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CHAPTER 8

Community Oral Health Coordinator

**SECTION 44‑8‑10.** Targeted community program for dental health education, screening, and treatment referral in public schools; coordination of efforts; promulgation of regulations; Acknowledgment of Dental Screening.

The Department of Health and Environmental Control shall implement a targeted community program for dental health education, screening, and treatment referral in the public schools for children in kindergarten, third, seventh, and tenth grades or upon entry into a South Carolina school. The department shall target three to five counties of need. The program must seek collaboration from local school districts, other governmental entities, school nurses, and dentists to coordinate federal Medicaid assistance and any volunteer efforts to reduce costs to the State to the extent practicable. Program guidelines must be promulgated in regulations and must include procedures for screenings and for the issuance of an Acknowledgment of Dental Screening for a child indicating that the child has had the dental screening. These guidelines also must provide that the screenings required by this section be made by an authorized provider at no charge.

HISTORY: 2010 Act No. 235, Section 1, eff July 1, 2010.

Editor’s Note

2010 Act No. 235, Section 3,provides as follows:

“This act takes effect July 1, 2010, and applies to students in the grade levels specified in Section 44‑8‑30 of the 1976 Code, as added by Section 1 of this act, no later than the 2011‑2012 school year, contingent upon regulations authorized in Section 44‑8‑10 of the 1976 Code, as added by Section 1 of this act, being effective and funding for this program being available to the Department of Health and Environmental Control.”

**SECTION 44‑8‑20.** Definitions.

Unless a different meaning is required by the context:

(1) “Acknowledgment of Dental Screening” means a document designed to serve as official confirmation that a child has had a dental screening.

(2) “Authorized practitioner” means dentists, hygienists, certified dental assistants, physicians, and nurses, and anyone who has qualified under the department’s training module.

(3) “Community oral health coordinator” means someone located in the county of need that will provide support to county health departments and school districts to strengthen the capacity to respond to the oral health needs of school children. They will assist in facilitating the removal of barriers to dental care, partnership development or enhancement, building or enhancing of dental safety net systems, oral health training and education, and strategic planning for accessing additional resources.

(4) “County of need” means any county in this State that is considered to be a dentally underserved area based on the most recent Oral Health Needs Assessment or any other data deemed appropriate by the department.

(5) “Department” means the South Carolina Department of Health and Environmental Control.

(6) “School” means any public school operating within the county, as defined by Section 59‑1‑120.

(7) “Screening” means a visual scan of the oral cavity and facial structures performed consistent with national standards as recognized and approved by the department.

HISTORY: 2010 Act No. 235, Section 1, eff July 1, 2010.

Editor’s Note

2010 Act No. 235, Section 3,provides as follows:

“This act takes effect July 1, 2010, and applies to students in the grade levels specified in Section 44‑8‑30 of the 1976 Code, as added by Section 1 of this act, no later than the 2011‑2012 school year, contingent upon regulations authorized in Section 44‑8‑10 of the 1976 Code, as added by Section 1 of this act, being effective and funding for this program being available to the Department of Health and Environmental Control.”

**SECTION 44‑8‑30.** Acknowledgement of Dental Screening; time limits for presentation to school.

In the target counties of need, no later than one hundred twenty calendar days following a child’s start date to five year old kindergarten, third grade, seventh grade, tenth grade, or upon entry into a South Carolina school, the student shall present to the school an Acknowledgment of Dental Screening signed by an authorized practitioner.

HISTORY: 2010 Act No. 235, Section 1, eff July 1, 2010.

Editor’s Note

2010 Act No. 235, Section 3,provides as follows:

“This act takes effect July 1, 2010, and applies to students in the grade levels specified in Section 44‑8‑30 of the 1976 Code, as added by Section 1 of this act, no later than the 2011‑2012 school year, contingent upon regulations authorized in Section 44‑8‑10 of the 1976 Code, as added by Section 1 of this act, being effective and funding for this program being available to the Department of Health and Environmental Control.”

**SECTION 44‑8‑40.** Dental screening in school setting; notification to parents and community oral health coordinator of necessity of further professional attention; duties of coordinator.

When a dental screening is performed by an authorized practitioner in a school setting in one of the targeted counties of need, the practitioner shall issue an Acknowledgment of Dental Screening for the child. The school nurse or other school employee designated by the school district superintendent shall notify and advise the child’s parent or guardian to seek further professional attention for the child if indicated by the screening. Upon receipt of written permission from the parent or guardian, the school also shall notify the community oral health coordinator who will serve as a facilitator if further attention is needed upon completion of the screening. The community oral health coordinator also shall maintain all records and data determined necessary by the department.

HISTORY: 2010 Act No. 235, Section 1, eff July 1, 2010.

Editor’s Note

2010 Act No. 235, Section 3,provides as follows:

“This act takes effect July 1, 2010, and applies to students in the grade levels specified in Section 44‑8‑30 of the 1976 Code, as added by Section 1 of this act, no later than the 2011‑2012 school year, contingent upon regulations authorized in Section 44‑8‑10 of the 1976 Code, as added by Section 1 of this act, being effective and funding for this program being available to the Department of Health and Environmental Control.”

**SECTION 44‑8‑50.** Parental exemption form; acceptance in place of Acknowledgment of Dental Screening.

A screening must be performed for students in the targeted counties of need unless a parent or guardian completes an exemption form provided to them by the school. The school shall accept a parental exemption form in place of the Acknowledgment of Dental Screening.

HISTORY: 2010 Act No. 235, Section 1, eff July 1, 2010.

Editor’s Note

2010 Act No. 235, Section 3,provides as follows:

“This act takes effect July 1, 2010, and applies to students in the grade levels specified in Section 44‑8‑30 of the 1976 Code, as added by Section 1 of this act, no later than the 2011‑2012 school year, contingent upon regulations authorized in Section 44‑8‑10 of the 1976 Code, as added by Section 1 of this act, being effective and funding for this program being available to the Department of Health and Environmental Control.”

**SECTION 44‑8‑60.** Implementation of chapter contingent on appropriation of adequate funds.

The initial and continued implementation of the provisions of this chapter is contingent upon the appropriation of adequate funding. There is no mandatory financial obligation to the Department of Health and Environmental Control, the Department of Education, or school districts within the counties chosen to participate if adequate funding is not appropriated or made available.

HISTORY: 2010 Act No. 235, Section 1, eff July 1, 2010.

Editor’s Note

2010 Act No. 235, Section 3,provides as follows:

“This act takes effect July 1, 2010, and applies to students in the grade levels specified in Section 44‑8‑30 of the 1976 Code, as added by Section 1 of this act, no later than the 2011‑2012 school year, contingent upon regulations authorized in Section 44‑8‑10 of the 1976 Code, as added by Section 1 of this act, being effective and funding for this program being available to the Department of Health and Environmental Control.”