

Bright Futures in Oral Health



For
Childcare Programs
2007

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Bright Futures in Oral Health for Childcare Programs

This manual has been developed to assist pre-school educators and childcare professionals to develop, integrate or improve oral health programs using evidence-based guidelines promoted by the Bright Futures initiative.

- Mission:** Promote and improve the health and well-being of infants, children and adolescents in keeping with the Bright Futures initiative
- Vision:** Optimal oral health can be achieved through an effective partnership between families, childcare programs and oral health professionals.
- Goals:** Encourage families and children to:
- adopt healthy lifestyles to protect their mouths.
 - develop optimal oral health behaviors for lifelong health and well-being
 - reduce the pain, suffering, and others costs of poor oral health.

Objectives

Children enrolled in childcare programs will begin kindergarten with healthy teeth.

Childcare programs will have written plans to promote effective oral health education for staff, parents and children.

Childcare programs will adopt safety and emergency oral health policies.

Childcare programs will meet or exceed existing program standards and policies.

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Promoting Oral Health in Childcare programs

Just as immunizations protect children from disease, preventive oral health care protects against health problems that can start in the mouth. Preventive oral care saves teeth, saves money and contributes to overall health.

This manual reviews oral health policies, protocols, information and resources for implementing safe and effective oral health activities in line with the Bright Futures initiative

The following information is adapted from Bright Futures Guidebook for Early Childhood Care and Education (www.doh.wa.gov/cfh/mch/bright-futures). Refer to the Washington State Department of Health Bright Futures Guidebook for other useful ideas.

Oral health promotion is a combination of community, professional, staff, parent and child activities that support positive oral health behaviors. The best plan begins with information gathering

1. Review activities that you are already doing to promote oral health.
2. Develop a Bright Futures Oral Health Action Plan
 - a. Example: We will record the name/phone of every child's dentist on our health record.
3. Measure your current status for the program year.
 - a. Example: Count the number of children that have had a dental examination at the beginning of the year.
4. Plan an Oral Health Training for staff and families.
5. Plan routine Bright Futures Oral Health Activities.
6. Repeat measures to evaluate outcomes.
 - a. Example: Count the number of dental exams at the end of the year, and also from year to year.
7. Review outcomes and plans.

The following Quality Assurance Checklist may be helpful in identifying strengths and weaknesses of your oral health promotion activities.

The rest of this manual addresses steps for implementing each of these priority areas. Additional resources and linkages to online materials are included.

Quality Assurance Checklist

If desired, identify your program standard ID number as applicable.

Standard		Yes	No	Comments
	Oral Health Policy Review			
	We have reviewed the performance standards for my childcare program (HeadStart, ECEAP, Childcare)			
	We have policies to prevent injuries to the teeth and mouth.			
	Our meal and snack policies address oral health as well as general health.			
	Staff review the child's dental health record, oral health status, insurance at school entry, mid year and end of year.			
	Intake/ Registration			
	We ask about the child's dental/health insurance.			
	We have consent forms for dental/health screening , where applicable.			
	We have an authorization for emergency dental/medical care.			
	We ask parents if they have a dentist/dental home for their child.			
	We ask for the name and phone number for each child's dentist .			
	We ask for the date of the child's last dental visit and type of visit/service received.			
	If an exam has been completed within the past 12 months obtain a 'copy of the dentist's exam results from the parent.			
	We compile a list of dental resources that accept DSHS or provide care at low cost for our children, parents, and pregnant women.			
	Staff share information with parents about the importance of preventive dental care.			
	We let families know about our oral health promotion activity.			
	Health and Safety Procedures			
	We teach rules to children for safe play.			
	Children do not carry bottles or toothbrushes around with them.			
	We post our emergency procedures for oral health.			
	Dental Homes and Tracking			
	We have a method/form and track the following:			
	Dental exams (Dental Homes)-in accordance with EPSDT guidelines. –first exams/preventive visit			
	Dental screening by provider type: staff, dentist, or dental hygienist (Not dental homes).-first screening			
	Dental treatment needed.			
	Dental treatment completed.			
	Preventive visits and checkup-second exam/preventive			

	Dental screening procedures, if applicable			
	When dental screening is provided on-site, the parents receive information about the results.			
	The results are communicated in the language the parents can understand.			
	All families are encouraged to have their child schedule comprehensive dental visits.			
	Curriculum Plans			
	We have <u>written plans</u> for including oral health in our health education curriculum for staff, families and children.			
	We include:			
	Keeping Teeth Healthy			
	Healthy Snacks/Healthy Foods			
	Visits to the Dentist			
	Importance of Baby Teeth			
	Injury Prevention-Safety			
	Toothbrushing Procedures			
	We wipe the gums of infants at least once a day after feeding			
	Children brush their teeth after a meal or snack every day.			
	We dispense no more than a pea-size amount of fluoride toothpaste on the brush. (rice size for youngest children)			
	Children under age 2 do NOT use toothpaste without consultation with the family dentist.			
	Each child has their own toothbrush labeled with their name.			
	Toothbrushes are rinsed with water and allowed to air dry after use.			
	Toothbrushes are NEVER put in the dishwasher and are NOT sanitized with any products.			
	Extra toothbrushes are available if they are dropped or come in contact with another's brush/mouth.			
	We model toothbrushing for our children.			
	Toothbrushes are replaced <u>at least once a year</u> .			
	Toothbrushes are dispensed, rinsed and returned in a sanitary manner.			
	Nutrition			
	Children are provided at least two different food groups for daily snacks.			
	A wide variety of frozen, fresh or canned fruits and vegetables are provided.			
	Water is available following milk/juice serving.			
	Water is offered when children are thirsty.			
	Cups are used for beverages for children over age one.			
	Children sit for meals and snacks.			

Intake/Registration

This is a unique time to address health care and health care promotion in childcare programs. Children in HeadStart/ECEAP are required to have visited the dentist for a comprehensive dental examination at least once in the last year. Ask the parent if the child has had a dental visit in the last year and to provide a copy of the results of their last dental check up for their child's health record.

If the child has not been to the dentist, inquire about insurance or if there are adequate financial resources to obtain a dental visit.

Provide families with resources for dental coverage and dental providers available in your community.

Read: Oral health tip sheet for Head Start staff: Working with parents to improve access to oral health care. 2003. Washington, DC: National Maternal and Child Oral Health Resource Center <http://www.mchoralhealth.org/PDFs/HSOHTipParent.pdf>

If the child does not have a source of dental payment or cannot pay their deductible and is not eligible for DSHS dental coverage, the child may be eligible for a HeadStart/ECEAP pay Voucher.

Topics to include:

Health history - including dental history and information that may identify oral health problems that could affect child's behavior in the classroom.

A sample is included here.

Name and address of the child's dentist, along with the name of their physician, including contact information in case of a dental emergency.

Name of the dental and medical insurance provider(s), if any

Provide families with information on available dental and medical insurance, if they do not have coverage.

Inform parents of educational and screening requirements of the program and your privacy protection policies.

Motivating families to seek dental care?

Motivational interviewing is an effective practice to support positive family behaviors, including oral health care and visits to the dentist. <http://www.motivationalinterview.org/>

Use open ended questions to explore a family's dental experiences, beliefs and behaviors around oral health care.

Questions such as:

Tell me about your oral health care?

Tell me about what you do to protect Johnny's teeth?

What has your experience(s) at the dental office been like?...Johnny's experience?

What do you hope for Johnny's teeth to be like when he is grown up?

What kinds of things have you tried to make dental visit work well for you and your child?

What worked well, What didn't work well?

What opportunities or problems do you see?

Include motivational interviewing techniques in staff training.

Dental Homes and Dental Screening

A dental screening is NOT a comprehensive dental examination. Dental screening is a broad, brief, assessment to identify a priority for care for a child usually using a only flashlight and mirror. When dental services are limited, dental screening can identify children to use available services first. Dental screening may be conducted by staff, dentists, dental hygienists, physicians or nurses. Dental screenings may even be as simple as asking parents questions or having the parent look at their child's teeth.

A dental screening can be as simple as the question, "Has your child visited the dentist?" "How would you rank your child's oral health?" These screening questions may be as accurate as a screening conducted by a dental professional looking at the teeth of a child.¹

HeadStart/ECEAP are committed to helping families find an ongoing source of dental care (dental home) for children while the child is in the program as well as after completion of the HeadStart Program. A dental home provides the family with an ongoing source of dental care for both a dental examination AND any necessary dental treatment.

According to the American Academy of Pediatrics a dental home is expected to provide:

- An accurate risk assessment for dental diseases and conditions
- An individualized preventive dental health program based on the risk assessment
- Anticipatory guidance about growth and development issues (ie, teething, finger, thumb or pacifier habits, and feeding practices)
- Emergency dental care during and after office hours
- Information about proper care of the child's teeth and gingival tissues
- Information regarding proper nutrition and dietary practices
- Comprehensive dental treatment
- Referrals to other dental specialists, such as endodontists, oral surgeons, orthodontists, and periodontists, when care cannot be provided directly within the dental home²

Dental screening can be helpful:

- to determine priorities for staff time for assisting families – urgent care first
- to encourage families to follow through with dental care
- to evaluate overall oral health of children in the program for developing new resources for oral health care or for improving funding for oral health programs (local, state or federal)

Dental screening

- does NOT determine 'health' of a child

¹

Talekar BS, Rozier RG, Slade GD, Ennett ST. Parental perceptions of their preschool-aged children's oral health, JADA Mar 2005;136(3):364-72.

² AAP, Policy on Oral Health Risk Assessment and Establishment of the Dental Home, May 2003.

Resources for Dental Care

You may have an organization in your community (health department, dental society or social service organization) that helps families find dentists and community programs that accept Medicaid covered children or provide dental care at reduced costs.

Examples:

Seattle-King County: Community Health Access program (CHAP)
206.284.5291 or 1.800.756.5437

Snohomish County: Snohomish Health District Dental Resources Program
425.339.5219

Families with private dental insurance may call their dental insurance provider for a list of dentists that accept their coverage.

Recruiting Dental Providers

Ask local dentists to provide services for families in your program. Always call the dental office before referring families to any dental provider. Dentists may accept your program's referrals. They may provide oral health education and program consultation if requested. Dentists that may work with your program may also be interested in serving on health advisory committees.

The Head Start Administration provides a wonderful handout on working with dental professionals in your community.

Oral health tip sheet for Head Start staff: Working with health professionals to improve access to oral health care. 2003. Washington, DC: National Maternal and Child Oral Health Resource Center
<http://www.mchoralhealth.org/PDFs/HSOHTipPro.pdf>

Tracking Dental Visits

HeadStart and ECEAP programs are required to keep track of information in the health records.

A standard form is provided for families to have signed and completed by the child's dentist.

Information required to be documented includes

Date (Month/day/year) of comprehensive dental exam/visit in the last year that includes status of any needed treatment needs consistent with the federal Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) guidelines.

http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/02_Benefits.asp

EPSDT is Medicaid's mandated program for ensuring that eligible children (birth to 21) receive comprehensive health services. However, a recent study by the U.S. Department of Health and Human Services' Office of the Inspector General found that less than 50% of the children in the study sample received any documented EPSDT services. (U.S. General Accounting Office. July 2001. *Medicaid: Stronger Efforts Needed to Ensure Children's Access to Health Screening Services*. Washington, DC: U.S. General Accounting Office). **Dental Services** -- At a minimum, include relief of pain and infections, restoration of teeth and maintenance of dental health. Dental services may not be limited to emergency services. Although an oral screening may be part of a physical examination, it does not substitute for examination through direct referral to a dentist. A direct dental referral is required for every child in accordance with the periodicity schedule developed by the state and at other intervals as medically necessary. The law as amended by OBRA 1989 requires that dental services (including initial direct referral to a dentist) conform to the state periodicity schedule which must be established after consultation with recognized dental organizations involved in child health care.

Children are NOT excluded from the program if documentation is not complete.

Date (month/day/year) that all dental treatment is completed.

Date (Month/Year) recommended for next check up.

Dental screening (dentist or dental hygienist) or triage results (See Red Flag tools in Appendix) are not required to be documented but can be helpful for family service workers to use in talking with families about the importance of dental visits.

All children that participate in dental screening still need to visit a dentist according to the recommendations of their dentist.

Dental screening does NOT take the place of comprehensive dental examinations.

Use information for children without any obvious dental problems to encourage a routine, and possibly less costly dental visit.

Children with obvious problems use limited resources first.

Children with emergent dental problems (facial swelling, toothaches) need assistance to find dental care as soon as possible. (within 24 hours, if possible)

Results of screening may be useful in highlighting needs for dental care in your community.

On-site/Mobile Dental Programs

On-site (mobile) dental programs are frequently an asset to communities with limited dental providers; especially those that do not accept families with Medicaid coverage or families needing reduced fee services. HeadStart and ECEAP encourage families to find a dental home rather than to rely upon episodic dental services and to understand how to use existing systems of dental care (community health clinics, private dental offices). A mobile/on-site dental provider is not a dental home if services are only available at the program site or if the dental services are limited to simple services only. Mobile dental services may be a dental home when linked to a network of dentists that will complete needed dental treatment and future preventive care.

A set of questions and answers about mobile dental programs is included in the back of this manual.

Emergency Procedures

Be prepared! Dental emergencies can and do happen in the childcare setting.

Be aware of children that have dental problems that may develop into a toothache and dental infection quickly. Tooth pain from untreated cavities can be severe and will occur episodically until treated. The pain may subside for days or weeks only to reappear, usually at an inconvenient time, unless the cavity is treated. Children with tooth pain may or may not complain of pain. Children with a toothache may not participate normally in classroom activities.

Children can develop toothaches following dental treatment, especially if the treatment was extensive.

Children fall and bump their teeth, on tables, floors and each other. Teach children how to use drinking fountains and play safely on slides, swings, bikes to avoid unnecessary damage to teeth.

Children will sit in car seats and wear safety belts when in cars or transported.

Know the name and phone number of the child's dentist. Permanent teeth that are knocked out can be replaced more successfully if they are able to get to a dentist within two hours.

Primary teeth that come out may be due to normal loss. Celebrate growing up!

Post dental emergency procedures where staff know where to find them. Update staff on these procedures at least once each year.

Nutrition – Meal and Snack Planning for Oral Health

Good nutrition for general health will contribute to good oral health.

Children that eat balanced meals and snacks with a wide variety of fresh, canned or frozen fruits and vegetables are more likely to have healthy teeth, as well as healthy bodies.

Any carbohydrate (breads, cereals, crackers, juice, etc) will contribute to tooth decay if used too often and ‘out of balance’ with other foods.

Bacteria (plaque) cause tooth decay when carbohydrates, of any kind, are available too often.
White sugar is NOT the cause tooth decay.

Healthy snacks will have at least two different food groups. (Milk and apple slices, for example)

Foods that stick to teeth (breads, cereals, raisins) will increase the time that plaque bacteria produce an acid environment that causes the tooth to decay. Model good oral health practices by doing any of the following.

- Serve sticky foods less frequently.

- Offer a drink to ‘swish and rinse’ food away.

- Brush after eating foods that stick to teeth.

- Brush morning and night to disrupt the plaque that grows on teeth.

Children will eat less often if food is eaten only while sitting at the table.

Milk and juice are foods that can contribute to tooth decay when provided too often. Serve water when children are thirsty. Provide water for children to drink after milk/juice servings if they want more to drink

Provide milk and juice only in cups after one year of age. Introduce a cup when a child is able to sit. Never put anything but milk, formula (before age one) or water in bottles.

Model holidays and birthday celebrations without sweet snacks and treats. For example, children wear a special badge or hat to celebrate.

Variety and moderation are the keys for healthy teeth. If you choose to have treats for holidays and birthdays, serve them as part of a meal or snack. Just remember, everyday is not a holiday.

Toothbrushing Programs

Setting Up a Toothbrushing Program

Rationale

Brushing two times daily with fluoride toothpaste prevents tooth decay. Toothbrushing without toothpaste is not very effective in preventing cavities. Removal of plaque is associated with controlling gum disease as an adolescent and adult. Children under age 7-8 do not have the fine motor skills to brush well and disrupt plaque without supervision. Childcare programs can assist young children in developing the skills and behaviors that are conducive to a lifetime of good oral health. Fluoride toothpaste applied with a toothbrush is a personal hygiene habit recommended each day, after breakfast and before going to bed for the prevention of tooth decay.

Goal

Children will brush at least two times daily with fluoride toothpaste for a lifetime of good oral health.

Objectives

Children will brush at least once daily with fluoride toothpaste in the childcare program.
Parents will receive information on toothbrushing at home.

Soft Toothbrushes

Each child will have a toothbrush labeled with their name. Do not let children share toothbrushes! Use a toothbrush with soft bristles and a small brush head for children under age 6 years. The size of the toothbrush depends upon the size of the child's mouth.

A toothbrush with a hole in the end of the handle is useful for hanging toothbrushes to dry. Any shape of toothbrush handle or the head of a brush is fine. Electric or sonic toothbrushes may be fun but are NOT necessary for young children.

Labeling

Label each toothbrush with the child's name.

Examples:

- Write the name on the handle with a non-toxic and permanent marker.

- Paint over the name with clear nail polish

- Use clear tape over a name label.

- Use a label maker and tape it on.

- Masking tape with the child's name with a permanent marker

Cleaning and Sanitizing Toothbrushes (CDC, 2002 and ADA, 2005)

After brushing, RINSE the toothbrush with clean water and allow to AIR DRY.

Do NOT sanitize! Sanitizing is NOT necessary! Do NOT use diluted bleach solutions or anything but water to rinse the toothbrushes.

Do NOT put toothbrushes in the dishwasher.

Timing

Brush after a meal, especially after breakfast or lunch (and before bedtime at home).

The length of time children spend brushing is less important than the quality of the brushing technique or the use of fluoride toothpaste. Longer times do not mean better brushing. It should not take more than 2 minutes for most children to brush all their tooth surfaces with fluoride toothpaste.

Establish a toothbrushing time in the daily schedule. Play a song to signal ‘time to brush’.

Replacing Toothbrushes (ADA, 2005, CDC 2002)

Throw out toothbrushes that touch each other, fall on the floor or are used by another child. Rinsing is not sufficient!

Replace toothbrushes whenever the bristles of the toothbrushes become worn or frayed at home or childcare.

Replace toothbrushes at least once a year when used less than 5 times a week. (HeadStart/ECEAP).

Replace toothbrushes at least twice a year when used more than 5 times a week. (Ongoing Childcare)

Replace toothbrushes three to four times a year when used twice or more each day (Home use).

Illness: There is no evidence that replacing toothbrushes after illness prevent the spread of colds/flu.

Storing Toothbrushes

Toothbrushes need to be stored in a place where they can air dry and be protected from contamination from falling on the floor or unnecessarily touched by children or other items in the classroom.

Any available shelf or wall, away from the sink or toilets, works just fine.

Those cute travel covers for the head of toothbrushes don't allow the brush to dry well enough. All covers or just the animal heads?

Don'ts

Don't store toothbrushes next to the toilets in the bathroom of a childcare.

Don't store toothbrushes in a drawer or other dark, warm and small space.

Storage Containers

The ideal storage container is non-porous and easy to clean.

Purchase a Container

Toothbrush storage containers for classrooms can be purchased from a number of suppliers. Each unit allows the toothbrush to stand up right and air dry. Some also provide ventilated dust covers for classroom environments that are nice, but not necessary. (Laatsa, Plaksmacker, others)

Make a Container

Cups - Styrofoam/Paper or plastic. Label the cup with the child's name in BIG letters.

Method One: Use a tall styrofoam cup upside down. Make a hole in the bottom and turn bottom side up. Put the handle in the hole so the bristles stand up to air dry. Be sure the toothbrush does not tip the cup over.

Method Two: Styrofoam Cup (right side up) with a lid. Make a hole in the lid large enough for the head of the brush. Make holes in the sides of the cup too so the brush can air dry. Keep the cups inside a paper box.

Method Three: Without the lid- Fix the cups, top up: to a wall or along a windowsill with a rail to keep them from falling. Label each child's cup. Store the brush by putting the brush up to allow air-drying.

Egg cartons that have not been used to store eggs (Ask your neighborhood grocery store!) Puncture the bottom of the egg crate with hole large enough for the HANDLE of the brush. Allow the bristles to stand up in the air to dry. Store the egg cartons on a shelf. Label each child's place (by name or number) on the egg carton as well as their toothbrush.

Yardsticks

Place nails with head small enough for holes in the toothbrushes every 2-3 inches along the yardstick. Nail the yardstick on a wall. Write a number /name on the yardstick AND on the child's toothbrush that belongs there.

Milk cartons

Use clean individual size milk cartons labeled with the child's name in BIG letters. Store the toothbrushes with the handle inside the carton and brush head air-drying out the pouring spout. You may have to weight the bottom of the carton to keep them from falling over.

Make a wall rack in a fun shape

A creative woodcrafter might build an animal shaped wall mounted rack.... putting nails in a random pattern around the shape. Make sure the toothbrushes do not touch or drip on each other. Be sure each child's place on the rack is labeled too.

Shoe Boxes

Cut down the box so that the brush heads stand away from the box. Shoeboxes will have to be replaced frequently. They are more useful as temporary storage.

Gallon Cans – Best if toothbrushes stand away from the top of the can.

Managing Classroom Brushing

Passing out and putting away the toothbrushes

Supervise or distribute toothbrushes in a manner that children will not use another child's toothbrush. If staff distribute and/or collect the brushes, touch only the handle of the brush. Staff should wash their hands before and after handling the toothbrushes.

Have children know where their toothbrush belongs.

Give each child the toothbrush and cup during a 'circle' time.

Practice name/number identification. Have the child to 'read' the name or number

Toothpaste

Use fluoride toothpaste with the Seal of Acceptance by the American Dental Association available in any grocery store. Any flavor that encourages children to brush is acceptable.

Dispensing toothpaste

A single tube of toothpaste is recommended for use in childcares as long as the toothpaste is not distributed from the tube to the brush, as the tube would become contaminated. Put no more than a pea-size amount of toothpaste around the edge of a paper plate (or other surface) so each child or teacher can 'scoop' the right amount onto the brush

Use wax paper

Paper plates

Lunch tray

Paper towel

Edge of a paper cup

Fluoride toothpaste is recommended. Do not use fluoride rinse as a substitute for fluoride toothpaste. (There is no evidence that a fluoride rinse sprayed on a toothbrush will deliver enough fluoride to protect teeth. There is no evidence that fluoride rinse on a toothbrush will prevent tooth decay).



Brush daily

Brush or clean teeth at least once a day while children are at the childcare program. Most programs find brushing after a meal or snack the easiest time to include toothbrushing with fluoride toothpaste.

Introduce toothbrushing

Use circle time to introduce toothbrushing with a dry toothbrush. Aid or teacher demonstrates brushing while the children brush. Review rules that will be followed for safe and sanitary toothbrushing.

Use the same time each day for brushing to establish a routine.

Technique

Brush in a pattern

Keep it very simple.

Start with the Top Teeth

Brush outside

left side –front – right side

Brush Inside:

left side –front – right

Move to the Bottom Teeth: Same pattern

Outside of the bottom teeth:

left –front – right

Inside (tongue-side) of bottom teeth:

left - front – right

Chewing side of the top teeth:

left, right

Chewing side of the bottom teeth

left, right

Brush the tongue in big circles!

Short back and forth or circular scrubbing strokes are recommended for young children. Most young children do not have good small muscle control to clean their teeth well until they are 7 or 8 years old.

Engage the child's senses

FEEL The teeth before they brush, then after they brush- plaque is 'fuzzy'
 Feel the bumps and grooves with your tongue or a finger

HEAR What sound does the brush make? Like a train?

SEE Demonstrate on a model.
 Better: Demonstrate on your own teeth while they brush.
 Do gums bleed when they are brushed? If so, time to brush better.

SMELL Smell the brush before and after brushing.

DO Children begin brushing, with supervision and help,
 as soon as they can hold a toothbrush.

Help children brush:

Aid or teacher would help each child position the brush to achieve the right motions and brush for the child where the child has missed. Most children can manage to brush well by age 7 or 8 years old. (BrightFutures, 2005)

Rule of thumb: When a child can color a picture and stay in the lines or is able to tie his shoelaces, he may have the muscle control to brush well on his own!

Play a song and brush for brushing time to establish the routine – two minutes

'This is the way we brush our teeth, brush our teeth, brush our teeth, etc...or...

Raffi's Toothbrushing Song is very popular. "When I get up in the morning, what do I do? I brush my teeth, ccchh, cchhh, chccc, chu, ccchuc, chhuc, chaaa, chu, chuauuu.. I brush my teeth."

Model brushing

Children learn what they see. If you find toothbrushing important, children will too. Brush YOUR teeth while children brush theirs. Use a large toothbrush model to demonstrate the technique while the children brush.

Spit the toothpaste

Young children have difficulty spitting. Practice using two cups, one with a little water. Children take a drink and spit into the empty cup. If children are able to spit most of the water into the cup they are ready to use toothpaste.

Do not rinse after brushing with fluoride toothpaste. Rinsing after using toothpaste dilutes the benefit of the fluoride. If children have difficulty spitting, use less toothpaste.

Children can wipe their mouth with a napkin and put the napkin in the cup before throwing it away.

Rinse the brush with clean water.

Rinse the brushes in a manner that will keep each child's toothbrush from splashing on another child's toothbrush. Do not put brushes in a pile! Acceptable methods to rinse brushes include:

Rinse at a sink

Rinse the brush and handle under running water before putting it away.

Have each child put its toothbrush **away** and have the teacher/aid rinse the brush later. Brushes are rinsed one at a time.

Rinse brush in a cup

Give children a cup of water to rinse the brush, to minimize splashing.

Reusable cups are washed in the dishwasher. Disposable cups are thrown away.

Toothbrushing at a Sink

Children brush at a handwashing sink after their meal or snack.

An aid/teacher needs to monitor the brushing at the sink to avoid:

- children sharing toothbrushes.
- splashing contaminated water.
- assist in developing positive skill.
- to dispense toothpaste in a sanitary way.

No more than two children at the sink at one time.

Put the toothbrushes away as soon as possible.

Don't let children run around the classroom with a toothbrush, as they are easily dropped.

Children can fall and hurt themselves with a brush in their mouth.

Staff members wash their hands before and after toothbrushing

Process

- Staff wash their hands. (Universal precautions)
- Handwashing sink will be cleaned with the 3-step process (wash, rinse, disinfect).
- Teacher will distribute each child's toothbrush and a clean cup with no more than a pea-size portion of toothpaste on the edge.
- Children apply the toothpaste from the cup to the brush.
- Teach the children to brush in a pattern move from area to area (left-to-right, inside and outside top and bottom) around the mouth. Finish with brushing the top of the teeth.
- Fluoride toothpaste is effective even with unsatisfactory brushing technique.
- When brushing is completed, children spit out the toothpaste into the sink.
- Rinsing after using toothpaste decreases the benefit of the fluoride. Do not rinse if possible. Rinse very little not very hard, if practiced at all.
- The toothbrush is then rinsed in the cup half-filled with water. More water can be added from the pitcher if needed.
- Child returns the toothbrush to the toothbrush holder, under supervision. The brush may be returned to the teacher to be put away in a sanitary manner.
- The toothpaste is rinsed down the drain with tap water.
- Handwashing sink will be cleaned with the 3-step process after everyone is done brushing (wash, rinse, disinfect).

Toothbrushing at a Table

Children brush immediately following a meal or snack while they remain seated at their table. Tables will have been sanitized for the meal.

- Staff wash their hands.
- Table area is cleaned with the 3-step process.
- Each child is given a paper towel, a Dixie cup with water from a clean water source, and an empty Dixie cup. Toothpaste can be dispensed onto a paper plate, lunch tray, wax paper or directly on the edge of the empty cup.
- Children scoop the toothpaste to the brush.
- Teach the children to brush in a pattern move from area to area (left-to-right, inside and outside top and bottom) around the mouth. Finish with the top of the teeth.
- Fluoride in the toothpaste is effective even with unsatisfactory brushing technique.
- Child spits the excess toothpaste into an empty Dixie cup.
- Rinsing after using toothpaste decreases the benefit of the fluoride. Do not rinse if possible. Rinse minimally or least vigorously, if at all.
- Rinse the toothbrush in the remaining water.
- Children roll up the napkin, paper towel or tissue and place it in the cup that they spit into.
- Child returns the toothbrush to the teacher who replaces it in the toothbrush holder.
- Dixie cups are immediately discarded.
- Table is cleaned with the 3-step process.
- Staff wash their hands.

Brushing stations

Long mirrors (Latsa) can be purchased that stand up on a table allowing 4-6 children to brush at once. A tray/cart can hold the brush holders, paper cups with fresh water for rinsing brushes. Children can spit into bowls or cups. Bowls are emptied, washed and sanitized like all other dishes.

SAMPLE Policy

Purpose: To improve children's oral health, encourage the development of lifelong oral health habits and to provide modeling and instruction in proper toothbrushing technique.

References:

ECEAP Standard 5.130

Head Start Standard 1304.21(c)(1)(iii):

Centers for Disease Control. The Use and Handling of Toothbrushes in Schools.

http://www.cdc.gov/OralHealth/infectioncontrol/fact_sheet/toothbrushes.htm#schools

Caring for Our Children, 2nd Ed., American Academy of Pediatrics, American Public Health Association, Health Resources and Services Administration, 2002. Standard 3.010, 5.095

Requirements Met: ECEAP, Head Start, Licensed Child Care

General Policy Guidelines: Toothbrushing decreases the colonization of bacteria on teeth by disrupting the formation of plaque. The use of fluoridated toothpaste changes the environment of the mouth that promotes dental health. Toothbrushing in the classroom will improve the child's oral health, teach the child basic hygiene, promote health, and establish a lifelong prevention habit. Because of this, toothbrushing is recommended in the childcare setting, at least once a day.

Procedure:

1. Toothbrushing will be supervised to insure:
 - Establishing a routine which enhances learning
 - Children under the age of six use no more than a pea size amount of fluoride toothpaste.
 - Toothbrushing technique
 - That toothbrushes are not shared and that they are handled properly.
 - Proper storage and handling of the toothbrush to decrease cross contamination.
 - Open to air with bristles up
 - Unable to drip on one another
 - Do not contact each other or any other thing (Each child's brush is stored in the same holder each day)
2. Each child will have his/her own toothbrush with the name clearly marked on the handle with a non-toxic/permanent marker AND on their toothbrush holder. No sharing or borrowing is allowed.
3. Use a small toothbrush with soft, rounded nylon bristles appropriate for age/size of child.
4. Toothbrushes will be replaced at least once a year when used less than 5 days a week and twice a year if used more than 4 days a week. - sooner if the bristle become splayed or the toothbrush is contaminated.
5. Teachers/child care staff will brush their own teeth to model the desired behavior.
6. Staff training will be provided yearly on the etiology of tooth decay, oral health promotion, and toothbrushing protocol.

Two possible procedures follow. Programs may adapt them to meet their own individual needs as long as the basic requirements are followed.

Supplies for the sink method

- Standard sanitizer used in childcare (1/4 tsp plain bleach to 1 quart clean water.)

- Sanitized hand washing sink
- Mirror hanging on the wall so children can watch what they are doing, optional
- Appropriate tooth brush holders (no caps, bristles allowed to air dry, no touching other tooth brushes), labeled with child's name or number.
- One soft bristle tooth brush per child clearly labeled with each child's name
- Use no more than a pea-size amount of fluoride toothpaste for children 2-6 years old
- Pitcher with water acquired from a food prep sink.
- Small Dixie cups
- Stepping stool if sink is too high for child to easily spit toothpaste into the sink
- Children who have practiced dry brushing in class. (or older children)
- No more than two children at the sink at one time.

Supplies for Table Method (Could be included after meal or snack)

- Adult supervision
- Standard sanitizer used in childcare (1/4 tsp plain bleach to 1 quart clean water.)
- Sanitized table with a child-sized chair for each child
- One soft bristle tooth brush per child clearly labeled with each child's name
- Appropriate toothbrush holder/rack. (no caps, bristles allowed to air dry without touching other brushes), labeled with child's name or number
- Small pitcher (1 pint sized) with water acquired from a food prep sink.
- Small Dixie cups and a napkin
- Children who have practiced dry brushing as part of oral health activity.

Toothbrushing at the Sink	Toothbrushing at a Table
<ul style="list-style-type: none"> • Handwashing sink will be cleaned with the 3-step process (wash, rinse, disinfect). Staff wash their hands. • Teacher will hand each child their toothbrush, a Dixie cup half filled with water from a water pitcher and no more than a pea-size portion of toothpaste on the edge of the cup. • Children apply the toothpaste to the brush from the cup. • Teach the children to brush in a pattern move from area to area (left-to-right, inside and outside, top and bottom) around the mouth. Finish with the top of the teeth • Exposure to fluoridated toothpaste is effective even with unsatisfactory brushing technique. • Children spit excess toothpaste into the sink • The toothbrush is then rinsed in water in the cup. More water can be added from the pitcher if needed. • Child returns the toothbrush to the teacher who replaces it in the toothbrush holder. • After all the children have brushed, the sink is cleaned with the 3-step process and staff wash their hands. 	<ul style="list-style-type: none"> • Table area is cleaned with the 3-step process and staff wash their hands. • Each child is given a paper towel, a Dixie cup with water from a clean water source, and an empty Dixie cup which has no more than a pea-sized portion of toothpaste on the edge. • Children apply the toothpaste to the brush. • Teach the children to brush in a pattern move from area to area (left-to-right, inside and outside, top and bottom) around the mouth. Finish with the top of the teeth • Exposure to fluoridated toothpaste is effective even with unsatisfactory brushing technique. • Child spits the excess toothpaste into an empty Dixie cup. • Child returns the toothbrush to the teacher who replaces it in the toothbrush holder. • Dixie cups are immediately discarded. • Table is cleaned with the 3-step process and staff wash their hands
Katy Levenhagen, Partners in Childcare, Snohomish Health District	

Standards

A copy of the standards that relate to oral health have been included here for your convenience.

Head Start Performance Standards

US Health and Human Services, Administration for Children and Families, HeadStart
Performance Standards <http://www.acf.hhs.gov/programs/hsb/performance/1304A.htm>

ECEAP Performance Standards

Washington State Department of Community, Trade and Economic Development, Early
Childhood Education and Assistance Program (ECEAP) Performance Standards, 2006
http://qa.cted.wa.gov/portal/alias_CTED/lang_en/tabID_224/DesktopDefault.aspx

Childcare Standards

American Academy Of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care (2002). ***Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2nd edition***. Elk Grove Village, IL: American Academy of Pediatrics and Washington, DC: American Public Health Association. Also available at <http://nrc.uchsc.edu> 1-800-598-KIDS (5437)

Useful Websites

American Dental Association: www.ada.org

American Academy of Pediatric Dentistry: www.aapd.org

Association of State and Territorial Dental Directors: www.astdd.org

Centers for Disease Control Oral Health: www.cdc.gov/oralhealth

Washington State Department of Health Oral Health Program:
http://www.doh.wa.gov/cfh/mch/cahcp/oral_health.htm

National Oral Health HeadStart Center: <http://www.mchoralhealth.org/HeadStart/>

Umatilla Morrow Head Start, Inc, Policies and Procedures: <http://www.umchs.org/>

National Resource Center for Health and Safety in Child Care
Healthy Kids, Healthy Care: http://www.healthykids.us/chapters/dental_main.htm

Public Health Seattle King County Oral Health:
<http://www.metrokc.gov/health/oralhealth/index.htm>
Links to clinics, services and general oral health information

Snohomish Health District Oral Health Program: <http://www.snohd.org/>
Links to clinics, dentists, services and general oral health information

ABOUT: <http://dentistry.about.com/od/dentalactivitiesandgames/>

Free Coloring Pages: <http://www.coloring.ws/dental.htm>

Classroom Activities

Oral Health Education for Pre School Planning and Writing YOUR Curriculum

Curriculum: A written plan for promoting oral health for a group or home setting. (Head Start definition) ³ Integrating oral health means including oral health activities into the routines of your childcare program, large or small.

The outline on the next page is designed to allow you to write your own oral health plan within the structure of the learning environment of many Washington State pre school classrooms and child care programs.

Circle Time (*Large Group*)
Story Time
Center Time (*Choice or Small Group*)
Room Environment
School to Home (*Family/community Involvement*)

The Bright Futures oral health education messages are divided into 5 content areas.

Visits to the Dentist
Keeping Teeth Healthy
Importance of Baby Teeth
Nutrition and Oral Health- Healthy Snacks/Healthy Foods

Also included is a sample ‘UNIT’ for a full week of focus on oral health. Following the sample document are lists of activities that highlight each of these Bright Futures program areas.

It is our goal for you to develop YOUR own oral health curriculum for what will work in your classroom. Whether you incorporate oral health on a daily, weekly, monthly or one time basis, this framework can help you get started.

We hope these lessons and activities will help you design classroom activities that meet the oral health needs of your program, preschoolers and their families.

³ Head Start Performance Standards PART 1304—PROGRAM PERFORMANCE STANDARDS FOR THE OPERATION OF HEAD START PRO-GRAMS BY GRANTEE AND DELE-GATE AGENCIES (Eff. 1–1–98) **130.3**

My Plan

Topic _____

Key Message _____

	<u>Pre School Curriculum / Activities</u>
Circle Time <i>(Large Group)</i>	
Story Time	
Center Time <i>(Choice or Small Group)</i>	
Room Environment	
School to Home <i>(Family/community involvement)</i>	

A = Art DP = Dramatic Play TG = Toys & Games Lib = Library Dis = Discovery M & M= Music & Movement S&W = Sand & Water

Sample Week

Unit on Oral Health

Day #1 - Keeping Teeth Healthy

Key Message: It's important to brush your teeth every day

	Activities
Circle Time <i>(Large Group)</i>	(M&M) Sing Raffi's Toothbrushing Song (see song list for lyrics) -Make a tape of the class singing the song to play while they brush their teeth. Consider playing or singing this song consistently to help reinforce the connection between the "song" and "it's time to brush teeth" Demonstrate "How to Brush" with the Puppet (see resource list)
Story Time	(Lib) Read the book <u>"Tooth Bugs"</u>
Center Time <i>(Choice or Small Group)</i>	(DP) "I Can Help Them Brush Their Teeth" -Children practice brushing on Dolls/Puppets/Models of Big Teeth A) Paint a Smile with toothbrushes
Room Environment	Post a Class Toothbrushing Chart (create your own "Tooth Friendly" design with each child's name) -Consider stickers to help children see their tooth brushing is an every day habit in child care (see resource list) -Consider including toothbrushing as a daily part of your class calendar
School to Home <i>(Family/Community Involvement)</i>	Send home handout on How to Brush (Colgate, 2001) (see section resources) Send home calendar for daily toothbrushing (ADA, 2005) (see section resources)

Day #2 - Nutrition and Oral Health

Key Message: Eating health good is needed for healthy teeth.

	Pre School curriculum / Activities
Circle Time <i>(Large Group)</i>	Traffic Light - Eating for Healthy Teeth (DDA) Present the nutrition concepts associated with Red, Yellow and Green
Story Time	(Lib) Read the story “Drinking Water” by Helen Frost
Center Time <i>(Choice or Small Group)</i>	(DP) Pretend Play Restaurant (T&G) Traffic Light Food Match Game (Art) Brush sugary paint (simulate food) – on and off foam teeth
Room Environment	Hang the poster “Traffic Light -Eating for Healthy Teeth” Bulletin Board – Healthy Foods for Healthy Teeth (WIC) Paper plates with pictures of healthy foods mounted amid happy teeth
School to Home <i>(Family/Community Involvement)</i>	Send Home Handout – Fruit First (SHD PICC, 2005)

Day #3 – Keeping teeth healthy

Key Message: Protect your teeth! Play safely!

	<u>Activities</u>
Circle Time <i>(Large Group)</i>	Review Classroom Rules / discuss how they keep teeth safe (Lib) Make Flannel Board Story or Cards based on “Play It Safe” (Dental Health Ed, 1999)
Story Time	(Lib) Read : “Safety on the Playground “ or “ Taking Turns”
Center Time <i>(Choice or Small Group)</i>	Recognize children playing safely and taking turns (DP) Dramatic play for policeman, teachers, doctors, that ‘keep us safe’
Room Environment	Post Classroom Safety Rules Annual Update for Dentist Name / Contact Information Post Dental Emergency Procedures in the classroom
School to Home <i>(Family/Community Involvement)</i>	Send home dental emergency procedures or things you may have on preventing childhood accidents

Day #4 - The Importance of Baby Teeth

Key Message: Baby teeth are important

	Activities
Circle Time <i>(Large Group)</i>	(Dis)Why do we have teeth (use apple to demonstrate bite/chew)
Story Time	(Lib) Read the story “Tooth Truth from Gilly the Gator”
Center Time <i>(Choice or Small Group)</i>	(T&G) Counting, and sorting, teeth/toothbugs by number and color (T&G) How Many Teeth In Child’s Smile Game Number / Teeth Match (Kinderhive.net)
Room Environment	Bulletin board – make strings of 20 baby teeth Include information on what do baby teeth do – smile, chew and talk Lost Tooth Club-Hang chart about when children lose their baby teeth.
School to Home <i>(Family/Community Involvement)</i>	Send home handout on why baby teeth are important (Children’s Hospital, 002) Send home handout on preventing baby bottle tooth decay (Children’s Hospital, 2002)

Day #5- Keeping Teeth Healthy

Key Message: Visiting the Dentist is important.

	Activities
Circle Time <i>(Large Group)</i>	<p>Recognize children that have recently gone to the dentist. Give children a certificate to stick on a bulletin board when they have visited the dentist. Put a star on their certificate when they have finished any needed appointments. Ask children about their visits to the dentist and talk about what they liked and didn't like.</p> <p>Field trip to a dental office</p>
Story Time	<p>Read a story about visiting the dentist. Dentist/El Dentista is a simple story in English and Spanish.</p>
Center Time <i>(Choice or Small Group)</i>	<p>Make dental visit refrigerator magnets cut, decorate and stick a magnet strip on dental messages for children to take home.</p> <p>Playmobile dental office playset</p> <p>Props for a dental office play area</p> <p>Dental screening by a dentist, nurse or dental hygienist</p>
Room Environment	<p>Bulletin Board: "We've been to the dentist" Paper tooth with each child's name of completed dental visits on a bulletin board.</p> <p>Bulletin Board</p>
School to Home <i>(Family/Community Involvement)</i>	<p>Dental resource lists for parents and kids dental care. Information on public insurance coverage sent home early in the school year.</p> <p>Information for parents on how to have a successful dental visit for their child</p>

**More
Classroom Activities**

**For
Center Time
Circle Time
Room Environment
School to Home
Story time**

Center Time (Choice and Small Group) Ideas

Visits to the Dentist

- **(DP)Dental Office Dramatic Play** – Props might include chair, toothbrush, mirror, masks, gloves, smock, flashlight, camera
- **(A)Make Dental Visit Refrigerator Magnets** -Cut, decorate, and stick a magnet strip on dental messages to take home (SHD) Materials: teeth with assorted dental messages (see section resources) scissors, crayons, markers, and pre-cut adhesive magnet strips
- **(DP)Playmobile Dentist Office Playset for role playing dental visits**
- **(Dis)Mr. Big Mouth Playdough Set** - Let children practice filling teeth like the dentist fixes cavities
- **(Lib or ART)Make a Book or Journal about Visiting the Dentist** - If you do a field trip to the dentist take pictures of your class for the book. Materials: paper, pencils, crayons, markers and pictures of children, dental office staff and dental equipment

Keeping Teeth Healthy

- **(DP) “I Can Help Them Brush Their Teeth”** Children practice brushing on Dolls/Puppets/Models of Big Teeth. Materials: Dolls, puppets, model of teeth, toothbrushes, toothpaste with lid glued on.
- **(A) Paint a Smile Project** Use toothbrushes to paint teeth white and then glue them inside a “red lips” picture frame (CA CC Hlth Prog)
 - Materials: Teeth copied onto yellow construction paper toothbrushes for painting, white paint (scent with mint extract to smell like toothpaste), and red lip picture frame (see section resources for lip and teeth templates)
- **(S&W) Draw on Plaque Brush off with Water** - Laminate a large picture of a tooth. Draw all over with washable markers to simulate plaque then brush off with a toothbrush and water.
- **(S&W) Soda Bottle Teeth and Shaving Cream Brushing**-Cut bottoms off plastic soda bottles, punch hole on either side, connect bottles with twist ties, turn upside down to look like teeth. Spray with shaving cream and let children brush teeth clean. (CA CC Hlth Prog)
- **(A) Fingerpaint with Fluoride Gel Toothpaste** -Draw a row of teeth with permanent marker onto fingerpainting paper and have children “clean” their teeth with toothpaste (kinderhive.net/dental themes)
- **(A) When to Brush Clock** -Children make a paper plate clock to remind them when they need to brush. (Cavity Free Kids, 2003)
- **(A) Make a Toothbrush/Toothpaste Mobile** - Decorate 2 toothbrushes and 2 toothpaste patterns to string onto the paper plate mobile.

Baby Teeth are Important

- **(T&G) Match by color, number or count out the number of teeth.** Counting, and sorting, teeth/toothbugs by number and color. Materials: Pre-Cut teeth, toothbugs in varied colors Place numbers of your choice on back side of colored teeth.
- **(T&G) How Many Teeth In Baby's Smile Game** (Kinderhive.net) Put the number of teeth into the smile to match the Number Materials: Game cards, cottonballs or white pom poms.
- **(Art) Tooth Fairy Puppet** – Tie a tissue over a clothespin. Draw a face on their puppet and glue on doily wings, hair, crown, wand, etc. Materials: doilies, yarn, scissors, glue, markers, pipe cleaners, decorative gold/silver star wire lengths, etc
- **(DP) Babies need clean teeth too.** Have dolls, bottles, cups, washcloths/ and small toothbrushes to “clean the baby’s teeth” after eating or drinking
- **(Art) Make a tooth necklace using dental floss as the string** (Kinderhive.net) Teeth can be made using white clay and formed around the floss or cut from white paper and glued onto the floss.
- **(Art) Make a mouth model** (CA CC Health Prog) – Glue 10 noodles onto either end of the cardstock mouth then bend in half to make upper and lower teeth. Glue a red felt tongue onto the bottom. Children can pretend to talk & chew by opening / closing their mouth models Materials: noodles, pre-cut mouth shaped card and felt tongue, and glue (see section resources for templates)

Eating Healthy for Health Teeth

- **(DP) Let's Play Restaurant (make a sign for “Cavity Free Café”)** Have students take turns being the waiter, cook, and customer. Props to consider would be plates, cups, silverware, trays, order sheet, menus, play food, pictures of healthy foods
- **(T&G) Traffic Light Food Match Game** Children match the foods according to the 3 traffic light colors. Make drink and food choices on corresponding paper colors to help them learn the concepts: Red = Stop-NOT every day (pop and candy) Yellow = Caution-NOT every meal/snack (juice and raisins) Green = GO-Choices for any meal/snack (milk and water, fruits and vegetables)
- **(Art) Brush Sugar Painted Teeth** (when we drink juice, sugar gets on our teeth and we need to brush to clean the sugar and bacteria away) Pre-cut teeth from Styrofoam cups or trays. Make a colored solution out of sugar, water, orange food coloring, and optional orange scent. Paint the colored sugar solution onto the teeth, let dry and then brush with old toothbrushes and water mixed with soap or toothpaste. Materials: foam teeth, sugar paint solution, food coloring, orange scent, paintbrushes, toothbrushes, water, toothpaste
- **(Art) Make Healthy Foods Placemats and Laminate with Clear Contact Paper** Cut out lots of pictures of foods and be sure to include things like fruits, vegetables, milk and cheese, peanutbutter, meats, and popcorn.
- **(Art) Make Healthy Foods for My Teeth Mobile**
Materials: pictures of healthy foods, yarn, paper plates, straws, glue, and scissors
- **(DP) Pretend Grocery Store** Use play cash registers, paper bags, play food, pictures of foods glued on plates, etc. Collect “empty” real food containers for your store like milk jugs, egg cartons, cereal boxes, washed cans with labels of fruits, vegetables, soups, etc
- **Tooth Cookie Cutter Snacks**
Cut out teeth shapes from slices of cheese, lunch meat , soft pita or bread for Tooth Sandwiches, add jello for a “not too often” sweet treat
- **(T&G) Healthy Snacks Memory Game** (see section resources for master of food cards to play the matching memory game)
- **Tooth Buddies Healthy Fruit Snack Maze**

Circle time (Large Group) Ideas

Visiting the Dentist

- **Invite a guest speaker from a dental office** (dentist / hygienist / dental assistant)
- **Sing Songs about tooth brushing and taking care of your teeth** (see song sheet)
- **Use giant puppets to role play visiting the dentist** (see resource sheet)
- **Recognize children who have recently gone to the dentist** Consider making a certificate to send home with students to show how important it is to visit the dentist to take care of our teeth (see section resources)

Keeping Teeth Healthy

- **Demonstrate “How to Brush” with the Puppet - Feel** before/after you brush. **Hear** the sound of the brush. **See** the teacher demonstrate. **Touch** feel the bumps and grooves with your tongue or finger. **Smell** the toothbrush before and after brushing. Children need to **do** the toothbrushing. Break the brushing down into the simple patterns that you will use: top/bottom, left/front/right, outside/inside/chewing side
- **Demonstrate** how much toothpaste is the right amount on a plate
- **Why We Brush (Demonstrate brushing on yourself while class sings)**
Explain the importance of getting food and germs off your teeth **(eat an oreo cookie and then show children food that sticks to teeth).**
- Show how much toothpaste to use and why. (How big is pea size?)
- Talk about when to brush (after breakfast, before bed)
- Explain what might happen if you don’t brush(i.e. bad breath, cavities, hurt to chew)
- **Show the Video “Brushing Magic with Dudley and Didi”, ADA** (see resource list) Fun for preschoolers who will want to watch it again
- **Sing Interactive Songs to reinforce the concepts of toothbrushing in a fun way** (see song list)
- **Perform a Toothbrushing Skit with students in your class** (i.e. cut white garbage bags with head and arm holes and have children “be teeth” Let other children use a large toothbrush (dustpan brush)Have children use the patterns you use in toothbrushing , etc
- **Talk about Ways to Tell if You’re Brushing Well** Review all the senses of toothbrushing (feel/hear/see/touch/smell)
- Smell – if your toothbrush smells bad when you’re done you need to brush better
- Blood on your toothbrush – you need to brush better
- Do your teeth feel cleaner/smooth after you’ve brushed?
- **Hole in the Apple Experiment** (* **requires preparation of 2 –3 days**)
Cut a 1 inch hole in an apple and let it sit for a few days. Cut down across the hole to show that decay spreads and the hole gets bigger just like an untreated cavity in a tooth.

Importance of Baby Teeth

- **Why do we have teeth?** Read, How Many Teeth, 1991) to start discussions about what their teeth and mouth enable them to do. Use pictures and questions (HS-OH Awareness, 2002. (see section resources for pictures, questions, and song)
- **Sing the song - Smile, Talk, Chew (HS OH Awareness, ,2002).**
- **Demonstrate the different teeth** used for biting / chewing crunchy foods (i.e.apples) What happens if you don’t have teeth (i.e. baby foods).

- **Baby Teeth, Adult Teeth**

When do we get them, lose them, and why? (see section resources for picture and activity) They are called baby teeth because you get them when you are a baby.

Talk about why we have teeth (smile, talk, chew)

- Baby teeth hold the space until adult teeth are ready to take their place-starting around age 5 or 6 through age 12 (How Many Teeth, 1991)
- You need to take care of baby teeth (brushing, healthy eating, visits to the dentist) until adult teeth are ready to take their place which you can act out through the Baby Teeth Chant (Cavity Free Kids, 2003)
- **Who is Smiling** Take a close up photo of each student's mouth (smile). Cut out the smile and paste onto a large tooth.
 - Write a phrase under each tooth that describes something they do to keep their teeth healthy. Suggestions would include things like: (I brush my teeth twice a day, I eat healthy food, I visit the dentist regularly, etc.)
 - Don't put names on the teeth and have the children try to guess who each smile belongs to
- **Read a Tooth Fairy Story about losing baby teeth** (see book list)
Talk about when children lose their teeth. See section resources for the SHD tooth eruption chart.

Healthy eating for healthy teeth

- **Traffic Light "Eating for Healthy Teeth" Poster – Hang in the room when you are finished.** What we eat is important to our health and to our teeth. Look at what we eat like the traffic light with its green, yellow and red lights.

Green are the GO or "choices for any meal/snack" foods to keep us healthy (from the basic food groups - fruits, vegetables, milk, meat, grains)

Yellow are the CAUTION or "NOT every meal/snack" foods with less nutrition that promote decay (i.e. juice, dried fruits, sweetened cereals, chips, crackers)

Red are the STOP AND THINK "NOT every day" foods that should only be occasional treats in our diets (i.e. cakes, cookies, candy)

Use the same traffic light to talk about drinks **Green:** Milk and Water **Yellow:** Juice **Red:** Soda

- **How often do we need to eat? (pictures from food groups)**
Talk with children about why we eat (to grow, to have energy, and to be healthy) Have pictures from the different food groups. Expand into oral health and talk about how foods can affect the health of our teeth. Read a book that talks about the bacteria and food causing decay. Expand the concept into the more times we eat the more chances for decay. Highlight the message that we only need to eat meals and occasional snacks for teeth to stay healthy.
- **Combine Snack time and Circle time with a Healthy Foods for Teeth Tasting Party**
Make different plates of foods with enough for 1 taste per student. Choose foods like fruits, vegetables, cheese cubes, peanut butter or meat mini sandwiches, popcorn, etc. Ask each student to take one and try it even if it is a new food.
- **Make a Snack Together – Apple Smiles**
Give each student 2 apple slices, peanut butter, mini-marshmallows. Paint the lips (apple slices) with peanut butter and stick on the marshmallows (teeth). Eat and enjoy. Take the time to talk about sweet, sticky things like marshmallows are a treat and should only be eaten occasionally, and then talk about why brushing will help to remove the sweet sticky food from teeth.

Room Environment Ideas

Visits to the Dentist

- **Bulletin Board - “What Happens When You Visit the Dentist**
Include a fact web with a tooth at the center with a picture of a dental visit and list things that dentists do around the center tooth graphic.
- **Bulletin Board - “We’ve been to the dentist”**
Make a paper tooth with each students name on it to include in “We’ve been to the dentist” section Use this board to talk about regular visits to the dentist keep teeth healthy (see section resources for fact web diagram and tooth shape for boys and girls)
- **Poster or Photo Journal of class field trip to a dental office – Use photos from the class field trip**
- **Post Dental Resource Lists and Dental Resource Line Information for Parents -** Locate poster / bulletin board in a strategic place where parents check in/out (see section resources for current lists)
- **Post a flyer reminding parents that dental visits should start at age 1**
Consider emphasizing during February (National Children’s Dental Health Month) and/or October (National Dental Hygienist Month) Locate flyer in a strategic place where parents check in/out.
- **5 Ways I Can Stay Healthy Poster**
Include prevention messages about total health - including dental care. Suggestions for poster 5 Ways I Can Stay Healthy
 - Visit my doctor for regular check ups
 - Visit my dentist for regular check ups
 - Brush my teeth 2 times/day with toothpaste
 - Eat healthy foods
 - Be active and exercise each day
 - Be safe in the car and when I play

Keeping Teeth Healthy

- **Hang a large tooth brushing chart in the classroom**
Identify each child by name and make boxes/days of the week to let each child make a mark or place a sticker after they brush each day.
- **Play Music While Children Brush**
Consider using the same song consistently to reinforce that it is brushing time
- **Hang Toothbrush Mobiles around the room**
- **Toothbrush Holders**
Locate under or near the Brushing Keeps Teeth Clean Poster
- **How We Brush Poster**
Post the steps you use for brushing at school (see section resources- Colgate, 2001)
- **Hang “How Much Toothpaste is Enough” where parents can see when they pick up/drop off children** (Calgary PH, 2003)
- **Hang Dental Emergency Poster “Are You in a Tooth Pickle?”** (VaDOH)

Baby teeth are important

- **Make and Hang a “Why Do We Have Teeth?” Poster** (HS-OH Awareness, 2002)

Make a collage by cutting out magazine pictures/photos of children and adults smiling, chewing and speaking.

- **Hang “Who is Smiling” photos onto a Bulletin Board** (see Center Activity)
- **Make and Hang a “We All Have Teeth” Poster**
Find pictures of a child, adult, cat, dog, and various animals – It’s best if the pictures are “smiling” and show their teeth.
- **Hang the Tooth Eruption Chart in the room (SHD)** (see section resources)

Eating healthy for healthy teeth

- **Bulletin Board that promote good nutrition and healthy foods (WIC)**
Cut out pictures of the main food groups and other healthy foods for teeth and glue on paper plates. Scatter plates around the bulletin board and intersperse pictures of smiling teeth to convey the foods are healthy for teeth too.
- **Hang the Traffic Light for Healthy Eating Poster (DDA)**
Refer to snacks and foods at mealtimes and talk about whether they are green, yellow or red foods. Talk about how you plan meals and snacks and do not eat all day long at school and should have limited eating at home too.
- **Hang the New Food Pyramid Poster** (myfoodpyramid.com)
- **Hang Healthy Snack Tips Poster(DOH)** (**Others**-Available from USDA, Dairy Council, etc)
See resource list

School to Home Ideas

Visiting the Dentist

- **Parent Handout “The Dental Visit”** (WIC) (see section resources)
Include suggestions about answering questions so that the focus is on making dental visits a positive experience.
- **Oral Health Red Flags – Tips for Parents** (SHD) (see section resources)
- **A Visit to the Dentist Book** -San Diego Smiles Program (see section resources)
- **Parent Handout – Why All Kids Need Regular Check-Ups** (SHD) (see section resources)
- **Parent Letter about Dental Screening Results and Need for Dental Follow Up**
Will be provided by the dental professional doing screening.

Keeping Teeth Healthy

- **Handouts on How to Brush** (Colgate, 2001)
- **Send Home Toothbrushing Chart for home brushing**
remind parents about controlling how much fluoride toothpaste to use
(ADA, 2005)
- **Parent Night on Oral Health**
Invite a dental hygienist to teach parents the importance of tooth brushing, how to brush, and the technique and philosophy used at school
- **Ideas for making Toothbrush Holders (family project to work on together)** (Colgate BSBF, 2003)
(elephant and teddy bear projects in section resources)
- **CDC Simple Steps for healthy teeth and quiz** (CDC)
- **Send home handout “Brush Together – It Works”** (Colgate BSBF, 2003)
- **Send home handout on Dental Emergency Procedures** (Island County Health Dpt)
- **Send home handout on How Much Fluoride Toothpaste to Use** (Calgary, PH, 2003)

Baby Teeth are important

- **Send home handout on why baby teeth are important** (Children’s Hospital , 2002) (see section resources)
- **Send home handout on preventing baby bottle tooth decay** (Children’s Hospital , 2002) (see section resources)
- **Send home the Tooth Eruption Chart** (SHD) (see section resources)
- **Send home handout “Ten Simple Things Parents Can Do to Protect Baby’s or Child’s Smile”** (www.happyteeth.org) (see section resources)

Eating Healthy for health teeth

- **Plan a Parent Night** - Include healthy eating activities that convey the message of good nutrition for oral health (Brushing Buddies)
- **Activity suggestions for parents and kids:**
 - Make Traffic Light Posters
 - Make healthy snacks together
 - Make/laminate placemats for each family member that feature healthy foods
 - Reading Corner of books about oral health and nutrition
 - Music and Oral Health Songs Sheets for parents (use songs kids know)
- **Handout on Juice - Fruit First** (SHD PICC)

- **Handout on Sugar Content in Drinks** (SHD) (find in the meal and snack planning section)
- **Handout on Snacks for Happy Smiles and Healthy Bodies** (SHD PICC) (find in the meal and snack planning section)
- **Creditable Hearty, Nutritious and Health Snacks Lists** (CCHP, Seattle-King Co.) (find in the meal and snack planning section)
- **Build a Snack the Healthy Way Handout** (WA Dairy Council, 2005) (find in the meal and snack planning section)
- **Send Home Recipes for Healthy Snacks for Families “Let’s Get Cooking”** (SHD, PICC) (find in the meal and snack planning section)
- **Choosing a Healthy Breakfast Cereal** (ECEAP, 2004) (find in the meal and snack planning section)
- **Send Home Handout – Snacking –It’s How Often that Matters** (Colgate, 2003) (find in the meal and snack planning section)

Health Program Supplies and Materials

Suppliers

Plaksmackers	- www.plaksmacker.com	1-800-558-6684
Smilemakers	- www.smilemakers.com	1-800-825-8085
Latsa	- www.latsa.com	1-888-805-2872

Handouts and Brochures-Free Sources

MCH Clearinghouse <http://www.mchoralhealth.org/materials>

Oral health and learning: When children's oral health suffers, so does their ability to learn. (2nd ed.). 2003. Washington, DC: National Maternal and Child Oral Health Resource Center.

Oral health tip sheet for Head Start staff: Working with parents to improve access to oral health care. 2003. Washington, DC: National Maternal and Child Oral Health Resource Center.

Oral health tip sheet for Head Start staff: Working with health professionals to improve access to oral health care. 2003. Washington, DC: National Maternal and Child Oral Health Resource Center.

Preventing tooth decay and saving teeth with dental sealants. (2nd ed.). 2003. Washington, DC: National Maternal and Child Oral Health Resource Center.

Children's Hospital and Regional Medical Center - <http://www.seattlechildrens.org/>

Dental Health: 3-6 years

[Chinese](#), [Russian](#), [Somali](#), [Spanish](#), [Vietnamese](#))

Dental Health: Birth 24 months

[Chinese](#), [Russian](#), [Somali](#), [Spanish](#), [Vietnamese](#))

National Institutes of Health; <https://ice.iqsolutions.com/nohic/pubsorder/>

A Healthy Mouth for Your Baby

English, Spanish

Casamassimo, P. Holt, K., Bright Futures in Practice: Oral Health Pocket Guide, 2005

Book List

(Italics note availability in Spanish)

Visiting the Dentist

Barney Goes To The Dentist by Publishing Lyrick, 1997
Berenstein Bears Visit the Dentist by Stan and Jan Berenstein, 1981
Caillou at the Dentist by Johanne Mercier, 2004
Danny Goes to the Dentist by Barbara Taylor Cork and Barbara Cork, 2002
Dentist/El Dentista by Jacqueline Laks Gorman, Tatiana Acosta, Guillermo Gutierrez, 2002
Going to the Dentist by Helen Frost, 1999
Just Going to the Dentist by Mercer Mayer, 2001
My Dentist, My Friend by PK Hallinan, 2002
Show Me Your Smile: A Visit to the Dentist by Christine Ricci and Robert Roper, 2005
What to Expect When You Go to the Dentist by Heidi Murkoff and Laura Rader, 2002

Keeping Teeth Healthy

Brush Your Teeth Please, by Leslie McGuire and Jean Pidgeon, 1993
Brushing Well by Helen Frost, 1999
Clarabella's Teeth by An Vrombaut, 2003
Does a Lion Brush? By Fred Ehrlich and Emily Bolam, 2002
Does a Tiger Open Wide? By Fred Ehrlich and Emily Bolam, 2003
Have You Ever Seen a Moose Brushing His Teeth, by Jamie McClaine, 2003
Make Way for Tooth Decay by Bobi Katz, Steve Bjorkman, 2002
Those Icky, Sticky, Smelly Cavity-causing But...Invisible Germs by Judith Anne Rice and Julie Stricklin, 1997
Toothbugs! By Geoff Alexander, 2005
Home Safety (Adventures in the Roo World-Young Roo Series No. 4) by Pati Myers Gross, Carol Marger and Tom Gibson, 1999
I Can Be Safe: A first Look at Safety, 2003
Safety on the Playground by Lucia Raatma, 2004
Taking Turns by Janin Amos and Annabel Spenceley, 2002
Out and About (Adventures in the Roo World-Young Roo Series No. 3) by Pati Myers Gross, 1997

Teeth Are Important

Harry and the Dinosaurs say "Raaah" by Ian Whybrow, and Adrian Reynolds, 2003
How Many Teeth by Paul Showers
My Mouth, My Body by Lloyd G. Douglas, 2004
Oh The Things That You Can Do That Are Good For You, by Tish Rabe and Aristides Ruiz, 2001.
Sparkley: The Tooth Fairy: The Story of Susie and Scotty in Toothdom, Mary Casey and Louise Bousiere, 1996
The Mixed-Up Tooth Fairy by Keith Faulkner, Jonathan Lambert, 2002
The Night Before the Toothfairy by Natasha Wing, Barbara Johansen Newman, 2003
The Tooth Book by Dr. Suess and Joe Mathieu, 2000

Tooth Truth from Gillie the Gator by Wyoming Oral Health Coalition, 2005
Who Needs Teeth? By Janelle Cherrington, 2003
Your Teeth by Helen Frost, 1999
Your Smile Counts by Colgate-Palmolive Company, 1991

Eating Healthy for Healthy Teeth

Drinking Water by Helen Frost, 2000
Good Enough to Eat by Lizzy Rockwell, 1999
Food for Healthy Teeth by Helen Frost, 1999

Song List

The following collection of songs was selected for use with preschool age children. Music is a great way to integrate oral health into your curriculum and have fun too!

The classic toothbrushing song made famous by the singer Raffi (Singable songs for the Very Young). Kids just love to brush when they hear this one.

Raffi's Toothbrushing Song

Brush your teeth (chchchh, chchchchchhh) repeat

When you wake up in the morning it's a quarter to one, and you want to have a little fun...you brush your teeth (chchchh, chchchchchhh)

When you wake up in the morning it's a quarter to two, and you're looking around for something to do... you brush your teeth (chchchh, chchchchchhh)

When you wake up in the morning it's a quarter to three, and your mind is humming twiddledee... you brush your teeth (chchchh, chchchchchhh)

When you wake up in the morning it's a quarter to four, and you think you hear a knock at your door ... you brush your teeth (chchchh, chchchchchhh)

When you wake up in the morning it's a quarter to five, and you just can't wait to come alive... you brush your teeth (chchchh, chchchchchhh) you brush your teeth (chchchh, chchchchchhh) you brush your teeth (chchchh, chchchchchhh) (getting progressively quieter, until brush your teeth comes out in a whisper)

Try one of these renditions to **Row, Row, Row Your Boat**, a tune that kids love to sing.

Version A

Brush, brush brush your teeth
Brush them round and round.
Cleaner, whiter, stronger teeth
You don't have to frown.

Brush, brush brush your teeth
Brush them round and round.
Smile, smile, smile, smile
Smile and do not frown.

Version B

Brush, brush, brush your teeth,
'til they're shiny bright.
They'll be healthy, they'll be strong,
if you treat them right.

Version C

Brush, brush brush your teeth
After every meal.
Whiter, whiter, whiter teeth
Oh, how clean they feel.

Version D

Brush, brush brush your teeth

Gently around your gums.
Merrily, Merrily, Merrily, Merrily
Brushing can be fun!

Children seem to love the tune **Old McDonald** – try it with the loose teeth theme

Wiggle-Jiggle Song

In my mouth I have some teeth
Eee, I Eee I O.
And in my mouth I put my brush,
Eee, I Eee I O.
With a wiggle-jiggle here,
And a wiggle-jiggle there,
Here a wiggle, there a jiggle
Everywhere a wiggle-jiggle
In my mouth I'll keep my teeth,
Eee, I Eee I O.

Twinkle Twinkle Little Star works with this one

Got my Toothpaste

Got my toothpaste, got my brush
I won't hurry I won't rush.
Making sure my teeth are clean,
Front and back and in between.
When I brush for quite a while,
I will have a happy smile!

Sing **Are You Sleeping** with this one

Are you Brushing

Are you brushing?
Are you brushing?
Every Day?
Every Day?
Yes, I try to brush them.
Yes, I try to brush them.
Twice a day!
Twice a day!

This is more of a chant that helps kids act out losing baby teeth and getting adult teeth

Baby Teeth Song

Let's sing a song about Baby Teeth. Adult Teeth are hiding under the gums – this is called your “gums” (*point to your gums*). Everyone crawl into place (*demonstrate the position*). I will give you each a Baby Tooth. Hide very still under the gums like Adult Teeth until we count to five. (*Every child gets into a crouching position with head down. Begin chanting the “song” as you go to each child and place a paper/Styrofoam cup on the back of each child. On the count of FIVE the Adult Teeth begin to emerge – or pop up!*)

Baby teeth, Baby teeth,
Chew and Smile
Stay strong and bright for a long, long while.
I'll brush you every day
And keep you clean and strong
Until you are ready.....

One, two, three, four, FIVE!
(Repeat again. As the children learn the song from repetition, they will know to come out as Adult Teeth and they can count with your).

Try either one of these songs to the tune of **Here we Go Round the Mulberry Bush**

This is the Way We Brush Our Teeth

This is the way we brush our teeth,
Brush our teeth, brush our teeth,
This is the way we brush our teeth,
Move to the Front.

- Repeat -

This is the way we brush our teeth,
Brush our teeth, brush our teeth,
This is the way we brush our teeth,
Clean the insiders too.

- Repeat -

This is the way we brush our teeth,
Brush our teeth, brush our teeth,
This is the way we brush our teeth,
Scrub where we chew.

- Repeat -

This is the Way

This is the way we brush our teeth,
Brush our teeth,
Brush our teeth,
This is the way we brush our teeth
So early in the morning

Use the popular children's tune from **Wheels on the Bus** for these lyrics

To Keep Healthy Teeth

The toothbrush in my hand goes brush, brush, brush,
brush, brush, brush, brush, brush, brush.

The toothbrush in my hand goes brush, brush, brush
To keep healthy teeth.

The toothpaste in my tube goes squeeze, squeeze, squeeze
squeeze, squeeze, squeeze, squeeze, squeeze, squeeze.

The toothpaste in my tube goes squeeze, squeeze, squeeze
To keep healthy teeth.

The teeth in my mouth go smile, smile, smile
smile, smile, smile, smile, smile, smile

The teeth in my mouth go smile, smile, smile
To show my healthy teeth – SMILE!

Action songs like this one to the tune **When You're Happy and You Know It** are a hit!

Clean Song

When my hands are clean I know it 'cause I CLAP (clap, clap)

When my hair is clean I know it "cause if SQUEAKS (squeak, squeak)

When my mouth is clean I know it and I'm not afraid to show it

When my mouth is clean I know it because I SMILE (smile, smile)

When my feet are clean I know it 'cause I STOMP (stomp, stomp)

When my ears are clean I know it 'cause I HEAR (clap hands behind ears)

When my teeth are clean I know it and I'm not afraid to show it

When my teeth are clean I know it 'cause I CHOMP (chomp, chomp)

Song Lyrics were compiled from multiple sources including:

Brushing Buddies (Kansas Department of Health and Environment Oral Health Section)

Cavity Free Kids (Washington Dental Service Foundation, 2003)

Head Start Dental Health Curriculum (2002)

Head Start Oral Health Awareness (Teacher's Guide for Healthy Smiles, 2002)

Promoting Children's Oral Health (California Childcare Health Program, 2005)

Special Considerations

Children with Disabilities and Special Needs

Children with disabilities and special needs are at greater risk for oral health problems. They may have more tooth decay and gum disease because of:

- Genetics – causing defects in tooth enamel, missing teeth, poor alignment or increasing instances of gum disease
- Physical limitations – reducing natural cleaning actions of the tongue, cheek and lip muscles because of limited chewing and tongue movement
- Poor motor coordination – preventing thorough brushing and flossing actions necessary to prevent oral health problems
- Reduced saliva flow – increasing oral health problems because of less fluid intake, as part of a specific disability or side effect of medications
- Medications – increasing tooth decay from constant use of sweetened medications or increasing swelling and bleeding in gum tissue with some anti – seizure medications
- Restricted diets – creating soft diets for children with difficulty in chewing or swallowing increases the amount of food sticking to teeth

For more information, go to the Children's Hospital web site <http://www.cshcn.org/> .

Common types of dental problems

- Teeth may come in at different times than usual and may look different
- More decay because of diet, medication use or poor toothbrushing habits
- More gum disease because of genetics, medications or poor toothbrushing and flossing habits
- Crowding and poor occlusion making chewing, speaking and routine oral health care difficult.
- Damaging oral habits such as grinding teeth, holding food in the cheek areas, mouth breathing, tongue thrusting, picking at gums or biting lips.
- Falling or other accidents increasing injury to the face and mouth.

Tips for Childcare Programs

Having the name of the child's dentist on file for dental emergencies

Talk to parents of the importance of regular dental visits

Good nutrition and limiting soda, sweet drinks, candy and other high sugar foods

Do not use bottles during nap time unless they contain only water

Toothbrushing Tips

Adults help with brushing thoroughly

Create special toothbrush handles as needed to help children during toothbrushing

Use a pea-size amount of fluoride tooth paste.

Parent and professional information for specific conditions or disabilities can be found at [Link to DOH CSHCN Oral Health Section here](#)

Children Birth to Three Years of Age

Clean the infant's gums and/or teeth with a clean, damp washcloth or a soft toothbrush once during the school day.

Brush the older children's teeth once during the school day with a soft child size toothbrush.

Use a rice size amount of fluoride toothpaste for children ages 2-3. For younger children at increased risk of tooth decay, ask the parents to consult with a dental profession about brushing their child's teeth with fluoridated toothpaste.

Limit use of fruit juice and foods containing sugar to mealtimes.

Encourage parents to take their children to the dentist by the first birthday.

Put children down for naps without bottles or sippy cups. If children must use a bottle, use water only.

Encourage children to drink from a cup. It's best to wean the children from the bottle by age 12 to 14 months.

Useful websites for oral health information:

Bright Futures

<http://www.brightfutures.org/>

Bright Futures, Oral Health

<http://www.brightfutures.org/oralhealth/about.html>

Within Reach

http://www.hmhbwa.org/forfamilies/dental_health/home.htm

National Maternal and Child Oral Health Resource Center

<http://www.mchoralhealth.org/materials/multiples/helpmesmile/>

Staff/Parent Education

Oral health education can help children and their families make lasting improvements in their overall health and well-being. Former Secretary of Health C. Everett Koop has said that “if you don’t have good oral health, you aren’t healthy”. Oral health education can be offered in a variety of ways. Depending on the resources available, local programs can develop a program plan that best meets their needs and the federal program requirements. Following are some suggestions on how to meet those requirements.

Who needs training ?

- Staff members/teachers
- parents
- family advocates/family service coordinators

Where to get training using Bright Futures?

- oral health coordinator at local health department
(A listing of local oral health coordinators is listed in the appendix.)
- health educator (state or national program staff)
- childcare consultants
- take advantage of natural leaders by using a peer education model
<http://www.joe.org/joe/2003august/a2.shtml>
- take advantage of motivational interviewing techniques
<http://www.motivationalinterview.org/>

When to hold trainings?

- At least once per program year
- at staff meetings
 - at beginning of the school year
 - when there are new employees
- at parent night meetings
- special health education events

Other resource links

<http://www.mchoralhealth.org/materials/multiples/helpsmesmile/>

www.bornlearning.org (information in Spanish and English)

School-Aged Children in Childcare

School age children are in child care fewer hours than preschool children, on average 2 hours per day. Before and after school programs are less likely to provide ongoing academic programs, and instead focus on enrichment activities, snacks and/or physical activity.

Approximately, 20% of school age children receive regularly scheduled childcare before and 50% after school, because of working parents. Childcares are licensed to accept children through age 12 years.

Consider offering opportunities for children to brush after breakfast or dinner (if served) to model appropriate brushing behaviors. School age children do not need the same supervision as pre school children

Healthy snacks, including two or more food groups, are good for teeth and bodies, for children and adults of all ages.

A single serving of 100% juice a day is 4-6 ounces. If children are still thirsty, have water available.

Children under age six should not use more than a pea-size amount of fluoride toothpaste. Children over age 6 can dispense their own toothpaste.

Be prepared for children losing baby teeth. The last baby teeth are lost around age 12. Use an envelope, purchased tooth keeper, or the 'Lost Tooth Pocket'⁴ to help children save their teeth.

School age children can also lose permanent teeth in a fall or accident. Permanent teeth can be replanted in the mouth more successfully if they get to a dentist within two hours. Keep the child's dentist phone number in their record.

Collaboration Ideas for Childcares with School age Children

Merit Badge for Boy Scouts

<http://www.boyscouttrail.com/boy-scouts/meritbadges/dentistry.asp>

Boys and Girls Club –Crest has created nine dental clinics in Boys & Girls Clubs across the nation. These full-service dental clinics will provide screenings and treatment at low cost. The clinics also provide dental education and oral care tools to kids in the Clubs. Crest is also working with Clubs who have existing clinics to provide improved services, education and supplies to the clinics.

http://www.bgca.org/connections/spring_03/smile_pg3.html ??

YMCA Healthline – Childcare provide Q and A for parents

<http://www.ymcacrs.org/parents/qotw.php?qid=140>

⁴ Lost Tooth Pocket on page #

References

A Healthy Mouth for Your Baby, National Institute of Dental and Craniofacial Research, NIH Publication No. 04-2884 , 2004

A Visit to the Dentist Children's Storybook to Make, SMILES, San Diego County Dental Disease Prevention Program

American Association of Pediatric Dentistry, *Oral Health Policies*

Dietary Recommendations for Infants, Children and Adolescents
The Dental Home, 2004

Use of a Caries Risk Assessment Tool for Infants, Children and Adolescents, 2002

Early Childhood Caries, 2003

Early Childhood Caries (ECC): Classifications, Consequences and Preventive Strategies, 2003

Early Childhood Caries (ECC): Unique Challenges and Treatment Options, 2005

Clinical Guideline on Infant Oral Health Care (0-3), 2004

American Dental Association, *Toothbrush Care: Cleaning, Storage and Replacement*, November 2005

Bright Futures in Practice: Oral Health-Pocket Guide. Washington, DC: National Maternal and Child Oral Health Resource Center. (www.brightfutures.org) Casamassimo P, Holt K, eds. 2004.

Bright Smiles, Bright Futures: Teachers Guide, A Multi-cultural Oral Health Program for Head Start and Early Childhood Programs, Colgate-Palmolive, 1991

Brushing Buddies: An Oral Health Program for Pre-School Children and Their Families, Kansas Department of Health and Environment Oral Health Section,

California Childcare Health Program, *Health and Safety in the Child Care Setting: Promoting Children's Oral Health, A curriculum for health professionals and child care providers*, January 2006 (www.ucsfchildcarehealth.org)

Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2nd edition American Academy Of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care (2002). Elk Grove Village, IL: American Academy of Pediatrics and Washington, DC: American Public Health Association. Also available at <http://nrc.uchsc.edu> 1-800-598-KIDS (5437)

Cavity Free Kids Oral Health Education for Preschoolers and Their Families, Washington Dental Service Foundation, February 2003

Centers for Disease Control (www.cdc.gov/oralhealth)

Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States. MMWR, August 17, 2001; 50(RR-14):1-42.

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Resource Library Fact Sheet and Quiz for Parents: **Brush Up on Health Teeth**, February 2002

The Creative Curriculum for Preschool, 4th ed, Dodge DT, Colker LJ, Heroman C, Teaching Strategies, 2002

Dental Health Education: Lesson Planning and Implementation, Gagliardi, L , Appleton and Lange Inc., 1999

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http://qa.cted.wa.gov/portal/alias__CTED/lang__en/tabID__224/DesktopDefault.aspx

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HeadStart Performance Standards US Health and Human Services, Administration for Children and Families, <http://www.acf.hhs.gov/programs/hsb/performance/1304A.htm>

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Healthy Smiles Project: Tips for Keeping Your Child's Teeth Healthy – Parent Handout Age 3-6, Children's Hospital and Regional Medical Center, 2002.

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Smile for Good Health!, Saving Smiles Series Healthy Mouth, Health Body Oral Health Education Curriculum, Virginia Department of Health.

Talking About Teeth: Pre-School/Grade 1 Presentations to Children: Pre-School to Grade 12, American Dental Association.

Web References

<http://www.fha.state.md.us/> WIC Oral Health Lesson Plans, Office of Oral Health, Maryland Department of Health and Mental Hygiene Family Health Administration

<http://www.enchantedlearning.com/crafts/puppets/styrostraw/toothtemplate.shtml> tooth template

<http://www.dltk-kids.com/crafts/miscellaneous/image/tooth.gif> build a tooth (eyes, arms, smile, etc)

<http://www.dltk-teach.com/books/mtoothcertificate.html> I lost my tooth certificate

<http://www.coloring.ws/dental.htm> dental graphics for oral health projects

<http://www.abcteach.com/teeth/toothflash.htm> - teeth templates for magnets, flashcards, etc.

<http://www.abcteach.com/teeth/web.htm> tooth fact web

<http://www2.state.tn.us/health/kids/oral/maze.stm> healthy snacks maze

<http://www2.state.tn.us/health/kids/oral/images/dot2dot.gif> - toothbrush/toothpaste dot to dot (1-20)

<http://www.dltk-kids.com/crafts/miscellaneous/mfoodgroups.html> - mobile options

Appendix

Mobile Dental Programs – Questions and Answers

Why should you choose to have a mobile dental program?

Before scheduling a mobile/portable dental program to provide dental care at the program, it is important that you have a clear understanding of what will and what will not take place. A contract/interagency agreement is often the best way to assure mutual understanding. The following points should be discussed before agreeing to have any mobile dental program provide dental services.

What services will be provided?

Some mobile dental programs provide only individual diagnostic and preventive services (exams, cleanings, x-rays, fluoride and sealants) while others offer both preventive and basic restorative (fillings, simple extractions) services. Mobile dental programs may not offer classroom education, including toothbrushing instruction, in classroom settings, or other non-billable services or screenings with referrals unless requested. Before scheduling a program that provides preventive services only, consider what happens after the providers are gone. Are the services available to the families after the child is no longer in the program or are they only one-time?

How will the dental program be reimbursed?

Most mobile dental programs must bill Medicaid or private insurance or accept direct payment from the child's family. If the program accepts direct payment from families, will they accept checks, cash or credit cards? Is a sliding fee schedule available for uninsured families who are paying directly? Are the arrangements the same for restorative care as for preventive services?

Will the mobile dental program notify families in advance of the charges for dental care? How?

The school district/school should clarify its financial responsibilities, if any, with the mobile dental program representatives.

What provisions will be made for patients requiring complex or follow-up care?

Discuss with the mobile dental program representative where patients who require services that the program does not provide will be referred and who is responsible for following through on the referral. If the program is from outside the community, make sure you know where to send families who have questions or problems with the treatment they received once the program has left your area.

Is the program able to provide documentation of licensure, credentials, and insurance?

Ask the program to furnish proof that all dentists and dental hygienists possess valid Washington State licenses. Eligible licensed dental hygienists have an Endorsement for Dental Sealant and/or Fluoride Varnish displayed on the license. Ask that the program furnish proof that all dental assistants providing direct services to children have a School Sealant and Fluoride Varnish Endorsement from the Washington State Department of Health. All licenses and endorsements should be displayed at the school site for ALL personnel that are providing services for each day that services are provided. Ask that all personnel wear nametags that clarify their level of education: dentist, dental hygienist, and dental assistant. Request proof of malpractice insurance and liability coverage.

Does the program practice in compliance with all Washington State statutes and rules pertaining to dentistry and dental care facilities?

Ask to see the most recent version of all policy and procedures manuals (e.g., infection control) to assure that they exist and appear to be reasonable.

Ask for written assurance that the mobile dental program will comply with all applicable State laws, rules and professional standards including the Washington State Dental Sealant and Fluoride Varnish Guidelines.

Ask to see a copy of the Letter of Understanding with the local health jurisdiction

If the mobile dental program does not have a Letter of Understanding with the local health jurisdiction OR is providing dental services not covered by SB6020 (Only fluoride varnish or dental sealants are covered), the examining dentist must remain at the school and in the treatment area when dental assistant provides any direct services for children.

Ask to see proof of x-ray machine certification and any permits for conscious sedation, if being provided.

Will the program provide a report of services provided?

The mobile dental program should provide a report to the school and school district that includes data on the number of children seen by grade or age level, number and kinds of services provided and provisions for follow-up treatment and referrals that have been made or are required.

Will the program provide references?

Ask the mobile dental program to provide the school district/school with references (names and phone numbers of several other schools the program has served). Consider calling these names to confirm that the program has a good reputation and an established record of service.

How will the details of the program be communicated to parents?

How will your school district/school or the mobile dental program communicate with parents regarding the dental services that will be available and the need to obtain consent and health histories? Who will maintain communication with the family and follow up contacts?

How many children will be seen by the program in a day? How much time will each child be out of class?

Discuss with the mobile dental program the number of children that can be scheduled to be seen in a day. Discuss how they will provide services to all the children who consent to services. What will happen if children that have consent for services are not able to be seen on the scheduled days, through no fault of their own? Take into account that there may be absentees or “no-shows” and build that into the schedule. Discuss dates and hours that the mobile dental program will be available at the school.

Will the program schedule alternate, or back up, dates?

A back-up date or extension should be planned in case the activity has to be re-scheduled. A specified notification time period should be required of each party (except in the case of unexpected bad weather or provider illness).

