



# Brush Up on Oral Health

---

## Ensuring Children Are Up to Date on Oral Health Services

This Brush Up on Oral Health tip sheet describes one part of the Head Start Program Performance Standard (HSPPS), [Ensuring up-to-date child health status, 45 CFR §1302.42\(b\)\(1\)\(i\)](#), and how it relates to oral health. The tip sheet discusses how Head Start programs can find and use the dental periodicity schedule for their state.

### Early and Periodic Screening, Diagnostic, and Treatment Benefits

The *Ensuring up-to-date child health status* standard was set to help keep children healthy and ready to learn. This standard requires that program staff obtain determinations from medical professionals and oral health professionals as to whether the child is up to date on a schedule of age-appropriate preventive and primary medical care and oral health care. These schedules are based on well-child visits and dental periodicity schedules defined by the [Early and Periodic Screening, Diagnostic, and Treatment](#) (EPSDT) benefit of each state's Medicaid program. The EPSDT benefit provides comprehensive and preventive health care services for children enrolled in Medicaid. EPSDT includes the following services:



- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified
- **Treatment:** Controlling, correcting, or reducing health problems found

An established schedule based on a child's age determines when EPSDT visits occur and what services are provided. This is known as a periodicity schedule. Each state is required to develop a periodicity schedule for EPSDT well-child services as well as dental services.

Some states use a nationally recognized periodicity schedule for well-child visits, such as the American Academy of Pediatrics' [Bright Futures](#) guidelines. Other states have consulted with medical organizations involved in children's health care to develop their own periodicity schedule.

# Dental Periodicity Schedule

The dental periodicity schedule that the HSPPS ([45 CFR §1302.42\(b\) \(1\)](#)) mentions is also set by each state and must meet standards of dental practice. Most states follow the dental periodicity schedule recommended by the American Academy of Pediatric Dentistry (AAPD). Other states have worked with dental organizations involved in children's oral health care to develop their own dental periodicity schedules. At a minimum, oral health services include relief of pain and infections, restoration of teeth, and maintenance of oral health.

AAPD maintains a webpage with a link to each state's [dental periodicity schedule](#). To find your state's dental periodicity schedule, select your state from the list.

Head Start programs can get information on a child's oral health status and care using [oral health forms](#) developed by the National Center on Health, Behavioral Health, and Safety. The forms are filled out during a child's dental visit. They have information on the child's current oral health status and what oral health services were done during the visit.

The forms can be customized with the Head Start program's name, mailing address, phone and fax numbers, and email address. A [sample letter](#) [DOCX, 15KB] to the child's oral health professional is also available and explains how to complete and submit the form to the Head Start program's health manager.

**NATIONAL CENTER ON**  
Early Childhood Health and Wellness  
National Centers

### Head Start Oral Health Form

**Patient Information**

Pregnant woman's/child's name \_\_\_\_\_ Date of birth \_\_\_\_\_ Phone number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
This practice is the pregnant woman's/child's dental home:  Yes  No

**Current Oral Health Status**

Does the pregnant woman or child have any teeth with untreated decay?  Yes (decay)  No (decay free)  
Does the pregnant woman or child have any teeth that have previously been treated for decay, including fillings, crowns, or extractions?  Yes  No  
Does the pregnant woman have gum disease?  Yes  No  
Are there treatment needs?  Yes, urgent  Yes, not urgent  No treatment needs

**Oral Health Care Services Delivered During Visit**

Diagnostic/Preventive Services	Counseling/Anticipatory Guidance	Restorative/Emergency Care
Examination: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fillings: <input type="checkbox"/> Yes <input type="checkbox"/> No
X-rays: <input type="checkbox"/> Yes <input type="checkbox"/> No		Crowns: <input type="checkbox"/> Yes <input type="checkbox"/> No
Risk assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral to Specialty Care: <input type="checkbox"/> Yes <input type="checkbox"/> No	Extractions: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No		Emergency care: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fluoride varnish: <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please specify specialist) _____	Other: (Please specify) _____
Dental sealants: <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Future Oral Health Care Services**

All treatment completed:  Yes  No Next recall date: \_\_\_\_ / \_\_\_\_ (month/year)  
More appointments needed for treatment?  Yes  No  
If yes: Approximate number of appointments needed: \_\_\_\_ Next appointment: Date: \_\_\_\_ Time: \_\_\_\_

**Additional Information for Patient, Head Start Staff, and Medical Providers**

**Oral Health Provider's Contact Information and Signature**

Provider name (please print) \_\_\_\_\_ Phone number \_\_\_\_\_ Fax number \_\_\_\_\_  
Practice name \_\_\_\_\_ Address \_\_\_\_\_  
Provider signature \_\_\_\_\_ Date of service \_\_\_\_\_

This document was prepared under grant #90HC00022 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, by the National Center on Early Childhood Health and Wellness. This publication is in the public domain, and no copyright can be claimed by persons or organizations.

This publication was developed with funds from cooperative agreement #90HC00022 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, by the National Center on Health, Behavioral Health, and Safety. This publication may be duplicated for noncommercial uses without permission. This publication is in the public domain, and no copyright can be claimed by persons or organizations.



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**



National Center on  
**Health, Behavioral Health, and Safety**