

SEAL! Of Approval

What is the SEAL! Of Approval Program (SOAP)? This is the program that school-based dental sealant programs can be a part of when they are not directly *funded* under a SEAL! Michigan grant at the Michigan Department of Community Health (MDCH). Participants of this program will earn the SEAL! Of Approval by entering into a Memoriam of Understanding (MOU) with the MDCH Oral Health Program and then completing the same quality focused steps as the funded SEAL! Michigan grantees.

Could my program participate in the SOAP? Programs may qualify to be a part of the SOAP program if they are *community-based programs*. Community-based programs focus on taking care of their own community to ensure that every child (with parental consent) is provided affordable preventative dental services, are referred to a dental home, and are pain free. A significant focus of the program is to ensure that urgent situations are treated as quickly as possible so that the children are healthy and thriving. Strong collaboration with community dentists and dental clinics are a requirement. MDCH places significant emphasis in accepting programs that operate high quality school-based dental sealant programs that ensures exceptional quality of care is delivered in the most cost efficient manner. Programs must also demonstrate continuous quality improvement and dedication to their community.

What do I gain from becoming a SOAP? Accepted programs are affiliated with the Michigan Department of Community Health's Oral Health Program. Once accepted, programs will receive the same technical assistance and benefits as the funded SEAL! Michigan programs. This means having access to forms, printed brochures, the annual workshop in August, continuing education credits, newsletters, logo's and educational support from federal organizations in which the MDCH collaborates with.

What do I need to do to be a SOAP? Programs interested in participating will consent to a site visit at the school while sealants are being placed, will annually complete both the annual training focused on school-based programs and the OSAP checklist focused on infection control procedures, sign an MOU to be effective for a maximum of one year, place the SEAL! Of Approval logo onto forms, and submit requested data to MDCH twice a year in March and September.

Who do I contact for more information on the SOAP?

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Michigan Department of Community Health

SEAL! Of Approval Program Collaboration Agreement

Date: This agreement shall commence on October 1, 2013 and continue through September 30, 2014 to be renegotiated annually.

Agency/Program: AGENCY NAME/ SEAL! Of Approval Program (SOAP)

Purpose: The purpose of this agreement is to formalize a collaborative agreement between the Michigan Department of Community Health Oral Health Program (MDCH-OHP) and the above named agency in establishing communication, activities and relationships that will benefit the oral health and total health of Michigan residents, especially those most in need via school-based dental sealant programs.

| Responsibilities of SEAL! Of Approval Program: | Responsibilities of MDCH-OHP: |
|---|---|
| Include oral health, when appropriate, into strategic plans and activities to address disparities and disease burden issues | Include SOAP, when appropriate, into strategic plans and activities for Oral Health to address disparities and disease burden issues |
| To use SOAP logo on forms and market the program as being supported by the Michigan Department of Community Health Oral Health Program | To provide technical assistance for SOAP to minimally include: access to annual training, annual workshops, webinars, newsletters, and requested non-financial support from MDCH-OHP to help expand their program |
| To allow annual site visit review of program | To perform an annual site visit review of program |
| To submit data forms twice a year (March 1 and September 30) reflecting the services, specifically delivered. Data should include, at a minimum: number of children screened, number of children sealed, number of sealant placed, number of schools or events served | To provide brochures and publications as funds allow |
| Provide continuous ongoing evaluation of program for continual expansion and continuous quality improvement | Endorse correspondence promoting SOAP activities to schools and other interested stakeholders |
| To complete the annual training provided by the MDCH OHP and OSAP checklist. | To provide the annual training to the SOAP |

Budget and Agreement Amount: This is a collaborative agreement that requires no funding or budget disbursement.

Performance and Progress Reports: The OHP Coordinator working with SOAP will keep the OHP Director updated on any progress within this collaboration.

Administration: The OHP dental sealant coordinator will work with the individual SOAP coordinator.

Modification: Any changes, amendments, or revisions to this agreement shall only be effective if made in writing with the written concurrence authorized by both the OHP and SOAP.

Termination: This agreement shall be in full force and effect for the period specified in this agreement. Either party may terminate this agreement by giving 30 days written notice, stating the reason for the termination and the effective date.

Signatures:

Printed Name of SOAP Organization: _____

Printed Name of SOAP Representative: _____

Signature of SOAP Representative: _____

SOAP Representative Phone/E-mail: _____

Date: _____

Printed Name of MDCH-OHP Contact: _____

Signed Name of MDCH-OHP Contact: _____

Date: _____