence and studies from other regions suggest it may be related to delayed dental care during the COVID-19 pandemic. Patients were less likely to visit dentists in 2020–21, many dental offices were closed for extended periods, and preventive programs either stopped or limited services. During this time, SEAL!ND continued to provide screenings and fluoride varnish applications but paused sealant placement due to concerns about aerosol transmission of COVID-19. This is reflected in the decline in sealant applications observed during the 2020–21 school year (Figure 7).

Figure 7. Percentage of Students Receiving at Least One Dental Sealant by School Year



An increase in sealant placement can be indicative of fewer students having already received dental sealants in a dental clinic, or that the students screened had newly erupted molars. For example, during the first school visit during the 2024-25 academic year, 41% of students had a previous dental sealant already in place on at least one molar. The low percentage of school-based sealant placements in 2020-21 is because providers were only offering fluoride varnish during the COVID-19 pandemic.

Students Served: Population Access Concerns

The primary purpose of SEAL!ND is to provide sustainable, preventive oral health services through a school-based sealant program. The ND OHP has successfully reengaged schools and provider groups, helping improve oral health among children in under-resourced communities across the state.

During the 2022–23 school year, 41% of students participating in SEAL!ND identified as American Indian. In the most recent year, 21% of students participating were American Indian, compared to 5.7% of the state’s overall population. This demonstrates SEAL!ND’s role in reaching populations that experience significant barriers to dental care access.

At the same time, recent data highlight ongoing differences in oral health outcomes and treatment services. A higher proportion of American Indian students continue to present with both treated and untreated tooth decay (Figures 8–9) compared with non-American Indian students. To improve oral health for American Indian students, it is essential that the OHP work in partnership with Tribal Nations and communities, share program findings transparently, and create opportunities for community-led strategies that strengthen oral health beyond SEAL!ND.

Figure 8. Percentage of American Indian (AI) and Non-American Indian Students with Treated and Untreated Rampant Decay, by School Year

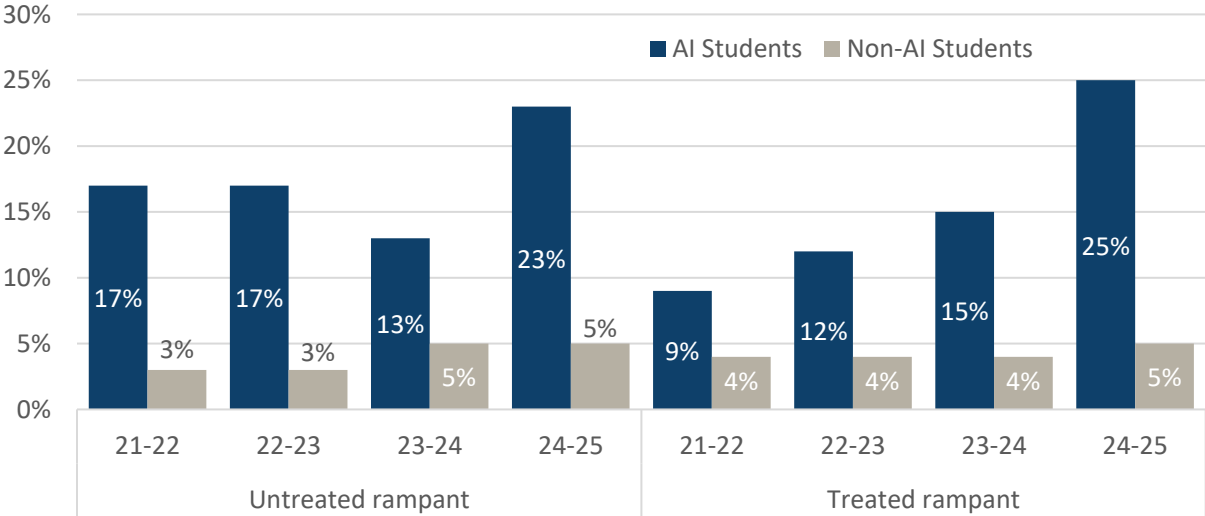
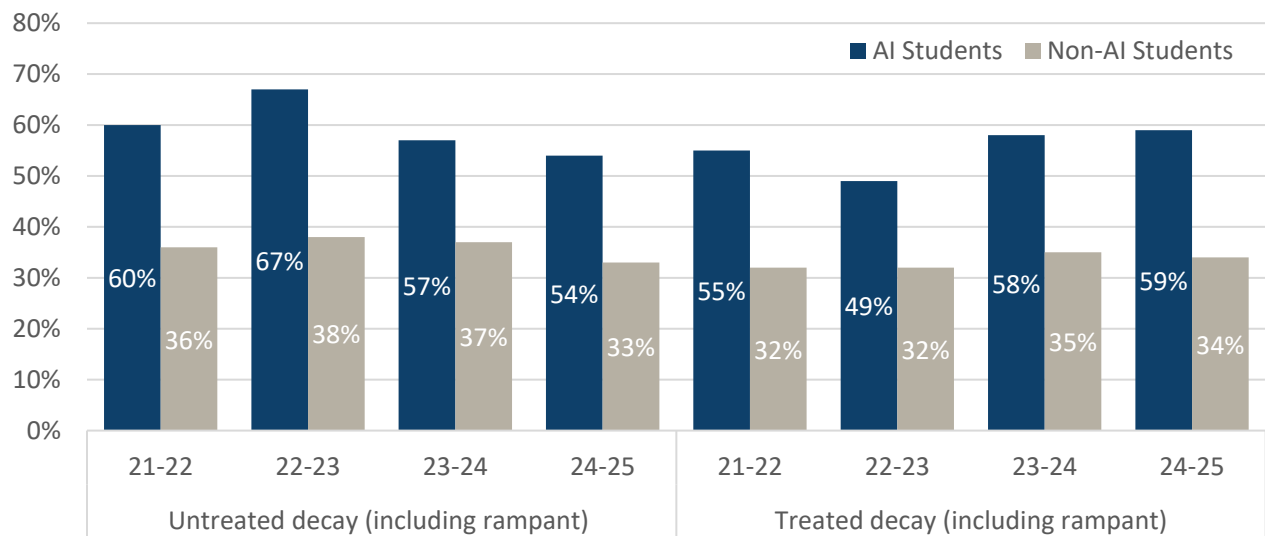
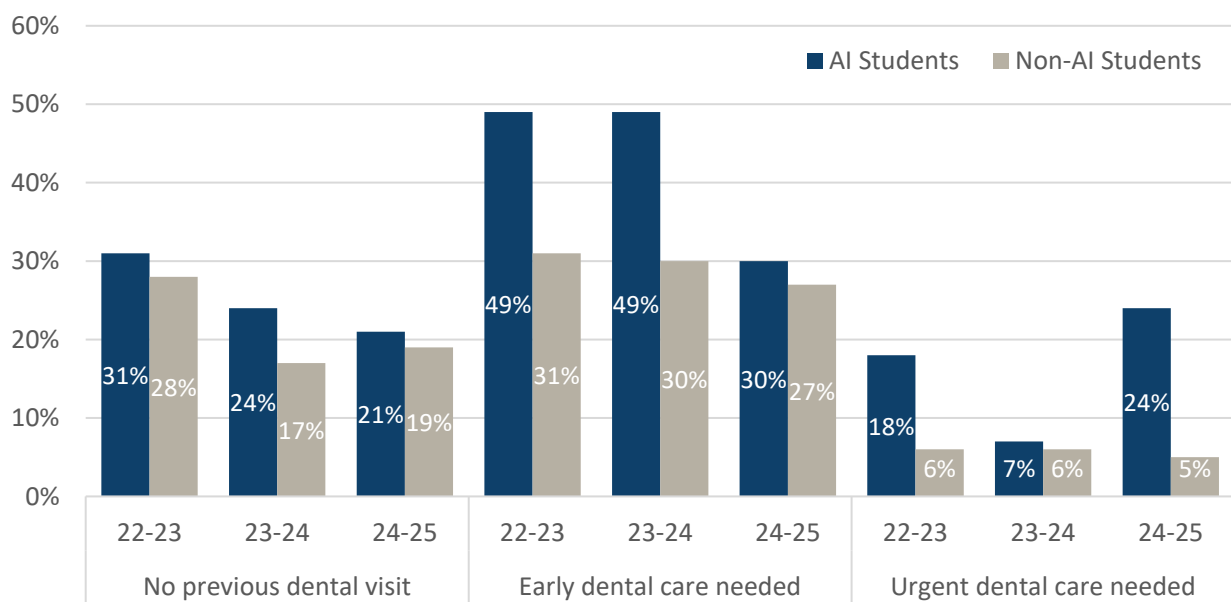


Figure 9. Percentage of American Indian (AI) and Non-American Indian Students with Treated and Untreated Decay, by School Year



Although American Indian students still report worse outcomes than non-American Indian students, there are notable improvements. In Figure 10, it is evident that the proportion of students who are American Indian that had no previous dental visit declined from 31% during the 2022-23 school year to 21% in the current year. Similarly, the proportion of American Indian students requiring early dental care has declined.

Figure 10. Percentage of American Indian (AI) and Non-American Indian Students Needing Treatment and with No Dental Visit, by School Year



Students Served by Grade Level: Kindergarten through Grade 12

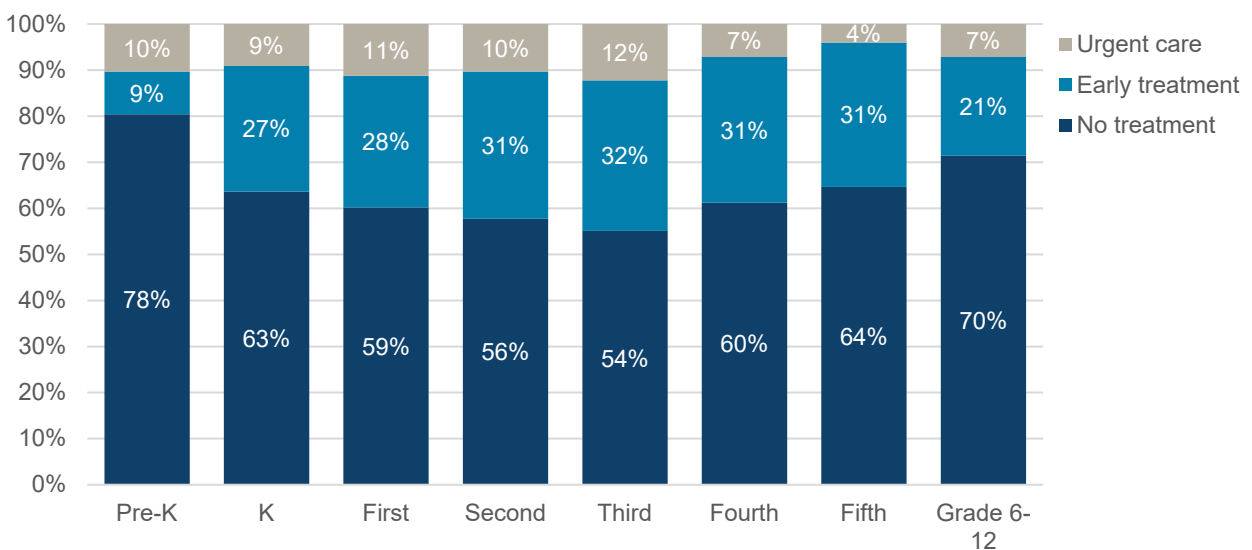
The data show that the percentage of students requiring no treatment decreases from kindergarten through the early elementary grades, likely reflecting the cumulative impact of dental decay as children age. Beginning in fourth grade, however, the proportion of students needing no treatment increases again (Table 5, Figure 11), which may indicate the benefits of prior preventive services or improved oral health behaviors as children age. The proportion of students needing urgent care similarly declines with age. There is also no notable change in the proportion of need between the first visit in the fall, and the second SEAL!ND visit in the spring.

Table 5. Dental Treatment Need by Grade Level and Visit, 2024-2025

Table 5	Treatment Need	Pre-K	Kindergarten	First	Second	Third	Fourth	Fifth	Grades 6-12
1 st Visit n= 1,926	No treatment	78%	63%	59%	56%	54%	60%	64%	70%
	Early treatment	9%	27%	28%	31%	32%	31%	31%	21%
	Urgent care	10%	9%	11%	10%	12%	7%	4%	7%
2 nd Visit n= 1,516*	No treatment	77%	65%	63%	61%	60%	64%	70%	69%
	Early treatment	12%	26%	25%	33%	30%	27%	22%	22%
	Urgent care	11%	10%	12%	6%	10%	9%	8%	9%

* 1,926 students had a first visit, and 1,516 of those 1,926 had a second visit with data to report on treatment urgency. Columns where the total is greater or less than 100% are a result of rounding to the nearest whole percentage.

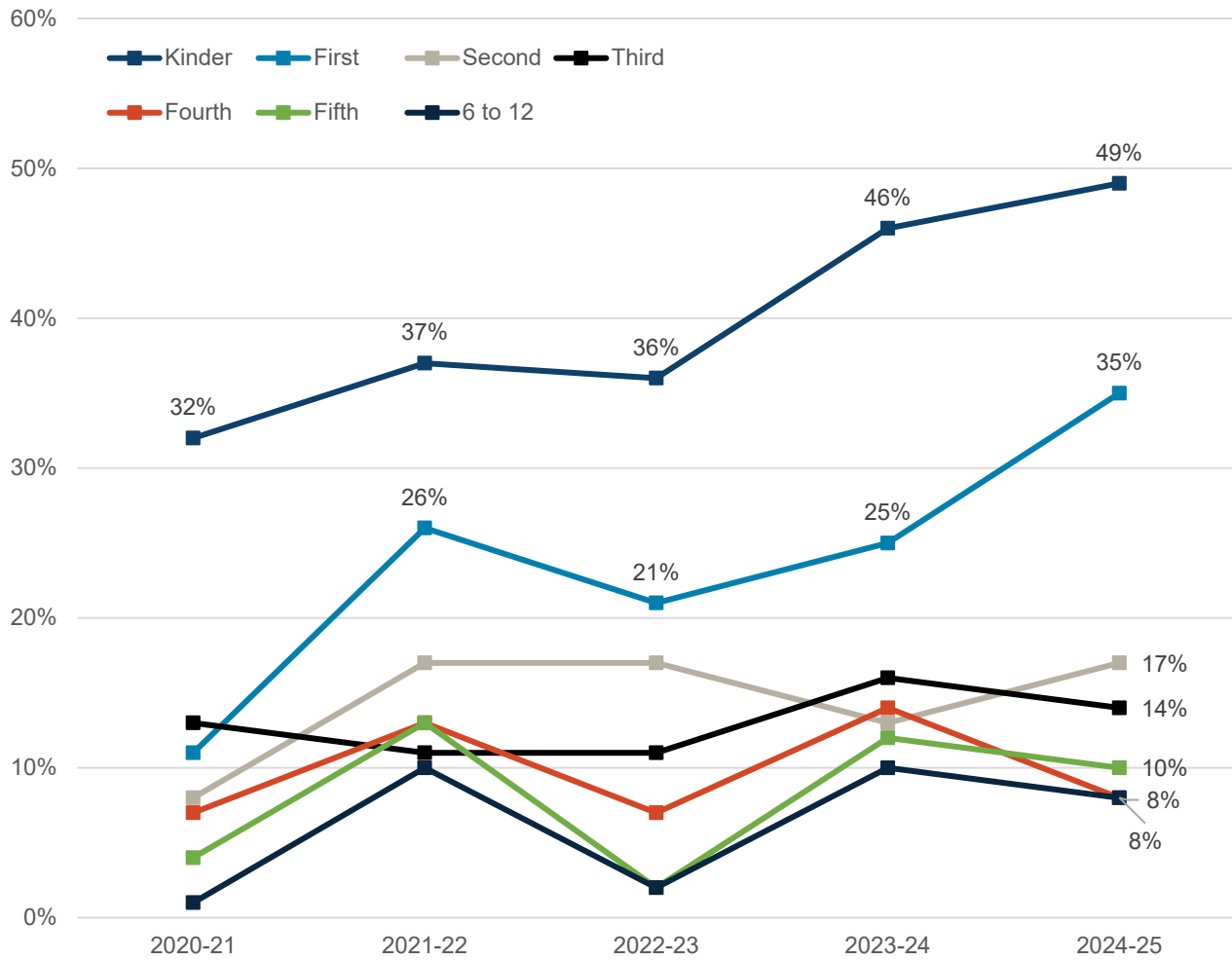
Figure 11. Percentage of Students Needing Treatment by Grade, First Visit



Note: Totals may not equal 100% because of rounding to the nearest whole percentage.

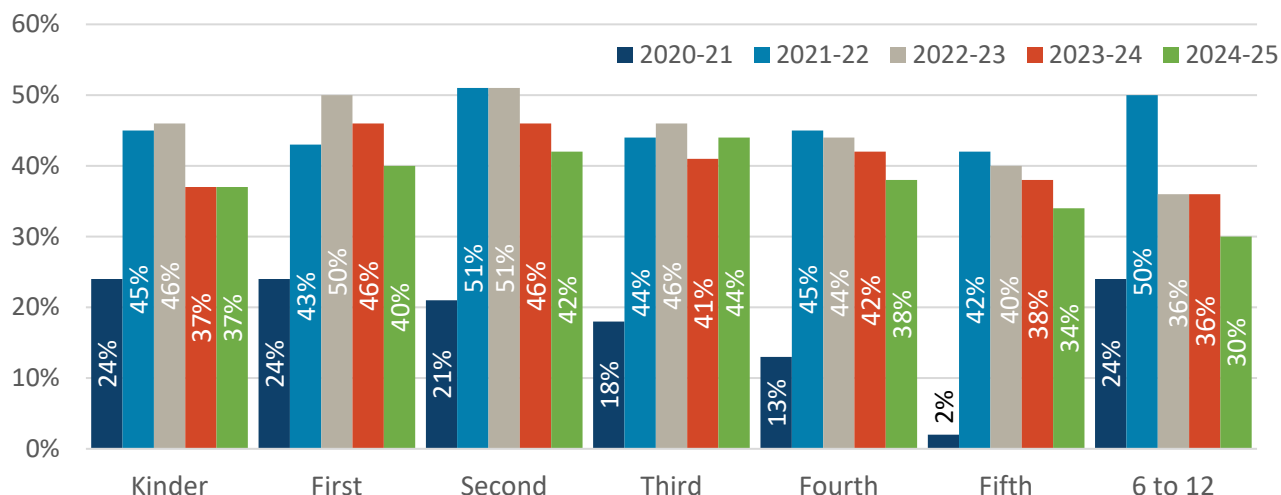
A notable finding is the sharp increase in the percentage of kindergarten students with no previous dental visit, reaching 49% in 2024–2025 (Figure 12). This means that nearly one in two kindergartners—and more than one in three third-grade students—report never having had a dental visit, whether for preventive care or treatment.

Figure 12. Percentage of Students with No Dental Visit, by Grade and School Year



The data reveals that the percentage of students with untreated decay at the time of the first visit has either stayed the same or dropped in the 2023-24 period compared to the previous year (Figure 13). This suggests some improvement in addressing untreated decay, despite the overall increase in students with no previous dental visits across grade levels.

Figure 13. Percentage of Students with Untreated Decay* Present at First Visit, by Grade and School Year



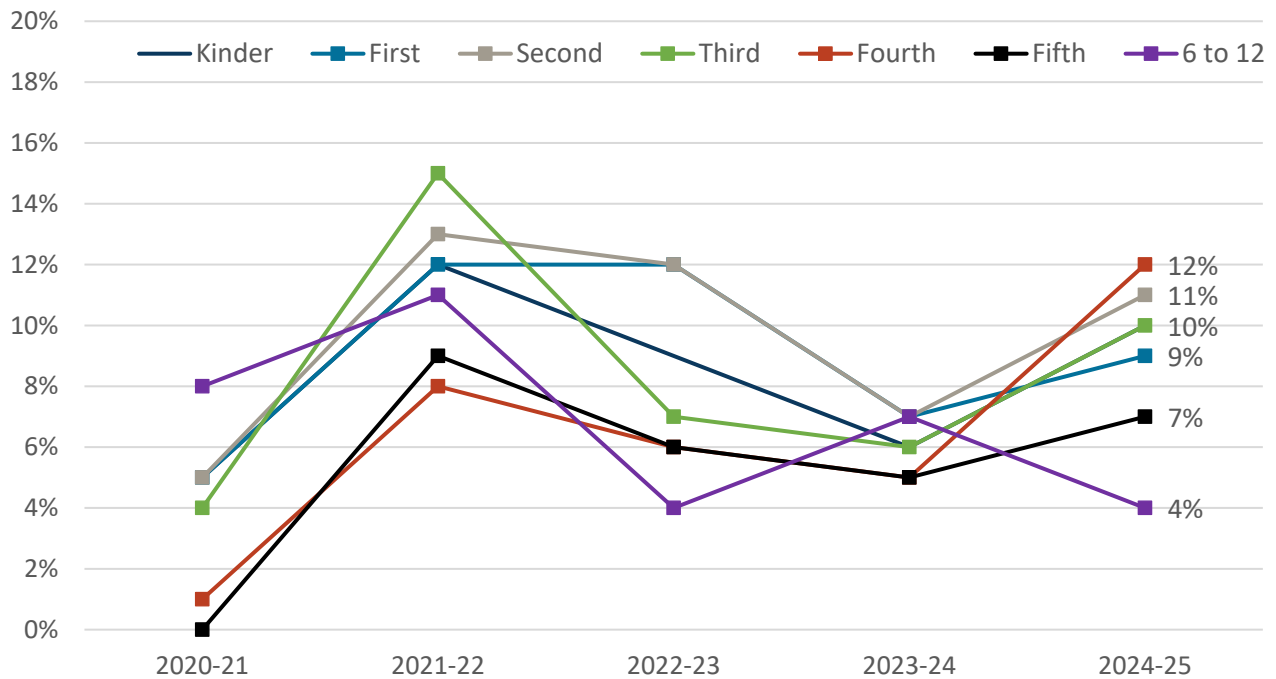
*Includes any untreated decay present and rampant decay present.

Over the past five years, the proportion of students needing early or urgent dental care has shifted across grade levels. For example, the percentage of kindergarten students who required no treatment has steadily increased (Table 6). Overall, while more students across grades enter school without needing treatment, among those who do require care, there has been a decrease in the proportion needing early treatment and an increase in those needing urgent care (Table 6). Notable is the clear spike in urgent care needs across all grades following the 2020-2021 school year (Figure 14).

Table 6. Percentage of Students Needing Treatment at First Visit, by Grade and Year

Treatment Type	Year	K	First	Second	Third	Fourth	Fifth	6-12
No Treatment	2021-22	55%	51%	50%	56%	55%	57%	49%
	2022-23	54%	50%	48%	53%	54%	59%	64%
	2023-24	63%	53%	56%	58%	57%	63%	59%
	2024-25	78%	63%	59%	56%	54%	60%	64%
Early Treatment	2021-22	33%	36%	37%	29%	37%	34%	40%
	2022-23	36%	38%	40%	40%	40%	34%	31%
	2023-24	31%	40%	37%	35%	36%	32%	28%
	2024-25	9%	27%	28%	31%	32%	31%	31%
Urgent Care	2021-22	12%	12%	13%	15%	8%	9%	11%
	2022-23	9%	12%	12%	7%	6%	6%	4%
	2023-24	6%	7%	7%	6%	5%	5%	7%
	2024-25	10%	9%	11%	10%	12%	7%	4%

Figure 14. Percentage of Students with Urgent Dental Care Needs at First Visit, by Grade and School Year



Summary

During the 2024–2025 school year, SEAL!ND served 69 schools across ND, providing more than 2,500 children with preventive oral health services including screenings, fluoride varnish, sealants, and referrals. Thirty schools met CDC eligibility criteria based on NSLP participation, while an additional 39 non-qualifying schools were served through partnerships with private providers, FQHCs, Tribal health centers, and hygiene students from NDSCS. This breadth of service reflects the OHP’s commitment to fairness, ensuring that preventive services extend to children in both qualifying and non-qualifying schools.

Program data show promising improvements in several areas of children’s oral health, including a steady decline in untreated decay since the peak years following COVID-19 pandemic disruptions; however, challenges remain. Urgent care needs are still higher than pre-pandemic levels, and nearly half of kindergarten students entered school with no prior dental visit. The program also continues to reach American Indian children at rates higher than their representation in the state population, but this program alone cannot address the systemic challenges that continue to result in higher rates of decay and lower dental visits rates for children who are American Indian.

[Back to Table of Contents](#)

Overall, SEAL!ND remains a vital and trusted program in advancing oral health, building strong school and community partnerships, and providing services that many students would otherwise not access.

Recommendations from Previous Year: Progress

The SEAL!ND program had a significant impact on the health and well-being of more than 2,500 students during the 2024-25 academic year. While the OHP plays a pivotal role in preventive dental services, opportunities remain to ensure all children in ND, regardless of race or insurance status, have affordable access to dental care. In no order, it was recommended that the OHP and SEAL!ND teams focus on three specific areas during the 2024-25 school year to address pediatric oral health. Specifically:

1. Continue to highlight the importance of comprehensive and consistent data collection for the purpose of program improvement and oral health surveillance. This is a recommendation for both SEAL!ND and the Best-in-Class program.^j
2. Continue to share data and community requests with coalitions, licensing boards, and dental provider groups to develop a list of providers willing to accept children covered by ND Medicaid.
3. Continue to employ public health hygienists within the OHP to ensure broad reach of SEAL!ND throughout the state, increasing the number of schools visited through dental partnerships and program coordination.

Recommendation One: Consistent Data Collection

Although the OHP has established a strong framework for data collection, inconsistencies remain between student-level data collected by OHP-employed hygienists and aggregate data provided by partnering providers. This variation limits the ability to track long-term oral health trends, identify disparities, and measure program impact across all participating schools. To strengthen evaluation, it is recommended that the OHP work with partners to expand and standardize data submission. Strategies may include developing a streamlined electronic data entry tool, training providers on its use, and ensuring that data variables are consistent across all sites. Regular feedback loops with providers can help improve accuracy and completeness, while minimizing burden on dental teams. A more uniform data system will allow SEAL!ND to produce stronger evidence of impact, identify priority areas for intervention, and demonstrate accountability to funders and communities alike.

Recommendation Two: Partnerships and Education to Improve Access to Dental Care for Households Covered by ND Medicaid

A key barrier to sustained oral health is the lack of providers who accept ND Medicaid, particularly for pediatric patients in rural and Tribal communities. The OHP has made important strides by engaging ND Medicaid administrators, educating them on the impact of higher reimbursement rates for preventive services, and collaborating with the ND Oral Health Coalition. These efforts must be strengthened and expanded.

Specifically, the OHP should work with state partners to encourage development of a provider directory of dental offices that accept ND Medicaid (that is current and accurate) and shared widely with schools and families. Educational campaigns targeted at families can increase awareness of their benefits and how to access care. Additionally, the OHP can convene ND Medicaid providers to identify barriers to participation and co-develop solutions, such as mobile care delivery models, shared staffing across clinics, and pilot incentive programs. By combining education and direct partnership, SEAL!ND can help close the gap in access for ND Medicaid-covered children and ensure continuity of care after school-based referrals.

Recommendation Three: Maintain Workforce to Provide SEAL!ND

The OHP has faced ongoing challenges in recruiting and retaining public health hygienists to staff SEAL!ND. Workforce shortages, competition with private practices, and the need for consistent statewide coverage have made it difficult to sustain a stable team. To address this, the OHP should explore strategies such as competitive salary adjustments, professional development opportunities, and flexible scheduling to improve retention. Partnerships with institutions such as the NDSCS can also serve as a pathway for new hygienists entering the workforce. Additionally, mentorship models pairing experienced hygienists with new graduates may improve job satisfaction and program commitment. Sustaining an adequate workforce is essential for the long-term success of SEAL!ND, as public health hygienists not only provide direct services but also ensure high-quality data collection and program coordination.

Recommendations for 2025-2026

The goals identified in previous years continue to be relevant. Moving forward, it will be important for the OHP to further explore private practice partnerships, identify models where providers can be reimbursed for care provided in a school-based setting, and to maintain relationships with organizations like the RMCM who have provided care previously and who may be interested in reengaging with SEAL!ND.

Additional recommendations for the 2025-26 school year include:

1. Strengthen workforce stability by securing funding for competitive compensation, offering retention incentives, and expanding partnerships with training programs to ensure a reliable pathway of hygienists.
2. Standardize and enhance data collection across all partners, building toward a unified electronic reporting system that captures both aggregate and student-level outcomes.
3. Increase outreach in early childhood settings to address the high proportion of kindergarteners with no previous dental visit, possibly through collaborations with Head Start, preschools, and early childcare programs.
4. Advance oral health in Tribal Nations and rural communities by sharing program data transparently, co-developing strategies with community partners, and prioritizing resources for populations most affected by untreated decay.
5. Explore sustainable funding and reimbursement models that support care delivered in school-based settings, including partnerships with private practices, FQHCs, and state-level advocacy for billing mechanisms.

About the Oral Health Program

The vision of HHS is “to make ND the healthiest state in the nation.”^a The mission of the OHP is “to improve the oral health of all North Dakotans through prevention and education.”^b

The primary goal of the OHP is to prevent and reduce oral disease by:

- Promoting the use of innovative and cost-effective approaches for oral health promotion and disease prevention.
- Fostering community and statewide partnerships to promote oral health and improve access to dental care.
- Increasing awareness of the importance of preventive oral health care.
- Identifying and reducing oral health outcomes among specific population groups.
- Facilitating the transfer of new research into practice.

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Any questions regarding this product or the data presented can be directed to:

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Appendix A: SEAL!ND Education Material

SEAL!ND North Dakota School-Based Sealant Program

SEAL!ND brings a public health dental hygienist into the school setting two times a year in order to provide direct preventive services.

To have your child participate in the program, complete the consent form that was sent home and be sure to ensure your child is at school the day of the dental professional visits.

Services provided through SEAL!ND include:

- Oral health screening
- Oral health education
- Fluoride varnish application
- Dental sealant application

SEAL!ND School-based Sealant Program

- Quick, painless visit**
- Free services**
- Screening & Services provided by dental professionals**
- Services provided with signed consent**
- Oral health screening information & supplies provided after each visit**

Dental Sealants

Dental sealants are thin coatings painted on the surface of back molars that can last up to nine years. Once applied, sealants protect against 80% of cavities for two years and continue to protect against 50% of cavities for up to four years.

Fluoride Varnish

Fluoride varnish is a protective coating that is painted on the face of all teeth to help prevent cavities and to help slow or stop cavities that have just started. Varnish must be reapplied every six months.



Learn more about SEAL!ND using the QR code or by visiting: hhs.nd.gov/SEALND



Health & Human Services

Appendix B: Invitation Letter and Consent Form



North Dakota Health and Human Services' SEAL!ND program will be visiting your child's school this year to help keep your children's teeth healthy! If your child goes to the dentist at least once a year, this program is not intended for them. Please keep seeing your regular dentist.

Services SEAL!ND provides to children unable to see a dentist annually include:



Checking teeth for cavities



Putting dental sealant on the back teeth to prevent cavities



Applying fluoride varnish, a natural vitamin for teeth, to keep them strong

We will also be teaching children how they can to prevent cavities by regularly brushing and flossing their teeth and visiting the dentist. **There is no charge for SEAL!ND services.**

Both fluoride varnish and sealants are safe, easy to apply and painless. Fluoride varnish can be painted onto teeth to protect them from cavities. Because it is so easy to apply fluoride varnish and sealants, we will not need to give children anything to relax them, any shots, medications or x-rays.

We need your signed permission for your child to get SEAL!ND services.

IMPORTANT: Complete all sections of the consent form and return it to your child's homeroom teacher.

We encourage all children to have regular dental care. This program does NOT take the place of seeing a dentist. A results form will be sent home with each child after we see them; we recommend children see a dentist about any concerns we find with their teeth.

If you don't have a current dentist or if you have any questions, please contact SEAL!ND at 701-328-4515. Your child may qualify for ND Medicaid, which covers routine dental care. Learn more about SEAL!ND and Medicaid at hhs.nd.gov.



PARENT CONSENT
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ORAL HEALTH PROGRAM
 SFN 61686 (7-2023)

SEALIND: North Dakota Dental Sealant and Fluoride Varnish Program

Name of Child (First, Middle, Legal Last)		Age	
Child's Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Language (if not English)	
Name of Teacher		Grade	
<input type="checkbox"/> YES, I give my permission for my child to receive the following treatments: <input type="checkbox"/> Oral Screening <input type="checkbox"/> Sealants <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> NO, I do not give my permission for my child to receive treatment. Specify reason: <input type="checkbox"/> My child already has sealants and/or receives varnish. <input type="checkbox"/> My child regularly sees a dentist. <input type="checkbox"/> Other (describe): _____			
<p>* If you checked no, you do not need to complete the rest of the form. Please return to the teacher. If you checked yes, complete the rest of the form and return to the teacher.</p>			
Name of Parent/Guardian		Parent/Guardian Email Address	Preferred Telephone Number
Address		City	State ZIP Code
Race of Child (check one) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other <input type="checkbox"/> Declined to Answer			
Ethnicity of Child (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Declined to Answer			
Tribal Affiliation of Child (if applicable)			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Is your child allergic to anything? If yes, what?	
<input type="checkbox"/>	<input type="checkbox"/>	Is your child taking any medications? If yes, what?	
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have any medical conditions such as heart disease, asthma, hay fever, hepatitis, cancer, diabetes, etc.? Or any other medical condition? If yes, specify:	
<input type="checkbox"/>	<input type="checkbox"/>	Has your child ever needed dental services but was unable to receive services or denied services? If yes, explain:	
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have a dentist? If yes, answer below:	
Name of Child's Dentist		Date of Last Visit <input type="checkbox"/> Between 6-12 months ago <input type="checkbox"/> Within the last 6 months <input type="checkbox"/> More than one year ago <input type="checkbox"/> Never	
<input type="checkbox"/> My child has no dental insurance			
No family or child will receive a bill for services; however, Medicaid will be billed if your child is covered by Medicaid.			
Medicaid Number (if applicable)			
Photo Consent/Release: I consent to the use of pictures, video or audio recordings of my child for program promotion. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature of Parent/Guardian		Date	

"This consent will be valid for the 12-month period of this program. By signing above, indicates that you have read and understand the contents of the general information and medical history form. You understand the terms of the consent agreement and that you have legal authority to give consent for this child. Your child's personal information will be kept confidential and will not be shared with any person who is not directly involved in the care of your child as part of the Health Insurance Portability and Accountability Act (HIPAA) without written authorization."

Appendix C: Visit Results Sheet

VISIT RESULTS

SEAL!ND | Dental Sealant & Fluoride Varnish Program

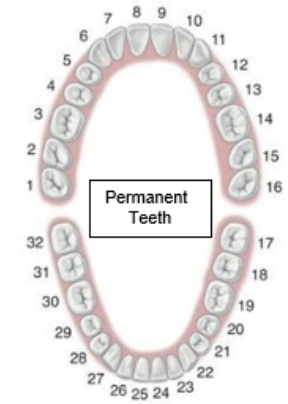
To the Parent/Guardian of: _____

Date: _____

We were happy to see your child today!

Your child received the following mouth care services today:

- Visual mouth check
- Fluoride treatment - fluoride varnish is a natural vitamin that is painted on the teeth to keep them strong (see instructions below)
- Sealants – thin plastic coating applied to the chewing surfaces of back teeth to prevent food and bacteria from getting into the grooves helping to prevent cavities



NOTES regarding your child: _____

Your child should see a dentist:

- Right away because of possible cavities and/or infection in his/her mouth
- Every six months for a cleaning and x-rays



If your child had a fluoride varnish treatment:

- Don't brush teeth until bedtime.
- They can eat and drink right away.
- For just today they should not have anything chewy like gummy bears or gum and nothing crunchy like chips.

If your child had sealants:

- They can eat and drink right away.
- The sealant is tooth colored and may not be visible.
- They may feel the sealant with their tongue but will quickly adjust to them.

All children should see their dentist every 6 months for teeth cleanings and x-rays!

If you have any questions or need help finding a dentist, please contact:



Mary Strube | mstrube@nd.gov | 701-328-2203

Staff signature: _____

Appendix D: Electronic Student Dental Record

Demographics				
Date of birth:	Child's age in years:			
<input type="text"/>	<input type="text"/>			
Gender:	<input type="text"/>			
Race:	<input type="text"/>			
Ethnicity:	<input type="text"/>			
Street Address:	City:	State:		
<input type="text"/>	<input type="text"/>	ND <input type="text"/>		
Zip Code:	County:	Phone number:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Screening Information				
Site code:	<input type="text"/>			
Consent:	<input checked="" type="radio"/> Parent/Guardian Consent for Both (Sealants and Fluoride Varnish) <input type="radio"/> Parent/Guardian Consent for Sealant <input type="radio"/> Parent/Guardian Consent for Fluoride Varnish			
Screening or Application Not Completed:	<input type="radio"/> Child Absent <input type="radio"/> Child Moved <input type="radio"/> Child uncooperative			
Grade level:	1st Grade <input type="text"/>			
Screening				
Screening/Application date:	04/01/2021 <input type="text"/>			
Previous dental visits (with or without treatment):	<input type="radio"/> No previous dental visit has occurred <input checked="" type="radio"/> Yes, a previous dental visit has occurred			
Untreated decay. Primary and/or permanent teeth. Loss of tooth structure at enamel surface, carious lesion, or sticky area.	<input type="radio"/> No untreated decay <input checked="" type="radio"/> Untreated decay present <input type="radio"/> Rampant decay - seven or more untreated areas			
Treated decay. Silver or composite fillings, restorations, crowns or missing teeth due to decay	<input type="radio"/> No sign of previous decay <input checked="" type="radio"/> Yes, filled teeth or restored teeth <input type="radio"/> Rampant decay - seven or more treated areas			
Sealants on Permanent Molars (if surface is smooth by toothpick exploration, sealant may be present):	<input checked="" type="radio"/> No sealants present <input type="radio"/> Yes, sealants previously placed by DDS			
1:	2:	3:	4:	5:
<input type="text"/>	<input type="text"/>	Prescribe Sealant <input type="text"/>	<input type="text"/>	<input type="text"/>
12:	13:	14:	15:	16:
<input type="text"/>	<input type="text"/>	Prescribe Sealant <input type="text"/>	<input type="text"/>	<input type="text"/>
32:	31:	30:	29:	28:
<input type="text"/>	<input type="text"/>	Prescribe Sealant <input type="text"/>	<input type="text"/>	<input type="text"/>
21:	20:	19:	18:	17:
<input type="text"/>	<input type="text"/>	Prescribe Sealant <input type="text"/>	<input type="text"/>	<input type="text"/>
Number of molars decayed or filled	1st molars:	2nd molars:		
<input type="text"/>	0 <input type="text"/>	0 <input type="text"/>		

Application				
1:	2:	3:	4:	5:
<input type="text"/>	<input type="text"/>	Place Sealant	<input type="text"/>	<input type="text"/>
12:	13:	14:	15:	16:
<input type="text"/>	<input type="text"/>	Place Sealant	<input type="text"/>	<input type="text"/>
32:	31:	30:	29:	28:
<input type="text"/>	<input type="text"/>	Place Sealant	<input type="text"/>	<input type="text"/>
21:	20:	19:	18:	17:
<input type="text"/>	<input type="text"/>	Place Sealant	<input type="text"/>	<input type="text"/>
Number of teeth sealed				
1st molars:	2nd molars:	3rd molars:		
<input type="text" value="4"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		
1st premolars:	2nd premolars:			
<input type="text" value="0"/>	<input type="text" value="0"/>			
Fluoride varnish treatment received today:				
<input type="radio"/> No, fluoride varnish was not applied today <input checked="" type="radio"/> Yes, fluoride varnish was applied today				
Treatment Urgency:				
<input type="radio"/> No obvious problem. Treatment: Next regular checkup within six months. <input checked="" type="radio"/> Early dental care (decay w/out pain or swelling). Treatment: Refer to dentist. <input type="radio"/> Urgent care (pain, infection, large decay, abscess or drainage). Treatment: Immediate referral.				
Treatment complete:				
<input type="checkbox"/> Yes				
Treatment Notes:				
baby teeth possible decay 4/20/2021 Call can't be completed. th 5/18/21 call can't be completed. sent letter. th				

[Back to Table of Contents](#)