

Kenton County School District | *It's about ALL kids.*

**THE KENTON COUNTY BOARD OF
EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY
41017

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WEBSITE: www.kenton.kyschools.us

Dr. Henry Webb, Superintendent of Schools

KCSD ISSUE PAPER

DATE:

July 25, 2019

AGENDA ITEM (ACTION ITEM):

Consider/Approve *NKY Independent Health Department* to offer dental services to our students, during the school day, as coordinated through the Family Resource Center or Health Services Dept. and approved by the school principal, during the 2019-2020 school year with renewal each year without changes to the MOU.

APPLICABLE BOARD POLICY:

0.11 Legal Status of the Board

HISTORY/BACKGROUND:

Each year, 55 million school hours are lost due to improper dental care. *NKY Independent Health Department* provides dental sealants and screenings to students to reduce this barrier to student achievement by bringing dental care to the school. By offering dental care at school, our students have the opportunity to receive the services they need with a reduction in missed instructional time during the school day. The services are coordinated by the Family Resource Center Coordinator or School Nurse and approved by the principal. Parents give permission for the student to participate in the program.

FISCAL/BUDGETARY IMPACT:

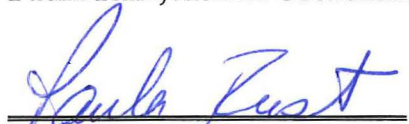
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RECOMMENDATION:

Approval of *NKY Independent Health Department* to offer dental services to our students, during the school day, as coordinated through the Family Resource Center or Health Services Dept. and approved by the school principal, during the 2019-2020 school year with renewal each year without changes to the MOU.

CONTACT PERSON:

Paula Rust, Health Coordinator


Principal


District Administrator


Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

Kenton County Board of Education

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Carla Egan Shannon Herold Jessica Jeh
"The Kenton County Board of Education provides *Equal Education & Employment Opportunities.*"



NKYHEALTH
NORTHERN KENTUCKY HEALTH DEPARTMENT



2019-2020 Dental Prevention Program **School – NKIDHD Responsibilities**

Eligibility of School

- Schools must have 45% or more of the enrolled students participating in the Free and Reduced Lunch Program.

Education/Presentation

- A presentation will be conducted by a Dental Health Professional 4-6 weeks prior to the program coming to your school.
- The presentation will last approximately 20 minutes.
- 2 presentations may be needed if the number of students is too large for 1 presentation
- Consent forms will be provided to the homeroom teachers to be distributed to the students

Consent Forms

- Enough consent form packets will be provided to the school for each student in the participating grades.
- A Master File folder will be given to each school contact person at the presentation. These master forms are to be used by the school to make additional copies, if needed.
- Students must return the completed consent forms in order to participate in the program
- Consent forms will be picked up by Health Department Dental Staff prior to the dental program beginning.
- **School personnel must check forms to make sure the following is complete:**
 - **Parents have signed in the appropriate spots on the consent form**
 - **Social Security #, Medicaid #**
 - **Date of Birth and Medical History**

Equipment

- Equipment will be delivered by the Health Department 1-2 days prior to the dental program.
- Equipment should be placed in the area that has been designated for the dental program.
- The location must be clean and secure and have adequate space.

Professional Staff

- A Public Health Dental Hygienist will conduct an oral health screening, apply the dental sealants, perform a dental cleaning, and apply fluoride on the students whose parents have consented.
- A Dental Assistant will set-up and break-down dental equipment, pull students for the dental screenings, sterilize instruments and assist the Public Health Dental Hygienist.

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NKYHEALTH
NORTHERN KENTUCKY HEALTH DEPARTMENT



Schools Responsibility

- Provide internet access via direct plug in if possible, or by wireless connection.
- Provide clean, secure space with access to electrical outlets
- 1 table and 2 chairs
- Distributing and collecting forms
- Parent follow up regarding student's oral health at request of the NKHD
- Reporting to the NKHD the status of students referred for decay
- Keeping a list of area dentists and the Medicaid/MCO's they belong to in order to assist parent in finding dental care for their child.

It is the responsibility of the school to perform the following promotional activities in order to reach and educate the parents about the oral health program available:

- **Announcement of dental program on your website, facebook, twitter**
- **Include the dates on the school calendar for parents to see**
- **Class/Grade/School Newsletters**
- **Distribution of reminders that the NKHD will provide both to parents and within the school**

Other Dental Programs in your school:

The NKHD requests notice prior to us visiting your school if other portable/mobile dental programs are scheduled to provide services during the school year. We do not want to duplicate services or confuse the parent with differing consent forms.

Fees

- For those with Medicaid coverage, the Health Department must file Medicaid for services provided. **WE MUST HAVE A SIGNATURE AND EITHER A MEDICAID OR SOCIAL SECURITY NUMBER.**
- There will be no charge to students families if the child has not been seen by a dentist within 6 months.

Linda Poynter, RDH, BHS; 859-363-2035; fax: 859-578-3689; linda.poynter@nkyhealth.org



NKYHEALTH
NORTHERN KENTUCKY HEALTH DEPARTMENT



Dental Prevention Program

2019-2020 School Participation Form and Agreement

By returning this form you are stating that your school is interested in participating in the dental prevention program and that you will abide by the contents of this and the accompanying document.

Date: _____

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Principal's Name: _____

Contact Person: _____ Email: _____

Job Title: _____ Phone Number: _____

Number of students: Pre K _____ K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

_____ Number of total students at the school. _____ The grades that are presently enrolled in your school.

_____ Current Free and Reduced Lunch Percentage.

_____ Earliest time of day the dental program can begin.

Are other dental mobile programs scheduling for your school? _____ If yes, when? _____

Please be aware we may not be able to service your school if outside groups are planned. Please call me to discuss further.

Your signature signifies that your school will do the following promotional activities in order to reach and educate the parents about the oral health program available:

- Announcement of dental program on your website, facebook, twitter
- Include the dates on the school calendar for parents to see
- Class/Grade/School Newsletters
- Distribution of reminders that the NKHD will provide both to parents and within the school

School contact's signature here is an agreement to abide by the contents of the accompanying Agreement, including promotion of the program and decay follow-ups. This form is also an agreement by the NKHD to abide by the same contents:

_____ Title: _____

Please return this form by mail, email or fax to:

Linda Poynter, RDH, BHS
linda.poynter@nkyhealth.org
Phone: 859.363.2035 Fax: 859.578.3689

Northern Kentucky Health Department
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