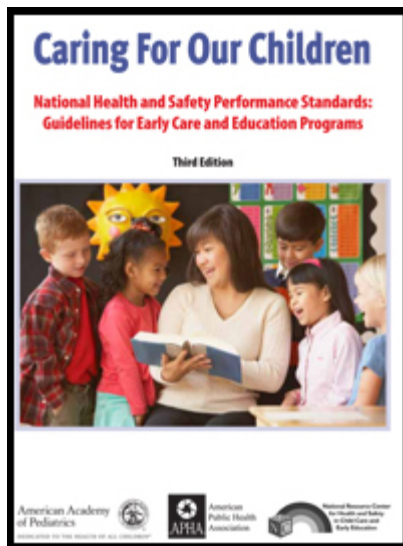


## ***Caring for Our Children***

### **National Health and Safety Performance Standards Guidelines for Early Care and Education Programs, 3<sup>rd</sup> Ed.**

<http://nrckids.org>



#### **3.1.5 Oral Health**

##### **STANDARD 3.1.5.1: Routine Oral Hygiene Activities**

Caregivers/teachers should promote the habit of regular tooth brushing. All children with teeth should brush or have their teeth brushed at least once during the hours the child is in child care. Children under two years of age should have only a smear of fluoride toothpaste (rice grain) on the brush when brushing. Those over two years of age should use a pea-sized amount of fluoride toothpaste. An ideal time to brush is after eating. The caregiver/teacher should either brush the child's teeth or supervise as the child brushes his/her own teeth. Disposable gloves should be worn by the caregiver/teacher if contact with a child's oral fluids is anticipated. The younger the child, the more the caregiver/teacher needs to be involved.

The caregiver/teacher should be able to evaluate each child's motor activity and to teach the child the correct method of tooth brushing when the child is capable of doing this activity. The caregiver/teacher should monitor the tooth brushing activity and thoroughly brush the child's teeth after the child has finished brushing, preferably for a total of two minutes. Children whose teeth are brushed at home twice a day may be exempted since additional brushing has little additive benefit and may expose a child to excess fluoride toothpaste.

The cavity-causing effect of frequent exposure to food or juice should be reduced by offering the children rinsing water after snacks and meals when tooth brushing is not possible. Local dental health professionals can facilitate compliance with these activities by offering education and training for the child care staff and providing oral health presentations for the children and parents/guardians.

**RATIONALE:** Regular tooth brushing with fluoride toothpaste is encouraged to reinforce oral health habits and prevent gingivitis and tooth decay. There is currently no (strong) evidence that shows any benefit to wiping the gums of a baby who has no teeth. Good oral hygiene is as important for a six-month-old child with one tooth as it is for a six-year-old with many teeth (2). Tooth brushing at least once a day reduces build-up of decay-causing plaque (2,3). The development of tooth decay-producing plaque begins when an infant's first tooth appears in his/her mouth (1). Tooth decay cannot develop without this plaque which contains the acid-producing bacteria in a child's mouth. The ability to do a good job brushing the teeth is a learned skill, improved by practice and age. There is general consensus that children do not have the necessary hand eye coordination for independent brushing until around age six so either caregiver/teacher brushing or close supervision is necessary in the preschool child. Tooth

brushing and activities at home may not suffice to develop this skill or accomplish the necessary plaque removal, especially when children eat most of their meals and snacks during a full day in child care.

COMMENTS: The caregiver/teacher should use a small amount of fluoride toothpaste (a smear about the size of a rice grain spread across the width of the toothbrush for children under two years of age and a pea-sized amount for children two years of age and over). Children should attempt to spit out excess toothpaste after brushing. Fluoride is the single most effective way to prevent tooth decay. Brushing of teeth with fluoridated toothpaste is the most efficient way to apply fluoride to the teeth. Young children may occasionally swallow a small amount of toothpaste and this is not a health risk. However, if children swallow more than recommended amounts of fluoride toothpaste on a consistent basis, they are at risk for fluorosis, a condition caused by ingesting excessive levels of fluoride (6). Other products such as fluoride rinses can pose a poisoning hazard if ingested (7).

The children can also rinse with water and spit out after a snack or a meal if their teeth have already been brushed earlier. Rinsing with water helps to remove food particles from teeth, diluting sugars and may help prevent cavities.

A sink is not necessary to accomplish tooth brushing in child care. Each child can use a cup of water for tooth brushing. The child should wet the brush in the cup, brush and then spit excess toothpaste into the cup.

Caregivers/teachers should encourage replacement of toothbrushes when the bristles become worn or frayed or approximately every three to four months (4,5).

Caregivers/teachers should encourage parents/guardians to establish a dental home for their child within six months after the first tooth erupts or by one year of age, whichever is earlier (1). The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated and family-centered way. Currently there are insufficient numbers of dentists who are able to incorporate infants and toddlers into their practices so primary care providers may provide oral health screening during well child care in this population while promoting the establishment of a dental home (2).

Fluoride varnish applied at primary care visits reduce decay rates by one-third, and lead to significant cost savings in restorative dental care and associated hospital costs. Coupled with parent/guardian and caregiver/teacher education, fluoride varnish is an important tool to improve children's health (8,9).

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:

Standard 3.1.5.2: Toothbrushes and Toothpaste  
Standard 3.1.5.3: Oral Health Education  
Standards 9.4.2.1-9.4.2.8: Child Records

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### **STANDARD 3.1.5.2: Toothbrushes and Toothpaste**

In facilities where tooth brushing is an activity, each child should have a personally labeled, age-appropriate toothbrush. No sharing or borrowing should be allowed. After use, toothbrushes should be stored on a clean surface with the bristle end of the toothbrush up to air dry in such a way that the toothbrushes cannot contact or drip on each other and the bristles are not in contact with any surface (6). Racks and devices used to hold toothbrushes for storage should be labeled and disinfected as needed. The toothbrushes should be replaced at least every three to four months, or sooner if the bristles become frayed (2-4,6). When a toothbrush becomes contaminated through contact with another brush or use by more than one child, it should be discarded and replaced with a new one.

If toothpaste is used, each child should have his/her own labeled toothpaste tube. If toothpaste from a single tube is shared among the children, it should be dispensed onto a clean piece of paper or paper cup for each child rather than directly on the toothbrush (1,6). A pea-sized amount should be used for each brushing. Toothpaste should be stored out of children's reach.

When children require assistance with brushing, caregivers/teachers should wash their hands thoroughly between brushings for each child. If children have bleeding gums, caregivers/teachers should wear gloves when assisting such children with brushing their teeth.

**RATIONALE:** Toothbrushes and oral fluids that collect in the mouth during tooth brushing are contaminated with infectious agents and must not be allowed to serve as a conduit of infection from one individual to another (6). Individually labeling the toothbrushes will prevent different children from sharing the same toothbrush. As an alternative to racks, children can have individualized, labeled cups and their brush can be stored bristle-up in their cup. Some bleeding may occur during tooth brushing in children who have inflammation of the gums. In child care, saliva is considered an infectious vehicle if it contains blood, so caregivers/teachers should protect themselves from exposure to blood in such situations, as required by standard

precautions. The Occupational Safety and Health Administration (OSHA) regulations apply where there is potential exposure to blood.

COMMENTS: Children can use an individually labeled or disposable cup of water to brush their teeth (6).

Toothpaste is not necessary if removal of food and plaque is the primary objective of tooth brushing. However, no anti-caries benefit is achieved from brushing without fluoride toothpaste.

Some risk of infection is involved when numerous children brush their teeth into sinks that are not sanitized between uses.

Toothbrushing ability varies by age. Preschool children most likely will require assistance. Adults helping children brush their teeth not only help them learn how to brush, but also improve the removal of plaque and food debris from all teeth (5).

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:

Standard 3.6.1.5: Sharing of Personal Articles Prohibited

Standard 5.5.0.1: Storage and Labeling of Personal Articles

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### **STANDARD 3.1.5.3: Oral Health Education**

All children with teeth should have oral hygiene education as a part of their daily activity.

Children three years of age and older should have developmentally appropriate oral health education that includes:

- a. Information on what plaque is;
- b. The process of dental decay;
- c. Diet influences on teeth, including the contribution of sugar-sweetened beverages and foods to cavity development; and
- d. The importance of good oral hygiene behaviors.

School-age children should receive additional information including:

- a. The preventive use of fluoride;
- b. Dental sealants;
- c. Mouth guards for protection when playing sports;
- d. The importance of healthy eating behaviors; and
- e. Regularly scheduled dental visits.

Adolescent children should be informed about the effect of tobacco products on their oral health and additional reasons to avoid tobacco.

Caregivers/teachers and parents/guardians should be taught to not place a child's pacifier in the adult's mouth to clean or moisten it or share a toothbrush with a child due to the risk of promoting early colonization of the infant oral cavity with *Streptococcus mutans* (5).

Caregivers/teachers should limit juice consumption to no more than four to six ounces per day for children one through six years of age.

**RATIONALE:** Studies have reported that the oral health of participants improved as a result of educational programs (1).

**COMMENTS:** Caregivers/teachers are encouraged to advise parents/guardians on the following recommendations for preventive and early intervention dental services and education:

- a. Dental or primary care provider visits to evaluate the need for supplemental fluoride therapy (prescription pills or drops if tap water does not contain fluoride) starting at six months of age, and professionally applied topical fluoride treatments for high risk children (4);
- b. First dental visit within six months after the first tooth erupts or by one year of age, whichever is earlier and whenever there is a question of an oral health problem;
- c. Dental sealants generally at six or seven years of age for first permanent molars, and for primary molars if deep pits and grooves or other high risk factors are present (2,3).

Caregivers/teachers should provide education for parents/guardians on good oral hygiene practices and avoidance of behaviors that increase the risk of early childhood caries, such as inappropriate use of a bottle, frequent consumption of carbohydrate-rich foods, and sweetened beverages such as juices with added sweeteners, soda, sports drinks, fruit nectars, and flavored teas.

For more resources on oral health education, see:

Parent's Checklist for Good Dental Health Practices in Child Care, a parent handout in English and Spanish, developed by the National Resource Center for Health and Safety in Child Care and Early Education at <http://nrckids.org/dentalchecklist.pdf>;

Bright Futures for Oral Health at [http://brightfutures.aap.org/practice\\_guides\\_and\\_other\\_resources.html](http://brightfutures.aap.org/practice_guides_and_other_resources.html);

California Childcare Health Program Health and Safety in the Child Care Setting: Promoting Children's Oral Health A Curriculum for Health Professionals and Child Care Providers (in

English and Spanish) at <http://www.ucsfchildcarehealth.org> and its 12345 first smiles program at <http://first5oralhealth.org>; and

National Training Institute for Child Care Health Consultant's Healthy Smiles Through Child Care Health Consultation course at [http://nti.unc.edu/healthy\\_smiles/](http://nti.unc.edu/healthy_smiles/).

TYPE OF FACILITY: Center

RELATED STANDARDS:

Section 2.4: Health Education

Standard 3.1.4.3: Pacifier Use

Standard 3.1.5.1: Routine Oral Hygiene Activities

Standard 3.1.5.2: Toothbrushes and Toothpaste

Standard 4.2.0.7: 100% Juice

Standard 9.2.3.14: Oral Health Policy

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### **STANDARD 4.3.1.8: Techniques for Bottle Feeding**

Infants should always be held for bottle feeding. Caregivers/teachers should hold infants in the caregiver's/teacher's arms or sitting up on the caregiver's/teacher's lap. Bottles should never be propped. The facility should not permit infants to have bottles in the crib. The facility should not permit an infant to carry a bottle while standing, walking, or running around.

Bottle feeding techniques should mimic approaches to breastfeeding:

- a. Initiate feeding when infant provides cues (rooting, sucking, etc.);
- b. Hold the infant during feedings and respond to vocalizations with eye contact and vocalizations;
- c. Alternate sides of caregiver's/teacher's lap;
- d. Allow breaks during the feeding for burping;
- e. Allow infant to stop the feeding.

A caregiver/teacher should not bottle feed more than one infant at a time.

Bottles should be checked to ensure they are given to the appropriate child, have human milk, infant formula, or water in them.

When using a bottle for a breastfed infant, a nipple with a cylindrical teat and a wider base is usually preferable. A shorter or softer nipple may be helpful for infants with a hypersensitive gag reflex, or those who cannot get their lips well back on the wide base of the teat (22).

The use of a bottle or cup to modify or pacify a child's behavior should not be allowed (1,16).

**RATIONALE:** The manner in which food is given to infants is conducive to the development of sound eating habits for life. Caregivers/teachers should promote proper feeding practices and oral hygiene including proper use of the bottle for all infants and toddlers. Bottle propping can cause choking and aspiration and may contribute to long-term health issues, including ear infections (otitis media), orthodontic problems, speech disorders, and psychological problems (1-6). When infants and children are "cue fed", they are in control of frequency and amount of feedings. This has been found to reduce the risk of childhood obesity.

Any liquid except plain water can cause early childhood caries (7-18). Early childhood caries in primary teeth may hold significant short-term and long-term implications for the child's health (7-18). Frequently sipping any liquid besides plain water between feeds encourages tooth decay.

Children are at an increased risk for injury when they walk around with bottle nipples in their mouths. Bottles should not be allowed in the crib or bed for safety and sanitary reasons and for preventing dental caries. It is difficult for a caregiver/teacher to be aware of and respond to infant feeding cues when the child is in a crib or bed and when feeding more than one infant at a time.

**COMMENTS:** Caregivers/teachers and parents/guardians need to understand the relationship between bottle feeding and emotional security. Caregivers/teachers should hold infants who are bottle feeding whenever possible, even if the children are old enough to hold their own bottle.

Caregivers/teachers should offer children fluids from a cup as soon as they are developmentally ready. Some children may be able to drink from a cup around six months of age, while for others it is later (2). Weaning a child to drink from a cup is an individual process, which occurs over a wide range of time. The American Academy of Pediatric Dentistry (AAPD) recommends weaning from a bottle by the child's first birthday (1-3,6-9). Instead of sippy cups, caregivers/teachers should use smaller cups and fill halfway or less to prevent spills as children learn to use a cup (19-21). If sippy cups are used, it should only be for a very short transition period.

Some children around six months to a year of age may be developmentally ready to feed themselves and may want to drink from a cup. The transition from bottle to cup can come at a time when a child's fine motor skills allow use of a cup. The caregiver/teacher should use a clean small cup without cracks or chips and should help the child to lift and tilt the cup to avoid spillage and leftover fluid. The caregiver/teacher and parent/guardian should work together on cup feeding of human milk to ensure the child's receiving adequate nourishment and to avoid having a large amount of human milk remaining at the end of feeding. Two to three ounces of human milk can be placed in a clean cup and additional milk can be offered as needed. Small amounts of human milk (about an ounce) can be discarded.

Infants should be burped after every feeding and preferably during the feeding as well.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

RELATED STANDARDS:

Standard 4.3.1.2: Feeding Infants on Cue by a Consistent Caregiver/Teacher

Standard 4.3.1.9: Warming Bottles and Infant Foods

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## STANDARD 9.2.3.14: Oral Health Policy

The program should have an oral health policy that includes the following:

- a. Information about fluoride content of water at the facility;
- b. Contact information for each child's dentist;
- c. Resource list for children without a dentist;
- d. Implementation of daily tooth brushing or rinsing the mouth with water after eating;
- e. Use of sippy cups and bottles only at mealtimes during the day, not at naptimes;
- f. Prohibition of serving sweetened food products;
- g. Promotion of healthy foods per the USDA's Child and Adult Care Food Program (CACFP);
- h. Early identification of tooth decay;
- i. Age-appropriate oral health educational activities;
- j. Plan for handling dental emergencies.

RATIONALE: Good oral hygiene is as important for a six-month-old child with one tooth as it is for a six-year-old with many teeth (1). Tooth brushing and activities at home may not suffice to develop the skill of proper tooth brushing or accomplish the necessary plaque removal, especially when children eat most of their meals and snacks during a full day in child care.

TYPE OF FACILITY: Center; Large Family Child Care Home; Small Family Child Care Home

### RELATED STANDARDS:

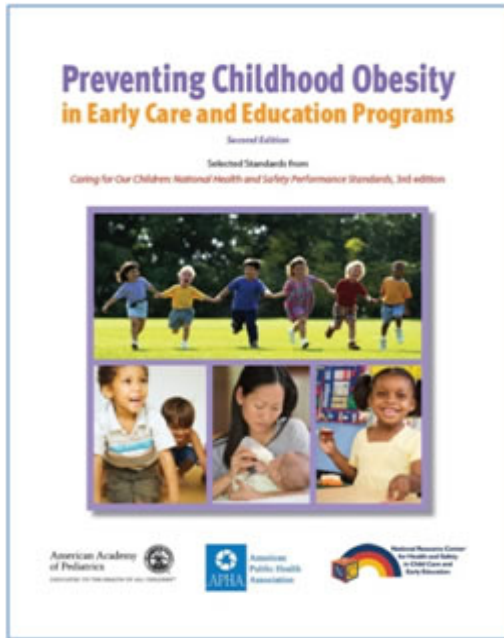
Standard 3.1.5.1-3.1.5.3: Oral Health

Standard 5.5.0.1: Storage and Labeling of Personal Articles

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## Preventing Childhood Obesity in Early Care and Education Programs, 2nd Edition, 2012

Selected Standards from  
 Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition developed by American Academy of Pediatrics American Public Health Association National Resource Center for Health and Safety in Child Care and Early Education  
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### STANDARD 4.2.0.6 Availability of Drinking Water

**STANDARD:** Clean, sanitary drinking water should be readily available, in indoor and outdoor areas, throughout the day. Water should not be a substitute for milk at meals or snacks where milk is a required food component unless it is recommended by the child's primary care provider. On hot days, infants receiving human milk in a bottle can be given additional human milk in a bottle but should not be given water, especially in the first six months of life. Infants receiving formula and water can be given additional formula in a bottle. Toddlers and older children will need additional water as physical activity and/or hot temperatures cause their needs to increase. Children should learn to drink water from a cup or drinking fountain without mouthing the fixture. They should not be allowed to have water continuously in hand in a "sippy cup" or bottle. Permitting toddlers to suck continuously on a bottle or sippy cup filled with water, in order to soothe themselves, may cause nutritional or in rare instances, electrolyte imbalances. When tooth brushing is not done after a feeding, children should be offered water to drink to rinse food from their teeth.

**RATIONALE:** When children are thirsty between meals and snacks, water is the best choice. Encouraging children to learn to drink water in place of fruit drinks, soda, fruit nectars, or other sweetened drinks builds a beneficial habit. Drinking water during the day can reduce the extra caloric intake which is associated with overweight and obesity (1). Drinking water is good for a child's hydration and reduces acid in the mouth that contributes to early childhood caries (1,3,4). Water needs vary among young children and increase during times in which dehydration is a risk (e.g., hot summer days, during exercise, and in dry days in winter) (2).

**COMMENTS:** Clean, small pitchers of water and singleuse paper cups available in the classrooms and on the playgrounds allow children to serve themselves water when they are

thirsty. Drinking fountains should be kept clean and sanitary and maintained to provide adequate drainage.

**RELATED STANDARDS:**

Preparing, Feeding, and Storing Human Milk

Preparing, Feeding, and Storing Infant Formula

## **STANDARD 4.2.0.7 100% Fruit Juice**

**STANDARD:** The facility should serve only full-strength (100%) pasteurized fruit juice or full-strength fruit juice diluted with water from a cup to children twelve months of age or older. Juice should have no added sweeteners. The facility should offer juice at specific meals and snacks instead of continuously throughout the day. Juice consumption should be no more than a total of four to six ounces a day for children aged one to six years. This amount includes juice served at home. Children ages seven through twelve years of age should consume no more than a total of eight to twelve ounces of fruit juice per day. Caregivers/teachers should ask parents/guardians if they provide juice at home and how much. This information is important to know if and when to serve juice. Infants should not be given any fruit juice before twelve months of age. Whole fruit, mashed or pureed, is recommended for infants seven months up to one year of age.

**RATIONALE:** Whole fruit is more nutritious than fruit juice and provides dietary fiber. Fruit juice which is 100% offers no nutritional advantage over whole fruits. Limiting the feeding of juice to specific meals and snacks will reduce acids produced by bacteria in the mouth that cause tooth decay. The frequency of exposure, rather than the quantity of food, is important in determining whether foods cause tooth decay. Although sugar is not the only dietary factor likely to cause tooth decay, it is a major factor in the prevalence of tooth decay (1,2). Drinks that are called fruit juice drinks, fruit punches, or fruit nectars contain less than 100% fruit juice and are of a lower nutritional value than 100% fruit juice. Liquids with high sugar content have no place in a healthy diet and should be avoided. Continuous consumption of juice during the day has been associated with a decrease in appetite for other nutritious foods which can result in feeding problems and overweight/obesity. Infants should not be given juice from bottles or easily transportable, covered cups (e.g. sippy cups) that allow them to consume juice throughout the day. The American Academy of Pediatrics (AAP) recommends that children aged one to six years drink no more than four to six ounces of fruit juice a day (3). This amount is the total quantity for the whole day, including both time at early care and education and at home. Caregivers/teachers should not give the entire amount while a child is in their care. For breastfed infants, AAP recommends that gradual introduction of iron-fortified foods may occur no sooner than around four months, but preferably six months to complement the human milk. Infants should not be given juice before they reach twelve months of age. Overconsumption of 100% fruit juice can contribute to overweight and obesity (3-6). One study found that two- to five-year-old children who drank twelve or more ounces of fruit juice a day were more likely to be obese than those who drank less juice (2). Excessive fruit juice consumption may be associated with malnutrition (over nutrition and under nutrition), diarrhea, flatulence, and abdominal distention (3). Unpasteurized fruit juice may contain pathogens that can cause serious illnesses (3). The U.S. Food and Drug Administration requires a warning on the dangers of harmful bacteria on all unpasteurized juice or products (7).

**COMMENTS:** Caregivers/teachers, as well as many parents/guardians, should strive to understand the relationship between the consumption of sweetened beverages and tooth

decay. Drinks with high sugar content should be avoided because they can contribute to childhood obesity (2,5,6), tooth decay, and poor nutrition.

#### RELATED STANDARDS:

Categories of Food

#### REFERENCES:

1. Casamassimo, P., K. Holt, eds. 2004. Bright futures in practice: Oral health—pocket guide. Washington, DC: National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/PDFs/BFOHPocketGuide.pdf>.
2. Dennison, B. A., H. L. Rockwell, S. L. Baker. 1997. Excess fruit juice consumption by preschool-aged children is associated with short stature and obesity. *Pediatrics* 99:15-22.
3. American Academy of Pediatrics, Committee on Nutrition. 2007. Policy statement: The use and misuse of fruit juice in pediatrics. *Pediatrics* 119:405.
4. Faith, M. S., B. A. Dennison, L. S. Edmunds, H. H. Stratton. 2006. Fruit juice intake predicts increased adiposity gain in children from low-income families: Weight status-by-environment interaction. *Pediatrics* 118:2066-75.
5. Dubois, L., A. Farmer, M. Girard, K. Peterson. 2007. Regular sugar sweetened beverage consumption between meals increases risk of overweight among preschool-aged children. *J Am Diet Assoc* 107:924-34.
6. Dennison, B. A., H. L. Rockwell, M. J. Nichols, P. Jenkins. 1999. Children's growth parameters vary by type of fruit juice consumed. *J Am Coll Nutr* 18:346-52.
7. U.S. Food and Drug Administration. Safe handling of raw produce and fresh-squeezed fruit and vegetable juices. New York: JMH Education. <http://www.fda.gov/Food/ResourcesForYou/Consumers/u>

## ECELS Oral Health Self-Learning Module

Available at [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org)  
Select Child Care Provider Training Opportunities



An online self-learning module for early education and child care providers to review the essentials of oral health for children. The self-learning module includes oral health curriculum ideas and guidelines for implementing tooth brushing during the child care day as well as key information to share with staff, children and families. The content includes numerous website resources, additional documents for further information and sources for dental care. Submit responses to 6 implementation questions.

Successful completion of this module provides 2 hours of PA Keys to Professional Development credit. The module meets the STAR Level 2 Performance Standard for Health and Safety. Content addresses ECERS-ITERS Personal Care Routines.

At the completion of this module, the user of the module will be able to:

- ◆ Identify the value of fluoride, and the role of the child care facility in helping to assure fluoride use
- ◆ Define the importance of good oral health for children with special needs
- ◆ Define the importance of good oral health for the staff of the child care facility
- ◆ Apply information about the role of dietary habits and sleep habits to reduce tooth decay
- ◆ Recognize the importance of baby (primary) teeth
- ◆ Recognize the early signs of early childhood caries and ways to prevent this condition
- ◆ Implement guidelines that reduce the spread of disease via the oral route
- ◆ Apply practices that promote pacifier safety
- ◆ Assess the severity of a mouth injury, and implement practices in the child care facility to prevent mouth and face injuries
- ◆ Initiate curriculum activities to promote oral health in young children
- ◆ Implement daily tooth brushing in child care settings
- ◆ Initiate referral to an oral health (dental) professional

### Oral Health Resources on ECELS Website – Use Search Function

Health Capsule Topics: Fluoride, Oral Health Risk Assessment

*HEALTHLINK* Online Articles

Oral Health Web Pages for Child Care Practitioners

# WATER

# & 100% Juice



## Give Your Kids the Best!

**Water** keeps kids hydrated best.

**Replacing** sweetened drinks, including 100% juice, with water is healthy and free.

**Serving nutritious drinks** to children promotes a healthy weight and a healthy lifestyle.

**Modeling healthy eating and drinking** encourages children to be healthy. Avoid drinking sugary drinks, including large amounts of juice, in front of children.

**Serving fresh fruit instead of fruit juice** is best, because it is high in dietary fiber and is a natural source of energy.

**Help protect the health of children you care for by not serving sugary drinks at all and limiting the amount of 100% juice provided.**

Juice and fruit nectar are high in sugar and have fewer nutrients than fresh fruit.

Drinking too much juice may be associated with obesity, malnutrition, diarrhea & bloating.

Unpasteurized fruit juice may contain germs that can make kids sick.

## Water DOs & DON'Ts

- ✓ **DO** serve tap water. Most U.S. tap water is safe. For concerns, check local EPA water reports.
- ✓ **DO** make water readily available indoors and out.
- ✓ **DO** make drinking water fun. Add fruit such as frozen berries, lemon, lime, or orange slices.
- ✓ **DO** take water jugs with you outside.
- ✓ **DO** keep water and cups out at child-level all day.
- ⊗ **DON'T** substitute water for milk at meals or snacks where milk is a required food component.
- ⊗ **DON'T** serve water to infants under the age of 1 year unless the parent/guardian has received clear instructions from their health care provider.
- ⊗ **DON'T** serve water from a bottle or sippy cup because of the increased risk of a nutritional imbalance.

## Juice DOs & DON'Ts

- ✓ **DO** serve 100% fruit juice from a cup only. It's okay to dilute it with water.
- ✓ **DO** limit 100% juice:

Ages 7 - 12 **8 to 12 oz/day\***

Ages 1 - 6 **4 to 6 oz/day\***



- ⊗ **DON'T** serve 100% juice or fruit nectars to infants under the age of 1 year.
- ⊗ **DON'T** serve juice or fruit nectars continuously throughout the day.
- ⊗ **DON'T** serve juice from a bottle or sippy cup because of the increased risk of tooth decay.

**\*This amount includes juice served at home.**



## WHAT ELSE CAN YOU DO?

### Encourage Healthy Choices:

- Let children serve themselves: use small pitchers and single-use cups.
- Select a child to be the “water helper” for the day.
- Limit foods and drinks with added sugars or high amounts of natural sugars. (Added sugars come in many forms: high fructose corn syrup, brown rice syrup, evaporated cane juice, corn sweetener, dextrose, sucrose, etc.)
- Include healthy foods and drinks in your play kitchen.
- Talk to children about what foods and drinks you are serving and why.
- Stock the classroom with books that encourage healthy eating. (Check out this online [list!](#))



### Check the Label

100% JUICE	
<b>Nutrition Facts</b>	
Serving Size 8 fl. oz. (24 mL)	
Servings Per Container	
Amount Per Serving	
Calories 90	Calories from Fat 0
% Daily Value*	
<b>Total Fat</b> 0g	<b>0%</b>
<b>Sodium</b> 0mg	<b>0%</b>
<b>Potassium</b> 300mg	<b>8%</b>
<b>Total Carbohydrate</b> 22g	<b>7%</b>
Sugars 17g	
<b>Protein</b> 1g	
Calcium 2% • Iron 0% • Vitamin C 120%	
Vitamin A 4% • Thiamin 6% • Folate 6%	
Magnesium 6% • Vitamin B6 4%	
Riboflavin 2% • Niacin 2%	
Percent Daily Values are based on a 2,000 calorie diet. <u>Not a significant source of saturated fat, cholesterol or dietary fiber.</u>	
Ingredients: Organic grapefruit juice	

### Partner with Caregivers/Teachers and Parents/Guardians:

- Share information about the impact of sugary drinks on children’s health.
- Encourage everyone to model drinking water and eating fresh fruits and vegetables.
- Partner with a child care health consultant, dietitian, local chef or parent/guardian with a background in health or nutrition to help you identify ways to promote healthy eating.
- Share what you are doing to increase water and fruit consumption. (Discuss how your motivation is children’s health, not to cut costs.)
- Ask parents/guardians if they provide juice at home and how much, so you will know how much to serve.
- Ask for your parents’/guardians’ support in:
  - ✦ Providing low-fat, non-flavored milk (skim or 1% milk for children age two and older) or water in children’s lunches instead of sugary drinks;
  - ✦ Reducing juice consumption at home;
  - ✦ Providing healthy options for special occasions; and
  - ✦ Talking with their child about the importance of drinking water and eating fresh fruit and vegetables.

### RESOURCES:

**Child and Adult Care Food Program (CACFP)**  
<http://www.fns.usda.gov/cnd/Care/ChildCare.htm>

**Let’s Move! Child Care**  
<http://healthykidshealthyfuture.org/welcome.html>

**MyPlate: Health and Nutrition for Preschoolers (USDA)**  
<http://www.choosemyplate.gov/preschoolers.html>

**Healthy Beverages in Child Care**  
<http://www.healthybeveragesinchildcare.org/resources/>

### REFERENCE:

See **Standard 4.2.0.6: Availability of Drinking Water** and **Standard 4.2.0.7: 100% Fruit Juice**

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.

