

**SMILE SURVEY 2005**  
*THE ORAL HEALTH OF CHILDREN IN  
CLARK COUNTY, WASHINGTON*



**JANUARY 2006**



## SMILE SURVEY 2005 REPORT

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## ACKNOWLEDGEMENTS

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## SUMMARY

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During the 2004-2005 school year, the Clark County Health Department conducted an oral health survey of low-income preschool and elementary school children. For the preschool survey, Head Start and ECEAP programs were randomly selected and all children were invited to participate. For the elementary school survey, public elementary schools were randomly selected and all children in 2<sup>nd</sup> and 3<sup>rd</sup> grade were invited to participate. Dental hygienists, who attended a one day training session, screened the children using gloves, a disposable dental mirror and penlight. A total of 377 Head Start/ECEAP children and 1,541 elementary school students were screened.

### Key Findings

- ⇒ Dental decay is a significant public health problem for low-income preschool children.
  - 47 percent of these 3-5 year old children already had cavities and/or fillings (decay experience)
  - 20 percent had untreated dental decay (cavities)
  - 18 percent had a history of rampant dental decay (decay experience on 7 or more teeth)
- ⇒ Dental decay is a significant public health problem for elementary school children.
  - 58 percent of these 2<sup>nd</sup> and 3<sup>rd</sup> grade children already had cavities and/or fillings
  - 12 percent had untreated dental decay
  - 11 percent had a history of rampant dental decay
- ⇒ While dental sealants are a proven method for preventing decay, a substantial proportion of Clark County's children do not have access to this preventive service.
  - Only 39 percent of the third grade children had dental sealants
- ⇒ Low-income children have poorer oral health.
  - Children who are eligible for the free or reduced price lunch program had significantly higher levels of decay experience, untreated decay, rampant decay, and dental treatment needs.
- ⇒ Minority children have poorer oral health.
  - Compared to white non-Hispanic children, a higher proportion of minority children had decay experience and untreated decay.
- ⇒ Children whose parents do not speak English have poorer oral health.
  - Compared to English speaking children, a higher proportion of non-English speaking children had decay experience and untreated decay.
- ⇒ Clark County has met and exceeded the Healthy People 2010 objective for untreated decay in elementary school children but still needs to make progress in preventing tooth decay in children.
  - The target for the Healthy People 2010 objective for untreated decay is 21 percent. Based on the results of this survey, 12 percent of the 2<sup>nd</sup> and 3<sup>rd</sup> grade children had untreated decay; well below the target of 21 percent.
- ⇒ While Clark County has been successful in obtaining dental care for children, they are falling behind the rest of the state in terms of preventive dental sealants.

## Methods – Elementary School Survey

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### Sampling

An electronic data file of all elementary schools in Clark County was obtained from the Washington Office of Superintendent of Public Instruction. The data file, which was for the 2003-2004 school year, contained the following information for each school – district, county, total enrollment, 3<sup>rd</sup> grade enrollment, number of children participating in the free or reduced price lunch program, and school address. All schools with at least 25 children in second and/or third grade were included in the sampling frame (59 schools and 10,404 students). Implicit stratification by percent of children eligible for the free or reduced price lunch (FRL) program was used to select a probability sample of 17 schools. Selecting a sample using implicit stratification assures that the sample is representative of the county's schools in terms of free/reduced price lunch participation. If a school refused to participate, a replacement school within the same sampling strata was selected. If the sample school plus one replacement schools refused to participate, no data were collected in that sampling stratum. Of the 17 strata, data is available for 11.

### Data Management and Analysis

Data entry and analysis was completed using Epi Info Version 3.2.2. Epi Info is a public access software program developed and supported by the Centers for Disease Control and Prevention. The data were not adjusted for missing sampling strata or non-response within each school.

### Screening Protocols

Schools had the option of using either passive or positive consent. If passive consent was used, all children in second and third grade were screened; unless they returned a consent form specifically requesting that they not take part in the survey. If positive consent was used, only those children that returned a positive consent form were screened. Of the 11 schools taking part in the survey, 2 used positive and 9 used passive consent. Dental hygienists completed the screenings using gloves, penlights, and disposable mouth mirrors. The diagnostic criteria outlined in the Association of State and Territorial Dental Directors publication *Basic Screening Surveys: An Approach to Monitoring Community Oral Health* were used. The screeners attended a full-day training session which included a didactic review of the diagnostic criteria along with a hands-on calibration session. Information on age and language spoken at home was obtained from the child while gender and race were determined by the screener. Attempts were made to obtain information on a child's eligibility for the FRL program from each school; many schools, however, were unwilling or unable to provide this information.

## Results – Elementary School Survey

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### Overall Results

Of the 17 selected schools, 11 agreed to participate in the oral health survey. There were 1,930 children enrolled in the participating schools with 1,541 children screened; an 80 percent response rate. In terms of eligibility for the free and/or reduced price meal program, the participating schools did not differ from either the 17 schools in the original sample or the 59 schools in the sampling frame. Refer to Tables 1 and 2.

The children screened ranged in age from 7-10 years. About half of the children (52%) were male, 93 percent spoke English at home and 83 percent were white non-Hispanic. Refer to Table 3.

Fifty-eight percent of the children screened had decay experience (untreated decay or fillings) in their primary and/or permanent teeth while 12 percent had untreated decay at the time of the screening.<sup>1</sup> About 11 percent of the children needed dental treatment including 1 percent in need of urgent dental care because of pain or infection. Children with a history of decay on seven or more teeth are considered to have rampant decay. About 11 percent of the 2<sup>nd</sup> and 3<sup>rd</sup> grade children in Clark County had rampant decay. Refer to Table 4.

Only 39 percent of the 3<sup>rd</sup> grade children had a dental sealant on at least one permanent molar. Dental sealants provide an effective way to prevent decay on the chewing surfaces of molars (back teeth), which are most vulnerable to caries. A clear resin is used to cover the “pits and fissures” on the top of the teeth so that cavity-causing bacteria cannot reach areas that are difficult to clean and for fluoride to penetrate. Refer to Table 4.

In Clark County’s 2<sup>nd</sup> and 3<sup>rd</sup> grade children, decay is largely limited to the primary teeth. Forty-two percent of the children screened had no decay history, 46 percent had decay in their primary teeth only, while 12 percent had decay in their permanent teeth. Refer to Table 5.

### Impact of Race and Ethnicity

Table 6 compares the oral health of white non-Hispanic children with minority children. Minority children, compared to white children, had a significantly higher prevalence of caries experience and dental treatment needs. While minority children tended to have more untreated decay, the difference was not statistically significant. There was no difference between the two groups in terms of dental sealant prevalence.

### Impact of Language Spoken at Home

Language spoken at home is often used as a surrogate measure for immigration status or time since immigration to the United States. Table 7 compares the oral health of children whose parents speak English at home to children of non-English speaking parents. Children of non-English speaking parents had a significantly higher prevalence of caries experience, untreated decay, rampant caries, and dental treatment needs. There was no difference between the two groups in terms of dental sealant prevalence.

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<sup>1</sup> The percent of children with untreated decay is assumed to be an under estimation because radiographs (x-rays) were not taken.

## Impact of Socioeconomic Status

Eligibility for the free and/or reduced price lunch (FRL) program is often used as an indicator of overall socioeconomic status. To be eligible for the FRL program during the 2004-2005 school year, annual family income for a family of four could not exceed \$34,873.<sup>2</sup> Information on eligibility for the FRL program was available for 1,023 children.

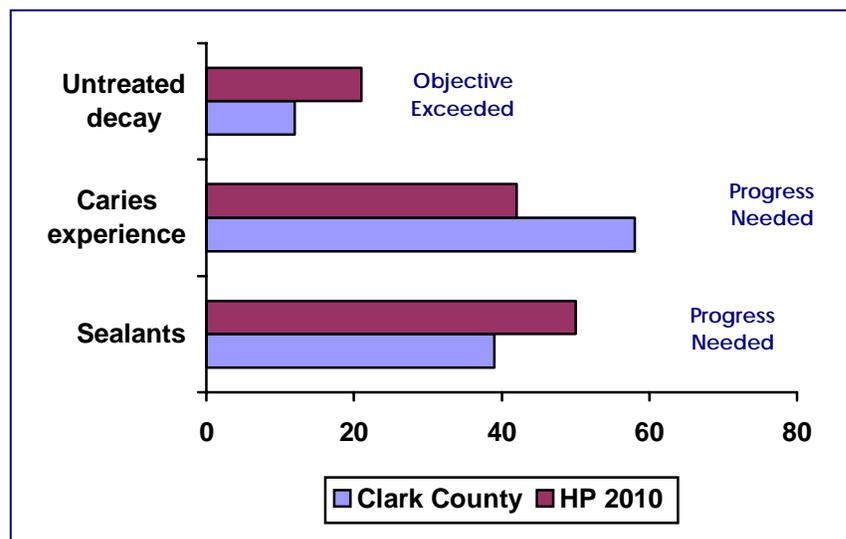
As presented in Table 8, income is significantly associated with a child's oral health. Children who are eligible for the FRL program, compared to those not eligible, had significantly higher levels of caries experience, untreated decay, rampant decay and dental treatment needs. It should be noted that low-income children had a higher prevalence of dental sealants; possibly due to the County's efforts to target their sealant program to low-income schools.

## Comparison to Healthy People 2010 Objectives

The National Oral Health Objectives for the Year 2010 (Healthy People 2010) outline several oral health status objectives for young children. For six- to eight-year-old children there are three primary oral health status objectives:

- To decrease the proportion of children who have experienced dental caries in permanent or primary teeth to 42 percent.
- To decrease the proportion of children with untreated dental caries in permanent or primary teeth to 21percent.
- To increase the proportion of eight-year-olds receiving protective sealing of the occlusal surfaces of permanent molar teeth to 50 percent.

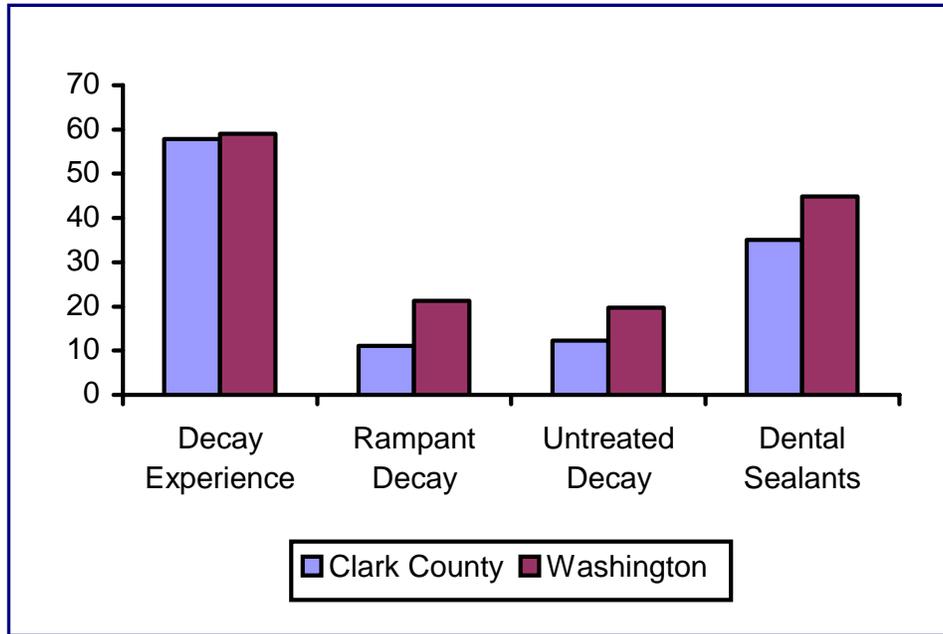
It should be noted that the Clark County Oral Health Survey was not designed to be representative of 6-8 year old children; with the majority of children screened being 7-9 years of age. Fifty-eight percent of the 2<sup>nd</sup> and 3<sup>rd</sup> graders screened in Clark County had experienced dental caries – substantially higher than the HP2010 objective of 42 percent. Twelve percent of Clark County's 2<sup>nd</sup> and 3<sup>rd</sup> graders had untreated caries compared to the HP2010 objective of 21 percent and 39 percent of Clark County's 3<sup>rd</sup> graders had dental sealants compared to the HP2010 objective of 50 percent.



<sup>2</sup> U.S. Department of Agriculture, Child Nutrition Programs, School Lunch Program, Income Eligibility Guidelines SY 2004-2005, <http://www.fns.usda.gov/cnd/governance/notices/iegs/IEGs04-05.pdf>.

## Comparison to Washington

The following figure compares the oral health of Clark County's elementary school children with the oral health of elementary children throughout Washington State. Second and third grade children in Clark County have a lower prevalence of both rampant decay and untreated decay. Unfortunately, the prevalence of dental sealants in Clark County is substantially lower than the rest of the state.



## Methods – Head Start / ECEAP Survey

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### Sampling

An electronic data file of all Head Start and ECEAP programs in Clark County was developed by the Washington State Department of Health. The data file, which was for the 2003-2004 school year, contained the following information for each program – site name, program type (ECEAP, Head Start, and Early Head Start), contact information, and funded enrollment. A random sample of 12 Head Start/ECEAP sites was selected from the 27 sites in Clark County and all 12 sites agreed to participate.

### Data Management and Analysis

Data entry and analysis was completed using Epi Info Version 3.2.2. Epi Info is a public access software program developed and supported by the Centers for Disease Control and Prevention.

### Screening Protocols

All children at the Head Start/ECEAP site were screened; unless they returned a consent form specifically requesting that they not take part in the survey. Dental hygienists completed the screenings using gloves, penlights, and disposable mouth mirrors. The diagnostic criteria outlined in the Association of State and Territorial Dental Directors publication *Basic Screening Surveys: An Approach to Monitoring Community Oral Health* were used. The screeners attended a full-day training session which included a didactic review of the diagnostic criteria along with a hands-on calibration session. Information on age and language spoken at home was obtained from the child and/or teacher while gender and race were determined by the screener.

## Results – Head Start / ECEAP Survey

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### Overall Results

Of the 12 selected sites, all agreed to participate in the oral health survey. There were 389 children enrolled in the participating sites with 377 children screened; a 97 percent response rate. Refer to Table 9.

The children screened ranged in age from 1-6 years with the majority being 3-5 years of age. Half of the children (50%) were male, 67 percent spoke English at home, and 28 percent spoke Spanish at home. Fifty-two percent were white non-Hispanic while 31% were Hispanic. Refer to Table 10.

The following results are restricted to the 362 children between 3-5 years of age. Forty-seven percent of the children screened had decay experience (untreated decay or fillings) and 20 percent had untreated decay at the time of the screening.<sup>3</sup> About 21 percent of the children needed dental treatment including 3 percent in need of urgent dental care because of pain or infection. Children with a history of decay on seven or more teeth are considered to have rampant decay. About 18 percent of the Head Start/ECEAP children in Clark County had rampant decay, 21 percent had early childhood caries and 12 percent had incipient dental decay (white spot lesions). Refer to Table 11.

### Impact of Race and Ethnicity

Table 12 compares the oral health of white non-Hispanic children with minority children. Minority children, compared to white children, had a significantly higher prevalence of untreated decay and early childhood caries. While minority children tended to have more caries experience, white spot lesions and dental treatment needs, the differences were not statistically significant.

### Impact of Language Spoken at Home

Language spoken at home is often used as a surrogate measure for immigration status or time since immigration to the United States. Table 13 compares the oral health of preschool children whose parents speak English at home to children of non-English speaking parents. Children of non-English speaking parents had a significantly higher prevalence of caries experience, untreated decay, early childhood caries, and dental treatment needs. There was no difference between the two groups in terms of rampant caries or white spot lesion prevalence.

### Comparison to Healthy People 2010 Objectives

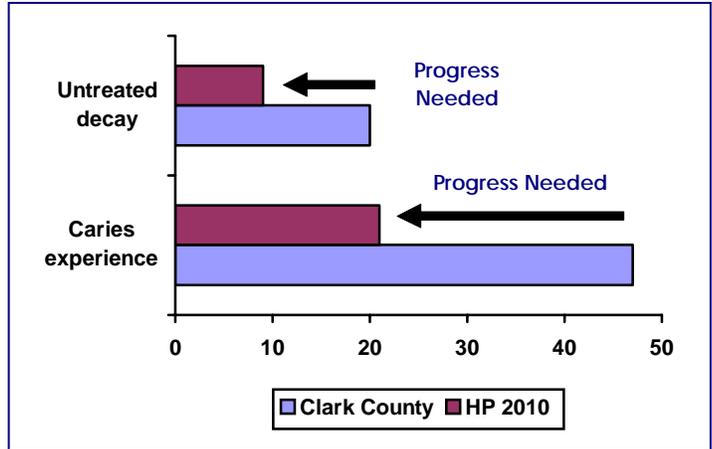
The National Oral Health Objectives for the Year 2010 (Healthy People 2010) outline several oral health status objectives for preschool children. For two- to four-year-old children there are two primary oral health status objectives:

- To decrease the proportion of young children with dental caries experience in their primary teeth to 11 percent.
- To decrease the proportion of young children with untreated dental caries in their primary teeth to 9 percent.

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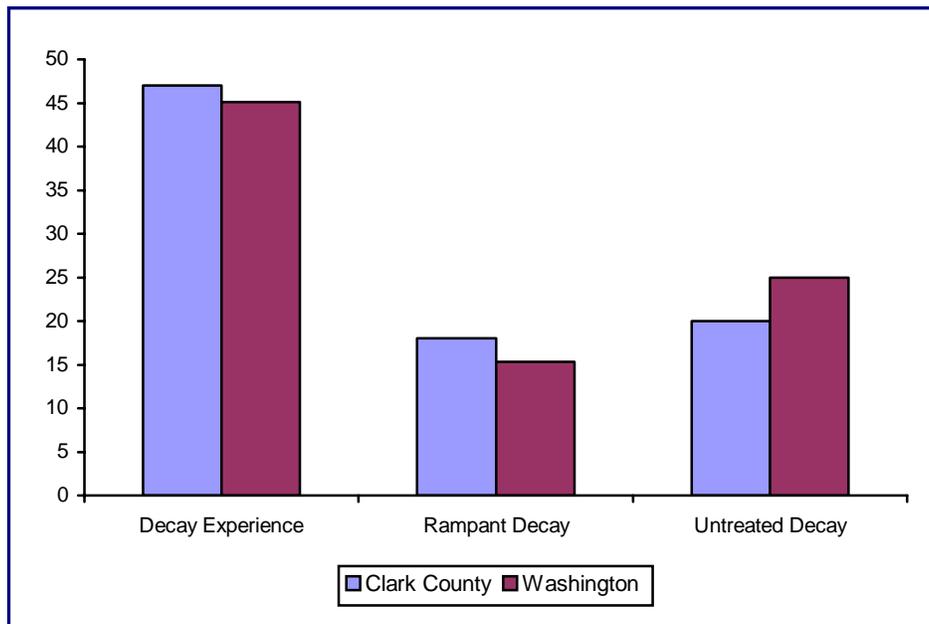
<sup>3</sup> The percent of children with untreated decay is assumed to be an under estimation because radiographs (x-rays) were not taken.

It should be noted that the Clark County Oral Health Survey was not designed to be representative of all 2-4 year old children; with the majority of Clark County's low-income preschool children being 3-5 years of age. Forty-seven percent of Clark County's Head Start/ECEAP enrollees had experienced dental caries – substantially higher than the HP2010 objective of 11 percent. Twenty percent of Clark County's low-income preschool children had untreated caries compared to the HP2010 objective of 9 percent.



### Comparison to Washington

The following figure compares the oral health of Clark County's Head Start/ECEAP children with the oral health of low-income preschool children throughout Washington State. Although Clark County has a higher prevalence of both decay experience and rampant decay, the prevalence of untreated decay among Head Start children in Clark County is substantially lower than the statewide average.



## Data Tables

**Table 1**  
**Participation in the Clark County Oral Health Survey**  
**Elementary Schools**

	Number of Schools	2 <sup>nd</sup> & 3 <sup>rd</sup> Grade Enrollment	Number Screened	Response Rate
Sample Schools	17	3,067	1,542	50.3%
Participating Schools	11	1,930	1,542	79.9%

**Table 2**  
**Enrollment and Free/Reduced Price Lunch Program Participation in all Clark County Elementary**  
**Schools with 2<sup>nd</sup> or 3<sup>rd</sup> Grade Enrollment, Sample Schools and Participating Schools**

	2 <sup>nd</sup> & 3 <sup>rd</sup> Grade Enrollment	Percent on FRL
Clark County Schools with 2 <sup>nd</sup> and/or 3 <sup>rd</sup> Grade (n=59)	10,404	36.9%
Sample Schools (n=17)	3,067	38.3%
Participating Schools (n=11)	1,930	38.8%

Source: Washington Office of Superintendent of Public Instruction, 2003-2004 School Year

**Table 3**  
**Demographics of the 2<sup>nd</sup> & 3<sup>rd</sup> Grade Children Screened in Clark County**

<b>Variable</b>	<b>Number of Children</b>	<b>Mean or Percent</b>
Age		
Mean (Standard Deviation)	1,541	8.20 (0.77)
Range		7-10 years
Grade		
2 <sup>nd</sup>	685	44.4%
3 <sup>rd</sup>	857	55.6%
Gender		
Male	807	52.4%
Female	734	47.6%
Free/Reduced Lunch Eligibility		
Not eligible	634	41.1%
Eligible	389	25.2%
Unknown	518	33.6%
Language Spoken at Home		
English	1,440	93.4%
Spanish	32	2.1%
Other	64	4.2%
Unknown	5	0.3%
Race/Ethnicity		
White	1,271	82.5%
African American	49	3.2%
Hispanic	88	5.7%
Asian	38	2.5%
American Indian/Alaska Native	6	0.4%
Other	80	5.2%
Unknown	9	0.6%

**Table 4**  
**The Oral Health of Clark County's 2<sup>nd</sup> and 3<sup>rd</sup> Grade Children**

<b>Oral Health Measure</b>	<b>Percent</b>	<b>95% CI</b>
% caries free (no treated or untreated decay)	42.2	39.7 – 44.7
% with caries experience (has treated or untreated decay)	57.8	55.3 – 60.3
% with treated decay	52.0	49.5 – 54.5
% with untreated decay	12.3	10.8 – 14.1
% with rampant caries (7+ teeth with caries experience)	11.1	9.6 – 12.8
% with dental sealants		
2 <sup>nd</sup> and 3 <sup>rd</sup> grade	35.1	32.7 – 37.6
3 <sup>rd</sup> grade only	39.4	36.1 – 42.7
Treatment Need		
% with no obvious problem	89.0	87.3 – 90.5
% needing early dental care	10.1	8.7 – 11.8
% needing urgent dental care	0.8	0.5 – 1.5

**Table 5**  
**Distribution of Treated Decay, Untreated Decay and Caries Experience**  
**Among the Primary & Permanent Dentitions for Clark County's 2<sup>nd</sup> & 3<sup>rd</sup> Grade Children**

	<b>Percent of Children</b>
Treated Decay	
No treated decay	48.1
Primary teeth only	43.4
Primary and permanent teeth	7.7
Permanent teeth only	0.9
Untreated Decay	
No untreated decay	87.7
Primary teeth only	8.6
Primary and permanent teeth	1.7
Permanent teeth only	2.0
Caries Experience	
No caries experience (caries free)	42.2
Primary teeth only	46.2
Primary and permanent teeth	10.1
Permanent teeth only	1.5

**Table 6**  
**Oral Health of Clark County's 2<sup>nd</sup> and 3<sup>rd</sup> Grade Children Stratified by Race/Ethnicity**

<b>Variable</b>	<b>White Non-Hispanic (n=1,271)</b>	<b>Other Race or Hispanic (n=261)</b>	<b>P-Value</b>
% with caries experience	56.2	65.4	0.004
% with untreated decay	11.7	15.3	0.064
% with rampant caries	10.9	11.5	0.432
% with dental sealants	35.5	33.3	0.278
% needing treatment	10.1	14.6	0.027

**Table 7**  
**Oral Health of Clark County's 2<sup>nd</sup> and 3<sup>rd</sup> Grade Children Stratified by Language**

<b>Variable</b>	<b>English (n=1,440)</b>	<b>Other Language (n=96)</b>	<b>P-Value</b>
% with caries experience	56.3	79.2	<0.001
% with untreated decay	11.7	21.9	0.005
% with rampant caries	10.5	18.8	0.014
% with dental sealants	34.9	37.5	0.342
% needing treatment	10.3	19.8	0.006

**Table 8**  
**Oral Health of Clark County's 2<sup>nd</sup> and 3<sup>rd</sup> Grade Children Stratified by Eligibility for the Free or Reduced Price Lunch Program**

<b>Variable</b>	<b>Not Eligible (n=633)</b>	<b>Eligible (n=389)</b>	<b>P-Value</b>
% with caries experience	52.6	68.6	<0.001
% with untreated decay	11.2	17.7	0.002
% with rampant caries	13.7	18.0	0.041
% with dental sealants	35.3	42.9	0.009
% needing treatment	10.1	15.4	0.008

**Table 9**  
**Enrollment in all Clark County Head Start/ECEAP Programs, Enrollment at Participating Programs, Number Screened and Response Rate in Clark County**

	Enrollment	# Screened	Response Rate
Clark County Head Start / ECEAP Programs (n=27)	771	NA	NA
Participating Head Start Programs (n=12)	389	377	96.9%

NOTE: All selected Head Start Programs agreed to participate

**Table 10**  
**Demographics of the Head Start/ECEAP Children Screened in Clark County**

Variable	Number of Children	Mean or Percent
Age		
Mean (Standard Deviation)	377	4.29 (0.85)
Range		1-6 years
Gender		
Male	188	50.0%
Female	188	50.0%
Language Spoken at Home		
English	253	67.1%
Spanish	105	27.9%
Other	17	4.5%
Unknown	2	0.5%
Race/Ethnicity		
White	195	51.7%
African American	34	9.0%
Hispanic	117	31.0%
Asian	11	2.9%
American Indian/Alaska Native	2	0.5%
Other	18	4.8%
Unknown	0	0.0%

**Table 11**  
**The Oral Health of Clark County's Head Start Children**

Oral Health Measure	All Children (n=377)		3-5 Year Olds Only (n=362)	
	Percent	95% CI	Percent	95% CI
% caries free	54.6	49.5 – 59.7	53.0	47.8 – 58.3
% with caries experience	45.4	40.3 – 50.5	47.0	41.7 – 52.2
% with treated decay	34.0	29.2 – 39.0	35.1	30.2 – 40.3
% with untreated decay	19.6	15.8 – 24.1	20.4	16.5 – 25.0
% with rampant caries	17.2	13.6 – 21.5	18.0	14.2 – 22.4
% with ECC	20.4	16.5 – 24.9	21.3	17.2 – 25.9
% with white spot lesions	11.1	8.2 – 14.9	11.6	8.6 – 15.5
Treatment Need				
% with no obvious problem	80.4	76.0 – 84.3	79.6	75.0 – 83.6
% needing early dental care	17.2	13.6 – 21.5	18.0	14.2 – 22.4
% needing urgent dental care	2.4	1.2 – 4.6	2.5	1.2 – 4.8

**Table 12**  
**Oral Health of Clark County's Head Start Children Stratified by Race/Ethnicity**  
**3-5 Year Old Children Only**

Variable	White Non-Hispanic (n=177)	Other Race or Hispanic (n=185)	P-Value
% with caries experience	42.7	51.4	0.060
% with untreated decay	16.8	24.3	0.050
% with rampant caries	17.3	18.6	0.422
% with ECC	14.6	28.2	0.001
% with white spots	9.2	14.1	0.096
% needing treatment	17.3	23.7	0.082

**Table 13**  
**Oral Health of Clark County's Head Start Children Stratified by Language**  
**3-5 Year Old Children Only**

<b>Variable</b>	<b>English (n=239)</b>	<b>Other Language (n=121)</b>	<b>P-Value</b>
% with caries experience	40.6	58.7	0.001
% with untreated decay	16.7	28.1	0.009
% with rampant caries	15.9	21.5	0.122
% with ECC	15.9	31.4	0.001
% with white spots	10.0	14.9	0.121
% needing treatment	17.2	27.3	0.019

**Appendix 1**  
**Response Rate and FRL Percent at the Participating Elementary Schools in Clark County**

County	School	# Enrolled	# Screened	Response Rate	FRL Percent
Clark	Captain Strong Elementary	253	229	90.5%	30.5%
Clark	Crestline Elementary	166	133	80.1%	52.0%
Clark	Dorothy Fox Elementary	297	297	100.0%	14.3%
Clark	Eleanor Roosevelt Elementary	53	20	37.7%	79.0%
Clark	Fruit Valley Elementary	284	5	1.8%	80.0%
Clark	Glenwood Heights Elementary	261	261	100.0%	28.9%
Clark	Hearthwood Elementary	189	135	71.4%	40.0%
Clark	South Ridge Elementary	167	111	66.5%	24.7%
Clark	Sunset Elementary	168	127	75.6%	41.6%
Clark	Union Ridge Elementary	118	111	94.1%	32.4%
Clark	Yacolt Elementary	143	113	79.0%	27.0%

**Appendix 2**  
**Percent of Elementary School Children with Decay Experience, Untreated Decay and Dental Sealants by School**

School	Decay Experience Percent of Children	Untreated Decay Percent of Children	Dental Sealants Percent of Children
Captain Strong Elementary	63.8	16.2	43.7
Crestline Elementary	60.2	4.5	33.8
Dorothy Fox Elementary	47.6	13.5	33.7
Eleanor Roosevelt Elementary	75.0	10.0	35.0
Fruit Valley Elementary	40.0	0.0	40.0
Glenwood Heights Elementary	62.5	14.2	29.9
Hearthwood Elementary	55.2	9.7	28.9
South Ridge Elementary	50.5	9.9	34.2
Sunset Elementary	58.3	12.6	49.6
Union Ridge Elementary	53.2	12.6	15.3
Yacolt Elementary	70.5	12.5	46.4

**Appendix 3**  
**Percent of Head Start/ECEAP Children with Decay Experience, Untreated Decay and Early Childhood Cavities by Site**

Head Start / ECAP Program Name	Number Screened	Decay Experience Percent of Children	Untreated Decay Percent of Children	Early Childhood Cavities Percent of Children
Battle Ground	16	62.5	12.5	31.3
Ellsworth Head Start	27	37.0	7.4	11.1
Fruit Valley	18	38.9	22.2	11.1
Leverich Park	24	29.2	8.3	16.7
Link Center	9	22.2	22.2	22.2
McCoy	13	7.7	0.0	0.0
Skyline	36	55.6	22.2	33.3
St Johns AM	25	56.0	24.0	24.0
St Johns PM	13	61.5	38.5	38.5
Vecc Head Start	144	45.1	22.9	20.8
Washougal Head Start	40	47.5	15.0	15.0
Yacolt Head Start	12	66.7	33.3	16.7