

# GIVE KIDS A SMILE® “ACTUAL” DATA COLLECTION FORM

**Important Note:** *We can help more kids if you help us with this information.* The Give Kids A Smile program has upgraded the program sign-up system. Data collection following the event has become an integral part of these upgrades. The data that is collected prior to and after an event is used to highlight to policymakers and supporters the on-going challenges that underserved children face in accessing oral health care. The only way to influence government and society at large to work with dentistry to craft common sense, market-based solutions to access disparities, is by providing the program with the data elements below. This data collection form is designed to assist you in identifying the data elements that programs need to collect and share with those entities that make decisions about the access to care issue. We need your help! It is critical that after the event, you please return to the GKAS sign-up system and enter your “actual” event numbers. Thank you!

## ✓ Education, Screening & Preventive Treatment

### Event Information

Event Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Event Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Children Information

**Number of children:** Infant/Toddler (ages under 3) \_\_\_\_\_ Preschool through first grade (ages 3-6) \_\_\_\_\_  
Grades 2<sup>nd</sup> and 3<sup>rd</sup> (ages 7-9) \_\_\_\_\_ Grades 4<sup>th</sup> through 6<sup>th</sup> (ages 10-12) \_\_\_\_\_  
Grades 7<sup>th</sup> and 8<sup>th</sup> (ages 12-14) \_\_\_\_\_ Grades 9<sup>th</sup> through 12<sup>th</sup> (ages 15-18) \_\_\_\_\_

**Gender of children:** Female \_\_\_\_\_ Male \_\_\_\_\_ Gender Unknown \_\_\_\_\_

**Race/Ethnicity of children:** White \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_  
Islander \_\_\_\_\_ Hispanic Latino \_\_\_\_\_ Other \_\_\_\_\_ Race Unknown \_\_\_\_\_

Total number of children: \_\_\_\_\_

Number of children with private insurance: \_\_\_\_\_

Number of children with Medicaid insurance: \_\_\_\_\_

Number of children with CHIP coverage: \_\_\_\_\_

Number of children with No coverage: \_\_\_\_\_

### Services Performed

Please indicate the “Actual” total number of children who received each service. If no children received a particular service, enter 0.

Actual oral hygiene instructions (D1330): \_\_\_\_\_

Actual limited oral evaluation-problem focused (D0140): \_\_\_\_\_

Actual topical application of fluoride varnish (D1206): \_\_\_\_\_

Actual topical application of fluoride – excluding varnish (D1208): \_\_\_\_\_

Actual sealant – per tooth (D1351): \_\_\_\_\_

Actual interim caries arresting medicament application–per tooth (D1354): \_\_\_\_\_

Referred to other providers for care: \_\_\_\_\_

## Number of Volunteers

Dentist: \_\_\_\_\_ Dental Hygienists: \_\_\_\_\_ Dental Assistant: \_\_\_\_\_ Dental Student: \_\_\_\_\_

Dental Hygiene Student: \_\_\_\_\_ School Nurse: \_\_\_\_\_ Other: \_\_\_\_\_