

School Year 2025- 2026 Quality and Safe Care Assessment Checklist

Table Guide for Performance and Administrative Operations

Responsible Provider: _____		Date: _____	
Provider License Number: _____		Community Oral Health Compliance Specialist : _____	
Entity: _____		<input type="checkbox"/> Unannounced Visit <input type="checkbox"/> Announced Visit	
Entity Email: _____		<input type="checkbox"/> Follow-up Visit	
School Name: _____		Last QA Site Visit: _____	
School Address: _____		School Telephone: _____	
Pre-Check	1. Valid state issued photo ID, or driver's license must match ALL provider's current license and certifications. 2. Dental equipment that includes suction, air/water syringe, compressor, vacuum, and direct light source is available and fully functional. 3. Provider team has, on-site a printed written policy and procedure for any medical emergency, including anaphylactic response.	1. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 2. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 3. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
HFS Dental Program	<u>HFS Program Compliance</u> 4. Scheduling calendar remains current and accurate with all team information. Changes in Team-up calendar must be submitted to DPH mailbox within 3 weeks of changes. 5. Dentist or PHDH's name listed on the scheduling calendar is accurate. 6. Consent Form must include IDPH permissions to perform scale/retention checks one year following the date of service. 7. School Exam Form. 8. Provider can render the full scope of preventive school-based services for an out-of-office setting (DORM). 9. Chair-side education during treatment, based on risk assessment. 10. Case management / Referral plan (DORM).	4. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 5. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 6. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 7. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 8. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 9. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 10. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments Option 1 – Provider refers child to the office or clinic where they work Option 2 – Provider returns to school for follow up care Option 3 – Case manage to another provider YES: <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3
CDC Standards	<u>Retention Checks</u> 11. Clinical service records are available for all students who received oral health services during the school event and are retained on-site until the event concludes. <input type="checkbox"/> Short-term retention rate	11. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date of last retention check & finding:
ADA Standards	<u>Intraoral Examination / Dental Prophylaxis Technique</u> 12. Direct lighting. 13. Use of blunt ended explorer consistent with standard of practice. 14. Decayed, Missing, Sealed, and Filled tooth status recorded. 15. Tactile and visual exam for calculus. 16. If present, calculus removed. 17. Written order for sealant placement. 18. Teeth are polished to remove stain / plaque. 19. Proper paste grit / Fine. 20. Clinical processes in compliance- (i.e., proper use of fulcrum to prevent injury, disinfectant lids remain closed when not in use, no food in defined treatment space). 21. Operational processes in compliance- i.e., utilizing dental materials consistent with manufacturers' instructions (fluoride, sealant, and SDF), proper infection control procedures, and all correct forms are being utilized.	12. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 13. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 14. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 15. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 16. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 17. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 18. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 19. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 20. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 21. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
ADA Product Standards Instructions	<u>Sealant Placement</u> 22. Sealing all appropriate teeth – In compliance with IDPH/HFS guidelines and risk factors for the population served. 23. Adequate - isolation. 24. Adequate - etch time. 25. Adequate - rinse time. 26. Adequate - curing time. 27. Adequate - sealing of tooth surface using visual, tactile, or other methods to ensure complete coverage. 28. Adequate - sealing of tooth surface. 29. Integrity of sealant confirmed.	22. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 23. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 24. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 25. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 26. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 27. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 28. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 29. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Illinois Dental Practice Act	30. <input type="checkbox"/> RDHs Present <input type="checkbox"/> DAs Present <input type="checkbox"/> EFDAs Present 31. ALL providers must have original or duplicate licenses and certifications displayed with current BLS certification. (pocket size license not valid) <u>Public Health Dental Hygienist Certification</u> 32. PHDH has certification on site. 33. PHDH has a collaborative agreement with a licensed dentist. (verbal answer only required). 34. PHDH has assessed that patients meet the insurance and income criteria. <u>Expanded Function Dental Assistant Certification / Coronal Scaling</u> 35. EFDA has a 32-hour coronal scaling and 8-hour polishing certificate and is displayed on-site. 36. EFDA is treating children 17 years of age or younger. 37. Children treated are not special needs or medically compromised. 38. Child does not present with periodontal diseases or gingival inflammation. 39. Supragingival scaling, on the clinical crown, with hand instruments only (no ultrasonics). 40. Supervising dentist examines child before and directs EFDA on teeth to be scaled. 41. Supervising dentist ensures stain, plaque, and calculus are removed before fluoride is applied. 42. Dentist completes a final exam on child after all services performed by an EFDA. 43. Dentist is supervising no more than 2 EFDAs for coronal scaling <u>Expanded Function Dental Assistant Certification / Polishing and Dental Sealant Placement</u> 44. EFDA has coronal polishing certificate and is displayed on-site. 45. EFDA has dental sealant placement certificate and is displayed on-site. 46. Supervising dentist examines child first and removes calculus. 47. Supervising dentist examines child after polish and/or sealant placement before fluoride is applied. 48. Dentist completes a final exam on child after all services performed by an EFDA.	30. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 31. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 32. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 33. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 34. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 35. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 36. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 37. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 38. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 39. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 40. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 41. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 42. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 43. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 44. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 45. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 46. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 47. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 48. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	License numbers and certification information:
Fluoride	<u>Fluoride Application Technique</u> 49. Proper application of fluoride (following manufacturer's instructions). 50. Follow up instructions provided.	49. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 50. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
School Input	51. Staff interviewed: <input type="checkbox"/> Administrator <input type="checkbox"/> Nurse <input type="checkbox"/> Other 52. Overall satisfaction with follow up care plans for the school 53. Comments on any aspect of school program	51. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 52. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 53. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Levels of anticipated contact between the health care worker and the patient's mucous membranes, blood or saliva visibly contaminated with blood to determine the suggested elements for the infection control program. This checklist is designed to provide information for 3 levels of programs:
Level I - Anticipated contact with the patient's mucous membranes, blood or saliva visibly contaminated with blood. Level II - Anticipated contact with the patient's mucous membranes but not with blood or saliva visibly contaminated with blood. Level III - No anticipated contact with the patient's mucous membranes, blood, or saliva visibly contaminated with blood

Level I	Level II	Level III	Infection Control Program Operating Procedures Based on CDC Guidelines for Infection Control		Comments
X	X	X	54. Are backflow devices in use or are patients advised not to close lips around suction to prevent potential backflow?	54. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
X	X	X	55. Are providers using hand sanitizers between each patient for infection control?	55. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
X	X		Personal Protective Equipment (PPE) 56. Are providers using a surgical mask, eye protection (goggles or a face shield covering front and sides of face), a gown (closed at the neck, wrist and to the knees) or protective clothing, and gloves during procedures likely to generate splashing/ spattering of blood/other body fluids? 57. Are children wearing properly disinfected, protective eyewear while using instruments likely to cause harm or during procedures likely to generate splashing spattering of blood/ other bodily fluids?	56. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 57. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
X	X		Environmental Surfaces: (e.g., light handles and countertops) 58. Are ALL surfaces within the treatment area properly cleaned and disinfected? (pre-clean wipe/disinfection wipe/wet-dry time) 59. Is barrier protection in use with each patient? 60. Are all chemical disinfectant products hospital grade? 61. Are non-disposable items replaced for each patient? 62. During unit setup, is it wiped with hospital grade wipes? 63. Are non-removable parts sleeved or wrapped for each patient? 64. Are air-driven handpieces sterilized, per patient, per CDC guidelines, or are non-air-driven handpieces in use? 65. Are air driven scalers (including tip) sterilized between patients and water line drained? 66. Are all instruments sterile, remaining in sealed sterilized packages before use?	58. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 59. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 60. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 61. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 62. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 63. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 64. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 65. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 66. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
X	X		Housekeeping Surfaces (e.g., desks, tables) 67. Are housekeeping surface properly being cleaned and disinfected? (pre-clean wipe/disinfection wipe/wet-dry time) 68. Is there adequate 3ft spacing between operator and contaminated instruments unless contaminated container is properly identified and sealed?	67. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 68. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
X	X		Patient Items 69. Are disposable items unit-dosed for each patient? 70. Are non-disposable items replaced for each patient? 71. Are syringes that deliver sealant and etching material wiped and sleeved? 72. Are single use items (disposable items that cannot be autoclaved) disposed of after each use (i.e., plastic mirrors)? 73. Is there an adequate inventory of instruments for the # of patients? 74. Has the sterilizer(s) been spore tested within the last 7-10 days? 75. Is the current sterilization log with results available for viewing? 76. Are written protocols in place and appropriate action taken to handle positive spore test results? 77. Are containers for holding or transporting contaminated instruments puncture proof, secured, and labeled as a biohazard?	69. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 70. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 71. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 72. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 73. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 74. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 75. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 76. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 77. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
X	X		Water Control 78. Is water quality tested quarterly or according to manufacturer instructions? (Review records.) or water filtration unit is installed? 79. Are water and air discharged for a minimum of 20-30 seconds between patients?	78. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 79. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
X	X		AAPD Standards 80. Is the provider placing SDF licensed? 81. Has the Parent/Caregiver signed consent for treatment? 82. Are the teeth to be treated asymptomatic, and decay is not close to the pulp? 83. Is the surface to be treated clean/free of debris? 84. Is there adequate isolation to protect untreated teeth/area/soft tissue? 85. Is the surface to be treated dry? 86. Is there no more than one drop of SDF applied, using a micro brush? 87. Has there been adequate treatment time, according to manufacturer's instructions? 88. Is post-application care provided in accordance with the manufacturer's instructions? 89. Has fluoride varnish been applied to entire dentition to include post-application SDF?	80. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 81. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 82. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 83. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 84. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 85. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 86. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 87. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 88. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 89. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
			Radiation Safety BEFORE EXPOSURE 90. Is the portable X-ray unit being used FDA approved and maintained in accordance with the manufacturer's recommended instructions? 91. Is the X-ray machine calibration certification current and available for viewing? 92. Is operator qualified to safely expose radiographs 93. Is the safe distance a minimum 6 ½ ft or more maintained to reduce radiation exposure to others in the room? DURING EXPOSURE 94. Patient is positioned correctly and remains still during exposure. 95. X-ray beam is properly aligned with sensor or film.	90. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 91. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 92. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 93. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 94. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 95. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
			96. Was the dental team cooperative with the quality and safe care site review process?	96. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Additional Comments:

Required Actions*:

Inspected by _____ Date _____ Responsible Provider receiving report _____ Date _____