To: FACE Parent Educators
From: Parents as Teachers Technical Assistants
Topic: Say Cheese! A Focus on Oral Health
Enclosures: Group Connection Planning Guide and Record for Say Cheese! A Focus on Oral Health, FACE Family Circle Kit Instructions, parent handouts (7), Brushy Brush Chart, quiz document, Indian Health Service Data Brief, sample FACE Family Circle Flyer, FACE Release Form, FACE Family Circle Task Sheet, Group Connection Sign-In Sheet, and Group Connection Feedback Form.

The goals of this FACE Family Circle are to support families in making the connection between oral health and school readiness; increase families’ understanding of the importance of baby teeth; provide an opportunity for families to discuss oral care strategies; and create a space for families to engage in a parent-child activity focused on oral health.

The purpose of this FACE Family Circle is for families to become more aware of the impact of oral health on their child’s education. Children who are most likely to have tooth decay by the age of three are those of low socioeconomic status, whose mothers have a low education level, have little access to dental clinics, and/or consume foods high in sugar. Some families enrolled in the FACE program may fit into one of these categories so we want to prepare them for what’s to come in their child’s oral development so they can prevent tooth decay, enamel erosion, and ensure they support their children to create bright, healthy smiles to share with other tribal members.

In preparation of this FACE Family Circle, be sure to read through the Group Connection Planning Guide and Record, review the directions included for the parent educator, review the parent educator resources listed in the Group Connection Planning Guide and Record. It is strongly encouraged to review the instruction sheet for preparation tips. During FACE staff meetings, be sure to utilize the FACE Family Circle Task Sheet to identify tasks and ensure that all responsibilities have been delegated appropriately.

We are eager to receive your feedback and discuss your challenges and successes. We hope you will have a fun and productive event. Don’t forget to have families sign the FACE Release Form so you can share photos with us.
FACE Family Circle Kit Instructions

The purpose of the FACE Family Circle Kit Instructions is to provide FACE parent educators direction and step-by-step guidance in preparing for and carrying out the FACE Family Circle Kit sent to each program. Please review the following items prior to delivering the FACE Family Circle Kit with families.

**Title:** Say Cheese! A Focus on Oral Health

**Format:** Presentation and family activity

**Area of emphasis:** Parent-child interaction, development-centered parenting, and family well-being

**Intent:**
- Increase families’ understanding of the importance of baby teeth
- Provide an opportunity for families to discuss oral care strategies
- Create a space for families to engage in a parent-child activity focused on oral health

**Targeted Ages of Children:** All ages

Parent Educator Resources:
- *Dental Health* (Foundational Curriculum, page 1221-1224)
- *The Oral Health of American Indian and Alaska Native Children Aged 1-5 Years: Results of the 2016 IHS Oral Health Survey* (Indian Health Service Data Brief, April 2015)

Parent Handouts:
- *Your Baby’s Teeth* (Foundational Curriculum, page 1225-1226)
- *Keeping Your Child’s Winning Smile* (Foundational Curriculum, page 1227-1228)
- *Brushy Brush Chart* ([www.sesamestreet.org/teeth](http://www.sesamestreet.org/teeth))
- *Baby and Permanent Teeth* ([www.colgatebsbf.com](http://www.colgatebsbf.com))
- *Lift the Lip* (Cavity Free Kids Oral Health Education for Children Birth through Age Five, and their Families)
- *Germs and My Teeth* (Cavity Free Kids Oral Health Education for Children Birth through Age Five, and their Families)
- *Germs Make Cavities* (Cavity Free Kids Oral Health Education for Children Birth through Age Five, and their Families)

Materials:
- Happy Tooth, Sad Tooth activity
  - Images of sad tooth and happy tooth
  - Cut out images of a variety of foods (from grocery ads and magazines)
  - Glue sticks
- Brushing The Yellow Tooth activity
- Washable white paint OR white crayons/chalk
- Paint brushes
- Yellow paper with outline of tooth
- Child size toothbrush and toothpaste (optional)
- Stickers for Brushy Brush Chart (families will take home these items)
- Optional: Provide healthy snacks for families
- Optional: Offer trial size children’s toothpaste and children’s toothbrush to families

Documents:
- Group Connection Planning Guide and Record for Say Cheese! A Focus on Oral Health
- FACE Family Circle Task Sheet
- Group Connection Sign-In Sheet
- Group Connection Feedback Form
- FACE Family Circle Binder Checklist
- Group Connection Observation Tool

The goals of this FACE Family Circle is to increase families’ understanding of the importance of baby teeth, provide an opportunity for families to discuss oral care strategies, and engage in a parent-child activity focused on oral health.

Preparation for FACE Family Circle:
The first step to ensuring the presentation reaches the goals named above is to prepare ahead of time.

I. Assign duties and responsibilities during FACE team meetings using the FACE Family Circle Task Sheet.

II. Think about inviting a dental health care professional to the FACE Family Circle to give a presentation, or offer dental screenings after the FACE Family Circle presentation and discussion.

III. Review the enclosed Group Connections Planning Guide and Record.

IV. Review the Group Connection Observation Tool.

V. Create the FACE Family Circle event within Penelope. For assistance review the Penelope training videos within the Parents as Teachers E-Portal under the Penelope tab. Type in the information found within the Group Connections Planning Guide and Record into your FACE Family Circle’s event within Penelope Live.

VI. Create a flyer and an agenda to share with families. You are welcome to use the flyer included in the FACE Family Circle kit or create your own. It is important that you create your own agenda.

VII. Promote the FACE Family Circle during community events, upcoming school conferences, and post in multiple areas in the community.

VIII. Make copies of parent handouts (7), Group Connections Sign-In Sheet, and Group Connections Feedback Form, and the FACE Family Circle Children’s Dental Health Quiz.

IX. Be sure to read the Parent Educator Resources to share the most valuable information from the documents noted in the Group Connection Planning Guide and Record.
X. Identify parents who are willing to serve as greeters, volunteers at the sign-in table, and passing out parent handouts and the Group Connection Feedback Form.

XI. Gather incentives and make it known to your families that those who attend will be receiving household items, gifts, etc. You can even share this information on the event flyer.

Recommended Process During FACE Family Circle:

I. Welcome:
   a. Welcome families at the door and have them sign-in using the Group Connection Sign-In Sheet.
   b. Optional: Hand out tickets for a door prize of the program’s choosing.
   c. Encourage families to sit next to a new friend they have not met before.
   d. Before jumping into the presentation: Ask parents to share their name, their child’s name, and their child’s favorite fruit to eat.
   e. Thank everyone for their participation.

II. Introduction of FACE Family Circle:
   a. Share with families the intent of the meeting:
      i. Increase families’ understanding of the importance of baby teeth
      ii. Provide an opportunity for families to discuss oral care strategies
      iii. Create a space for families to engage in a parent-child activity focused on oral health
   b. Ask families what are some ways they try maintain their child’s oral health, and how do you encourage your child to brush their teeth.
   c. Share with families that during this FACE Family Circle they will learn some information regarding teething, risk factors of tooth decay, and how to properly care for children’s teeth.
   d. Offer a sheet of paper to families and encourage them to take notes. Remember there’s going to be a quiz at the end! It can either be a pop quiz or not. You decide.

III. Presentation and Discussion Questions:
   a. The goal of the presentation is to provide an overview of the content found in the Parent Educator Resources, so be sure to read through them before presenting.
      i. Dental Health (Parent Educator Resource)
         1. Ask families, “What does oral health mean to your family?”
         2. Oral health means more than an attractive smile. The quality of one’s dental health can have a major impact on quality of life like influencing what they choose to eat, their communication with others, and their health in general.
         3. According to research, there is a link between periodontal (gum) disease and stroke, heart disease, and pre-term, low birthweight babies. So it is really important to prevent gum disease in children.
         4. Development of teeth:
            a. A child’s teeth actually begin to form in the womb. A child’s teeth begin to form as “tooth buds” around the third month of
pregnancy. It is important that pregnant women get enough calcium, protein, phosphorus, vitamins A, C, and D during this time. A lack in these items will affect the development of enamel on the baby’s teeth. The enamel protects the baby against tooth decay later.

b. Teething: Pass out the parent handout Your Baby’s Teeth and refer them to the second page with diagrams.
   i. The front teeth begin to push through the gum tissue between 4-10 months of age this is called teething.
   ii. Teething is a difficult time for everyone in the family. Teething can cause drooling and fussiness even before the first teeth are visible. Children will likely chew on things to make her feel more comfortable throughout this process. Adults should make sure objects are clean.
   iii. Ask, “What were some ways that teething is/was difficult for your family?”, “How did you comfort your child during this time?”
   iv. Parents can help their baby’s teething by gently rubbing her gums with a clean finger or wet gauze. Use a wet washcloth or plastic teething ring that has been in the freezer for 30 minutes. The baby can suck on these or have them rubbed on the sore gums. Be sure to ask for a doctor’s advice regarding over the counter medication.
   v. Pass out the parent handout Keeping Your Toddler’s Winning Smile. Refer them to the diagram on the second page showing the development of teeth through the ages.
   vi. Teething usually ends by the time a child is 3 years old and will have a set of 10 upper and 10 lower teeth. You can see an example of what this may look like in children of 23 to 36 months.

c. The molars or back teeth are used to grind the food, while the front teeth, or incisors and canines, are used to bite into and tear food. Permanent teeth continue developing in the jaw.

d. Share the parent handout Baby and Permanent Teeth with the families to give them a concrete timeline of the primary teeth to permanent teeth development.

ii. Tooth decay (The Oral Health of American Indian and Alaska Native Children: Aged 1-5 Years: Results of the 2014 IHS Oral Health Survey, 2015; Dental Health, parent educator resource)
1. Tooth decay is the most common infectious disease in children. For American Indian children tooth decay is a major health problem.

2. American Indian children continue to have more tooth decay than other populations in the United States. According to IHS, it was found that 20% of 1-year old American Indian children already have decayed teeth and the percentage with decay increases over time.

3. Early prevention, before the age of two is essential to reduce the prevalence of tooth decay in American Indian children.

4. There are many ways teeth can begin decaying:
   a. Some younger children may suffer from baby bottle tooth decay. When infants are put to bed with bottles of breastmilk, formula, or other liquid containing sugar. Bacteria grow in pools of this liquid around the teeth and produce acid that wears down their enamel coating. Giving infants pacifiers dipped in sugar or honey can have a similar effect.
   b. Cavities in young children are called “caries” and they appear first as small white spots. In baby teeth, cavities can cause pain, affect growth, lead to overcrowding of permanent teeth, and impair speech development.
   c. It may seem funny to say, but tooth decay runs in the family. Children with mothers with tooth decay have higher rates of decay. The GOOD NEWS is that tooth decay is preventable.

iii. Caring for Baby Teeth:
   1. Caries can be prevented a number of ways.
   2. What parents can do! (Refer adults to Keep Your Toddler’s Winning Smile to review some key steps found in the document).
      a. There are 10 key points in the documents. Ask for volunteer readers to go through the list found on the parent handout. The **bolded text** in the parent handout appears in the red below.
         i. **Model good dental habits for your toddler.** Follow-up question: “What are ways that you model good dental habits for your child?”
         ii. **Do not share spoons or cups with your child.** Share: It is also helpful for parents to avoid spreading the bacteria from their mouths to their child’s mouth.
         iii. **Try to wean your child from bottles between 12 to 18 months.** If the bottle contains anything other than water, what you have is sugary drinks or liquids that contain an acidic solution that is washing over the teeth and decalcifying them, putting the child’s teeth at a greater risk for caries.
iv. Give fruit juice only at meals. Ask families to reflect on when they normally offer juice to their children. Share that families should avoid giving their baby or young child any soda.

v. Make sure your child- and the whole family- eats healthy meals and snacks. Share with families: Provide a variety of snacks for your child. Serve snacks not more than three or four times per day. Provide adequate calcium in your child's diet by including cheese, yogurt, regular milk, dark green leafy vegetables, and orange juice with calcium added.

vi. Keep your child away from tobacco smoke. Share with families: It is very important for families to not expose their child to secondhand smoke.

vii. Brush your child’s teeth twice a day. Share with families: Once first teeth erupt, parents should begin brushing their child’s teeth and gums twice a day by applying a tiny smear (about the size of a grain of rice) of fluoride toothpaste on a child-size soft toothbrush.

viii. When she is able to spit, usually around age 2, increase the amount of toothpaste to the size of a pea. Share with families: When children are around 3 to 6 years old, they can begin using a pea-size amount of toothpaste. Optional: Demonstrate the difference using toothpaste and child-size toothbrush.

ix. Floss your child’s teeth daily. Around age 3 a child’s teeth will begin to touch each other, so parents should regularly floss them. Remember it is not too early to begin flossing children’s teeth to remove plaque and residue.

x. Plan your child’s first visit to the dentist when she turns 1, and her second visit no later than her second birthday. Share with families: The American Dental Association recommends that parents take their baby to a dentist as soon as the first tooth erupts through the gum, or by 12 months at the latest. Dental care should continue on a regular basis.

3. Things to keep in mind!
   a. If parents notice any of the following they should consult with a dentist:
      i. A baby tooth is becoming loose when a child is younger than 4 or 5;
ii. if gums seem swollen as molars come;
iii. if the child has trouble chewing or closing her jaw; or
iv. if baby teeth seem crowded as they come in

4. Ask families: “Have you taken your child to the dentist to get dental sealants?”
   a. Dental sealants on primary molars are not used widely in American Indian communities. Dental sealants are thin plastic coatings that are applied to the grooves on the back teeth to protect them from tooth decay.

5. Ask families: “What are some ways to make children become comfortable with going to the dentist?”
   a. Some suggestions: pretend play at home, read books about dental appointments, regularly looking into your child’s mouth to make them comfortable with another person looking at their teeth, etc.

6. Time commitment: According to the American Dental Association, teeth brushing should last for two full minutes.
   a. Ask families: “What are some ways you can encourage children to brush their teeth for two full minutes?”
      i. Let parents respond, and if not stated, share that a timer could be used to get children into the habit of brushing teeth.

IV. Parent-child interaction:
   a. Families have a choice of which activity they would like to do: “Happy Tooth, Sad Tooth” or “Brushing The Yellow Tooth”
      i. “Happy Tooth, Sad Tooth”: Families will glue pictures of foods that make teeth happy or sad. For this activity families will support their child in cutting out (motor development) images of foods found in magazines or grocery store ads.
         1. The parent should ask their child open-ended questions (focusing on language development using parallel talk) about the types of foods that are good for their teeth, if they want either happy teeth or bad teeth, and share what they can do to make their teeth healthy.
         2. The focus is on development-centered parenting of nutrition and health.
         3. The parent behavior focus is on supporting learning and designing/guiding.
         4. Support families in their observations as you walk around the room.
      ii. “Brushing The Yellow Tooth”-Families will support their child in painting the yellow tooth white using either white paint, white chalk, or white crayons to make a healthy white tooth.
1. Have parents explain to their child that candy, soda, and sugary foods lead to yellow teeth. Parents can draw germs on the yellow tooth as they explain to their child the consequences of poor dental hygiene.

2. When finished sharing, the child and parent will begin coloring the yellow tooth white using paint, chalk, or a crayon.

3. Parents should engage in pretend play with their child: the act of painting the yellow tooth is brushing away germs with the paintbrush (toothbrush) and white paint (toothpaste).

4. Safety: Be sure to explain to children that this is pretend play and to be cautious of children putting paint in their mouth.

5. The focus is on development-centered parenting of nutrition and health.

6. The parent behavior focus is on supporting learning and designing/guiding.

V. Parent/caregiver activity:
   a. Adults will have a chance to test their knowledge. Tell families, "now that you are all experts in dental health of children, you can test your knowledge”
   b. Pass out the FACE Children’s Dental Health Pop Quiz. Let families pair up with a person they have yet to meet and give them a chance to increase their social skills.
   c. Give them 5-10 minutes to work on the entire document and have each group share out. If there are less group than questions, have each group answer another.
   d. The parent educator should have a copy of the answer sheet during this time. Some questions provide reasoning for being either true or false. Be sure to share this with the family.
   e. Optional: This would be a great time to provide small incentives for correct answers. Avoid giving candy.

VI. Closing:
   a. Summarize the key points of the discussion.
   b. Ask families how they felt during the parent-child interaction. Allow families to ask questions during this time.
   c. Pass out the Group Connection Feedback Form to each family and collect.
   d. Optional: Award the door prize or giveaways.

Follow-Up for FACE Family Circle:

I. Review the Group Connections Feedback Forms.
II. Record attendance in Penelope using the Group Connections Sign-In Sheet
III. Complete the Group Connection Observation Tool.
IV. Successes and Challenges: Be sure to write down your successes and challenges and complete the Documentation portion of the Group Connection Planning Guide and Record.
V. Share details with your TA: We love hearing from you about how you’ve engaged families during the FACE Family Circle! Please do not forget to take photos and be sure to have families sign a FACE Release Form.
Title or description: Say Cheese! A Focus on Oral Health

Parent educator(s): 

Presenter(s): 

Contact information of presenter: 

Format (check all that apply): [ ] Ongoing group  [ ] Presentation  [ ] Family activity  [ ] Community event  [ ] Parent café

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<th>Planning details</th>
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<td>Contact information: ________________</td>
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<td>Number of families expected: ________________</td>
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Targeted ages of children (check all that apply):  
[ ] Prenatal  [ ] Less than 12 months  [ ] 13 to 24 months  [ ] 25 to 36 months  
[ ] 37 to 48 months  [ ] 49 to 60 months  [ ] Enrolled in kindergarten

Publicity (check all that apply):  
[ ] Newspaper  [ ] Fliers  [ ] Website  [ ] Personal invitation  [ ] Social media  
[ ] Radio/TV  [ ] Text  [ ] Phone call  [ ] E-mail  
[ ] Other (please specify): ________________ |

Incentives: ________________

Refreshments:  [ ] Yes  [ ] No

Refreshment details: ________________
Areas of emphasis (check all that apply):
- Parent-child interaction
- Development-centered parenting
- Family well-being

Intent: What will we focus on at this group connection?
- Increase families' understanding of the importance of baby teeth
- Provide opportunity for families to discuss oral care strategies

Topics and key points of information from parent educator resources and other sources:
Oral health means more than an attractive smile. The quality of one’s dental health can have a major impact on quality of life like impacting what they choose to eat, their communication with others, and their health in general. American Indian children continue to have more tooth decay than other populations in the United States. According to IHS, it was found that 20% of 1-year old American Indian children already have decayed teeth and the percentage with decay increases over time. (see instruction)

Prompts and questions for sharing observations, questions, or reactions:
What are some ways you try maintain your child’s oral health?
How do you encourage your child to brush their teeth?
What does oral health mean to your family?
What are ways that you model good dental habits for your child?

Learning activities:
"Happy Tooth, Sad Tooth" activity
"Brushing the Yellow Tooth" activity
FACE Children's Dental Health Pop Quiz!

Facilitation strategies (note additional staffing needs):
Welcome families at the door
Encourage families to sit next to a new friend they have not met before
Share with families the intent of the meeting
Pose open-ended questions to families
Engage families in discussion and observation during parent-child interaction

Parent Educator Resources:
- Dental Health (Foundational Curriculum, page 1221-1224)
- The Oral Health of American Indian and Alaska Native Children Aged 1-5 Years: Results of the 2016 IHS Oral Health Survey (Indian Health Service Data Brief, April 2015)
Materials and supplies:
Images of sad tooth and happy tooth. Cut out images of a variety of foods (from grocery ads and magazines), Glue sticks, Washable white paint OR white crayon/chalk, paint brushes, yellow paper with outline of tooth

Number of volunteers in group: ____________________________

Volunteer names:

Record

Number of families attended: ________

Actual expenses: Budget shortfall or surplus: ____________

Please explain:

Opportunities for feedback from participants and presenters, including surveys (check all that apply):

☐ PAT Group Connection Feedback survey  ☐ Other survey  ☐ Informal  ☐ Focus group

Items for follow-up:
Other program considerations:

Parent handouts (please list):
- Your Baby’s Teeth (Foundational Curriculum, page 1225-1226)
- Keeping Your Child’s Winning Smile (Foundational Curriculum, page 1227-1228)
- Brushy Brush Chart (www.sesamestreet.org/teeth)
- Baby and Permanent Teeth (www.colgatebsbf.com)
- Lift the Lip, Germs and My Teeth, Germs Make Cavities
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Group Connection Feedback

Your evaluation of this group connection helps us build on its strengths and make plans to meet families' needs in the future.

Topic of this group connection: ___________________________  Today's date: ___________________________

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<tr>
<th>Please mark the box that best matches your response.</th>
<th>No, not at all</th>
<th>No</th>
<th>Somewhat</th>
<th>Yes</th>
<th>Yes, I totally agree</th>
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<td>1. I learned new information about child development and parenting.</td>
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<td>3. I feel more confident about parenting.</td>
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<td>5. The group facilitators help us learn from each other.</td>
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</tr>
<tr>
<td>6. I feel more connected to other parents.</td>
<td>[ ]</td>
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<tr>
<td>7. I would recommend this group connection to a friend.</td>
<td>[ ]</td>
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</tbody>
</table>

The thing I liked best was:

The thing I'd like to change is:

I would be very interested in a group connection on these topics:
Release Form

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I have read this agreement and I understand what I am signing.

FACE Program __________________________ Date ________________

Name of Parent/Guardian (please print)________________________________________

Name of Child(ren) (please print)_____________________________________________

Address____________________________________________________________________

Email Address________________________________________________________________

In the case of a minor, the signature and date of the parent or guardian is required.

Parent/Guardian name_______________________________________________________ Date ________________

Signature__________________________________________________________________

*Center-based FACE Staff: Fax signed copy to National Center for Families Learning, 502-470-9888
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Updated July 2017
SAY CHEESE! A FOCUS ON ORAL HEALTH

Join us for a FACE Family Circle focused on oral health. You will learn the importance of caring for your children’s teeth and its link to school readiness!

Location: _________________________
Date: ____________________________
Time: ____________________________

THE FACE FAMILY CIRCLE IS SPONSORED BY THE FACE PROGRAM! CONTACT __________________ AT __________________ FOR MORE INFORMATION ON THE EVENT DETAILS.
The Oral Health of American Indian and Alaska Native Children Aged 1-5 Years: Results of the 2014 IHS Oral Health Survey

Kathy R. Phipps, Dr.P.H. and Timothy L. Ricks, D.M.D., M.P.H.

**Key Findings**

1. Tooth decay continues to be a significant health problem for American Indian and Alaska Native preschool children.

2. American Indian and Alaska Native children continue to have more tooth decay than other populations in the United States.

3. Early prevention, before the age of two, is essential to reduce the prevalence of tooth decay in American Indian and Alaska Native children.

4. Many American Indian and Alaska Native preschool children are not receiving the dental care they need.

5. Dental sealants on primary molars may be underutilized.

**Data Source**

The primary data source for this brief is the 2014 IHS oral health survey of AI/AN children aged 1-5 years. A total of 11,873 AI/AN children were screened at 81 different IHS and Tribal sites.

Tooth decay is a major health problem for American Indian and Alaska Native (AI/AN) children. When compared to other population groups in the United States, AI/AN preschool children have the highest level of tooth decay; more than 4 times higher than white non-Hispanic children. The reasons why AI/AN children have more tooth decay are not known but it may be partially due to differences in host, bacterial, behavioral, sociodemographic, and environmental risk factors. If left untreated tooth decay can have serious consequences.

Tooth decay occurring in children 0-5 years of age is referred to as early childhood caries (ECC). Due to their young age and an inability to cooperate for dental care, treatment of preschool children with ECC is often provided in a hospital-based operating room under general anesthesia; the cost of treatment can be enormous. Tooth decay, however, is largely preventable by a combination of community, professional, and individual measures including water fluoridation, dental sealants, use of fluoride toothpastes at home, professionally applied topical fluorides, proper infant feeding practices, a healthy diet low in sugar and refined carbohydrates, and regular dental visits starting at 12 months of age.

The Centers for Disease Control and Prevention (CDC) recommends that health events be considered for ongoing surveillance if they affect many people, require large expenditures of resources, are largely preventable and are of public health importance. In 2010, the Indian Health Service (IHS) implemented an ongoing oral health surveillance system designed to monitor trends in oral health among the AI/AN population served by IHS and Tribal programs. Since the implementation of the surveillance system, oral health data have been obtained from three different age cohorts; preschool children (2010 and 2014), elementary school children (2011) and adolescents (2012-2013). This data brief focuses on the oral health of preschool children. It presents information on the prevalence of tooth decay in the primary (baby) teeth of AI/AN children aged 1-5 years in 2014 at both the national and IHS Area level and assesses trends in oral health since 2010. The results of the 2014 oral health survey are presented as five key findings (sidebar).
**Key Finding #1:** Tooth decay continues to be a significant health problem for American Indian and Alaska Native preschool children. More than half of AI/AN children (54%) between 1-5 years of age have experienced tooth decay. Decay experience means that a child has had tooth decay in his or her lifetime. Decay experience can be past (fillings, crowns, or teeth that have been extracted because of decay) or present (untreated tooth decay or cavities). Left untreated, tooth decay can have serious consequences, including needless pain and suffering, difficulty chewing (which compromises children’s nutrition and can slow their development), difficulty speaking and lost days in school. Because of their young age, many children with decay must be treated in a hospital setting under general anesthesia at a cost exceeding $6,000 per child.

**Key Finding #2:** American Indian and Alaska Native preschool children continue to have more tooth decay than other populations in the United States. As depicted in the graph below, AI/AN preschool children have the highest level of tooth decay of any population group in the US, which is more than 4 times higher than white non-Hispanic children. On average, AI/AN children have 4 teeth with decay experience while white non-Hispanic children have about 1 tooth with decay. This disparity exists in spite of the implementation of dental decay prevention programs by IHS and Tribes, including fluoridation of community water systems, the use of topical fluorides and dental sealants, and oral health educational programs for children and parents.

![Figure 1. Mean Number of Decayed and Filled Primary Teeth (dft) Among Children 2-5 Years of Age](image)

When compared to other population groups, AI/AN children are more likely to have untreated tooth decay (Figure 2). Slightly more than 40% of AI/AN children between 3-5 years of age have untreated decay compared to only 11% of white non-Hispanic children; a 4-fold difference. There are probably two main reasons such a high percent of AI/AN children have untreated decay. First, parents may not understand the benefits of early dental visits or the importance of treating decay in primary (baby) teeth. Second, the relative geographic isolation of many Tribal populations may limit AI/AN children’s access to dental care.

~ 2 ~
KEY FINDING #3: **EARLY PREVENTION, BEFORE THE AGE OF TWO, IS ESSENTIAL TO REDUCE THE PREVALENCE OF TOOTH DECAY IN AMERICAN INDIAN AND ALASKA NATIVE CHILDREN.**

Early prevention efforts are critical for the eradication of dental disease in AI/AN children. Almost 20% of 1-year old AI/AN children already have decayed teeth and the percentage with decay rises significantly with age. Medical and dental professionals must focus dental disease prevention efforts on children less than 2 years of age because age two is too late. The American Dental Association, the American Academy of Pediatric Dentistry and the American Academy of Pediatrics all recommend early preventive dental care and parent education. Good oral hygiene and dietary habits should start at birth and children should have regular dental visits starting at 1 year of age.
KEY FINDING #4: MANY AMERICAN INDIAN AND ALASKA NATIVE PRESCHOOL CHILDREN ARE NOT RECEIVING THE DENTAL CARE THEY NEED.

More than 1 out of 3 AI/AN children (37%) between 1-5 years of age have untreated decay. The percent of children with untreated decay increases from 1 to 2 years of age (17% and 34% respectively) then remains at about 43% for children aged 3-5 years. About 6% of AI/AN children have a need for urgent dental care which means that they have pain or a serious oral infection. If this percentage is extrapolated to the total number of 1-5 year old children served by IHS and Tribal programs almost 8,500 AI/AN children between 1-5 years have a serious dental problem resulting in pain or infection.

Figure 4. Prevalence of untreated decay in the primary teeth of AI/AN children by age, 2014

KEY FINDING #5: DENTAL SEALANTS ON PRIMARY MOLARS MAY BE UNDERUTILIZED.

Dental sealants are thin plastic coatings that are applied to the grooves on the back teeth to protect them from tooth decay. Most tooth decay in children occurs on these surfaces. Sealants protect the chewing surfaces from tooth decay by keeping bacteria and food particles out of these grooves. Only 6% of AI/AN children 1-5 years of age have at least one dental sealant on a primary molar tooth. The percent of children with a dental sealant increases with age from 2% among 1-2 year olds to 9% among 3-5 year olds.

TRENDS IN ORAL HEALTH FROM 2010 TO 2014

To monitor trends in the oral health of AI/AN preschool children, we compared results from the 2010 and 2014 oral health surveys for the 59 Service Units that participated in both the 2010 (n=8,155) and 2014 (n=9,118) surveys. Between 2010 and 2014, there was a decrease in decay experience of 32% in 1 year old children and 15% percent in 2 year old children (Figure 5). These differences, however, were not statistically significant. Although not statistically significant, the decline in decay experience among the youngest children is encouraging and warrants continued surveillance to determine if decay rates are actually declining in AI/AN preschool children.
DATA SOURCES AND METHODS
The primary data source for this brief is the 2014 IHS oral health survey of AI/AN preschool children aged 1-5 years. A total of 11,873 AI/AN children were screened, the largest number of 1-5 year olds ever screened by IHS and Tribal programs. The sampling frame for the 2014 survey consisted of all service units with an estimated 1-5 year old user population of 20 or more children. A stratified probability proportional to size (PPS) cluster sampling design was used to select IHS service units. The sampling frame was stratified by IHS Area, and service units were sorted within each Area based on operational status (Tribal or IHS) and/or state. A systematic PPS sampling scheme was used to select 56 service units. If a service unit refused to participate, another service unit within the same sampling interval was randomly selected. Data is available for 53 of the 56 sampling intervals. Twenty-eight service units that were not in the original sample volunteered to participate.

The following information was collected for each child: age, sex, race, tooth specific caries and sealant status plus treatment urgency. We used the Basic Screening Survey clinical indicator definitions and data collection protocols. Race was recorded as AI/AN or other. Only children classified as AI/AN were included in the analyses.

Examiners included dentists, dental hygienists and dental therapists employed by IHS or Tribal programs. Examiners were required to view an examiner training webinar; no formal calibration was undertaken and examiner reliability was not assessed. Screenings were completed in community-based settings using dental mirrors and an external light source. Examiners collected data using paper forms which were mailed to a central location. All statistical analyses were performed using the complex survey procedures within SAS (Version 9.3; SAS Institute Inc., Cary, NC). Sample weights were used to produce population estimates based on selection probabilities.
The secondary data source for this brief is the 2010 IHS oral health survey of AI/AN preschool children. In 2010, almost 8,500 AI/AN children aged 1-5 years were screened at 63 different Tribal and IHS sites across the country. Detailed survey methods have been published elsewhere.\(^1\)

**DEFINITIONS**

Untreated decay: Describes dental cavities or tooth decay that have not received appropriate treatment.

Decay experience: Refers to having untreated decay or a dental filling, crown, or other type of restorative dental material. Also includes teeth that were extracted because of tooth decay.

Dental sealants: Describes plastic-like coatings applied to the chewing surfaces of back teeth. The applied sealant fills the grooves of teeth to form a protective physical barrier.

**ABOUT THE AUTHORS**

Kathy R. Phipps is an oral health surveillance consultant in Morro Bay, California. Timothy L. Ricks is an Area dental officer and consultant with the Indian Health Service in Nashville, Tennessee.

**REFERENCES**


BABY AND PERMANENT Teeth

A child usually has 20 baby (primary) teeth by the age of two – ten teeth on the top and ten on the bottom. As the permanent teeth push their way up, the roots of the primary teeth dissolve, leading to the loss of the baby teeth.

Importance of BABY TEETH

Baby teeth play an important role in a child’s overall oral and physical development. Even though children lose their baby teeth, they are as important as permanent teeth and require the same care and attention. Most children lose all of their baby teeth by the age of 12.

- Baby teeth save space for the permanent teeth, and serve as a guide for the permanent teeth as they “erupt,” or come in. By saving spaces in the jaw, baby teeth help ensure that the permanent teeth growing underneath can be guided into their proper positions. This, in turn, leads to better alignment and proper chewing and speaking.
- Baby teeth round out the shape of the face. They enhance a child’s physical appearance by giving shape to the face. This helps a child feel good about the way he or she looks and helps promote positive self-esteem.
- Baby teeth help children form sounds and words. Children need their upper front teeth to help place their tongue properly when they are learning to say words. If a child loses baby teeth prematurely due to dental disease, his/her speech could be affected.

TIMELINE: Primary Teeth To Permanent Teeth

The first six years of a child’s life are critical to the development of strong permanent teeth and healthy gums. These early years provide the foundation for a smile that can last a lifetime!

<table>
<thead>
<tr>
<th>6 to 8 Months:</th>
<th>Baby teeth should be cleaned as soon as they appear. Wipe teeth and gums with clean damp gauze or a washcloth to prevent any buildup of plaque.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Baby Teeth Appear</td>
<td></td>
</tr>
<tr>
<td>2 to 3 Years:</td>
<td>Children have 20 baby, or “primary” teeth: 10 on the top and 10 on the bottom. Children should begin learning how to brush their teeth under an adult’s supervision at around age 2; supervision should continue up until the child reaches age 6 or 7.</td>
</tr>
<tr>
<td>Full set of baby teeth</td>
<td></td>
</tr>
<tr>
<td>6 Years:</td>
<td>The first permanent teeth to come in are the 6-year molars. They usually appear at around age 6, but may come as early as age 5. There are four 6-year molars in all – one upper and one lower on each side of the mouth, behind the baby teeth. They come in without replacing any baby teeth, so they are often mistaken for additional baby teeth. They are also often overlooked by parents or children since they are so far back; special effort must be made to brush them. Once these teeth come in, it’s time to ask the dentist about sealants.</td>
</tr>
<tr>
<td>6-year molars</td>
<td></td>
</tr>
<tr>
<td>6 to 12 Years:</td>
<td>From ages 6 to 12, baby teeth loosen and come out. They are replaced by new permanent teeth. The loss of primary teeth and eruption of permanent teeth usually begins with the lower two front teeth, followed by the upper front teeth. Four 12-year molars also appear, one behind each 6-year molar.</td>
</tr>
<tr>
<td>28 permanent teeth</td>
<td></td>
</tr>
<tr>
<td>15 to 17 Years:</td>
<td>Wisdom teeth usually come in at around age 15. They are the last of the 32 permanent teeth to appear, and come in behind the 12-year molars. These teeth also need to have special care to keep them cavity free.</td>
</tr>
<tr>
<td>4 Wisdom teeth</td>
<td></td>
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</tbody>
</table>
Keep Your Toddler’s Winning Smile

Remember the first time your baby smiled at you and you saw her teeth? You probably thought it was one of the most beautiful sights you ever saw.

Now that your child has begun to get more teeth, she needs you to help her keep that gorgeous smile.

Tooth decay is common in children, even in toddlers and preschoolers. Sometimes they get the bacteria that cause cavities from sharing food or spoons with parents or siblings. Sometimes cavities are caused by habits like going to bed with a bottle. Children can also get cavities from eating sugary or starchy foods.

Cavities first show up as white spots on the teeth. They happen when bacteria in the mouth mix with sugars and carbohydrates from food and drink to create an acid. This acid wears down the enamel coating on the teeth.

**What you can do**

The American Dental Association offers many helpful suggestions for keeping your child’s teeth and gums healthy from the very start:

> **Model good dental habits for your toddler.** Brush your teeth after meals and floss daily. Visit your dentist twice a year for checkups and cleanings. If you don’t have a dentist, your parent educator can help you find one.

> **Do not share spoons or cups with your child.** Don’t lick her pacifier to clean it. You could be passing on germs that cause tooth decay.

> **Try to wean your child from bottles between 12 to 18 months.** When she is able to drink from a cup by herself, stop using a training lid.

> **Give fruit juice only at meals.** Avoid soda or other sugary drinks. When your child is thirsty between meals, give her water.

> **Make sure your child – and the whole family – eats healthy meals and snacks.** Buy plenty of vegetables, milk, cheese, yogurt, fruit, and soft, lean meats. Limit sugary and starchy snacks.

> **Keep your child away from tobacco smoke.** Second-hand smoke has been linked to cavities, especially with baby teeth.

> **Brush your child’s teeth twice a day.** Use a child-size soft toothbrush with a smear of fluoride toothpaste – about the size of a grain of rice. If it’s hard for her to stay still, sing a song or tell a story to distract her. Supervise her brushing until she is old enough to write her name.

> **When she is able to spit, usually around age 2,** increase the amount of toothpaste to the size of a pea. Show her how to swish water in her mouth and spit into the sink.

> **Floss your child’s teeth daily.** Start as soon as they begin to touch each other, around age 3.

> **Plan your child’s first visit to the dentist when she turns 1,** and her second visit no later than her second birthday. The dentist will check for cavities and other problems with your child’s teeth or mouth. She can show you the best ways to brush. Talk with the dentist about fluoride treatments for your toddler and when they will be given.

You may want to check into using a pediatric dentist while your child is young. They have special training in taking care of young children’s dental development. And they know how to deal with children’s fears and reluctance.
REFLECTION

Take time to check your own routines.

Am I going to a family dentist at least twice a year for check ups and cleanings?

Do I brush after meals as much as possible? Do I floss daily?

Am I limiting sugary and starchy foods?

Are we choosing healthy snacks and drinks between meals?

Upper baby teeth

13 to 18 Months

16 to 23 Months

23 to 36 Months

Lower baby teeth
You can’t see them yet, but your baby has teeth – they formed before he was born. They will start to appear when he is between 4 and 10 months old.

You can start caring for your baby’s teeth now, by taking care of his gums.

> Gently wipe your baby’s gums with a damp cloth or gauze pad after each feeding. This helps him get used to having his mouth cleaned and will make toothbrushing easier once he gets teeth. Keep doing this until his teeth come in, then start using a baby-sized toothbrush.

> If you give your baby a pacifier, make sure it is clean. Before giving it to him, rinse it with water. Do not dip it in any sweet liquid or sugar.

> Do not clean your baby’s pacifier by putting it in your own mouth. And don’t test bottles or foods on your own tongue. The bacteria from your mouth will be transferred to your baby’s and will start to grow there.

> Take good care of your own gums and teeth. Then you will not pass on germs to your baby.

Babies comfort themselves by sucking. Instead of letting your baby fall asleep sucking on a bottle, give him a pacifier or allow him to use his fingers. Going to sleep with a bottle filled with breastmilk, formula, or other drinks encourages the bacteria that cause cavities to grow in your child’s mouth.

Caring for your baby’s mouth right from the start is important. Children need strong, healthy teeth to chew their food easily, learn to speak clearly, and look good. Baby teeth also hold space in the mouth for permanent teeth to come in straight.

Dental care

As soon as your baby’s teeth come in, he can get cavities. That’s why it’s a good idea to take him to a dentist after he gets his first tooth. Be sure he sees a dentist by the time he’s 1 year old, even if his first tooth hasn’t come in yet. The dentist will check for cavities, which look at first like little white spots on the teeth.

There are dentists who specialize in children. To find one near you, visit the American Academy of Pediatric Dentists website www.aapd.org/finddentist.

If paying for dental visits is a concern, ask your parent educator about options for free or reduced-price services in your area. It’s also possible your child will qualify for dental insurance from the government.

Catching cavities early is best. Otherwise, it’s possible for tooth decay to get so bad that baby teeth have to be taken out – an uncomfortable thought for you and your child!

Preventing Cavities

It’s easy to prevent cavities! The American Dental Association (ADA) recommends that parents should begin brushing their baby’s teeth two times a day as soon as the first tooth comes through.

Use a tiny smear of fluoride toothpaste – about the size of a grain of rice. Too much fluoride can be unhealthy, so always watch how much your baby uses.

As soon as your child is old enough (usually around 2 years), teach him to spit out the toothpaste when he brushes.

Some of the routines you’ll do with your baby are a good idea for you, too! Brush your teeth regularly. Avoid sugary drinks and snacks. Visit the dentist at least twice a year for a checkup and cleaning.
This shows the general order your baby's teeth will come in. Note that his first molars will come in before his canine (or eye) teeth.

**Upper baby teeth**

| 4 to 10 Months | 7 to 12 Months | 13 to 18 Months |

**Teething time**

Before his teeth come in, your baby may drool and be fussy. Teething does not cause fever or diarrhea. But your baby will feel more comfortable if he chews on things, and if those objects are not clean, he may pick up germs that cause a fever.

While he's teething, your baby may be less hungry than usual. He may cry more often, suck his thumb or pacifier more, and sleep poorly.

To help your baby feel better, gently rub his gums with a clean finger or wet gauze. You can also put a wet washcloth or plastic teething ring in the freezer for 30 minutes. Then he can suck on those or you can rub them on his sore gums.

Over-the-counter pain medicine can help, but first you should ask your doctor what is best for your baby.
Did You Know?

- **Germs plus food and drinks** high in sugar or carbohydrates cause cavities.
- White or brown spots on teeth may be early signs of tooth decay and a black spot is probably a cavity.
- Cavities get bigger and bigger until the dentist fixes them.

![Images of teeth showing white spots and tooth decay](image)

**Cavities can be prevented!**

**Take the Healthy Mouth Challenge!**

I will:

- [ ] Check my child’s teeth for white, brown or black spots.
- [ ] Make an appointment with my child’s dentist if I see any white, brown, or black spots.
Germs and My Teeth

Did You Know?

- Germs cause cavities. We have germs in our mouths that use the food we eat to make acid. This acid weakens teeth and causes cavities.
- To prevent cavities, clean away food and germs. Brush every day—after breakfast and before bed.

Do Together

Make toothbrushing a regular and fun part of your child’s bedtime routine. When you brush your child’s teeth tonight, tell him or her you’re going to get all of the “cavity germs”.

Say fun things like, “Oh, I got one!” or “Oh, there’s another one, I’m going to get it!”

Take the Healthy Mouth Challenge!

I will:

- Brush my child’s teeth every morning and night with a soft bristle toothbrush and fluoridated toothpaste—a smear from the first tooth up to age three, the size of a pea after that.
- Make toothbrushing fun by telling my child “I’m going to get all of the cavity germs! Oh, I got one!”
**Did You Know?**

- Lift the Lip is one way for you to check your child's teeth for early signs of tooth decay.
- It's quick and easy to do—take a minute to Lift the Lip while you're reading or playing with your child, before bed, or during toothbrushing.
- By checking your child's teeth once a month, you can help identify early tooth decay and prevent cavities.

**How to Lift the Lip**

1. Lift or gently push the upper lip so the teeth and gums are visible.
2. Look at the upper teeth—the front and back of the teeth for plaque on the gum line, white, brown, or black spots.
3. Repeat the process with the lower teeth.
4. If you see spots or anything unusual, have your child's teeth checked by a dentist or medical provider as soon as possible.

*Your child may fuss, cry or wiggle while you check his teeth. As you both get more comfortable with the process it will get easier.*

**Take the Healthy Mouth Challenge!**

I will:

- Lift my child's lip at least once a month to check for early signs of tooth decay.
- Make an appointment with dentist or medical provider if I see white, brown or black spots or have other concerns.
FACE Children’s Dental Health Pop Quiz!

Hello Caregiver! We would like to give you a chance to test your knowledge about children’s dental health. Pair up with someone you have yet to meet and read each of the statements that are either true or false. Be sure to select your answer.

1. Your child’s baby teeth are at risk for cavities as soon as they first appear between 4-10 months.

   TRUE   FALSE

2. You should begin cleaning your baby’s mouth when his or her first tooth comes in.

   TRUE   FALSE

3. Children should brush their teeth twice per day, no matter what age.

   TRUE   FALSE

4. You should wait until your child has two teeth that touch before you begin flossing his or her teeth daily.

   TRUE   FALSE

5. Baby teeth do not begin to develop until the baby is born.

   TRUE   FALSE

6. You should schedule your child’s first dental cleaning by age one.

   TRUE   FALSE

7. Gummy vitamins are not OK for a child’s teeth.

   TRUE   FALSE

8. You should throw away a child’s toothbrush after they have been sick.

   TRUE   FALSE

9. Avoid pacifiers dipped in sugar, honey or sweetened drinks.

   TRUE   FALSE

10. You don’t need to treat cavities in baby teeth.

    TRUE   FALSE
FACE Children's Dental Health Pop Quiz!
Hello Caregiver! We would like to give you a chance to test your knowledge about children’s dental health. Pair up with someone you have yet to meet and read through each of the statements that are either true or false. Select your answer on the right!

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Your child’s baby teeth are at risk for cavities as soon as they first appear between 4-10 months.</td>
<td>TRUE</td>
</tr>
<tr>
<td>2. You should begin cleaning your baby’s mouth when his or her first tooth comes in.</td>
<td>FALSE</td>
</tr>
</tbody>
</table>
You should actually begin cleaning your baby’s mouth during the first few days after birth by wiping his or her gums with a clean, moist gauze or pad or washcloth. |
| 3. Children should brush their teeth twice per day, no matter what age. | TRUE |
| 4. You should wait until your child has two teeth that touch before you begin flossing his or her teeth daily. | FALSE |
Even if there are spaces between your child’s teeth, it is good to start forming this habit at an early age. It will promote a healthier mouth down the road. |
| 5. Baby teeth do not begin to develop until the baby is born. | FALSE |
Actually, baby teeth begin to develop in the womb, and it typically occurs within the sixth week of pregnancy. Adult teeth develop within the jaw bones during the fourth month of pregnancy. The first teeth to cut the surface in your baby’s mouth are the two bottom front teeth, called central incisors. This happens between four to six months of age. |
| 6. You should schedule your child’s first dental appointment by age one. | TRUE |
| 7. Gummy vitamins are not OK for a child’s teeth. | TRUE |
We know that kids love gummy vitamins, but, unfortunately, they increase your child’s chances of developing a cavity. |
| 8. You should throw away a child’s toothbrush after they have been sick. | TRUE |
Our mouths harbor a lot of bacteria, which live on a toothbrush, even after an illness has passed. It is best to toss the toothbrush after your child recovers from an illness. It is better to be safe than sorry! |
| 9. Avoid pacifiers dipped in sugar, honey or sweetened drinks. | TRUE |
This can lead to dental decay. |
| 10. You don’t need to treat cavities in baby teeth. | FALSE |
Cavities in baby teeth need dental attention, too. Children can keep their baby teeth until thirteen or fourteen years of age. If decay is left untreated, bacteria can spread, resulting in an abscess or a more serious infection. |
Use this chart every time you brush. Ask a grown-up to hang it somewhere that is easy for you to see. When you finish brushing, make a ✓ for a job well done. Fill in the chart to show your Super Brusher skills!

Questions and Answers for Grown-Ups

Check out these answers to some of the most common questions about caring for young children's teeth:

Q: What kind of toothbrush should my child use?
A: Look for child-size brushes with small heads. Bristles should be soft or extra soft. Let your child choose the color to get him excited about brushing.

Q: How much toothpaste should children use?
A: A smear for children under age 2; a pea-size amount for children ages 2 to 5.