

## Performance Standard-Dental

### **Bear River Head Start General Dental Procedure**

**Performance Standard(s):** 1304.20(a)(1)(i), 1304.20(a)(1)(ii)(A)(B)(C), 1304.20(a)(1)(iii), 1304.20(a)(1)(iv), 1304.20(c)(1)&(2), 1304.20(c)(3)(i)&(ii), 1304.20(c)(5), 1304.20(d), 1304.20(e)(1), 1304.20(e)(2), 1304.20(e)(3), 1304.20(e)(4), 1304.20(e)(5), 1304.20(f)(1)

#### **Summary**

Head Start will make a determination as to whether or not each child has an on-going source of continuous, accessible health care. If a child has no dental home, staff must assist parents in accessing a source of care. Every enrolled child at Bear River Head Start will receive a dental examination. In order to identify dental problems and to establish preventative and primary care, a dental professional must complete this dental examination. Head Start will assist parents in obtaining a dental exam for their child with referrals, translation, or transportation as needed. For uninsured or underinsured children, Head Start will assist in paying for needed treatment as a last resort. For children enrolled in TANF or Title One, dental examinations are recommended, but Head Start funds cannot be used for their exam or follow up treatment. Head Start will encourage preventative care and oral hygiene in the classroom and in the home. Head Start staff will meet regularly to discuss dental needs of enrolled children.

#### **Procedure**

- A. All Head Start children will receive a dental screening or initial examination by a dental professional within six months of their enrollment date. All dental exams will be received by the 90 day deadline. The Bear River Head Start dental exam form will be used to ensure that every child receives the same exam. If a child does not have insurance, a donated exam will be arranged by the Oral Health Specialist with one of the participating dentists. [1304.20(a)(1)(i), 1304.20(a)(1)(ii)(A)(B)(C)]
- B. Staff will make a determination as to whether or not the child has an on-going source of continuous, accessible health care, namely a dental home and insurance within 45 days of enrollment. [1304.20(a)(1)(i)]
  1. Head Start applications will include the Medical Information Sheet.
  2. The Health Specialist will enter the information from the Medical Information Sheet into the database before school begins.
  3. At the start of services, the Family Advocate will confirm each child's medical and dental home and insurance information and inform the Oral Health Specialist of any changes.
- C. During weekly meetings with the Family Advocates, each child will be discussed as well as their upcoming deadlines. Any problem solving needed will occur in these meetings, including information to take to parents, resolving concerns, arranging translation or transportation, or arranging for donated exams. During the first few meetings of the year, the Family Advocate will confirm each child's medical/dental home and insurance information provided on the Medical Information sheet. Any changes will be noted and documented by the Oral Health Specialist. [1304.20(a)(1)(ii)(A)(B)(C), 1304.20(c)(1)&(2)]

- D. All dental examination forms will be signed by a dentist and tracked by the Oral Health Specialist. Children's dental needs will be classified in the database as follows:

**No Follow Up**  
**Follow Up Needed**  
**Done**

- E. Upon receipt of initial dental exam, Oral Health Specialist will identify needed follow up. The Oral Health Specialist will then talk to the Family Advocate and make them aware of the need to talk to parents. If needed, a letter will be sent to parents of children needing follow up stating the work needed and giving them the 45-day deadline. [1304.20(a)(1)(iii), 1304.20(a)(1)(iv), 1304.20(c)(1)&(2), 1304.20(e)(1)]
- F. All dental exams will be reviewed by the Oral Health Specialist. Following the 45-day deadline, all children still needing follow up will be identified. For these children, an Individual Health Plan (IHP) will be completed. Family advocates will complete the IHP with identified families to set step by step goals to accomplish the needed follow up. The family advocate and parent(s)/guardian(s) will both sign form. The Family Advocate will then review the plan with the Oral Health Specialist. The form will be copied for parents and a copy will be given to the Oral Health Specialist. The Family Advocate and Teacher or Family Educator will keep the original and update it regularly until follow up is completed. Upon completion of all needed follow up, the IHP will be filed in the child's health file along with documentation of the dental treatment. For children needing multiple follow up (medical, dental, hearing, vision, etc.) one IHP will be completed and reviewed with both the Oral Health Specialist and Health Specialist. [1304.20(a)(1)(ii)(A)(B)(C), 1304.20(a)(1)(iii), 1304.20(a)(1)(iv), 1304.20(c)(1)&(2), 1304.20(e)(1), 1304.20(e)(2), 1304.20(e)(3), 1304.20(e)(4)]
- G. Families with an already established dental home will be encouraged to make all necessary dental appointments with their family dentist. Parents will be responsible for accompanying their child to the dental exam at the dentist's office. They will be encouraged to make the appointment, as well. This will provide the Head Start child with a dental home and help the parents become more comfortable with taking their child to the dentist. The Family Advocate will be aware of the need to assist parents in *making* and *keeping* appointments. It is vital that the family always keeps their appointment or reschedules in a timely manner to maintain professional relationships with dentists in the community. Head Start may transport children and guardians to appointments, but only as a last resort. [1304.20(a)(1)(i)]
- H. If a family is not established in a dental home, or has no means of paying for needed dental treatment, the family advocate will work with the Oral Health Specialist and the parent to remove any barriers the family might have in obtaining care for their child and find other options. Referrals to Medicaid, Caring Foundation, or a dentist will made to parents by the Family Advocate as soon as possible after learning of the need for such information. [1304.20(a)(1)(i), 1304.20(a)(1)(ii)(A)(B)(C)]
- I. Dental costs will be paid by parent insurance, Medicaid, money donated to Head Start, or by Head Start funds. All other sources of funding will be used *first* before Head Start money can be used. \*\* See "Billing Procedure" for more information. [1304.20(c)(5)]
1. Head Start funds can and will be used as a last resort to pay for treatment and/or exams of uninsured or underinsured children. This will include services not covered, or partially covered, by private insurance coverage, including in-office sedation charges for Medicaid children. Documentation must show that all other sources of funding have been exhausted before Head Start funds will be used.

2. The Bear River Head Start Funding Checklist will be used to determine payment of bills of uninsured or underinsured children. **This checklist needs to be completed before treatment is started.** The checklist consists of applying to Medicaid, CHIP, Caring Foundation, Charity Care, and any other available resources depending on family situation.
  3. Payment by Head Start for dental follow-up of those children who have dental insurance but guardians cannot afford the deductible or parts of treatments not covered by insurance will be considered on a case-by-case basis. A funding checklist will need to be completed by the parents. Head Start will request pre-treatment plans on children needing extensive dental work. The Oral Health Specialist and Health Coordinator will review all treatment plans before follow up treatment is given. As part of funding checklist, rationalization will be provided by parents or staff as to which dentist was chosen to perform the surgery and why. Any recommendations/referrals from staff will be given based on family needs, such as spanish speaking or Medicaid, cost of treatment services, and urgency of treatment needed.
  4. When Head Start funds are used, they are only good for one complete follow up treatment during the year. Additional examinations will not be paid by Head Start.
- J. The Oral Health Assistant will track exam dates for all children and send out a post card to parents, reminding them to schedule a 6 month check up for their child. This will be done the month prior to when the child's next exam is due. A six month check is highly encouraged, but documentation of exam will not be required for the child's health file. [1304.20(a)(1)(ii)(B)]
- K. As a last resort for parents who refuse to complete requirements before the 90 day deadline or end of the year, a refusal will be filled out and signed by the parent and staff. For the 90 day deadline it will include a plan as to how they intend to follow through with the requirement. All possible efforts will be made by staff to ensure that this does not become a necessity. All refusals will be accompanied by an Individualized Health Plan. [1304.20(e)(5)]
- L. Toothbrushes will be provided for all Head Start children. Fluoride toothpaste will be used at each center by teaching staff that will ensure that each child properly brushes their teeth after mealtime and/or snack. Disposable toothbrushes will be used by volunteers and parents in the classroom as well. Disposable toothbrushes will also be used at Home Base Socializations and Early Head Start Baby Buddy Groups. \*\* See "Tooth Brushing Procedure" for more information. [1304.23(b)(3)]
- M. Fluoride Permission forms will be signed indicating whether each child is currently taking a fluoride supplement or not. If yes, the information will be recorded in the database and the child's health file and the permission form filed. If the answer is no, the Oral Health Office will follow up with parents to discover the reason why and take the opportunity to educate parents on the benefits and importance of fluoride. The Oral Health Office will continue to follow up with parents until they decline fluoride or their child is taking a supplement. The database will be updated and the fluoride form will be filed in the child's health file. \*\* See Fluoride Procedure for more information. [1304.20(c)(3)(i)&(ii)]
- N. All Children will be eligible to receive fluoride varnish treatments in the classrooms three times during the year (September, January, April). Permission is given on the Fluoride Permission form, entered into the database and filed in the child's health file. Also, after each application, the information is noted in the database and on the outside of the health file indicating whether or not

they received that particular application. \*\* See Fluoride Varnish Procedure for more information. [1304.20(c)(3)(i)&(ii)]

- O. Dental Emergencies will be handled on a case by case basis. Posters indicating the proper steps to take in a dental emergency will be posted in each classroom and if a dental emergency occurs, teachers will fill out an incidence report and a copy will be given to the Oral Health Specialist. [1304.20(d)]
- P. Twice a year all staff involved with each child will meet in a staffings meeting to discuss any concerns or outstanding needs. These meetings will occur in November and February in both Utah and Idaho. [1304.20(a)(1)(ii)(A)(B)(C)]
- Q. Parent Education will occur on multiple levels in regards to dental requirements and needs. A Parent Health Visit will be performed at enrollment to explain all health requirements. As needed throughout the year, parent education will continue in the form of newsletters, classroom activities, home visits, and one on one education if needed. \*\* See Parent Health Visit Procedure for more information. [1304.20(c)(1)&(2), 1304.20(e)(1), 1304.20(e)(2), 1304.20(e)(3), 1304.20(e)(4)]

rev. 11/2008  
HSAC approved 5/8/08

## **Bear River Head Start Fluoride Treatment Procedure**

**Performance Standard:** 1304.22(c)(1),(2),(3), &(4)

### **Summary**

Dental follow-up and treatment should include fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities lacking adequate naturally occurring fluoride levels.

Effective dental hygiene is promoted through the use of fluoride including:

- Fluoride supplements, which may be recommended by dental professionals when communities do not fluoridate their water. These supplements are particularly useful for teeth that have not yet erupted through the gums.
- Daily brushing with fluoride toothpaste is the best way to get topical fluoride, which acts on teeth that have already erupted through the gums.

In Bear River Head Start program:

- The use of fluoride toothpaste will be used every time a child brushes their teeth at Head Start. Staff will monitor and give a pea size of fluoride toothpaste to each child when brushing. \*See Tooth Brushing procedure for more information.
- All Children and their siblings are able to participate in Fluoride Varnish applications in addition to receiving fluoride supplements in the home. \* See “Fluoride Varnish Procedure” for more information.

### **Procedure**

**All Head Start, Early Head Start, and Child Care Connection families will be encouraged to obtain a fluoride supplement prescription from their dentist or primary care provider for the enrolled child and siblings.**

A Fluoride Supplement Form will be obtained from each family stating whether or not the child is receiving a fluoride supplement at home. If the child is not currently receiving fluoride from their dentist or primary care provider, the Oral Health Office will follow up with these families by sending an informative letter about the benefits of fluoride and the ease of obtaining a prescription. The letter will request that parents call when a fluoride prescription is obtained and files will be updated accordingly by Oral Health Office.

For those families who drink from a private well, a fluoride water test will be performed to determine fluoride in water level before suggesting a supplement to parents. After level is determined, the above procedure will be followed for children who need a supplement. For those who have sufficient fluoride in their water, the Oral Health Office will document the information in the database and file the form in the child’s health file. \*\* See Water Testing Procedure for more information.

Performance Standard: Billing

**Bear River Head Start  
Billing Procedure**

**Performance Standard:** 1304.20(c)(5)

**Summary**

Head Start and Early Head Start funds will be used only as a last resort payment option after documentation is in place of all other efforts.

**Procedure**

- 1) Head Start funds can and will be used as a last resort to pay for treatment and/or exams of uninsured or underinsured children. This will include services not covered, or partially covered, by private insurance coverage, including in-office sedation charges for Medicaid children. Documentation must show that all other sources of funding have been exhausted before Head Start funds will be used.
- 2) The Family Advocate will complete the Funding Checklist with family, including documentation of efforts to apply for Medicaid, CHIP, Caring Foundation, etc. This process will be begun as soon as possible after treatment needed is identified. The process can be lengthy and may require checking with parents several times a week to see if steps are being taken.
  - a) As part of funding checklist, rationalization will be provided by parents or staff as to which dentist was chosen to perform the surgery and why. Any recommendations/referrals from staff will be given based on family needs, such as spanish speaking or Medicaid, cost of treatment services, and urgency of treatment needed.
- 3) After the Oral Health Specialist receives the Funding Checklist signed by the parents from the Family Advocate, along with all necessary documentation, the following steps will be taken to complete the examination and/or dental treatment of a child:
  - a) A treatment plan with the estimated cost will be obtained from the dentist office by the Oral Health Specialist and included with the funding checklist.
  - b) The Oral Health Specialist will review Funding Checklist with the Health and Wellness Coordinator and receive authorization to continue with procedure.
  - c) The Oral Health Specialist will complete a pre-authorization form for the treatment, with adjustments according to Head Start Payment Schedule, and send it to the dentist's office for review. If the dentist's office agrees to the payment, an appointment will be set for treatment.
  - d) Note: If a dentist is donating the initial exam, no pre-authorization form will be completed. The Oral Health Specialist and dentist's office will agree over the phone that a child's exam will be donated before the child arrives for an exam. In this situation, no funding checklist will be needed.
  - e) Following treatment, any bill from the treatment will be sent to Oral Health Specialist. A blue slip will be filled out, attached to the bill and submitted to Health and Wellness Coordinator along with a complete copy of the Funding Checklist.

- f) When all bills have been received and paid, Funding Checklist file will be reviewed for documentation of each step, documented as complete, and filed in child's health file.

May 2008

HSAC approved 5/8/08

Performance Standard- Tooth Brushing

**Bear River Head Start  
Tooth Brushing Procedure: Home Based**

**Performance Standard:** 1304.23(b)(3)

**Summary**

All children at Head Start will learn to brush their teeth. Each child will brush his or her teeth at socializations with a disposable toothbrush and fluoridated toothpaste.

**Procedure**

The Family Educator will assist all children in brushing their teeth after every meal and/ or snack at socializations. The Family Educator will teach proper tooth brushing skills by brushing their teeth with the children after every meal and snack. Regular volunteers and parents/guardians should also participate in brushing their teeth with the children to promote good dental hygiene. All disposable toothbrushes and toothpaste will be provided by Head Start.

**SUPPLIES NEEDED:**

1. Disposable Toothbrushes
2. Fluoridated Toothpaste

The Family Educator will give each parent/guardian and child a packaged disposable toothbrush and a paper cup with a pea size amount of toothpaste.

The child and parents will take the toothbrush and toothpaste to a designated sink and brush his or her teeth. The toothbrushes and cups should be properly disposed of in the garbage after tooth brushing is complete.

The Family Educator will be responsible for disinfecting the sink that is used for tooth brushing.

ID/UT Home Base Specialist will keep toothbrushes and toothpaste on hand and distribute as needed. They will inform the Oral Health Specialist/Assistant when a new order needs to be placed.

March 2008

## Performance Standard-Tooth Brushing

### **Bear River Head Start Tooth Brushing Procedure: Center-Based**

**Performance Standard:** 13042.23(b)(3)

#### **Summary**

All children at Head Start will learn to brush their teeth. Each child will be provided a toothbrush to promote good oral hygiene. The brushes will be kept sanitary and in good condition.

#### **Procedure**

The Teacher and Teacher Assistant will assist all children in brushing their teeth after every meal and/ or snack. The Teacher and Teacher Assistant will teach proper tooth brushing skills and model correct tooth brushing by brushing their teeth with the children after every meal and snack. Regular volunteers should also participate in brushing their teeth with the children to promote good dental hygiene. Volunteers will use disposable toothbrushes the day they are in class and properly dispose of it in the garbage after use. All toothbrushes will be provided by Head Start.

#### **SUPPLIES NEEDED:**

1. Toothbrush
2. Paper cups
3. Fluoridated Toothpaste
4. Tooth Brushing Rack
5. Disposable Toothbrushes

The Teacher or Teacher Assistant will apply a small amount of toothpaste to the underside of a paper cup for each child.

The child will take the cup to a designated sink and brush his/her teeth under the supervision of an adult.

Teachers will be responsible for handing toothbrushes to the children from the storage rack before the children brush their teeth. The teachers will then be responsible to take the toothbrushes from the children and place them back into the storage rack, using care not to splash fluid or make contact with other toothbrushes. The teachers should use gloves at all times while handling toothbrushes. They should also handle the toothbrushes on the very end of the handles to avoid spreading germs as much as possible.

Toothbrushes are to be rinsed well and air-dried after use. When brushes are stored between uses, they must be stored at least 2 inches apart. The toothbrushes should be covered and placed away from the hand washing or food prep sink. Toothbrushes should be labeled with the children's names and symbols.

#### **CARE OF BRUSHES**

Once a month storing trays and shelves must be wiped down and cleaned.

Every three months, all teachers will receive new toothbrushes for adults and children in the classroom from the Oral Health office. Old toothbrushes will be thrown away and replaced at this time.

When a child drops their toothbrush on the floor, in the garbage, or has been diagnosed with a communicable disease, such as upper respiratory infection or strep throat, the toothbrush is to be thrown away and the child will receive a new brush.

Teachers will be responsible for requesting toothpaste and adult, child, and disposable toothbrushes to ensure that a sufficient supply is on hand for replacement as needed.

July 2009

HSAC approved 5/8/08

## **Bear River Head Start Parent Health Visit Procedure**

**Performance Standard(s):** 1304.20 (e)(2), 1304.20(e)(3), 1304.20 (e)(4)

### **Summary:**

In making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, Head Start must familiarize parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement. Also, Head Start will talk to parents about how to familiarize their child in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program. Head Start will also help parents to enroll in and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process. Therefore, more focus will be placed on educating parents upon entry into the program about health requirements and procedures and the rationale for these requirements.

### **Procedure:**

- A. All Parents attending developmental screenings in May and August will receive a Parent Health Visit by a member of the health team.
- B. Parent Health Visits will consist of the following information:
- Basic explanation of Head Start Health Requirements and Rationale:
    1. Well Child Check yearly
    2. Dental Exam within 6 months of enrollment date
    3. Vision/Hearing screening
    4. Lead Test or Lead Assessment
    5. Hematocrit/Hemoglobin/WIC
    6. Follow up Treatment
    7. Immunizations
  - Anticipatory Guidance will include information about why keeping up to date is important for their child and why we are constantly monitoring their health and wellness in Head Start
    1. Fluoride
      - a. Tablets at home
      - b. Varnish treatments
    2. Insurance
    3. How to prepare their child for a medical/dental visit
    4. 6 month dental check ups
    5. Medical/Dental Home
- C. A Parent Health Checklist will be filled out with each parent visited and filed in their child's health file to show that requirements and education was completed with the parent. The health team member performing the Parent Health Visit will have available handouts on each topic covered in case the parent has additional questions or would like additional information, including applications to Medicaid and local provider lists. Each Parent Health Visit will last at most 15 minutes.

- D.** Following developmental screenings and entry into the program, any child who has not yet received a Parent Health Visit will be educated by their Family Advocate on the above information. Once enrollment begins, the Health Team will no longer conduct Parent Health Visits for new children or those who did not attend the developmental screenings.
  
- E.** All documentation and health forms will continue to be obtained through the parent by Teachers, Family Educators, and Family Advocates with assistance as needed from the Health Team following existing procedures.

July 2009  
HSAC Approved  
7/28/09