



Go NAPSACC

Self-Assessment Instrument for Family Child Care



Date: _____

Your Name: _____

Child Care Program Name: _____



Oral Health

Go NAPSACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, **oral health** relates to the prevention of children's tooth decay. Topics include tooth brushing, foods and beverages provided to children, as well as practices during brushing, and education for children and their families. Questions in this section relate to your program's practices for infants, toddlers and preschool children.

Before you begin:

- ✓ Gather parent handbooks, and other documents that state your policies and guidelines about oral health.

As you assess:

- ✓ Definitions of key words are marked by asterisks (*).
- ✓ Answer each question as best you can. If none of the answer choices seem quite right, just pick the closest fit. If a question does not apply to your program, move to the next question.

Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



Tooth Brushing

1. For infants* with teeth, my program provides time for tooth brushing:

- Rarely or never 1–2 times per week 3–4 times per week 1 time per day

* For Go NAPSACC, infants are children ages 0–12 months.

2. For toddlers,* my program provides time for tooth brushing:

- Rarely or never 1–2 times per week 3–4 times per week 1 time per day

* For Go NAPSACC, toddlers are children ages 13–24 months.

3. For preschool children,* my program provides time for tooth brushing:

- Rarely or never 1–2 times per week 3–4 times per week 1 time per day

* For Go NAPSACC, preschool children are children ages 2–5 years.

4. My program brushes with fluoride toothpaste:*

- Rarely or never Sometimes Often Every time tooth brushing occurs

* This best practice only applies to children who have permission from their families to use fluoride toothpaste (when permission is required).

5. Fluoride toothpaste is provided to children:

See list and mark response below.

- Dispensed by an adult
- In an age-appropriate amount*
- From each child's own tube of toothpaste, squeezed onto his/her brush
- In single portions from a common tube, squeezed onto a paper cup or piece of paper

- None 1 topic 2 topics 3–4 topics

* An appropriate amount of fluoride toothpaste for children under 3 years of age is a rice-sized smear. For children 3 years of age and older, use a small pea-sized amount.

6. The toothbrushes available in our program are:

See list and mark response below.

- Age-appropriate*
- Labeled for each child
- Replaced at least every 6 months
- Stored standing up and not touching each other

- None 1–2 topics 3 topics 4 topics

* Age-appropriate toothbrushes are small and have soft bristles.



Foods & Beverages Provided

7. Our program offers high-sugar foods:*

- 1 time per day or more 3–4 times per week 1–2 times per week Less than 1 time per week or never

* High-sugar foods include candy, cookies, cakes, doughnuts, muffins, ice cream, ice pops, and pudding.

8. Our program makes drinking water available:

- Only when children ask Only when children ask and during water breaks Only indoors, where it is always visible and freely available* Indoors and outdoors, where it is always visible and freely available*

* Water that is “freely available” is always available to children but may or may not be self-serve. Water may be available from water bottles, pitchers, portable or stationary water coolers, or water fountains.

9. Our program offers sugary drinks (including flavored milks):*

- 1 time per month or more 1 time every few months 1–2 times per year Never

* Sugary drinks include Kool-Aid, fruit drinks, sweet tea, sports drinks, soda, and flavored milks.

10. Our program offers toddlers or preschool children a 4–6 oz. serving* of 100% fruit juice:

- 2 times per day or more 1 time per day 3–4 times per week 2 times per week or less

* A larger serving of juice counts as offering juice more than one time.

11. Our program offers juice to infants:

- 1 time per day or more 3–4 times per week 1–2 times per week Never

Teacher Practices

12. During regularly scheduled tooth brushing for children under 3 years of age, I brush children’s teeth:*

- Rarely or never Sometimes Often Always

* Young children do not have the motor skills to brush their own teeth well enough. If children have supervised time holding their own brushes, it must be paired with time in which an adult is brushing.

13. During regularly scheduled tooth brushing for children 3 years of age and older, I monitor* children’s brushing ability and offer hands-on help as needed:

- Rarely or never Sometimes Often Always

* Adults should monitor children’s ability to keep the brush in their mouth and brush all of their teeth, front and back.



14. I try to create a positive experience* for children during scheduled tooth brushing:

- Rarely or never Sometimes Often Always

* Adults can create a positive experience by showing enthusiasm for brushing, using positive language and messages, singing, or finding other ways to make brushing fun.

15. During scheduled tooth brushing, I offer children praise* to support tooth brushing:

- Rarely or never Sometimes Often Always

* Praise includes saying to children that you recognize and support their tooth brushing. For example, “You are doing a great job brushing all of your teeth!”

16. Infants are offered bottles during naptime or playtime:

- Always Often Sometimes Never
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17. Toddlers are offered sippy cups during naptime or to carry during playtime:

- Always Often Sometimes Never
-

Education & Professional Development

18. I talk with children informally* about the importance of oral health:

- Rarely or never Sometimes Often Each time I see an opportunity†

* Talking with children informally includes “teachable moments” and other conversations that take place outside of planned lessons, including sharing positive messages during scheduled tooth brushing occasions.

† Opportunities may include tooth brushing occasions, mealtimes, and other activities.

19. I lead planned oral health education:*

- Rarely or never 1–5 times per year 6–11 times per year 1 time per month or more

* Planned oral health education can include circle time lessons, role modeling tooth brushing, story time, stations during center time or other group activities. Planned oral health education can also take place during nutrition lessons in which oral health topics are covered.

20. The following topics are included in planned oral health education for preschool children:

See list and mark response below.

- Importance of oral health
- Plaque and tooth decay
- How foods and beverages impact oral health
- How fluoride and oral hygiene habits promote oral health
- Brushing with fluoride toothpaste
- Visiting the dentist

- None 1–3 topics 4–5 topics 6 topics
-



21. I receive professional development* on children's oral health:

- Never Less than 1 time per year 1 time per year 2 times per year or more

* Professional development can include reading books, brochures or other print materials, or taking in-person or online training for contact hours or continuing education credits. Oral health topics can also be included in professional development on child nutrition.

22. I have covered the following topics as part of this professional development:

See list and mark response below.

- Importance of oral health for young children
- Plaque and tooth decay
- How foods, beverages, and the use of bottles and sippy cups can impact oral health
- How fluoride and oral hygiene habits promote oral health
- Brushing with fluoride toothpaste
- Supervision and group management for positive scheduled tooth brushing
- The importance of starting oral health care by 12 months*
- Talking with families about children's oral health
- The fluoride level in the drinking water our program provides to children
- Our program's policies on oral health

- None 1–4 topics 5–8 topics 9–10 topics

* Oral health care can be provided by a dentist, pediatrician, or other health care professional qualified in children's oral health.

23. Families are offered education* on children's oral health:

- Never Less than 1 time per year 1 time per year 2 times per year or more

* Education can include brochures, tip sheets, links to trusted websites, and in-person educational sessions. Oral health topics can also be included in education on child nutrition.

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24. I include the following topics in education for families on children’s oral health:

See list and mark response below.

- Importance of oral health for young children
- Plaque and tooth decay
- How foods, beverages, and the use of bottles and sippy cups can impact oral health
- How fluoride and oral hygiene habits promote oral health
- Avoiding sharing saliva*
- Brushing with fluoride toothpaste
- Family practices for positive, supervised tooth brushing
- The importance of starting oral health care by 12 months†
- The fluoride level in the drinking water our program provides to children
- Our program’s policies on children’s oral health

- None 1–4 topics 5–8 topics 9–10 topics

* Saliva (spit) can carry bacteria that cause cavities. Bacteria (germs) can spread from adults to children by sharing utensils or toothbrushes, or when adults use their mouths to clean pacifiers.

† Oral health care can be provided by a dentist, pediatrician, or other health care professional qualified in children’s oral health.

Policy

25. My program’s written policy* related to the prevention of children’s tooth decay includes the following topics:

See list and mark response below.

- Scheduled tooth brushing for all children with teeth
- Availability of toothbrushes
- Use of fluoride toothpaste
- Limiting sugar-sweetened beverages, candy, and other foods high in added sugar
- Your practices to encourage and promote children’s oral health
- Planned and informal oral health education for children
- Professional development on children’s oral health
- Education for families on children’s oral health
- The fluoride level in the drinking water our program provides to children
- The recommendation that children start receiving oral health care by 12 months

- None 1–4 topics 5–7 topics 8–10 topics

* Written policy includes any written guidelines about your program’s operations or expectations for assistants, children, and families. Policies can be included in parent handbooks, staff manuals, and other documents.

