

WATER FIRST

FOR YOUR THIRST



drinkwaterCT.org

An Oral Health & Obesity Prevention Toolkit

A Selection of Best Practices for Center-Based Child Care Providers

February 2018



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Acknowledgments

The Connecticut Department of Public Health extends its appreciation to the Husky Nutrition Programs SNAP-Ed at UConn Health for use of the *Water First for Your Thirst* logo and brand.

The Connecticut Department of Public Health also extends its appreciation to all of the members of the Early Care and Education Nutrition and Physical Activity Planning Team for their support of this project and a special thanks to the following partners for their contributions to this toolkit:

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This toolkit was supported by Cooperative Agreement Numbers, **U58DP00488-05** and **NU58DP004797**, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

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Background

Oral Health and Obesity Prevention in Child Care



Good oral care and maintaining a healthy body weight are two important components to overall health. Children in the United States are at risk for tooth decay and obesity because of poor eating habits and other unhealthy behaviors such as physical inactivity. Replacing sugary beverages with water is an easy, low cost way to promote health in young children.¹ This toolkit is designed to provide resources for child care centers to develop and implement policies and practices that support children’s oral health and prevent obesity with a focus on increasing access to fluoridated drinking water.

Practices to Promote Oral Health and a Healthy Body Weight

Oral health is a critical component of staying healthy and allows individuals to speak, smile, taste, smell, chew, and swallow. According to the Centers for Disease Control and Prevention (CDC), cavities are one of the most common chronic conditions in children.² Nearly 20% of children ages 5-11 years old have at least one untreated decayed tooth² and 29% of children have tooth decay by the time they reach kindergarten.³ Children who have problems with oral health are more likely to do poorly in school and receive lower grades than children who do not have problems with their oral health.²

In addition, childhood obesity has become a serious health issue among young children. Almost one-third of Connecticut students in kindergarten and third grade are overweight (15.6%) or obese (16.1%),³ and the obesity rate among low income children ages 2 to 4 is 15.3%, higher than the national average of 14.5%.⁴ Obesity can negatively impact a child’s social, emotional, and physical health, including the development of chronic illnesses and bullying.⁵ Drinking sugary beverages adds unwanted calories and sugar to a child’s diet, which may lead to weight gain and the development of oral health problems.

Luckily, poor oral health and obesity can be prevented. There are important strategies that impact a child’s oral health and weight status such as eating a healthy diet that limits sugary foods, drinking water in place of sugary drinks, and following best practice recommendations for bottle feeding and drinking from a cup.¹ Children should brush their teeth with fluoridated tooth paste and receive regular dental care, including their first dental visit by age one.² Best practices and recommended standards for child care centers and family day care homes are discussed in the next section in greater detail.



Water First for Your Thirst



The importance of drinking water is emphasized by many dietary recommendations, including the *Dietary Guidelines for Americans, 2015-2020*.⁶ Drinking plain fluoridated tap water is the best choice for children, especially when it replaces sugary beverages. Sugary beverages such as soda, juice and juice drinks, sports drinks, and sweetened water not only add a lot of extra, unnecessary calories to a child's diet but can cause dental caries and other oral health issues. Sparkling water without added sugars is a good substitute for sugary drinks but is more acidic than plain tap water and should be consumed with meals or at one sitting instead of being sipped on throughout the day. Water washes away leftover food and residue that bacteria use to create cavities and dilutes the acids produced by the bacteria in the mouth that can weaken teeth.⁷ Fluoridated tap water strengthens teeth to protect children from tooth decay.^{2,7}

Recommended Fluid Intake for Children

Daily fluid intake (total water) includes the water consumed from food, plain drinking water, and other beverages such as milk or juice.⁸ Daily fluid needs vary based on a number of factors such as age, sex, and activity level. While there are no specific drinking water recommendations, there are total water recommendations for healthy infants and children as outlined below.⁹

Life Stage Group	Recommended Daily Adequate Intake
Infants	
0 to 6 months	3 cups*
7 to 12 months	3½ cups**
Children	
1 to 3 years	5½ cups**
4 to 8 years	7 cups**

*Plain water should not be offered to healthy infants under 6 months of age. The recommended adequate intake of 3 cups noted above should only come from breastmilk or properly prepared formula unless medically indicated.

**Includes all water from food, plain water, and other beverages including breastmilk and/or formula.

Special Note: Healthy infants 12 months and younger have unique nutritional needs. Plain water should not be offered to healthy infants under 6 months of age.¹⁰ Adding extra water when preparing formula is not recommended, even on hot days where the infant may need additional fluids. On hot days, additional breastmilk or formula that has been appropriately prepared may be offered.¹⁰ Consult with the parent or guardian of the infant regarding their pediatrician's recommendations for feeding plain water.¹¹

For infants 6 months and older who have started solid foods, it is recommended to offer a total of 4 to 8 ounces of plain fluoridated water per day preferably in a cup.¹² Use of a sippy cup is appropriate for a short period of time in order to encourage transitioning from a bottle to a regular cup.¹²

Why Child Care?

Healthy behaviors are formed early in a child's life. Because of this, teaching young children to drink water as their main source of hydration is crucial so it becomes a lasting habit into adulthood. Family child care homes are ideal places to reach young children about healthy behaviors because more than 60% of children under 6 years of age are in a non-parental care arrangement on a weekly basis.¹³



Because of the importance of establishing healthy behaviors early, the federal Healthy, Hunger-Free Kids Act of 2010 has made access to water for children throughout the day a requirement for child care centers participating in the Child and Adult Care Food Program* (CACFP). Child care centers and family child care homes must offer and make water available to children upon request throughout the day, even though it is not a meal component.¹ Licensed child care centers are required by Connecticut state regulations to ensure that readily available drinking water is accessible to children.¹⁴ Fluoridated water is recommended as a consideration to provide an extra preventive benefit against tooth decay. All child care providers are encouraged to make drinking water available to children in order to promote healthy behaviors regardless of whether or not they are part of the CACFP or are licensed.



*The Child and Adult Care Food Program (CACFP) was established in 1968 and authorized in the National School Lunch Act to help improve the quality of child care for low-income families in the U.S. The program provides financial support for food service in child and adult care institutions and child care homes. In order to receive the financial support, participating programs must meet the set nutrition standards for foods and beverages served. For more information on CACFP requirements please visit: <http://portal.ct.gov/SDE/Nutrition/Child-and-Adult-Care-Food-Program>. Before implementing any changes to your program's food and nutrition policies or practices, contact your CACFP representative to ensure you are meeting all rules and regulations.

Section 1

Oral Health and Obesity Prevention Standards

National health organizations have created best practice standards to help guide child care providers in creating a safe and healthy environment for the children they serve. These standards identify areas of importance in addressing chronic issues such as poor oral health and obesity.



This section outlines a sampling of the oral health and obesity prevention guidelines from the 3rd edition of *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs (CFOC)*.¹⁰ These national standards were created by the American Academy of Pediatrics (AAP), the American Public Health Association (APHA), and the National Resource Center for Health and Safety in Child Care and Early Education (NRC) to provide quality health and safety standards that represent the best evidence, expertise, and experience in the country. While there are numerous standards that support obesity prevention and oral health, the selected standards focus on important oral hygiene topics and making water the primary beverage for young children in child care settings.

Caring for Our Children: Standards

The following selected CFOC standards are related to oral health and obesity prevention with a focus on drinking water.¹⁰ Full details for each standard is available on the following pages in the section.

<u>Standard No.</u>	<u>Title</u>
3.1.5.1	Routine Oral Hygiene Activities
3.1.5.2	Toothbrushes and Toothpaste
4.2.0.6	Availability of Drinking Water
4.2.0.7	100% Fruit Juice
4.3.1.8	Techniques for Bottle Feeding
5.2.6.2	Testing of Drinking Water Not From Public System
5.2.6.3	Testing for Lead and Copper Levels in Drinking Water
5.2.6.4	Water Test Results
5.2.6.10	Drinking Fountains

Standard 3.1.5.1: Routine Oral Hygiene Activities

Caregivers/teachers should promote the habit of regular tooth brushing. All children with teeth should brush or have their teeth brushed with a soft toothbrush of age-appropriate size at least once during the hours the child is in child care. Children under three years of age should have only a small smear (grain of rice) of fluoride toothpaste on the brush when brushing. Those children ages three and older should use a pea-sized amount of fluoride toothpaste.¹ An ideal time to brush is after eating. The caregiver/teacher should either brush the child's teeth or supervise as the child brushes his/her own teeth. Disposable gloves should be worn by the caregiver/teacher if contact with a child's oral fluids is anticipated. The younger the child, the more the caregiver/teacher needs to be involved. The caregiver/teacher should teach the child the correct method of tooth brushing. Young children want to brush their own teeth, but they need help until about age 7 or 8. The caregiver/teacher should monitor the tooth brushing activity and thoroughly brush the child's teeth after the child has finished brushing, preferably for a total of two minutes. Children whose teeth are properly brushed with fluoride toothpaste at home twice a day and are at low risk for dental caries may be exempt since additional brushing with fluoride toothpaste may expose a child to excess fluoride toothpaste.

The cavity-causing effect of exposure to foods or drinks containing sugar (like juice) may be reduced by having children rinse with water after snacks and meals when tooth brushing is not possible. Local dental health professionals can facilitate compliance with these activities by offering education and training for the child care staff and providing oral health presentations for the children and parents/guardians.

RATIONALE:

Regular tooth brushing with fluoride toothpaste is encouraged to reinforce oral health habits and prevent gingivitis and tooth decay. There is currently no (strong) evidence that shows any benefit to wiping the gums of a baby who has no teeth. However, before the first tooth erupts, wiping a baby's gums with clean gauze or a soft wet washcloth as part of a daily routine may make the transition to tooth brushing easier. Good oral hygiene is as important for a six-month-old child with one tooth as it is for a six-year-old with many teeth.² Tooth brushing with fluoride toothpaste at least once a day reduces build-up of decay-causing plaque.^{2,3} The development of tooth decay-producing plaque begins when an infant's first tooth appears in his/her mouth.⁴ Tooth decay cannot develop without this plaque which contains the acid-producing bacteria in a child's mouth. The ability to do a good job brushing the teeth is a learned skill, improved by practice and age. There is general consensus that children do not have the necessary hand eye coordination for independent brushing until around age seven or eight so either caregiver/teacher brushing or close supervision is necessary in the preschool child. Tooth brushing and activities at home may not suffice to develop this skill or accomplish the necessary plaque removal, especially when children eat most of their meals and snacks during a full day in child care.

COMMENTS:

- The caregiver/teacher should use a small smear (grain of rice) of fluoride toothpaste spread across the width of the toothbrush for children under three years of age and a pea-sized amount for children ages three years of age and older.¹ Children should attempt to spit out excess toothpaste after brushing. Fluoride is the single most effective way to prevent tooth decay.

Brushing teeth with fluoride toothpaste is the most efficient way to apply fluoride to the teeth. Young children may occasionally swallow a small amount of toothpaste and this is not a health risk. However, if children swallow more than recommended amounts of fluoride toothpaste on a consistent basis, they are at risk for fluorosis, a cosmetic condition (discoloration of the teeth) caused by over exposure to fluoride during the first eight years of life.⁵ Other products such as fluoride rinses can pose a poisoning hazard if ingested.⁶

- The children can rinse with water after a snack or a meal if their teeth have been brushed with fluoride toothpaste earlier. Rinsing with water helps to remove food particles from teeth and may help prevent tooth decay.
- A sink is not necessary to accomplish tooth brushing in child care. Each child can use a cup of water for tooth brushing. The child should wet the brush in the cup, brush and then spit excess toothpaste into the cup.
- Caregivers/teachers should encourage replacement of toothbrushes when the bristles become worn or frayed or approximately every three to four months.^{7,8}
- Caregivers/teachers should encourage parents/guardians to establish a dental home for their child within six months after the first tooth erupts or by one year of age, whichever is earlier.⁴ The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated and family-centered way. Currently there are insufficient numbers of dentists who incorporate infants and toddlers into their practices so primary care providers may provide oral health screening during well child care in this population while promoting the establishment of a dental home.²
- Fluoride varnish applied to all children every 3-6 months at primary care visits or at their dental home reduces tooth decay rates, and can lead to significant cost savings in restorative dental care and associated hospital costs. Coupled with parent/guardian and caregiver/teacher education, fluoride varnish is an important tool to improve children's health.⁹⁻¹¹

TYPE OF FACILITY:

Small Family Child Care Home, Center, Large Family Child Care Home

NOTES:

Content in the STANDARD was modified on 3/10/2016.

STANDARD 3.1.5.1 REFERENCES:

1. American Academy of Pediatrics, Section on Oral Health. 2014. Maintaining and improving the oral health of young children. <http://pediatrics.aappublications.org/content/134/6/1224>
2. American Academy of Pediatrics, Section on Pediatric Dentistry. 2008. Preventive oral health intervention for pediatricians. *Pediatrics* 122:1387-94.
3. American Academy of Pediatric Dentistry, Clinical Affairs Committee, Council on Clinical Affairs. 2008-2009. Guideline on periodicity of examination, preventive dental services, anticipatory guidance/counseling, and oral treatment for infants, children, and adolescents. *Pediatric Dentistry*30:112-18.
4. American Academy of Pediatrics, Section on Pediatric Dentistry. 2009. Policy statement: Oral health risk assessment timing and establishment of the dental home. *Pediatrics* 124:845.
5. Centers for Disease Control and Prevention, Fluoride Recommendations Work Group. 2001. Recommendations for using fluoride to prevent and control dental caries in the United States. *MMWR*50(RR14): 1-42.
6. Centers for Disease Control and Prevention. 2013. Community water fluoridation. <http://www.cdc.gov/fluoridation/faqs>/<http://www.cdc.gov/fluoridation/faqs/>
7. American Academy of Pediatric Dentistry. Early childhood caries. Chicago: AAPD. <http://www.aapd.org/assets/2/7/ECCstats.pdf>.
8. American Dental Association. ADA positions and statements. ADA statement on toothbrush care: Cleaning, storage, and replacement. Chicago: ADA. <http://www.ada.org/1887.aspx>.
9. Marinho, V.C., et al. 2002. Fluoride varnishes for preventing dental caries in children and adolescents. *Cochrane Database System Rev* 3, no. CD002279. <http://www.ncbi.nlm.nih.gov/pubmed/12137653>
10. American Academy of Pediatric Dentistry. 2006. Talking points: AAPD perspective on physicians or other non-dental providers applying fluoride varnish. Dental Home Resource Center. <http://www.aapd.org/assets/1/7/FluorideVarnishTalkingPoints.pdf>.
11. American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine. 2016. Policy statement: 2016 Recommendations for preventive pediatric health care. <http://pediatrics.aappublications.org/content/early/2015/12/07/peds.2015-3908>

Standard 3.1.5.2: Toothbrushes and Toothpaste

In facilities where tooth brushing is an activity, each child should have a personally labeled, soft toothbrush of age-appropriate size. No sharing or borrowing of toothbrushes should be allowed. After use, toothbrushes should be stored on a clean surface with the bristle end of the toothbrush up to air dry in such a way that the toothbrushes cannot contact or drip on each other and the bristles are not in contact with any surface.¹ Racks and devices used to hold toothbrushes for storage should be labeled and disinfected as needed. The toothbrushes should be replaced at least every three to four months, or sooner if the bristles become frayed.²⁻⁵ When a toothbrush becomes contaminated through contact with another brush or use by more than one child, it should be discarded and replaced with a new one.

Each child should have his/her own labeled toothpaste tube. Or if toothpaste from a single tube is shared among the children, it should be dispensed onto a clean piece of paper or paper cup for each child rather than directly on the toothbrush.^{1,6} Children under three years of age should have only a small smear of fluoride toothpaste (grain of rice) on the brush when brushing. Those three years of age and older should use a pea-sized amount of fluoride toothpaste.⁷ Toothpaste should be stored out of children's reach.



Pea-sized amount of fluoride toothpaste



Small smear of fluoride toothpaste

Photo Credit: National Center on Early Childhood Health and Wellness

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

RATIONALE:

Toothbrushes and oral fluids that collect in the mouth during tooth brushing are contaminated with infectious agents and must not be allowed to serve as a conduit of infection from one individual to another.¹ Individually labeling the toothbrushes will prevent different children from sharing the same toothbrush. As an alternative to racks, children can have individualized, labeled cups and their brush can be stored bristle-up in their cup. Some bleeding may occur during brushing in children who have inflammation of the gums. The Occupational Safety and Health Administration (OSHA) regulations apply where there is potential exposure to blood. Saliva is considered an infectious vehicle whether or not it contains blood, so caregivers/teachers should protect themselves from saliva by implementing standard precautions.

COMMENTS:

- Children can use an individually labeled or disposable cup of water to brush their teeth.¹
- Toothpaste is not necessary if removal of food and plaque is the primary objective of tooth brushing. However, no anti-caries benefit is achieved from brushing without fluoride toothpaste.
- Some risk of infection can occur when numerous children brush their teeth and spit into the sink that is not sanitized between uses.
- Tooth brushing ability varies by age. Young children want to brush their own teeth, but they need help until about age seven or eight. Adults helping children brush their teeth not only help them learn how to brush, but also improve the removal of plaque and food debris from all teeth.⁵

TYPE OF FACILITY:

Small Family Child Care Home, Center, Large Family Child Care Home

STANDARD 3.1.5.2 REFERENCES:

1. Centers for Disease Control and Prevention. 2005. Infection control in dental settings: The use and handling of toothbrushes. <http://www.cdc.gov/OralHealth/InfectionControl/factsheets/toothbrushes.htm>
2. American Dental Association, Council on Scientific Affairs. 2005. ADA statement on toothbrush care: Cleaning, storage, and replacement. <http://www.ada.org/1887.aspx>.
3. American Academy of Pediatric Dentistry. 2004. *Early childhood caries (ECC)*. <http://www.aapd.org/assets/2/7/ECCstats.pdf>.
4. American Dental Hygienists' Association. *Proper brushing*. <http://www.adha.org/oralhealth/brushing.htm>.
5. 12345 First Smiles. 2006. Oral health considerations for children with special health care needs (CSHCN). http://www.first5oralhealth.org/page.asp?page_id=432.
6. Davies, R. M., G. M. Davies, R. P. Ellwood, E. J. Kay. 2003. Prevention. Part 4: Toothbrushing: What advice should be given to patients? *Brit Dent Jour* 195:135-41.
7. American Academy of Pediatrics, Section on Oral Health. 2014 Maintaining and improving the oral health of young children. <http://pediatrics.aappublications.org/content/134/6/1224>.

Standard 4.2.0.6: Availability of Drinking Water

Clean, sanitary drinking water should be readily available, in indoor and outdoor areas, throughout the day. Water should not be a substitute for milk at meals or snacks where milk is a required food component unless it is recommended by the child's primary care provider.

On hot days, infants receiving human milk in a bottle can be given additional human milk in a bottle but should not be given water, especially in the first six months of life. Infants receiving formula and water can be given additional formula in a bottle. Toddlers and older children will need additional water as physical activity and/or hot temperatures cause their needs to increase. Children should learn to drink water from a cup or drinking fountain without mouthing the fixture. They should not be allowed to have water continuously in hand in a "sippy cup" or bottle. Permitting toddlers to suck continuously on a bottle or sippy cup filled with water, in order to soothe themselves, may cause nutritional or in rare instances, electrolyte imbalances. When tooth brushing is not done after a feeding, children should be offered water to drink to rinse food from their teeth.

RATIONALE:

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

COMMENTS:

Clean, small pitchers of water and single-use paper cups available in the classrooms and on the playgrounds allow children to serve themselves water when they are thirsty. Drinking fountains should be kept clean and sanitary and maintained to provide adequate drainage.

TYPE OF FACILITY:

Small Family Child Care Home, Center, Large Family Child Care Home

STANDARD 4.2.0.6 REFERENCES:

1. Kleinman, R. E., ed. 2009. Pediatric nutrition handbook. 6th ed. Elk Grove Village, IL: American Academy of Pediatrics.
2. Manz, F. 2007. Hydration in children. *J Am Coll Nutr* 26:562S-569S.
3. Casamassimo, P., K. Holt, eds. 2004. Bright futures in practice: Oral health—pocket guide. Washington, DC: National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/PDFs/BFOHPocketGuide.pdf>.
4. Centers for Disease Control and Prevention. 2011. Community water fluoridation. <http://www.cdc.gov/fluoridation/>.

Standard 4.2.0.7: 100% Fruit Juice*

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

RATIONALE:

Whole fruit is more nutritious than fruit juice and provides dietary fiber. Fruit juice which is 100% offers no nutritional advantage over whole fruits.

Limiting the feeding of juice to specific meals and snacks will reduce acids produced by bacteria in the mouth that cause tooth decay. The frequency of exposure, rather than the quantity of food, is important in determining whether foods cause tooth decay. Although sugar is not the only dietary factor likely to cause tooth decay, it is a major factor in the prevalence of tooth decay.^{1,2}

Drinks that are called fruit juice drinks, fruit punches, or fruit nectars contain less than 100% fruit juice and are of a lower nutritional value than 100% fruit juice. Liquids with high sugar content have no place in a healthy diet and should be avoided. Continuous consumption of juice during the day has been associated with a decrease in appetite for other nutritious foods which can result in feeding problems and overweight/obesity. Infants should not be given juice from bottles or easily transportable, covered cups (e.g., sippy cups) that allow them to consume juice throughout the day.

The American Academy of Pediatrics (AAP) recommends that children aged one to six years drink no more than four to six ounces of fruit juice a day.³ This amount is the total quantity for the whole day, including both time at early care and education and at home. Caregivers/teachers should not give the entire amount while a child is in their care. For breastfed infants, AAP recommends that gradual introduction of iron-fortified foods may occur no sooner than around four months, but preferably six months to complement the human milk. Infants should not be given juice before they reach twelve months of age.

Overconsumption of 100% fruit juice can contribute to overweight and obesity.³⁻⁶ One study found that two- to five-year-old children who drank twelve or more ounces of fruit juice a day were more likely to be obese than those who drank less juice.² Excessive fruit juice consumption may be associated with malnutrition (over nutrition and under nutrition), diarrhea, flatulence, and abdominal distention.³ Unpasteurized fruit juice may contain pathogens that can cause serious illnesses.³ The U.S. Food and Drug Administration requires a warning on the dangers of harmful bacteria on all unpasteurized juice or products.⁷

COMMENTS:

Caregivers/teachers, as well as many parents/guardians, should strive to understand the relationship between the consumption of sweetened beverages and tooth decay. Drinks with high sugar content should be avoided because they can contribute to childhood obesity,^{2,5,6} tooth decay, and poor nutrition.

TYPE OF FACILITY:

Small Family Child Care Home, Center, Large Family Child Care Home

STANDARD 4.2.0.7 REFERENCES:

1. Casamassimo, P., K. Holt, eds. 2004. Bright futures in practice: Oral health—pocket guide. Washington, DC: National Maternal and Child Oral Health Resource Center. <http://www.mchoralhealth.org/PDFs/BFOHPocketGuide.pdf>.
2. Dennison, B. A., H. L. Rockwell, S. L. Baker. 1997. Excess fruit juice consumption by preschool-aged children is associated with short stature and obesity. *Pediatrics* 99:15-22.
3. American Academy of Pediatrics, Committee on Nutrition. 2007. Policy statement: The use and misuse of fruit juice in pediatrics. *Pediatrics* 119:405.
4. Faith, M. S., B. A. Dennison, L. S. Edmunds, H. H. Stratton. 2006. Fruit juice intake predicts increased adiposity gain in children from low-income families: Weight status-by-environment interaction. *Pediatrics* 118:2066-75.
5. Dubois, L., A. Farmer, M. Girard, K. Peterson. 2007. Regular sugar-sweetened beverage consumption between meals increases risk of overweight among preschool-aged children. *J Am Diet Assoc* 107:924-34.
6. Dennison, B. A., H. L. Rockwell, M. J. Nichols, P. Jenkins. 1999. Children's growth parameters vary by type of fruit juice consumed. *J Am Coll Nutr* 18:346-52.
7. U.S. Food and Drug Administration. Safe handling of raw produce and fresh-squeezed fruit and vegetable juices. New York: JMH Education. <http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm114299.htm>.

*CACFP meal patterns under the [USDA final rule](#) require that pasteurized full-strength juice can meet the vegetables or fruits component at only one meal or snack per day. For more information, see the State Department of Education's handouts, [Crediting Juice in the CACFP](#) and [Crediting Smoothies in the CACFP](#). Before implementing any changes to your program's food and nutrition policies or practices, contact your CACFP representative to ensure you are meeting all rules and regulations.

Standard 4.3.1.8: Techniques for Bottle Feeding

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

Bottle feeding techniques should mimic approaches to breastfeeding:

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

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

Bottles should be checked to ensure they are given to the appropriate child, have human milk, infant formula, or water in them. When using a bottle for a breastfed infant, a nipple with a cylindrical teat and a wider base is usually preferable. A shorter or softer nipple may be helpful for infants with a hypersensitive gag reflex, or those who cannot get their lips well back on the wide base of the teat.¹

The use of a bottle or cup to modify or pacify a child's behavior should not be allowed.²

RATIONALE:

The manner in which food is given to infants is conducive to the development of sound eating habits for life. Caregivers/teachers and parents/guardians need to understand the relationship between bottle feeding and emotional security. Caregivers/teachers should hold infants who are bottle feeding whenever possible, even if the children are old enough to hold their own bottle. Caregivers/teachers should promote proper feeding practices and oral hygiene including proper use of the bottle for all infants and toddlers. Bottle propping can cause choking and aspiration and may contribute to long-term health issues, including ear infections (otitis media), orthodontic problems, speech disorders, and psychological problems.³ When infants and children are fed on cue, they are in control of frequency and amount of feedings. This has been found to reduce the risk of childhood obesity. Any liquid except plain water can cause early childhood caries.⁴ Early childhood caries in primary teeth may hold significant short-term and long-term implications for the child's health.⁵ Frequently sipping any liquid besides plain water between feeds encourages tooth decay.

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

when the child is in a crib or bed and when feeding more than one infant at a time. Infants should be burped after every feeding and preferably during the feeding as well.

Caregivers/teachers should offer children fluids from a cup as soon as they are developmentally ready. Some children may be able to drink from a cup around six months of age, while for others it is later.⁶ Weaning a child to drink from a cup is an individual process, which occurs over a wide range of time. The American Academy of Pediatric Dentistry (AAPD) recommends weaning from a bottle by the child's first birthday.⁷ Instead of sippy cups, caregivers/teachers should use smaller cups and fill halfway or less to prevent spills as children learn to use a cup.⁸ If sippy cups are used, it should only be for a very short transition period.

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

TYPE OF FACILITY:

Small Family Child Care Home, Center, Large Family Child Care Home

STANDARD 4.3.1.8 REFERENCES:

1. Ben-Joseph, E. 2015. Formula feeding FAQs: Getting started. Nemours: KidsHealth. <http://kidshealth.org/en/parents/formulafeed-starting.html#>.
2. Lerner, C., & Parlakian, R. 2016. Colic and crying. Zero to three. <https://www.zerotothree.org/resources/197-colic-and-crying>.
3. American Academy of Pediatrics, Healthy Children. 2015. Practical bottle feeding tips. <https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Practical-Bottle-Feeding-Tips.aspx>.
4. American Academy of Pediatrics, Healthy Children. 2015. How to prevent tooth decay in your baby. <https://www.healthychildren.org/English/ages-stages/baby/teething-tooth-care/Pages/How-to-Prevent-Tooth-Decay-in-Your-Baby.aspx>.
5. Çolak, H., Dülgergil, Ç. T., Dalli, M., & Hamidi, M. M. 2013. Early childhood caries update: A review of causes, diagnoses, and treatments. *Journal of natural science, biology, and medicine*, 4(1), 29.
6. Hirsch, L. 2017. Feeding your 4- to 7-month old. Nemours, KidsHealth. <http://kidshealth.org/en/parents/feed47m.html#>.
7. Rupal, C. 2016. Stopping the Bottle. Nemours, KidsHealth. <http://kidshealth.org/en/parents/no-bottles.html#>.
8. Holt, K., N. Wooldridge, M. Story and D. Sofka. 2011. *Bright futures nutrition*. 3rd ed. Chicago: American Academy of Pediatrics. Print.

Standard 5.2.6.2: Testing of Drinking Water Not From Public System

If the facility's drinking water does not come from a public water system, or the facility gets the drinking water from a household well, programs should test the water every year or as required by the local health department, for bacteriological quality, nitrates, total dissolved solids, pH levels, and other water quality indicators as required by the local health department. Testing for nitrate is especially important if there are infants under six months of age in care.

RATIONALE:

Drinking water sources should be approved by the local health department. If a child care facility does not receive drinking water from a public water system, the child care operator should ensure that the drinking water is safe. Unsafe water supplies may cause illness or other problems¹ and contain bacteria and parasites. Infants below the age of six months who drink water containing nitrate in excess of the maximum concentration limit of ten milligrams per liter could become seriously ill and, if untreated, may die. Symptoms include shortness of breath and blue-baby syndrome (methemoglobinemia).² Even if a private water supply is safe, regular testing is valuable because it establishes a record of water quality.

COMMENTS:

Public water systems are responsible for complying with all regulations, including monitoring, reporting, and performing treatment techniques. Testing of private water supplies should be completed by a state certified laboratory.¹ Most testing laboratories or services supply their own sample containers. Samples for bacteriological testing must be collected in sterile containers and under sterile conditions. Laboratories may sometimes send a trained technician to collect the sample. For further information, contact the local health authority or the U.S. Environmental Protection Agency (EPA).

TYPE OF FACILITY:

Small Family Child Care Home, Center, Large Family Child Care Home

STANDARD 5.2.6.2 REFERENCES:

1. U.S. Environmental Protection Agency (EPA). 2005. Home water testing. Washington, DC: EPA, Office of Water. http://www.epa.gov/ogwdw000/faq/pdfs/fs_homewatertesting.pdf.
2. American Academy of Pediatrics. Policy statement: Drinking water from private wells and risks to children. Pediatrics 123:1599-1605.

Standard 5.2.6.3: Testing for Lead and Copper Levels in Drinking Water

Drinking water, including water in drinking fountains, should be tested and evaluated in accordance with the assistance of the local health authority or state drinking water program to determine whether lead and copper levels are safe.

RATIONALE:

Lead and copper in pipes can leach into water in harmful amounts and present a potential serious exposure. Lead exposure can cause: lower IQ levels, hearing loss, reduced attention span, learning disabilities, hyperactivity, aggressive behavior, coma, convulsion, and even death.^{2,3} Copper exposure can cause stomach and intestinal distress, liver or kidney damage, and complications of Wilson's disease. Children's bodies absorb more lead and copper than the average adult because of their rapid development.^{2,3}

It is especially important to test and have safe water at child care facilities because of the amount of time children spend in these facilities.

Caregivers/teachers should always run cold water for fifteen to thirty seconds before using for drinking, cooking, and making infant formula.³ Cold water is less likely to leach lead from the plumbing.

COMMENTS:

Lead is not usually found in water that comes from wells or public drinking water supply systems. More commonly, lead can enter the drinking water when the water comes into contact with plumbing materials that contain lead.^{2,4}

Child care facilities that have their own water supply and are considered non-transient, non-community water systems (NTNCWS) are subject to the Environmental Protection Agency's (EPA) Lead and Copper Rule (LCR) requirements, which include taking water samples for testing.^{1,2}

Contact your local health department or state drinking water program for information on how to collect samples and for advice on frequency of testing. See also the EPA references below.

TYPE OF FACILITY:

Small Family Child Care Home, Center, Large Family Child Care Home

STANDARD 5.2.6.3 REFERENCES:

1. U.S. Environmental Protection Agency (EPA). 2009. Drinking water in schools and child care facilities. <http://water.epa.gov/infrastructure/drinkingwater/schools/index.cfm>.
2. U.S. Environmental Protection Agency (EPA). 2005. Lead and copper rule: A quick reference guide for schools and child care facilities that are regulated under the safe Drinking Water Act. Washington, DC: EPA, Office of Water. http://www.epa.gov/safewater/schools/pdfs/lead/qrq_lcr_schools.pdf.
3. U.S. Environmental Protection Agency (EPA). 2005. 3Ts for reducing lead in drinking water in child care facilities: Revised guidance. Washington, DC: EPA, Office of Water. http://www.epa.gov/safewater/schools/pdfs/lead/toolkit_leadschools_guide_3ts_childcare.pdf.
4. Zhang, Y., A. Griffin, M. Edwards. 2008. Nitrification in premise plumbing: Role of phosphate, pH and pipe corrosion. Environ Sci Tech 42:4280-84.

Standard 5.2.6.4: Water Test Results

All water test results should be in written form and kept with other required reports and documents in one central location in the facility, ready for immediate viewing by consumers and regulatory personnel. Early care and education programs should maintain photocopies of all water-testing results if the business is required to submit reports to the regulatory authority.

RATIONALE:

Consumers and regulatory personnel can determine that testing has been done through written documentation.¹

COMMENTS:

Some regulatory authorities prefer to review copies of water test results available for inspection on site; others that do not provide on-site inspections may prefer to have the reports submitted to them.

TYPE OF FACILITY:

Small Family Child Care Home, Center, Large Family Child Care Home

STANDARD 5.2.6.4 REFERENCES:

1. U.S. Environmental Protection Agency (EPA). 2005. 3Ts for reducing lead in drinking water in child care facilities: Revised guidance. Washington, DC: EPA, Office of Water.
http://www.epa.gov/safewater/schools/pdfs/lead/toolkit_leadschools_guide_3ts_childcare.pdf.

Standard 5.2.6.10: Drinking Fountains

Drinking fountains should have an angled jet and orifice guard above the rim of the fountain. The pressure should be regulated so the water stream does not contact the orifice guard or splash on the floor, but should rise at least two inches above the orifice guard.

Drinking fountains should be cleaned and disinfected at least daily and whenever visibly dirty.

At least eighteen inches of space should be provided between a drinking fountain and any kind of towel dispenser.

RATIONALE:

Access to water provides for fluid maintenance essential to body health. The water must be protected from contamination to avoid the spread of disease. Space between a drinking fountain and sink or towel dispenser helps prevent contamination of the drinking fountain by organisms being splashed or deposited during use.

Moist surfaces such as drinking fountains in child care centers can be sources of rotavirus contamination during an outbreak.¹

TYPE OF FACILITY:

Center

STANDARD 5.2.6.10 REFERENCES:

1. Butz, A. M., P. Fosarelli, J. Dick, T. Cusack, R. Yolken. 1993. Prevalence of rotavirus on high risk fomites in day-care facilities. *Pediatrics* 92:202-5.

Section 2

Wellness Policies in Child Care

Seventeen percent of children and adolescents ages 2 to 19 are overweight,¹⁵ and dental carries remain the most common chronic disease of children aged 6 to 11 years and adolescents aged 12 to 19 years.¹⁶ Several risk factors associated with overweight and obesity are also associated with dental carries. Good food and beverage choices, along with regular brushing and consumption of fluoridated water, are healthy habits that reduce the risk of dental carries and overweight and obesity in children.^{16,17}



Child care providers are uniquely positioned to influence oral health and weight outcomes by creating healthier environments that improve children’s health, development, and academic achievement.¹⁸ Developing and implementing comprehensive policies and practices is a recommended strategy to ensure that positive changes made in child care settings are sustainable.

Policy

A policy is an official written statement that provides guidance to staff members and families regarding the center’s vision and operating practices. A well-written policy communicates the program’s intent, objectives, requirements, responsibilities, and standards.¹⁸ It also guides the actions of the staff, families, and children in the program. Having comprehensive wellness policies ensures that beneficial practices in a facility will be sustained even when staff changes.

Practice

A practice is the habitual or customary actions of staff that are often not written down. Common practices of a facility may support or undermine the child care program’s wellness policies. It is important to consider both written policies and unwritten practices when assessing the nutrition and oral health environment in your child care center.



Policy Assessment Tools

Assessing how well your center is currently meeting best practices is a good first step in the development of new policies or practices. Go NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care)¹⁹ provides child care programs with tools to improve their policies, practices, and environments in areas related to:

- Oral Health
- Child Nutrition
- Breastfeeding & Infant Feeding

Each area has an assessment tool to help child care programs identify deficiencies and create action plans for improvement. Go NAP SACC also has resources related to physical activity, outdoor play and learning, and screen time. Visit <https://gonapsacc.org/> for more details.

An Oral Health Assessment and an Action Planning tool (both adapted from Go NAP SACC) are available on the following pages to get you started on assessing your current practices and setting goals for the future.

Water First For Your Thirst Assessment

Child Care Program Name: _____

This assessment has been modified from the Go NAP SACC Oral Health Assessment Tool. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan for healthy changes.

For this assessment, **oral health** relates to the prevention of children's tooth decay. Topics include tooth brushing and foods and beverages provided to children. Questions in this section relate to your program's practices for infants, toddlers and preschool children.

This tool is meant to be of use to you. It is not a regulatory checklist and is in no way meant judge or score your program.

Before you begin:

- ✓ Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about oral health and food and beverages.
- ✓ Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

As you assess:

- ✓ Answer each question as best you can. If none of the answer choices seems quite right, just pick the closest fit. If a question does not apply to your program, move to the next question.

Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.

Oral Care			
1. For infants (0-12 months) with teeth, our program provides time for tooth brushing:			
Rarely or never	1–2 times per week	3–4 times per week	1 time per day
2. For toddlers (13-24 months), our program provides time for tooth brushing:			
Rarely or never	1–2 times per week	3–4 times per week	1 time per day
3. For preschool children (2-5 years), our program provides time for tooth brushing:			
Rarely or never	1–2 times per week	3–4 times per week	1 time per day

Foods & Beverages			
4. Our program offers high-sugar foods such as candy, cakes, cookies, doughnuts, muffins, ice cream, ice pops, and pudding.			
1 time per day or more	3-4 times per week	1-2 times per week	Less than 1 time per week or never
5. Our program makes drinking water available:			
Only when children ask	Only when children ask and during water breaks	Only indoors, where it is always visible and freely available*	Indoors and outdoors, where it is always visible and freely available*
*Water that is “freely available” is always available to children but may or may not be self-serve. Water may be available from water bottles, pitchers, portable or stationary water coolers, or waterfountains.			
6. Our program offers sugary drinks (including flavored milks):*			
1 time per month or more	1 time every few months	1–2 times per year	Never
7. Our program offers toddlers or preschool children a 4–6 oz. serving* of 100% fruit juice: *A larger serving of juice counts as offering juice more than one time			
2 times per day or more	1 time per day	3–4 times per week	2 times per week or less
8. Our program offers juice to infants:			
1 time per day or more	3–4 times per week	1–2 times per week	Never

9. Infants are offered bottles during naptime or playtime:			
Always	Often	Sometimes	Never
10. Toddlers are offered sippy cups during naptime or to carry during playtime:			
Always	Often	Sometimes	Never

Adapted from Go NAP SACC: Oral Health Self-Assessment, 1st Edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill.

Creating an Action Plan

Use the assessment results from the previous page to help you develop your goals. The following steps will help you to create your action plan:

- Identify the areas where you are not fully meeting the best practice, i.e., questions that you did not select the answer in the right-hand column.
- Select one or more of these areas as a goal.
- Determine what actions you need to take in order to achieve your goal.
- Determine who will be involved in each action, what resources you will need to complete your action steps, and when you want to complete each step.

Regardless of what your chosen goal is, it is a good idea to provide education to the children and their caregivers about water and healthier beverages as a part of your action plan to ensure that everyone understands the importance of making healthier beverage selections.

The sample action plan below highlights an example goal based on the best practices in the assessment. Refer to this sample plan for ideas on how to create your own action plan.

Sample Action Plan

Action Plan Steps	Person Responsible	Target Date for Completion
*Goal: Drinking water is freely available and offered to children throughout the day, including at meal times.		
Discuss barriers to providing drinking water with staff members and identify solutions.	Director and Staff	November 1
Write a policy about water availability at facility.	Director	November 15
Purchase/ obtain pitchers and cups to keep in all classrooms and outdoors.	Director	November 30
Incorporate family education into newsletters and create a bulletin board on the new water policy and reducing sugary drinks.	Staff	December 10
Arrange staff training on new policy and importance of drinking water for children.	Director	December 31
Begin water availability policy in all classrooms and outside.	Director and Staff	January 1
Follow up to assess whether water access policy is being correctly implemented.	Director	Every 3 Months

* Other goals that support oral health and obesity prevention efforts include those that focus on limiting juice, avoiding offering bottles at nap time, or communicating health messages to parents.

Adapted from Centers for Disease Control and Prevention Increasing Access to Drinking Water and Other Healthier Beverages in Early Care and Education Settings. Atlanta, GA: US Department of Health and Human Services; 2014.

Water First For Your Thirst - Action Plan

Program Name: _____

Goal: _____

Action Plan Steps	Person(s) Responsible	Target Date for Completion

Follow-up date(s) to assess progress and/or adjust plan: _____

Signature: _____
Center Director /Program

Date

Sample Policy Language

Access to Drinking Water¹⁸

Safe, fresh drinking water will be clearly visible and available to children at all times indoors and outdoors, including during meals and snacks. In addition, children will be asked if they would like water at different times throughout the day. For very young children, this may require visual cues such as showing the cup or pitcher while verbally offering the water. Water will not be offered as a choice to replace the CACFP* meal pattern components of milk or juice but will be served in addition to these meal components. Water provided for children (ages 1 and older) and infants (6 months and older) consists only of water without added ingredients, e.g., flavors, sugars, sweeteners (natural, artificial, and nonnutritive), sugar alcohols and caffeine. Water should ideally be served in a cup and children should not be allowed to have water continuously in hand in a “sippy cup” or bottle.

Note: The CFOC standards included in Section 1 provides information and rationale on several recommended best practices related to oral health, drinking water, and beverage practices. This language can be adapted to develop policies and practices in child care centers. Please see the selected standards in Section 1, starting on page 7, or visit <http://cfoc.nrckids.org> for more information and to view additional standards.

Sample Water Bottle Protocol

The following is a sample protocol used by one Connecticut child care center to increase water access. This is just one example of what your center can do to ensure children have water available to them throughout the day.

1. At the time of enrollment families are given a list of items to bring from home. A reusable water bottle for the classroom is requested on that list (can also request mugs or cups).
2. During the first week of enrollment, the children use art supplies from the center to decorate their water bottles.
3. Every morning upon arrival, the children wash their hands and fill their water bottles with cold water, placing the bottles on the designated labelled spot by the sink, which is accessible to the children all day.
4. Throughout the day, the water bottles are accessible to the children. Intentional water breaks are provided to ensure water is consumed by the children.
5. Water bottles are emptied by the children after lunch and before they go down for rest.
6. After rest time, when the children finish using the bathroom and brushing their teeth they refill their water bottles to drink from for the rest of the day.
7. Once every three months, ask families to provide a new water bottle to replace the old one. The center provides children with a new one when their families are unable to do so.



*The Child and Adult Care Food Program (CACFP) was established in 1968 and authorized in the National School Lunch Act to help improve the quality of child care for low-income families in the U.S. The program provides financial support for food service in child and adult care institutions and child care homes. In order to receive the financial support, participating programs must meet the set nutrition standards for foods and beverages served. For more information on CACFP requirements please visit: <http://portal.ct.gov/SDE/Nutrition/Child-and-Adult-Care-Food-Program>. Before implementing any changes to your program’s food and nutrition policies or practices, contact your CACFP representative to ensure you are meeting all rules and regulations.

Sanitizing Water Bottles, Pitchers, and Other Containers

At the end of each day, water bottles, pitchers, and other water containers should be emptied, washed, and dried according to state and local health department requirements.

Recommended Best Practices: CFOC recommends that facilities that do not use a dishwasher thoroughly wash water bottles and cups in hot water containing a detergent solution, rinse, and then sanitize.⁷ The following methods are recommended:

- a) Immerse for at least two minutes in a lukewarm (not less than 75°F) chemical sanitizing solution (bleach solution of 200 parts per million by mixing 1 tablespoon of domestic bleach per gallon of water). The sanitized items should be air-dried.
- b) Or, immerse in an EPA-registered sanitizer following the manufacturer's instructions for preparation and use.
- c) Or, completely immerse in hot water and maintenance at a temperature of 170 °F for not less than thirty seconds. The items should be air-dried.
- d) Or, follow other methods as recommended by the local health department.



NOTE: Should you decide to add cut up fruit, vegetables, or herbs to water pitchers or other water containers it is important to consider and adhere to all state and local food code regulations. For example, cut melons are a potentially hazardous food and therefore, all water containers that include cut melon would need to be washed and sanitized as per state and local food code regulations. Centers are responsible to comply with the requirements of the local regulatory health agency and it is recommended that you contact your local or regional health department for more information.

Policy Resources

- **CT Action Guide for Child Care Nutrition and Physical Activity Policies**
Connecticut State Department of Education guide on implementing nutrition and physical activity standards into policy.
<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/CCPolicy/CCAG.pdf>
- **Caring for Our Children, National Health and Safety Performance Standards Guidelines for Early Care and Education Programs**
Includes national standards related to quality health and safety best practices and policies, including water access, in early care and education settings.
<http://cfoc.nrckids.org>
- **Healthy Beverages in Child Care**
This website offers additional resources for supporting policy and practices related to water and healthier beverages in child care.
<http://healthybeveragesinchildcare.org/resources/>
- **Healthy Policies Toolkit**
This toolkit provides resources for policy development in the areas of nutrition and physical activity, including water access.
https://depts.washington.edu/uwcphn/work/documents/healthypoliciestoolkit_printableFINAUG2014_000.pdf
- **Increasing Access to Drinking Water and Other Healthier Beverages Toolkit**
This guide explains why early education child care centers or family child care homes should serve water to children under their care. It provides information on how to do it.
<https://www.cdc.gov/obesity/downloads/early-childhood-drinking-water-toolkit-final-508reduced.pdf>
- **Physical Activity & Nutrition Templates and Policies for Child Care**
The California Department of Public Health developed a resource containing physical activity and nutrition templates and policies. Water access resources are included.
http://fsnep.ucdavis.edu/resources/school-wellness-policy/school-wellness-policy-uc-calfresh/ECEPAandNutritionPolicy4_17_17FINAL.pdf

Section 3

Implementation Ideas & Resources

Promoting Water in Child Care

Consider these ideas:

- ✓ **Think about implementing a water bottle program.**¹ Encourage children to bring their own water bottles to drink water from throughout the day. Be sure they are cleaned daily. See the end of Section 2 for more information.
- ✓ **Make drinking water fun!**^{1,20} Try adding fresh or frozen fruit or fresh herbs like mint to water pitchers. Make sure fruit is cut large enough so that it does not present a choking hazard.
- ✓ **Allow self-service.**²⁰ Place child-sized pitchers in accessible areas to allow children to develop motor skills while pouring water for themselves.
- ✓ **Offer water.** Ask the children if they would like water throughout the day. This may require visual cues such as showing the cup or pitcher while verbally offering the water.
- ✓ **Adopt regular water breaks.**²⁰ Incorporate regular water breaks into your center's daily schedule. Encourage staff to lead children in filling up water bottles or visiting the fountain to drink water.
- ✓ **Promote water and healthier beverages.**^{1,20} Place posters about drinking water and healthier beverages near water fountains, in kitchens, and other high-traffic areas.
- ✓ **Encourage teachers to talk, teach, and read about water and healthier beverages.**^{1,20} Circle, meal, and snack time all present the perfect opportunity to share healthy beverage messaging with kids. There are also a number of different curricula resources that can be adopted into existing lessons plans listed below.
- ✓ **Have a "water-themed" week.**²⁰ Have kids decorate their classroom doors with images of water and other healthy beverages. Ask teachers to role model for the children. Ask families to send children in with water bottles instead of sugary beverages.
- ✓ **Staff Role Modeling.**^{1,20} Encourage staff to role model healthy beverage consumption for children. Education for staff may be necessary; see page 33 for a free online professional development module about healthy beverages and how to transition to serving them.

Curricula

- **Kool Smiles**

Teachers can download lesson plans that help preschool children explore the link between food and candy, and oral health issues like cavities and toothaches. Lesson plans include printable activity sheets, experiments, and games to help children learn about the benefits of having good oral health. You can also order free toothbrushes on this website.

<https://www.mykoolsmiles.com>

- **Cavity Free Kids - A Head Start Child Care Curriculum**

This curriculum includes lessons, play-based activities, and family resources that make it easy for teachers to teach children and their families about what causes tooth decay and how to prevent it.

<http://cavityfreekids.org/resources/head-start-and-child-care-curriculum/>

- **Shining Smiles! Oral Health Curriculum**

Shining Smiles! is an oral health curriculum for children ages 4 through 7. It is designed to help kids develop good dental health habits that can last a lifetime!

<http://www.mouthhealthykids.org/en/educators/smile-smarts-dental-health-curriculum>

- **UConn Health – Parent Curriculum**

This sugar sweetened beverage curriculum focuses on short and simple messages about sugar sweetened beverages to caregivers of preschool age children. The curriculum consists of 10 week lesson plans and is designed to be delivered to families via informative handouts, a display board, description of the activity for the week, and an activity evaluation.

http://www.publichealth.uconn.edu/ssb_boards.html

Books

- Ready, Set, Brush: A Pop-Up Book, Sesame Street, Che Rudko, 2008 (English and Spanish)
- Chomp and Chew, to a Healthy You!, Molly Carroll, 2011 (English)
- Max Goes to the Dentist, Adria F. Klein, 2006 (English and Spanish)
- Dinosaur vs. Bedtime, Bob Shea, 2008 (English)
- All About Teeth, Mari Schuh, 2006 (English and Spanish)
- At the Dentist, Mari Schuh 2007 (English and Spanish)
- Go Greenie! Are You Eating Something Red?, Ryan Sias, 2010 (English)
- Brushing Well, Helen Frost, 2004 (English)
- Snacks for Healthy Teeth, Mari Schuh, 2008 (English and Spanish)
- Potter the Otter, a Tale About Water, Shalini Singh, 2011 (English and Spanish)
- Buddy's Teeth, Andrea Posner-Sanchez, 2012 (English)

Staff Handouts & Resources

- **Make Better Beverage Choices**

Many beverages contain added sugars and offer little or no nutrients, while others may provide nutrients but too much fat and too many calories. Here are some tips to help families make better beverage choices.

<https://www.choosemyplate.gov/ten-tips-make-better-beverage-choices>

- **Water & 100% Juice**

This handout reviews the benefits of offering water to kids, limiting sugar sweetened beverages and juice, and role modeling. Families may find it helpful.

<http://nrckids.org/default/assets/File/JuiceTipSheet.pdf>

- **Let's Move Child Care – What's to drink?**

Kids who are used to drinking sugar beverages may not be receptive to water at first. This handout provides tips on how to get kids to drink water. Helpful for child care providers and families.

<https://d3knp61p33sjvn.cloudfront.net/2015/01/LetsMovewatertipFINAL.pdf>

- **Rethink your Drink Poster**

This poster can be displayed in areas where staff congregate such as a break room, or near a staff water cooler.

http://preventobesityil.org/pdf/RethinkYourDrink_Poster_Final.pdf

- **5210 Let's Go!**

Infusing water with fresh fruit, vegetables, or herbs is a great way to add flavor and make water fun. This resource contains a variety of infused water ideas that are delicious and easy to make. Helpful for child care providers and families.

<http://www.lets-go.org/wp-content/uploads/Make-Fun-Flavored-Water-Schools-2015-2016.pdf>

- **Mouth Healthy – Tooth Brushing Songs**

These tooth brushing tunes make brushing teeth a load of fun at home and at school. Kids (and families) will love them!

<http://www.mouthhealthy.org/en/kids-brushing-playlist>

Staff Professional Development

- **Let's Move Child Care - Offer Healthy Beverages**

Child care providers will learn appropriate beverage options for children in their care, the benefits of healthy beverages and strategies for how best to transition to serving them.

<http://extension.psu.edu/youth/betterkidcare/lessons/childhood-obesity-prevention-lmcc-2013-offer-healthy-beverages>

Promoting Water to Families

Consider These Ideas:

- ✓ Post health information on your website, social media, or blog.^{1,20}
- ✓ Create healthier beverage bulletin boards in learning areas, in hallways, and on doors.^{1,20}
- ✓ Handout flyers at the front desk, or send them home in children’s backpacks.^{1,20}
- ✓ Have your municipal or well water tested and communicate the results. Satisfactory test results will help win buy-in from families who may mistrust the safety of tap water.^{1,20}
- ✓ Suggest adding fresh or frozen berries to water pitchers at home. Make sure fruit pieces are large enough so children cannot choke on them.^{1,20}
- ✓ Suggest making water available in easily accessible child-sized pitchers at home.^{1,20}
- ✓ Give the families a sticker, magnet, or poster to display at home with catchy rhymes like, “We Drink Water First for Thirst!”^{1,20}
- ✓ Take pictures of healthier beverage activities and lessons as you do them with the children and display the pictures in your facility for everyone to see. You can also display children’s lessons and books.^{1,20}
- ✓ List water and healthier beverages on menus.^{1,20}

Handouts & Resources for Families

- **Mouth Healthy (English and Spanish)**
Tooth brushing tunes kids (and families) will love. These songs make brushing teeth a load of fun at home and at school.

<http://www.mouthhealthy.org/en/kids-brushing-playlist>
- **American Heart Association – Rethink Your Drink (English)**
Ideas to help you drink more water and reduce the amount of sugary beverages you drink.

http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/%20SimpleCookingwithHeart/Rethink-Your-Drink-Reducing-Sugary-Drinks-in-Your-Diet_UCM_445267_Article.jsp#.WZ7aKPiGNs
- **Choose MyPlate, Make Better Beverage Choices (English and Spanish)**
Many beverages contain added sugars and offer little or no nutrients, while others may provide nutrients but too much fat and too many calories. Here are some tips to help families make better beverage choices.

<https://www.choosemyplate.gov/ten-tips-make-better-beverage-choices>

Handouts & Resources for Families (Cont'd)

- **Water & 100% Juice (English)**

This handout reviews the benefits of offering water to kids, limiting sugar sweetened beverages and juice, and role modeling. Families may find it helpful too.

<http://nrckids.org/default/assets/File/JuiceTipSheet.pdf>

- **Let's Move Child Care – What's to Drink? (English)**

Provides tips on how to get kids to drink water. Helpful for child care providers and families.

<https://d3knp61p33sjvn.cloudfront.net/2015/01/LetsMovewatertipFINAL.pdf>

- **5210 Let's Go! (English)**

Infusing water with fresh fruit, vegetables, or herbs is a great way to add flavor and make water fun. This resource contains a variety of infused water ideas that are delicious and easy to make. Helpful for child care providers and families.

<http://www.letsgo.org/wp-content/uploads/Make-Fun-Flavored-Water-Schools-2015-2016.pdf>

- **Centers for Disease Control and Prevention, Get the Facts (English)**

Sugar-sweetened beverages and consumption information.

<https://www.cdc.gov/nutrition/data-statistics/sugar-sweetened-beverages-intake.html>

- **Centers for Disease Control and Prevention, Rethink your Drink (English and Spanish)**

Information about added sugar consumption and health.

https://www.cdc.gov/healthyweight/healthy_eating/drinks.html

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