

Policy on Oral Health in Child Care Centers

Originating Council

Council on Clinical Affairs

Adopted

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Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes that 1 out of 3 preschool age children receives care in a child care center.¹ The expectation is that this policy will provide guidance to the child care centers, pediatric dentists, other health care professionals, legislators, and policy makers regarding oral health activities and oral health promotion in out-of-home child care settings.

Methods

The policy is based upon a review of current dental and medical literature, including a systematic literature search of the MEDLINE/PubMed[®] electronic database with the following parameters: Terms: “oral health care guidelines in child care centers”, “oral health guidelines child care centers”, “child day care centers and dental health”, “dental guidelines”, “daycare centers”, and “dental care in child day care centers”; Fields: all; Limits: within the last 10 years, humans, English, birth through age 18. Ten articles matched these criteria. Papers for review were chosen from this list and from the references within selected articles. When data did not appear sufficient or were inconclusive, recommendations were based upon expert and/or consensus opinion by experienced researchers and clinicians. Documents of health care and public policy organizations, state statutes, and regulations relating to the concept of oral health in child care centers also were reviewed.

Background

In the US in 2005, 61% of children ages 0-6 who were not yet in kindergarten received some form of child care on a regular basis from persons other than their parents.¹ Fifty-seven percent of these children attended center-based programs which include day care centers, pre-kindergartens, nursery schools, Head Start programs, and other early childhood education programs.^{1,2}

Parents, directors of child care centers, and health professionals believe that enhancing health promotion education in child care could improve child health.³ It is important that the oral health needs of infants and young children be addressed as early as possible and as a part of well-child care since dental disease is preventable. Currently, a majority of states address oral health in their licensing regulations. Many organizations have requirements and recommendations that apply to out-of-home child care. The American Academy of Pediatrics, the American Public Health Association, the National

Association for the Education of Young Children (NAEYC), and Head Start are some of the organizations that address oral health in out-of-home child care.⁴⁻⁶ They are valuable resources, as are many state publications.

Effective oral health care requires collaboration between families, early care and educational professionals, and health care professionals. Collaboration has the potential to improve the breadth and effectiveness of health promotion education³ and enhance the opportunity for a child to have a lifetime free from preventable oral disease. Establishment of a dental home by 12 months of age ensures awareness of age-specific oral health issues with long term positive effects for the children.⁷ Early childhood caries (ECC) is a significant public health problem affecting pre-school children.⁸ By the time they begin kindergarten, 40% of children have caries.⁹ The problem is severe for young children, as ECC is the most common chronic disease of childhood, affecting 28% of children 2 to 5 years of age, or over 4 million children nationwide.¹⁰ Low-income children are affected disproportionately; 80 percent of tooth decay is found in 20-25 percent of children, large portions of whom live in poverty or low income households.¹¹ Dental care is the greatest unmet need for children.¹⁰

Policy statement

The AAPD encourages child care centers, early education providers, and parents to implement preventive practices that can decrease a child's risk of developing ECC.⁸ The AAPD recognizes that increasing health promotion in out-of-home child care settings could improve the oral health of millions of preschool age children. Therefore, the AAPD encourages child care centers to:

- Utilize oral health consultation, preferably by a pediatric dentist, at least once a year and as needed. The health consultant should review and observe program practices regarding oral health and make individualized recommendations for each program.
- Promote the concept of the dental home by educating their personnel as well as the parents on the importance of oral health and providing assistance with establishment of a dental home no later than 12 months of age of the child.
- Maintain a dental record, starting at age 12 months with yearly updates, as part of the child's health report. It should address the child's oral health needs including any special instructions given to the care givers.

- Have written up-to-date, comprehensive procedures to prepare for, report, and respond to medical and dental emergencies. The source of urgent care should be known to caregivers and acceptable to parents.
- Sponsor on-site, age-appropriate oral health education programs for the children that will promote good oral hygiene and dietary practices, injury prevention, and the importance of regularly scheduled dental visits.
- Provide in-service training programs for personnel regarding oral hygiene concepts, proper nutrition choices, link between diet and tooth decay, and children's oral health issues including proper initial response to traumatic injuries along with dental consequences. Personnel with an understanding of these concepts are at a great advantage in caring for children.
- Encourage parents to be active partners in their children's health care process and provide an individualized education plan, one that is sensitive to cultural values and beliefs, to meet every family's needs. Written material should be available and, at a minimum, address oral health promotion and disease prevention and the timing of dental visits.
- Familiarize parents with the use of and rationale for oral health procedures administered through the program and obtain advance parental authorization for such procedures.
- Incorporate an oral health assessment as part of the daily health check of each child.
- Promote supervised or assisted oral hygiene practices at least once daily after a meal or a snack.
- Provide well-balanced and nutrient-dense diets of low caries-risk.¹³
- Have clean, optimally-fluoridated drinking water available for consumption throughout the day.¹⁴
- Not permit infants and toddlers to have bottles/sippy cups in the crib or to carry them while walking or crawling while under the child care center's supervision.
- Minimize saliva-sharing activities (eg, sharing utensils, orally cleansing a pacifier) to help decrease an infant's or toddler's acquisition of cariogenic microbes.¹⁵

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