

WEST VIRGINIA
EARLY CHILDHOOD
PROVIDER
QUARTERLY

**Fluoride
Varnish to the
Rescue**

**Infant Mental
Health Week**

**The Oral Health Status
of WV Children**



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WVU Dental Health and Pregnancy Study Update

Submitted by Stella Chapman, Program Manager, Factors Contributing to Oral Health Disparities in Appalachia

Recent data indicates that children in West Virginia have a higher risk of getting cavities than children in other parts of the country. The Center of Oral Health in Disparities in Appalachia (COHRA) is working on understanding why this is happening by conducting a research study with pregnant women and their babies for a period of 2 years to see oral health changes in the mother and how each baby's oral health correlates with the mother's health.

In March, COHRA hosted Cameron Randall's Dental Sensitivity Project in our Summersville Research Office. A number of the participants in this study were already enrolled in the WVU Dental Health & Pregnancy Study. The research staff all agreed that these study participants were a joy to work with. Not many people would look forward to giving up a Saturday to work, but I can say without reservation that everyone involved in visits that day had a really good time.

That sense of joy and purpose is what makes the WVU Dental Health & Pregnancy Study and the Center of Oral Health Disparities in Appalachia (COHRA) uniquely successful research endeavors. In the very near future, we should receive word back about our application to the National Institute of Dental & Craniofacial Research for the competitive renewal of the Dental Health & Pregnancy Study. This renewal would allow us to continue to see enrolled mothers and their children through age 6. We're all very optimistic about the outcome of this application.



Our team has also been very busy recruiting the last group of new participants into the study and looking forward to reaching, and perhaps exceeding, our goal of 1,000 study participants in West Virginia and Pennsylvania. To date, WVU has enrolled 478 mother/child pairs into the project. We want to continue to recruit until we reach 500. Please consider passing the word that we are close to our goal and are looking forward to reaching it in the next few weeks.

Besides nearing our recruitment goal, we've also reached some other very important study milestones in the last few months. One-quarter of children enrolled in the study are now 3 years old or older! Our study staff have truly enjoyed seeing these older children, and the data that we are now collecting from them is proving invaluable in our goal of understanding oral health disparities in Appalachia. We've also now officially evolved from using paper forms to conduct data collection to using electronic data submission. We are continuing to work

on ways to improve the experience of study participants by streamlining data collection techniques and improving data collection instruments and interviews. We'd love to hear suggestions from our study members about ways to make the visits even better.

As a Center, our group is continuing to explore future research opportunities. We are particularly interested in intervention projects, sugar-sweetened beverage research, the continuation of dental sensitivity and genetics research, and collaborating with other Centers to make the most of our own areas of expertise. All in all, the future is looking bright and our team can't wait for what's just around the corner!

If you'd like more information, please feel free to call us at 1-877-988-WVTEETH, visit our website at www.DentalHealth-Study.com or like us on Facebook!

Open Wide: Acknowledging the Oral Health Status of Our Children

Submitted by Rebecca King, WVDE-Office of Special Education

As we begin to accommodate the 21st Century learner and move closer to universal health coverage for children, we must address the needs of the whole child to ensure educational success and readiness to learn. To do so requires examining the integral and collaborative roles of early education, school nurses, school personnel, parents/guardians, the dental and medical homes (a family medical provider and dentist), and the community within the lives of all students. School readiness moves beyond the confined walls of early education into the health and wellness of each child. With dental cavities being the most common chronic disease of childhood, this article will focus primarily on West Virginia's road map to changing one of the most significant problems in America...ORAL HEALTH.

Utilizing Dental and Medical Homes for Early Identification of Health Concerns

All children should have a dental and medical home. A dental and medical home concept includes provision of dental care and primary health that is comprehensive, continuously accessible, family-centered, coordinated, compassionate, and culturally effective. It facilitates a partnership between individual children, their personal dentist and physician, as appropriate, and their family. The dental and medical home is an ideal partnership for early education, school nurses, and schools to ensure seamless student health care and complete educational health records.

The health care benefits of children through federal and state programs such as Medicaid and Children's Health Insurance Plan (CHIP) support a dental and medical home concept. The enrollment/re-enrollment into insurance plans should be an integral role of early education personnel and school nurses to ensure coverage of the biannual dental exam and services, and the annual well child visit for all children and adolescents. "Children without dental and medical insurance are 2.5 times less likely than children with insurance to receive dental care. Many individuals, particularly those who are uninsured, often delay dental treatment until serious or acute dental emergencies occur (ASTDD, 2011)".

In looking at this seamless partnership between the child's dentist and medical home, students are eligible to receive benefits from the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. The EPSDT includes an unclothed physical exam, screenings, and surveillance of developmental levels of each child by an extensively trained physician, physician assistant, or nurse practitioner. The EPSDT process is truly comprehensive when it also incorporates a simple oral health screening requesting the date of the last dental visit, the name of the dental home, oral health education, asking about fluoridated water, and linkage to a dental home.

Difference in Screening, Assessment, and Exams

A frequent question among early education staff and many parents/guardians is, "Are oral

health screenings or assessments at school the same as a dental examination?” The answer is no, unless your school has a dental clinic staffed with a dentist and x-ray equipment. The difference is defined below with the gold standard always being a dental examination completed by a dentist.

- An oral health screening is usually completed by a nurse or medical provider to see if your child has any possible concerns with their teeth or mouth, to detect any type of mouth ulcers or oral diseases, or concern with your child’s teeth to make a referral to a dentist.
- A dental assessment is completed by a dental hygienist or dentist to provide a simple structural assessment of your child’s mouth. Your child should see a dentist for a dental examination inclusive of an x-ray within 6 months of the dental assessment.
- A dental examination is completed by a dentist to provide a comprehensive oral health assessment which includes an x-ray of the dental bones to diagnose and treat any dental concerns for oral health prevention.

Dental Status of Children in US

Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning. According to the Centers for Disease Control and Prevention (CDC) about 1 of 5 (20 percent) children ages 5 to 11 years have at least one untreated decayed tooth. Oral health continues to be an overall physical and psychological factor in the health of every child and adult. The dental examination includes an x-ray within an established dental home as a starting point to combat the millions of school hours lost each year due to dental related absences (ASTDD, 2011).

State Policy on Dental Exam Requirements

The West Virginia Department of Health and Human Resources, Oral Health Program Advisory Board, and multiple partners have worked closely with the West Virginia Department of Education, the State Board of Education (WVBE), and school nurses to ensure oral health becomes incorporated into the daily routines and care of students and their families. The WVBE Policy 2423-Health Promotion and Disease Prevention was revised and effective on July 1, 2014 at <http://wvde.state.wv.us/policies/>. It includes a dental examination requirement for new entrants in West Virginia public school at first entry of either Pre-K or Kindergarten and all students progressing to grades 2, 7 and 12. The policy is being phased-in and started with Pre-K and Kindergarten for School Year (SY) 2015-16, grade 2 (SY 2016-17), grade 7 (SY 2017-18) and grade 12 (SY 2018-19).

The dental examination should be completed one year of the date of pre-enrollment or at the time of enrollment. There will be a grace period of 45 days from enrollment (first day of class) for students to provide proof of the completed dental examination. At a minimum, the proof must show the date the exam was given and the dentist’s signature. There is no special form to show proof of examination but the school or dentist may provide a specific form to use. In order for the school and Oral Disease Prevention Program (ODPP) to assist

with follow-up care coordination with the dentist, it would be beneficial if the information indicated need for restorative care.

If a student already has a dentist, he/she can complete the examination. The student will need a signed slip or form from the dentist verifying the date he/she had an exam. If the child does not already have a dentist, please assist the child and their family in finding a local dental home. If the school or family is unable to find a local dentist to complete the exam, the child will be eligible for enrollment in the ODPP. The ODPP is supported through a CDC-Oral Health grant awarded to WVDHHR-State Oral Health Program. The early education facility or school should develop a Memorandum of Understanding with a local dental practice to provide a dental assessment with parent/guardian permission later in the school year. If an assessment is completed, the State Oral Health Program will provide care coordination and assist the parent/guardian in finding the student a dental home and scheduling a dental examination within six months after the assessment. This assessment will be offered sometime throughout the school year.

In order to effectively document the dental examinations and provide a means of communication between the dentist, parent/guardian, and school, WVDHHR-State Oral Health Program and WV Immunization Services Program are currently working to develop a state-wide Dental Examination Data Module for dental practices to enter proof of student dental examinations. The WVDHHR-Dental Examination Data Module will be accessible via the West Virginia Statewide Immunization Information System (WVSIIS) to school personnel with approved access through a single sign-on point with WV Education Information System (WVEIS) to view the WVDHHR screens. School personnel with access will be able to also enter missing dental exam data as historical information from a third party, if needed, to complete the child's dental record. The Dental Exam module is to document the actual date the exam was completed by a dentist, needed referrals, and other pertinent information including the possible ODPP-oral health assessments for students without a dental exam.

Summary

It is time to focus on public and private partnerships with the linkage to community for preventive care, case managed care, and follow-up on referrals and resources. As healthcare reform has arrived, early education has to work smarter, not harder, to make a difference in the lives of every child in each and every classroom. Together we can make a difference.

“The ability to make oral health another important component of the school health requirements to ensure students are healthy and ready to learn is a joyous day for the children and families of West Virginia,” Dr. Jason Roush, WV State Dental Director, said. “As we begin to phase-in the dental examination components of this policy and supporting programs, our children and their future children will slowly reap the benefits of preventive oral health care. Over the next five years, together as a team, we will assist students and their families in linking to dental homes and engaging in oral health preventative care. I thank schools, parents, communities, and dental providers for all the great work that has already been completed and the future work we have in front of us to provide West Virginia children with a healthy future and beautiful smile (WVDE, 2015)”.

For more information about school health readiness, contact your early learning school nurse. To locate contact information for your school nurse, please visit the WVDE-Health and Wellness website at <http://wvde.state.wv.us/healthyschools/> or go to the online directory at <https://wvde.state.wv.us/apps/school-nurses/index.php>.

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For additional state information on dental health,
please visit these web sites:

WV Oral Health Coalition

<http://wvohc.org>

WV Oral Health State Plan

http://wvohc.org/wp-content/uploads/2015/06/2016-2020-WV-OH-Plan-2.0_FINAL.pdf

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WVCHIP is a low-cost health care plan for children and teenagers of working families. There is no cost to apply. WVCHIP covers services important to growing children, such as check-ups, vision and dental services, immunizations, hospital visits, prescription drugs, and more.

Who Qualifies?

- ☺ Age - Children under 19.
- ☺ Income - Qualifying income is based on your Modified Adjusted Gross Income (MAGI) shown on line 837 on the 1040 Income Tax Form.
- ☺ Co-Payments - WVCHIP Gold and Blue groups do not have co-pays on preventative care, dental, vision, or generic prescriptions.



Family Size	WVCHIP Gold Maximum Yearly Income	WVCHIP Blue Maximum Yearly Income	Premium Plan Maximum Yearly Income
2	\$24,030	\$33,803	\$48,060
3	\$30,240	\$42,538	\$60,480
4	\$36,450	\$51,273	\$72,900
5	\$42,660	\$60,009	\$85,320

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1-800-318-2596

Oral Health in Child Care

Submitted by Renee Stonebraker, Child Care Health Educator

Teeth are important for many reasons. They allow us to have nice smiles which is the first characteristic people notice when they meet you. They aid in proper digestion, allowing us to properly chew our food. Teeth allow us to speak properly. We form our words by controlling air flow out of our mouth when our tongue touches our teeth to produce sound. If we didn't have teeth, we may have a lisp when speaking. Primary teeth, also called baby teeth, are also important because they guide the bigger, permanent teeth into position.

Primary teeth have thinner enamel and appear whiter compared to permanent teeth. Because of this, they are more susceptible to tooth decay. Dental caries, or tooth decay, is the most common chronic disease of childhood. It can cause pain, sickness, and sometimes even death, and inhibits learning, speaking, and eating, but is almost entirely preventable with proper oral health care and diet.

It is important to brush children's teeth in child care centers because it teaches them basic hygiene habits at an early age, and they may not be getting their teeth brushed at home. The American Dental Association recommends a rice size smear of toothpaste containing fluoride for children ages 0-3, and a pea size smear of toothpaste containing fluoride for children ages 3-6. At centers, toothbrushes should be labeled with the child's name and the date it was is-



sued. It is recommended that toothbrushes be replaced after illness or when bristles are worn, but at least every three months. Child care center staff should distribute the toothbrushes to the children and put them away after each use. The toothbrushes should be open to the air to dry, not touching each other, and disinfectant cleaners should not be used. Toothpaste has to be distributed to the children without spreading germs. Some ways to do this would be by using paper or plastic cups, small pieces of paper plates, or even mini muffin tin liners.

There are many ways to incorporate oral health into daily curriculum at centers.

- Baby dolls and toothbrushes can be in the dramatic play area.

- Children can sing and dance along to songs about brushing teeth.
- Staff can read books to children about oral health.
- A dentist can visit the center.
- Children can practice flossing with big Lego blocks, play dough, and yarn.
- After discussing why we brush our teeth, provide yellow teeth (teeth shapes cut out of yellow construction paper), white paint and toothbrushes for them to paint away the plaque.

FLUORIDE VARNISH TO THE RESCUE!**WHAT EVERY CHILD CARE PROVIDER & EARLY CARE PROFESSIONAL NEEDS TO KNOW**

Many child care providers are surprised to learn that tooth decay (cavities) is the single most common childhood disease. ***According to recent data conducted in West Virginia, over a third of preschoolers already have dental cavities.*** Unfortunately, untreated cavities can restrict a child's activities in school, home, and often significantly diminishes their quality of life. When children lose teeth caused by dental decay it can result in a host of problems including: failure to thrive, impaired speech development, absence from and the inability to concentrate in school, and reduced self-esteem.

The good news is that tooth decay can be prevented or stopped by a few easy actions. Good nutrition, brushing and flossing, and the use of fluoride, can help children grow up cavity free. Fluoride, though sometimes misunderstood, is a very important piece of the prevention puzzle and it is vital that both providers and parents keep their knowledge of fluoride both current and factual. This article will provide providers and parents with trustworthy facts helping them to make the best decisions for the children in their care.

Fluoride Basics

Fluoride is a mineral found in soil, water (both fresh and salt) and even in some foods. Fluorine, which is what fluoride comes from, is actually the 13th most abundant element in the earth's crust. It has the ability to harden tooth enamel, which makes teeth more resistant to decay. Fluoride can also prevent or even reverse tooth decay that has started. Fluoride is nature's cavity fighter, helping repair the early stages of tooth decay even before the decay can be seen.

There are two ways that children benefit from fluoride: topically and systemically. Similar to toothpastes and mouth rinses, fluoride varnish is considered topical because it is applied to the surface of teeth.

Figure A.**What is Fluoride Varnish?**

Fluoride varnish is a protective coating that is painted on a child's teeth to prevent cavities. It dries instantly and only takes minutes to apply. The varnish releases fluoride over several months, which strengthens the outer layer of teeth and prevents decay. It can be painted on teeth that already have cavities. Fluoride can help stop cavities from getting bigger. The fluoride varnish needs to be reapplied every 3—4 months to maintain its effectiveness.

Figure A demonstrates the fluoride varnish technique. Teeth are dried with gauze square. Varnish is applied to the tooth surface with a small brush with a thin film remaining on the teeth.

FLUORIDE VARNISH TO THE RESCUE!

WHAT EVERY CHILD CARE PROVIDER & EARLY CARE PROFESSIONAL NEEDS TO KNOW

Effectiveness of Fluoride Varnish

Fluoride varnish is different from other topical fluorides such as toothpastes and mouth rinses because it has prolonged contact with tooth enamel. It can be applied by a dental or medical professional as part of comprehensive care for the child. Fluoride varnish applied every 6 months is effective in preventing dental cavities in the primary (baby) and permanent teeth of children and adolescents at moderate to high risk for dental cavities.

To be most effective, fluoride varnish applications should occur before dental cavities develop and therefore should be started in infancy.

Role of the Child Care & Early Care Professional

As a Child Care Provider & Early Care Professional you are uniquely positioned to advise and educate parents on evidence-based practices.

Please consider encouraging parents to:

- ✓ Take advantage of the age 1 Dental Visit
- ✓ Drink fluoridated tap water
- ✓ Brush their child's teeth with fluoridated toothpaste for 2 minutes, 2 times a day
- ✓ Ask their dentist or doctor to see if they provide fluoride varnish for children.



Sources: Association of State and Territorial Dental Directors, Centers for Disease Control and Prevention, American Academy of Pediatric Dentistry

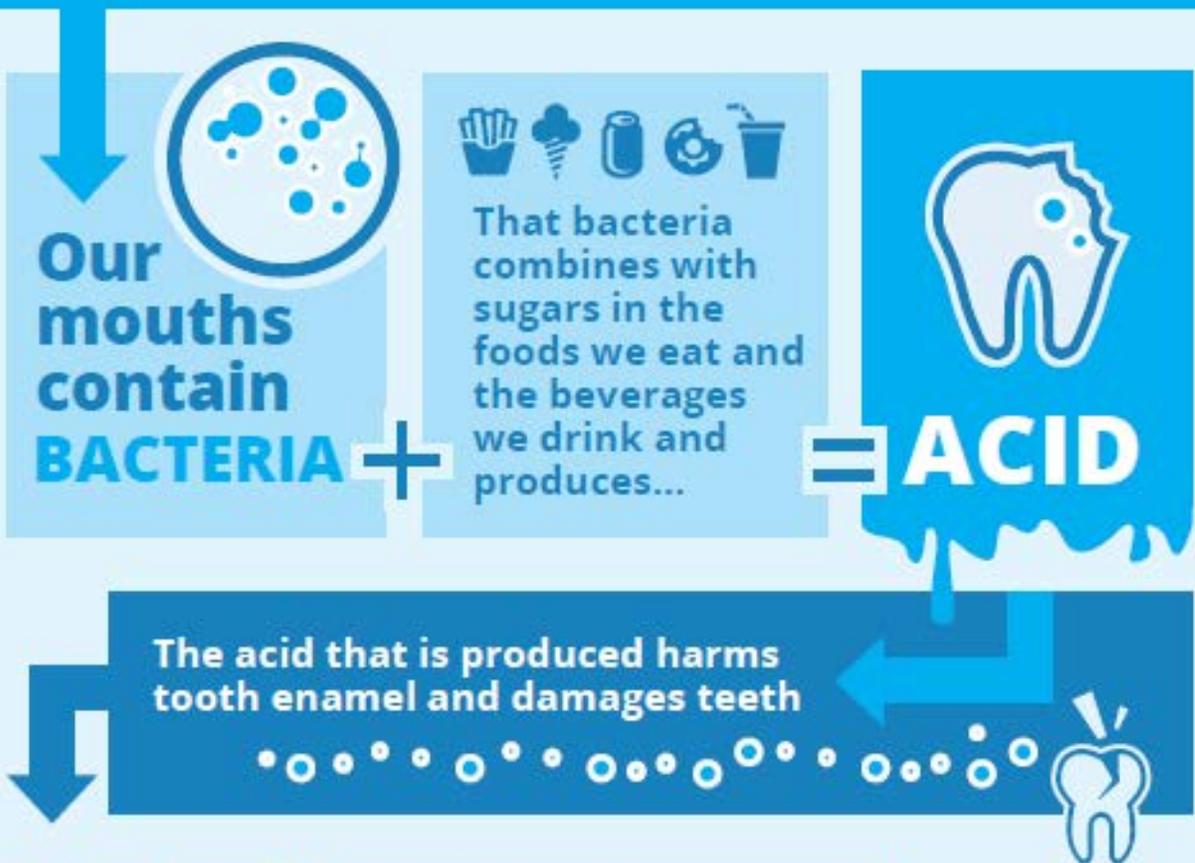
For more information on Fluoride Varnish, please contact Gina Sharps @ sharpsg@marshall.edu

Submitted by Gina Sharps MPH RDH, Bobbi Jo Muto MPH RDH, Ashley Logan RDH, Wendy Mosteller RDH, Marsha DeLancey RDH, and Richard Crespo, PhD



**Community & School
Oral Health Team**

WHY DO CHILDREN NEED FLUORIDE?



FLUORIDE PROTECTS TEETH BY MAKING THEM MORE RESISTANT TO ACID

Get Your Fluoride Here!

- Drink fluoridated water
- Brush with the right amount of fluoridated toothpaste
- Talk to your dentist or doctor about fluoride treatments

CAMPAIGN FOR
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Fluoride is an important mineral for all children. Talk to your doctor or dentist to learn more.



Head Start Making Strides Toward Decreasing Dental Decay

Submitted by Hannah Brogan, Marshall University Student, Under the guidance of Dr. Janet Dozier

Head Start is a national program which provides services for children from a low socioeconomic level. The Southwestern Community Action Council (SCAC) is the agency in charge of Head Start/Early Head Start in Cabell, Lincoln, Mason, and Wayne counties. There are approximately 830 children served in those 4 counties (Southwestern Community Action Council, Inc. Grant, 2015).

One aspect that sets Head Start apart from other similar programs is their variety of resources for families and their children. This federally funded program works toward school readiness for children ages 0-5 through health, education, and social services (Southwestern Community Action Council, Inc.). They serve primarily children from families below the poverty line.

These various resources are necessary for the many families Head Start serves. One major concern for the children in Head Start is oral health. According to West Virginia Partners for Oral Health, “The number one health issue among children enrolled in Head Start nationwide is access to oral health services.” (Sharps, G., Meckstroth-West, R., Muto, B., Gooch-Erbacher, B., Cunningham, K., Shulman, E.) While the statistics for poor oral hygiene for young children is at an all-time high, low income, minority children are especially prone (Southwestern Community Action Council, Inc. Grant, 2015).

Head Start is doing all they can to encourage good oral health while the children are young. Requirements related to oral health listed in the Head Start Performance Standards are:

- “For children age two and over: Once daily, after a meal, Head Start staff (or volunteers, if available) should assist children in brushing their teeth using a small smear of fluoride toothpaste.
- For children between one and two years of age: Once daily, after a meal, Head Start staff (or volunteers, if available) must brush children’s teeth with a soft bristled toothbrush, using a small smear of toothpaste that contains fluoride.
- For infants under the age of one: At least once during the program day, staff or volunteers must wash their hands and then cover a finger with a gauze pad or soft cloth and gently wipe infants’ gums.
- Determine if a child has an ongoing source of continuous, accessible health care (includes a dental home).
- Obtain a determination of whether a child is up to date according to the State’s EPSDT* schedule, including dental examination.



- If a child is not up to date, assist parents in making necessary arrangements to bring their child up to date.
- If a child is up to date, ensure the child continues to follow the State's EPSDT schedule.
- Develop procedures to track the provision of health care services.
- Obtain or arrange further diagnostic testing, examination and treatment by a licensed or certified professional for each child with an observable, known, or suspected health or developmental problem.
- Develop and implement a follow up plan for any condition identified." (U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, 2008)

* Early and Periodic Screening, Diagnostic, and Treatment service (EPSDT) is a prevention and treatment program for children managed by Medicaid. In addition to dental services, it also provides vision services and health education (ECLKC, 2015).



In addition to these standards, the SCAC requested a grant for Head Start related to oral health. With the grant, they purchased kits from the Brush! Curriculum. This curriculum aligns with High Scope and Head Start standards (McMillen Center for Health Education, 2012). The themes included are: brushing teeth at least twice a day, visiting the dentist regularly, the importance of good nutrition and understanding which foods help teeth and which foods hurt teeth, the importance of primary teeth (in speech, in chewing health foods, in protecting the adult teeth), and how dental health relates to school readiness and school success (McMillen Center for Health Education, 2012). In addition to a curriculum for the classroom, there are also resources for home visits.

Head Start believes that this program will help prevent dental decay, which will in turn increase school readiness. According to Brush! Curriculum research (2012), if a child has dental decay entering Kindergarten he or she will likely be in pain, causing them to not pay attention or miss school altogether (Southwestern Community Action Council, Inc. Grant, 2015). The children will learn how to take care of their teeth, as well as the parents learning dental hygiene tips from newsletters. The Brush! Curriculum is going to be very beneficial to the Head Start program, the children, and their families.

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Camp



July 9-13, 2016

What is Camp Gizmo?

A five day, hands-on camp where parents, professionals, and students learn how assistive technology can help young children (birth-8 years) with significant and multiple developmental needs.

When & Where is Camp Gizmo?

Typically the camp takes place at the campus of the West Virginia Schools for the Deaf and the Blind in Romney, WV.

Who Should Come and What Do We Do?

Families, professionals, college students, and others who want to learn more about assistive technology. A limited number of "focus" children will be accepted and assigned a team of professionals who help families identify and apply new strategies for solving their multiple assistive technology needs. (Preference will be given to children who have not previously attended camp.) Professionals and other caregivers involved with these children are encouraged to attend the camp. Labs and workshops will be available to camp participants daily. Parents attend workshops on subjects that will help them better meet the needs of their child. Professionals and students attend workshops of interest that meet professional/educational needs or assist the "focus" family. Teams will meet daily to observe, discuss, and implement strategies for the "focus" child.

Can I Receive CEU Credit?

Yes, graduate credit, WV Birth to Three contact hours, WV STARS and more.

For more information, contact Ginger Huffman, WV Dept. of Education, 1-800-642-8541; Pam Roush, WV Birth to Three, 1-800-642-9704; or LeAnn Murray, WVECTCR, 1-888-983-2827, lmurray@rvcds.org

In-Home Family Education Promotes Oral Health in Pregnant Women and Children

Submitted by Michele Baranaskas, Partners in Community Outreach

In-Home Family Education is a voluntary program providing parenting education and support to families with young children in their homes. The research-based models included in In-Home Family Education are: Healthy Families America, Maternal Infant Health Outreach Workers, and Parents As Teachers.

In 2011, a WVU Oral Health Initiative mini-grant was awarded to Partners in Community Outreach, the coalition of In-Home Family Education programs in West Virginia. The mini-grant provided two Healthy Smiles trainings along with dental supplies for In-Home Family Educators to distribute to families enrolled in their programs. Pregnant women received 536 adult toothbrushes, 462 tubes of toothpaste, 398 packages of dental floss and 489 brochures on prenatal dental care. Families with young children received 1,573 adult toothbrushes, 1,745 child toothbrushes, 886 infant toothbrushes, 948 tubes of toothpaste, and 757 packages of dental floss. Four hundred and eighty-eight of the families read a book on oral health with their family. Six hundred and fifty-five families received a brochure on their child's teeth and 611 received a brochure on their infant's teeth.

In 2013, the Marshall University School of Medicine Community Oral Health Program used funding from the Claude Worthington Benedum Foundation to provide materials to each In-Home Family Education program so that home visitors can continue to educate families on ways to ensure good oral health for their children.

Some of the materials received include children's book on dental health, toothbrushes, and stuffed animals for children.

In addition, In-Home Family Education programs were encouraged to establish an oral health contact in their program. The oral health contact was invited to take the online course Oral Health and the Pregnant Patient offered by Smiles for Life, a National Oral Health Curriculum (<http://www.smilesforlifeoralhealth.org/>). The course comprehensively explains best practices for oral health during pregnancy.

Upon receiving a certificate of completion, the oral health contact could order oral health supplies from the West Virginia Oral Health program at the West Virginia Department of Health and Human Resources. These oral health supplies are shared during

home visits, health fairs, and baby showers. The West Virginia Home Visitation Program expects that the new Maternal Infant Early Childhood Home Visiting data collection efforts will include a focus on oral health.

Those of us working in In-Home Family Education know that positive oral health starts before birth and that oral health affects physical and emotional health throughout our lifespan.

For more information on In-Home Family Education, go to <http://www.inhomefamilyed.com/>. To contact your local In-Home Family Education program, go to <http://www.wvpartners.org/documents/CURRENTListofIHFEprograms.pdf> for a current list of free and voluntary programs and the corresponding counties that they serve.



Are you a child care provider or director needing or wanting to obtain your degree in early childhood education?

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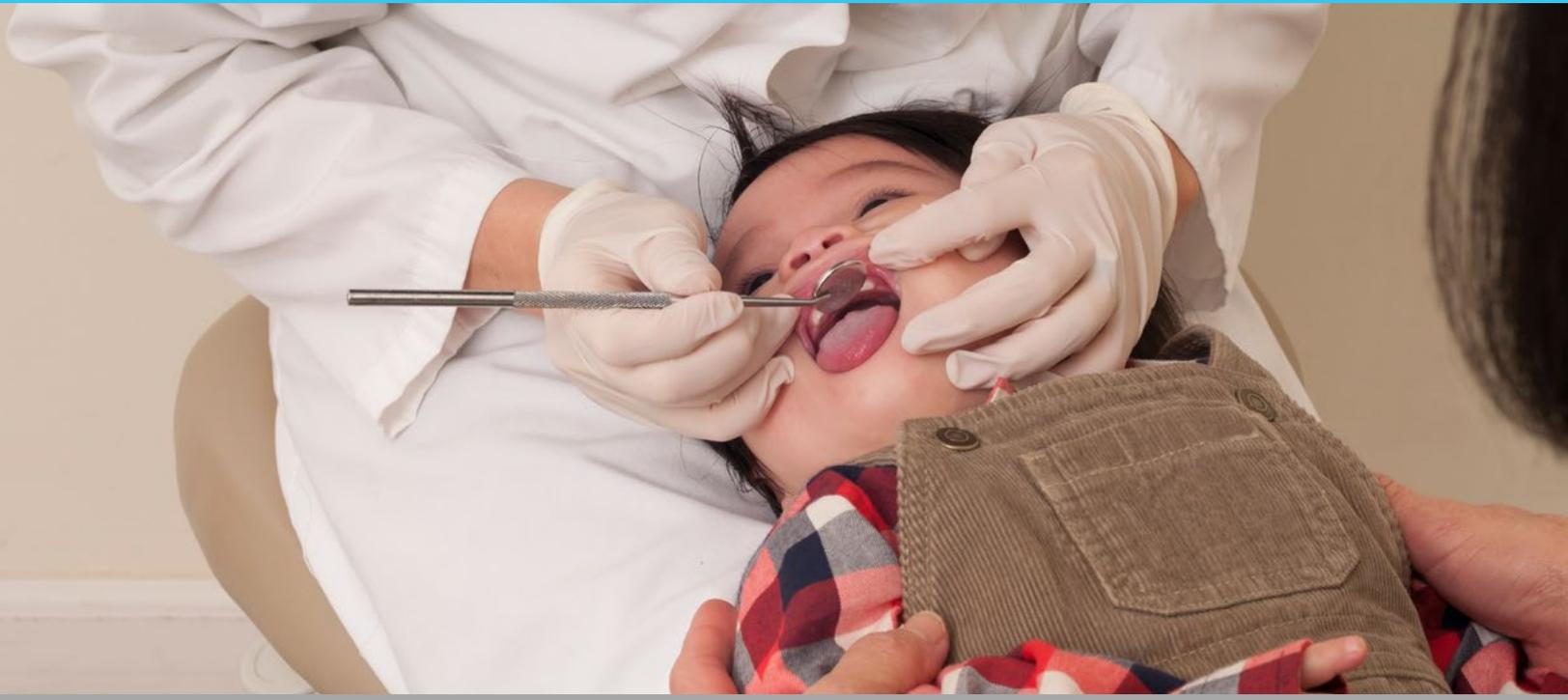
For more information contact:

304-529-7603

teachwv@rvcds.org

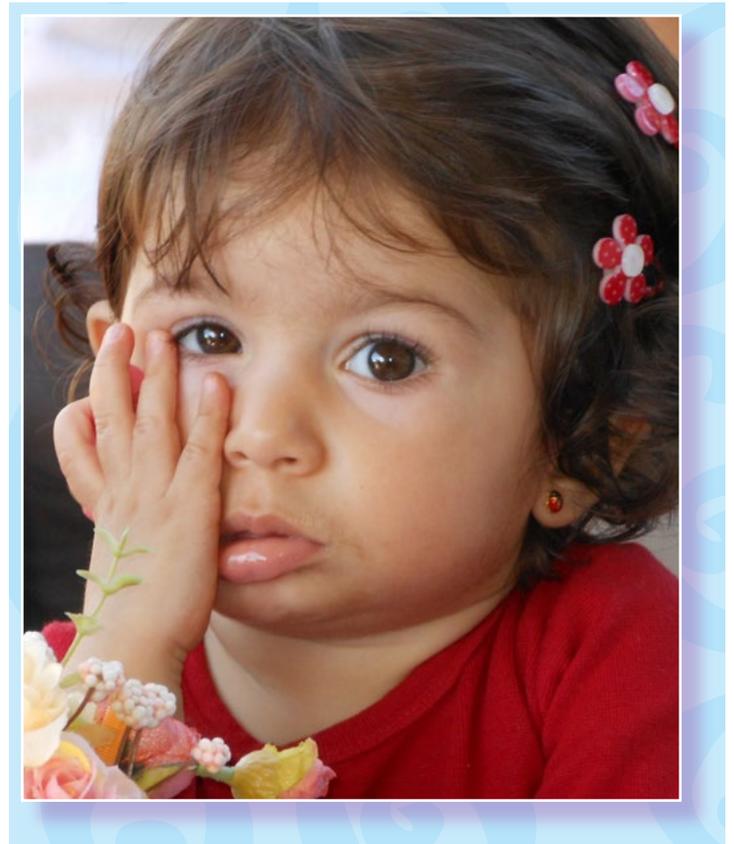
www.wvearlychildhood.org

Healthy Habits for Happy Smiles



Giving First Aid for Your Child's Oral Injuries

Injuries to the head, face, and mouth are common in young children. Even when parents do their best to keep children safe, oral injuries can happen. Most oral injuries happen when young children are learning to walk. The top front teeth are injured most often.



School readiness begins with health!

Tips to help you know what to do for common oral injuries:

- **Tongue or lip injured.** Clean the injured area. Press a clean washcloth on it to stop bleeding. Keep your child's head up and facing forward to prevent choking. Put ice, wrapped in a clean washcloth, on the area to reduce swelling. If bleeding doesn't stop after 30 minutes, take your child to your child's dentist or doctor right away. If the dentist or doctor is not available, take your child to the nearest urgent care center right away.
- **Tooth chipped or cracked.** Clean the injured area. Contact your child's dentist or an urgent care center right away. Have your child rinse with water, if possible. If there is bleeding, press a clean washcloth on the gum around the tooth to stop it.
- **Tooth knocked out.** Contact your child's dentist right away. Do not try to put a baby tooth back into the mouth. Clean the injured area. If there is bleeding, have your child bite on the area with a clean washcloth for 15 to 30 minutes to stop it.
- **Tooth knocked loose, moved, or pushed into gum.** If your child's tooth has been knocked loose, moved forward or backward, or pushed into the gum, contact your child's dentist or an urgent care center right away. Have your child rinse with water, if possible. Press a clean washcloth on the gum around the tooth to stop bleeding.
- **Toothache.** If your child has a toothache, it is likely that the tooth has a cavity. Make a dental appointment as soon as possible to find out what the problem is and get treatment.



This handout was prepared by the National Center on Health under cooperative agreement #90HC0005 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

National Center on Health. 2015. *Healthy Habits for Happy Smiles: Giving First Aid for Your Child's Oral Injuries*. Elk Grove Village, IL: National Center on Health.

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Do you know a child who is not *moving *hearing *seeing * learning or *talking like others their age?

By 3 months,

Does your baby...

- grasp rattle or finger?
- hold up his/her head well?
- make cooing sounds?
- smile when talked to?

By 6 months,

Does your baby...

- play with own hands/feet?
- roll over?
- turn his/her head towards sound?
- holds head up/looks around without support?

By 9 months,

Does your baby...

- sit alone or with minimal support?
- pick up small objects with thumb and fingers?
- move toy from hand to hand?

By 12 months,

Does your baby...

- wave goodbye?
- play with toys in different ways?
- feed self with finger foods?
- begin to pull up and stand?
- begin to take steps?

By 18 months,

Does your baby...

- cling to caretaker in new situations?
- try to talk and repeat words?
- walk without support?

By 24 months,

Does your baby...

- point to body parts?
- walk, run, climb without help?
- get along with other children?
- use 2 or 3 word sentences?

If you are concerned about your child's development, get help early.

Every child deserves a great start.

WV Birth to Three supports families to help their children grow and learn.

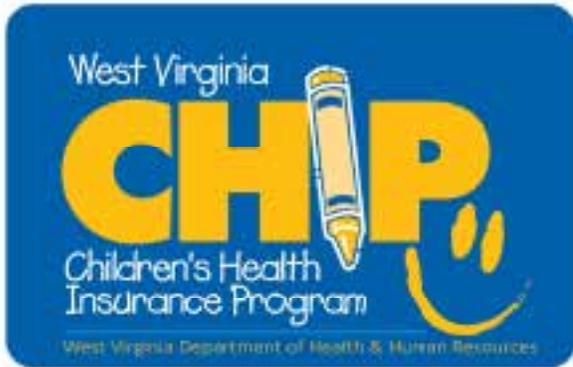
To learn more about the
WV Birth to Three services
in your area, please call:

1-866-321-4728

Or visit www.wvdhhr.org/birth23



WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the West Virginia Department of Health and Human Resources, Office of Maternal, Child and Family Health.



**Celebrating 15 years
of progress in children's
healthcare coverage
in West Virginia!**

**West Virginia now ranks
4th lowest in the nation for
children's uninsurance!**



**For more information about
WV CHIP, visit
www.chip.wv.gov**

1-800-318-2596

West Virginia Celebrates Infant Mental Health Week

West Virginia is joining the nation in celebrating Infant Mental Health Week May 16-21. Here is a look at some of the activities happening around the state.

2nd Annual Children's Mental Health Awareness Walk

The Family Advocacy, Support and Training Program (FAST), a program of Legal Aid of West Virginia, is hosting its 2nd Annual Children's Mental Health Awareness Walk on Friday, May 13 from 5:30-8 p.m. at Appalachian Power Park in Charleston. The purpose of this walk is raise public awareness about a growing number of children and adolescents who are recognized as having emotional, behavioral, and social disorders. For more information about the Awareness Walk, contact Robin Hughes at 304-697-2070 ext. 2525 or rhughes@lawv.net.

Roll and Read Family Event

Join the Roll and Read Family Event on Saturday, May 21 from 1 - 4 p.m. at Magic Island in Charleston. This event is hosted by Parents as Teachers and Project LAUNCH: West Side Proud. Parents can stroll their children around the one mile course while stopping at vendor tables to participate in activities around the book *Brown Bear, Brown Bear, What Do You See?* The event will encourage awareness of infant mental health and combine physical activity with family literacy. For more information about the event or how to be an exhibitor, contact Diane Hughes at 681-221-8008 or dchughes@kcs.kana.k12.wv.us.



Infant Mental Health Webinar Series

The West Virginia Infant/Toddler Mental Health Association is sponsoring a series of daily webinars May 16-20. All webinars will be from 12 noon – 1 p.m. and are free. WV STARS credits will be offered.

Monday – May 16

The Importance of Father/Child Bonding with Good Infant Mental Health

Research is showing that involved fathers have a phenomenal dynamic in the health and development of a child.

Tuesday – May 17

What is Infant Mental Health?

Connecting the importance of promoting positive social and emotional development for all young children through responsive and nurturing relationships.

Wednesday – May 18

The Effects of Substance Abuse on the Entire Family

A discussion on the devastating effect substance abuse has on families.

Thursday – May 19

Reflective Supervision: Benefits and Strategies for Implementation

An overview of Reflective Supervision, focusing on outcomes for individuals and programs as well as practical strategies for implementation.

Friday – May 20

Supporting Families During Breastfeeding and Infant Feeding

How to support families while feeding babies and young children.

Pre-registration is required. To register, please email michelle@nurturingwvbabies.org. For more information, please visit www.nurturingwvbabies.org.

3 REASONS

GOOD INFANT MENTAL HEALTH MATTERS



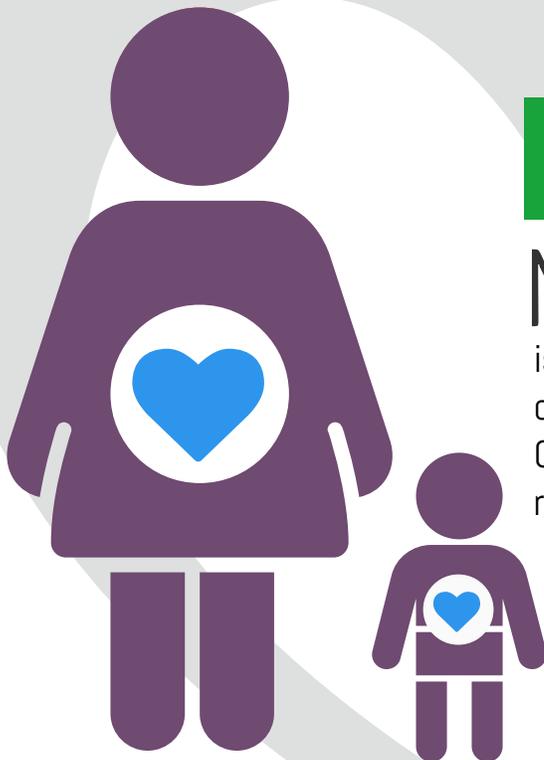
We have a shared stake **to make sure babies develop sturdy brain architecture**, because this foundation supports a lifetime of learning and productive participation in society. A reliable caregiver who is responsive to a baby's needs is the base for secure attachment, which allows an infant to explore and learn.



Toxic stress from broken caregiver-infant relationships can push a baby's stress hormones into overdrive. When constantly present, these hormones disrupt brain and physical development. And babies can't learn if their brains and bodies are working against them. **The antidote to toxic stress?** Affection and protection by a nurturing caregiver.



Secure attachment is a fundamental building block of social function. Children need relationships with sensitive caregivers to self-regulate, get along with others, solve problems, and be productive -- the basis for civic and economic prosperity.



INFANT MENTAL HEALTH

is the optimal social, emotional, and cognitive well-being of children ages 0 to 3, developed by secure and stable relationships with nurturing caregivers.



West Virginia Infant/Toddler Mental Health Association

Supporting the social and emotional well-being of children

304.697.0876 | nurturingwvbabies.org



West Virginia Infant/Toddler Mental Health Association is a member of the

Alliance for the Advancement of Infant Mental Health

mi-aimh.org/alliance

Parent Blocks

NEWSLETTER



"Providing resources to parents throughout West Virginia"
Volume 13, Issue 2, Spring 2016

Toothbrushing Tips for Your Child with a Disability

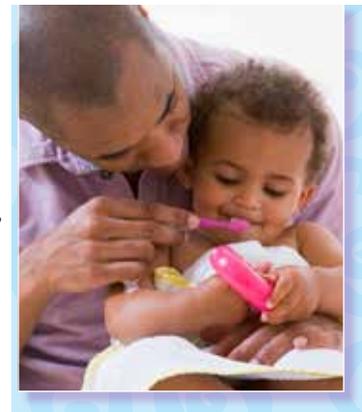


School readiness begins with health!

WV Parent Blocks Newsletter is a project of West Virginia Early Childhood Training Connections and Resources, a collaborative project of West Virginia Department of Health and Human Resources/Bureau for Children and Families/Division of Early Care and Education; WV Head Start State Collaboration Office; Office of Maternal, Child and Family Health/West Virginia Birth to Three; West Virginia Department of Education/Office of Special Education; and West Virginia Home Visitation Program and is supported and administered by River Valley Child Development Services.

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Some children with disabilities need extra help to take care of their teeth. Young children, especially those with a physical, emotional, behavioral, intellectual, or communication disability, may or may not



have the fine motor skills they need to clean their teeth well. It's important to brush and help your child with toothbrushing.

Continued on next page

Visit our website at www.wvearlychildhood.org

Tips for brushing your child's teeth and making it a good experience:

- **Choose a toothbrush made for children.** Look for toothbrushes with soft bristles and a small head made for brushing a child's teeth. Let your child pick a toothbrush that is a favorite color. Or let your child pick one that has a favorite character on the handle.
- **Use oral hygiene aids.** If it is hard for your child to hold a toothbrush, look for a toothbrush with a thick handle, or make the handle thicker by putting it inside a tennis ball. The toothbrush handle can also be strapped to your child's hand with a hair band or Velcro. Another way is to place a hand over the child's hand to guide the toothbrush as the child brushes.
- **Use fluoride toothpaste that your child likes.** Fluoride toothpaste comes in different flavors and colors. Find one that your child likes and feels good in his or her mouth.
- **Use the right amount of fluoride toothpaste.** An adult should always place toothpaste on the toothbrush. For children under age 3, use a smear (size of a grain of rice) of toothpaste. For children ages 3 to 6, use a pea-size amount of toothpaste. Encourage your child to spit and not swallow the remaining toothpaste.
- **Make toothbrushing fun.** Sing a song while brushing your child's teeth. Or count or say the alphabet while you brush your child's teeth. You can also tell a story, say a nursery rhyme, or make animal sounds while brushing.



Use a smear for children under age 3.



Use a pea-size amount for children ages 3 to 6.

This handout was prepared by the National Center on Health under cooperative agreement #90HC0005 for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

National Center on Health. 2015. *Healthy Habits for Happy Smiles: Toothbrushing Tips for Your Child with a Disability*. Elk Grove Village, IL: National Center on Health.

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ORAL HEALTH



THE NATIONAL CENTER ON
Health

Tips for Families from the Head Start National Center on Health

You Can Promote Good Oral Health By:

- Knowing how to make sure you and your family have healthy mouths and teeth
- Helping your children learn good mouth and teeth habits

Why Is It Important?

When Children Have a Healthy Mouth, They:

- Can speak clearly
- Can eat healthy foods
- Feel good about themselves

Having a Healthy Mouth Also Means:

- Healthy growth and development
- Being able to focus and learn
- A pain-free mouth
- Lower dental care costs for your family



Things You Can Do to Help Your Child

- Brush your child's teeth with fluoride toothpaste twice a day.
- If your child is younger than 3 years, brush with a smear of fluoride toothpaste.
- If your child is age 3 to 6 years, brush with a pea-size amount of fluoride toothpaste.
- Young children will want to brush their own teeth, but they need help until their hand skills are better. Brush children's teeth or help children brush their teeth until they are about 7 or 8 years old.
- Be a role model for oral health! Brush your teeth with fluoride toothpaste twice a day (in the morning and at bedtime) and floss once a day.
- Serve healthy meals and snacks like fruits, vegetables, low-fat milk and milk products, whole-grain products, meat, fish, chicken, eggs, and beans.
- Limit the number of snacks your child has in a day.
- Do not give your child food for rewards.
- Take your child to the dentist for a check up by her first birthday and keep taking her.
- If your child has not gone to the dentist take him.
- Ask your dentist what you can do to keep your mouth and your child's mouth healthy.
- Make sure to go to the dentist as often as your dentist would like you to go.
- Let your Head Start or Early Head Start program know if you need help or have questions about oral health.



Questions to Ask When Looking for a Dental Office

Finding a dental office that is best for you and your child can be hard. Here are some questions that you can ask a dental office before you decide to make an appointment.

1. Does someone in your office speak _____ (for example, Spanish) that can translate?
2. Does your office take _____ (your child's insurance plan, for example, Medicaid or CHIP)?
3. Is your office now seeing new patients with this type of insurance? When is the next appointment time for a new patient?
4. Do the dentist and staff have any special training or experience treating young children?
5. Are there books, toys, or other fun things for children to do while they sit in the waiting room in your office?
6. Where is the office located, and does any public transportation (for example, bus or train) stop nearby? *Note:* Head Start and some dental offices can help find a ride to and from the dental office.
7. When is your office open during the day? Is the office open any evenings or on weekends?
8. To prepare for the appointment, what information will I need to know to complete your paperwork? Do I have to bring any forms with me to the dental appointment (for example, an insurance card or a Head Start dental form)?
9. What usually happens during a new patient appointment?
10. Will my child need to come back for more appointments if the dentist finds a cavity?
11. If an emergency comes up and I can't bring my child in for the appointment, what should I do?
12. Ask this question if your child has a health problem or needs extra help (for example, autism, cerebral palsy, asthma, epilepsy, or diabetes). My child has _____. Has the dentist or office staff worked with children who have this condition?



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National Center on Health. 2012. *Questions to Ask When Looking for a Dental Office*. Chicago, IL: National Center on Health.