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| **平成２９年度 宮城県健康な口腔とよい歯の幼稚園表彰調査票** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 都道府県（指定都市名）  **宮　城　県** | | | | フリガナ | | | |  | | | | | | | | | | | | 園所在地  〒 | | | | | | | | | | | | | | |
| 幼稚園名 | | | |  | | | | | | | | | | | |
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| 電話 | |  | | | | | | FAX | | |  | | | |
| 幼稚園長名 | | | | | | | | | 在籍年数 | | | | 調査票作成者 役職及び氏名 | | | | | | | | 在籍年数 | | | | | 園歯科医名 | | | | | | | | 在籍年数 |
|  | | | | | | 印 | | | 年 | | | |  | | | | | | 印 | | 年 | | | | |  | | | | | | 印 | | 年 |
| 幼稚園の  構成 | | | 職員数　　　名 | | | 園児数　　　　名 | | | | | | | 年少組　　組編成　　名 | | | | | 年中組　　組編成　　名 | | | | | | | | | 年長組　　組編成　　名 | | | | | | 特別支援　　名 | |
| **１．本園の教育目標と保健の位置づけ（今年度の概要について記入）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１）本園の教育目標 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| （２）本園における保健活動全般に対する考え方 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| （３）本園における歯・口の健康づくりの考え方 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **２．本園の保健の概要（前年度の実績を記入）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保健年間計画（歯・口の健康づくりを含む） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 教育的な側面 | | | | | | | | | | | 管理的な側面 | | | | | | | | | | | | 組織活動的な側面 | | | | | | | | | |
| 例 | | 年中組（歯ブラシの持ち方等） | | | | | | | | | | | 全員（健康診断） | | | | | | | | | | | | 保護者会（園長先生による園の健康管理について） | | | | | | | | | |
| ４月 | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| ５月 | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| ６月 | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
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| ８月 | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| ９月 | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| １０月 | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| １１月 | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| １２月 | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| １月 | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
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| ３月 | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| 本園での特色ある活動内容の紹介 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **（一社）宮城県歯科医師会** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **３．歯科保健状況（今年度定期歯科健康診断結果）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１）年齢別歯科保健の状況（**乳歯および永久歯について記入**。ク～シは判定していない場合は未記入で可） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学年  項目 | | | | | | | | | | 年　少　組 | | | | | 年　中　組 | | | | | | | | 年　長　組 | | | | | | 合　　　計 | | | | | |
| ア | 被検者数 | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |
| イ | 未処置のむし歯のある者の数 | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |
| ウ | 処置完了者数 | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |
| エ | むし歯経験者数（イ＋ウ） | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |
| オ | むし歯のない者の数（ア－エ） | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |
| カ | むし歯のない者の率（％）  （オ÷ア×100） | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |
| キ | むし歯のある者の率（％）  （100－カ） | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |
| ク | ＣＯを有する者の人数 | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |
| ケ | ＧＯと判定された者の人数 | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |
| コ | Ｇと判定された者の人数 | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |
| サ | 歯垢の状態が｢１｣もしくは｢２｣と判定された者の合計人数 | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |
| シ | 歯肉の状態が｢１｣もしくは｢２｣と判定された者の合計人数 | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | | |
| （２）年長児の第一大臼歯のむし歯の状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 項目  年度 | | | | | 被検者数 | | | | | | | 第一大臼歯の総本数  a | | | | 第一大臼歯の未処置のむし歯(Ｃ)数  b | | | | | | | | 第一大臼歯の処置歯(○)数  c | | | | | | 第一大臼歯の  むし歯被患率（％）d  d=(b＋c)÷a×100 | | | | |
| 今 年 度 | | | | |  | | | | | | |  | | | |  | | | | | | | |  | | | | | |  | | | | |
| **４．個別的な歯科保健活動の概要（前年度の概要を記入、該当者がいない場合は対応の方針を記入すること）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１）ＣＯを有する者やＧＯと判定された者への対応（指導回数　　　回：延べ人数　　　名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 養護教諭等による健康相談や個別指導等 | | | | | | | | | | | | | | | | | 園歯科医による健康相談や個別指導 | | | | | | | | | | | | | | | | | |
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| （２）歯列･咬合、歯垢の付着状態や歯肉の状態が｢１｣もしくは｢２｣と判定された者やその他の歯疾患をもつ者への対応  （指導回数　　回：延べ人数　　名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 養護教諭等による健康相談や個別指導等 | | | | | | | | | | | | | | | | | 園歯科医による健康相談や個別指導 | | | | | | | | | | | | | | | | | |
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| （３）健康相談等の状況（指導回数　　　回：延べ人数　　　名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 養護教諭等による健康相談や個別指導等 | | | | | | | | | | | | | | | | | 園歯科医による健康相談や個別指導 | | | | | | | | | | | | | | | | | |
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| **５．園歯科保健の組織活動** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **６．職員の園歯科保健に関する研修への参加状況　　有り（　　　　回）・ 無** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 園内研修のテーマと内容： | | | | | | | | | | | | | | 園外研修のテーマと内容、参加者： | | | | | | | | | | | | | | | | | | | | |
| **７．園歯科医の活動状況** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１）前年度の執務状況 | | | | | | | | | | | （２）特記すべき園歯科医の活動 | | | | | | | | | | | | | | | | | | | | | | | |
| 歯・口腔の健康診断 | | | | | | | 回 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 健康相談・歯科保健指導 | | | | | | | 回 | | | |
| 園行事への参加 | | | | | | | 回 | | | |
| その他 | | | | | | | 回 | | | |
| **８．本園の歯科保健活動で特記すべき事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **（一社）宮城県歯科医師会** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |