

Health & Safety in the Child Care Setting:  
**Promoting Children's  
Oral Health**

A curriculum for health professionals  
and child care providers

California Childcare Health Program  
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\*First Smiles is a statewide initiative to address the “silent epidemic” of Early Childhood Caries (ECC) affecting children ages 0–5. ECC is the most prevalent chronic disease of early childhood and a major cause of school absenteeism. This project is dedicated to providing education and training for dental, medical and early childhood educators, as well as education to parents of young children, including those with disabilities and other special needs, on the prevention of ECC.

\*\*The mission of the California Childcare Health Program (CCHP) is to improve the quality of child care by initiating and strengthening linkages between the health, safety and child care communities and the families they serve. CCHP is administered by the University of California, San Francisco School of Nursing, Department of Family Health Care Nursing.

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## INTRODUCTION

# About the Curriculum

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### To the Reader

This curriculum is written for those working in the field of early care and education with an interest in promoting oral health, including health and Early Care and Education (ECE) professionals, such as Child Care Health Consultants (CCHCs), school nurses and Child Care Health Advocate (CCHAs). As a person working in this field, you can make a considerable and enduring difference in children’s oral health. For example, infants can be checked for Baby Bottle Tooth Decay (or Early Childhood Caries), toddlers can be shown videos or read to, about the importance of healthy teeth; preschoolers can be assisted with tooth brushing and swishing; and parents can be taught about healthy snacks. This curriculum provides **up-to-date information and strategies to promote oral health that are specific to infants and young children**. It also provides effective and practical lesson plans for child care providers, parents and children.

### Why a curriculum on oral health?

Most people would be surprised to know that **tooth decay is the single most common infectious disease of childhood**. In fact, among 2- to 4-year olds in the United States, nearly one-fifth has an untreated cavity. [CDC, 2005] California’s children have twice the rate of untreated decay as their national counterparts (DHF, 2000, p 7). In babies, tooth decay can be severe, resulting in a condition known as Baby Bottle Tooth Decay or Early Childhood Caries. Oral diseases are also expensive to society, not only due to direct dental and medical costs but also to lost work time for the parents or other caregivers. According to the U.S. Surgeon General Report [DHS, 2000], adults lost 2.4 million work days due to a dental condition of their children or of their own dental condition—which could possibly have been averted had they practiced good oral hygiene when they were children.

In California, untreated decay in children is **twice as common** as in the rest of the United States. [DHF, 2000] Non-Caucasian children are at even greater risk for tooth decay, with 40 percent of non-Caucasian preschoolers needing care compared with 16 percent of Caucasian preschoolers. One of the most common contributors to tooth decay is a night-time bottle, which is still given by a third of parents of California preschoolers. Another prominent reason is that, across the United States, drinking water is not routinely fluoridated despite abundant scientific proof that fluoridated water can reduce caries [DHS, 2000, p 7]. In California, about 30% of residents are deprived of fluoridated water [DHF, 2000, p 7]. Additional reasons for California children’s poor oral health status are that fluoride varnish, a coating of fluoride on tooth surfaces, is not routinely applied by medical or dental providers, and sealants, a coating placed on the flat surfaces of molars to prevent cavities, are still not routinely applied on primary teeth.

The positive news is that **tooth decay is, to a great extent, preventable through public health and individual strategies**. Many of these strategies, however, are not routinely known or practiced by those who take care of young children, namely parents and child care providers. Also, preschool-age children are not usually taught how to take care of their own teeth. This curriculum provides background information and strategies for health and ECE professionals, followed by lessons for ECE providers, parents and preschool children. The lessons address six areas of oral health as delineated by the pediatric dental profession: oral development, oral habits, health and hygiene, fluoridation, diet and nutrition, and injury prevention and care.

## INTRODUCTION

# Overview for Trainers

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### LEARNING OBJECTIVES

By using this curriculum, trainers will be able to:

- Identify reasons why oral health activities should be included in every early care and education program
- Provide lessons to child care providers, parents and children about oral health, in areas such as oral development, oral habits, oral hygiene, fluoridation, nutrition, and injury prevention and care
- Provide activities that enable child care providers to use effective oral health messages, to identify barriers to oral health practices and to propose strategies to overcome those barriers
- Refer trainees to current resources for oral health information and training materials

### TARGET AUDIENCE

The target audience of this curriculum is the early care and education community. Examples of targeted individuals include health and ECE professionals, such as Child Care Health Consultants (CCHCs) and Child Care Health Advocates (CCHAs).

### AUDIENCE SIZE: 15-20

Smaller groups can enhance the quality and time for discussions, an important way of promoting peer-to-peer sharing and of helping to change beliefs, attitudes and practices. For larger groups, dividing into smaller sub-groups for discussions may help to achieve these objectives.

### LENGTH OF TRAINING

Trainings can be two to four hours, depending upon time and audience availability. The majority of time should be spent on Section 2. Estimates given below do not include time for selecting and obtaining training materials, preparing for the presentation, or follow-up after the training sessions. This curriculum could be included in the Health and Safety training required for ECE providers in California, per current state regulations.

Section	~2 hours	~4 hours
Intro and 1	20 minutes	1 hour
2	60 minutes	2 hours (with break)
3	20 minutes	½ hour
4	10 minutes	¼ hour
Evaluation	10 minutes	¼ hour

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## HOW TO USE THIS CURRICULUM

**Section 1:** Review this section thoroughly, as it contains “The Basics of Oral Health,” essential information for trainers about oral health entitled “What you should know,” and key strategies entitled “What you can do.”

**Section 2:** This section includes “Lessons for Child Care Providers, Parents, and Young Children” which address the six key areas of oral health delineated by the dental profession and supported by the pediatric and public health professions: oral development, oral habits (sucking), health and hygiene, fluoridation, diet and nutrition, and injury control and prevention. Depending on time available, briefly describe each lesson and demonstrate one lesson in more detail. Divide the audience into small groups to role-play one or more lessons and discuss their use-ability in their own work setting. If using the “Information and Strategies—for three ages” handouts as an overhead, review one column at a time and cover the other two columns to reduce distractions.

**Section 3:** This section provides two summarizing activities. The activity “Making It Memorable... Creating effective oral health messages” offers a powerful oral health message. “Practices, Barriers and Strategies” is a wrap-up activity to help health and ECE professionals create a realistic plan for achieving improvements in promoting oral health in their own work setting. These activities combine the information and strategies contained in Sections 1 and 2.

**Section 4:** The “Resources” section contains a directory of reliable sources of oral health information, and a list of educational materials such as books and videos for children and parents.

## TO ORDER ADDITIONAL COPIES OR TO OBTAIN MORE INFORMATION

This curriculum provides up-to-date information on oral health with an emphasis on information and strategies that are critical for early care and education settings. To order additional copies of this curriculum, visit [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org) to download a copy or call the California Childcare Health Program (CCHP) Healthline at (800) 333-3231.

To stay informed of the most recent research and recommendations about oral health of young children, the reader is encouraged to read the *Child Care Health Connections* newsletter, the bimonthly newsletter by CCHP (call 800-333-3231 to subscribe) and to refer to Web sites provided in the Resources section.

Additional information may also be downloaded from the First 5 California web site: [www.cafc.ca.gov/prg.htm](http://www.cafc.ca.gov/prg.htm); scroll to “Health and Social Services,” continue scrolling to the sublisting for “First 5 California Oral Health Initiative.”

## SECTION 1: THE BASICS OF ORAL HEALTH

# Oral Health: What You Need to Know

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### **It is important to make sure your child's teeth stay healthy**

According to the Centers for Disease Control and Prevention (CDC, 2005), tooth decay is the most common infectious disease of childhood. Among 2- to 4-year-olds, nearly a fifth of 2-4 year olds has an untreated cavity (CDC, 2005). California's children have twice the rate of untreated decay as their national counterparts (DHF, 2000, p 7).

### **Adults can spread the germs that cause cavities**

Certain bacteria, specifically *Streptococcus mutans* and *Lactobacillus* species, are always present in our saliva and they contribute to tooth decay (cavities). Adults may transfer these bacteria to the baby via saliva when they share toothbrushes, utensils and cups, and when pacifiers are "cleaned" with saliva instead of water. Pregnant women should have cavities treated to promote their well-being and to reduce the amount of bacteria in the mouth that can potentially be transferred to the baby after birth. [First 5 Oral Health, 2004]

### **Baby teeth are very important**

Most children have 20 primary teeth (sometimes called "baby" or "milk" teeth) that begin erupting around 6 months of age and they continue to erupt through about 2 years of age. Primary teeth are essential for good nutrition, language development, self-esteem, and as placeholders for permanent teeth. Adults normally have 32 permanent teeth that erupt from about ages 6 to about 21 years.

### **Decay in baby teeth are not just minor annoyances**

For many children, tooth decay can be severe and may interfere with eating, sleeping, speaking, learning, playing and school readiness.

### **Oral diseases are very costly**

According to the 1989 National Health Interview Survey, children missed an average of 8 million school days because of dental problems. Low-income children missed nearly 12 times as many school days as children of higher-income families [DHF, p5]. Each year, adults lose 2,442,000 work days due to their own serious dental condition or that of their children. [DHHS, 2000]

Treatment for Baby Bottle Tooth Decay (or more recently called Early Childhood Caries), for example, varies from \$1,000 and \$2,000, and up to \$6,000 if general anesthesia in the operating room is required. [AAP, 2005]

### **A neglected epidemic in California**

According to the Dental Health Foundation [DHF, 5]:

- California's children have twice as much untreated tooth decay as children in all other states.

- 
- One-third of parents of California preschoolers report giving a night-time bottle—putting a child to bed with a bottle filled with formula, milk, or juice. This allows the liquid to pool around a child’s teeth, which promotes tooth decay.
  - Only 30 percent of Californians live in a county with fluoridated water.
  - While sealants should be applied as early as age 6 years when first molars erupt, only 10 percent of California’s 8-year-olds actually receive sealants.

### **Non-Caucasian children are even more vulnerable**

About 40 percent of non-Caucasian preschoolers need dental care, as compared with 16 percent of Caucasian children. [DHF, p8]

### **Fluoride prevents dental decay**

Fluoride reduces the risk of children getting cavities by making teeth more resistant to decay. Fluoridation of public water is the single most cost-effective way to prevent dental caries and improve oral health. [DHF, p 13] health and ECE professionals such as CCHCs should be aware of the fluoridation status of the county in which they serve. If tap water is fluoridated, children should drink tap water via formula, diluted juices, cooked food, and as a beverage. In addition, Child Care Health Consultants can support oral health by providing resources for families that allow them access to other ways of delivering fluoride such as supplemental fluoride and fluoride varnish. Note: If children receive fluoridated water (systemic fluoride) then they should not be receiving another systemic source of fluoride (a supplement in the form of tablets or drops) but can receive other topical forms of fluoride such as the varnish or mouth rinse.

### **Sealants**

Applying sealants is another effective way to safeguard children’s teeth from cavity-causing bacteria. Sealants are made of a clear or shaded plastic, which protect the grooved and pitted surfaces of back teeth (permanent molars).

## SECTION 1: THE BASICS OF ORAL HEALTH

# Oral Health: What You Can Do

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- **Educate yourself, your coworkers, the children in your setting, and their parents** by trying some or all of the lessons provided in this curriculum. Most of the lessons require simple and low-cost materials. Some materials are free of charge (see Resources section). Others, such as a tooth model, are helpful and, if cared for properly, will last for years.
- **Use the internet to stay informed and to obtain excellent materials** (see Resources section).
- **For infants, conduct a “Lift the Lip” check every month** by lifting the upper and lower lips and inspecting the surfaces of teeth for chalky, white, or brown spots, which are early signs of Baby Bottle Tooth Decay/Early Childhood Caries. If early signs of decay are noticed, a parent should be notified and advised to take the child to a dentist within seven days.
- **Incorporate an oral health check into the Morning Health Check:**  
LOOK for signs of cavities/infections  
LISTEN for complaints  
FEEL for fever or swelling around the mouth, cheeks and jaw  
SMELL for bad breath odor, which could be a sign of a cavity or gum infection.
- **Go easy on snacks with added sugars.** Serve milk, juice or water as snack drinks. Children ages 1 to 6 should have no more than ½ to ¾ cup of juice a day. Avoid fruit drinks and sodas. [<http://teammnutrition.usda.gov/Resources/Nibbles/juice.pdf>]
- **Children need an adult’s help brushing their teeth until they are 8 years old.** Promote daily toothbrushing with fluoride toothpaste after meals and snacks. If not possible, offer healthy meals and snacks, limiting the amount of foods high in sugar and starch, and encourage “swishing,” the action of taking a mouthful of water and swirling it in one’s mouth several times to try to remove food remaining in one’s mouth after meals. (“Swishing” is intended to dislodge food particles from between teeth and on tooth surfaces. The child should take a mouthful of water and force the water from one cheek to the other and force the water through the teeth several times. The water may be swallowed or spit.)
- **Ask consultants** who work with child care programs about current practices that may be used in child care settings to support oral health. A good example is the Caries-risk Assessment Tool (see under AAPD in Resources section). This is a tool that was developed by the American Academy of Pediatric Dentistry for the purpose of screening children and identifying the level of risk. [AAPD, 2002]
- **Encourage parents to obtain a “dental home”** by the age of 1 year for all children, and especially for those at high risk, as assessed by Caries-risk Assessment Tool.
- **Identify dental care providers who accept Medi-Cal/Denti-Cal, Health Families, and Healthy Kids insurance**, especially those that specialize in working with young children, in each community.

- 
- **Focus on nutrition.** Healthy foods for healthy teeth are essentially the same as those for good overall health: avoid or at least minimize sugary, sticky and/or starchy foods such as cakes, chips, pastries, candies and dried fruits. There are some areas that are confusing, however. For example, there are sugars in milk and milk products, fruits and starchy foods, which are generally considered to be healthy foods. Encourage the selection of “health-IER” alternatives and explain how to make some “not-so-good” snacks better, e.g. by selecting 100 percent fruit juices rather than juice drinks, or by diluting juice. Also, there should be an emphasis on limiting the number of exposures to sugary or sticky foods and juices to 4-6 ounces a day (AAP, 2001).

## REFERENCES

American Academy of Pediatrics, Oral Health Risk Assessment, 2005. CD with Power Point presentation “Oral health risk assessment training for pediatricians and other child health professionals.”

American Academy of Pediatric Dentistry (2002). Policy on the use of a caries-risk assessment tool (CAT) for infants, children and adolescents. Adopted 2002. *Reference manual 2002-2003*, 15-16.

American Academy of Pediatrics (2001). *AAP warns parents and pediatricians that fruit juice not always the healthiest choice*, news release May 7, 2001, [www.aap.org/advocacy/archives/mayjuice.htm](http://www.aap.org/advocacy/archives/mayjuice.htm)

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Improving Oral Health, Aug. 25, 2005. [http://www.cdc.gov/nccdphp/bb\\_oralhealth/index.htm](http://www.cdc.gov/nccdphp/bb_oralhealth/index.htm)

Dental Health Foundation (2000). *The oral health of California’s children: halting a neglected epidemic*. DHF office: 520 3rd Street, Suite 205, Oakland, CA 94607. Tel: 510-663-3727. Web site: [www.dentalhealthfoundation.org](http://www.dentalhealthfoundation.org).

First 5 Oral Health, First Smiles website, “Frequently Asked Questions” 20004. Link: [http://www.first5oralhealth.org/page.asp?page\\_id=410](http://www.first5oralhealth.org/page.asp?page_id=410)

Ramos-Gomez FJ, Jue BL, Bonta CY. Implementing an infant oral care program, *Journal of the California Dental Association*, October 2002, 752-761. <http://www.cda.org/members/pubs/journal/jour1002/infant.html>.

US Department of Health and Human Services (DHS), 2000. *Oral Health in America: A Report of the Surgeon General – Executive Summary*, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. [www.surgeongeneral.gov/library/oralhealth](http://www.surgeongeneral.gov/library/oralhealth). p 143.

### Remember

- Adults can spread the germs that cause cavities. Do not put anything in a child’s mouth (such as a pacifier) if it has been in another person’s mouth.
- Children should see a dentist by their first birthday.
- Children, like adults, should brush their teeth with fluoride toothpaste twice each day: after breakfast and before bedtime at night.
- Children need an adult’s help in brushing their teeth until they are 8 years old.
- Limit how often your child has juice, sweet drinks and snacks.

## Lessons and Handouts

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## LESSON 1: ORAL DEVELOPMENT

# How Teeth Grow

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TARGET GROUP/S: Child Care Providers, Parents

TIME: 30 minutes

### LEARNING OBJECTIVES

- To recognize the pattern of teeth eruption
- To identify ways to soothe sore gums
- To identify at what ages children need help with brushing
- To describe sealants and their benefits

### TEACHING METHODS, SUGGESTED ACTIVITIES

- Lecture: depending upon audience, show/distribute Handouts 1.1 and 1.2 and review information
- Q&A: about teething, making time to help with brushing in a busy day, sealants

### MATERIALS AND EQUIPMENT

- Handout 1.1: *Information and Strategies for Three Age Groups: How Teeth Grow*
- Handout 1.2: *Fact Sheet for Families: Teething*

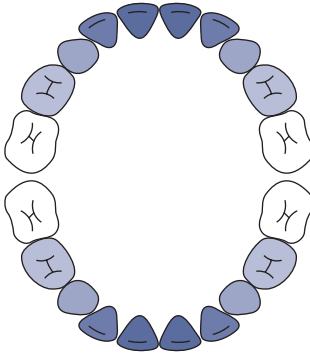
### QUESTIONS, COMMENTS

- How can information in this lesson be passed on to parents in a quick and easy way?
- How can providers encourage parents to seek preventive dental care?
- If applicable: What are the unique needs of children with disabilities or special needs?

# How Teeth Grow

0 – 12 months	12 – 36 months	3 – 5 years
<p>First tooth erupts after 6 months</p> <p>By 12 months of age, usually four teeth have erupted</p> <p>Discuss teething pain and ways of soothing sore gums (see Handout 1.2)</p>	<p>Most of the 20 primary (baby or milk) teeth will appear during this period</p> <p>Discuss teething pain and ways of soothing sore gums (See Handout 1.2)</p> <p>Child needs assistance brushing until at least 8 years old</p>	<p>All of the primary teeth should have erupted</p> <p>About age 6 years, first permanent molars appear—explain and encourage sealants on permanent molars (see Section 1)</p> <p>Child needs assistance brushing until at least 8 years old</p>

**ERUPTION SCHEDULE FOR DECIDUOUS (BABY) TEETH**



UPPER TEETH		
	Erupt	Shed
Central Incisor	8 - 12 mo	6- 7 yr
Lateral Incisor	9 - 11 mo	7 - 8 yr
Canine (Cuspid)	16 - 22 mo	10 - 12 yr
First Molar	13 - 19 mo	9 -11 yr
Second Molar	25 - 39 mo	10 -12 yr

LOWER TEETH		
	Erupt	Shed
Second Molar	23 - 31 mo	10 -12 yr
First Molar	14 - 18 mo	9 -11 yr
Canine (Cuspid)	17 - 23 mo	9 -12 yr
Lateral Incisor	10 - 16 mo	7- 8 yr
Central Incisor	6 - 10 mo	6- 7 yr

California Department of Health Services, Office of Oral Health

Fact Sheets for Families

# Teething

The time when a baby's first few teeth begin to erupt is called teething. The process by which teeth break through the surface of the gums is associated with symptoms that can be very difficult for infants and confusing for parents.

## Teeth development

When a baby is born, the first set of teeth is almost completely formed inside the jaws and under the gums. Teething usually starts between 5 and 9 months. Most children have all 20 of their primary teeth by their third birthday. Generally the two bottom front teeth will appear first, followed about 4 to 8 weeks later by the four upper teeth.

## Baby's teeth are important

Teeth not only help in chewing food, but also give your child a nice appearance, nice smile, and help in talking. The first set of teeth is also important in saving space for permanent teeth.



## Signs and symptoms of teething

Often the gums around the new teeth will swell and become tender. Teething may cause restlessness, irritability, crying, low-grade temperature, excessive drooling, disruption of eating and sleeping habits, and a desire to bite something hard or rub on the gums. The drooling that accompanies teething can cause a rash on baby's face, neck or chest. Teething does not cause serious health problems. Some parents have incorrectly blamed high fever, vomiting and diarrhea on teething, delaying proper medical attention. These are not symptoms of teething.

## Tips for easing symptoms of teething

- Gently rub or massage the gums with one of your fingers to help your baby's discomfort.
- Natural means that soothe the inflammation such as ice cubes wrapped in cloth or cold food items are also helpful.
- Teething rings are useful, but avoid the ones with liquid inside. If they break, the liquid may not be safe, or they get too hard when you freeze them, and may cause more harm than good.
- Never tie a teething ring around baby's neck. It may cause strangulation.
- Try to keep the child's face dry. Wipe it often with a cloth to remove the drool.
- If you choose over-the-counter medication, be aware that products containing benzocaine (a local anesthetic) can interfere with the gag reflex and cause your infant to choke.
- Pain relievers and medications you rub on the gums are not necessary or useful, since they wash out of the baby's mouth within minutes.
- Do not use any medications that contain alcohol, as they can be toxic.
- If symptoms continue to worsen, with interruption of sleep or feeding, your health care provider may recommend infant pain reliever like acetaminophen (Tylenol). Follow the directions. Do not give a baby child aspirin or place aspirin tablets on the gums.


## When to call for help

1. If the symptoms continue to worsen.
2. If the baby has significant bleeding of the gums.
3. If signs of gum infection such as pain, pus and excessive swelling occur.
4. If your baby seems miserable, or has a fever higher than 100 degrees, diarrhea or vomiting.
5. If the baby has high fever, diarrhea or serious sleep problems. Teething does not cause them.
6. If your child refuses to breastfeed or eat.
7. If no teeth have erupted by two years of age.

For additional information about teething and dental health contact:  
American Academy of Pediatric Dentistry at [www.aapd.org](http://www.aapd.org)  
American Academy of Pediatrics at [www.aap.org](http://www.aap.org)

by A. Rahman Zamani, MD, MPH

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For more information, please contact:  
Healthline 1-800-333-3212

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## LESSON 2: ORAL HABITS

# All About Sucking

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**TARGET GROUP/S:** Child Care Providers, Parents

**TIME:** 15 minutes

### LEARNING OBJECTIVES

- It is healthy and normal for infants to suck even when they are not drinking during the first year of life
- Describe the effect of sucking on the bite (occlusion)
- Identify at least two ways of helping with weaning from sucking

### TEACHING METHODS, SUGGESTED ACTIVITIES

- Lecture: show/distribute Handout 2.1 and review information
- Discussion: talk about what participants remember from their own childhood; encourage them to share experiences and effective tips/strategies for weaning from sucking

### MATERIALS AND EQUIPMENT

- Handout 2.1: *Information and Strategies for Three Age Groups: All About Sucking*
- Handout 2.2: *Health and Safety Note: Thumb, Finger or Pacifier Sucking*

### QUESTIONS, COMMENTS

- How can child care providers monitor and discourage sucking behaviors of older children, given so many other priorities?
- How can child care providers partner with parents to be successful?
- If applicable: What are the unique needs of children with disabilities or special needs?

## All About Sucking

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### 0 – 12 months

It is okay to let infant suck finger and/or pacifier (non-nutritive sucking). Sucking on a thumb, finger or pacifier is normal for children; most children stop by age 2 years. If a child does not stop on his/her own, the habit should be discouraged after age 4 years, as prolonged sucking can create crowded, crooked teeth or bite problems. [AAPD, 2002]

When teething, provide soothing item, e.g., cloth, cool teething ring.

### 12 – 36 months

When teething, provide soothing item, e.g., cloth, cool teething ring.

### 3 – 5 years

By age 4, encourage weaning child of sucking finger and/or pacifier (non-nutritive sucking). Some ideas (California Dental Association Foundation, 2000) are to:

- Praise the child when s/he doesn't suck instead of scolding him when s/he does.
- If the child seems to suck when feeling anxious, focus on eliminating the cause of the anxiety instead of the sucking.
- If the child sucks for comfort, provide comfort through another means, such as holding and hugging the child.
- Reward the child when "caught" not sucking during a stressful period.
- Place a bandage on the thumb or a sock on the hand at bedtime.
- Refer the parent to a dentist or pediatrician to prescribe a mouth appliance or a bitter medication to coat the thumb.



Health & Safety Notes  
California Childcare Health Program



# Thumb, Finger or Pacifier Sucking

All healthy newborns start life and sustain it with an urge to suck. Embryos have been observed sucking their thumbs while in the womb. Sucking is one of a baby's inherent reflexes that is an essential ability for basic survival—if it were not present, the infant would not seek food or nourishment.

For many infants, the sucking instinct is not satisfied by feedings alone. Non-nutritive sucking, that is sucking thumbs, fingers, pacifiers and other objects, is a healthy normal behavior and offers young children a feeling of security, comfort, pleasure and relaxation during the first few years of life. This habit helps children to cope with different situations and emotions. Virtually all young children at one time or another place their fingers, fist, pacifier, thumb, or other objects in their mouth to suck. As children grow and develop, most naturally discontinue this habit.

## Thumb and Finger Sucking

Thumb and finger sucking is a natural, normal behavior for infants. Most young children suck their thumbs or fingers at some time, and it is an appropriate and useful behavior that allows them to soothe and entertain themselves. Children usually turn to their thumb or finger when they are tired, stressed, upset or bored. And it is not unusual for a thumb or finger sucker to simultaneously engage in other self-comforting behaviors like pulling at a strand of hair, touching the ear, or holding on to a favorite blanket or toy. Even when the habit lingers past infancy, thumb or finger sucking is rarely something to be concerned about. The majority of children give up such habits on their own by age 2. If children do not stop on their own, the habit should be discouraged after age 4.

## Pacifiers

Some children prefer sucking a pacifier to a thumb or finger. Pacifier use elicits strong responses from

parents and caregivers. Some oppose it because of the way it looks. Some feel that it's "pacifying" a child with an object. And others believe that using the pacifier can harm the child. But pacifiers do not cause any medical or psychological problems, and like thumb or finger sucking, using a pacifier during the early years of development generally does not permanently alter the position of the teeth or jaw. If a child wants to suck beyond what nursing or bottle-feeding provides, a pacifier will satisfy that need.

## Tips for Safe Use of Pacifiers

- Pacifiers should not be used to replace or delay meals; they should only be offered after meals or between feedings. It may be tempting to offer a pacifier to a child when it's easy for you. However, it is best to let the child decide whether and when to use it.
- Pacifiers should be of one-piece construction made with a firm nontoxic material that can be sterilized. They should have a soft nipple, air holes for ventilation, and have a shield that is wider than the child's mouth.
- *Never* tie a pacifier to a child's crib, or hang pacifiers around their neck or hands. This is very dangerous and could cause strangulation.
- *Never* dip a pacifier into honey or anything sweet before giving to a child.
- *Never* put a pacifier in your mouth to clean it before giving to a child. It spreads germs that can cause cavities.
- Do not let children share each other's pacifiers.
- Frequently check the pacifier, especially the nipple end, to make sure it has not become brittle and to see whether the rubber has changed color or is torn; discard if the nipple has become sticky, swollen, or cracked.

## HANDOUT 2.2

- Never substitute a bottle nipple for a pacifier.
- Pacifiers have a tendency to fall on the ground and children's hands are often dirty, so make sure to wash pacifiers and children's hands often with mild soap and rinse with water to limit exposure to germs.

### Thumb or Finger Sucking Versus a Pacifier

There are definitely conflicting views on this. Some feel that the pacifier may cause more dental problems, is more unsanitary, and may hinder successful breastfeeding, while others feel that breaking the pacifier habit is easier than with the thumb or finger because a pacifier can be taken away. Studies have shown that children who suck their thumbs or fingers generally have a greater difficulty breaking their habit than do children who use pacifiers.

### Should You Be Concerned?

A primary concern is to avoid dental problems that may occur if a child continues thumb, finger or pacifier sucking during the emergence of the adult (permanent) teeth, around age 5. After permanent teeth come in, thumb, finger and pacifier sucking may cause problems with the proper growth of the mouth and alignment of the teeth. According to the American Academy of Pediatric Dentistry, extensive sucking of thumbs, fingers or pacifiers has a tendency to put pressure against and push the front teeth out of alignment causing teeth to protrude. This pressure is likely to cause changes to the roof of the mouth, an open bite (vertical gap between upper and lower front teeth), or overbite (horizontal gap between upper and lower front teeth). It is possible that these conditions will self-correct, especially if the habit ceases before the eruption of the adult teeth.

Conclusively, experts agree that prolonged sucking of thumbs, fingers or pacifiers during and after the eruption of the permanent teeth can hinder proper growth and development of the teeth and gums. Sucking of the thumb or finger or use of a pacifier beyond 6 to 7 years of age can affect the shape of a child's mouth or teeth, resulting in reparative orthodontia later on. If you notice changes in the roof of the child's mouth (palate) or in the way the teeth are

lining up, then encourage the child's family to talk with their pediatrician or pediatric dentist.

### How to Help a Child Stop the Habit

Children generally forego non-nutritive sucking long before any permanent damage is done. However, some children need to be helped to stop the habit before it will cease. Attempts to steer children away from the habit can backfire if they are not tempered with positive support and guidance. Refrain from harsh words, nagging, teasing, belittling, pulling the finger or pacifier out of a child's mouth, or punishing the child to stop the behavior. These methods may upset the child, increase anxiety and stress, and worsen the habit.

- Parents and caregivers can assist children with strong emotional support through a variety of methods. Start by gradually weaning children from the habit over time. Explain that they must stop the habit in order for their teeth to come in straight.
- Children often suck their thumbs when feeling insecure or needing comfort. Focus on correcting the cause of the anxiety and provide comfort to the child.
- Have a special place for the pacifier that's out of sight, so that children must ask for it.
- Praise and reward children when they don't suck their thumb or use the pacifier. Look for times when the children do not have the thumb, finger or pacifier in their mouth, and provide words of encouragement, a pat or hug. Let them know that you are aware of the effort they are making to change the habit and that you appreciate it.
- Star charts, daily rewards and gentle reminders, especially during the daytime hours, are also very helpful.

*by Mardi Lucich, MA Revised Nov 2005*

### Reference

*American Academy of Pediatric Dentistry Fast Facts at [www.aapd.org/pdf/FastFacts02-03.pdf](http://www.aapd.org/pdf/FastFacts02-03.pdf).*

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## LESSON 3A: ORAL HEALTH AND HYGIENE

# Keeping Teeth Clean and Strong

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**TARGET GROUP/S:** Children ages 3 to 5 years

**TIME:** 15-20 minutes

### LEARNING OBJECTIVES

- Demonstrate proper brushing technique
- Identify the importance of brushing teeth for two minutes

### TEACHING METHODS, SUGGESTED ACTIVITIES

**Explain** the importance of getting all the “germs” off your teeth. If you don’t, here is what would happen (puppet show or role play):

- Show the photo of healthy teeth and the teeth with cavities
- It would hurt to chew
- You would have bad breath
- You might have to have a cavity filled
- You might have difficulty speaking clearly

**Show** how to keep teeth and gums healthy by demonstrating:

- Dry brushing to acquaint children with sensation of brushing
- How much fluoride toothpaste to place on a toothbrush—it should be a “smear” (a spot) or “pea-sized” (no more than the size of one pea)
- How to brush the outer, inner and flat surfaces of the upper and lower teeth
- How to brush the tongue

**Sing** a song such as “This is the way we brush our upper/lower/back teeth...” and time how many rounds of that song needs to be sung to equal two minutes

**Supervise** children when they are brushing their teeth and provide support when needed, as well as positive feedback.

**See** Handout 3.1 for many other activity ideas

### MATERIALS AND EQUIPMENT

- Toothbrush, fluoride toothpaste, cup of water, and container for spitting into for each child
- Toothbrush and fluoride toothpaste for instructor

- 
- Timer, e.g. sand timer, or clock/watch with a second hand
  - Children’s book on taking care of one’s teeth (see resource section)
  - Children’s book with photo of healthy teeth and teeth with cavities, e.g. *Tooth Decay and Cavities*
  - Optional: a large model of teeth and brush, to show technique (see Resource section for vendors)

### QUESTIONS, COMMENTS

- How can this lesson be adapted to make it appropriate for each age group?
- How can transitions be structured to accommodate orderly tooth brushing routines?
- Younger children may have difficulty with swishing.

## HANDOUT 3.1

# Oral Health and Hygiene Activity Ideas for Preschool Children

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### ARTS & CRAFTS

#### Brush My Teeth<sup>1</sup>

Set out yellow construction paper teeth, white paint and toothbrushes. Have children brush the yellow teeth with the white paint. Frame the completed smiles with red construction paper lips.

#### Smiles Collage<sup>1</sup>

Cut out magazine pictures of smiles (not whole faces, just mouths of any kind—human or animal) and have children glue them on paper.

#### Sensory<sup>1</sup>

Cut the bottoms off large (2-liter) plastic soda bottles and turn them upside down so they look like teeth. Secure a dozen or so together. Spray them with shaving cream and give the kids toothbrushes to brush the teeth clean.

#### Jumbo Toothbrush<sup>1</sup>

Help children make oversized toothbrushes. Fold a 9x12 piece of white construction paper in half. Draw lines and have children cut up the lines and make bristles for your tooth brush. Make a brush handle out of colored construction paper. Put child's name on the handle. Glue brush onto handle. Tape on to a bulletin board titled "Healthy Habits."

#### Dentist Reflector<sup>2</sup>

Have the children cut out two strips of paper that when connected will fit around their head. Connect the strips with glue or tape (staples will catch the child's hair). Supply each child with a circle-shaped piece of tagboard and a piece of tin foil. Have the child wrap the tin foil around the tagboard. Staple the tagboard to the headband. Write "Dr. Suzy" or "Dentist Max" or whatever the children would like on the headband.

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<sup>1</sup>Adapted from: <http://www.childfun.com/modules.php?name=News&file=article&sid=136> (downloaded 8/12/04)  
© Copyright 1996 - 2004. CCHP appreciates Childfun, Inc.'s permission to reprint excerpts from its Web site.

<sup>2</sup>Adapted from: [www.123child.com/selfconcept/teeth.html](http://www.123child.com/selfconcept/teeth.html) (8/12/04).

<sup>3</sup>Adapted from: <http://www.preschooleducation.com/sdental.shtml> (8/12/04).

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## GAMES & ACTIVITIES

### Tile Fun<sup>1</sup>

Scrounge some small white ceramic tiles (from construction sites, tile stores, parents who are remodeling, etc). Provide children with a variety of food products to smear on the tiles such as jelly, ketchup, syrup, peanut butter etc., then have children brush the teeth with toothbrushes and real toothpaste. Which tiles are stained?

### Egg Projects<sup>1</sup>

Here are two projects using boiled eggs. In the first, explain how cavities form by soaking a hard boiled egg in vinegar for a day or two. Explain that eating too much sugar will make acid—which is like vinegar. The vinegar will eat off the shell (tooth enamel). Explain that brushing prevents decay.

For the second project, place the egg in a container with dark-colored soda (such as a cola) for a day. Then the next day talk about why we should keep our teeth clean and how we can keep them clean. Take the egg out and show the children how it is discolored, yellow, and looks like it has plaque on it. Take a toothbrush with a little tooth paste, and brush it off (it really comes off). Make sure each child gets a turn.

### At the Dentist<sup>1</sup>

Set up a pretend dentist office (call your dentist for donations of small supplies).

### Teeth Discussion<sup>1</sup>

Discuss the difference between baby teeth and permanent teeth. Discuss how it feels to lose a tooth. Other children might be able to tell you about caring for their teeth, at which time you can emphasize:

- teeth should be brushed in the morning and before bed (at minimum)
- teeth should be brushed after meals when you can
- flossing is important, too—you'll need help from an adult
- sweet and sticky foods need to be rinsed or brushed off as soon as possible.

Can the children describe the kinds of foods that are good for their teeth? What are good breakfast foods? What are good snacks?

### Animal Teeth?<sup>2</sup>

Discuss animals that have teeth and those that do not. Make a list. Have the children come up with their own animals. (Recommended book: *Dragon Teeth and Parrot Beaks...even creatures brush their teeth.*)

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### **Count Your Teeth<sup>2</sup>**

Have the children count the teeth in their mouth. Compare results with the class. Graph the results.

### **Brush Your Teeth Program<sup>2</sup>**

Have children brush their teeth after lunch or snacks every day. Have parents provide toothbrushes and fluoride toothpaste for the children. (See Handout 3.2 on how to prevent cross-contamination of toothpaste and Handout 3.3 on toothbrush storage ideas.)

### **Dentist Field Trip**

Schedule a visit to your center by a dentist, or go to a local dentist's office for a field trip. Some areas have dental programs which will do free and low-cost exams in your center.

### **Crocodile's Toothache**

Read "Crocodile's Toothache" to the children. It's a great poem featured in Shel Silverstein's *Where the Sidewalk Ends: Poems and Drawings*.

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## SONGS

### Brush Your Teeth

Featured on *Raffi's Singable Songs for the Very Young: Great with a Peanut-Butter Sandwich*

#### Toothbrush Song<sup>1</sup>

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 (chchchch, chchchchchch)

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 (brushing sound)

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

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 (brushing sound)

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 (brushing sound)....you brush your teeth (brushing sound) ....your brush your teeth (getting progressively quieter, until brush your teeth comes out in a whisper)

#### Dr. Danny<sup>3</sup>

Sung to: "Are you Sleeping?"

Dr. Danny  
Always tells me,  
Brush your teeth  
Brush your teeth.  
Brush them in the morning  
And again at bedtime.  
Brush your teeth  
Brush your teeth.

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### **I've Been Brushing<sup>3</sup>**

Sung to: "I've Been working on the Railroad"

I've been brushing with my toothbrush,  
Brushing everyday.  
I've been brushing with my toothbrush,  
It's how I fight decay.  
All my teeth are gonna sparkle,  
How proud I will be.  
Every time I want to smile, my  
Teeth will shine for me!  
Always brush your teeth,  
Every single day.  
Keep those cavities away!  
Use your brush and paste,  
Just the way you should,  
Keep your smile a looking good!

### **Got My Toothpaste<sup>3</sup>**

Sung to: "Twinkle, Twinkle, Little Star"

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!

### **Brush Your Teeth<sup>3</sup>**

Sung to: "Row, Row Row your Boat"

Brush, brush, brush your teeth.  
At least two times a day.  
Cleaning, cleaning, cleaning, cleaning,  
Fighting tooth decay.  
Floss, floss, floss your teeth.  
Every single day.  
Gently, gently, gently, gently,  
Whisking Plaque away.  
Rinse, rinse, rinse your teeth  
Every single day.  
Swishing, swishing, swishing, swishing,  
Fighting tooth decay.

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### **Brush Your Teeth<sup>3</sup>**

Sung to: "Jingle Bells"

Brush your teeth,  
Brush your teeth,  
Give your teeth a treat.  
Brush up and down and all around,  
To keep them clean and neat!  
Brush them once,  
Brush them twice,  
Brush three times a day.  
Brush up and down and all around,  
Keep cavities away!

### **Sparkle<sup>3</sup>**

Sung to: "Twinkle, Twinkle"

Sparkle, sparkle, little teeth,  
Some above and some beneath.  
Brush them all at every meal,  
Clean and fresh they'll always feel.  
Sparkle, sparkle, little teeth,  
Some above and some beneath.  
Floss them, floss them, in between.  
Cavities will not be seen!  
See your dentist twice a year,  
You will grin from ear to ear.  
Floss them, floss them, in between,  
Cavities will not be seen!  
Snacking, snacking, it's okay.  
Try it in the proper way.  
Eat raw veggies, fruit and cheese.  
They will make your mouth say "Please!"  
Snacking, snacking, it's okay.  
Try it in the proper way.

### **The Dentist's Song<sup>3</sup>**

Sung to: "Row, Row, Row Your Boat"

Brush, brush, brush your teeth.  
Keep them clean each day.  
Then you'll have a pretty smile  
And healthy teeth all day.

---

### **A Toothbrush<sup>3</sup>**

Sung to: "Yankee Doodle"

Of all things around the town,  
A toothbrush is a dandy,  
brush up and down and all around,  
and stay away from candy!

### **Brush, Brush, Brush Your Teeth<sup>3</sup>**

Sung to: "Row, Row, Row Your Boat"

Brush, Brush, Brush Your Teeth,  
'til they're shiny bright.  
They'll be healthy, they'll be strong,  
if you treat them right.

### **Brushing my Teeth<sup>3</sup>**

Sung to: "London Bridges"

Here's my toothpaste  
Here's my brush  
I won't hurry, I won't rush.  
Working hard to keep teeth clean,  
Front and back and in between.  
When I brush for quite a while  
I will have a happy smile.

### **There's A Hole In Your Smile<sup>3</sup>**

Sung to: "There's a Hole in the Bucket"

There's a hole in your smile, (point to your smile each time you say the word smile)  
your smile, your smile;  
There's a hole in your smile,  
Your tooth just fell out! (clap on the word 'out')

Put it under your pillow, (swoop right hand down to under left hand on "under"  
and rest head on on clasped hands each time you say the word "pillow")  
your pillow, your pillow;  
Put it under your pillow,  
and find a surprise! (Look excited and "burst" fingers up near face at the word "surprise")

## LESSON 3B: ORAL HEALTH AND HYGIENE

# Keeping Teeth Clean and Strong

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TARGET GROUP/S: Child Care Providers, Parents

TIME: 30 minutes

### LEARNING OBJECTIVES

- Identify the recommended hygiene practices for infants (wiping) and older children (brushing at least twice a day and having teeth flossed)
- Describe “lift the lip” exam
- State that children need help with brushing until about 8 years of age
- Show two ways to position child to help with brushing
- Describe the proper way to store toothbrushes
- Describe what fluoride varnish is, its benefits, and how to get it

### TEACHING METHODS, SUGGESTED ACTIVITIES

- **Lecture:** show/distribute Handout 3.2 and review information. If audience includes child care providers: Handout 3.1, if it includes parents: Handout 3.3, 3.4, 3.5, 3.6, 3.7, 3.8 and 3.9
- **Demonstrate:** “Lift the lip,” pulling back lower and upper lip to inspect surfaces for chalky white or brown spots, which are early signs of decay
- **Demonstrate:** positions for adults and children to help with brushing
- **Show:** small toothbrushes or disposable gauze pads for infants, preschoolers, toothbrush holders
- **Show:** what a “smear” (a spot) and “pea-sized” amount of toothpaste look like
- **Child Care providers, to minimize contamination of toothpaste:** Demonstrate placing pea-size spots of toothpaste on a paper towel or other clean surface, so that each child can swipe own toothbrush against one spot of toothpaste

### MATERIALS AND EQUIPMENT

Depending upon audience:

- Handout 3.1: *Oral Health and Hygiene Activity Ideas for Preschool Children*
- Handout 3.2: *Information and Strategies for Three Age Groups: Keeping Teeth Clean and Strong*
- Handout 3.3: *Toothbrush Storage Ideas*
- Handout 3.4: *Implementing Oral Care in ECE Programs*
- Handout 3.5: *Health and Safety Note: Oral Health for Children with Disabilities and Special Needs*
- Handout 3.6: *Fact Sheet for Families: Toothbrushing Is Important*
- Handout 3.7: *Fact Sheet for Families: Tooth and Mouth Care*
- Handout 3.8: *Fact Sheet for Families: Tooth Decay in Young Children*

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- Handout 3.9: *Fact Sheet for Families: Oral Health and Pregnancy*
  - Small toothbrushes, fluoride toothpaste, toothbrush holders
  - Disposable gauze pads for infants
  - Optional: Posters for bulletin boards as “health topic of the month”
  - Optional: “Lift the Lip” video [to order, see Resources section]
  - Optional: Books for a lending library
  - Optional: “Easy Steps to Oral Health” DVD [to order, see Resources section]
  - First Smiles brochure [see Appendix 3]

### QUESTIONS, COMMENTS

- How can child care providers supervise and wipe infants’ mouths and assist with brushing in a busy day?
- Is it necessary to brush every day and after every meal/snack in a child care program?
- How can child care providers make sure that every child uses the correct amount of toothpaste?
- What are the techniques that limit cross-contamination when dispensing toothpaste to several children? (see Handout 3.2)
- What age should children be when parents begin flossing their teeth? What are some ways of flossing the teeth of younger children?
- How much do toothbrush holders cost? Is there information about where and who to purchase them from? Can child care providers make their own?
- If applicable: What are the unique needs of children with disabilities or special needs?

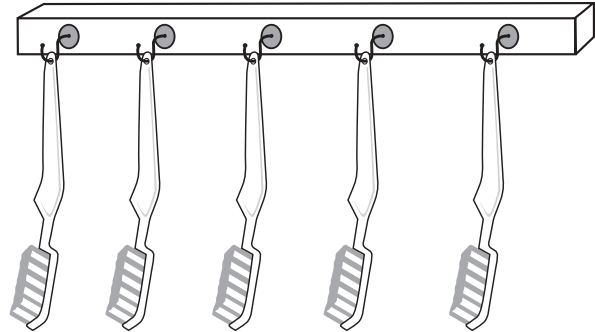
## Keeping Teeth Clean and Strong

0 – 12 months	12 – 36 months	3 – 5 years
<p>Wipe mouth with soft clean cloth or disposable gauze pads, even before the eruption of the first tooth</p> <p>Look for white/brown spots (cavities)</p> <p>Clean pacifier with water, not saliva</p> <p>Avoid pre-chewing food and sharing utensils, toothbrushes, etc.</p> <p>Parents can chew sugar-free xylitol gum to prevent the spread of germs to infant</p> <p>Demonstrate positions that child care providers or parents can use for easier brushing</p> <p>Educate parents about the benefits of finding a dental home—“first visit by 1” year of age; provide list of local providers, especially those with pediatric experience and who are willing to provide a sliding scale/ accept Denti-Cal, Healthy Families, Healthy Kids</p> <p>Encourage parents to discuss oral health with Primary Care Provider (PCP)</p>	<p>Brush with soft toothbrush</p> <p>Place brush at gum line at a 45 degree angle and make small circles; brush each tooth and the tongue.</p> <p>Brush for two minutes.</p> <p>Look for white/brown spots (cavities)</p> <p>Clean pacifier with water, not saliva</p> <p>Parents can chew sugar-free xylitol gum to prevent the spread of germs to child</p> <p>Educate parents about the benefits of a dental visit and fluoride varnish; provide list of local providers</p> <p>Demonstrate positions that child care providers or parents can use for easier brushing</p> <p>Provide group toothbrush holder: see page 30</p> <p>Encourage parents to discuss oral health with PCP</p>	<p>Brush with soft toothbrush</p> <p>Dispense pea size amount of fluoride toothpaste*</p> <p>Allow only staff to dispense fluoride toothpaste*</p> <p>Place brush at gum line at 45-degree angle and make small circles; brush each tooth and the tongue.</p> <p>Brush for two minutes.</p> <p>Look for white/brown spots (cavities)</p> <p>Educate parents about the benefits of a dental visit and fluoride varnish; provide list of providers</p> <p>Provide group toothbrush holder—may be purchased or constructed: see instructions on page 30</p>

**\*Toothpaste: age to start, amount, and dispensing method:** The American Academy of Pediatric Dentistry (AAPD 2004-2005) recommends that daily fluoride exposure through water supplies or supplementation and monitored use of fluoride toothpaste after 6 months of age can be effective primary preventive procedures. When toothpaste is used, parents/caregivers should supervise brushing and make sure the child uses no more than a pea-sized amount on the brush. Children should spit out and not swallow excess. Dispensing tip: To avoid contamination of toothpaste container, place pea-size amounts of toothpaste on a piece of paper or other clean surface. Have each child swipe own toothbrush against one spot of toothpaste.

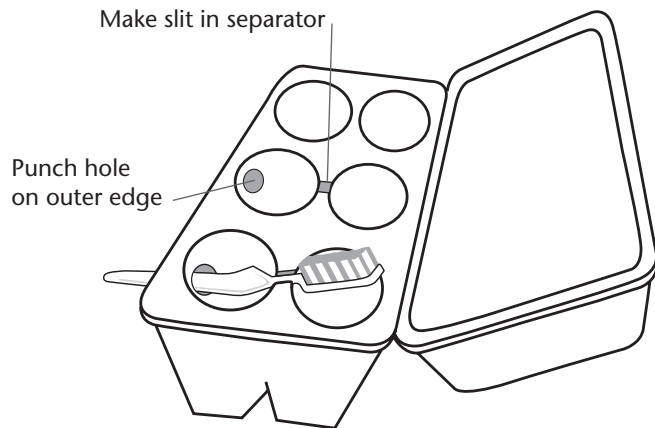
# Toothbrush Storage Ideas

Use cup hooks to hang toothbrushes, placing them at least 1" apart.



Have your students save their lunch milk carton to decorate. Cut a hole in the top and insert the toothbrush.

Egg carton can be stored closed, as long as there are holes punched in lid.



Decorate some shoe boxes. Cut holes in the lids and insert the toothbrushes. Toothbrushes should not touch any other brushes.

**Remember to label each toothbrush. Using a permanent marker works best.**

Reference: California Dept of Health Services, Office of Oral Health. Contact: Robyn Keller, 916-552-9934.

## Implementing Daily Oral Care in ECE Programs

**D**aily oral care is one of the most important things we can do to prevent tooth decay in early childhood. By preventing tooth decay, we preserve children's healthy smiles while sparing them the pain and trauma of dental work. Prevention also saves children's families significant costs in money and time.

A daily program of oral hygiene in early care and education (ECE) programs ensures that the children in care receive these important benefits:

- removal of food particles from the gums and teeth;
- exposure to the tooth-strengthening properties of fluoride; and
- establishment of oral care as an important daily habit.

### What type of care is appropriate?

Children's needs depend on their age and the presence of teeth. Both caregivers and parents need to know the level of oral care recommended for children as they grow.

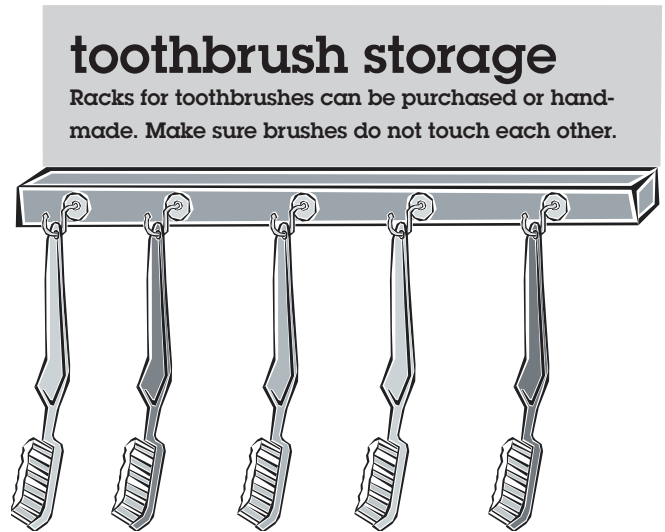
**Infants:** Wipe gums gently after feeding, using a clean wet cloth or strip of gauze.

**Toddlers and preschoolers:** Brush teeth with a soft, child-sized toothbrush in the morning and at bedtime. Use a small drop of fluoridated toothpaste—a pea-sized dab is plenty. Wipe off excess toothpaste until the child is old enough to rinse independently. Children can start the brushing but need an adult's help to do it thoroughly. Supervising adults should wash their hands after assisting each individual child.

**School-age children:** Allow children to brush their own teeth (with supervision). The supervising adult may need to "finish the job" for some children, ensuring that all tooth surfaces are reached. Children need supervision and may need help with brushing until they are at least 8 years old!

### What equipment is needed?

To implement a daily toothbrushing program, each child will need a clean toothbrush labeled clearly with his name. For storage, use a rack where children's toothbrushes can be suspended with space between so the brushes do not contact each other. Racks can be purchased or can be hand-made.



### Make oral care a daily routine

Oral care can easily be incorporated into a program's daily routine. To emphasize that oral care is an important daily habit, schedule toothbrushing at the same time each day. If children eat breakfast at the program, it makes sense to schedule toothbrushing right after. If the program does not serve breakfast, schedule toothbrushing after the morning snack.

### Steps to oral health for children

Primary teeth are precious, and toothbrushing is just one part of oral care. Additional tips for caregivers and families:

- Serve tooth-friendly snacks: cheese, yogurt, fruits and vegetables are better for children's teeth than crackers, chips or sweetened cereals.
- Avoid soda, sweetened drinks, candy and cookies—these foods cause cavities.
- Dilute juices with water to make them less harmful to teeth.
- If children eat sticky, sweet foods, brush teeth or rinse with water afterwards.
- Educate families that children need regular check-ups with a dentist starting at age 1 or when the first tooth comes in.

by Eileen Walsh, RN, MPH



Health & Safety Notes

# Oral Health for Children with Disabilities and Special Needs



Children with disabilities and special needs are at greater risk for health problems, require extra help and rely on others to achieve and maintain good health. Oral health is no exception. A clean mouth is one of their most important health needs for life and will be influenced by your ability to provide necessary support.

## Who are children with special needs?

Children with special needs are those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

## Why are they at higher risk?

Common oral problems, such as tooth decay or gum disease, affect all children. But children with disabilities and other special needs have more oral health problems than the general population. For example, children with disabilities may have impaired cognitive abilities, behavioral problems, impaired mobility, neuromuscular problems (drooling, gagging and swallowing problems), uncontrolled body movements, gastroesophageal reflux, or seizures. These complications can be barriers to adequate oral care and put them at higher risk for developing oral health problems.

## What causes oral health problems in children with disabilities?

Some contributing factors to poor oral health in children with disabilities and other special needs are:

- **Oral Conditions.** Some genetic disorders in young children can cause defects in tooth enamel, missing teeth and teeth that do not align properly.

Children with Down's syndrome often suffer from gum disease.

- **Physical limitations.** Children who cannot chew or move their tongues properly do not benefit from the natural cleaning action of the tongue, cheek, and lip muscles.
- **Difficulty brushing and flossing.** Children with poor motor coordination such as spinal cord injuries, muscular dystrophy, or cerebral palsy may not be able to clean their own teeth or use the usual brushing and flossing methods.
- **Reduced saliva flow.** Children who need help drinking may drink less fluid than other children, and may not have enough saliva in their mouth to help wash away food particles.
- **Medications.** Children using sweetened medications for a long time can get tooth decay. Some anti-seizure medications may cause swelling or bleeding in the gums.
- **Restricted diets.** Children who have difficulty chewing and swallowing may often eat pureed food which may stick to their teeth.

## Which children may require special oral health care?

Children may need special oral health care if they have any of the following conditions: Down's syndrome, epileptic or seizure disorders, cleft lip or cleft palate, other structural anomalies of the head, face, and/or mouth, cerebral palsy, learning or developmental disabilities, vision or hearing impairments, or HIV infection.

## When should oral health problems be suspected?

A child with special needs may exhibit any of the following signs when there is an oral health problem: grinding teeth, food refusal or a preference for

## HANDOUT 3.5

softer foods, changes in behavior such as touching in or around the mouth, teeth, jaws and cheeks, foul smelling breath, or discolored teeth.

### Which oral health problems are common?

- Tooth eruption depends on genetic factors, growth of the jaw, muscular action and medications. It may be delayed, accelerated or inconsistent. Some children may not get their first primary tooth until they are 2 years old.
- Dental caries are common in children with developmental disabilities. In addition to problems with diet and oral hygiene, prolonged bottle feeding and the adverse side effects of certain medications contribute to dental caries.
- Periodontal disease occurs more often and at a younger age in children with developmental disabilities. Overgrowth of gums caused by medications used to treat seizures, high blood pressure and weak immune systems also increase the risk for periodontal disease.
- Malocclusion (a poor fit between the upper and lower teeth and crowding of teeth) occurs in many children with developmental disabilities. It may be associated with muscular abnormalities, delayed tooth eruption, or underdevelopment of the jaw. Teeth that do not align properly can make chewing and speaking difficult and increase the risk of periodontal disease, dental caries, and oral trauma.
- Damaging oral habits can be a problem for children with disabilities and special needs. Some of the most common of these habits are grinding or clenching, food pouching, mouth breathing, tongue thrusting, picking at the gums or biting the lips.
- Tooth anomalies affect many children with disabilities. They may present with variations in the number, size and shape of teeth.
- Trauma and injury to the face and mouth from falls or accidents occur more frequently in children who have mental retardation, seizures, cerebral palsy, abnormal protective reflexes or lack of muscular coordination.

### Are special skills needed to provide appropriate oral care?

Child care providers who care for children with spe-

cial needs are also responsible to take care of their mouth. Providers need to develop a special care plan and may need to seek professional guidance or obtain appropriate training in order to care for children with disabilities and special needs. The skills needed to promote oral health are just slightly different from those required to meet the oral care needs of other young children in child care.

### Tips to remember

- Adults can spread the germs that cause cavities. Do not put anything in a child's mouth if it has been in your mouth.
- Remember that children, particularly those with disabilities and special needs, require adult help to brush their teeth thoroughly.
- If the child has a problem grasping the toothbrush, make the toothbrush easier to hold by building up the handle with tape. There are also specially shaped brushes.
- Good nutrition, which is good for the body, is also good for the mouth. Soda, sweet drinks, candy and other sweets or foods containing sugar can cause cavities.
- Using fluoride reduces cavities, so brush teeth using a pea-sized dab of fluoridated toothpaste.
- Regular dental visits are important.
- Prevent baby bottle tooth decay—don't leave a child sleeping with a bottle that contains anything but water.

For additional tips and resources on the oral health needs of young children, call the Healthline at (800) 333-3212.

### References and Resources

National Institute for Dental and Craniofacial Research at [www.nidcr.nih.gov](http://www.nidcr.nih.gov).

American Academy of Pediatrics (AAP) [www.aap.org](http://www.aap.org).

About Smiles at [www.aboutsmiles.org/speciald.htm](http://www.aboutsmiles.org/speciald.htm).

First 5 California at [www.first5oralhealth.org](http://www.first5oralhealth.org).

By A. Rahman Zamani, MD, MPH (08/04/05)

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Fact Sheets for Families

# Toothbrushing Is Important

Good oral hygiene is important and recommended for children of all ages and from the time their first teeth erupt. Brushing teeth removes plaque, keeps the mouth clean and healthy, and improves a child's breath and sense of taste. In addition, using toothpaste with fluoride helps fight caries (cavities) while strengthening the tooth. Recent research also shows that regular brushing may help protect your heart from bacterial infection.

## What is dental plaque?

Dental plaque is a clear, thin and sticky film composed of bacteria, food debris and salivary components. Plaque accumulates on teeth and is linked with both dental caries and gum disease. Mechanical removal of plaque by brushing is the most effective method of cleaning teeth and preventing gum disease.

## Start cleaning teeth early

**Infants.** Wipe their gums and teeth with a clean moist cloth after meals and again before bed.

**Toddlers and Preschoolers.** Start teaching them to use a toothbrush when they are about 2 years old. Young children want to hold the toothbrush and participate in toothbrushing. Since they do not have enough fine motor control, they need your help.

**School-Age Children.** Supervise and help them until age of 8—the age most children acquire fine motor skills such as the ability to tie their shoelaces or completely dress themselves.

## Brushing technique

Instruction and supervision are important to establish effective toothbrushing habits in children. Children, like adults, should brush their teeth at least twice

a day, preferably after breakfast and before bed at night.

Start by brushing their teeth for them. Place them in your lap with both of you facing the same direction, so that you can see their mouth and they feel secure. Cup their chin in your hand with their head resting against your body, and clean their teeth as you would your own. Try to clean all tooth surfaces—brush at the gum line and then behind the teeth.

Supervise children as they get older. Teach and encourage them to brush their own teeth, but keep in mind that you will need to help them for a few years. Due to their limited fine motor skills, children should scrub their teeth using small circular motions. Teach children to brush lightly (to avoid hurting their gums) and spit out the toothpaste.

## Use the right toothbrush and toothpaste

The toothbrush should be soft and child size. For infants, use a brush that is easy for the parent to hold and small enough to fit in the infant's mouth. For young children, use an appropriate-size toothbrush with a wide handle. For children with special needs and disabilities, a variety of special handles are available to make grasping easier.

Every child should have his or her own toothbrush. Use a tiny smear (pea-size amount) of fluoride toothpaste. Children usually like the taste and may eat the toothpaste, but swallowing too much fluoride can lead to the development of white spots on the teeth (dental fluorosis). Teach children to spit toothpaste out.

## When to replace toothbrushes

Replace toothbrushes every three months or more frequently if they show signs of wear, become contaminated through contact with another brush or child, or after a child has an infection. Toothbrushes should be rinsed after each use and air dried. If multiple brushes are stored in the same holder, do not allow them to touch each other.


*by A. Rahman Zamani, MD, MPH*

## Resources

First 5 Oral Health at [www.first5oralhealth.org](http://www.first5oralhealth.org).

California Childcare Health Program at [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

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Fact Sheets for Families

# Tooth and Mouth Care

Tooth decay and gum disease are the two major oral health problems. They are the most common and least treated of childhood diseases. For many children, dental disease interferes with eating, sleeping, speaking, playing, learning and smiling. It is also responsible for children missing millions of school hours each year, especially low-income children and children of color, who have poor access to preventive dental care and are thus more vulnerable.

## Keeping your child's teeth healthy

The good news is that oral diseases are almost entirely preventable. Here are some tips for preventing oral disease and infections:

- Floss and brush for two to three minutes, using little or no toothpaste. Remember that until age 8, children need adult help to brush thoroughly.
- Good nutrition, which is good for the body, is also good for the mouth. The most harmful foods are those containing sugar.
- Encourage children to drink plenty of water
- Take your children for regular dental visits so you can catch and correct oral/dental problems early.
- Using fluoride reduces cavities by up to 50 percent in children. Toothpaste and drinking water may have fluoride. Additional fluoride (prescribed by health care or dental care provider) is recommended for children between 6 months and 16 years of age who live in non-fluoridated areas. Discuss fluoride use with your health or dental care provider to make sure children are getting enough but not too much.
- Use of sealants (plastic coatings applied to teeth by a dentist) will help prevent tooth decay by



creating a physical barrier between the teeth and plaque and food. Since permanent molars are the most at risk for decay, the six-year and twelve-year molars need sealants.



- Using mouth protectors prevents oral/dental injuries among children involved in recreational activities such as soccer, hockey, football and even bicycling and rollerblading. Stock mouth protectors are available in stores, and a better-fitting variety can be custom fitted by your dentist.
- Prevent baby bottle tooth decay or early childhood caries—don't leave your child sleeping with a bottle that contains anything but water. Baby bottle tooth decay occurs when a child is frequently exposed to sugary liquids such as milk, including breast milk, fruit juice and other sweet liquids, and those liquids pool in the mouth behind the teeth, causing serious decay. Help your baby learn to drink from a cup; try to discontinue the use of bottles after 12-14 months.

## Dental Insurance Resources


More than 25 percent of California preschool and elementary school children and more than 40 percent of high school students have no dental insurance; even the 40 percent of children who have medical insurance have no dental insurance. The following resources could help cover the expense of children's dental care:

- Medi-Cal: (888) 747-1222
- Transitional Medi-Cal: (888) 747-1222
- Healthy Families: (800) 880-5305
- The Child Health and Disability Prevention (CHDP) program: (888) 604-4636
- Delta Dental Health Kids program: (888) 335-8227

In addition, community-sponsored programs have programs as well. Some clinics, dental societies, nonprofit organizations, churches, dental schools and private practitioners have services that provide free or lower-cost care to families in need.

by A. Rahman Zamani, MD, MPH

Revised 11/05



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## Fact Sheets for Families

# Tooth Decay in Young Children

Dental caries (cavities or holes in teeth caused by decay) are the most common chronic childhood disease and occurs five times more often than the next most widespread disease, asthma (CDC, 2000). Early Childhood Caries, also called baby bottle tooth decay, is the term used for dental disease in infants, toddlers and preschool-age children, and may happen in children as young as 6 to 12 months.

## What causes tooth decay?

Dental caries are contagious. They are caused by *Streptococcus mutans* and *Lactobacillus* species that are able to produce lactic acid. Children are not born with these bacteria, but are infected some time in their early life. Usually the bacteria is passed from the mother or caregiver to the child via saliva through shared toothbrushes, utensils, cups, or pacifiers that have been “cleaned” by being placed in the mother’s mouth.

## How do dental caries develop?

Four factors play roles in the development of caries: a vulnerable tooth; acid-producing bacteria; fermentable carbohydrates (sweet liquids, juice, milk, formula); and time (how long or how often teeth are exposed to sugar). Together these factors create an environment for the bacteria to multiply rapidly, and produce acids that slowly melt the calcium in teeth, causing tooth decay. Young children are especially at risk because they depend on adults to provide adequate oral care.

## How can you recognize dental caries?

The appearance depends on how advanced the dental caries are.

- A dull white band along the gumline is the first sign of demineralization (reduced calcium in the tooth.)
- A yellow, brown or black collar around the neck of the teeth indicates that the demineralization has progressed to cavities.
- Teeth that look like brownish black stumps indicate that the child has advanced cavities.



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## Why be concerned about baby teeth?

Healthy baby teeth guide permanent teeth into place. For many children, tooth decay can be severe and painful, can interfere with eating, sleeping, speaking, learning and playing, and may cause low self-esteem. Treatment can be expensive and require general anesthesia.

## How can tooth decay be prevented?

As a bacterial infection caused by specific bacteria, caries are preventable. You and your child care provider can play an important role in reducing the risk of early childhood caries, protecting your child’s smile and health.

### Reduce bacterial transmission to children

- Minimize the bacteria in your mouth by brushing and flossing your teeth and visiting your dentist regularly, especially when pregnant.
- Avoid saliva-to-saliva contact with your child by not sharing spoons, chewing food for your baby, or putting pacifiers in your mouth.

### Start cleaning teeth early

- As soon as your infant’s first tooth erupts, wipe it daily with a clean damp cloth. Switch to a small soft toothbrush as more teeth come in.
- Brush children’s teeth twice a day until they can brush alone (around age 8), then closely supervise to ensure proper brushing and use of toothpaste.
- Encourage swishing the mouth with water after meals to dislodge food particles from teeth.
- Take infants for a dental exam by the age of 1 year or as the first teeth emerge.

### Use care if bottle feeding

- Breastfeed your baby—it is the healthiest option and breastfed babies have a reduced risk of dental caries. If bottle feeding is necessary, take the bottle away when the child has had enough.
- Never allow the child to fall asleep with a bottle of milk, formula, fruit juice, or sweetened liquids.
- Introduce a feeding cup between age 6 to 8 months. Wean from the bottle by the first birthday.
- Encourage children to drink water rather than fruit juices or sweet drinks when thirsty.

by A. Rahman Zamani, MD, MPH

## References and Resources

*Oral Health in America: A report of the Surgeon General*, 2000. [www.surgeongeneral.gov/library/oralhealth](http://www.surgeongeneral.gov/library/oralhealth).

*The Oral Health of California’s Children: Halting a Neglected Epidemic*, The Dental Health Foundation, 2002.

*Early Childhood Caries*, California Dental Association. [www.cda.org/articles/babybottle.htm](http://www.cda.org/articles/babybottle.htm).

Revised 11/05

## Fact Sheets for Families

# Oral Health and Pregnancy

As a woman you have special needs at different points of your life. Your oral health is no exception, and can be affected by hormonal changes during puberty, menstruation, pregnancy and menopause. While good oral health, which includes care of the teeth, gums and mouth, is important in any stage of your life, it is very important during pregnancy.

## What are some common dental problems during pregnancy?

Pregnant women are at higher risk for developing tooth decay. They are also particularly vulnerable to gum disease (gingivitis) and a chronic bacterial disease that affects the gums, attachment fibers and bone supporting the teeth (periodontal disease or periodontitis). These risks increase in women who smoke, experience nutritional deficiencies, or have less frequent visits to the dentist. Gingivitis is often caused by inadequate oral hygiene and is reversible with professional treatment and good oral care. Untreated gingivitis can advance to periodontitis.

## How does pregnancy affect teeth and gums?

- Pregnant women and those who take some oral contraceptives experience high levels of the hormone progesterone. Elevated levels of this hormone increase gum sensitivity to the bacteria found in plaque and may cause gingivitis (red, puffy or tender gums that easily bleed when brushing).
- Increased need and desire for food and snacking, especially on sticky foods that stay on teeth longer, may cause tooth decay.
- Morning sickness (nausea and vomiting) during pregnancy can also increase the incidence of dental health problems. Frequent vomiting can leave stomach acids in the mouth. If this acid is not cleared away quickly, it can damage surfaces of teeth and cause tooth decay.

- Pregnant women sometimes get very busy and may run out of time and energy to care for themselves and their dental health.
- In addition, pregnant women may not experience symptoms until they reach advanced disease stages.

## Could gum disease affect your baby's health?

Anything that damages a mother's health can also affect her baby. Emerging evidence and new research have shown a relationship between pre-term, low birth weight babies and gingivitis. The excessive bacteria which cause gingivitis can enter the bloodstream through the gums and travel to the uterus, triggering the production of chemicals called "prostaglandins," which are suspected to induce premature labor.

## Are x-rays safe?

If you are pregnant, you can postpone dental x-rays until after your baby is born. If your dentist recommends dental x-rays, the dental office will provide a leaded apron to shield you and your baby from the low dose of radiation used.

## Ways of keeping your teeth healthy

**Chew sugar-free gum with xylitol** in it right after eating to prevent the spread of germs to your children.

**Practice good dental hygiene.** To help prevent tooth decay and gum disease, keep your mouth clean, brush your teeth thoroughly and remove plaque. Clean between teeth daily with floss or inter-dental cleaners.

**Visit the dentist regularly.** Regular dental cleanings and check-ups before, during and after your pregnancy are important. Let your dentist know that you are pregnant.

**Eat healthy, nutritious food.** Your baby's teeth begin to develop between the third and sixth month of pregnancy. Eating a balanced diet (based on new dietary guidelines) is not only necessary for your health, but what you eat during pregnancy also affects the development of your unborn child—including teeth. Avoid foods that are sticky or contain a lot of sugar. These foods can cause tooth decay.

## References and Sources

American Dental Association at [www.ada.org](http://www.ada.org).

American Academy of Periodontology at [www.perio.org](http://www.perio.org).



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## LESSON 4: FLUORIDATION

# Fluoride Works!

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**TARGET GROUP/S:** Child Care Providers, Parents

**TIME:** 30 minutes

### LEARNING OBJECTIVES

- State the benefits of fluoridated water
- Articulate that bottled or purified water may not contain sufficient fluoride
- Describe other ways of getting fluoride: toothpaste, rinse, supplements, varnish
- Identify benefit of varnish in preventing cavities

### TEACHING METHODS, SUGGESTED ACTIVITIES

- **Lecture:** show/distribute Handout 4.1 and review information
- **Show and tell:** various fluoride products: toothpaste, mouth rinses, fluoride tablets, bottled fluoridated water
- **Explain:** only a smear or pea-size of toothpaste is needed
- **For child care providers:** demonstrate how to provide the right amount of toothpaste when working with large groups of children, e.g. placing a pea-sized amount of toothpaste on a clean surface so that each child can swipe own toothbrush against one spot of toothpaste
- **Warn:** fluoride tablets are medication and must be stored and administered with the same precautions as any other medications. Overdose may result in nausea and vomiting. Over time, discoloration of the teeth may result from excessive fluoride taken during the time that adult teeth are forming and before they erupt. [California Department of Health Services, Office of Oral Health, approved by David Nelson, Fluoridation Consultant, on August 19, 2003.]

### MATERIALS AND EQUIPMENT

- Handout 4.1: *Information and Strategies for Three Age Groups: Fluoride Works!*
- Fluoridated products such as toothpaste, rinse, supplements

### QUESTIONS, COMMENTS

- How can child care providers make sure that every child uses the correct amount of toothpaste? What are some tips on how child care providers can provide the right amount of toothpaste when working with a large group of children, where they cannot administer the toothpaste to each child individually?
- Is fluoride varnish covered by Denti-Cal? (yes)
- How can parents know for sure if their household's water is fluoridated? (The best way to find out is to contact the local water department. It isn't wise to assume, just because the county's water is fluoridated, that every household is receiving this water. In some counties, only certain areas receive fluoridated water, or the water is blended with well water. And well water can have a high, low, or negligible amount of fluoride.)

# Fluoride Works!

0 – 12 months	12 – 36 months	3 – 5 years
<p>If water is fluoridated use tap water for mixing formula and cooking</p> <p>Even if tap water is fluoridated, some children may not ingest fluoridated water if the family drinks filtered or bottled water. So, encourage families to buy fluoridated bottled water if they drink bottled water.</p> <p>If fluoridation status of tap water is NOT known, call the local health department</p> <p>Refer parents to primary health care provider or dental provider about fluoride supplements (should not be started before 6 months of age)</p>	<p>If water is fluoridated use tap water as beverage, for diluting juice* and for cooking</p> <p>Identify over-the-counter sources of fluoride: toothpaste, mouth rinses</p> <p>Refer parents to primary health care provider or dental provider about fluoride supplements</p> <p>Provide information about fluoride varnish—obtainable from dentist</p>	<p>If water is fluoridated use tap water as beverage, for diluting juice* and for cooking</p> <p>Refer parents to primary health care provider or dental provider about fluoride supplements</p> <p>Provide information about fluoride varnish—obtainable from dentist</p>

\*The American Academy of Pediatrics discourages any fruit juice for infants younger than 6 months of age, and no more than 4-6 ounces per day for children ages 1-6 (AAP, 2001). If the child care program is using 100% juice to meet fruit requirements, refer to the Child Care Food Program guidelines in order to meet nutritional requirements.

## LESSON 5A: DIET AND NUTRITION

# Healthy Eating

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**TARGET GROUP/S:** Children ages 2 to 5 years

**TIME:** 15-20 minutes

### LEARNING OBJECTIVES

- Explain why it's important to choose “smile-friendly” snacks
- Be able to rank foods from those that are “smile-friendly” to “frowny”

### TEACHING METHODS, SUGGESTED ACTIVITIES

#### **Explain:**

- That sugar is not friendly to teeth
- That it's better to eat less sugar and less sticky food
- Importance of “swishing” if you cannot brush after a meal/snack.

#### **Discuss** foods as being “smile-friendly” (less sugar) to “frowny” (high sugar):

- Provide real foods, toy foods or pictures of foods and arrange them as “smile-friendly” or “frowny.”
- Sing and talk about the “smile-friendly”-ness of the foods in songs, e.g. *The Muffin Man; Oats, Peas, Beans; Over the River and Through the Woods; Pat-A-Cake; Polly, Put the Kettle On; Sing a Song of Six Pence; One Potato, Two Potato; Peanut Butter and Jelly; I'm a Little Teapot*

**Model** healthy food choices, e.g. provide healthy foods at snack time

**See** Handout 5.1 for many other suggestions.

### MATERIALS AND EQUIPMENT

- Real foods, toy foods or pictures of foods that are a reflection of the community of which the children are a part of and those that are commonly served
- Check catalogs of companies selling preschool education materials (see Resources section for examples)

### QUESTIONS, COMMENTS

- What are some “smile-friendly” foods at your house?
- Which songs do you like the best? Can you sing them to your parents tonight?

# Nutrition Activity Ideas for Preschool Children

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## HEALTHY FOOD COLLAGE

**Objective:** To be able to name healthy foods.

**Plan:**

Have many food magazines from local grocery stores for children to cut out pictures. Try to have as many colored pictures as possible. The children also need glue, scissors and a piece of construction paper to glue it on.

**Activity:**

1. Talk to children about healthy foods.
2. Give them each some glue, scissors, and a piece of construction paper. Have them look through the brochures and magazines pictures for healthy foods they like to eat.
3. Then have them cut them out and glue them onto their piece of construction paper.
4. When they are all done they will be able to stand up one at a time in front of the class and tell the other students what they picked out and to point to the picture of that food item.
5. Hang them up around the room for parents and other teachers to see.

## FOOD BINGO

**Objective:** To learn how to play Bingo and learn the names of many different kinds of fruits and vegetables.

**Plan:**

1. Before the day of the lesson cut out many different kinds of fruits and vegetables out of magazine pictures and glue them onto a piece of construction paper to make a Bingo card. Make enough cards for the number of children in your class. If possible have these cards laminated so you can use them often.
2. Then make up cards with names of all the fruits and vegetables you used on your Bingo cards for the caller to call out. When a child gets 3 or four in a row they call Bingo.
3. You might want to have stickers as prizes or nothing at all. The kids really enjoy this and they can learn new fruits or vegetables if you put pictures of unusual fruits or vegetables such as eggplants and kiwi.

Adapted from "A to Z" Teacher Stuff, 7 lesson ideas by Debbie Haren, preschool teacher. Reprinted with permission from © [www.atozteacherstuff.com](http://www.atozteacherstuff.com). To see all seven lessons, please go to <http://atozteacherstuff.com/pages/244.shtml>.

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## COLORS OF FOOD

**Objective:** To learn the different colors of foods and make a poster of the different colors to hang on the wall.

**Plan:**

1. Have many food magazines with many pictures of different colors of food.
2. Have four to five pieces of large poster board to glue the pictures onto.
3. Label the posters by the color of the food that will be put on it, such as Green Foods, Red Foods, etc. (I did four posters: Red, Green, Purple and Blue)
4. After the children cut out the pictures, label each item under the picture, such as tomato, grapes etc.
5. After you are all done gluing and making the posters have the children point to an item and the rest of the class tells what it is and what color it is.

The kids loved doing this and looked at the posters often in the room. The posters can be laminated after they are done so they last longer.

## RESTAURANT

**Objective:** To play restaurant and chose healthy foods when eating out.

**Plan:**

1. Make menus with pictures of vegetables and dinners from magazines.
2. Under each picture put the name of the item.
3. Set up a kitchen area and lots of play food to use to make dinners in their restaurant. Have the students set the table with a plate cup and napkin.
4. Have them take turns being the waiter, cook, and customer.

The kids LOVE playing this and have so much fun.

## LESSON 5B: DIET AND NUTRITION

# Healthy Eating

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**TARGET GROUP/S:** Child Care Providers, Parents

**TIME:** 15 minutes

### LEARNING OBJECTIVES

- State that infants should not be put to bed/crib with a bottle unless it is filled with only water
- State that infants should be weaned from a bottle by 1 year of age.
- Be able to discuss commonly eaten foods and their effect on oral health
- Describe ways of minimizing exposure to decay-causing foods (diluting juices, limiting snacks to 3-4 per day for older children, brushing or swishing after snacking, etc.)

### TEACHING METHODS, SUGGESTED ACTIVITIES

- **Lecture:** show/distribute Handout 5.2 and review information
- **List:** commonly eaten foods relevant to cultural/ethnic background(s) of group, and “fast foods.” Discuss their effects on oral health.
- **Identify:** good substitutions, e.g. cheese instead of a candy bar, cut up fruit instead of a sweet roll. Use Handout 5.3 for healthy snack ideas.
- **Discuss:** encourage providers/parents to talk about successes they’ve had in getting their children to eat healthier meals and snacks

### MATERIALS AND EQUIPMENT

- Handout 5.2 *Information and Strategies for Three Age Groups: Healthy Eating*
- Handout 5.3 *Fact Sheet for Families: Good Nutrition and Healthy Smiles*
- Black/white board or large paper to write on, markers
- Contact your local WIC (Women, Infants, Children) Nutrition Program for videos, pamphlets. This information is available at: [www.calwic.org](http://www.calwic.org).
- First Smiles Project info at: [www.first5oralhealth.org](http://www.first5oralhealth.org)

### QUESTIONS, COMMENTS

- What difference does it make to serve healthy snacks when children go home to families that serve more unhealthy foods?
- Food preferences are affected by how the family eats at home. Child care providers can try but it’s very difficult to change strong preferences.
- Some babies are so used to having a bottle in the crib that it’s very difficult to change their expectation when they come to child care. How do providers work with families to have consistency between child care and home?
- If applicable: What are the unique needs of children with disabilities and special needs?

# Healthy Eating

0 – 12 months	12 – 36 months	3 – 5 years
<p>If infant needs a bottle before falling asleep, use water only</p> <p>Never prop a bottle for feeding.* After first tooth erupts, limit feeding to every 3-4 hours</p> <p>At 6 months offer cup for water or juice</p> <p>Dilute juices** with water as juices contain high amounts of sugar. Limit number of juice drinks.</p> <p>If bottle-feeding, begin weaning at about 6 months and encourage infant to drink from a cup.***</p>	<p>At 12 months, wean from bottle.</p> <p>Encourage toddlers to drink only from a cup.</p> <p>Offer healthy snacks, e.g. cheese, celery, carrot sticks, crunchy fruits, crackers, yogurt and drinks, e.g., milk, water.</p> <p>Dilute juices** as they contain high amounts of sugar. Limit the number of juice drinks.</p>	<p>By age 3 years, child should be completely weaned from bottle and drinking from a cup instead.</p> <p>Encourage drinking fluoridated tap water instead of juice or carbonated drinks, as they generally have little nutritional value.</p> <p>Choose healthy snacks that are lower in sugar (see list in previous column).</p> <p>Limit number of snacks to 3-4 per day for older children.</p> <p>Limit juice drinks, box drinks and sugary and/or sticky snacks.</p> <p>After eating foods that promote cavities, brush child's teeth or have them drink or swish with water</p>

\*Some cultures may find this difficult to accept. Explain consequences of propping on reduced bonding between caregiver and infant, on choking, and on increased risk of ear infections.

\*\*The American Academy of Pediatrics discourages any fruit juice for infants younger than 6 months of age, and up to 4-6 ounces per day for children ages 1-6 (AAP, 2001). If the child care program is using 100% juice to meet fruit requirements, refer to the Child Care Food Program guidelines in order to meet nutritional requirements.

\*\*\*Some cultures promote weaning at older ages. Acknowledge differences, explain reason, and encourage earlier weaning. Note that it is much easier to wean a 12-month-old than a 2-year-old.

Fact Sheets for Families

# Good Nutrition and Healthy Smiles

Good nutrition is not only necessary for general health, it also plays a key role in the development and protection of good oral health.

## Being healthy means good oral health

Oral health is essential to general health and means more than healthy teeth and the absence of disease—it means that the teeth, gums and mouth are healthy, comfortable and functional. Oral health facilitates good nutrition as well. We need healthy teeth and gums to effectively chew and swallow our food and absorb nutrients essential for the body’s general health. In turn, good nutrition and healthy eating promote good oral health.

## The importance of healthy eating

Development of primary teeth starts during the second month of embryonic life, and these teeth begin to calcify before birth. Permanent teeth start to calcify just before birth and by age 8 years the crowns of all permanent teeth, except the third molar, are formed. What we eat and drink not only plays an important role in the development and protection of these teeth and gums—in fact, two of the most common diseases (tooth decay or cavities and gum disease) can be prevented by simply improving the diet. Gum disease affects the soft tissues that help support the teeth and is the leading cause of tooth loss in adults.

The following nutrients are important for good oral health:

- **Protein** is important for the formation of teeth. Malnutrition causes significant delay in eruption of primary teeth and studies suggest a relationship between early malnutrition and dental caries (under-developed teeth and under-calcified teeth are vulnerable to cavities).
- **Calcium, vitamin D, and fluoride** are needed to build strong teeth through the process called tooth

calcification. Vitamin D deficiency during childhood causes delay in appearance of the baby and permanent teeth, and creates problems in the order in which the teeth come in. Fluoride reduces dental decay by making it harder for the tooth enamel to break down, reducing the ability of bacteria to produce acid, and promoting mineral replacement.

- **Vitamins C and K** play an important role in keeping gums healthy. Vitamin C helps keep gum tissue strong and vitamin K helps control bleeding. Vitamin C deficiency affects gums and soft tissues that help support the teeth.
- **Vitamin A** deficiency during tooth formation is reported to interfere with tooth calcification and result in the incomplete development or underdevelopment of the enamel.
- **Riboflavin** deficiency results in inflammation of the tongue, and inflammation and cracking of the lips.

## Eating habits that affect oral hygiene

### Inappropriate use of a bottle

In many cases, early childhood caries is caused by children using a bottle or sippy cup with juice or other sugary drinks rather than water. This can happen when children are put to bed with a bottle, or when they drink through a bottle or sippy cup frequently during the day.

### Food that is high in sugar or starch

While children and adolescents need diets that provide them with lots of energy, this doesn’t mean that they should consume soft drinks and high sugar snacks throughout the day. Food that is high in sugar or starch (especially sticky foods), hard candies, soft drinks, fruit juices, cookies, pies, cakes and potato chips are linked to higher levels of cavity-causing bacteria. They can lead to cavities because they react with bacteria on the teeth to produce acids that eat away tooth enamel.


### Frequency of eating

Besides good oral hygiene, frequency of eating is the most important factor related to dental caries. The more frequent the food intake, the greater the risk for caries, because a high frequency of eating encourages the growth of bacteria in the mouth that, in turn, leads to increased acidity in the oral cavity.

### Reference

American Academy of Pediatrics. (2004). *Pediatric Nutrition Handbook, Fifth Edition*.

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Provided by California Childcare Health Program  
 For more information, please contact:  
 Healthline 1-800-333-3212

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## LESSON 6: INJURY CONTROL AND PREVENTION

# Ouch!

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**TARGET GROUP/S:** Child Care Providers, Parents

**TIME:** 20 minutes

### LEARNING OBJECTIVES

- Describe first aid measures for the following injuries:
  - knocked out (evulsed) tooth
  - broken tooth
  - bitten tongue or lip
  - objects caught between teeth
  - toothache
  - trauma to the jaw/broken jaw
- Identify importance of using gloves when in direct contact with body fluids.
- Describe Standard Precautions protocol if there is direct contact.

### TEACHING METHODS, SUGGESTED ACTIVITIES

- **Brainstorm:** ask participants to list some of the oral/dental injuries they have seen in the child care setting and/or home/community
- **Lecture:** using Handout(s) 6.1 and/or 6.2, discuss oral injuries and first aid measures
- **For child care providers:** use Activity 6.3 to reinforce action steps. Make an overhead or poster and fill in answers. Correct as needed.
- **Q&A:** respond to any questions or comments from participants.

### MATERIALS AND EQUIPMENT

- Handout 6.1: *Information and Strategies for Three Age Groups: Ouch!*
- Handout 6.2: *What to Do in a Dental Emergency*
- If training child care providers: Activity 6.3: *Emergency Care and Dental First Aid*
- Pair of gloves as a reminder regarding Standard Precautions
- Handout 6.4: *Health and Safety Note: Standard and Universal Precautions in the Child Care Setting*

### QUESTIONS, COMMENTS

- What does a child care provider do if s/he accidentally comes into contact with blood or other body fluids while helping a child with an oral injury? [Refer to Handout 6.4]

- 
- Does the child care program have alternate emergency contacts if a parent cannot be contacted? [This is required by national standards established by *Caring for Our Children*.]
  - Do the health records kept on-site at the child care program include the name of a dental provider for each child?

## HANDOUT 6.1: INFORMATION AND STRATEGIES FOR THREE AGE GROUPS

# Ouch!

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0 – 12 months	12 – 36 months	3 – 5 years
<p>Post signs indicating dental first aid and contact information of emergency providers*</p> <p>Check re: child-proofing, especially related to falls</p> <p>Never leave infants alone on changing tables, chairs or any other high surface</p> <p>Emphasize use of up-to-date, secured car safety seats</p> <p>Check that parent contact numbers and alternate numbers to call in case of an emergency are current</p> <p>Be aware of signs of child abuse or neglect</p>	<p>Same as for Infants, plus...</p> <p>Do not use walkers or other walker-type equipment</p> <p>Make sure toddler gates are installed on stairways</p> <p>Show child how to climb up and down stairs</p> <p>Remove sharp-edged furniture from frequently used areas</p>	<p>Same as for Infants, plus...</p> <p>Check and maintain playground equipment and environment</p> <p>Use specifically approved surface materials for areas under play equipment</p>

\*Standard precaution tip for child care providers: always keep a pair of gloves in your pocket to prevent direct contact with body fluids. If direct contact does occur, immediately wash the contact area with soap and water.

## What to Do in a Dental Emergency

Condition	What should child care provider do?
Knocked out (evulsed) tooth	<ol style="list-style-type: none"> <li>1. Retrieve the tooth and hold it by the crown. If the tooth is dirty, gently rinse it, preferably in the child’s saliva. Do NOT scrub it or remove any tissue.</li> <li>2. Put the tooth in a cup of cool whole milk. Use water as a last resort.</li> <li>3. Contact the parent to take the child to a dentist immediately.</li> </ol>
Broken tooth	<ol style="list-style-type: none"> <li>1. Have child rinse mouth with warm water to keep the area clean.</li> <li>2. If broken piece is found, place in a clean container for dentist for examination purposes only.</li> <li>3. Use cold compresses on the area to keep swelling down.</li> <li>4. Contact the parent to take the child to a dentist immediately.</li> </ol>
Bitten tongue or lip	<ol style="list-style-type: none"> <li>1. Apply direct pressure to the wound with a clean cloth to stop any bleeding.</li> <li>2. Place a cold compress to swollen places.</li> <li>3. If bleeding does not stop within reasonable time, call parent to take child to the emergency room or their health care provider.</li> </ol>
Objects caught between teeth	<ol style="list-style-type: none"> <li>1. If child can hold still, carefully guide dental floss between the teeth to remove object.</li> <li>2. If object is not easily removable, call parent to take the child to a dentist.</li> </ol>
Toothache	<ol style="list-style-type: none"> <li>1. Have child rinse mouth with warm water and floss to remove any food that might be trapped.</li> <li>2. Call parent to explain situation and recommend that child see a dentist immediately.</li> </ol>
Trauma to jaw/ broken jaw	<ol style="list-style-type: none"> <li>1. Tie a scarf, handkerchief, necktie or towel around the jaw and over the top of the head to hold the jaw in place.</li> <li>2. Apply cold compresses to swollen areas.</li> <li>3. Contact the parent to take the child to a dentist or an emergency room immediately.</li> </ol>
<p>From Florida Dental Association (<a href="http://www.floridadental.org/patients/firstaid.html">www.floridadental.org/patients/firstaid.html</a>)</p>	

# Emergency Care and Dental First Aid

Directions: Use questions 1-4 for discussion points. After reviewing information from **Handouts 6.1 and 6.2**, ask participants to help one another complete the *Emergency Care* section below. Review as a group and correct any errors.

1. What is the role of the child care program in the event of a dental emergency?
2. Does the child care program require at least two names and daytime telephone numbers of other adults who could be contacted in the event of an emergency, if a parent cannot be reached?
3. Does the child care program ask for name and contact information of a dental provider for child, even if child is an infant?
4. What are barriers to providing dental first aid in a child care program?

Emergency Care	
Condition	What should child care provider do?
1. Knocked out (evulsed) tooth	
2. Broken tooth	
3. Bitten tongue or lip	
4. Objects caught between teeth	
5. Toothache	
6. Trauma to jaw or broken jaw	



### Health & Safety Notes

# Standard and Universal Precautions in the Child Care Setting



## What are standard and universal precautions?

**Universal precautions** is the term used for the guidelines that were developed by the Centers for Disease Control and Prevention in the 1980s to reduce the spread of infection to health care providers and patients in health care settings.

**Standard precautions** is the new term used for an expansion of universal precautions, recognizing that any body fluid may hold contagious germs. They are still primarily designed to prevent the spread of bloodborne disease (disease carried by blood or other body fluids), but are also excellent measures to prevent the spread of infectious disease in group care settings such as child care facilities.

## Why are standard precautions needed?

Standard precautions are designed to reduce the risk of spreading infectious disease from both recognized and unrecognized sources of infections. Germs that are spread through blood and body fluids can come at any time from any person. You may not know if someone is infected with a virus such as hepatitis B or HIV, and the infected person may not even know. This is why you must behave as if every individual might be infected with any germ in all situations that place you in contact with blood or body fluids.

## What do standard precautions consist of?

Standard precautions include the following:

### Hand washing

- after diapering or toileting children
- after handling body fluids of any kind
- before and after giving first aid (such as clean-

ing cuts and scratches or bloody noses)

- after cleaning up spills or objects contaminated with body fluids
- after taking off your disposable gloves
- remember that wearing gloves does not mean that you don't have to wash your hands!

### Latex gloves should be worn

- during contact with blood or body fluids which contain blood (such as vomit or feces which contain blood you can see)
- when individuals have cuts, scratches or rashes which cause breaks in the skin of their hands

**Environmental sanitizing** should be done regularly and as needed. In the child care setting this means cleaning toys, surfaces and diapering areas with a bleach solution (1 tablespoon of bleach per quart of water made fresh daily). Blood spills or objects with blood on them need a stronger solution of  $\frac{1}{4}$  cup bleach to 2  $\frac{1}{2}$  cups water. (Donowitz, 1999). Wear gloves when handling blood.

**Proper disposal of materials** that are soaked in or caked with blood requires double bagging in plastic bags that are securely tied. Send these items home with the child, or if you wash them, wash them separately from other items. Items used for procedures on children with special needs (such as lancets for finger sticks, or syringes for injections given by parents) require a special container for safe disposal. Parents can provide what is called a "sharps container" which safely stores the lancets or needles until the parent can take them home for disposal.

## Standard precautions in child care settings vs. hospitals and clinics

Child care facilities follow the standard precautions in clinic and hospital settings with the following exceptions:

## HANDOUT 6.4

- Use of nonporous gloves is optional except when blood or blood-containing body fluids may be involved.
- Gowns and masks are not required.
- Appropriate barriers include materials such as disposable diaper table paper, disposable towels and surfaces that can be sanitized in group care settings.

### What else am I required to do?

The Occupational Safety and Health Administration (OSHA) also requires that all child care programs with staff (even family child care homes with assistants or volunteers) have an *Exposure Control Plan for Bloodborne Pathogens*. This plan must be in writing and include:

**Exposure determination.** This is a list of the job titles or duties which might put an individual in contact with blood or blood-containing fluids (such as first aid, nose blowing, diapering, etc.)

**Methods of compliance.** These are the ways you will assure your plan will work and which include written standard precautions and cleaning plans, training of staff in their use, and the availability of gloves.

**Hepatitis B vaccination.** This must be offered by the employer at no cost to staff. The vaccine series can begin either

- within 10 days of employment, or
- within 24 hours after a potential blood exposure (accidental contact with blood while administering first aid, diapering an infant with a bloody stool, etc.)

**Note: Hepatitis B is a series of three shots which must be given on a specific schedule. Now that all children are required to have the series before entering care, child care providers should be at a reduced risk of getting hepatitis B in a child care setting.**

**Exposure reporting procedures.** These are required and will tell staff what to do if something happens which puts an employee in contact with blood on their broken skin (cuts, scratches, open rashes or chapped skin) or on their mucous membranes (in the

eye, mouth or nose). There are also record-keeping requirements to document the exposure situation, whether or not the employee received a free medical exam and follow-up, and that the employee was offered the hepatitis B vaccination if she/he did not already have the series.

**Training on OSHA regulations.** This must be provided to all staff at the time that they start work and must include:

- an explanation of how HIV (which causes AIDS) and HBV (which causes hepatitis B) are transmitted
- an explanation of standard precautions and the exposure control plan for your program.

For more information on OSHA requirements, contact the Cal/OSHA Consultation Service office listed in your telephone directory, or call the Healthline at (800) 333-3212 for a referral to the office nearest you.

### References

American Public Health Association and American Academy of Pediatrics. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. (2002). Second Edition.

Child Care Law Center. (1994). *CalOSHA Regulations on Bloodborne Pathogens*. San Francisco, CA.

Donowitz, L.G. (1999). *Infection control in the child care center and preschool*. Fourth edition. Pennsylvania: Lippincott, Williams & Wilkins.

by Lyn Dailey, PHN Revised Nov. 2004

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## SECTION 3: WRAP-AROUND AND WRAP-UP

# Sample Workshop Plan

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*Do you want to convey oral health information to parents and caregivers in one presentation? Here is an example of one-hour workshop.*

### “PARENTS ARE THE FIRST DENTISTS”

**TARGET GROUP/S:** Parents

**TIME:** 40-60 minutes

### LEARNING OBJECTIVES

To teach at least three key strategies for maintaining oral health, for example:

- Perform a Lift the Lip exam (for parents of infants)
- Perform proper brushing and flossing
- Select healthy snacks

### PREPARATION

Many parents may be interested in oral health but feel tired and reluctant to attend after-work events. But organizing a workshop takes time and effort. Make your time and effort count by encouraging attendance. Use these or other strategies that will engage your parents:

- Distribute a simple, colorful flyer at least 2-3 weeks in advance, with titles such as “Your baby can have healthy teeth for a lifetime. Find out how!”
- Publicize that there are door or raffle prizes and availability of refreshments
- Before the workshop, remind parents by posting the flyer several days in a row
- Have an RSVP list and give “double raffle tickets” to parents who sign up
- Arrange child care during the workshop to minimize distractions

**Example:** Prepare three “healthy smiles” stations: Lift the Lip, Brushing and Flossing, and Healthy Snacks. If possible, have each station staffed by a person who is knowledgeable in demonstrating/teaching about that topic.

Prepare a detailed outline for the workshop. Rehearse your presentation. Time your presentation carefully so that you can end on time.

### TEACHING METHODS, SUGGESTED ACTIVITIES

- **Timing** is important, so have a clock easily visible to you (or whomever is the presenter). Start as promptly as possible.

- **Engage** parents by stating that it’s now possible to “have healthy teeth for a lifetime.” Affirm that parents can help their children have few or no cavities. **Optional:** Ask about what they used to do when they were young; and what their expectations are about being able to keep their own teeth for a lifetime.
- **Introduce** key messages, using the “What do you think?” poster.
- **Show** photos of baby bottle tooth decay and other photos of cavities in children. Demonstrate the “Lift the Lip” exam.
- **Demonstrate** how to brush properly
  - ✓Use a soft bristle brush, and place ½-1 pea size fluoride toothpaste across the width of the bristles
  - ✓Let child brush, then finish brushing all tooth surfaces and tongue
  - ✓Thorough brushing should take about 2 minutes—use a timer, if possible
  - ✓Electric toothbrushes are effective and they sometimes come with a timer

<b>“WHAT DO YOU THINK?”</b>	
<b>Dentists recommend:</b>	<b>What do you think?</b>
Brush as soon as first tooth erupts	
Wean if bottle-fed at 1 year of age	
Help child with brushing/flossing until age 8	
Snacks: know what’s healthy vs. unhealthy	
Limit sugary and/or sticky snacks between meals	
Visit the dentist by age 1	
Know what to do if a tooth breaks	
<p>Re: <b>weaning from bottle</b>, some cultures promote weaning at older ages. Acknowledge differences, explain reason, and encourage earlier weaning.</p> <p>Re: <b>if child is breast-fed</b>, dentists recommend weaning by age 2, and to stop feeding “at will”, i.e. whenever the child wants.</p> <p>Re: <b>dental visit by 1 year of age</b>: if a dental care provider with pediatric experience is not available or affordable, re-frame message to “seek an oral health exam from your primary care provider”</p>	

- 
- **Respect** differences by stating that some recommendations may conflict with cultural or familial practices. Offer modifications to achieve oral health.
  - **Review** key messages at the end. Thank parents for attending. Remind them to browse through the books on display and encourage them to check out books from the library. Remind them to pick up any handouts/brochures. Post a sample of each flyer on the child care program’s information bulletin board(s).

## MATERIALS AND EQUIPMENT

- Three or more books for children about oral health—for display purposes
- Tooth model, toothbrush, fluoridated toothpaste
- Large sheet of paper and marker to create chart below
- List of local dental providers that accept Denti-Cal, Healthy Families and other low-cost insurance
- First Smiles Brochures (available in: English, Armenian, Cambodian, Chinese, Hmong, Korean, Russian, Spanish, Tagalog, Vietnamese)
- Handouts about oral health in English and other appropriate languages, such as:
  - Handout 1.2 *Fact Sheet for Families: Teething*
  - Handout 3.6 *Fact Sheet for Families: Toothbrushing Is Important*
  - Handout 3.8 *Fact Sheet for Families: Tooth Decay in Young Children*
  - Handout 5.3 *Fact Sheet for Families: Tooth and Mouth Care*
- Poster: *What Do You Think?*

## QUESTIONS, COMMENTS

- How can a child care program motivate parents to attend parent education classes without providing costly incentives, e.g. dinner, free child care, etc.?
- Child care providers are exhausted at the end of a day. How can burnout be prevented if they’re also expected to conduct parent education during off-hours?

## MAKING IT MEMORABLE: USING POWERFUL ORAL HEALTH MESSAGES

As you prepare to speak on oral health, look for a memorable way to present your key points. Remember that effective messages are:

- **Simple:** Three to five messages, if possible
- **Feasible:** Person should be able to do what message says
- **Memorable:** Use acronyms, alliteration (“lift the lip”), or “pun” lines

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## Examples of key messages for parents and caregivers

### Example 1: Brush Up on Healthy Teeth: Simple Steps for Kids' Smiles

Centers for Disease Control and Prevention campaign\* to educate parents about proper dental habits and how to care for their children's teeth:

1. Start cleaning teeth early
2. Use small amount of fluoride toothpaste
3. Lift the lip
4. Supervise brushing until age 8
5. Talk to your child's doctor or dentist

Materials, available in English and Spanish, include:

- Brush Up Poster
- Tip Sheet: Simple Steps for Kids' Smiles
- Quiz for Parents

### Example 2: From First Smiles "Healthy Teeth Begin at Home" brochure

1. Adults can spread germs that cause cavities. Don't put anything in your child's mouth if it's been in your mouth.
2. Children should see a dentist by their first birthday.
3. Brush your teeth and your child's teeth in the morning and right before bedtime with fluoride toothpaste.
4. A child needs an adult's help in brushing their teeth until they are 8 years old.
5. Limit how often your child has juice, sweet drinks and snacks.

## Examples of key messages for children 5 years and under

SWISH-BRUSH-CHOMP-GREET\*

1. SWISH with water after every meal or snack
2. BRUSH at least twice a day
3. CHOMP healthy snacks
4. GREET the dentist—she or he is your friend

\*Incorporates messages found in the CDC's "Brush Up on Healthy Teeth" Campaign ([www.cdc.gov/communication/campaigns/brushup.htm](http://www.cdc.gov/communication/campaigns/brushup.htm)), the American Dental Association's "Don't Let Your Smile Become Extinct!" coloring pages, and the USDA's "Keeping Your Child's Healthy Smile!"

## SECTION 3: WRAP-AROUND AND WRAP-UP

# Wrap-Up Activity: Part 1

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### Discussion Guide: The Nitty-Gritty's of Teaching Oral Health to Young Children

This lesson allows trainees to think through the details of teaching about oral health, discuss specific needs, and receive support and suggestions for meeting them.

**Directions for Trainer:** Have trainees respond to questions 1 and 2 in writing, on their own. Then, divide trainees into groups of 3-5 per group. Ask each group to assign a spokesperson. Have each group do questions 3 and 4 together. After about 10 minutes, ask each group's spokesperson to share what they discussed, focusing on answers to questions 3 and 4.

- Write down four oral health messages you would like to teach children attending your center:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Brainstorm ways of conveying these messages. Examples:
  - Demonstrate proper oral health practices, e.g. toothbrushing
  - Place oral health equipment, e.g. various sizes of toothbrushes, toothpaste container samples (with caps glued on), dental floss containers, etc., in the dress-up/imagination area.
  - Obtain samples of dental equipment (masks, white coats, goggles) to demystify dental office
  - Read books to groups of children and to individuals during circle time
  - Place children's oral health books in the book area
  - Sing songs about taking care of teeth and eating healthy foods
  - Conduct dance/movement and puppet activities
  - Conduct games or other activities about healthy vs. unhealthy snacks/meals
  - Monitor actual practice and providing feedback
  - Other: \_\_\_\_\_
- Demonstrate at least three of the above ways through explanation and/or role-playing.
- Identify specific needs or problems that may arise, and ways of resolving them.

Strategy	"Needs"	Ways of resolving them
Example: Demonstration of proper toothbrushing	<ul style="list-style-type: none"><li>Children to pay attention during demonstration</li><li>Tooth model for demo purposes</li></ul>	<ul style="list-style-type: none"><li>Keep presentation brief and interactive</li><li>Involve children in "doing," not just listening or watching</li><li>Ask a local dental practice or dental school to donate or teach your children</li></ul>

## SECTION 3: WRAP-AROUND AND WRAP-UP

# Wrap-Up Activity: Part 2

### Effective practices, barriers and strategies

This lesson allows trainees to review all six oral health areas, identify current practice, identify barriers (if any), possible strategies, key players, and a timetable.

Listed below are some recommended oral health practices. Review the practices and select at least three that you would like to implement. In the designated columns, indicate barriers, strategies, who can help, and by when. Gather in small groups of 3-5 persons and share your ideas with the group.

Oral Health Area	Example of practice in your center	Barriers?	Strategies?	Who can do this?	By when?
Example: Wiping infant's mouth with clean cloth or disposable gauze pad	No time to wipe babies' mouths after each feeding!	Time, and having a clean cloth or disposable gauze pad for each infant	Place gauze pads or cloths in a convenient place. Ask parents to provide several labeled, soft washcloths for their infant.	Administrator, parent	[give month and year]
HOW TEETH GROW [Oral Development] Providing soothing toy to relieve teething pain					
KEEPING TEETH HEALTHY and STRONG [Hygiene] Providing separated spaces for toothbrushes					
HEALTHY EATING [Diet and Nutrition] Providing healthy snacks, e.g. crunchy veggies or cheeses instead of sugary, sticky foods					
ALL ABOUT SUCKING [Oral Habits] Discouraging child who is 4 years of age or older with very strong sucking behaviors and speaking to parent					
WHY IS FLUORIDE IMPORTANT? [Fluoridation] Using fluoridated toothpaste and/or rinse					
OUCH! [Injury Prevention] Always having child sit in appropriate car safety seat and making sure it is installed appropriately in the vehicle.					

## SECTION 4

# Resources

### STATE AND NATIONAL ORGANIZATIONS AND RESOURCES

#### CALIFORNIA SOCIETY OF PEDIATRIC DENTISTRY

Organization Suggested Web site/s, e-mail	Telephone	Description Oral Health items, comments
<p>American Academy of Pediatric Dentistry (AAPD) www.aapd.org</p> <p>Informational brochures for parents: www.aapd.org/pediatricinformation/brochurelist.asp</p> <p>Caries-risk assessment tool (CAT) www.aapd.org/media/Policies_Guidelines/RS_CAT.pdf</p>	312-337-2169	<p>Professional association represents the specialty of pediatric dentistry.</p> <p>Brochures for parents on Web site. On-line catalog for infant oral health assessment kit, videos, slides, etc.</p>
<p>American Academy of Pediatrics www.aap.org/commpeps/dochs/oralhealth/resources.cfm</p> <p>Description: Extensive list of and easy access to on-line resources for the pediatric health provider community.</p>	847-434-4000	<p>Professional association of pediatricians dedicates its efforts and resources to attain optimal physical, mental and social health and well-being for all infants, children, adolescents and young adults.</p> <p>Information about oral health available for parents on Web site.</p>
<p>American Dental Association (ADA) www.ada.org</p> <p>e-mail: publicinfo@ada.org</p>	312-440-2500	<p>Professional association of dentists leads a unified profession through initiatives in advocacy, education, research and the development of standards.</p> <p>Brochures for parents, items for children on Web site</p>
<p>California Childcare Health Program (CCHP) www.ucsfchildcarehealth.org</p> <p>Health and Safety Notes and Fact Sheets http://ucsfchildcarehealth.org/html/pandr/pandrmain.htm</p> <p>e-mail: cchp@ucsfchildcarehealth.org</p>	510-281-7913 800-333-3212 Healthline	<p>Program of the University of California, San Francisco, School of Nursing, provides staff training, parent educational materials, telephone and on-line support to California child care providers.</p> <p>Practical, research-based materials for anyone in the child care field. Most educational items are in Spanish.</p>
<p>Child Health &amp; Disability Prevention Program (CHDP) www.dhs.ca.gov/pcfh/cms/chdp</p>	N/a	Addresses, telephone and fax numbers for every county's office in California
<p>California Dental Association Foundation www.cdafoundation.org</p> <p>List of articles: www.cda.org/articles</p> <p>e-mail: foundationinfo@cda.org</p>	916-443-3382, ext. 8051	Not-for-profit state-wide organization promotes oral health by producing programs that increase access to care, advancing health policy research and building a sustainable oral health workforce.
<p>California Department of Health Services, Office of Oral Health www.dhs.ca.gov/oralhealth</p> <p>e-mail: oralhealth@dhs.ca.gov</p>	916-552-9896	State governmental organization that promotes, assures, and protects oral health of Californians through organized community efforts. Web site provides scientific articles and references regarding community water fluoridation.

Centers for Disease Control and Prevention (CDC) Oral Health Resources <a href="http://www.cdc.gov/OralHealth/index.htm">www.cdc.gov/OralHealth/index.htm</a>  e-mail: click "contact us" on Web site	770-488-6054	The CDC is the lead federal agency for protecting the health and safety of people by providing information to enhance health decisions
Dental Health Foundation <a href="http://www.dentalhealthfoundation.org/topics/children">www.dentalhealthfoundation.org/topics/children</a>  e-mail: <a href="mailto:info@tdhf.org">info@tdhf.org</a>	510-663-3727	Nonprofit organization works through community partnerships to promote oral health for all by providing leadership in advocacy, education and public policy development and promoting community-based strategies.
First Smiles Project <a href="http://www.first5oralhealth.org">www.first5oralhealth.org</a>	510-663-3727 Dental Health Foundation  800-736-8702 California Dental Association Foundation	As part of the First 5 California program's efforts to promote oral health, this Web site features a separate section for each constituent group: dental providers, medical providers, early childhood educators and parents and caregivers of young children.
Hispanic Dental Association (HDA) <a href="http://www.hdassoc.org">www.hdassoc.org</a> e-mail: <a href="mailto:HispanicDental@hdassoc.org">HispanicDental@hdassoc.org</a>	800-852-7921 Member Phone  217-793-0035 Local Phone	The HDA promotes the oral health of the Hispanic community through improved prevention, treatment, and education. It disseminates information to both Hispanic dental professionals and the community at large.
National Center for Fluoridation Policy and Research (NCFPR) <a href="http://fluoride.oralhealth.org">http://fluoride.oralhealth.org</a> email: <a href="mailto:ncfpr2003@yahoo.com">ncfpr2003@yahoo.com</a>	N/a	The NCFPR serves as a central repository for information regarding all aspects of community water fluoridation.
National Dental Association (NDA) <a href="http://www.ndaonline.org">www.ndaonline.org</a> e-mail: <a href="mailto:admin@ndaonline.org">admin@ndaonline.org</a>	202-588-1697 Phone  202-588-1244 Fax	Represents African-American dentists in the U.S. and abroad. Promotes the U.S. public's health through the commitment of member dentists to provide quality oral health care, accessible to everyone.
National Maternal and Child Oral Health Resource Center (OHRC) National repository of oral health curricula <a href="http://www.mchoralhealth.org/knwpathoralhealth.html">www.mchoralhealth.org/knwpathoralhealth.html</a>	N/a	OHRC is a one-stop "warehouse" for oral health standards, guidelines, curricula, and professional and consumer education materials.
Nemours Foundation—Kids Health Dental health information: <a href="http://www.kidshealth.org/parent/general/teeth/healthy.html">www.kidshealth.org/parent/general/teeth/healthy.html</a> e-mail: <a href="mailto:izenberg@KidsHealth.org">izenberg@KidsHealth.org</a>	N/a	This site provides parents, children, and teens with up-to-date and jargon-free information.
Share the Care Click on "resources" at: <a href="http://www.sharethecaredental.org">www.sharethecaredental.org</a>  Also, check links to other useful Web sites such as: San Diego County Dental Disease Prevention Program <a href="http://www.sdcoe.k12.ca.us/smiles">www.sdcoe.k12.ca.us/smiles</a>	N/a	A San Diego-based partnership among the county's Health and Human Services Agency, Dental Society, and Dental Health Coalition. Offers a wide array of useful forms and educational materials for professionals, parents, and school-age children. English and Spanish.

Oral Health America <a href="http://www.oralhealthamerica.org">www.oralhealthamerica.org</a>	312-836-9900	Develops, implements, and facilitates educational and service programs designed to raise awareness of oral health's importance to total health.
University of Washington 4 minute Lift the Lip video and flipchart in English, Spanish, Russian order form: <a href="http://www.dental.washington.edu/conted/store/video.htm#lip">www.dental.washington.edu/conted/store/video.htm#lip</a>	206-543-5448	The descriptive video and flip chart show parents and WIC staff how to screen infants and toddlers for baby bottle tooth decay.
USDA "Nibbles for Health" <a href="http://www.fns.usda.gov/tn/Resources/nibbles.html">www.fns.usda.gov/tn/Resources/nibbles.html</a> Newsletters for parents and providers can be downloaded as PDF files.	Contact your local USDA office.	Kit offers 3 "sharing sessions," nutrition newsletters and posters. Program targets child care center staff and parents of young children enrolled in centers. Easy-to-read materials, some in Spanish.

## ONLINE ORAL HEALTH RESOURCES

Numerous oral health trainings and resources are available online. In this section we have included links to a number of these, which you may find useful. While there are many listed, this should be viewed as starting point, not an inclusive list.

When obtaining information online, it is important to remember that no formal review is required before a Web site is created. It is reasonable to assume that information published under the auspices of a professional organization, medical school, or licensed physician is reliable because of the reputations involved. However, the true source of information often is unclear, and there is no mechanism for endorsement by an organization such as the American Academy of Pediatrics. Please remember when using the Internet the information is not accurate just because it is posted online.

### Oral Health Materials/Trainings

#### Access to Baby and Child Dentistry (ABCD): A Manual for Dental Providers

Developed by the University of Washington, School of Dentistry, this guide is for clinicians who intend to implement effective preventive and early intervention oral health therapies for infants and toddlers. Access online at: [www.dental.washington.edu/pedo/AllPages/abcd.htm](http://www.dental.washington.edu/pedo/AllPages/abcd.htm).

#### Bright Futures in Practice: Oral Health

This guide is designed to help health professionals implement specific oral health guidelines during infancy, early childhood, middle childhood, and adolescence. Access online at: [www.brightfutures.org/oralhealth/pdf/index.html](http://www.brightfutures.org/oralhealth/pdf/index.html).

#### Early Childhood Caries: A Medical & Dental Perspective

This interactive program includes multiple-choice and true/false questions that provide immediate feedback to allow a person to assess his or her knowledge of the topics presented. Access online at: [www.pc.maricopa.edu/dental/ecc/preview/docs/text.htm](http://www.pc.maricopa.edu/dental/ecc/preview/docs/text.htm).

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### **First Smiles: Oral Health Training**

First Smiles is a California statewide initiative to address the “silent epidemic” of Early Childhood Caries affecting children ages 0-5. The project is dedicated to providing education and training to early childhood educators, as well as education to parents of young children, including those with disabilities and other special needs, on the prevention of Early Childhood Caries. For additional information, training schedule or copies of the training curriculum please visit [www.first5oralhealth.org](http://www.first5oralhealth.org) or contact the following partner agencies:

California Childcare Health Programs at: [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

California Head Start Association at: [www.caheadstart.org](http://www.caheadstart.org)

California WIC Association (CWA) at: [www.calwic.org](http://www.calwic.org)

### **Happy Teeth**

This website comes from Washington State Whatcom county and includes referenced pamphlet from the primary care physician which outlines key aspects of the caries process. Access online at: [www.happyteeth.org](http://www.happyteeth.org).

### **A Health Professional’s Guide to Pediatric Oral Health Management**

This program provides a series of 7 self-contained online modules designed to assist health professionals in managing the oral health of infants and young children. Access online at: [www.mchoralhealth.org/PediatricOH/index.htm](http://www.mchoralhealth.org/PediatricOH/index.htm).

### **Medical Providers Oral Health Education Project: New Hampshire 2002-2005**

This resource describes a project to educate physicians and dental hygienists about dental caries in infants and children ages 3 and younger. Materials include age-specific forms and handouts such as questionnaires, assessment and recommendation forms, and protocols. Access online at: [www.mchoralhealth.org/PDFs/MedicalProvOHed.pdf](http://www.mchoralhealth.org/PDFs/MedicalProvOHed.pdf).

### **National Maternal and Child Oral Health Resource Center**

The National Maternal and Child Oral Health Resources Center contains a variety of information for individuals working in oral health. The site contains a database of oral health programs, which is used to collect and provide contact and program information to those working in oral health. In addition, a PDF file of their 2003 resource book is also available. Access online at: [www.mchoralhealth.org](http://www.mchoralhealth.org).

### **Nebraska Dental Health Division**

The Nebraska Department of HHS Regulation and Licensure has developed Web pages to assist in promoting the importance oral health. Included on the pages are free dental education materials, a speaker’s presentation, fluoride, dental health screening materials, reports, and more. Access online at: [www.hhs.state.ne.us/dental](http://www.hhs.state.ne.us/dental).

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### **Open Wide: Oral Health Training for Health Professionals**

A series of 4 self-contained online modules designed to help health and early childhood professionals working in community settings (eg, Head Start and WIC staff) promote oral health in the course of promoting general health for infants, children, and their families. This curriculum offers health and early childhood professionals information to help them prevent tooth decay, which still afflicts many U.S. children, especially children from families with low incomes, children in certain minority groups, and children with special health care needs. Access online at: [www.mchoralhealth.org/OpenWide/index.htm](http://www.mchoralhealth.org/OpenWide/index.htm).

### **Oral Health for Family Physicians**

This curriculum resource developed by Society of Teachers of Family Medicine, provides goals and objectives for training primary care physicians in the area of oral health. The curriculum is organized by ACGME Competencies. Access online at: [http://fammed.musc.edu/fmc/data/Oral\\_Health.htm](http://fammed.musc.edu/fmc/data/Oral_Health.htm).

### **Oral Health Information**

The American Dental Hygienist Association has produced a series of handouts offering oral health information that health professionals can provide to consumers. Topics include tips for improving oral health for children and adolescents, nutrition, fluoride, and choosing a dental office. [www.adha.org/oralhealth/index.html](http://www.adha.org/oralhealth/index.html).

### **University of Connecticut Oral Health Web-based Curriculum**

The UConn Health Center's Oral Health Web site is designed to improve the oral health of infants and children through the improvement of effective oral health education of physicians, residents, and medical students. Access online at: <http://oralhealth.uhc.edu>.

### **WIC Lesson Plans**

The Maryland Office of Oral Health has developed a series of oral health lesson plans for use by counselors in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The lesson plans introduce mothers to proper oral health for their children, good nutrition for oral health, their child's first dental visit, and oral health for pregnant women. Access online at: [www.fha.state.md.us/oralhealth/html/wicplan.html](http://www.fha.state.md.us/oralhealth/html/wicplan.html).

## **EDUCATION MATERIALS FOR PEDIATRICIANS AND OTHER CHILD HEALTH PROFESSIONALS**

*Oral Health Risk Assessment: Training for Pediatricians and Other Child Health Professionals*, by the American Academy of Pediatrics, 2005. The product is a 5 x 8 folder with a few sheets and a CD. The CD contains a Power Point presentation. [www.aap.org/commpeds/dochs/oralhealth/screening.cfm](http://www.aap.org/commpeds/dochs/oralhealth/screening.cfm).

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## EDUCATIONAL MATERIALS FOR CHILDREN

### Books (examples):

<i>Brush Your Teeth Please</i> by Leslie McGuire	ISBN 0-89577-474-7
<i>Brushing Well</i> by Helen Frost	ISBN 0-7368-0112-X
<i>Dragon Teeth and Parrot Beaks</i> by Almute Grohmann	ISBN 0-86715-339-3
<i>Food for Healthy Teeth</i> by Helen Frost	ISBN 0-7368-0113-8
<i>Food! Sesame Street Elmo's World</i> by John Barrett, et al.	ISBN 0-375-80573-7
<i>Freddie Visits the Dentist</i> by Nicola Smee	ISBN 0-7641-1581-2
<i>Going to the Dentist (Usborne First Experiences)</i> by Anne Civardi	ISBN 0-7460-41195
<i>Going to the Dentist</i> by Helen Frost	ISBN 0-7360-0114-6
<i>How Many Teeth?</i> By Paul Showers	ISBN 0-06-445098-8 (paper)
<i>I Know Why I Brush Teeth My Teeth</i> by Kate Rowan	ISBN 0-439-13568-0
<i>Just Going to the Dentist</i> by Mercer Mayer	ISBN 0-307-12583-1
<i>Make Way for Tooth Decay</i> by Bobbi Katz	ISBN 0-590-52290-6
<i>Open Wide: Tooth School Inside</i> by Laurie Keller	ISBN 0-8050-6192-4
<i>Those Icky Sticky Smelly Cavity-Causing but—Invisible Germs</i> by Judith Anne Rice	ISBN 1-88484-30-2 (Eng/Span)
<i>Tooth Decay &amp; Cavities</i> by A. Silverstein et. al.	ISBN 0-531-16412-8 (paper)
<i>Tooth Decay &amp; Cavities</i> by A. Silverstein et. al.	ISBN 0-613-31827-7 (hard)
<i>A Visit to the Dentist</i> by Eleanor Fremont	ISBN 0-689-84632-0
<i>Your Teeth</i> by Helen Frost	ISBN 0-7368-0115-4

### Audiovisuals:

*The adventures of Wiggly Tooth*, 1991 (13 minutes) and *Dr. Rabbit's World Tour*, 1998 (13 minutes)  
VHS videos for children produced by the Colgate-Palmolive Company

*A Trip to the Dentist—Pinatta's View*, 2000

30 minute VHS video for preschoolers, produced by Boggle-Goggle Enterprises, available at [www.pinatta.com](http://www.pinatta.com)

slow pacing, repetitive, may be engaging for younger children

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## MODEL TEETH, NUTRITION MATERIALS, TOOTHBRUSH HOLDERS, AND OTHER ORAL HEALTH SUPPLIES

Kaplan Early Learning Company: 800-334-2014, [www.kaplanco.com](http://www.kaplanco.com)

Lakeshore Learning Company: 800-428-4414, [www.lakeshorelearning.com](http://www.lakeshorelearning.com)

Latsa Company: 888-805-2872 or 8888-80-LATSA, [www.latsa.com](http://www.latsa.com)

## EDUCATIONAL MATERIALS FOR PARENTS, CONSULTANTS AND PROVIDERS IN CHILD CARE

### Books:

*Healthy Snacks-Low Fat, Low Sugar, Low Salt* by Susan Hodges ISBN 0-911019-63-4

*Meet Your Teeth* (dental lessons for grades 1-4) by Linda Schwartz ISBN0-88160-274-4

*Your Child's Dental Health: Womb to Wisdom Teeth* by Joleen Jackson, et. al. ISBN 0967485118

### Audiovisuals:

#### *ABCs of Infant Oral Health*

Kit includes instructional video, laminated flip chart (8 X 11), risk assessment forms, parent information forms, anticipatory guidance card, and other materials. Non-member charge of \$175 makes this more appropriate for child care health consultants to use with child care providers and parents. American Academy of Pediatric Dentistry, [www.aapd.org](http://www.aapd.org)

#### *Baby Bottle Tooth Decay*

23 slides with script; American Academy of Pediatric Dentistry, [www.aapd.org](http://www.aapd.org); note that script does not always “sync” with slides.

#### *Easy Steps to Oral Health, 2002*

30 minute DVD program in 3 segments, for parents, general public; available from the California Dental Association (CDA) Foundation, [www.cdafoundation.org](http://www.cdafoundation.org); excellent overview of infant and preschool issues, English and Spanish in same DVD

#### *Healthy Smiles for Children with Special Needs, 2002*

14 minute VHS video for parents and others caring for children with special needs; American Academy of Pediatric Dentistry, [www.aapd.org](http://www.aapd.org); helpful techniques and approaches to special needs presented by professionals and parents.

#### *“Lift the Lip,” 1993*

4 minute VHS video and flipchart for parents and others caring for infants and toddlers in English, Spanish, Russian; available from the School of Dentistry Continuing Education, University of Washington; phone: 206.543.5448, fax 206.543.6465

SECTION 8

# Appendices

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## APPENDIX 1

# Caries-Risk Assessment Tool (CAT)

To help identify children’s level of risk for cavities and other oral problems. This tool has been modified for use by Child Care Health Consultants (CCHCs).

The American Academy of Pediatric Dentistry, the developer of this tool (AAPD, 2002), “...encourages both dental and nondental health care providers to use CAT in the care of infants, children, and adolescents.”

- The child’s classification is determined by the HIGHEST risk category, which means that the presence of even one risk indicator in the high-risk category is sufficient to classify the child as being high risk. Therefore, a child designated as low-risk would not have ANY moderate-risk or high-risk indicators.
- The CAT should be applied periodically as a child’s risk status may change over time.
- CAT does not render a diagnosis. It is a tool to help the CCHC make recommendations to parents.

### GLOSSARY:

CCHC: Child Care Health Consultant

CCHA: Child Care Health Advocate

CCF: Child Care Facility

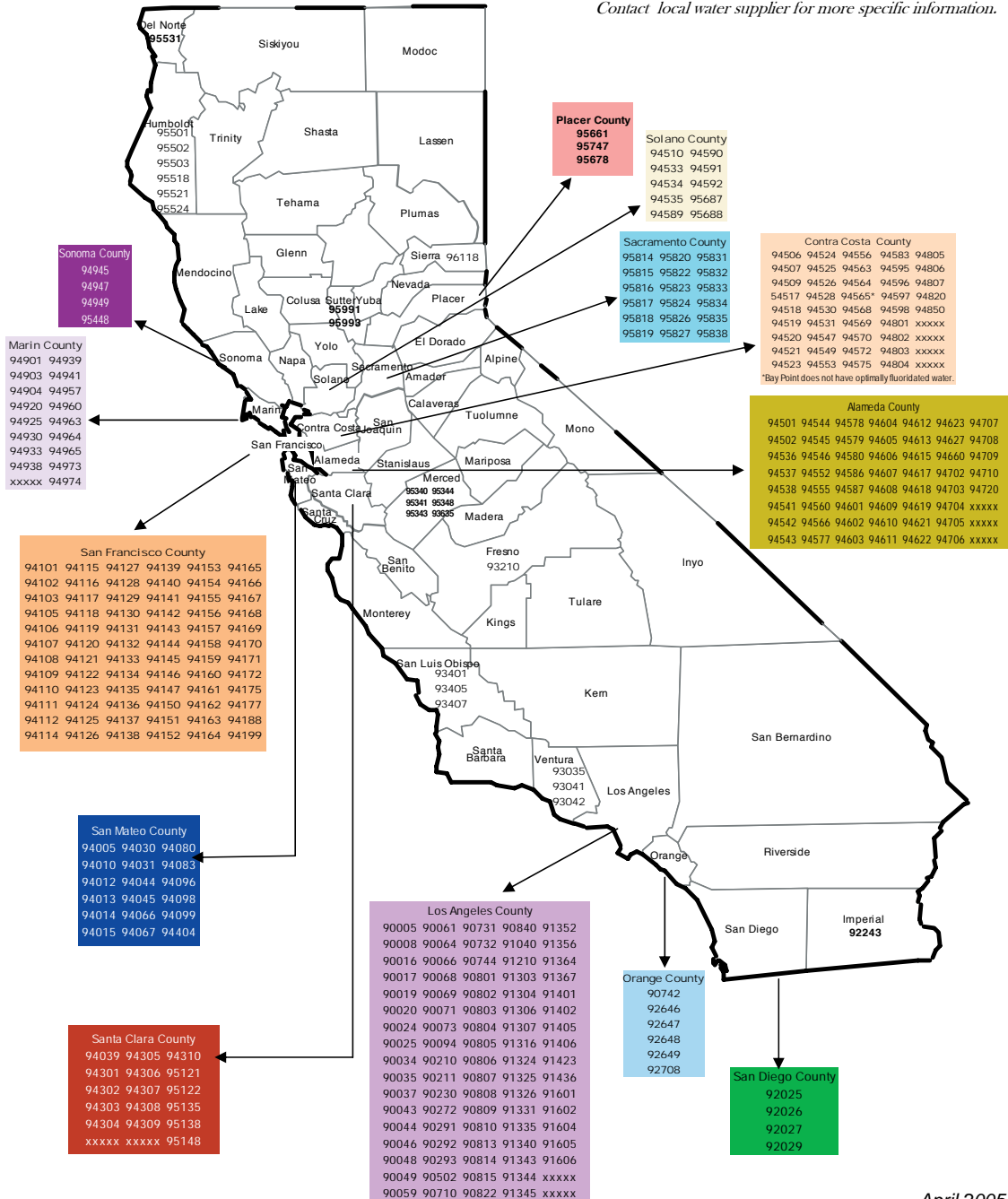
Pro-cavity snacks: foods thought to promote cavities, e.g. containing a higher proportion of simple sugars

Indicator	Low risk	Moderate risk	High risk
Clinical conditions	No cavities in past 24 months No white spot lesions (enamel demineralization) No visible plaque, gums not swollen	Cavities in past 24 months 1 white spot Gums swollen (gingivitis)	Cavities in past 12 months More than 1 white spot Visible plaque on front teeth Pits on enamel surface
Environmental characteristics	Tap water is fluoridated Pro-cavity snacks are eaten mostly at mealtimes at Child Care Facility (CCF) Parent/caregiver has middle-to-high Socio-Economic Status (SES) If child is 1 year old or older, has a “dental home” (and receives regular check-ups)	Tap water is not fluoridated but child gets fluoridated products at CCF Pro-cavity snacks eaten 1-2 times in CCF outside of mealtimes Parent has moderate SES, e.g. child qualifies for reduced or free school lunch No dental home	Tap water not fluoridated, child doesn’t use fluoridated products at a CCF Pro-cavity snacks eaten 3 or more times in CCF Parent has low SES, e.g. child qualifies for Medi-Cal No dental home
General health conditions			Child has special health care need <sup>1</sup> Child produces excessive or deficient saliva

<sup>1</sup>Examples of special health care need include chronic physical, developmental, behavioral or emotional conditions that require health and related services beyond that required by a generally healthy child

## Optimally Fluoridated Areas by Zip Code

*This is a general guide, and does not include naturally fluoridated areas. Contact local water supplier for more specific information.*



April 2005

**Remember:**

- Adults can spread the germs that cause cavities. Do not put anything in your child's mouth if it has been in your mouth.
- Children should see a dentist by their first birthday.
- Brush your teeth and your child's teeth in the morning and right before bedtime with fluoride toothpaste.
- A child needs an adult's help in brushing their teeth until they are 8 years old.
- Limit how often your child has juice, sweet drinks and snacks.



*It is important to make sure your child's teeth stay healthy!*

**If your child has Medi-Cal, Healthy Families or Healthy Kids insurance, they also have coverage for dental services.**

**Next steps to take care of your child's teeth.**

**Dental appointment**

Date: \_\_\_\_\_ Dentist Name: \_\_\_\_\_

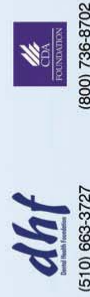
Phone number: \_\_\_\_\_

**Apply fluoride varnish**

Date: \_\_\_\_\_

For more information, please visit or call:

12345 first smiles  
www.first5oralhealth.org



(510) 663-3727 (800) 736-8702

Funding by



**SAMPLE LABEL FOR POSITION ONLY**

MAY 2005

first smiles



**Healthy teeth begin at birth**

www.first5oralhealth.org

## Baby teeth are very important.

*Children need their teeth for smiling, talking and eating food. Moms, dads and other caregivers must help take care of teeth.*

### Things that you can do at home:

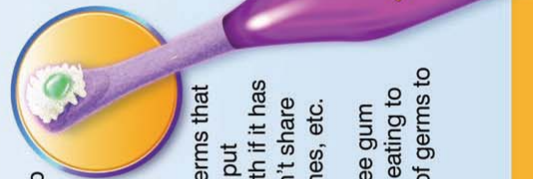
Before your baby has teeth, wipe the gums gently with a clean wet cloth after each feeding. Don't put your baby to bed at naptime or at night with a bottle or sippy cup, unless it has only water in it.

As soon as the first tooth appears, start brushing your baby's teeth with fluoride toothpaste in the morning and before bedtime. Fluoride is a mineral that protects the teeth.

Put a small pea-sized dab of toothpaste across a small soft brush. Wipe off excess toothpaste until child can spit out.

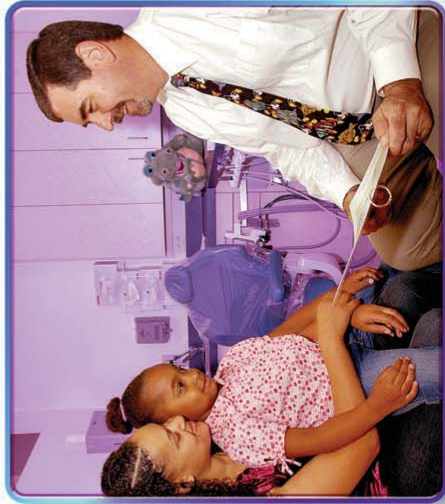
To avoid spreading the germs that can cause cavities, don't put anything in a child's mouth if it has been in your mouth. Don't share spoons, cups, toothbrushes, etc.

Adults can chew sugar-free gum with xylitol in it right after eating to help prevent the spread of germs to their children.



## Things that dental and medical providers can do:

*Dentists, doctors, and other health care providers also take care of children's teeth.*



Take your baby to the dentist by their first birthday.

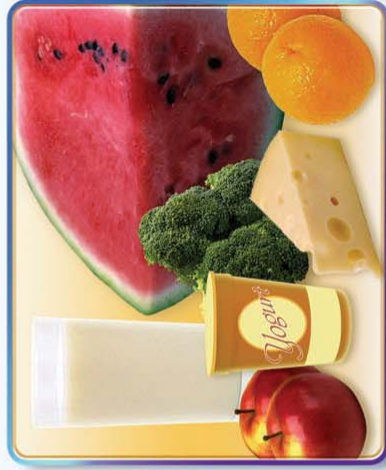
Ask your child's doctor or dentist about putting fluoride varnish on your child's teeth. This is another great way to protect your child's teeth from cavities.

You and your child should visit the dentist on a regular basis – as often as your dentist recommends. Parents' teeth are important too!

## What your child eats and how often they eat affects their teeth.

Soda, sweet drinks, candy, and other sweets can cause cavities that hurt.

Snacks like cheese, yogurt, fruit and vegetables are better for your child's teeth than chips, crackers, or cereal.



Adding an equal amount of water to fruit juice is recommended.

After your child eats sweets, chips, crackers or juice, you should brush their teeth or rinse their teeth with water.

## APPENDIX 4

# Evaluation Questionnaire

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Dear Training Participant: At the end of today's oral health training, please complete this short questionnaire. Answer every question to the best of your ability. Return the completed form to the trainer before you leave. Thank you.

1. To what extent do you agree with the following statements about the oral health training in which you participated?

	Strongly Agree	Agree or mostly agree	Disagree or mostly disagree	Strongly disagree
a) The course content was relevant for staff in my position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I learned information and skills that were new to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I learned about helpful community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The course materials will be useful to me in my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I can apply what I learned when doing parent education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) [For early childhood educators only] I can apply what I learned when doing classroom activities with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. As a result of this training, how much do you believe you increased your skills in: *[check only one box in each row]*

	A great deal	Moderate amount	Very little	Very little because I already had this skill
a) Recognizing signs and symptoms of oral health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Providing oral health education and demonstration to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Deciding if a child needs referral to a dental provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Learning how to brush a young child's teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What barriers do you foresee to implementing the new skills and knowledge you learned from this training? *[List all that apply]*

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4. As part of your regular job, do you refer children under age 5 for dental care?

Yes, sometimes

No (Why not?) \_\_\_\_\_

*[If "No," skip the next four questions. Begin again with Question 9, the T/F quiz section]*

## APPENDIX 4

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5. At what age do you typically refer young children for dental care?

[Circle only one]: 1 2 3 4 5 6

6. How often do you consider the following factors when referring children under age 5 to a dentist?

	Almost always	Usually	Sometimes	Almost never
a) Availability of dentists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Family financial resources/insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Child's age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. When you make a dental referral for a child younger than age 5, how often do you:

	Almost always	Usually	Sometimes	Almost never
a) Give the parent/caregiver the name(s) of a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Call a dental office to make an appointment for the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Simply tell the parent/caregiver their child needs to see a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Take or go with parent/caregiver and child to dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) [For early childhood educators only] Involve other program specialists, e.g., health or family support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. What is your experience in finding a local dentist for a child less than 5 years of age who:

	Extremely difficult	Difficult	Somewhat difficult	Not at all difficult	I've never done this
a) Has a disability or other special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Receives Medi-Cal benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Receives Healthy Families benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Is uninsured and needs a sliding scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Is uninsured and needs a sliding scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Will need anesthesia during treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## APPENDIX 4

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9. Based on what you learned today, please indicate whether the following statements are true or false:

- |   | True                     | False                    |
|---|--------------------------|--------------------------|
| a) Dental decay is an infectious transmissible disease.   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) The infant's first dental visit should be made within 6 months of the eruption of the first primary tooth, and no later than age 12 months.  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Fluoride varnish is a vaccine for prevention of cavities.  | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Tooth brushes should be stored separately and not together in one cup.   | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Pregnant women should wait to see a dentist or have their teeth fixed until after the baby is born.  | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Frequent and prolonged breastfeeding during the night is one of the risk factors associated with early childhood caries.                     | <input type="checkbox"/> | <input type="checkbox"/> |
| g) According to the last statewide oral health needs assessment, one-third of California preschoolers have experienced decayed or filled teeth. | <input type="checkbox"/> | <input type="checkbox"/> |

Please answer the following multiple-choice questions:

10. When are children able to clean their teeth effectively without help?

- When they start preschool
- When they can get dressed by themselves
- By about the age of 8
- When they can take a bath or shower by themselves

11. What kind of snacks should young children be encouraged to eat?

- Foods such as cheese, fruit and yogurt
- Foods such as raisins and fruit roll-ups
- Foods with artificial sweeteners
- Young children do not need snacks; snacking prevents them from eating 3 healthy meals a day

12. According to national surveys, what is the most prevalent unmet need among children with special health care needs?

- Medical care needs
- Dental care needs
- Vision and eyeglasses needs
- Prescription drug needs

## APPENDIX 4

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**The following information is needed for the evaluation of this project and to possibly follow up with you in 6 months:**

Please print clearly

Job category that best describes your role:

- Head Start Teacher
- Head Start Family Advocate
- Head Start Trainer
- Community health/Outreach worker
- Nutritionist
- WIC Nutrition Assistant
- Nurse/other healthcare professional
- Early care and education professional
- Social Worker
- Other [please specify] \_\_\_\_\_

Your Name: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Zip Code: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Thank you for filling out this survey.

Please return the form to the trainer before you leave.

This study is being conducted as part of the California First 5 Oral Health Education and Training project offered by the California Dental Association Foundation and Dental Health Foundation (DHF).

Questions and comments should be directed to Dr. Barbara Aved, evaluator, at BARBARA AVED ASSOCIATES (916) 428-2847 or DHF at (510) 663-3727.