This memorandum serves to reinforce and support the Department of Family Support Services, Office of Children and Youth Services Daily Toothbrushing Program Policy in all Early/Head Start/Child Care classrooms and homes. A daily tooth brushing program will ensure that children establish a daily routine for good oral health and hygiene.

Oral health care practices, use of dental sealants, and fluoride for all children, along with consumption of healthy foods are addressed in Head Start Program Performance Standards 1304.20(a)(1)(ii), 1304.20(c)(3)(i)(ii), 1304.23(b)(3), 304.23(c)(5) and Program Instruction, ACF-PI-HS-06-03. Adherence to these oral health guidelines will foster positive oral health behaviors that last a lifetime. The Surgeon’s General Report on Oral Health in America has called oral health disease a “hidden epidemic” (US DHHS, 2000). A health objective of the Healthy People 2010 Program, a national public health agenda, has focused on increased access to dental care and a reduction of dental decay and untreated caries.

Each Head Start program is expected to implement a daily tooth brushing program as part of their overall oral health education program. Your program can help prevent the risk of early childhood dental caries by serving well-balanced nutritious food and by limiting sugary and sticky foods. Dental care providers, health coordinators, and nurse consultants can help by providing oral health education and prevention for parents and staff.

**Promotion of Daily Toothbrushing/Flossing (2-5 years old)**

Half-day programs are expected to brush at least once per day either after breakfast or after lunch. Full-day programs are expected to brush at least twice per day after breakfast and after lunch. Daily tooth brushing/flossing should be reflected in the daily classroom schedule and coincide with the meal service times. Once a day flossing needs to be initiated when the back molars begin to move closer to together. This is generally between the ages of 2½ - 3 years old. Depending on your facilities, the scheduling of tooth brushing should be a well-planned and
positive experience. Caregivers should supervise tooth brushing to ensure proper tooth brushing activity.

It is recommended that only small groups of children (i.e., no more than two or three) brush at the same time. Waiting in line can be avoided by offering a transition activity such as, reading or story circle.

Floss

*Use disposable Floss Aids that are designed for young children.* Although most toddlers and preschoolers have efficiently developed hand-eye coordination, they’re still incapable of flossing their teeth independently. Parents and teachers are encouraged to continue assisting toddlers maneuver disposable flossers in their small mouths. By guiding children on flossing, it simultaneously encourages daily practice of good oral health. For children old enough to practice flossing independently, supervision is strongly encouraged in order to avoid choking hazards.

Adults are Role Models

Since children imitate the actions of the adults around them, it is important for volunteers and teachers to act as role models. Volunteers and teachers are encouraged to set an example for children by brushing their teeth with children, when possible.

Educational Interactions

Incorporating education tools and activities for children are equally important as acting as a child’s role model. Some ways of treating tooth brushing as a fun task instead of a chore, is by creating a tooth brushing calendar. Brushing calendars will give children a visual aid of their oral hygiene patterns. Once a child sees they have completed their brushing calendar, it delivers a sense of self-satisfaction. Other education tools include: incorporating “brushing buddies”. Let the children practice healthy brushing habits on their favorite stuffed animals.

Nutrition

Nutrition goes hand and hand with oral health awareness. Educating students on selecting good food choices plays a crucial role in preventing tooth decay and gum disease. Parents and staff should try avoiding sticky or empty calorie foods high in sugar; such as candy, cookies, taffy, etc. These types of foods do not offer any nutritional value to a child’s diet and are at the forefront of tooth decay. Foods high in fiber and water, such as vegetables and fruits, should be incorporated in meals. Examples of calcium and protein-rich foods include---cheese, milk, plain yogurt, meat, poultry, and fish. Staff should try minimizing intake of high sugar juices and try substituting them with water, milk, or low sugar beverages.

Cleaning Procedures – Infants and Toddlers

Helpful tips for cleaning infants’ gums and baby teeth include using gauze or small sponge toothbrushes. Staff and parents should massaging the gums and wipe child’s baby teeth with gauze and/or sponge toothbrush. After feeding an infant, wipe their gums and teeth with a one-
**time use gauze pad.** This is to remove remaining liquid that is on the teeth and gums, which can lead to tooth decay. Staff or volunteers should wash their hands before and after cleaning the infant’s teeth and gums.

**Fluoride**

For children over 2 years old, a fluoride rinse or a smear of fluoride toothpaste should be used two times per day as recommended by the AAPD. Toddlers may require help and encouragement with cleaning their teeth. This can be done by standing or leaning over the child to be sure all teeth are cleaned properly. The AAPD also encourages the intake of community water since it contains fluoride levels that aide in fighting decay. Where possible, staff should offer tap water and discourage the use of bottled water.

**Toothbrushes**

Select toothbrushes that are designed for young children. Toothbrushes should have soft bristles, a small brush head and a handle that is easy to grip. Each child should have his or her own toothbrush clearly labeled with their name. Do not allow children to share or borrow toothbrushes. Replace worn out toothbrushes every three to four months, when the toothbrush is damaged or worn, if the bristles are damaged or split, if a child has chewed on the toothbrush, or when a child has been ill with a contagious disease.

**Toothpaste**

Choose fluoride toothpaste that has the American Dental Association Seal of Acceptance on the carton or toothpaste tube. Check the toothpaste tube to be sure that it has not expired. The caregiver should use about ¼ to ½ the size of a pea of fluoride toothpaste for children under three years of age and a pea-sized amount for children over three years age. When you are not in your usual location, it is best to swish the mouth. For infants and toddlers, a smear of toothpaste on a one-time use gauze pad should be used.

**Toothbrush storage**

Each child’s toothbrush should be stored separately using a hygienic toothbrush holder. The toothbrush holder has to meet four basic requirements: (1) be inexpensive; (2) be easy to build or manufacture; (3) allow the storage of 15 toothbrushes at the same time; (4) permit easy identification of the toothbrush by the child or teacher. Furthermore, air must be able to circulate to prevent the growth of mold and bacteria. Individual toothbrush covers are not permitted since they may harbor bacteria. Toothbrushes should never touch or drip on each other. Store toothbrushes in a place where the bristles will not touch anything else to prevent crushing or cross-contamination. Keep children’s toothbrush holder covered with a net at night. (Staff members are responsible for making sure netting is cleaned regularly) The child should wet the brush in the cup, take a rinsing drink, and then spit into sink.
Prevention of Tooth Decay and Early Childhood Caries

- Establishing the dental home will help prevent tooth decay and dental caries by providing a comprehensive, continuously accessible, and affordable care by a licensed and trained oral health care provider.
- Regular dental visits will ensure early detection of oral/dental problems early to protect and preserve children’s teeth.
- Parents are important advocates for their child’s oral health care. Assist parents to ensure that dental appointments are kept, treatment plans are developed and explained, and that necessary treatment is completed by the end of the program year.
- Oral health displays such as posters, simple dental messages, photos of children receiving dental health checkups, dental equipment, and photographs of healthy foods or charts of the mouth for educational purposes helps to promote good oral health hygiene in child care.

Remember, cleaning teeth and gums is the most important way to prevent dental and gum disease for Head Start/Early Head Start/Child Care children.

Thank you for your continued support.

If you have questions, please contact your assigned Support Services Coordinator at 312-743-0300.

CSD/MCH/pm
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