Little Acorns Montessori

Ascot | Bracknell | Crowthorne

Oral Health Policy

Version	Date adopted	Review date	Policy owner
1.0	June 2026	June 2027	Jonathan Duffy - Director

1. Why this policy exists

Good oral health in early childhood matters — not just for teeth, but for a child's ability to eat, sleep, speak, concentrate, and feel confident. Tooth decay is the most common reason children under ten are admitted to hospital, and it is largely preventable.

Nationally, 22.4% of five-year-olds have experienced tooth decay (OHID, 2024). Children in the most deprived areas are more than twice as likely to be affected, and over 80% of decayed teeth in young children go untreated. This setting serves families across Ascot, Bracknell, and Crowthorne. We take seriously our role in making a practical difference.

This policy sets out what we do every day to support children's oral health, what we expect of staff and families, and how we respond if we have concerns. It applies to all children aged 0–5, all staff, and all volunteers and students on placement.

Statutory basis: The EYFS Statutory Framework (September 2025 edition, Section 3) places a direct duty on all registered early years providers to promote the good health, including the oral health, of children attending the setting. This policy fulfils that duty.

2. Key contacts

The people below are responsible for oral health and safeguarding across our campuses.

Role	Name	Campus
Nominated Individual	Jonathan Duffy	All campuses
DSL	Rachel Terry (Ascot Manager)	Ascot
DSL	Agata Payne (Bracknell Manager)	Bracknell
DSL	Emma Gray (Crowthorne Manager)	Crowthorne
Deputy DSL	Jessica McGrath (Deputy Manager)	Ascot

Deputy DSL	Joanne Broughton (Deputy Manager)	Bracknell
Deputy DSL	Martine Loveridge (Deputy Manager)	Crowthorne
Deputy DSL (cover)	Kira King	Crowthorne (Emma & Martine absent)

Safeguarding referral — Bracknell Forest MARU
Office hours: 01344 351500 | Out of hours: 01344 786543 | Immediate risk of harm: 999

3. What we do every day

Talking with children about oral health

- Include oral health in circle time, stories, and role-play (e.g. playing at the dentist) — at least once per half-term in each room.
- Use accurate, child-friendly language: 'teeth', 'gums', 'brushing', 'dentist'.
- Link toothbrushing as a self-care skill to EYFS Personal, Social and Emotional Development and Physical Development.
- Keep toothbrushing models, puppets, and picture books about dental health available in the setting.

Food and drink

Diet is the primary risk factor for tooth decay. The following apply at all meals and snacks.

- Follow the DfE EYFS Nutrition Guidance (April 2025, statutory from September 2025) — this replaces the former 'Example Menus' and sets out what to provide, limit, and avoid.
- Offer water or plain milk as the default drink at every meal and snack. Do not routinely offer juice, squash, flavoured milk, or carbonated drinks.
- Where sugary foods appear (including dried fruit and sweetened cereals), serve them as part of a meal — not as standalone snacks.
- Do not use food as a reward or incentive.
- Where a child brings food from home, encourage tooth-friendly choices and share our food guidance if helpful, and communicate any to parents. Under the EYFS Safer Eating requirements (September 2025), each child must have a nominated staff member responsible for checking that food and drink offered to them is safe — covering dietary requirements, allergies, and choking risk appropriate to their developmental stage. At each mealtime and snack time, it must be clear who holds this responsibility.
- Request sugar-free medicines where clinically appropriate, in line with the Administering Medicines Policy, and document sugar content in the medicines record.

4. Working with families

- Share this policy with all families at registration, via the Welcome Pack and our website.
- Include oral health messages in our newsletter and parent communications at least twice a year — use NHS Start4Life materials and OHID 'Top Tips for Teeth' leaflets.
- Remind families that NHS dental treatment for children is free, and that regular check-ups should start when the first tooth erupts (around six months).
- Signpost families to Bracknell Forest Council Public Health resources: health.bracknell-forest.gov.uk.
- Obtain written parental consent before a child takes part in any supervised toothbrushing programme. Keep signed consent forms in the child's file. Record and action any withdrawal of consent immediately.

5. Children with additional needs

- Children with sensory processing difficulties, autism, or other conditions that make toothbrushing distressing should have individualised support strategies agreed with parents and, where appropriate, with a healthcare professional.
- Children with swallowing difficulties (dysphagia) must only use toothpaste approved by their healthcare professional. Follow the relevant care plan.
- Children on long-term sugar-containing liquid medicines should have this noted in their Individual Health Care Plan. Encourage parents to discuss sugar-free alternatives with the prescribing clinician.
- Record all adjustments in the child's Individual Health Care Plan and review at least annually or after any change in needs.
- Make reasonable adjustments under the Equality Act 2010 for children whose disability or sensory needs affect their participation in oral health activities.

6. Safeguarding: dental neglect

Dental neglect is the persistent failure to meet a child's basic oral health needs, likely to result in serious impairment of their oral or general health. It may occur alone or alongside other forms of neglect.

Signs to watch for

- Severe, visible, or untreated decay — multiple teeth affected, brown or black colouration, visibly broken teeth.

- A child in evident dental pain: holding the jaw, reluctant to eat, unexplained distress, disturbed sleep reported by parents.
- Parents who consistently decline dental treatment or fail to attend appointments after concerns have been raised.
- Oral presentations consistent with a harmful diet (e.g. significant decay in an infant fed sugary drinks in a bottle overnight).
- Dental neglect identified alongside other indicators of neglect, abuse, or unmet need.

Not all decay indicates neglect. The DSL must consider context, pattern of behaviour, and the family's engagement with support before determining the appropriate response — including the tiered approach recommended by the British Society of Paediatric Dentistry (2024).

What to do if you have a concern

1	**Record it** — same day, on the Concern Log. Write factual observations only (what you saw or heard, not what you infer). Example: *"Child A refused food at lunch, held jaw, cried when offered harder fruit. Two upper front teeth appeared brown and broken."*
2	**Report it** — tell your Room Leader, or go directly to the DSL if the concern is significant. Do not delay.
3	**The DSL assesses** — in the context of the child's wider welfare, with reference to Working Together to Safeguard Children (2023) and the Bracknell Forest LSCP threshold guidance. If a referral is warranted, they contact Bracknell Forest MARU (details in Section 2). All actions and rationale are recorded on the child's Safeguarding Record.
4	**If the DSL is unavailable** — the Deputy DSL assumes full responsibility immediately, without waiting.

7. Records

Record	What it must contain / how long to keep it
Concern Log	Child's name and DOB, date and time of observation, factual description of what was seen, name of practitioner, name of person it was reported to and when. Submit to DSL same day. Retain until child's 25th birthday (26th if the child was in care).
Parental consent (toothbrushing programme)	Signed consent before first session. Stored in child's file. Withdrawal of consent recorded in writing and actioned immediately.
Individual Health Care Plan	Any oral health adjustments for children with additional needs. Reviewed annually or after a change in needs. Stored securely; accessible on a need-to-know basis.

Activity records	Room Leaders keep a brief log of oral health education activities (date, activity, children present). Useful at Ofsted inspection.
Medicines record	Includes sugar content of any administered medicines, where known.

All records are held in compliance with the Data Protection and Confidentiality Policy, UK GDPR, and the Data Protection Act 2018.

8. Training

- Oral health promotion is included in all staff induction, in line with NICE PH55 (2014, Quality Standard QS139).
- The Manager ensures oral health features in the annual staff training calendar.
- The DSL and Deputy DSLs ensure dental neglect is covered in safeguarding training updates.
- Staff should know how to access the OHID Supervised Toothbrushing Programme Toolkit (updated April 2025, available at gov.uk).
- Training dates are recorded in each practitioner's personnel file.

9. Policy review

This policy is reviewed annually by the Nursery Manager in consultation with the DSL. An earlier review is triggered by:

- Any change to the EYFS Statutory Framework, relevant legislation, or national guidance.
- Any significant oral health incident or concern at the setting.
- Ofsted inspection feedback relating to health promotion.
- Advice or recommendations from Bracknell Forest Council or the local LSCP.

10. Related policies

This policy should be read alongside:

- Child Protection and Safeguarding Policy
- Health and Safety Policy
- Administering Medicines Policy
- Healthy Eating and Nutrition Policy
- Data Protection and Confidentiality Policy
- Inclusion and Special Educational Needs (SEN) Policy
- Record Keeping and Retention Policy
- Infection Control Policy

11. Sign-off

Role	Name	Date
Owner / Director	Jonathan Duffy	June 2026
Nursery Manager	[INSERT NAME]	[INSERT DATE]

This policy was written in compliance with the EYFS Statutory Framework (DfE, September 2025 edition) and the DfE EYFS Nutrition Guidance (April 2025). It reflects current legislation and professional guidance as at the date of adoption.