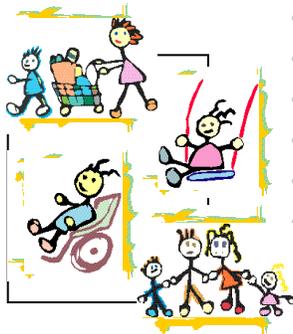


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# Planning Guide for Dental Professionals Serving Children with Special Health Care Needs



**USC University Affiliated Program  
Childrens Hospital Los Angeles  
California**

**February, 2000**

**Supported by grant #MCJ06R005 from the Maternal and  
Child Health Bureau, HRSA, DHHS**



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- Planning Guide for
- Dental Professionals
- Serving Children with
- Special Health
- Care Needs

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• Health Care Needs. University of Southern California University  
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• and Services Administration, Department of Health and  
• Human Services.





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# Introduction

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## **Preface**

### **Audience and Purpose**

This Planning Guide has been developed for dental team members who wish to provide care to children with special health care needs particularly those with developmental disabilities. Dental professionals will find the guide useful when scheduling appointments, promoting oral health with parents or other caregivers (anticipatory guidance), assessing dental needs, developing a realistic care plan, and providing preventive dental care.

Our goal is to foster better communication and understanding among dental professionals, parents, and other healthcare professionals to improve the oral health of children with special health care needs. Topics were chosen to address issues and concerns of parents and dental professionals, based on personal experiences that were related to us during interviews, focus groups, and surveys. Families have been shown to be the best advocates for their children's unique needs, but often they feel frustrated when trying to find dental care. The content, therefore, revolves around family-centered care and creating opportunities for successful and productive appointments.

### **Using the Guide**

This guide is not meant to be a self-instructional course about providing comprehensive care to children with special health care needs. Excellent references for further reading and opportunities for continuing education and clinical experiences are included at the end of the guide. This document does promote a framework for communication and tips for working with families to assure that appropriate, quality oral health care is provided both at home and in the dental office. Checklists, worksheets, information sheets and resource lists are included as tools for learning and communication. Some of the materials can be copied and used as handouts for parents.

The guide is divided into 6 sections. The first page of each section provides an overview of the materials in that section and their purpose. Materials are hole-punched for easy removal and reinsertion. We encourage you to use these materials and adapt them to your practice. Since the guide was developed with funding from the Maternal & Child Health Bureau, DHHS, HRSA, as part of the California Connections Project, please retain the logo and citations on materials that are copied. Any adaptations to the materials, however, will need prior approval (see the contact information on the next page).

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## **Feedback on the Guide**

A feedback form is included as an insert to solicit your input on the usefulness of the Guide in your practice. Your feedback and requests for additional copies can be faxed or mailed to:

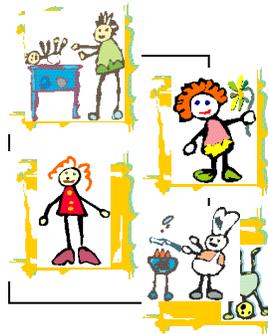
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To learn more about the University of Southern California University Affiliated Program, access the website at [www.uscuap.org](http://www.uscuap.org).



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## Acknowledgments

Sincere appreciation is due to the parents and professionals who helped develop, review, or field-test the materials contained in the planning guide. Thank you to all the parents who participated in our two focus groups in Santa Barbara and Solano Counties, and who provided telephone interviews as part of the California Connections Project. *The Planning Guide for Dental Professionals Serving Children with Special Health Care Needs* has been strengthened significantly through the contributions of parents and professionals who took the time to offer their insightful suggestions.

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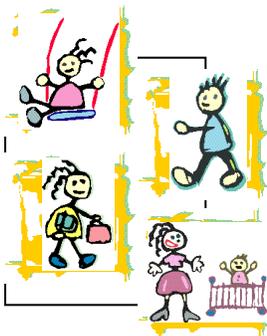
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# Planning Guide Feedback Form

1. Check all the types of dental care settings where you work.

- Private general dental practice  
  Group practice  
  Dental or dental hygiene school  
 Dental specialty practice  
  Community clinic  
  Hospital  
  Other \_\_\_\_\_

2. What is your professional role?

- Dentist  
  Dental Hygienist  
  Dental Assistant  
  Receptionist/Office Manager  
 Other

3. About how many children with special health care needs are in your practice?

4. Which of the following components of the Guide have you used in the practice? (check all that apply and circle the number that corresponds to their usefulness in your practice)

	not useful		of some use		very useful
<input type="checkbox"/> Providing family-centered care	1	2	3	4	5
<input type="checkbox"/> Getting to know me	1	2	3	4	5
<input type="checkbox"/> Dental office considerations checklist	1	2	3	4	5
<input type="checkbox"/> Performing the oral assessment for young children	1	2	3	4	5
<input type="checkbox"/> Oral conditions in young children	1	2	3	4	5
<input type="checkbox"/> Home care counseling and anticipatory guidance	1	2	3	4	5
<input type="checkbox"/> Getting Connected Oral Health	1	2	3	4	5
<input type="checkbox"/> Positioning	1	2	3	4	5
<input type="checkbox"/> Oral hygiene aids	1	2	3	4	5
<input type="checkbox"/> Dental health education materials	1	2	3	4	5
<input type="checkbox"/> In-office preventive dental procedures	1	2	3	4	5
<input type="checkbox"/> Behavior management considerations	1	2	3	4	5



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	not useful	2	of some use	4	very useful
<input type="checkbox"/> Sample consent form	1	2	3	4	5
<input type="checkbox"/> Dental specialty resources worksheet	1	2	3	4	5
<input type="checkbox"/> Preparing children and their families for the hospital dental experience	1	2	3	4	5
<input type="checkbox"/> Indicators of quality dental care	1	2	3	4	5
<input type="checkbox"/> Family satisfaction questionnaire	1	2	3	4	5
<input type="checkbox"/> Overview of community resources	1	2	3	4	5
<input type="checkbox"/> California Children Services	1	2	3	4	5
<input type="checkbox"/> California Family Resource Centers/Networks	1	2	3	4	5
<input type="checkbox"/> California Regional Centers	1	2	3	4	5
<input type="checkbox"/> Bibliography and other resources	1	2	3	4	5

5. Are there other materials you would like to see developed that are not included in the Guide? Please describe.

6. As a result of having this Guide, what changes have you made in the office environment, or the way you interact with families of children with special health care needs?

7. If you want to be on a mailing list for additional materials or training on Oral Health and Other Healthcare Needs of Children with Special Health Care Needs, include your name, address and phone number in this space.

Please return this feedback form to:  
 Cary Bujold, MPH, RD  
 USC University Affiliated Program  
 Childrens Hospital Los Angeles  
 PO Box 54700, Mail Stop #53  
 Los Angeles, CA 90054-0700



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# Preparing for Dental Visits

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- **Section Overview**

- The materials in this section help to create a shared philosophy of care between families and the dental team to assure that the child receives appropriate dental care in a safe and caring environment, based on the needs of the child and family and the resources of the dental team.

- **Providing Family-Centered Care in Dentistry**

- A suggested philosophy of care for working with families of children with special health care needs is provided where the dental care system is responsive to the priorities and unique needs of each family, and the family members understand their rights and responsibilities as consumers of dental services.

- **Getting to Know Me**

- This form can be used to acquire a personal profile of each child and family as part of the assessment and relationship-building process.

- **Dental Office Considerations Checklist**

- This is a self-assessment tool for the dental team to determine how best to accommodate children with special needs in the dental office.



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## Providing Family-Centered Care in Dentistry

Families who have children with special health care needs are faced with many challenges in today's healthcare systems. Dental care is an important piece of that system. Frequently, multiple agencies and providers are involved in the care of a child, making coordination of services important. Family-centered services and information can enable families to provide the best care for their child at home and to help you provide the best professional care in your office.

### What is family-centered care?

*Family-centered care means that the healthcare environment and professionals are responsive to the priorities and choices of families with children who have special health care needs. Recognize the vital role that all families play in ensuring the health and well-being of their children and acknowledge that emotional, social and developmental support are integral components of health care.*

### What are some ways to assure that services are family-centered and to build a healthy parent-provider relationship?

*Recognize parents as primary managers of their child's health care. Families bring their own expertise to their role as care managers since they are with the child every day and interact with all of the child's healthcare providers. Involve parents in the child's dental care by asking for and considering their opinions and responding to their concerns. Letting parents know that their input is important will build mutual respect.*

*Consider flexibility in scheduling and facilitate any necessary referrals. As much as possible, consider the family's daily life priorities and the challenges of having a child with special health care needs. Ask about transportation and other child-care needs when scheduling visits. A child with special needs may have multiple healthcare appointments every week with different providers and therapists. Coordinated scheduling is important to families and may help to reduce "no show" appointments or cancellations. Scheduling enough time to accommodate the family's needs and to answer questions will increase satisfaction and improve follow-up on recommendations. If referrals to dental specialists are necessary, personally make the referral and explain to the family what they should expect at the consultation. Review office policies and patient responsibilities with the family to clarify concerns and to determine if accommodations are needed.*





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## Getting To Know Me

Please complete this form with/for your child so we can better understand and meet your child's unique needs. Bring it with you to your appointment. Thank you.

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Date today \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Other regular caretakers (more than twice a week):

- Siblings
- Grandparents
- Other relatives
- Babysitter
- Daycare
- School programs
- Others

Current medications and any sensitivities to medications:

Adaptive aids:

Therapies I receive (e.g., occupational or physical therapy):

Special educational programs:

Other supportive services that help me:

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Ways I communicate:

Some of my strengths:

Things that make me smile or make me feel good (e.g., favorite toys, phrases):

Things that might bother me in the dental office:

My behaviors or conditions you might find challenging in the dental office:

How my family deals with these behaviors or how they can help you deal with them:

Past experiences with dental care:

Problems or questions my family has about home oral hygiene care:

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# Dental Office Considerations Checklist

## Meeting The Needs Of Families With Children Who Have Special Health Care Needs

Special health care needs refers to a variety of conditions. Some children may need extra help or adaptations when receiving dental care. Providing information about your office and staff will help families decide if you can accommodate their child's unique needs. Use this checklist as a starting point to analyze how you can accommodate special needs or where you may encounter difficulties. Rationales for the questions are given. Resources for increasing your knowledge and skills are included in the Bibliography and Other Resources Section.

- Is your office accessible to people in wheelchairs?*  
The Americans with Disabilities Act requires reasonable accommodations or an appropriate referral if the accommodation is a hardship.
- If parents need help getting their child into the office from the parking lot, is there someone on the staff who can provide assistance?*  
Parents are grateful for a little help when carrying items, assisting with adaptive equipment or carrying the child. They should be encouraged to call ahead to alert staff that help is needed.
- Do all staff members know how to perform safe wheelchair transfers and use a transfer board?*  
Children prefer to be transferred by someone they trust, so discuss the most effective transfer method with the parent and demonstrate that you are aware of the principles of safe transfers. These techniques should be practiced by all staff.
- Do the dental chairs have movable armrests to facilitate easy access?*  
It is difficult to lift children over armrests or move them into the chair if they are wearing leg or back braces.
- Can a wheelchair fit parallel to the dental chair in most of the operatories?*  
Performing exams and some preventive care with children in their wheelchairs sometimes is preferable to a transfer, particularly if the wheelchair can be adjusted. Transfers are also more difficult if the operatory is too crowded to align the wheelchair close to the dental chair.
- Which type of delivery system do you use?*
  - Front--over the patient
  - Mobile carts
  - Fixed--rear delivery
  - Combination
  - Other \_\_\_\_\_Children who have attention deficit hyperactivity disorder, or who have uncontrolled muscle reflexes, may injure themselves or scatter instruments on an "over-the-patient" delivery system.
- Would any of your policies on late arrivals or cancellations adversely affect families who have children whose health or developmental needs may be unpredictable.*  
Children who experience frequent medical problems or hospitalizations, or who have multiple therapy appointments, may need special arrangements for appointments.

- 
- How are the exam/treatment rooms arranged?*
    - Open bay with multiple chairs    Private rooms    Combination
    - Other \_\_\_\_\_

Children with sensory impairments or attention deficits may be easily distracted.
  - Can the x-ray equipment reach low enough to accommodate very young children or children in wheelchairs?*

Trying to take radiographs on young children is challenging in itself, but equipment limitations can cause unnecessary frustration; assess the need for adaptations such as booster seats.
  - Do you have panoramic film capability?*

Some children may not be able to bite effectively to hold a bitewing or periapical x-ray. However, not all children will be able to hold still long enough for completing a panorex.
  - Are staff versed in alternative radiographic techniques, e.g., lateral jaw, snap-a-ray?*

Alternative techniques are available to compensate for a child's inability to fully cooperate; parents may also assist with stabilization if lead shielding is available.
  - Are parents allowed to be in the operatory with the child?*

Involving the parents in at least some of the care will increase their understanding of the process and may reduce anxiety on the part of the child. Parental knowledge is particularly important when working with medically-compromised children, especially if they have frequent seizures, or swallowing or breathing problems.
  - Do you have a policy on use of patient restraint or aids for patient stability?*

Use of any techniques for stability or that restrict movement require informed consent through thorough explanation to parents (including the rationale and timeframe for their use). Their use should be determined by an assessment of individual need.
  - What is your informed consent process for:*
    - Examination?    Treatment?    Behavior management techniques?

Parents who receive thorough and clear explanations of their child's needs, and participate in decisions for care, will be more comfortable giving informed consent for care, particularly when special techniques are needed.
  - Do you send any health history or other forms home for completion prior to the initial appointment?*

Parents who have children with complex medical needs will appreciate the extra time to complete the forms accurately and to gather copies of any medical records that might be helpful to you in caring for their child. Accurately completed forms also will save you time.
  - Would you schedule an orientation/initial consultation session with a family if they requested one?*

Because parents have contact with so many medical and other professionals, they want to know that their child is going to receive the highest quality care from a provider who feels comfortable treating their child, and staff who understand his/her special needs. An initial interview will allow parents to see the office environment, enable the dental team to meet the child, and everyone can ask questions.

- 
- Are you able to schedule appointments to allow for flexible staffing and assistance if needed?*  
**For example, the dental hygienist may need a dental assistant to help place sealants or take radiographs, or two staff may be needed for a few minutes to assist with a wheelchair transfer.**
  - What type of payment methods/arrangements do you accept? Are you aware of any community resources for financial coverage for children with special needs who can't afford dental care?*  
**Parents should learn this information before the appointment to see if they qualify for any special programs, if they need to budget ahead to cover expenses, or if dental procedures require pre-approval.**
  - Do you have an individualized recall system for exams/preventive appointments?*  
**Children with certain medical conditions may need more frequent recall intervals if they are on special diets, have compromised immune systems, or are tube fed.**
  - Is there any coverage for dental emergencies at night or on the weekends?*  
**Some children may experience oral injuries from seizures, falls or other causes. Parents need to know when and where to take the child for an oral injury.**
  - Do you provide any health education, oral screenings or dental services to children with special needs at programs in the community such as regional centers or schools?*  
**Services such as these may help to detect oral problems early and facilitate appropriate referrals for care. Teachers and caregivers will also appreciate your efforts to reduce transportation barriers for the children and learn something about their programs.**
  - Have any of the staff members received special training in working with children with special health care needs?*  
**Continuing education courses and self-study manuals are available to increase knowledge and skills of all dental team members.**

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# Oral Assessment and Prevention

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- **Section Overview**

- The materials in this section are intended to be used when conducting the initial oral health assessment and any subsequent appointments for preventive procedures. They will help you design approaches for effective homecare strategies, developmentally appropriate anticipatory guidance, and in-office prevention programs. Some of the materials are included as inserts at the end of the Guide.

- **Performing the Oral Assessment for Young Children with Special Health Care Needs**

- Use as a guide for conducting an oral assessment specifically for young children who have developmental disabilities or genetic disorders.

- **Oral Conditions in Young Children with Special Health Care Needs (Insert)**

- Review these conditions that might be seen when examining young children with special health care needs. Color photographs of oral conditions are included with counseling recommendations.

- **Home Care Counseling and Anticipatory Guidance for Oral Health**

- This information may be used by dental professionals when counseling families about oral health. "Getting Connected" materials (included as inserts) may be copied and given to parents/caretakers.

- **Positioning (Insert)**

- A handout reproduced from a packet produced by the American Dental Hygienists' Association shows a variety of positions to use in the home when providing oral hygiene care to people with developmental disabilities.

- **Oral Hygiene Aids for Children with Special Health Care Needs (Insert)**

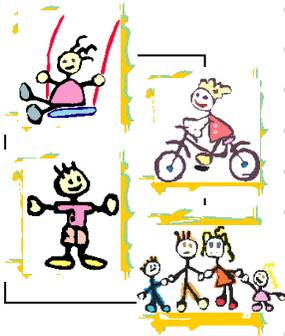
- This teaching handout shows color photos of commercially available oral hygiene aids that may meet the needs of children at various ages and with various motor skills. This handout can help parents select appropriate supplies.

- **Dental Health Education Materials**

- Considerations for using print or audiovisual materials during counseling and a list of selected materials are included.

- **In-Office Preventive Dental Procedures**

- Considerations and adaptations are included for providing preventive dental procedures in the dental office setting and establishing appropriate recall intervals.



## **Performing the Oral Assessment for Young Children with Special Health Care Needs**

Most pediatric dentists recommend that a child be seen for a dental visit by the first birthday to initiate a program of effective preventive measures, provide anticipatory guidance, and decide the periodicity of subsequent visits to assess risk for dental disease or growth problems. Many dental professionals feel it is useful to have the parent present during the oral inspection to maximize communication and understanding.

### **Parent Interview**

Children with special health care needs may require a more detailed interview with the parents to acquire a medical history that enables provision of appropriate anticipatory guidance for oral health and safe, appropriate dental care in the office setting. Include questions on:

- ▲ Prenatal, natal and neonatal history: this might be helpful in explaining any dental abnormalities or immature motor reflexes.
- ▲ Developmental history: a brief overview of the parents' perceptions of the child's development helps correlate dental growth and development with general developmental milestones.
- ▲ Feeding history: this is important to determine how difficult the baby was to feed; delays in progression of feeding skills; if special formula, tube feeding or therapeutic diets were needed; food likes, dislikes and allergies; and potential risks for development of dental caries.
- ▲ Medical history: ask questions about history of illnesses, medications taken that might have dental sequelae, history of any surgeries, other medical care related to the child's special health problems.
- ▲ Dental history: try to gain insight into any teething problems, oral lesions or trauma, home care practices, and previous visits to dental offices.

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## Oral Inspection

The oral inspection can be conducted with a tongue depressor, mouth mirror, or a small child's toothbrush, in addition to gloves and an adequate light source. For very young children, this may be accomplished using the two-person, knee to knee position, rather than placing the child in a dental chair.



The oral inspection should include assessment for conditions such as:

- ▲ Enamel hypoplasia and enamel demineralization (white spots)
- ▲ Dental caries
- ▲ Developmental anomalies, delayed tooth eruption and malocclusion
- ▲ Diseases of the gingiva and other soft tissues
- ▲ Oral reflexes and oral sensitivity
- ▲ Oral injuries

## Enamel Hypoplasia and Enamel Demineralization

Children with low birthweight, developmental delays, or certain genetic syndromes appear to be at increased risk for enamel hypoplasia. Enamel hypoplasia seems to be a predisposing factor for dental caries, especially in the maxillary incisors and primary molars. Hypoplasia usually appears on the middle or occlusal third of the teeth, whereas demineralization from poor oral hygiene and an acidic oral environment occurs most often near the gingival line. Demineralization often is characterized as white spot lesions that are best seen by "lifting the lip".





## Dental Caries

Wipe the teeth with a 2X2 gauze and retract the lips and cheeks. Look for obvious decay and/or erosion that may result from frequent reflux, altered salivary flow, cariogenic diets, or inappropriate feeding practices.

Early childhood caries occurs most often on the facial and lingual surfaces of the maxillary teeth.

## Developmental Anomalies, Delayed Tooth Eruption and Malocclusion

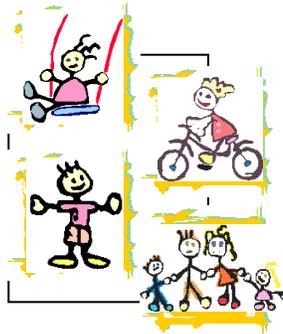
During the extraoral examination, note any craniofacial anomalies or facial asymmetry. Most children with cleft palate/cleft lip are under the care of a multidisciplinary team of professionals right after birth, since treatment consists of a sequence of corrective surgeries and therapies.

Moving intraorally, check for malocclusion in the primary teeth that may create problems in the permanent dentition. Malocclusions occur frequently in children with developmental problems (more than 80 craniofacial syndromes exist). Hypoplasia of the maxilla, micrognathia, and prognathia are especially prevalent.

Delayed eruption of teeth is seen in children with certain genetic disorders, particularly Down syndrome, or in children with general developmental delays that involve the oral musculature. Check the sequence of eruption to determine if the sequence is normal and just delayed, or if there is a more isolated eruption problem.

Note any deviation or morphologic defects in teeth that may be due to growth disturbances, muscle dysfunction, Down syndrome, oral clefts, hypothyroidism, ectodermal dysplasia or other conditions that are associated with variations in the number, size, and shape of teeth.

Supernumerary teeth, as well as fused and geminated teeth may be seen. Anodontia and hypodontia also are associated with genetic disorders and syndromes. Damage to the developing dentition can be caused by laryngoscopy and endotracheal intubation in babies who are pre-term or who experience other problems after birth.



## **Diseases of the Gingiva and Other Soft Tissues**

- Examine the gingival tissue noting any inflammation, bleeding, infection, tissue overgrowth, or tissue destruction from self-injurious behavior.
- Early severe gingivitis or early periodontitis can occur in children who have impaired immune systems or connective tissue disorders and inadequate oral hygiene.
- Gingival overgrowth is a side effect of medications such as phenytoin sodium, calcium channel blockers, and cyclosporine. Look for any signs of superimposed infection.
- While inspecting the soft tissues, also check for signs of other infectious diseases such as herpetic gingivostomatitis, herpes labialis, or fungal infections, especially if the child is on regular antibiotic therapy, or if you suspect child abuse or neglect.

## **Oral Reflexes and Oral Sensitivity**

- Assess for oral hypersensitivity, excessive gagging, swallowing difficulties or oral hypotonicity. Any of these factors can interfere with optimal feeding, toothbrushing and in-office preventive dental care. Food adherence and retention in the mouth due to food consistency, inadequate oral hygiene or abnormal muscle control are risk factors for dental disease.

## **Oral Injuries**

- Children who experience some types of seizure disorders, abnormal protective reflexes, muscle incoordination, behavioral disorders, or attention deficit disorders are at high risk for facial and intraoral trauma, some of which may be self-inflicted. Look in the mouth for any fractured, intruded, extruded, missing or mobile teeth, lacerated frenums and scar tissue. Lip and facial lacerations are common and can easily become infected.
- Check the hands for evidence of repetitive finger sucking or biting.
- Children with developmental disabilities are at risk for child abuse if the caretaker is overwhelmed, becomes frustrated with the child's behavior, and is unable to understand the child's limitations. Up to 50% of abused children suffer injuries to the head and neck.

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## Home Care Counseling and Anticipatory Guidance for Oral Health

Anticipatory guidance in this document refers to oral health counseling based on developmental stages in a child's life. Although in most children it is based on chronological age, in children with developmental disabilities or delays, it is based more on an overall assessment of the child's growth and development and level of functioning in activities of daily living. Parents frequently report that they receive little information about their child's dental growth and development and that they often don't feel confident in performing oral hygiene care.

The best way to involve parents and to increase their understanding and confidence is to explain what to look for and what you see in the child's mouth. Then demonstrate appropriate oral care skills. Ask the parents to demonstrate how they clean and inspect their child's mouth. Inquire about any problems they encounter and brainstorm together to arrive at some realistic strategies for home care. Level of comfort and the type of problems encountered will change as the child progresses through various developmental stages.

### Desired Outcomes

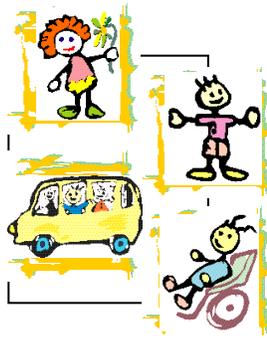
- ▲ Parents are informed of oral development and teething issues.
- ▲ Parents are informed of, and practice, preventive oral health care, including brushing child's teeth with pea-size amount of fluoride toothpaste.
- ▲ Child is given increasing responsibility for self-care as development and motor skills allow.
- ▲ Child rides in appropriate and properly secured car safety seat.
- ▲ Child's environment is safeguarded to protect against oral/facial injuries; protective gear is worn as needed.
- ▲ Child receives appropriate fluoride exposure.
- ▲ Child has no active carious lesions.
- ▲ Child has healthy oral soft tissues.
- ▲ Child has functional occlusion.
- ▲ Child receives regular dental care.
- ▲ Family is satisfied with the child's care and their relationship with the dental team.

Information adapted from the publication: Casamassimo P. *Bright Futures in Practice: Oral Health*. Arlington, VA, National Center for Education in Maternal and Child Health, 1997.

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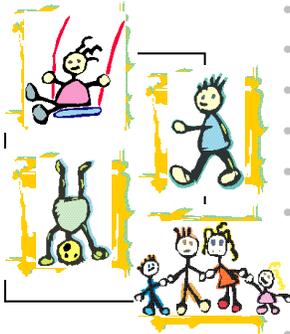
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## Anticipatory Guidance

- Teach parents to “lift the lip” to check for white spot lesions or early childhood caries as well as oral lesions or dry tissues from mouthbreathing. Use colored photos to show various conditions (see the “Oral Conditions” insert in this guide.)
- Provide fluoride based on an assessment of the child’s source and consumption of drinking water; counsel parents about proper use and storage.
- After the first dental visit, establish periodic recall intervals based on the child’s needs, parental confidence in home oral care practices, and risk for future dental problems.
- Review ways to prevent dental injuries and how to handle common dental emergencies, especially the loss or fracture of a tooth, or a severe oral laceration or infection from biting the tongue or lip. Provide parents with a phone number for dental emergencies after office hours.
- Discuss the benefits of dental sealants in preventing tooth decay.
- Demonstrate use of a pea-sized amount of toothpaste and how to effectively brush all the teeth. Developmental skills will determine the age at which a child can effectively perform oral hygiene skills. Share the inserted handout on “Positioning” for toothbrushing with parents. Help the parents decide what oral hygiene aids will be most appropriate for their child. Try to recommend ones that can be purchased in most stores (see the insert “Oral Hygiene Aids” in this guide.)
- If a child regularly sucks a pacifier, fingers or hands past age 4 or 5, begin to intervene to help the child break the habit.
- Coordinate any dietary recommendations with the primary care medical provider and others involved in the child’s care. It is particularly important to coordinate recommendations on appropriate bottle feeding (if used) with special dietary regimens for specific nutritional or feeding disorders to prevent early childhood caries.
- If oral motor dysfunction interferes with home oral care or delivery of dental services, consult with other members of the child’s multidisciplinary health care team (e.g. occupational or physical therapist, nutritionist or early childhood specialist).



## **Dental Health Education Materials**

Every person learns differently; most learn using multiple modalities e.g., seeing, hearing, doing. It is important to gear health education approaches to the person's best ways of learning. If one or more modalities are impaired, the task is even more challenging. Assessing learning interest and modalities is a key component to any health education effort.

Many families of children with special health care needs have related that dental health education materials or approaches used in dental offices or school programs were not appropriate for their child's needs and abilities and didn't address their questions. Consider the following factors when selecting or designing materials for these families.

- ▲ Family members and children of different ethnic groups are portrayed.
- ▲ Photos or drawings include children with special needs.
- ▲ Materials are colorful, modern and attractive.
- ▲ The visual layout is easy to follow and maintains interest.
- ▲ Information is short and concise, with non-technical language.
- ▲ Important points are highlighted.
- ▲ Language and language level are appropriate for the family.
- ▲ The health messages reflect current dental science and are not outdated or inaccurate.
- ▲ The content reflects the office philosophy.
- ▲ Rationales for recommendations are included.

## **Selected Brochures, Pamphlets**

Selected resources for parents are included because they are specific to children with special health care needs or they contain good information on children's oral health care.

Brochures on infant and children's oral health are available at \$40.00 for 100 from:

American Society of Dentistry for Children  
875 North Michigan Avenue, Suite 4040  
Chicago, IL 60611  
Phone: 312-943-1244  
Fax: 312-943-5341  
<http://cudental.creighton.edu/asdc>

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Information Sheets — Just for Parents:  
California Society of Pediatric Dentistry  
www.cspd.org

ARC Oral Health Care Packet: Preventing Dental Disease in Children with Disabilities — 10 page folder with at-home tips and techniques on oral health care for children with disabilities. Easy to copy for using with parents. 1-24 copies @ \$2.00 each or 25+ copies @ \$1.25 each from:

American Dental Hygienists' Association  
444 North Michigan Avenue, Suite 3400  
Chicago, IL 60611  
Phone: 800-243-2342, Press #2  
Fax: 312-440-8929  
www.adha.org/shopping/patient.htm

Dental Care for Special People — Covers oral hygiene care, sealants, medication effects, and more. 16 page brochure, 50 copies for \$23.00 or 100 copies for \$41.00 from:

American Dental Association  
PO Box 776  
St Charles, IL 60174  
Fax: 630-443-9970  
www.ada.org

Protect Your Child's Teeth! Put Your Baby to Bed With Love, Not a Bottle — available in English, Spanish, Chinese, Vietnamese, Cambodian, Laotian, Thai, \$10.00-15.00 depending on quantity from:

The Dental Health Foundation  
520 Third Street, Suite 205  
Oakland, CA 94607  
Phone: 510-663-3727  
Fax: 510-663-3733  
www.dentalhealthfoundation.org

Perlman, SP, Friedman C and Kaufhold GH. Special Smiles. A Guide to Good Oral Health for Persons with Special Needs. Free.

Special Athletes, Special Smiles  
Fulfillment Inc.  
1123 Pearl Street  
Brockton, MA 02401  
Phone: 508-583-6385  
Fax: 508-580-9792

Overcoming Obstacles to Dental Health. A guide to good oral health for persons with special needs. Available from:

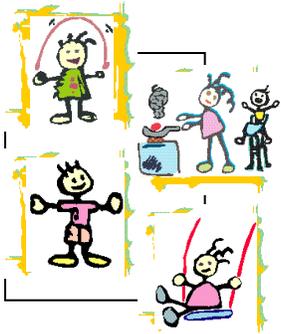
University of the Pacific Dental School  
Special Needs Program, Room 101  
2155 Webster Street  
San Francisco, CA 94115  
Phone: 415-929-6428  
Fax: 415-929-6654



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Seal Out Dental Decay; A Healthy Mouth for Your Baby  
Available from:

National Institute of Dental Research  
P.O. Box 54793  
Washington, DC 20032  
www.nidr.nih.gov

Dental Care for Your Baby — multiple brochures:  
American Academy of Pediatric Dentistry  
211 E. Chicago Avenue, Suite 700  
Chicago, IL 60611  
Phone: 312-337-2169  
Fax: 312-337-6329  
www.aapd.org

This national clearinghouse may have additional materials:  
National Maternal and Child Health Clearinghouse  
2070 Cain Bridge Road, Suite 450  
Vienna, VA 22182  
Phone: 703-356-1964  
Fax: 703-821-2098  
www.ncmch.org/oralhealth

Oral Care for Persons with Disabilities and Their Caregivers. Set of six booklets for \$14.00.

University of Washington School of Dentistry  
Dental Education in Care of the Disabled  
(DECOD) SC-63  
Seattle, WA 98195  
Phone: 206-543-5448  
Fax: 206-685-8412

## Videos

Preventing Tooth Decay: Infants and Toddlers — available in many languages for \$28.50 from:

Guninder C Mumick  
Multicultural Health Education Consultant  
Vancouver Health Board  
1060 West 8th Avenue  
Vancouver, BC V6H 1C4  
Fax: 604-734-7897

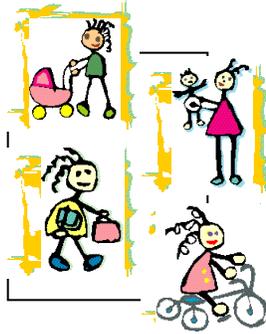
Overcoming Obstacles to Dental Health (See previous citation under Pamphlets.)

Healthy Smiles for Children with Special Needs — 12 minute video, stories told by three parents; ABC's of Infant Oral Health — video, poster and reference cards. AAPD. (See previous citation under Pamphlets.)

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## ***In-Office Preventive Dental Procedures***

Preventive dental care can be a pleasant and rewarding experience for a child with special health care needs if enough time is taken to establish trust and to provide an orientation to the dental office environment, equipment and procedures. Noise may startle children with sensory impairments or those who have impaired ability to understand the procedures. Introduce all instruments and equipment before using them. Demonstrating on the child's or your fingernail or on a doll will help the child to understand the procedure. Two people working as a team (e.g., dentist and dental hygienist; dental hygienist and dental assistant) sometimes are needed to accomplish preventive procedures in an efficient and comfortable manner with some children.

Involving parents in the child's care while in the operatory requires good communication before, during and after you provide preventive services. Decisions about appropriate ways to involve the parents are based on discussions before beginning the procedures and on observations of parent/child interactions.

Because each child's needs are unique, a preventive plan should be individualized and reassessed on a regular basis. Dental staff may wish to develop a checklist for parents of recommended in-office and home-care preventive measures, as well as key messages to reinforce the importance of regular care. The following preventive measures should be considered when developing a prevention plan.

### ***Fluorides***

#### ***Fluoride in Drinking Water and Fluoride Supplements***

Determination of systemic supplementation of fluoride is made on the basis of knowledge of the child's drinking water sources and consumption.

Children with physical or mental challenges may be dependent on others for their water intake. Even if the drinking water is fluoridated, actual intake may be limited.

- If recommending a prescription for fluoride tablets, consider whether the child can chew, swish or spit and if parents understand the proper dosage and frequency. Discuss the difference between “dropperful” and “a drop” if prescribing liquids. Liquids may be easier for young children with oral motor problems as drops can be placed directly in the mouth.
- The following table contains the dosage schedule (approved in April 1994 by the American Dental Association Council of Scientific Affairs) for fluoride supplementation as recommended by the American Academy of Pediatrics, the American Dental Association and the American Academy of Pediatric Dentistry.

**Systemic Fluoride Supplement Dosage Schedule**  
*Fluoride Ion Level in Drinking Water (ppm)\**

Age	<0.3 ppm	0.3-0.6 ppm	>0.6 ppm
Birth to 6 months	None	None	None
6 months to 3 years	0.25 mg/day**	None	None
3 to 6 years	0.50 mg/day	0.25 mg/day	None
6 to 16 years	1.0 mg/day	0.50 mg/day	None

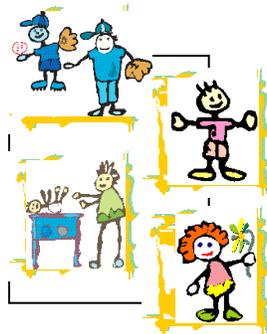
\*1.0 ppm = 1 mg/liter

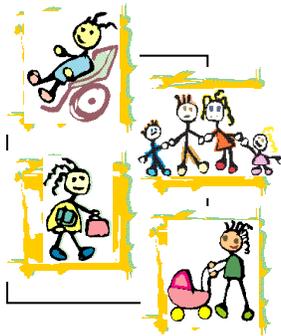
\*\*2.2 mg sodium fluoride contains 1 mg fluoride ion

**Topical Fluorides**

Topical gel or foam applications may be especially beneficial for children who are unable to use home oral rinses with fluoride or who are at high risk for caries development. Adaptations may be needed for children who have oral motor dysfunction (abnormal reflexes or muscle control) or oral hypersensitivity (over-reaction to touch, taste or smell).

- ▲ Gel or foam applied in trays requires frequent use of suction to prevent choking, excessive drooling or aspiration.
- ▲ The trays may trigger hyperactive bite or gag reflexes; brushing on the gel or foam for the same period of time with use of suction may be more successful.
- ▲ Experiment with the taste of the product with the child before application to assure acceptance.



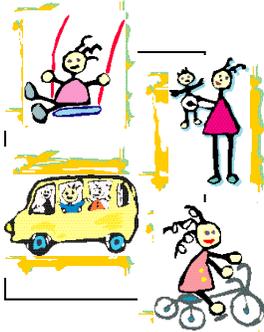


- Oral rinses generally are only recommended for children who have adequate oral motor control for “swishing and spitting”. Many children with oral motor dysfunction tend to swallow the rinse.
- Brushing on the rinse or use of brush-on gels is more appropriate for these children. Alcohol-free rinses should be used with children.
- Demonstrate to parents or other caretakers applying only a dab of toothpaste (pea-size) and ask them to closely supervise brushing to prevent ingestion of toothpaste. If the child persists in swallowing the toothpaste, consider using a non-fluoride toothpaste or one made just for very young children.
- Fluoride varnishes are easy to apply and becoming more accepted as preventive agents by the dental community. They do not necessarily require application in the dental office, and may be placed at community-based programs such as Head Start, WIC, or a regional center for the developmentally disabled.
- Fluoride varnish should be applied at intervals of three to six months in children who are at increased risk for early childhood caries. Currently, use of fluoride varnish in caries prevention is considered “off label” use by the FDA, since varnishes originally received approval for use as a cavity varnish. Off label use does not mean that it is illegal or unethical to use varnishes as preventive agents. The Federal Food, Drug and Cosmetic Act doesn’t limit the manner in which physicians or dentists may use approved drugs. (FDA. Use of approved drugs for unlabeled indications. FDA Drug Bulletin. April 1982.)

### **Dental Sealants**

- If children are at risk for developing dental caries due to dietary factors, salivary dysfunction, or tooth anatomy, they may benefit greatly from sealants and may be cooperative since sealants don’t require placement of a rubber dam or an injection.
- Children who severely brux their teeth (e.g., from severe mental retardation, cerebral palsy or autism) may not be candidates for sealants because of the flattened occlusal plane.
- Maintaining a dry working field may be difficult with some children who have oral motor dysfunction. Efficient and effective suctioning is essential. Use the air syringe cautiously as it may trigger a startle reflex.





## **Antimicrobials for Gingivitis**

Some children with diseases/disorders such as leukemia, kidney failure, immune deficiencies or Down syndrome may experience moderate to severe gingivitis or periodontitis. They may also experience more fungal or other opportunistic infections. These may interfere with chewing and nutritional intake.

Oral antimicrobial rinses generally are not appropriate if the child can't swish or spit. The alcohol content also may be a contraindication for children. Concentrations that can be swabbed, brushed, or sprayed onto the gingiva are more effective.

Systemic antibiotics for gingivitis should be used with caution if the child is on multiple medications or frequent antibiotics for other reasons. Medical consultation may be indicated.

## **Scaling and Prophylaxis**

Some children who have special health needs develop excessive calculus. Causes can include mouthbreathing, inadequate salivary flow, metabolic disorders, kidney failure, tube feedings, oral motor dysfunction or inadequate oral hygiene. Scaling with hand or power instruments may be needed. Meticulous suctioning is needed to prevent aspiration of water or fragments of calculus.

If oral debris is heavy, a very light rubber cup polishing may be useful to remove gross layers of debris. Routine rubber cup prophylaxis in very young children are not recommended for general plaque removal, as they remove the outer fluoride-rich layer of enamel that is important for the process of caries prevention and remineralization. Simple toothbrushing is as effective for plaque removal and is generally more acceptable to children. Toothbrushing also reinforces the method used for home care.

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# When Specialized Treatment Techniques Are Needed

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- **Section Overview**

- The materials contained in this section address the need for specialized dental care and may be used by the dental provider in preparing children and their families for such care.

- **Behavior Management Considerations in Treatment of Children with Special Health Care Needs**

- A brief description is included of some of the techniques that may be used for stabilization and behavior management by general dentists but most commonly by the dental specialist. Parents often do not understand the purpose for the use of these management options and will need a clear explanation when and if they are used.

- **Sample Consent Form**

- An example is included of a consent form to be signed for a child who will require stabilization techniques. This is an acknowledgment by the parents that they have been informed of and agree with the techniques that will be used and why they are used.

- **Dental Specialty Resources for Children with Special Health Care Needs**

- This form can serve as a resource list to use when arranging for and coordinating a child's specialty care.

- **Preparing Children and Their Families for the Hospital Dental Experience**

- This outline may be used when discussing some of the issues involved with hospitalizing a child for dental care.

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# Behavior Management Considerations in Treatment of Children with Special Health Care Needs

## General Considerations

Behavior management represents a continuum of interaction for the purpose of establishing rapport, promoting positive behavior in the dental office setting, and performing treatment effectively, efficiently and safely. All management decisions must be based on an evaluation, weighing benefit and risk to the child. Decisions regarding treatment and management cannot be made unilaterally by the practitioner, but must involve the parents, and, if feasible, the child. This partnership is necessary to ensure informed consent, and an understanding of all procedures with their risks and benefits, before the management techniques are initiated.

Adverse behavior for dental care can result from fear or lack of understanding of dental procedures, personnel or the dental office environment. It can be a consequence of immature development or impaired development. Lack of stability or muscle control or impulse control also can create behavior that can endanger the safety of the patient or the dental provider during dental treatment. Communicative management using voice control, nonverbal communication, tell-show-do technique, positive reinforcement, and distraction are the preferred methods. Comprehensive dental services for some children who are disabled or who are very young require the use of more complex management techniques. These techniques should be selected on an individual basis, according to what treatment is needed and the child's health/physical status. They should only be used after other behavioral management techniques have proven ineffective. These techniques are used to minimize the risk of injury to the patient and to the provider. Adequate provider and staff training (and certification in some cases) is critical to proper use of these techniques.

Various national organizations periodically issue guidelines on behavior management considerations for dental care in the office setting as well as in residential facilities. Citations for locating some of these guidelines are listed in the Bibliography section of this Guide.





**Informed Consent**

An important component of behavior management is informed consent. Merely having a signature on a form is not informed consent. In general, the doctrine of informed consent requires that informed consent be obtained before a health professional may legally provide treatment. Informed consent implies two separate responsibilities:

- ▲ Disclosing information to the patient/parent
- ▲ Obtaining the patient's/parent's consent before administering treatment.

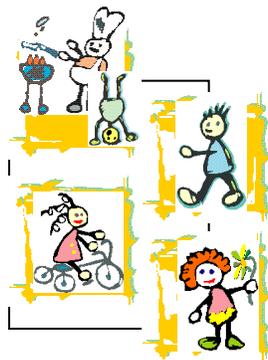
The following elements constitute informed consent:

- ▲ Information, including:
  - a. Reasons for treatment
  - b. Diagnosis
  - c. Prognosis
  - d. Nature of cure and treatment
  - e. Alternatives
  - f. Risks
  - g. Expectancies of success
  - h. Possible results if no care or treatment is undertaken.

The patient also has a right to know which option the health care provider recommends. The health care provider has no obligation to present options which he/she considers to be unacceptable.

- ▲ Comprehension: The health professional must actively engage the patient/parent in a verbal exchange to clarify issues, ask/answer questions, and verify the patient's/parent's comprehension. This should be done in the family's primary language, with the assistance of a trained interpreter if needed.
- ▲ No deception or coercion can be used to gain consent.
- ▲ The person making the decision must be considered "competent" to understand the information and to make a decision.
- ▲ The patient/parent must clearly communicate his or her choices.

An example of a behavior management form that can be reviewed and signed by parents after the provider has thoroughly discussed the options is included in this section of the Guide. Including a photo of the procedure, or having the parents watch a video, sometimes might increase understanding of the process and may prompt or clarify questions.



**Specific Techniques**

*Restraint.* No consensus exists among states for the definition of restraint or what constitutes the use of restraints. Each practitioner should clarify the issue with the State Board of Dentistry before establishing an office policy about restraints. The Academy of Dentistry for the Handicapped (now renamed the Academy of Dentistry for Persons with Disabilities) issued recommendations in 1987, some of which are summarized here:

- ▲ Restraint shall be employed only when absolutely necessary.
- ▲ When deemed necessary, the least restrictive alternative should be chosen.
- ▲ Restraint shall not be used as punishment.
- ▲ Restraint shall not be used solely for the convenience of the staff.

The use of restraints is recognized as acceptable dental practice when appropriately applied to control behavior while administering dental care to patients who are developmentally disabled.

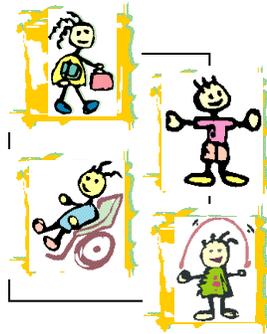
More acceptable terms for restraint are “stabilization” or “immobilization” to help position the child and to prevent injury. Methods vary from assistance in holding the child’s hands or legs still, using positioning devices, a seatbelt or shoulder support in the dental chair or wheelchair, or using a commercial product such as a PediBoard™. Care is necessary to avoid bruising the skin, overheating in the wraps, or perceptions of punishment by the parents or the child.

*Nitrous oxide* is administered to reduce anxiety, reduce gagging, raise the pain-reaction threshold, and relax the child. Sometimes the nosepiece and the sensation have an opposite effect so that the child becomes frantic and extremely fearful. Many children with developmental disabilities are mouthbreathers, which may make nitrous oxide ineffective.

*Oral or parenteral conscious sedation* can also be used, but needs to be closely monitored and sometimes has an opposite effect, making the child hyperactive. Children with special health care needs may respond inconsistently to premedication. Standard dosage parameters of age and weight are not always applicable. IV sedation seems to be more reliable than oral sedation.

*General anesthesia* for dental care sometimes is necessary and can be done in an ambulatory care setting, a same-day surgery center, an outpatient surgery center, or an inpatient hospital setting. Some children have medical conditions (e.g., certain respiratory disorders or heart conditions) that may contraindicate use of general anesthesia for routine dental care. Conscious sedation, deep sedation and

- 
- general anesthesia should only be provided by qualified and appropriately trained and certified professionals in accordance with state regulations.
  - When using any behavioral management technique, include a narrative description in the child's dental record as well as a consent form. Documentation should include the type of behavior management used, the indications for the decision to use the technique, how long it was used, monitoring procedures, the process for informed consent, and what instructions were given to the parents before and after the treatment.
  - Advanced management techniques are usually only appropriate when dental treatment is required and should not be used routinely for examinations or preventive procedures such as sealants or prophylaxes. Behavior management that is beyond the current educational training and clinical experience of the dental practitioner and office staff should prompt a referral to practitioners who can render care more appropriately and effectively.



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# Consent for the Use of a Papoose Board

**SAMPLE**

It occasionally becomes necessary to control excessive head, arm and leg movements to provide safe, comfortable and quality dental treatment. These patients are usually very young, fearful and may be moderately disabled.

A technique that we use for stabilizing children's arms, legs and body is the Papoose Board with cloth wraps.



By signing below, you state that you give permission to \_\_\_\_\_, (name of health professional) to use the Papoose Board today to care for your child. You acknowledge that the procedure and its risks and benefits have been explained to you, that you understand the information, your questions have been answered, and other treatment options have been offered.

Thank you for taking the time to read and sign this document.

\_\_\_\_\_  
PRINT PATIENT'S NAME

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
PATIENT'S AGE

\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_  
WITNESS' SIGNATURE

\_\_\_\_\_  
YOUR RELATIONSHIP TO PATIENT

\_\_\_\_\_  
PRINT WITNESS' NAME

\_\_\_\_\_  
TODAY'S DATE

Adapted from "Consent for the use of a Papoose Board", University of the Pacific School of Dentistry, San Francisco, California

*Dental Specialty Resources for Children  
with Special Health Care Needs*

Providers	Address	Phone	Accessibility	Limitations	Payment	Training	Other
Pediatric Dentistry							
Orthodontics							
Oral Surgery							



## *Dental Specialty Resources for Children with Special Health Care Needs: Completion of Form*

Providers:	List name of clinic, group, etc. and names of all providers who see children with special needs.
Address:	Address of offices; include second office if applicable.
Phone:	Phone number for making appointments, direct phone to dentist if applicable, or after-hours number.
Accessibility:	Accessibility could include codes such as — PTR: on public transportation route. PF: free parking. PP: pay parking. WA: wheelchair accessible. EH: evening hours. SH: Saturday hours. Languages: Spanish, Cambodian, Vietnamese, Russian, etc.
Limitations:	Limitations could include comments such as— Children ages 4-16. No new patients until March. 3 month wait for appointment. 2 new Denti-Cal patients/month. Open bay — no private rooms. 3/4 of operatories can't accommodate wheelchairs.
Payment:	Payment methods could include codes such as — DC: Denti-Cal. DD: Delta Dental. CCS: California Children Services. OTP: Other Third Party. EPP: Extended Payment Plan. FPAV: Full Payment At Visit. CP: Co-pay Per Visit. HF: Healthy Families.
Training:	Special course in serving children with special health care needs. Experience treating children with special health care needs during specialty training. ADPD (Academy of Dentistry for Persons with Disabilities) membership. Hospital appointment or on cleft palate or oncology team.
Other:	Other issues such as types of management techniques used (e.g., nitrous oxide, general anesthesia, papoose boards), willing to do oral screenings in community settings, willing to give presentations to parents/caretakers or trainings for other healthcare providers.

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## Preparing Children and Their Families for the Hospital Dental Experience

The hospital dental experience can cause a great deal of fear and anxiety in a child. Such concerns may include:

- ▲ Separation from family and home
- ▲ Dental treatment/surgery
- ▲ Masked and gowned strangers
- ▲ Needles and medicine
- ▲ New sights, sounds, and smells.

To ensure that children and their families are informed, and are supported prior to, during, and following the hospital experience, it may be helpful to provide them with the following information in case the hospital does not.

### **Before the Hospitalization:**

- ▲ What medications the child will be taking before the procedure and a review of what medications the child already is taking for any possible adjustments.
- ▲ What diet restrictions the child must follow.
- ▲ Where the procedure will take place.
- ▲ How the child will be transported.

### **During the Procedure:**

- ▲ Who will perform the procedure.
- ▲ Whether the child will be awake, sedated, or anesthetized.
- ▲ How the child will be positioned (whether the child will be secured or required to remain still).
- ▲ How the child will be clothed.
- ▲ Whether the child will be attached to any equipment.
- ▲ What medications the child will receive and the route of administration.
- ▲ The approximate length of the procedure.
- ▲ The degree of discomfort (from all sources) that the child might expect.
- ▲ What the child is allowed to do for him/herself.
- ▲ Where the parents will be during the procedure.





**After the Procedure:**

- ▲ What degree of pain the child might be expected to experience.
- ▲ What medications the child will take.
- ▲ Where the child will be taken.
- ▲ What restrictions will be placed on the child and for how long.
- ▲ What the child's appearance may be – discoloration of skin, swelling, an incision site, a bandage or packing, or intravenous medication apparatus.
- ▲ Home care procedures after discharge.

**To help reassure a child prior to hospitalization, remind him/her that:**

- ▲ People in the hospital are there to help when you need extra care.
- ▲ If an overnight stay is needed, sometimes your parents can stay overnight with you.
- ▲ You can bring your favorite things from home.
- ▲ If something hurts or you are scared, let a grown-up know.
- ▲ It's okay to ask about things you don't understand.
- ▲ Most hospitals have playrooms where you can play and meet friends.
- ▲ When you get home, you can make a book about your hospital stay or play hospital with your friends.

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# Indicators of Quality Dental Care

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- **Section Overview**

- This section contains items that relate to quality dental care for children with special health care needs from the family's perspective. They were developed specifically for the California Connections Project.

- **Indicators of Quality Dental Care for Children with Special Health Care Needs**

- Included is a checklist of indicators that relate to the family's ability to access care and then receive quality dental care. They can be adapted for individual practices or integrated with other quality assurance measures used by managed care plans. Dental offices can use these indicators as a report card of how well you are providing services.

- **Family Satisfaction Questionnaire**

- The questionnaire may be used to obtain feedback from families on how satisfied they are with the care their child receives and with the dental team members who provided the care. It can be used for any family, not just those with children who have special health care needs.



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# Indicators Of Quality Dental Care for Children with Special Health Care Needs

## Access to Care

- ▲ Family receives names of dentists/ dental practices or a direct referral.
- ▲ Child is seen for a dental screening by age one or by the eruption of the first tooth, whichever comes first.
- ▲ Dental benefits and limitations of coverage are explained in the family's primary language and at a level they can understand.
- ▲ Family does not experience denial of care due to child's specialhealth care needs.
- ▲ Family is able to schedule an appointment for initial or routine care within 1 month of calling.
- ▲ Child is able to be seen for dental emergency by a dental provider within 24 hours.
- ▲ Specialty services are available and facilitated by a direct referral.
- ▲ Potential obstacles to care (such as transportation) are assessed and resources are identified to help alleviate the obstacles.

## Quality of Care

- ▲ Family is informed about the oral health, oral development status, and dental needs of their child.
- ▲ Family is taught effective preventive oral care procedures to use with their child at home.
- ▲ Family is given anticipatory guidance to prevent future oral diseases or injuries.
- ▲ Family is involved in dental care decisions.
- ▲ Informed consent for treatment is given in family's primary language at a level they can understand.
- ▲ Dental care is provided in the least restrictive and safest environment for the child.
- ▲ Family members and child are treated with dignity and respect by providers and staff.
- ▲ Child is able to receive care according to the identified needs.
- ▲ Treatment needs and preventive care are completed in a timely manner and a recall cycle is initiated of at least yearly care.
- ▲ Care among multiple providers is coordinated and there isinterprofessional communication.
- ▲ Child's oral health status improves as a result of care.



# Family Satisfaction Questionnaire

We would like to know how satisfied you were with your child's appointment today. Please answer the following questions to help us provide quality care to all of our patients. Your answers will be confidential — you do not need to sign your name.

1. What did you expect for your child's appointment today and what was actually done?

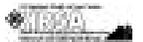
	Expected		Received	
	No	Yes	No	Yes
An exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X rays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other preventive procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental fillings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling about home oral care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to a specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

2. How satisfied were you with each of the following?

	Very Dissatisfied	Satisfied	Very Satisfied
Scheduling appointment at convenient time for us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time between making appointment and being seen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time waiting in reception or exam room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time spent with our child during appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time spent discussing care with us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of office policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment policies and arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of exam or dental procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with front office staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

3. How would you rate the dental health professionals who provided care for your child?

	Poor	Ok	Excellent
Made us feel welcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged us to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listened to our opinions and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked enough health and social history questions to understand our child's abilities and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained things clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showed a caring attitude toward our child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave us information to take home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Poor	Ok	Excellent
Obtained consent for special behavior management techniques and dental care which we understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emphasized the importance of prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involved us in making dental care decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used up-to-date techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected our values and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed need for follow-up and recall appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoke our language or arranged for language interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

4. Put a check in the box if you encountered any of the following obstacles when seeking care at our office. If you did, please describe the obstacles so we can consider improvements.

- Physical obstacles in parking lot, entering building, or inside the office
- Communication barriers
- Transportation problems
- Need to take time off from work
- Need to arrange child care for other children
- Other \_\_\_\_\_

5. What could we have done to make your visit more comfortable?



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# Linking with Community Resources

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- **Section Overview**

- This section contains materials that pertain to some of the community programs and/or services that may be helpful to dental team members who provide care to families of children with special health care needs. Note that resources and contact numbers may change over time.

- **Overview of Community Resources and How They Can Help with Dental Care**

- Some of the programs and services are described that may be available in the community to assist providers and families in locating additional support, services or information.

- **California Children Services (CCS)**

- A list of State, Regional and County CCS offices, with the addresses/telephone numbers.

- **California Family Resource Centers/Networks**

- A list of all the Family Resource Centers/Networks in California, with the addresses/telephone numbers.

- **California Regional Centers**

- A list of the 21 Regional Centers that are under the administration of the California Department of Developmental Services.

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## Overview of Community Resources and How They Can Help with Dental Care

### Denti-Cal Program

Children with special needs who are Medi-Cal eligible may receive dental care from a provider who is participating in the state and federally funded Denti-Cal program. The Denti-Cal program is administered by the California Department of Health Services and serves low-income individuals who would otherwise not have access to dental care. A primary care physician may refer a child to a dentist but ordinarily families seek a Denti-Cal dentist on their own. Denti-Cal participating dentists are reimbursed directly by the Denti-Cal program. For more information, providers may contact: (800) 423-0507. Beneficiaries may call: (800) 322-6384.

### California Children Services (CCS)

Administered by the California Department of Health Services, CCS serves children under the age of 21 with certain genetic, neurologic and orthopedic conditions. Services are arranged for and provided to these children through county and State regional offices. Family eligibility is determined by the child's medical condition, adjusted gross income, and residency requirements. Children who are not Medi-Cal eligible but who are eligible for CCS may receive dental services (including preventive and restorative services, and general anesthesia when administered in a CCS-approved facility) that are paid for by CCS under certain conditions, e.g., when a child has disabling malocclusion, cleft palate or cranio-facial anomalies, when routine dental care is complicated by the CCS-eligible condition or when specialized dental care is part of the treatment plan for the CCS-eligible condition. For more information, contact your local health department or (916) 654-0499.

### Dental Schools

Five dental schools are located in California — two in Northern California in San Francisco (University of California, San Francisco (415) 476-1891 and University of the Pacific (415) 929-6501), two in Southern California in Los Angeles (University of California, Los Angeles (310) 206-3904 and University of Southern California (213) 740-0412) and one in Loma Linda (Loma Linda University (909) 824-4222). Most do not have separate clinics for children with special needs but integrate these children into the general pediatric





- or advanced general dentistry clinics. Financing of dental care in most dental schools is through third-party payors, including Denti-Cal, or fee-for-service (usually reduced fees).

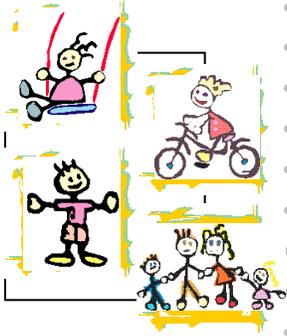
### **Donated Dental Services (DDS)**

- The DDS program is funded through the Foundation of Dentistry for the Handicapped, a charitable affiliate of the American Dental Association. The program serves people of all ages, who because of serious disability, advanced age, or medical problems, lack adequate income to pay for needed dental care. There are no rigid financial eligibility requirements. Individuals who qualify are generally treated at no cost; however, those who can pay for part of their care may be encouraged to do so, especially when laboratory work is involved. Anyone may submit an application that will be reviewed by a referral coordinator who may call to obtain additional information. Applicants are matched with a volunteer dentist who sees the patient and schedules the work. For an appointment and more information, contact the Northern California DDS Coordinator at (916) 498-6176 or the Southern California Coordinator at (310) 258-4006.

### **Regional Centers**

- The regional center system for individuals with developmental disabilities in California, which includes 21 regional centers, was established by the Lanterman Mental Retardation Services Act of 1969. Each regional center is a private nonprofit corporation working under contract with the California Department of Developmental Services. Any California resident with a known developmental disability attributable to mental retardation, cerebral palsy, epilepsy, autism, or other handicapping conditions found to be closely related to mental retardation, is eligible to receive services. The disability must begin before the 18th birthday, be expected to continue indefinitely, and present a substantial disability. Infants and children (birth through 3 years old) are eligible for services if they have one of the covered conditions or are at risk for a developmental disability. A variety of services may be purchased depending upon the needs of the consumer and available funding. If dental problems are detected by the client service coordinator, dental services may be arranged and paid for by the regional center. To locate a regional center in your area, see the attached list or contact the Regional Center Branch at the California Department of Developmental Services at (916) 654-1954.





## **Family Resource Centers/Networks**

For children with special health care needs, parent-to-parent support is provided by a varied group of nonprofit, often times parent-run organizations. These include: federally-funded parent training and information (PTI) centers (US Department of Education); disability specific groups such as the Learning Disabilities Association, United Cerebral Palsy, the Area Resource Councils, Children and Adults with Attention Deficit Disorder, the Autism Society; and the statewide network of Family Resource Centers/Networks. The centers are funded to provide support, training, and information to families with children with special needs (Early Start Program). Frequently, other parents are the best source for finding specialty dental care.

## **Local Dental Societies and Dental Hygiene Components**

For information about dental referral resources in your community, local dental societies and dental hygiene components may be helpful. Call the California Dental Association for the telephone number of the dental society in your area (800) 736-8702 or the California Dental Hygienists' Association for the telephone number of your local dental hygiene component (916) 442-4531.

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# Bibliography and Other Resources

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- **Section Overview**

- This section contains a variety of resources and references for dental teams. They represent informal and formal opportunities to increase your knowledge and skills in providing special patient care as well as resources for referral or specialized equipment. This is not a complete list but focuses on selected resources and references relevant to the information in the planning guide.

- **Resources**

- Selected books, newsletters, training and continuing education programs, clearinghouses and sources for dental references and special equipment are included. Note that contact information for organizations may change over time.

- **Bibliography**

- Selected references are included to document sources of information used in developing this guide as well as an array of articles for further reading on various topics.



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## Resources

### Books

Casamassimo P, ed. *Bright Futures in Practice. Oral Health. Arlington VA, NCEMCH, 1996. (Oral Health Quick Reference Cards also available based on this book.)*

Contact: National Maternal and Child Health Clearinghouse  
2070 Chain Bridge Road, Suite 450  
Vienna, VA 22182-2536  
Phone: 703-356-1964  
Fax: 703-821-2098  
www.brightfutures.org

### Newsletters

Dungy CE, ed. Oral health care issue—multiple articles. *Early and Periodic Screening, Diagnosis and Treatment: Care for Kids. 2(3):1-7, Summer 1995.*

Contact: Librarian  
National Center for Education in Maternal and Child Health  
2000 15th Street, North, Suite 701  
Arlington, VA 22201-2617  
Phone: 703-524-7802  
Fax: 703-524-9335

Jones CM et al. Special issue on Head Start and dental health. *National Head Start Bulletin. 54:1-24, May/June 1995.*

Contact: Head Start Publication Management Center  
USDHHS  
Washington, DC 20201  
Fax: 703-683-5769

Dental Wellness (Special Topic Issue). *DDS Wellness Letter. 1(1):3-8, 1997.*

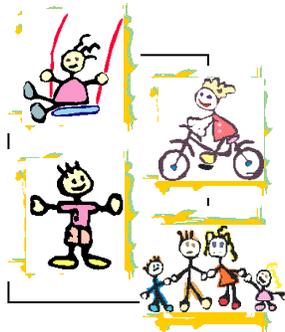
Contact: Department of Developmental Services  
1600 9th Street  
Sacramento, CA 95814  
Phone: 916-654-1722  
Fax: 916-654-3020  
www.dds.cahwnet.gov

*Interface (Newsletter) and Special Care in Dentistry (Journal).*

Contact: Academy of Dentistry for Persons with Disabilities  
211 E. Chicago Ave.  
Chicago, IL 60611  
Phone: 312-440-2660

**Dental Care Planning Guide February, 2000**

USC University Affiliated Program Childrens Hospital Los Angeles



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## **Training and Continuing Education Programs**

*DECOD, Dental Education in Care of the Disabled* — A training program that provides self-instructional manuals for CDE credits as well as short- or long-term clinical courses. Some stipends available.

Contact: DECOD Program  
School of Dentistry, Box 357137  
University of Washington  
Seattle, WA 98195  
Phone: 206-543-5448  
Fax: 206-685-3164

*Overcoming Obstacles to Dental Health* — A training program (video, workbook, and trainer's manual) for using with caregivers of people with disabilities.

Contact: Paul Glassman or Christine Miller  
The University of the Pacific School of Dentistry  
Department of Dental Practice  
2155 Webster St  
San Francisco, CA 94115  
Phone: 415-929-6428  
Fax: 415-929-6654

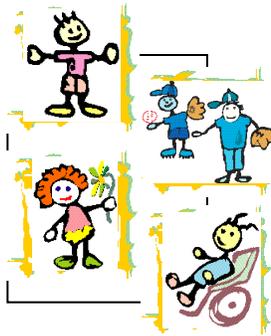
*Southern Association for Institutional Dentists* — Self-study courses and guidelines for dental professionals and institutions serving people with mental and physical disabilities.

Contact: c/o Donna Spears, DDS, MPH  
PO Box 258  
Butner, NC 27509-0258

## **Clearinghouses**

Publications, on-line oral health database, resource links.

Contact: National Oral Health Information Clearinghouse  
1 NOHIC Way  
Bethesda, MD 20892-3500  
Phone: 301-402-7364  
TTY: 301-656-7581  
Fax: 301-907-8830  
[www.aerie.com/nohicweb](http://www.aerie.com/nohicweb)





Contact: National MCH Clearinghouse  
2070 Chain Bridge Road, Suite 450  
Vienna, VA 22182  
Phone: 703-356-1964  
Fax: 703-821-2098  
[www.ncemch.org/oralhealth](http://www.ncemch.org/oralhealth)

### **Dental Referrals or Information**

Contact: California Society of Pediatric Dentistry —  
Publications and directory of pediatric  
dentistry members by area.  
Phone: 310-548-0134  
[www.cspd.org](http://www.cspd.org)

Contact: Federation of Special Care Organizations  
and Academy of Dentistry for Persons with  
Disabilities (in cooperation with Special  
Olympics/Special Smiles)  
211 E Chicago Ave  
Chicago, IL 60611  
Phone: 312-440-2660  
[www.bgsm.edu/dentistry/foscod](http://www.bgsm.edu/dentistry/foscod)  
[www.specialsmiles.org](http://www.specialsmiles.org)

### **Specialized Equipment and Oral Hygiene Aids**

Rainbow Pedi-Board™ Stabilizing System, Open-Wide® disposable  
mouth props.

Contact: Specialized Care Company  
206 Woodland Road  
Hampton, NH 03842  
Phone: 800-722-7375  
Fax: 603-926-5906

Stabilizers, physical safety holders.

Contact: T Posey Company  
5635 Peck Road  
Arcadia, CA 91006  
Phone: 800-447-6739

Bite blocks, lip/cheek retractors.

Contact: McKessen/MDT Biologic  
19645 Ranch Way  
Rancho Dominguez, CA 90220  
Phone: 800-347-4038

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•  
• Collis Curve Toothbrush. Three-sided brush, outer two rows are curved inward with a single short straight row down the center. Youth size (not for crowded or crooked teeth)

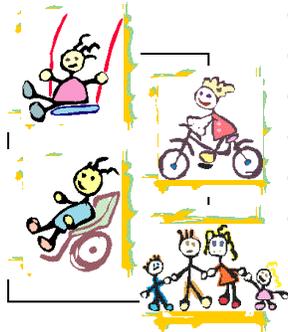
• Contact: Collis Curve Toothbrush Catalog  
• 302 N Central Avenue  
• Brownsville, TX 78521  
• Fax: 210-546-4818

• DexTBrush. Designed for individuals with limited gripping ability.

• Contact: Preventive Dental Services, Inc.  
• 903 Grand Avenue  
• Rothschild, WI 54474  
• Phone: 800-352-9669

• Nuk Massage Brush. May be used to help desensitize orally defensive children.

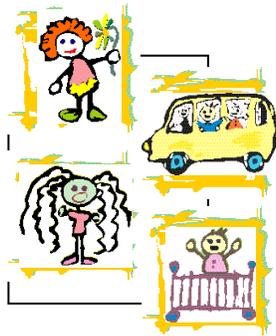
• Contact: Gerber Products Company  
• PO Box 120  
• Reedsburg, WI 53959-0120  
• Phone: 800443-7237 or  
• 608-524-9380 ext. 380

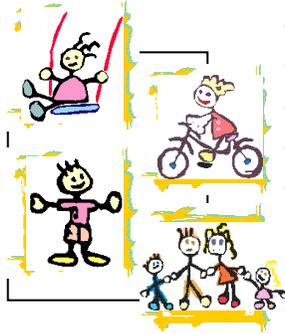


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- Entwistle BA and Casamassimo PS. Assessing dental health problems of children with developmental disabilities. *Developmental and Behavioral Pediatr.* 2(3):115-21, 1981.
- Finger ST and Jedrychowski JR. Parents' perception of access to dental care for children with handicapping conditions. *Special Care Dent.* 9(6):195-9, 1989.
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- Palin-Palokas T, Nordblad A and Remes-Lyly T. Video as a medium of oral health education for children with mental handicaps. *Spec Care Dent.* 17(6):211-14, 1997.
- Reference Manual 1998-99. *Pediatr Dent.* 20(6), 1998.
- Romer M, Dougherty N and Fruchter M. Alternative therapies in the treatment of oral self-injurious behavior: A case report. *Spec Can Dent.* 18(2):6-9, 1998.
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  - Shauman SK and Bebeau MJ. Ethical and legal issues in special patient care.
  - Tesini DA and Fenton SJ. Oral health needs of persons with physical and mental disabilities.
- Shapira J et al. Dental health profile of a population with mental retardation in Israel. *Spec Care Dent.* 18(4):149-55, 1998.
- Siener K, Rothman D and Farrar J. Soft drink logos on baby bottles: Do they influence what is fed to children? *J Dent Child.* 64(1):55-60, 1997.
- St Clair T. Informed consent in pediatric dentistry: A comprehensive overview. *Pediatr Dent.* 17(2):90-7, 1995.
- Tinanoff N and O'Sullivan DM. Early childhood caries: overview and recent findings. *Pediatr. Dent.* 19(1):12-16, 1997.
- Turgeon-O'Brien H et al. Nutritive and nonnutritive sucking habits: A review. *J Dent Child.* 321-7, Sept-Oct 1996.

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# California Children Services

## Counties

*Alameda County*  
1000 Broadway, Suite 5000  
Oakland, CA 94607  
510/628-7920

*Alpine County*  
P.O. Box 545  
260 Laraine Street  
Markleeville, CA 96120  
530/694-2146

*Amador County*  
1003 Broadway, Suite 203  
Jackson, CA 95642  
209/223-6407

*Berkeley City*  
2180 Milvia, 3rd Floor  
Berkeley, CA 94704  
510/644-6822

*Butte County*  
1370 Ridgewood Drive  
Suite 22  
Chico, CA 95973  
530/895-6546

*Calaveras County*  
Government Center  
891 Mt. Ranch Road  
San Andreas, CA 95249  
209/754-6460

*Colusa County CMS*  
345 5th Street, Suite A  
Colusa, CA 95932  
530/458-0300

*Contra Costa County*  
597 Center Avenue  
Suite 110  
Martinez, CA 94553  
925/313-6100

*Del Norte County*  
909 Highway 101 North  
Crescent City, CA 95531  
707/464-7227

*El Dorado County*  
1359 Johnson Boulevard,  
Suite 103  
South Lake Tahoe, CA  
96150  
530/573-3157

*Fresno County*  
Community Health  
Department  
P.O. Box 11867  
1221 Fulton Mall  
Fresno, CA 93775  
209/445-3300

*Glenn County*  
240 North Villa Avenue  
Willows, CA 95988  
530/934-6588

*Humboldt County*  
712 Fourth Street  
Eureka, CA 95501  
707/445-6212

*Imperial County*  
935 Broadway  
El Centro, CA 92243  
760/339-4432

*Inyo County Health Center*  
207-A West South Street  
Bishop, CA 93514  
760/873-7868

*Kern County*  
1700 Flower Street  
Bakersfield, CA 93305  
805/868-0531

*Kings County*  
330 Campus Drive  
Hanford, CA 93230  
209/584-1401

*Lake County*  
922 Bevins Court  
Lakeport, CA 95453  
707/263-2241

*Lassen County*  
545 Hospital Lane  
Susanville, CA 96130  
530/251-8183

*Los Angeles County*  
5555 Ferguson Drive,  
Suite 210  
Commerce, CA 90022  
800/288-4839

*Madera County*  
14215 Road 28  
Madera, CA 93638  
209/675-7893

*Marin County*  
555 Northgate Drive  
Suite B  
San Rafael, CA 94903  
415/499-6877

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*Mariposa County*  
4988 Eleventh Street  
Mariposa, CA 95338  
209/966-3689

*Mendocino County*  
Courthouse  
890 North Bush Street  
Ukiah, CA 95482  
707/463-4461

*Merced County*  
240 East 15th Avenue  
Merced, CA 95340  
209/385-7715

*Modoc County*  
131-B West  
Henderson Street  
Alturas, CA 96101  
530/233-6311

*Mono County*  
P.O. Box 3329  
Mammoth Lakes, CA 93546  
760/924-5410

*Monterey County*  
1270 Natividad Road  
Salinas, CA 93906  
831/755-5500

*Napa County*  
2261 Elm Street  
Napa, CA 94559  
707/253-4391

*Nevada County*  
HEW Complex  
10433 Willow Valley  
Road, #B  
Nevada City, CA 95959  
530/265-1450

*Orange County*  
P.O. Box 6099  
1725 West 17th Street  
Santa Ana, CA 92706  
714/834-8004

*Placer County*  
11730 Enterprise Drive  
Auburn, CA 95603  
530/889-6794

*Plumas County*  
P.O. Box 1340  
1446 East Main Street  
Quincy, CA 95971  
530/283-6330

*Riverside County*  
P.O. Box 7600  
4065 County Circle Drive  
Room 204  
Riverside, CA 92513  
909/358-5401

*Sacramento County*  
9616 Micron Avenue, #640  
Sacramento, CA 95827  
916/875-9900

*San Benito County*  
439 Fourth Street  
Hollister, CA 95023  
408/637-5367

*San Bernardino County*  
320 North East Street,  
#400  
San Bernardino, CA 92415  
909/388-4150

*San Diego County*  
P.O. Box 85222  
6255 Mission Gorge Road  
San Diego, CA 92186  
619/560-3400

*San Francisco County*  
680 Eighth Street, Suite 200  
San Francisco, CA 94103  
415/554-9952

*San Joaquin County*  
511 East Magnolia,  
Third Floor  
Stockton, CA 95202  
209/468-1792

*San Luis Obispo County*  
P.O. Box 1489  
2156 Sierra Way  
San Luis Obispo, CA 93406  
805/781-5529

*San Mateo County*  
P.O. Box 5894  
225 West 37th Avenue  
San Mateo, CA 94403  
650/573-2755

*Santa Barbara County*  
315 Camino Del Remedio  
Santa Barbara, CA 93110  
805/681-5360

*Santa Clara County*  
720 Empey Way  
San Jose, CA 95128  
408/299-5891

*Santa Cruz County*  
P.O. Box 962  
Santa Cruz, CA 95061  
12 West Beach Street  
Watsonville, CA 95076  
831/763-8900

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*Shasta County*  
3499 Hiatt Drive  
Redding, CA 96003  
530/225-5760

*Sierra County*  
P.O. Box 7  
202 Front Street  
Loyalton, CA 96118  
530/993-6700

*Siskiyou County*  
806 South Main Street  
Yreka, CA 96097  
530/841-4040  
Ext. 4064

*Solano County*  
1735 Enterprise Drive  
Building 3  
MS 3-110  
P.O. Box 4090  
Fairfield, CA 94533  
707/421-7497

*Sonoma County*  
370 Administration Drive  
Suite C  
Santa Rosa, CA 95403  
707/565-4600

*Stanislaus County*  
P.O. Box 3088  
Modesto, CA 95353  
830 Scenic Drive  
Modesto, CA 95350  
209/558-7515

*Sutter County*  
P.O. Box 1510  
1445 Circle Drive  
Yuba City, CA 95992  
530/822-7215

*Tehama County*  
1860 Walnut Street  
Red Bluff, CA 96080  
530/527-6824

*Trinity County*  
P.O. Box 1470  
1 Industrial Parkway  
Weaverville, CA 96093  
530/623-1358

*Tulare County*  
MCH Building  
115 East Tulare Avenue  
Tulare, CA 93274  
559/685-2533

*Tuolumne County*  
20111 Cedar Road North  
Sonora, CA 95370  
209/533-7404

*Ventura County*  
2323 Knoll Drive  
Ventura, CA 93003  
805/ 677-5240

*Yolo County*  
10 Cottonwood Street  
Woodland, CA 95695  
530/666-8640

*Yuba County*  
P.O. Box 429  
6000 Lindhurst Avenue  
Marysville, CA 95901  
530/741-6340

## **Regional Offices**

*Northern California*  
Regional Office CMS  
185 Berry Street, Suite 255  
Lobby 6  
San Francisco, CA 94107  
415/904-9699

*Southern California*  
Regional Office CMS  
107 S. Broadway  
Room 6026  
Los Angeles, CA 90012  
213/897-3574

## **State Office**

*Children's Medical*  
Services Branch  
714 "P" Street, Room 350  
Sacramento, CA 95814  
916/654-0499

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# California Family Resource Centers/Networks

## **FRC/N Number 1**

*The Special Needs  
Connections*  
Humboldt Child  
Care Council  
805 7th Street  
Eureka, CA 95501  
707/444-8293  
800/795-3554  
Fax: 707/444-8298  
Area Served: Humboldt  
County

*Del Norte Family  
Resource Center*  
875 5th Street  
Crescent City, CA 95531  
707/465-1131  
Fax: 707/465-4230  
Area Served: Del Norte  
County

*Lake County Family  
Resource Center*  
125 Park Street  
Lakeport, CA 95453  
707/262-0672  
Fax: 707/928-4905  
Area Served: Lake County

*Mendocino County Inland  
Family Resource Center*  
2240 Eastside Road  
Ukiah, CA 95482  
707/462-7566  
Fax: 707/463-4898  
Area Served: Mendocino  
County

*Parents Empowering  
Parents, Inc.*  
123 West Spruce Street  
Fort Bragg, CA 95437  
707/964-5228  
Fax: 707/964-1889  
Area Served: Mendocino  
County

## **FRC/N Number 2**

*Exceptional Family  
Support,  
Education and Advocacy  
Center  
of Northern California, Inc.*  
6402 Skyway  
Paradise, CA 95969  
530/876-8321  
800/750-1101  
Fax: 530/876-0346  
Areas Served: Butte,  
Glenn, Shasta,  
Siskiyou, Tehama, and  
Trinity Counties

## **FRC/N Number 3**

*RAINBOW Regional Family  
Support Center*  
336 Alexander Avenue  
Susanville, CA 96130  
530/251-2417  
800/537-TALK  
Fax: 530/257-2407  
Areas Served: Lassen,  
Modoc, Plumas,  
and Sierra Counties

## **FRC/N Number 4**

*Sutter County Parent  
Network*  
712 Bridge Street  
Yuba City, CA 95991  
530/751-1925  
Fax: same  
Area Served: Sutter County

*Yuba County  
Family Resource Network  
Ella School*  
4850 Olivehurst Avenue  
Olivehurst, CA 95961  
530/743-6063  
Fax: 530/741-7806  
Area Served: Yuba County

*Colusa County Family  
Resource Center  
Special Education Annex*  
400-A Fremont  
Colusa, CA 95932  
530/458-7535  
Fax: 530/458-5764  
Area Served: Colusa County

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**FRC/N  
Number 5**

Family Support  
and Resource  
Network of the North Bay  
MATRIX Parent Network  
and Resource Center  
94 Galli Drive  
Suite C  
Novato, CA 94949  
707/ 884-3535 (Marin)  
707/552-2935 (Solano)  
707/586-3314 (Sonoma)  
800/578-2592  
Fax: 415/884-3555  
Areas Served: Napa,  
Solano, and Sonoma  
Counties

**FRC/N  
Number 6**

WarmLine Family  
Resource Center  
9175 Kiefer Boulevard  
Suite 136  
Sacramento, CA 95826  
916/631-7995  
800/660-7995  
Fax: 916/942-2157  
Areas Served: Alpine, El  
Dorado, Nevada,  
Placer, Sacramento, and  
Yolo Counties

**FRC/N  
Number 7**

MATRIX Parent Network  
and Resource Center  
94 Galli Drive  
Suite C  
Novato, CA 94949  
415/884-3535  
800/578-2592 (415, 916,  
and 707 area codes)  
Fax: 415/884-3555  
Area served: Marin  
County

**FRC/N  
Number 8**

CARE/Center for Access to  
Resources and Education  
1350 Arnold Drive  
Suite 203  
Martinez, CA 94553  
925/313-0999  
800/281-3023  
Fax: 925/370-8651  
Areas served: Contra  
Costa County

**FRC/N  
Number 9**

Family Resource Network  
5250 Claremont Avenue  
Suite 235  
Stockton, CA 95207  
209/472-3674  
Fax: 209/472-3673  
Areas served: Amador,  
Calaveras, San Joaquin,  
Stanislaus, and Tuolumne  
Counties

**FRC/N  
Number 10**

Support for Families of  
Children with Disabilities  
2601 Mission Street  
Suite 710  
San Francisco, CA 94110  
415/282-7494  
Fax: 415/282-1226  
Areas served: San  
Francisco County

**FRC/N  
Number 11**

Family Resource Network  
5232 Claremont Avenue  
Oakland, CA 94618  
510/547-7322  
Fax: 510/658-8354  
Areas served: Alameda  
County

**FRC/N  
Number 12**

MORE for Infants and  
Families  
515 East Poplar Street  
San Mateo, CA 94401  
650/259-0189  
Fax: 650/259-0188  
Areas served: San Mateo  
County

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**FRC/N  
Number 13**

Parents Helping Parents  
3041 Olcott Street  
Santa Clara, CA  
95054-3222  
408/727-5775  
Fax: 408/727-0182  
Areas served: Santa Clara  
County

**FRC/N  
Number 14**

CHALLENGED Parent  
Directed  
Family Resource Center  
632 West 13th Street  
Building H  
Merced, CA 95340  
209/385-8454  
Fax: 209/385-8483  
Areas served: Merced  
County

Madera County Early Start  
Family Resource Center  
117 West Dunham  
Madera, CA 93637  
209/675-3063  
Fax: 209/675-9568  
Areas served: Madera  
County

Mariposa Family  
Resource Center  
P.O. Box 2117  
Mariposa, CA 95338  
209/966-3449  
Fax: 209/966-6162  
Areas served: Mariposa  
County

**FRC/N  
Number 15**

Special Connections  
Family Resource Center  
984 Bostwick Lane  
Santa Cruz, CA 95062  
408/464-0669  
Fax: 408/464-0779  
Areas served: North Santa  
Cruz County

Special Connections Family  
Resource Center  
280 Main Street  
Watsonville, CA 95076  
408/761-6082  
Fax: 408/728-8107  
Areas served: South Santa  
Cruz County

Special Connections Family  
Resource Center for  
San Benito County  
2300 Airline Highway  
Hollister, CA 95023  
408/636-0646  
Fax: none  
Areas served: San Benito  
County

**FRC/N  
Number 16**

Clovis Family  
Resources Center  
Early Start Portable  
Clovis Primary School  
2155 East Barstow  
Clovis, CA 93611-6215  
209/298-2011  
Fax: 209/298-6333  
Areas served: Fresno  
County

Exceptional Parents  
Unlimited  
4120 North First Street  
Fresno, CA 93726  
209/229-2000  
Fax: 209/229-2956  
Areas served: Fresno and  
Kings Counties

United Cerebral Palsy  
Association  
606 West Sixth Street  
Hanford, CA 93230  
209/584-1551  
Fax: 209/584-6757  
Areas served: Fresno and  
Kings Counties

**FRC/N  
Number 17**

Eastern Sierra Infant  
Connections  
P.O. Box 938  
Big Pine, CA 93513  
760/938-2633  
800/237-6996  
Fax: 760/938-2760  
Areas served: Inyo and  
Mono Counties

**FRC/N  
Number 18**

Peaks & Valleys Family  
Resource Center  
1145 Acosta Street  
Salinas, CA 93905  
408/424-2937  
800/400-2937 (Monterey  
County only)  
Fax: 408/771-9132  
Areas served: Monterey  
County

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**FRC/N  
Number 19**

Parenting Network Inc.  
1900 East Mineral  
King Avenue  
Visalia, CA 93291  
209/625-0384  
Fax: 209/625-0386  
Areas served: Tulare  
County

**FRC/N  
Number 20**

Family First  
Alpha Resource Center  
of Santa Barbara County  
4501 Cathedral  
Oaks Road  
Santa Barbara, CA 93110  
805/683-2145  
Fax: 805/967-3647  
Areas served: Santa  
Barbara County

Parents Helping Parents  
1160 Marsh Street  
Suite 202  
San Luis Obispo, CA  
93401  
805/549-8148  
Fax: 805/543-2045  
Areas served: San Luis  
Obispo County

**FRC/N  
Number 21**

HEARTS Connection  
of Kern County  
Family Resource Center  
3200 North Sillect Avenue  
Bakersfield, CA 93308  
805/327-8531 x257  
Fax: 805/324-5060  
Areas served: Kern  
County

Dental Care Planning Guide February, 2000

USC University Affiliated Program Childrens Hospital Los Angeles

**FRC/N  
Number 22**

Rainbow Connection  
Resource Center  
500 Esplanade Drive  
Suite 500  
Oxnard, CA 93030  
805/485-9643 (English and  
Spanish)  
805/485-9892 (Spanish)  
800/332-3679  
Fax: 805/988-9521  
Area served: Ventura  
County

**FRC/N  
Number 23**

Harbor Family Resource  
Center Network:  
Carolyn Kordich  
FamilyResource Center  
P.O. Box 216  
Harbor City, CA  
90710  
310/325-7288  
Fax: same  
Areas served: Carson,  
Harbor City, Harbor Gate-  
way, Lomita, San Pedro  
and Wilmington

Harbor Regional Center  
Family  
Resource Center  
21231 Hawthorne  
Boulevard  
Torrance, CA 90503  
310/543-0691  
Fax: 310/540-9538  
Areas served: Carson,  
Hermosa Beach, Manhat-  
tan Beach, Palos Verdes,  
Redondo Beach, and  
Torrance

Long Beach Family  
Resource Center  
P.O. Box 5027  
Los Alamitos, CA  
90721  
562/985-1152  
Fax: 562/933-8430  
Areas served: Lakewood,  
Long Beach, and Signal  
Hill

Southeast Family  
Resource Center  
21409 South Elaine Av-  
enue  
Room 29  
Hawaiian Gardens, CA  
90716  
562/926-9838  
Fax: 562/402-8528  
Areas served: Artesia,  
Bellflower, Cerritos,  
Hawaiian Gardens, La  
Mirada, Lakewood, and  
Norwalk

**FRC/N  
Number 24**

Southwest Special Education  
Family Resource Center  
300 North Continental,  
Suite 510  
El Segundo, CA 90245  
310/606-0859  
Fax: 310/606-0893  
Areas served: El Segundo,  
Hawthorne, Hermosa  
Beach, Inglewood,  
Lawndale, Lennox, Man-  
hattan Beach, Palos  
Verdes, Redondo Beach,  
Rolling Hills, and Tor-  
rance



Westside Coastal Family  
Resource Center  
5901 Green Valley Circle  
Suite 320  
Culver City, CA  
90230  
310/258-4063  
Fax: 310/649-2033  
Areas served: Beverly  
Hills, Brentwood, Culver  
City, Inglewood, Lawndale,  
Malibu, Santa Monica, Venice, West Los  
Angeles and Westchester

### **FRC/N Number 25**

Frank D. Lanterman Regional  
Center/Koch-Young  
Family Resource Center  
3440 Wilshire Boulevard  
Suite 400  
Los Angeles, CA 90010  
213/383-1300 x418  
800/546-3676  
Fax: 213/427-2381  
Areas served: Burbank,  
Central Los Angeles,  
Eagle Rock, Glendale,  
Hollywood/Wilshire,  
La Canada, La Crescenta,  
Los Feliz, and Pasadena

### **FRC/N Number 26**

Loving Your Disabled Child  
Family Resource Center  
4715 Crenshaw Boulevard  
Los Angeles, CA 90043  
213/299-2925  
Fax: 213/299-4373  
Areas served: Carson,  
Compton, Dominguez  
Hills, Lynwood, Paramount,  
South Central Los Angeles,  
Southeast Los Angeles, and  
Southwest Los Angeles

South Central Los Angeles  
Resource Center  
(SCLARC)SCLARC-  
Cimmarron  
2225 West Adams  
Boulevard  
Los Angeles, CA 90018  
213/734-1884  
Fax: 213/731-3996

SCLARC - Adams  
2160 West Adams  
Boulevard  
Los Angeles, CA 90018  
213/730-2279 or 2272  
Fax: 213/730-0793

SCLARC - Gardena  
17800 South Main Street  
Suite 100  
Gardena, CA 90248  
310/715-2003  
Fax: 310/538-0629  
Areas served: Bell Gardens,  
Carson, Compton,  
Cudahy, Dominguez Hills,  
Downey, Firestone,

Florence, Huntington  
Park, Lynwood, Paramount,  
San Antonio, South Central  
Los Angeles, South Gate,  
Southeast Los Angeles, and  
Southwest Los Angeles

### **FRC/N Number 27**

Families Caring for Families  
Family Resource Center  
P.O. Box 368  
Lancaster, CA 93584  
805/949-1746  
Fax: 805/948-7266  
Areas served: Antelope  
Valley, San Fernando  
Valley, and Santa Clarita  
Valley (excluding Glendale  
and Burbank)

Family Focus Resource  
Center  
California State  
University, Northridge  
18111 Nordhoff Street  
Room 3113  
Northridge, CA  
91330  
818/677-5575  
Fax: 818/677-5574  
Areas served: San  
Fernando Valley and  
Santa Clarita Valley  
(excluding Glendale and  
Burbank)

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**FRC/N  
Number 28**

*The Parents' Place*  
1502 West Covina  
Parkway, Suite 101  
West Covina, CA 91790  
626/338-6621  
626/856-8861 (Warmline)  
Fax: 626/337-2736  
Areas served: Altadena,  
Arcadia, Azusa,  
Baldwin Park, Bradbury,  
City of Industry,  
Claremont, Covina,  
Diamond Bar, Duarte, El  
Monte, Glendora,  
Hacienda Heights, La  
Puente, La Verne,  
Monrovia, Pomona,  
Rowland Heights, San  
Dimas, Sierra Madre,  
South El Monte, Temple  
City, Valinda, Walnut,  
and West Covina

**FRC/N  
Number 29**

*Partnership in Early  
Intervention Family  
Resource Centers*  
1000 South Fremont  
Avenue, Suite 2017  
Alhambra, CA 91803  
626/300-9171  
Fax: 626/300-9164  
Areas served: Alhambra,  
Boyle Heights,  
City of Commerce, City  
Terrace, East Los Angeles,  
East Whittier, La Mirada,  
Lincoln Heights,  
Montebello, Monterey  
Park, Pico Rivera,

Rosemead, San Gabriel,  
San Marino, Santa Fe  
Springs, South Pasadena,  
Temple City, and Whittier

**FRC/N  
Number 30**

*Early Start Family Resource  
Network*  
P.O. Box 6127  
San Bernardino, CA  
92412  
909/890-3103  
800/974-5553  
Fax: 909/890-3371  
Areas served: Riverside  
and San Bernardino  
Counties

**FRC/N  
Number 31**

*Comfort Connection  
Family Resource Center*  
12361 Lewis Street, #101  
Garden Grove, CA  
92840  
714/748-7491  
Fax: 714/748-8149  
Area served: Orange  
County

**FRC/N  
Number 32**

*Exceptional Family Resource  
Center*  
9245 Sky Park Court  
Suite 130  
San Diego, CA 92123  
619/268-8252  
800/281-8252 (619 area  
code)  
Fax: 619/268-4275  
Areas served: Imperial  
and San Diego Counties

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# California Regional Centers

## **Alta California Regional Center**

2031 Howe Avenue  
Suite 100  
Sacramento, CA 95825  
Director: James F. Huyck  
(916) 924-0400  
FAX: (916) 929-1036  
Area served: Alpine,  
Colusa, El Dorado,  
Nevada, Placer, Sacra-  
mento, Sierra, Sutter, Yolo,  
Yuba

## **Central Valley Regional Center**

5168 No. Blythe Avenue  
Suite 101  
Fresno, CA 93722  
Director: David Riester  
(209) 276-4300  
FAX: (209) 276-4360  
Area served: Fresno,  
Kings, Madera, Mariposa,  
Merced, Tulare

## **Eastern Los Angeles Regional Center**

1000 So. Fremont  
P.O. Box 7916  
Alhambra, CA 91802  
Director: Gloria Wong  
(626) 299-4700  
FAX: (818) 281-1163  
Area served: Alhambra,  
East Los Angeles,  
Northeast, Whittier

## **Far Northern Regional Center**

1900 Churn Creek Road  
Suite 319  
Redding, CA 96049  
P.O. Box 492418  
Redding, CA 96049  
Director: Laura Larson  
(916) 222-4791  
FAX: (916) 222-6063  
Area served: Butte, Glenn,  
Lassen, Modoc, Plumas,  
Shasta, Siskiyou, Tehema,  
Trinity

## **Frank D. Lanterman Regional Center**

3440 Wilshire Boulevard,  
Suite 400  
Los Angeles, CA 90010  
Director: Diane Campbell  
Anand, MPH  
(213) 383-1300  
FAX: (213) 383-6526  
Area served: Central,  
Glendale, Hollywood-  
Wilshire, Pasadena

## **Golden Gate Regional Center**

120 Howard Street  
3rd Floor  
San Francisco, CA  
94105  
Director: J.F. Gaillard  
(415) 546-9222  
FAX: (415) 546-9203  
Area served: Marin, San  
Francisco, San Mateo

## **Harbor Regional Center**

21231 Hawthorne  
Boulevard  
Torrance, CA 90509  
Director: Patricia Del  
Monico (310) 540-1711  
FAX: (310) 540-9538  
Area served: Bellflower,  
Harbor Long Beach,  
Torrance

## **Inland Regional Center**

674 Brier Drive  
P.O. Box 6127  
San Bernardino, CA  
92412  
Director: Verlin Woolley  
(909) 890-3000  
FAX: (909) 890-3001  
Area served: Riverside,  
San Bernardino

## **Kern Regional Center**

3200 North Sillect Avenue  
P.O. Box 2536  
Bakersfield, CA 93308  
Director: Michael C. Clark,  
Ph.D.  
(805) 327-8531  
FAX: (805) 324-5060  
Area served: Inyo, Kern,  
Mono

## **North Bay Regional Center**

10 Executive Court  
Suite A  
P.O. Box 3360  
Napa, CA 94558  
Director: Nancy Gardner  
(707) 256-1100  
FAX: (707) 256-1112  
Area served: Napa,  
Solano, Sonoma

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**North Los Angeles County  
Regional Center**  
15400 Sherman Way  
Suite 300  
Van Nuys, CA 91406  
Director: William C.  
Donovan, Ph.D.  
(818) 891-0920  
FAX: (818) 895-5392  
Area served: East Valley,  
San Fernando, West Valley,  
Antelope Valley

**Redwood Coast Regional  
Center**  
808 "E" Street  
Eureka, CA 95501  
Director: TBR  
(707) 445-0893  
FAX: (707) 444-3409  
Del Norte, Humboldt,  
Mendocino, Lake

**Regional Center of the  
East Bay**  
7677 Oakport Street  
Suite 1200  
Oakland, CA 94621  
Director: Kathryn Munn  
(510) 285-2800  
FAX: (510) 615-4707  
Area served: Alameda,  
Contra Costa

**Regional Center of Orange  
County**  
530 So. Main Street  
Orange, CA 92863  
P.O. Box 6030  
Orange, CA 92683  
Director: William Bowman  
(714) 973-1999  
FAX: (714) 547-4365  
Area served: Orange

**San Andreas Regional Center**  
300 Orchard City Drive  
Suite 170  
Campbell, CA 95008  
P.O. Box 50002  
Campbell, CA 95150  
Director: Santi Rogers  
(408) 374-9960  
FAX: (408) 376-0586  
Area served: Monterey,  
San Benito, Santa Clara,  
Santa Cruz

**San Diego Regional  
Center**  
4355 Ruffin Road  
Suite 205  
San Diego, CA 92123  
Director: Raymond M.  
Peterson, MD  
(619) 576-2996  
FAX: (619) 576-2873  
Area served: Imperial, San  
Diego

**San Gabriel/Pomona  
Regional Center**  
761 Corporate Center Drive  
Pomona, CA 91768  
Director: R. Keith Penman  
(909) 620-7722  
FAX: (909) 469-9732  
Area served: El Monte,  
Glendora, Monrovia, Pomona

**So. Central Los Angeles  
Regional Center (SCLARC)**  
2160 West Adams  
Boulevard  
Los Angeles, CA 90018  
Director: Dexter A. Henderson  
(213) 734-1884  
FAX: (213) 730-2286  
Area served: Compton, San  
Antonio, South, Southeast,  
Southwest

**Tri-Counties Regional  
Center**  
5464 Carpinteria Avenue  
Suite B  
Carpinteria CA 93013  
Director: James L. Shorter  
(805) 684-1204  
FAX: (805) 684-3034  
Area served: San Luis  
Obispo, Santa Barbara,  
Ventura

**Valley Mountain Regional  
Center**  
7109 Danny Drive  
Stockton, CA 95210  
P.O. Box 692290  
Stockton, CA 95269  
Director: Richard W. Jacobs  
(209) 473-0951  
FAX: (209) 473-0256  
Area served: Amador,  
Calaveras, San Joaquin,  
Stanislaus, Tuolumne

**Westside Regional Center**  
5901 Green Valley Circle  
Suite 320  
Culver City, CA  
90230  
Director: Michael Danneker  
(310) 337-1155  
FAX: (310) 649-1024  
Area served: Inglewood,  
Santa Monica-West