



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PREVENTION AND COMMUNITY HEALTH
Olympia, Washington 98504-7880

Dear Parent/Guardian:

To learn how our state is doing with children's oral health policies, your child's class has been chosen to be part of the Washington Department of Health's 2023 Smile Survey. We want to know about the oral health of children that visit a dentist regularly; we want to know about children that do not visit as often, too.

If you choose to let your child show us their teeth, a dentist or dental hygienist will perform a one-minute "smile check" using only a mouth mirror. Dental gloves and masks will be worn, and a brand-new disposable mirror will be used for each child. The state's department of education (OSPI) will provide child demographic information. No names will be recorded, and the data will not identify your child. Results of your child's visual check will remain confidential, and your child will not be named in any report.

Your child will receive a toothbrush and sticker. We will also send home a letter to let you know if we see any dental problems. This simple check, however, does not take the place of regular dental check-ups by your family dentist.

If you will allow your child to have this very quick "smile check," please check the YES box below, sign, and return the form to your child's teacher.

As you may know, a healthy mouth is part of total health and wellness. Good oral health helps your child express his or her feelings through speech and smiles. If you would allow your child to have this tooth check, we will use the information to benefit all of Washington's children. If you have any questions about Smile Survey 2023, please contact your school.

Sincerely,

Shelley Guinn, RDH, MPH
Washington State Department of Health

Smile Survey 2023: To allow your child to have a quick smile check, please check YES, sign, and return to your child's teacher tomorrow.

Child's name: _____

Child's Teacher: _____

____ **YES**, I will allow my child to receive a free smile check

Parent/Guardian Signature

Date



华盛顿州

**DEPARTMENT OF HEALTH
PREVENTION AND COMMUNITY HEALTH**

华盛顿州奥林匹亚 98504-7880

尊敬的家长/监护人：

为了了解我们州在儿童口腔健康政策方面的情况，您孩子所在的班级已被选中参加 Washington Department of Health（华盛顿州卫生部）的“2023 Smile Survey”。我们想要了解定期看牙医孩子的口腔健康情况；我们还想要了解那些不经常看牙医的孩子的口腔健康情况。

如果您选择让您的孩子到我们这里来做一下牙齿检查，则我们的牙医或牙科保健师仅会使用一面口腔镜来做一次一分钟的快捷“微笑检查”。牙医或牙科保健师会佩戴牙科手套和口罩，并为每位孩子均使用全新的一次性口腔镜来做检查。本州的教育部门 Office of Superintendent of Public Instruction（OSPI，公共教育总监办公室）会提供孩子的人口统计信息。我们不会记录任何姓名信息，并且这些数据也不会识别您孩子的身份。对您孩子的目视检查结果会予以保密，并且不会在任何报告中提及您孩子的相关信息。

您的孩子会收到一支牙刷和贴纸。如果我们发现任何牙齿问题，我们也会向您家寄一封信以此来让您获知相关情况。但是，这种简单的牙科检查无法取代您的家庭牙医所进行的定期牙科检查。

如果您希望您的孩子接受本次快捷的“微笑检查”活动，则请在下方的“是”处打勾且予以签名，并将本表格交回给您孩子的老师。

正如您所知，健康的口腔是整体健康和保健的组成部分。良好的口腔健康有助于您的孩子通过语言和微笑来进行他们的情感表达。如果您允许您的孩子参加此类牙齿检查活动，我们会利用这些信息使华盛顿州的所有孩子都可以从中受益。如果您有任何关于“Smile Survey 2023”的相关问题，请与学校联系。

谨启，

Shelley Guinn 注册口腔卫生师、公共卫生硕士
Washington State Department of Health

Smile Survey 2023

如果您希望您的孩子接受快捷的“微笑检查”，请勾选“是”且予以签名，并在第二天交回给您孩子的老师。

孩子的姓名：_____

孩子的老师：_____

____是，我会允许我的孩子接受免费的“微笑检查”

家长/监护人签字

日期