Oregon Health Authority
PUBLIC HEALTH DIVISION
Center for Prevention and Health Promotion
Oral Health Program

DENTAL SEALANT PROGRAM CERTIFIED by the OREGON HEALTH AUTHORITY

Site Visit Tool
Verification for Certification
DRAFT

BEFORE SITE VISIT OCCURS	
Name of School Dental Sealant Program: _____ **Name of Program Coordinator/Contact Person: _____** **Contact Phone Number: _____** **Contact E-mail Address: _____** **Name of Collaborating Organization: _____** **Name of Collaborating Contact Person: _____** **Contact Phone Number: _____** **Contact E-mail Address: _____**	
Ask the program for a copy of all of their templates: parental/guardian permission form, notice of privacy practices, fact sheets, screening form (if in paper format), etc.	Received ☐
Did the program provide an annual clinical training for all of its providers? – Check OHA training records. – Ask the program for an agenda and participant list if they did not attend the OHA training.	Yes ☐ No ☐ Received ☐
Has the program contacted all of the Coordinated Care Organizations (CCOs) operating in their community? – Verify with your key contacts from the CCOs.	Yes ☐ No ☐
Comments:	
Does the program enter all Medicaid encounters into the Medicaid system? – Look at the parent/guardian permission form to see if they are asking for insurance information. – Ask the program this question.	Yes ☐ No ☐ Received ☐
Comments:	
Does the program first target elementary and middle schools with 40% or greater FRL levels? – Ask the program for a list of schools they are serving with corresponding FRL levels.	Yes ☐ No ☐ Received ☐
Comments:	

Has the program developed and implemented a plan to increase parental/guardian permission form return rates? – Ask the program how they are increasing permission form return rates.	Yes ☐ No ☐ Received ☐
Comments:	
Does the parental/guardian permission form include a medical history? – Check the permission form.	Yes ☐ No ☐
Comments:	
Does the program comply with Oregon Board of Dentistry oral health screening guidelines? – If in paper format, check screening form. – If in electronic format, will need to wait for the site visit.	Yes ☐ No ☐ Site Visit ☐
Comments:	
Does the program comply with Health Insurance Portability and Accountability Act (HIPAA) requirements? – Check permission form and notice of privacy practices.	Yes ☐ No ☐
Comments:	
Does the program comply with Federal Educational Rights and Privacy Act (FERPA) requirements? – Check permission form and notice of privacy practices.	Yes ☐ No ☐
Comments:	
Does the program conduct retention checks at one year? – Ask the program how they are doing this.	Yes ☐ No ☐ Received ☐
Comments:	
Does the program have the ability to submit aggregate-level data for the required annual data report? – Ask the program this question.	Yes ☐ No ☐ Received ☐
Comments:	
Is the OHA certification logo on the parental/guardian permission form, or did the program provide schools with the OHA certification letter? – Ask the program this question.	Logo ☐ Letter ☐ None ☐
Comments:	

DAY OF SITE VISIT	
Name of OHA Observer: _____ **Date of Site Visit: _____** **Name of School: _____** **Personnel On-Site: _____**	
Does the program offer screening and dental sealant services (at minimum) to all students with parental/guardian permission?	Yes ☐ No ☐
Comments:	
What specific grade levels are being served at the school you are visiting? – Elementary: at least first & second grades or second & third grades – Middle: at least sixth & seventh grades or seventh & eighth grades	
Comments:	
Are any incentives being provided at this school?	Yes ☐ No ☐
Comments:	
Is the program using dental equipment on school grounds during school hours?	Yes ☐ No ☐
Comments:	
Is the four-handed technique being used to apply sealants in elementary schools?	Yes ☐ No ☐ N/A ☐
Comments:	
Is the four-handed technique being used to apply sealants in middle and high schools?	Yes ☐ No ☐ N/A ☐
Comments:	
Is the two-handed technique (using an Isolite or approved device) being used to apply sealants in middle and high schools?	Yes ☐ No ☐ N/A ☐
Comments:	
Are resin-based sealants being applied?	Yes ☐ No ☐
Comments:	
Are scope of practice laws being followed? – Ask the personnel on-site what their licensures are.	Yes ☐ No ☐

Comments:	
Does the program comply with Oregon Board of Dentistry oral health screening guidelines? – Applicable only if the screening form is in electronic format.	Yes ☐ No ☐ Before Site Visit ☐
Comments:	
Are infection control guidelines established in OAR 818-012-0040 being followed?	Yes ☐ No ☐
Comments:	
Do you see any activity that may be out of compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements?	Yes ☐ No ☐
Comments:	
Do you see any activity that may be out of compliance with Federal Educational Rights and Privacy Act (FERPA) requirements?	Yes ☐ No ☐
Comments:	
Is classroom time being respected?	Yes ☐ No ☐
Comments:	
Are demands limited on school staff?	Yes ☐ No ☐
Comments:	

AFTER SITE VISIT
Future Recommendations for Renewal Certification: