

# Oral Health Toolkit for Head Start Staff



## Overview

This Oral Health Toolkit contains practical information and resources to assist Head Start programs in meeting their performance standards in the area of oral health and in planning and implementing interventions that promote oral health for children and families enrolled in Early Head Start/Head Start programs.

Studies have shown that early intervention is key in preventing tooth decay. In order to prevent tooth decay in baby teeth, involvement and education must take place before the first cavity develops. One effective strategy is to work with both expectant mothers and young infants before they enter a Head Start Program. Once children enter and participate in Head Start programs, the focus shifts to preventing future decay in erupting teeth.

Early Childhood Cavities (ECC) is tooth decay that occurs in the baby teeth of children under the age of five. Tooth decay causes pain and infection. Unfortunately, some children live with this pain every day. Some parents and caregivers do not recognize the important role that baby teeth play in healthy development. The baby teeth are important for eating, holding space for the permanent teeth, talking, and smiling. ECC adversely impacts development and learning and can affect what a child eats, how they speak and ultimately how they feel about themselves. Such an impact can result in poor overall health and well-being. A child cannot be truly healthy if he or she has poor oral health.

The good news is that dental caries is preventable! Sugary foods and drinks and other carbohydrates such as crackers and refined breads fuel the bacteria that cause tooth decay. Tooth decay can be prevented by regular dental check-ups beginning no later than the first birthday,

good daily oral health care that includes brushing teeth twice a day with a fluoride toothpaste, drinking fluoridated water and eating a balanced diet that limits the amount of sugar that is eaten.

The information and materials within this Tool Kit are designed to support and strengthen existing program goals and objectives. This resource was developed in conjunction with and was funded by the Office of Head Start/American Academy of Pediatric Dentists (AAPD) Dental Home Initiative September 2007-September 2010. From September 2007 to September 2010, the AAPD and Head Start partnered at the national, regional, state, and local level to develop a national network of dentists to link Head Start Children with dental homes. A national network of pediatric dentists and general dentists was created to provide quality dental homes for Head Start (HS) and Early Head Start (EHS) children; train teams of dentists and HS personnel in optimal oral health care practices; and assist HS programs in obtaining comprehensive services to meet the full range of HS children's oral health needs. As of October 2010, this initiative is being led by the National Head Start Association (NHSA). For more information: <http://www.aapd.org> and [www.nhsa.org](http://www.nhsa.org).

A goal of this initiative is to provide parents, caregivers and HS staff with the latest evidence-based information on how they can help prevent tooth decay and establish a foundation for a lifetime of oral health. This Oral Health Tool Kit was developed by the South Department of Health and Environmental Control's Oral Health Division. For more information on the contents of the kit contact the Division of Oral Health at (803) 898-0194 or [oralhealth@dhec.sc.gov](mailto:oralhealth@dhec.sc.gov).



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# Steps To Strengthen Oral Health Outreach and Intervention



- Step 1:** Written Health Plan
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  - Step 3:** Determining a Child's Oral Health Status
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- Appendix:** Additional Resources and Information

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## Step 1: Written Health Plan

Each child should have a written health plan and oral health should be an integral part of that plan. It should include the “who, what, when, and where” for arranging dental exams and treatment for any children determined not to be up to date for these services. The plan should also address parent consent, education and parent involvement at every stage.

Key Points:

- If you are establishing a new program, or periodically reviewing your health plan as part of an assessment process, be sure to look at examples of written health plans from other programs to provide direction.
- Review the health plan yearly and change it to reflect your own needs and resources.

Reference:

- IHS Head Start Program: <http://www.ihs.gov/nonmedicalprograms/headstart/>

## Step 2: Establishing a Dental Home

45 CFR 1304.20 (a)(1)(i) requires a determination to be made if a child has an ongoing source of continuous, accessible health care; i.e., a medical home. This includes dental health care. The American Academy of Pediatric Dentistry (AAPD) defines a dental home as a source of continuous, accessible, comprehensive, family-centered, coordinated, compassionate, and culturally effective oral health care delivered or directed by a dentist. In many communities, identifying a dental home in a timely manner can be a challenge, when there are a limited number of dentists who will see children under the age of five or that will accept Medicaid/EPSDT families. Local physicians may be a helpful part of this process.

Resources:

- Dentists Participating in Medicaid: Access information about local dentists participating in the Medicaid program at the DHHS website by county and provider type-dentist: <http://www.dhhs.state.sc.us/dhhsnew/ADOProviderSearch.asp>
- Dentists who serve individuals with Special Health Care Needs: The South Carolina Dental Directory for Individuals with Special Health Care Needs provided and maintained by Dr. Carlos F. Salinas D.M.D.
- Medical University of South Carolina, College of Dental Medicine allows searches by: health condition, zip code and city. Specific dentist information will include specific practice information including age limits of patients served.

## Step 3: Determining a Child’s Oral Health Status

Head Start has a philosophy of prevention and early intervention, and identifying possible oral health concerns as early as possible. 45 CFR 1304.20 (a)(1) requires the following activities must take place within 90 days of entry into the program:

- Determine if a child has an ongoing source of continuous, accessible health care (includes a dental home); 1304.20 (a)(1)(i)

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- Obtain a determination of whether a child is up to date according the State's EPSDT schedule, including dental; 1304.20 (a)(1)(ii)
- If a child is not up to date, assist parents in making necessary arrangements to bring their child up to date; 1304.20 (a)(1)(ii)(A)
- If a child is up to date, ensure the child continues to follow the State's EPSDT schedule 1304.20 (a)(1)(ii)(B)
- Develop procedures to track the provision of health care services; 1304.20 (a)(1)(ii)(C)
- Obtain or arrange further diagnostic testing, examination and treatment by a licensed or certified professional for each child with an observable, known, or suspected health or developmental problem; 1304.20 (a)(1)(iii)
- Develop and implement a follow up plan for any condition identified; 1304.20(a)(1)(iv)

Resource:

- Office of Head Start, U.S. Department of Health and Human Services. Refer to sample of the Parent Notification Letter.

## Step 4: If a Child Needs Dental Treatment

If the child needs dental treatment, Head Start staff must assist parents in making the necessary arrangements for dental treatment.

Key Points:

- This includes but is not limited to providing education to parents, identifying dentists, providing or arranging for transportation to the dentist, and providing or arranging for child care services.
- In instances where parents are unable to accompany their child to the dentist, Head Start programs with written parental consent can either transport the child to the dentist or have the dentist come to the center to provide services to the child.
- Determining if a parent needs to be present during dental treatment is a local decision made in coordination between Head Start and the dental program. It is recommended that parents/caregivers accompany their child to dental appointments that involve extractions or other complex dental treatment.
- If the Head Start staff is transporting children to the dental clinic during the school day, it is important that parents have signed the treatment plan and that they receive written information about the dental treatment provided after the appointment.

## Step 5: The Role of Brushing and Fluoride in Preventing Decay

### Brushing:

Brushing teeth and cleaning the mouth is one of the most effective strategies to help prevent tooth decay in infants, children and adults. Taking care of the mouth begins before teeth even arrive. The gums and emerging teeth should be wiped down with gauze or a soft cloth. After more teeth arrive, a soft bristled toothbrush can be used.

Below are the program requirements implemented in 2007 regarding the policies and expectations to effectively promote dental hygiene.

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- **For children age two and over:** Once daily, after a meal, Head Start staff (or volunteers, if available) should assist children in brushing their teeth using a small smear of fluoride toothpaste.
- **For children between one and two years of age:** Once daily, after a meal, Head Start staff (or volunteers, if available) must brush children's teeth with a soft bristled toothbrush, using a small smear of toothpaste that contains fluoride.
- **For infants under the age of one:** At least once during the program day, staff or volunteers must wash their hands and then cover a finger with a gauze pad or soft cloth and gently wipe infants' gums.

There are several resources that can support and strengthen the effectiveness of a toothbrushing program. These include:

- **Toothbrushing Songs:** Toothbrushing can become a group activity by having the children sing a song before or during brushing. Refer to the Appendix for age appropriate songs and share these with parents who may be having a hard time brushing their child's teeth at home.
- **Toothbrushes and Toothbrush Racks:** Refer to <http://www.nexadental.com/headstart/racksandstoragecabinets/> for additional information.
- **Dental Puppets:** One way to engage children and enhance dental instruction is through the use of Dental Puppets. These are plush animals with large teeth that the children can actually brush!. Dental puppets are helpful to demonstrate brushing and also as a distraction during the dental assessments. For information on Children's Dental Health products, visit the Latsa Company website at <http://www.latsa.com>
- **Baby Tenders:** These are soft covers that are put on the caregiver's finger and then the caregiver wipes the baby's teeth. A clean gauze or cloth can also be used to clean an infant's teeth and gums. There are many sources for the products listed above. We have listed three here for your convenience.

Practicon: [www.practicon.com](http://www.practicon.com)

SmileMakers: [SmileMakers.com](http://www.smilemakers.com)

Paragon International: [www.teachingaid.com](http://www.teachingaid.com)

## Fluoride:

Fluoride prevents cavities by making teeth stronger and can even stop cavities when they are still small. There are several ways to provide fluoride including community water fluoridation, fluoride drops or tablets, fluoride toothpaste, and fluoride varnish.

Community water fluoridation is a primary contributor to improved oral health for the community including the children served by EHS/HS. Here is some important information about community water fluoridation:

### What is fluoride?

- Fluoride is a mineral that exists naturally in all water supplies. Research proves that a certain level in drinking, fluoride prevents tooth decay.
- The optimal level is reached with the public system adjust – either increasing or decreasing the level of fluoride.

### Is it effective?

- It is the single, most effective public health measure to prevent tooth decay.

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- Water fluoridation provides dental benefits to people of all ages, and income groups without requiring them to spend extra money or change their daily routine.
- Studies prove water fluoridation continues to be effective in reducing dental decay by 20-40%, even in an era with widespread availability of fluoride from other sources.
- More than 125 national and international health, service and professional organizations recognize the public health benefits of community water fluoridation in preventing tooth decay.

## Is it safe?

Throughout more than 66 years of research and practical experience, the overwhelming weight of the credible evidence has consistently indicated that fluoridation of community water supplies is safe.

## Is it cost effective?

For most cities, for every \$1 invested in water fluoridation yields \$38 savings in dental treatment costs.

## Resources:

- CDC Community Water Fluoridation Website: <http://www.cdc.gov/fluoridation/index.htm>
- [http://www.cdc.gov/Fluoridation/pdf/natures\\_way.pdf](http://www.cdc.gov/Fluoridation/pdf/natures_way.pdf)
- My Water's Fluoride-This website will allow you to search your county water systems to find out if they have fluoride present or not. You can access South Carolina's information at: <http://apps.nccd.cdc.gov/MWF/CountyDataV.asp?State=SC>
- S.C. DHEC Division of Oral Health Webpage can be accessed at: <http://www.scdhec.gov/oralhealth>

## Step 6: Fluoride Varnish

Fluoride varnish is a safe, effective method to provide topical fluoride treatments to infants and toddlers. Health professionals can help prevent tooth decay in young children. Fluoride varnish is a highly concentrated topical fluoride in a sticky base that is applied to the tooth surface. The purpose is to hold a high concentration of fluoride in contact with the tooth for a period of time. The varnish does not require special dental equipment, is easy and safe, and dries immediately on contact with saliva. The fluoride plays a major role in preventing, slowing down and even reversing early decay. Clinical studies have demonstrated that varnishes can supply fluoride more efficiently than other topical agents. The majority of studies show a 25-45 % reduction in tooth decay resulting from fluoride varnish use.

Based on cost, the ease of application, the decreased risk of toxicity due to low ingestion, its superiority to other topical procedures, and its potential to reduce early childhood decay, fluoride varnish is a primary prevention tool in public health and private practice.

## Resources:

- Weintraub JA et al. Fluoride Varnish Efficacy in Preventing Early Childhood Caries. *J Dent Res* 2006; 85 (2): 172-76
- Peterson L. Fluoride Mouthrinses and Fluoride Varnishes. *Caries Res* 1993Suppl;1:35-42
- Marya CM, Dahiya V. Fluoride Varnish: A Useful Dental Public Health Tool. *The Internet Journal of Dental Science*. 2007. Vol 4 Num 2.
- For additional information refer to <http://jada.ada.org/cgi/reprint/137/8/1151>

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## Step 7: Establishing a Dental Emergency Plan

A dental emergency plan should be part of a Center's written health plan. This is the specific guideline for what to do in the event of a dental emergency, especially procedures for contacting parents and transportation of the child to the dental clinic. Dental emergency information should be made available to Center staff and posted in each classroom, with instruction for first aid in dental emergencies. The following resources would be helpful in developing a plan for responding to dental emergencies.

### Dental Emergency Sheet

This flier is contained within the Oral Health Tool Kit and can be downloaded and printed from DHEC's Division of Oral Health website.

[www.scdhec.gov/oralhealth](http://www.scdhec.gov/oralhealth)

### Additional information on dental emergencies

- American Academy of Pediatric Dentistry: [www.aapd.org/publications/brochures/ecare.asp](http://www.aapd.org/publications/brochures/ecare.asp)
- American Dental Association: <http://www.ada.org/370.aspx>
- Colgate Bright Smiles, Bright Futures website has a Dental Emergencies Chart that can be downloaded and printed: <http://www.colgate.com/app/BrightSmilesBrightFutures/US/EN/HomePage.cvsp>

## Step 8: Nutrition and Dental Health

Nutrition plays a major role in oral health. It is important to offer snacks that don't cause cavities and to encourage milk and water as the beverages of choice. It is also important to work with families to educate them and support them in making good food and beverage choices in the home. Some key messages to share with parents and caregivers include, but are limited to:

- Caregivers need to know that babies should never be put to bed with a bottle filled with formula, milk, soda or juice. This can lead to severe tooth decay in infants and toddlers.
- Tooth decay germs can be passed to your child. Don't share eating utensils, cups or straws.
- Encourage healthy snacking by providing fruits, vegetables and dairy products. Pears, melons, celery and cucumbers are good choices.
- Do not let your child constantly sip milk or other sweet liquids throughout the day.
- Limit the amount of juice you give your child. Try diluting it with water.
- Do not give your toddler sodas and candy. These can lead to tooth decay and make your child overweight.
- Try not to use food as a reward.

Refer to the Educational Resources for Parents for some additional nutritional information to share with parents.

## Step 9: Dental Education for Children, Parents, and Staff

Oral health should be an ongoing part of the health curriculum for Early Head Start/Head Start Centers. An effective program includes classroom activities, take-home materials, and educational sessions for parents. Research has shown that when teachers are trained to provide health education, they will incorporate health

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in various meaningful ways throughout the school year. This is much more effective than having a dental health professional make a presentation once a year. Below is a list of available Oral Health Trainings and Outreach for Head Start Centers.

- **Oral Health 101 for the Pregnant Mother and the Young Child**

This certified training provides child care educators, parents and community-based program leaders with the knowledge, skills and resources they need to help prevent dental diseases in young children and their families with a focus on pregnant mothers and children ages 0-3. The goal of the presentation is the development of healthy habits that promote good oral health as part of total health. At the conclusion of the session, the participants will receive resources for their classrooms and community-based programs that will help them incorporate the oral health message into their programs.

- **Oral Health 101: Reaching the Family with an Oral Health Message**

This training provides Head Start staff, parents and community-based program leaders with the knowledge, skills and resources they need to help prevent dental diseases in young children and their families. At the conclusion of the session, the participants will review and receive resources for their classrooms, homes and community-based programs that will help them reach families with an oral health message.

- **Oral Health 101**

This basic course provides childcare educators with the knowledge, skills and resources they need to help prevent dental diseases in young children and their families by developing healthy habits that promote good oral health as part of total health. The training is based on key messages and uses additional resources that are currently available for childcare providers such as a Student Activity Booklet for Infants, Toddlers and Preschoolers and an Oral Health Parent Information Booklet.

- **Oral Injury Prevention and Emergency Care**

This course provides a study of the potential for oral injuries in a child care center and the appropriate response to oral injuries that may occur. At the completion of this training childcare educators should be equipped with the knowledge and skills needed to prevent oral injuries as well as to respond to oral injuries that do occur.

- **Columbia Marionette Theater Traveling Puppet Show**

“Flora and Floppy go to the Dentist” is a 20 minute interactive puppet show for children ages 3-8. The show is designed to engage and entertain preschool and school-age children while teaching them key messages about how to maintain good dental health.

The show is available for a fee that is used to cover traveling and set-up expenses. For more information or to schedule a show contact, Mary Kenyon Jones, Educational Consultant, S.C. DHEC, or John Scollon, Executive Director Columbia Marionette Theatre, [John@cmtpuppet.org](mailto:John@cmtpuppet.org).

- **Oral Health Activity Booklet: Infants, Toddlers and Preschoolers**

Target Audience: Childcare providers

Description: This resource guide has activities for infants through age 4. The “lessons” are designed to involve the very young child in hands-on activities that will acquaint them with their mouth and how to care for their teeth; help them learn to like healthy foods; and encourage them keep their smiles safe. This guide is designed for use in childcare centers serving infants—preschoolers and would be a good resource for homeschool associations and parent and community outreach programs.

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- **Oral Health Parent Information Booklet: Infants, Toddlers and Preschoolers**

Target Audience: Childcare providers and parents

Description: This Parent Information Booklet contains information for parents that is developmentally appropriate and based on recommendations from "Bright Futures in Practice: Oral Health," by P. Cassamassimo. The sheets are easy to understand and can help parents take an active role in establishing and maintaining good oral health for their child. General topics include taking care of teeth, selecting the right toothbrush and toothpaste, good nutrition, safety, and going to the dentist.

- **Oral Health for Families with Special Health Care Needs**

Target Audience: Parents, childcare centers and community based outreach programs

Description: Common mouth problems can affect all children; however, these common mouth problems can be even more important to children and teens with special health care needs. This resource guide is designed to give parents and caregivers tips on keeping their child's or teen's mouth healthy. The sheets are easy to understand and can help parents take an active role in establishing and maintaining good oral health for their child. General topics include taking care of teeth, selecting the right toothbrush, adapting toothbrushes, addressing challenges, good nutrition, safety, and going to the dentist. The guide is designed specifically for parents of children with special health care needs and for use in child care centers.

- **Oral Health Activity and Information Booklet for Afterschoolers**

Target Audience: Afterschool programs and community based outreach programs

Description: This resource guide is packed with activities designed for students in grades 1-5 who are participating in afterschool programs. The "lessons" engage elementary age children in hands-on activities that teach them how to take care of their teeth and help them understand why it is important to do so. The booklet also teaches students how important it is to choose healthy foods; and encourages them to keep their smiles safe and injury free. This guide is designed for use in childcare centers and schools with afterschool programs. It is also a good resource for homeschool associations and parent and community outreach programs.

- **Bright Smiles, Bright Futures**

This oral health and early literacy program for Head Start and early childhood programs includes materials for classroom education and take home materials for families. A pocket guide is included within this Tool Kit and additional materials can all be downloaded from their website for free. You must, however, register on the website with your email address and a password that you create. <http://www.colgate.com/app/BrightSmilesBrightFutures/US/EN/HomePage.cvsp>

For a list of additional curricula recommended by the National Head Start Oral Health Resource Center, see the following website: <http://www.mchoralhealth.org/HeadStart/materials/>

## Step 10: Family Partnerships

Early Head Start grantees and other programs serving pregnant women are required to assist pregnant women to gain access to dental exams, education, and health promotion services as early in their pregnancies as possible.

Refer to *Oral Health Care for the Pregnant Woman* and *SC Takes Action: Oral Health Care for the Young Child* documents for strategies to improve the oral health of pregnant women and their infants. These can be accessed at the DHEC Division of Oral Health website, [www.scdhec.gov/oralhealth](http://www.scdhec.gov/oralhealth) and a copy is included within the Tool Kit.

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The SC documents are based on the The New York State Department of Health manual "Oral Health Care During Pregnancy and Early Childhood: Practice Guidelines." <http://www.health.state.ny.us/publications/0824.pdf>

## **Step 11: South Carolina Head Start Health Network**

The purpose of the South Carolina Head Start Health Network is to strengthen all Head Start programs by providing information, identifying needs, and developing strategies to meet those needs through community partnerships and collaborations with local, state, and federal resources.

### **The goals of the Health Network are:**

- to serve as a communication link between Head Start, local/state agencies and the Regional/National offices,
- to enhance the quality of service delivery in the areas of Health, Nutrition, and Disabilities/Mental Health Services for children and families throughout South Carolina.

In addition, the South Carolina Head Start Health Network is responsible for ensuring the health, safety and well-being of every child enrolled in our centers; to ensure ongoing trainings are provided for staff and parents, and to ensure that they are informed about community resources available to them.

## **Step 12: The Role of the Head Start Community Dentist (HSCD)**

A Head Start Community Dentist (HSCD) can assist with the development of a Dental Home Network for an Early Head Start/Head Start (EHS/HS) center. This can be done by being an advocate for children's oral health and seeking the support of their professional colleagues if needed, as well as serving on the EHS/HS Health Advisory Board.

A HSCD can provide needed technical support for local HS/EHS programs related to oral health promotion.

### **The type of support a HSCD could provide to a Head Start Program:**

- be available to Head Start staff to answer questions regarding oral health;
- give oral health presentations or arrange oral health speakers for the HS staff/ and for parent meetings with the assistance of Head Start staff;
- provide suggestions to Head Start staff of dentists in the area that may provide a dental home for children enrolled in Head Start and when possible provide the contact person and phone number of the dental office; and
- serve as a link between a program and a dental office.

Finally, it is the role of the HSCD to provide technical support for local dentists.

### **Such support includes:**

- being available to answer questions;
- encouraging dentists to provide dental homes for children enrolled in Head Start;
- answering questions about becoming a Medicaid provider;
- providing advice and support on how to effectively work with Head Start staff; and
- providing contact information for local Head Start staff member.

## Additional Resources & Information



Through effectively supporting both the Head Start Center and the dentists in the local area, the HSCD can make a significant impact on the oral health of these young children.

### **Web-Based Resources:**

The National Head Start Oral Health Resource Center has a large collection of online resources on oral health.  
<http://www.mchoralhealth.org/HeadStart>

You might also want to register to receive the National Head Start “Oral Health Alert”, a free monthly electronic newsletter that provides timely information about Head Start oral health-related national campaigns and initiatives, Web sites, data releases, materials, and journal articles. To subscribe, go to  
<http://www.mchoralhealth.org/alert/index.html>

Indian Health Service (IHS) Head Start Program

The mission of the Indian Health Service (IHS) Head Start Program is to promote healthy activities that will improve health outcomes for the Early Head Start and Head Start child, family, staff and community.

IHS Head Start Program: <http://www.ihs.gov/nonmedicalprograms/headstart/>

### **List of Key Performance Standards Related to Oral Health**

For a complete list and wording of the Head Start Performance Standards see:

[http://www.access.gpo.gov/nara/cfr/waisidx\\_05/45cfrv4\\_05.html#1301](http://www.access.gpo.gov/nara/cfr/waisidx_05/45cfrv4_05.html#1301)

1304.20 Written Health Plan

Access to Dental Home

Dental Assessments

Dental Treatment

Topical Fluoride Programs Implemented

Primary Prevention

1304.21 Dental Education for children, parents, and staff

1304.22 Dental Emergency Plan

1304.23 Integration of Nutrition & Dental Health Services

1304.40 Family Partnerships

1304.41 Health Advisory Committee



### Handling and Storage of Toothbrushes in Head Start Programs

Tooth brushing with fluoridated toothpaste decreases dental decay rates. Tooth brushing also helps to establish lifelong healthy habits to maintain good oral health. These important benefits justify the continued support for classroom tooth brushing programs. The proper handling and storage of toothbrushes in Head Start programs is necessary both to meet infection control standards and to satisfy the Head Start Performance Standards.

Toothbrushes can become contaminated, and transmit germs or bacteria. Common sense and proper hygiene practices should be the primary considerations in the use and care of toothbrushes. The following guidelines are suggested:

Each child should have his own toothbrush, marked with his name. No sharing or borrowing of toothbrushes should be allowed.

A small amount of fluoridated toothpaste should be dispensed onto a piece of paper or the bottom of a paper cup, but not directly from tube to brush.

Following use, toothbrushes should be air dried and stored so they cannot contact each other. They should be protected from dirt and cross contamination (that is, protected from touching each other).

Individual toothbrush covers may be used, but are not necessary or recommended. If used, they should be labeled with the child's name and have multiple air holes to allow ventilation and drying.

If storage units that hold multiple toothbrushes are used, these containers should allow the brushes to air dry, and not be in contact with other brushes, and be protected from dirt. Storage containers should be cleaned once a week with mild soap and hot

water. Toothbrushes should remain separated and not allowed to contact one another during this cleaning.

Toothbrushes should never be decontaminated. Do not use bleach or disinfectants on toothbrushes. If a toothbrush becomes contaminated through contact with another brush or use by another child, it should be thrown away and replaced with a new one. Toothbrushes should be replaced when the bristles are flattened or splayed. Depending on the wear, brushes should be replaced about every three to five months.

Tooth brushing should always be supervised to ensure that toothbrushes are not shared and that they are handled properly. When possible, an adult should brush with the children. In addition to serving as a role model, the adult can monitor the children with respect to these procedures and guidelines.

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Dr. Patrick Blahut

(Indian Health Service Dental Program, and the Head Start IHS Program)

IHS Head Start Program: <http://www.ihs.gov/nonmedicalprograms/headstart/> 8IHS Head Start Oral Health Toolkit



## Dental Health Songs and Finger Plays

### Brush Your Teeth

**Sung to: Row, Row Row Your Boat**

Original Author Unknown

*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.*

### Got My Toothpaste

**Sung to: Twinkle, Twinkle Little Star**

Original Author Unknown

*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!*

### Sparkle

**Sung to: Twinkle, Twinkle Little Star**

Original Author Unknown

*Sparkle, sparkle little teeth  
Some above and some beneath.  
Brush them all at every meal,  
Clean and fresh they will always feel.  
Sparkle, sparkle little teeth  
Some above and some beneath.*

*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.*

*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!*