

NORTH CAROLINA CHILD CARE HEALTH AND SAFETY BULLETIN

NORTH CAROLINA CHILD CARE HEALTH AND SAFETY RESOURCE CENTER

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Diabetes

Tommy's parents and his early educators noticed that he was often very hungry and thirsty. They noticed he was losing weight, even though he ate more than usual. Concerned, Tommy's parents took him to his pediatrician. The results of Tommy's blood sugar test showed that Tommy had type 1 diabetes, a common chronic, or long lasting, disease that can affect children in child care settings. Relieved to know that diabetes is not contagious, Tommy's family and caregivers began learning how to meet his special health care needs at home and at child care.

People with diabetes have trouble turning the sugar from foods into energy for the body. Usually the pancreas releases a hormone called insulin that helps the body use sugar for energy. With type 1 diabetes the pancreas does not produce insulin. With type 2 diabetes the cells do not respond to insulin. The sugar glucose is the main source of energy, or fuel, for the body. Glucose enters the bloodstream and is carried throughout the body to the cells. Without insulin or when the cells cannot respond to insulin, glucose is not used by the cells and builds up in the blood stream. Over time high levels of blood glucose, also called blood sugar, can damage the blood vessels, kidneys, heart, eyes and nerves. Though there is not a cure for diabetes, it can be controlled. A balance of medications, such as insulin, nutrition and exercise work together to keep the blood sugar within a healthy range.

Like Tommy, most children with diabetes have type 1 diabetes. According to the Centers for Disease Control and Prevention, 13,000 children are diagnosed with type 1 diabetes each year. People with type 1 diabetes get their insulin by injections (shots) or through an insulin pump.

For the past 20 years the rate of obesity has increased. Children's level of physical activity has decreased. During this same 20 years, type 2 diabetes has increased



in children. Some children with type 2 diabetes can control their diabetes with diet and exercise. Others may also need insulin or other medications to help control their diabetes.

Every early educator or staff member involved in the child's care should receive training on diabetes, diabetes management and what to do in a diabetes emergency. A health care professional such as a registered nurse, physician who knows about diabetes, or certified diabetes educator is best suited to provide the training. The child's parents and the health care professional will develop a health care plan for the child care program that states how to meet the child's individual health care needs. Educators must gain an understanding of how physical activity, nutrition and insulin affect the child's blood glucose level.

Children with diabetes are children first. With careful management of their diabetes, children like Tommy can grow and develop normally, both socially and physically. They can participate fully and safely in activities and daily routines, make friends, do their jobs and learn through play.

References:

- American Diabetes Association. *Diabetes Care in the School and Day Care Setting*. Retrieved on February 18, 2011 from http://care.diabetesjournals.org/content/26/suppl_1/s131.full
- California Childcare Health Program. *Diabetes in the Child Care Setting*. Retrieved on February 18, 2011 from www.ucsfchildcarehealth.org/pdfs/healthandsafety/diab_en0909.pdf
- Centers for Disease Control and Prevention. *Children and Diabetes – More Information*. Retrieved on February 18, 2011 from www.cdc.gov/diabetes/projects/cda2.htm

Managing Diabetes



Diabetes is managed with a balance of diet, exercise, and sometimes medications. The goal is to keep children's blood sugar levels within the target range determined by the child's health care team. Providing the proper type and amount of food and monitoring when a person eats help to maintain the right amount of sugar, or glucose, in the blood stream. Physical activity can lower the blood glucose level. If needed, insulin or other medications help the body change glucose into energy. An early educator, or the child, can test the blood sugar levels and take action if the blood sugar level is not within the child's target range.

Caring for a child with diabetes requires knowledge about the child and about the disease diabetes. Early educators must learn about the symptoms of diabetes, and how to respond to those symptoms. When a child first begins to receive medical treatment for diabetes, early educators may find the new routines challenging. As early educators become familiar with the child's health care needs and master new skills, the child's care routines become a normal part of the daily schedule. A child care health consultant (CCHC), or another health professional who is knowledgeable about diabetes, can help the early

educators prepare and learn to care for a child with diabetes. A CCHC can train child care providers or refer them to other sources of training they may need.

As parents and early educators work together to manage a child's diabetes, they develop methods for keeping each other informed about changes in the child's care or medications. Both can share strategies they use to keep the child active and engaged in activities with friends.

The Americans with Disabilities Act (ADA) includes diabetes as a disability. This law makes it illegal for a child care program to discriminate against children with diabetes. Child care programs must make reasonable accommodations to meet special health care needs of children with diabetes. A health care plan will be written to provide all caregivers with information about the child's specific health care needs.

Symptoms of Diabetes

Hypoglycemia – Low Blood Sugar

Level Too much insulin, too little food, a delayed meal, or more exercise than usual can cause hypoglycemia (low blood glucose level). This occurs more often in children with type 1 diabetes and is their most common health problem. Symptoms include

- hunger
- pale skin
- headache
- irritability
- shakiness
- confusion
- sweating
- sleepiness

Severe hypoglycemia can cause a person to have convulsions and become unconscious. This is a serious medical condition that requires immediate attention. Glucagon is a medication that is used if the child's blood glucose level is dangerously low.

Hyperglycemia – High Blood Sugar

Level Not enough insulin, too much food, too little exercise, stress or illness can cause hyperglycemia (high blood glucose level). Symptoms include

- thirst
- frequent urination
- blurred vision
- hunger
- poor sleep
- nausea and vomiting
- irritability
- unusual weight loss

Diabetic Ketoacidosis

If left untreated, hyperglycemia can lead to diabetic ketoacidosis (DKA), a life-threatening condition.

When there is not enough glucose available, the body will use fat for fuel. When fat is used for fuel it releases ketones into the blood. The excess ketones are passed out of the

body in urine. Too many ketones cause a high level of acid in the blood. This can lead to a very serious condition that can result in coma or death if not treated quickly. Symptoms occur over several hours and include

- fatigue
- excessive thirst and urination
- dry mouth
- dehydration

If left untreated the following symptoms can occur

- abdominal pain
- nausea and/or vomiting
- fruity breath odor
- rapid, deep breathing
- confusion
- unconsciousness

If a child has symptoms of hypoglycemia, hyperglycemia, or/and diabetic ketoacidosis, early educators should follow the instructions in the child's **Diabetes Action Plan**.



in Child Care

Health Care Plan A written Health Care Plan (HCP) should provide the early educators with clear instructions on how to provide care for a child with diabetes. It should include:

- the schedule for meals and snacks
- the preferred snacks and party foods
- when to test blood glucose (sugar) level
- the child's Diabetes Action Plan with specific directions for responding to symptoms of hypoglycemia, hyperglycemia, and diabetic ketoacidosis
- when and how to contact the child's parents/guardians
- when and how to contact the child's health care professional
- when, how, and by whom medications will be given.

The HCP is part of the child's record and must be accessible to the early educators who care for the child. They must understand the directions and be able to carry them out.

Training All the adults in the program who provide care for the child with diabetes should receive training. This training should cover diabetes, the symptoms of low and high blood sugar levels, and what to do in emergency situations. Some specialized training may be needed to carry out the directions in the child's Health Care Plan (HCP). Early educators must be able to test blood glucose (sugar) levels, document the results of the test, and respond when the child's blood glucose level is not within the target range. They may also need to know how to test for ketones and follow the instructions in the child's HCP if the ketone levels are high. Early educators must be skilled in how to safely administer medications and monitor an insulin pump if necessary.

Nutrition Caregivers help children control their blood sugar by offering healthy foods on a schedule. The child's health care team will offer guidance to develop a specific schedule for the amount and type of food the child should eat. The schedule will vary depending on the time of day, the

results of the blood sugar test, and the amount of physical activity a child is about to engage in. Children with diabetes may also need to drink a lot, especially water. When caring for a child with diabetes it is necessary to have food, water and other drinks handy at all times and to allow the child to use the bathroom as often as needed.

Physical Activity Active physical play helps to lower blood sugar levels. Children with diabetes, like their peers, can engage in running, jumping, climbing, riding and other types of active play. A snack before active play may help keep the blood sugar level within the child's target range. The timing of active play may require a change in the child's schedule for food and insulin.

Blood Glucose (Sugar) Testing

A child's blood glucose levels must be monitored regularly. A blood glucose test is simple to do. A glucose meter is used to read the level of glucose in a drop of the child's blood. The caregiver checks to see if the level is within the target range for the child. Many young children with diabetes are able to test their own blood glucose by age 4. Whenever handling blood, a person should use standard precautions. This helps reduce the risk of blood borne pathogens, or diseases, spreading to another person.

Medications Children with type 1 diabetes and some children with type 2 diabetes may need insulin and other medications during the child care hours. Parents must provide written permission for the child care program to administer a medication. The director of the program decides who will give the medication to the child. It is helpful for the director to choose two people: a primary caregiver and another caregiver the child trusts.

Social and Emotional Development

Additional support helps most children with diabetes, and their families, when



their added daily routines seem overwhelming. Depression, guilt, fear, and anger are some of the emotions that can surface. Children benefit from talking openly about their feelings. They may need help identifying what they like to do, what they do well, and how managing their diabetes allows them to participate in daily activities with their friends. Families may benefit from talking with the child's health care team and from joining support groups.

Early Educator Resources

American Diabetes Association
www.diabetes.org

KidsHealth Diabetes Center
http://kidshealth.org/parent/centers/diabetes_center.html

Children's Books on Diabetes

Come Play with Me! I Have Diabetes
by Roberta Sherwood 2008



It's Time to Learn About Diabetes
by Jean Betschart 1995



Lala Takes Charge
by Rocky Lang and Sally Huss 2004



Taking Diabetes to School
by Kim Gosselin 1998



The Bravest Girl in School
by Kate Gaynor 2008



 = Preschool – School-age

References:

- American Diabetes Association. *Diabetes Care in the School and Day Care Setting*. 2004. Retrieved March 2, 2011 from http://care.diabetesjournals.org/content/26/suppl_1/s131.full
- KidsHealth. *Diabetes Center*. Retrieved March 2, 2011 from http://kidshealth.org/parent/centers/diabetes_center.html
- California Childcare Health Program. *Diabetes in the Child Care Settings*. 2009. Retrieved March 4, 2011 from www.ucsfchildcarehealth.org/pdfs/healthandsafety/diab_en0909.pdf

Healthy Eyes



Eyes, like all parts of the body, benefit from a **healthy lifestyle**.

Tips to Keeping Eyes Healthy

- Eat nutrient rich foods – Dark green leafy vegetables, such as spinach and kale, protect against age-related macular degeneration (AMD) and cataracts.
- Exercise regularly – Maintaining a healthy weight can prevent AMD and insulin-independent (type 2) diabetes, a risk for eye diseases.
- Quit smoking – It reduces the risk for cataracts, glaucoma and AMD.
- Avoid too much sunlight - Wear sunglasses and hats with brims. It protects against macular degeneration, cataracts and skin cancer around the eyelid.

Regular eye exams detect changes in vision and eye disease.

Recommended Eye Exams for Adults

Caucasians, age 20-39	Every 3-5 years
African Americans, age 20-39	Every 2-4 years
All adults, age 40-64	Every 2-4 years
All adults, age 65 and older	Every 1-2 years
Adults with symptoms or special risk factors such as diabetes or family history of eye disease	As often as recommended by the eye doctor

Source: www.preventblindness.org/eye_tests/near_vision_recom.html

Early treatment of eye diseases helps prevent serious eye problems and blindness.

Signs of Eye Diseases:

- Decreased vision
- Eye pain
- Drainage from the eye
- Redness of the eye
- Floaters and flashes
- Seeing halos around lights
- Double vision (diplopia)

See an eye doctor when signs of eye diseases are present. Learn more about eye health care at www.preventblindness.org and www.womensyehealth.org.

April is

National Autism Awareness Month
 National Minority Health Month
 National Child Abuse Prevention Month
 Defeat Diabetes Month
 National Humor Month
 1 – 7: Medication Safety Week
 4 – 10: National Public Health Week
 10 – 16: Week of the Young Child
 24- 30: National Playground Safety Week
 25 – 5/1: Safe Kids Week
 7: World Health Day
 18: National Stress Awareness Day
 22: Earth Day

May is

National Smile Month
 Mental Health Month
 Family Wellness Month
 National Allergy/Asthma Awareness Month
 8 – 14: National Women's Health Week
 15 – 21: National Transportation Week
 22 – 28: National Hurricane Awareness Week
 7: Child Care Provider Day
 18: National Employee Health and Fitness Day
 27: Heat Safety Awareness Day



Bulletin Board



April is National Child Abuse Prevention Month

In 2009-2010 in North Carolina, 123,734 children were referred to local Department of Social Service (DSS) agencies for possible abuse and neglect. Early educators can increase awareness of child abuse and neglect for children, parents and the community. Read books about feelings and emotions to children. Talk with parents about age-appropriate discipline. Plan a workshop on stress management for educators and parents. Encourage parents to join support groups. Invite the community to join an event to plant pinwheels, the new symbol of child abuse prevention.

Resources are available from Child Welfare Information Gateway at www.childwelfare.gov/preventing/preventionmonth/ and from Prevent Child Abuse NC at www.preventchildabusenc.org/2011/03/april-prevent-child-abuse-month-toolkit/.

Summer Safety!

Hot Cars Never leave a child alone in a car or other vehicle. On a hot day temperatures inside the vehicle can rise to 120°F in less than 10 minutes. Children can suffer from heat exhaustion, dehydration, heat stroke and may even die from the rising temperature.

Sun Exposure Wear lightweight, long-sleeved shirts and pants, wide-brimmed hats, and sunglasses with 100% UV protection. 30 minutes before going out apply sun screen with a sun protective factor of 15-30 on children older than six months. Keep infants younger than six months of age out of direct sunlight. Encourage children to drink water throughout the day to prevent dehydration. On days when the heat index is 90°F or above, play outside before 10AM and after 4PM.

Air Quality Check the news for the Air Quality Forecast or find it online at www.ncair.org. This website's Air Quality Index Color Code Guide recommends to restrict time outdoors.

Find more information on **Summer Safety** in the June/July 2009 issue of the NC Child Care Health and Safety Bulletin.



Taking Diabetes to Child Care



What Parents Can Do

LaToya, a three year in child care, was recently diagnosed with type 1 diabetes. Her parents now know that diabetes means that LaToya's pancreas is not producing insulin, the hormone the helps convert sugar in the body into energy. This results in sugar building up in the blood and causes serious complications if not treated. LaToya's parents have learned how to care for her. They have a schedule for her meals/snacks and make sure LaToya is physically active every day to help to lower blood sugar levels. They test her blood glucose (sugar) levels and give her insulin as prescribed. LaToya's parents understand that to keep LaToya's diabetes in control they must balance her physical activity, nutrition and medications. This will help her develop normally and allow her to participate in daily activities. Now they are ready to help her child care program learn to care for her as well.

Children with type 2 diabetes are not able to use their insulin to convert sugar into energy. Type 2 diabetes can often be managed with nutrition, active play, and glucose testing.

To ensure that LaToya, and every child with diabetes, receives high quality care while in child care, parents or guardians must give the child care program

- **Information** about diabetes and the tasks needed to care for their child. The child's health care team can give information and a referral for additional training if necessary.

- A **written Health Care Plan** developed specifically for the child by the child's health care team. Routine diabetes care, the child's Diabetes Action Plan for emergency situations, the child's schedule for meals and snacks, and how to handle treats, such as food given at parties, should be covered in this plan.
- **Glucose meter and supplies** needed to test blood glucose (sugar) levels. The parent or guardian is responsible for maintaining and cleaning the glucose meter and supplies. Parents or guardians must provide a means to dispose of testing materials. The child care program must record the blood glucose levels for parents and the child's health care team to review.
- **Supplies needed to test for ketones** in the urine or blood and a means to dispose of the testing materials.
- **Medication and supplies** prescribed for the child, such as insulin or emergency medication. A written "permission to administer medication" form must be signed by the parent for each medication.
- **Supplies to treat low blood sugar (hypoglycemia).** This will include a source of glucose and a glucagon emergency kit if it is indicated in the written health care plan.
- **Emergency phone numbers** for the parents or guardians and the child's health care team. The child care program needs to know who to call when the child has an emergency related to the diabetes.
- A **signed, written release of confidentiality** so the child care program and the child's health care team can communicate with each other.

Daily communication between the parent or guardian and the child's early educators will build trust and help the adults care for children with diabetes.

Parent Resources

Guide to Raising a Child with Diabetes, 3rd edition
by Jean Betschart Roemer, MN, MSN, CRNP, CDE

KidsHealth Diabetes Center
http://kidshealth.org/parent/centers/diabetes_center.html

Reference:

American Diabetes Association. Diabetes Care in the School and Day Care Setting. Retrieved February 18, 2011, http://care.diabetesjournals.org/content/26/suppl_1/s131.full



Active Play - Each and Every Day!

Arms and Hands! Children use their arms and hands as they explore their environments. They stretch their arms and open and close their hands to pick up a toy. Using arms and hands requires coordination of gross motor and fine motor skills. Provide activities that help children develop both skills. Read books such as *Hands, Hands, Fingers, Thumb* by Al Perkins to encourage children to use their hands.



For Infants



Gross Motor Development
Infants move their arms up and down, hit at moving things, reach out, and push

themselves up on their forearms or hands.

Fine Motor Development

Infants grasp, pick up, pull apart and fit together, bang, poke, dump, and stack 2 or 3 blocks.

Activities

Ribbon Pull Hang a long, brightly colored ribbon loosely around your arm. Encourage an infant to reach out and grab the ribbon. Can he grab and pull it? Move your arms. Change the length, the texture, and the color of the ribbons. Which one does he choose?

Banging Together Give an infant two blocks, one in each hand. Show her how to bang the blocks together. Encourage her to copy the movement. Give her other items that make different sounds when clapped together. Place various items within her reach so that she can choose things to bang.

Pull Up Bar Install a pull up bar within an infant's reach inside or outside. Can he reach and grab the bar? He can practice standing and walking while holding on to the bar.

For Toddlers



Gross Motor Development
Toddlers move arms and legs at the same time and swing arms overhead. They punch, throw, roll and catch a big ball. They also carry, push, and pull a large toy.

Fine Motor Development

Toddlers use thumbs and index fingers together, move fingers separately, and use both hands together. They can squeeze, hold small items, put things into small containers, turn knobs and switches, and open and close easy locks.

Activities

Stacking and Moving Boxes Add beans to small boxes. Secure with tape. Put the boxes within toddler's reach. Toddlers enjoy the sounds that beans make when the box is shaken or moved. "Shake...shake...shake. Can you stack the boxes?"

Dump and Fill Give each toddler a plastic pail. Place a variety of vehicles and animals in a large box. Ask the toddlers to fill their pails. Dump them into the box and start again. Add a box with a hole that is large enough for the items to fit through. They can push the items through the hole. Can they open the box to find the animals and vehicles?

For Preschoolers



Gross Motor Development
Preschoolers control their arms, pick up and carry heavier things, and

hang from a bar for ten seconds. They can catch, bounce, throw overhead, and dribble a ball.

Fine Motor Development

Preschoolers can use thumbs and fingers together, coordinate hands and eyes, and control hand and finger movements. They use tools such as silverware, crayons and shovels, dress themselves, pour with little spilling, pick up tiny things, fold, wrap and unwrap.

Activities

Bounce and Catch Little Balls Collect colorful 1-inch balls. Have preschoolers sit on the floor. Drop the ball onto the pavement. Encourage them to catch it as it bounces near them. Let them bounce the ball. Try bouncing the ball on different surfaces. Where does the ball bounce the highest?

Floor Puzzles Make a floor puzzle with preschoolers. Let them choose papers of various colors and texture to glue onto a large cardboard. Help preschoolers outline the puzzle pieces. Cut the cardboard into five or six pieces. They can make their big floor puzzle together on any large flat surface!

References:

Cryer D, Harms T, Bourland B. Active Learning Series. Dale Seymour Publications; 1987.
Miller K. *Simple Steps: Developmental Activities for Infants, Toddlers, and Two-Year-Olds*. Gryphon House; 1999.

Learn to Love Lentils



Vegetables are nutrient rich foods that have few calories. Eat a colorful variety - broccoli, sweet potatoes, tomatoes and LENTILS. Warm up to lentils with the following activities.

Colors of the Rainbow (Lens on Lentils)

Lentils range in color from yellow and red to pink and grayish green. Add lentils to the science center for children to study under magnifiers. Chart the colors they find. After studying the lentils move them to the art center. Find

process in which seeds sprout and begin to grow

paints that match the colors found in lentils. What happens when the colors blend together? Glue lentils to art projects to add texture. Mix a few lentils into finger paint. What does it feel like?

Grow Lentil Sprouts Children can *germinate* lentils just as they sprout beans. Materials needed: a transparent quart jar with a wide mouth, an 8 inch square of cheesecloth, a rubber band and lentils

1. Wash the lentils in a colander or strainer. Put ¼ cup of lentils in the jar. Add enough lukewarm water to cover the lentils. Fasten the cheesecloth over the opening with a rubber band. Let stand overnight.
2. Drain off water. Gently rinse the lentils. Drain off all the rinse water.
3. Hold jar on its side. Shake it to scatter the lentils along one side of the jar. Place the container on its side near a window or other source of natural light. Sun and warmth help the sprouts grow little green leaves.
4. Repeat steps 2 and 3 twice each day.
5. Have the children chart the daily growth. How long did it take for the sprouts to become plants?

Experiment: Place some lentils in a dark cupboard for a few days. Stop watering another batch. Have the children draw their observations. Record their comments on their drawings.

'L' is for Lentil Soup. Serve lentil soup, yogurt, whole wheat bread, apple slices and milk for lunch. Yum!



2 tablespoons olive oil

1 onion chopped

3 carrots grated or cut in small pieces

¾ teaspoon marjoram

1 28 oz. can tomatoes

6 cups vegetable broth

1 ½ cups dried lentils, rinsed

Juice of 1 lemon

¾ teaspoon marjoram

Salt and pepper to taste

- In a large saucepan sauté onions and carrots in olive oil until tender.
- In a blender puree tomatoes with their juice. Add to saucepan.
- Add broth, marjoram and lentils.
- Cover and cook on medium-low until lentils are tender – about an hour.
- Season with a little salt, pepper and lemon juice.

Pouring Lentils

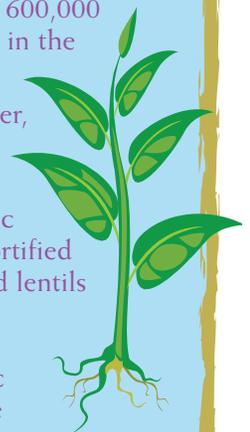
Young children develop concentration, coordination, and fine motor skills by pouring.

Set up an area where children can practice pouring lentils from one container to another. Add funnels and different containers. Pour at different speeds. Pouring dry items sets the stage for pouring liquids. When the children are ready, try water!



Facts about Lentils

- Lentils, cousins of the bean, are in the legume family. Legumes are seeds that grow within pods.
- Farmers grow more than 600,000 acres of lentils each year in the United States.
- Lentils are filled with fiber, protein, iron, and vitamin C.
- Lentils provide more folic acid than any other unfortified food. One cup of cooked lentils provides 90% of the recommended daily allowance (RDA) of folic acid. Folic acid helps the body make healthy new cells.



Children's Books About Lentils

From Seed to Plant
by Allan Fowler 2001



Lentil Soup
by Joe Lasker 1977



The Vegetables We Eat
by Gail Gibbons 2008



We Are Vegetables, Who Wants To Eat Us
by Dérahonon Djédjé 2010



Who Grew My Soup?
by Tom Darbyshire 2009



= Preschool – School-age = Infant/Toddler

References:

Cooking with the Alphabet, Retrieved March 2, 2011 from www.kids-cooking-activities.com/support-files/cookingwiththealphabet.pdf

USA Dry Pea & Lentil Council, *How to Grow Lentil Sprouts*, Retrieved February 28, 2011 from www.pea-lentil.com/science-projects



Healthy
Child Care
North Carolina

POSTMASTER: Please deliver as soon as possible – time dated material enclosed

Ask the Resource Center

Q: *I am a new director at a child care center serving children age 6 months to 5 years. I would like to add toothbrushing into the daily routines. Can you tell what kind of toothpaste to use and how much to use for young children?*

A: Toothbrushing at your center will help children develop good oral hygiene habits and prevent tooth decay. It is most effective when a small amount of fluoride toothpaste is used.

Fluoride is a natural compound that can prevent tooth decay (cavities). Fluoride toothpaste is one of the common sources of fluoride. Fluoride toothpaste that is approved by the American Dental Association is available over-the-counter. Children may like to use flavored fluoride toothpaste.

Toothbrushing twice a day, once in child care and once at home, with fluoride toothpaste is recommended. After brushing with fluoride toothpaste, children should not rinse their mouths. They should wait at least 30 minutes to drink and eat. For children age 2-6, use a pea-sized amount of fluoride toothpaste. Use only a smear amount of fluoride toothpaste for children less than 2 years of age. Have parents check with a dentist or health professional before using fluoride toothpaste with children under 2 years old. Supervise children's toothbrushing and encourage them to spit out excess toothpaste.

While a lack of fluoride can lead to cavities, swallowing too much fluoride toothpaste may cause a change in the appearance of the tooth surface. This is called dental fluorosis. It only happens when permanent teeth are developing under the gum, so it is important for an adult to monitor the amount of fluoride toothpaste children use until they are at least eight years old.

Involve parents in taking care of their child's teeth at home. You can encourage parents to start toothbrushing with the appropriate amount of fluoride toothpaste when the first tooth comes into the mouth. Suggest limiting sweet snacks and drinks. Recommend dental visits as early as age one. Free parent educational pamphlets are available from the National Maternal Child Health Resource Center at www.mchoralhealth.org.

Resources

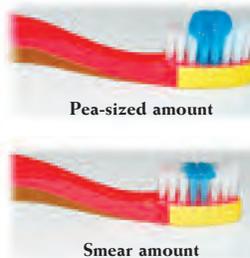
AAPD Parent Resource Center: www.aapd.org/parents/

CDC Children's Oral Health: www.cdc.gov/OralHealth/topics/child.htm

References:

Close, K. Toothbrushing for Tots! Power Point Presentation, 2009

University of Iowa, Department of Pediatric Dentistry. (2004). *Recommendations for Oral Health: Toothbrushing Protocol for Preschool and Child Care Settings Serving Children 3-5 Years of Age*. Retrieved February 22, 2011 from www.dentistry.uiowa.edu/pediatric/docs/Toothbrushing_Protocol_Final.pdf



HEALTH BULLETIN

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