This is an optional tool designed to help you track your activities during the quarter. It is not submitted but may make it easier and faster to enter and submit your activities on the **DHL Quarterly Progress Report** (via Survey Monkey)

**Time period covered by this report**

Quarter 1: October-Dec (due Jan 7)

Quarter 2: January-March (due April 7)

Quarter 3: April-June (due July 7)

Quarter 4: July-September (due Sept 23)

**Categories for the activities you carried out in the Head Start community this quarter. (Select all that apply)**

No activity

Assessment (e.g. reviewed PIR and/or BSS data and/or facilitated/participated in oral health screenings/oral exams)

Access to care (e.g. provided referrals to dental homes and/or facilitated follow-up care)

Preventive services (e.g. provided preventive services such as fluoride varnish, silver diamine fluoride and/or dental sealants)

Education (e.g., shared Resources to Make You Smile!, and/or other oral health resources on ECKLC, promoted evidence-based oral health messages, provided NCHBHS-approved presentations)

Collaboration (e.g. participated in Head Start meetings, collaborated with Head Start staff and/or stakeholders)

Administration (e.g., completing quarterly progress report, submitting annual expense reimbursement request)

**If you selected ASSESSMENT above, please indicate all assessment activities carried out this quarter.**

Reviewed and/or shared PIR oral health data

Reviewed and/or shared BSS data

Participated in Head Start oral health screenings/oral exams

List any other assessment activities and/or any outcomes from the assessment activities you selected above. If any direct services were provided, list the target audience (e.g., pregnant women, infants and children enrolled in Head Start) and number of persons served.

**If you selected ACCESS TO CARE above, please select the access to care activities carried out this quarter.**

Provided referrals for ongoing sources of continuous, accessible oral health care

Facilitated follow-up care (i.e. case management)

Recruited oral health professionals to provide services for those enrolled in local Head Start programs

Please list any OTHER **access to care activities** and/or any OUTCOMES from the access to care activities you selected above.

**If you selected PREVENTIVE SERVICES above, please select the preventive services carried out this quarter.**

Applied fluoride varnish

Applied silver diamine fluoride

Applied dental sealants

Please list any OTHER **prevention activities** and/or any OUTCOMES from the preventive activities you selected above. If any direct services were provided, list the target audience (e.g. pregnant women, infants and children enrolled in Head Start) and number of persons served.

**If you selected EDUCATION above, please select the education activities carried out this quarter.**

Shared *Resources to Make You Smile* with Head Start stakeholders

Provided OHS approved presentation(s)

Shared other oral health resources on ECKLC [list resource(s) in text box below]

Promoted NCHBHS oral health resources at a meeting/conference exhibit table

Promoted Brush, Book, Bed program

Promoted toothbrushing at the table utilizing video

Promoted brushing with fluoridated toothpaste

Promoted the Head Start oral health social media campaign

Please list any OTHER **education activities** from the education activities you selected above. Note: Specific information for presentations (presentation name, date, location) will be collected later in the progress report.

**If you selected COLLABORATION above, please select the collaboration activities you carried out this quarter.**

Participated in a Head Start health services advisory committee meeting

Participated in a state health managers’ network meeting

Collaborated with Head Start staff or stakeholders (list who you collaborated with and any outcomes in the text blow below)

Please list any OTHER **collaboration activities** and/or any OUTCOMES from the collaboration activities you selected above. Note: Specific information for meetings (meeting name, date, location) will be collected later in the progress report.

**With whom did you interact this quarter related to your DHL role? Please select all that apply.**

Head Start collaboration office director/staff

Head Start association director/staff

Head Start program director/staff

Head Start program health manager

Head Start regional health specialist

State oral health program director/ staff

State oral health coalition

Regional DHL coordinator

Dentists

Dental hygienists

Other health professionals

Other (if checked, Please specify below

**Did you provide any presentations using approved NCHBHS slides at the local, state, or national level?** YES | NO

If yes, please provide details (Note: Need to complete at least 5 of 6 fields)

**Presentation #1**

Presentation title

Meeting name

Date

Location (if webinar or teleconference, note this as location)

Target Audience

Number in attendance

**Other Presentations:** (include above details)

**Did you attend any meetings, webinars or continuing education courses related to your DHL role (e.g., Head Start health services advisory committee meeting, DHL webinar)?**  YES | NO

If yes, please provide details

**Event #1**

Meeting, webinar or course name

Date

Location

**Other Events:** (include above details)

**During this quarter, what question(s) and/or specific request(s), did you receive from Head Start staff related to pregnant women/expectant families and children's oral health?**

**Did you communicate with the Region XI and/or XII DHL coordinator regarding AIAN/MSHS oral health issue(s)?** YES | NO

If yes, describe the XI/XII issue(s) and any actions taken to resolve.

**Please share a success story/ies illustrating your impact as a DHL.**

Thank you for all you do for Head Start families!