## Purpose/Belief Statement

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(name of facility)**, understand that daily fluoride toothpaste use is an evidence-based best practice for preventing early childhood tooth decay. There is no anti-cavity benefit from brushing teeth without fluoride toothpaste.

* We know that good oral health is vital to a young child’s overall health.
* We know that healthy teeth help a child talk, eat, grow, sleep, learn, smile, and hit developmental milestones.
* We know that toothbrushing with fluoride toothpaste is an effective, fast, and inexpensive way to protect teeth.

## Application

This policy applies to all children with teeth, parents, volunteers, and staff.

## Background

Cavities (or tooth decay) are one of the most common chronic diseases of childhood in the U.S. Untreated cavities can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. Children who have poor oral health often miss more school and receive lower grades than children who do not.

All children with teeth should brush or have their teeth brushed with a soft toothbrush of age-appropriate size at least once during the hours the child is in child care. Regular tooth brushing with fluoride toothpaste to reinforce oral health habits and prevent gingivitis and tooth decay is recommended.

## Procedure/Practice

To promote healthy eating, speaking, playing, sleeping and learning, all children with parental permission will participate in once daily toothbrushing with fluoride toothpaste beginning when the first tooth emerges through the gum. We will follow the guidelines in TookTalk’s Brushing is Fun! steps for toothbrushing to meet all NC Sanitation and Child Care Rules.

We will brush teeth once daily as reflected on the classroom schedule.

* **Infants with their first tooth through children age 2:** will have their teeth brushed by an adult with a smear of fluoride toothpaste (size of a grain of rice).
* **Children ages 3 to 6:** will participate in supervised adult-led, group brushing with a pea-size drop of fluoride toothpaste.

We require that a parent/guardian give standing authorization, good for up to 12 months, to use fluoride toothpaste. The authorization will be in writing using the **Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste form** and will contain:

* the child's name
* the name of the fluoridated toothpaste
* the criteria for the administration of the fluoridated toothpaste
* the manner in which the fluoridated toothpaste shall be applied
* the signature of the parent/guardian
* the date the authorization was signed by the parent/guardian
* the length of time the authorization is valid, if less than 12 months

The **Medication Administration Permission for Over-the-Counter Topical Medications and Fluoridated Toothpaste** form will be signed by a parent and stored in the classroom and in the child’s file while the child is enrolled and for one year after the child is no longer enrolled.

We will provide toothpaste and toothbrushes for each child, unless the parent prefers to provide supplies needed for their child. Toothpaste will be dispensed onto an intermediate surface such as a paper towel or paper cup. We will label toothbrushes with each child’s name and store them in a manner that will allow them to air dry and protect them from contamination in compliance with NC Sanitation Rules.

## Communication

Our facility will review this policy with parents/guardians, volunteers, and staff in writing and verbally. Copies of the policy are in staff and parent handbooks. We may provide materials and information provided by the state dental public health program and/or child care health consultants.

Staff\*

* All current staff members and newly hired staff will review the **Toothbrushing Policy** before providing care for children.
* Staff will sign an acknowledgement form that includes the individual's name, the date the facility’s policy was given and explained to the individual, the individual's signature, and the date the individual signed the acknowledgment.
* The child care facility will keep the signed **Toothbrushing Policy staff acknowledgement form** in the staff member’s file.

Parents/Guardians

* A copy of the policy will be given and explained to the parents/guardians of newly enrolled children on or before the first day the child receives care at the facility.
* Parents/guardians will sign an acknowledgement form that includes the child’s name, date the child first attended the facility, date the operator’s policy was given and explained to the parent, parent’s name, parent’s signature, and the date the parent signed the acknowledgement
* The child care facility will keep the signed **Toothbrushing Policy parent acknowledgement form** in the child’s file.

**\***For purposes of this policy, "staff" includes child care providers, substitute providers, uncompensated providers and other any administration staff who may be counted in ratio.

## References

* American Academy of Pediatrics, Section on Oral Health. 2014. Maintaining and improving the oral health of young children. [pediatrics.aappublications.org/content/134/6/1224](http://pediatrics.aappublications.org/content/134/6/1224)
* Caring for Our Children Online Database, 3.1.5.1: Routine Oral Hygiene Activities
* Marinho VCC, Higgins JPT, Logan S, Sheiham A. Fluoride toothpastes for preventing dental caries in children and adolescents. Cochrane Database of Systematic Reviews. 2003; Issue 1. Art. No.: CD002278. DOI: 10.1002/14651858.CD002278.
* NC Child Care Rules: [ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/D/DCDEE\_Rulebook.pdf?ver=2019-04-04-104641-553](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/D/DCDEE_Rulebook.pdf?ver=2019-04-04-104641-553); 10A NCAC 09 .0803 ADMINISTERING MEDICATION IN CHILD CARE CENTERS; .1720 MEDICATION REQUIREMENTS; .1725 SANITATION REQUIREMENTS FOR FAMILY CHILD CARE HOMES
* NC Sanitation Rules: [ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/s/Section\_2800\_Sanitation\_of\_Child\_Care\_Centers.pdf](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/s/Section_2800_Sanitation_of_Child_Care_Centers.pdf); 15A NCAC 18A .2803 HANDWASHING; .2810 SPECIFICATIONS FOR KITCHENS, FOOD PREPARATION AREAS AND FOOD SERVICE AREAS; .2818 LAVATORIES; 15A NCAC 18A .2820 STORAGE
* ToothTalk, Resources, <http://toothtalk.org/resources-youll-love/>
* The Centers for Disease Control and Prevention, Children’s Oral Health, [www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html](http://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html)

## Effective and Review Dates

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|  |
| Effective Date |

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| --- | --- |
| **This policy was reviewed and approved by:** | |
| Director/Owner | |
| Print name: | Date: |
| Signature: | |
| DCDEE Child Care Consultant (recommended) | |
| Print name: | Date: |
| Signature: | |
| Child Care Health Consultant (recommended) | |
| Print name: | Date: |
| Signature: | |

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| Annual Review Dates | | | | | | |

## Parent or Guardian Acknowledgement Form

I, the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(child or children’s name)** acknowledge that I have read and received a copy of the facility's Toothbrushing Policy for North Carolina Child Care.

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| --- | --- | --- | --- | --- |
|  |  |  | | |
| Date policy given/explained to parent/guardian |  | Date of child's enrollment | | |
|  | | |  |  |
| Print name of parent/guardian | | |  |  |
|  | | |  |  |
| Signature of parent/guardian | | |  | Date |

## Staff Acknowledgement Form:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(name)** acknowledge that I have read and received a copy of the facility's Toothbrushing for North Carolina Child Care.

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|  |
| Date policy given/explained to staff |
|  |  |  |
| Staff signature |  | Date |

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