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BIRTH TO THREE SYSTEM
PRESCHOOL SPECIAL
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BIRTH through 5 news

• *Working together for children with disabilities* • INFORMATION FOR FAMILIES AND PROFESSIONALS

FALL 2011, VOL.12, NO. 1

Children's Oral Health: When to Start and What to Do!

By Tracey Andrews RDH, BS Home by One Program Coordinator and

Izabella Pulvermacher RDH, DDS Dental Coordinator



This article is translated into Spanish on page 2. Ver la versión en español de este artículo en la página 2.

Produced by the State Department of Education Early Childhood Special Education Program and the Connecticut Birth to Three System in collaboration with the



University of
Connecticut

COOPERATIVE EXTENSION SYSTEM
College of Agriculture & Natural Resources

Happily, the dental and medical communities are working together to send the same message – Your child's mouth is important! This tiny mouth is the ultimate entrance to the overall health, happiness and well being for all children.

Tooth decay is a chronic disease affecting all age groups, especially children with special needs and those who have limited access to prevention and treatment services. Your child's oral health begins even before your child is born.

Do you remember when you were sitting at your doctor's office; with swollen ankles and aching back; discussing breastfeeding, formula, and what type of detergent to use? Well, in addition to those important questions, the oral health of your children starts with you.

Planning ahead will ensure that your child's teeth will be strong and healthy. I want you to address one more topic – Fluoride in your drinking water. Fluoride is a mineral that is often supplemented in the city water and is extremely effective in helping to reduce cavities in children. Fluoride becomes part of the developing tooth and makes the teeth more resilient to tooth decay. If your child has special health care needs, you may ask your doctor for fluoride supplements.

Small Connecticut towns, or homes that have a well, may not have fluoride in the water. The University of Connecticut offers to test water samples for proper fluoride content. Upon request they will send a kit for you to mail the water sample back. They will analyze the water sample for fluoride

content and send you the results. For additional information call (860) 679-2805.

Finally, the big day has arrived. While everyone awaits the anticipated first cry – your mind wanders to the power and beauty of the tiny mouth. This is a perfect opportunity to start helping your infant onto a road to good oral health. Dental cavities are a chronic disease and are five times more prevalent than asthma¹. Begin the routine of daily prevention by wiping your infant's gums after each feeding. Take a clean, damp cloth and gently wipe your child's gums. This quick and easy step will help keep the gums healthy and will get your infant used to someone touching their gums. Tooth brushing will be much easier once the first tooth arrives.

Bacteria in dental decay is a contagious disease and may be transferred from your mouth to your child. Do not clean pacifiers in your mouth. Rinse them under water. Once the baby is on solid food, do not share utensils. Please ask caretakers to do the same. Take time daily to clean your own mouth and take care of any dental problems quickly.

The first tooth arrives at about 6 months and it needs to be brushed with a soft toothbrush twice a day. If your child has a chronic illness and takes medications, it is best to brush after the medications are given. Most children's medications have sugar to make them taste better. Frequent sugar intake causes cavities.

The American Academy of Pediatrics recommends that a child visit a dentist by age one. Your pediatrician, who knows your child best, should be able to make a referral. At the first visit, the dentist will make sure that your child's teeth and mouth are developing properly and will go over home care and diet. This is also the perfect opportunity to discuss your concerns about your child with special needs. Forming a relationship with the dental team will be extremely important as your child develops.

If you make tooth brushing fun, your child will be more receptive, and this will lead to a healthier mouth. Everyone plays doctor, why not play dentist? Ask your dentist for gloves and masks and use them at home during brushing. This will make future dental procedures more familiar. Bring what you do at home to the dental office. For example, if your child has asthma, bring inhalers and inform your dentist of all medications and the dosage. If your child is sensitive to light, why not put a pair of sunglasses on. If your

child is sensitive to outside noises, the use of an MP3 player may aid in masking surrounding sounds. Patiently having fun with your child will ultimately lead to a healthier mouth.

For more dental related resources visit: www.ct.gov/dph/HomebyOne and www.ct.gov/dds



¹ U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health, 2000

Cuidado dental infantil: Cuándo empezar y qué hacer

Por Tracy Andrews RDH, BS Home by One Program Coordinator
e Isabella Pulvermacher RDH, DDS Dental Coordinator

Afortunadamente, las comunidades dental y médica trabajan juntas para enviar el mismo mensaje: ¡La boca de su niño es importante! Esa boca pequeña es la puerta de la salud total, la felicidad y el bienestar en todos los niños.

La caries dental es una enfermedad crónica que afecta a todas las edades, especialmente a los niños con necesidades especiales y con acceso limitado a servicios de prevención y tratamiento. La salud bucal del niño se manifiesta desde antes de nacer.

¿Recuerda usted, madre, cuando estaba en el consultorio de su médico, con tobillos inflamados y dolor de espalda, hablando de lactancia, leche formulada y tipo de detergente que debería usar? Bien, al igual que esas cosas importantes, la salud bucal de su niño también comienza con usted.

La planificación asegura que los dientes de sus niños sean fuertes y sanos. Hay un tema adicional de interés: El fluoruro en el agua potable o que toma. El fluoruro es un mineral que suele suplementarse en el agua potable y es sumamente eficaz para reducir las caries en los niños. El fluoruro se hace parte del diente en formación y hace que los dientes sean más resistentes a la caries. Si su niño tiene necesidades dentales especiales, usted puede pedirle a su médico suplementos de fluoruro.

Las ciudades pequeñas de Connecticut y los hogares que utilizan agua de pozo pueden no tener fluoruro en el agua. La Universidad de Connecticut ofrece analizar muestras de agua para determinar el contenido de fluoruro. Si lo solicita, ellos le enviarán un envase para que usted lo devuelva con la muestra. Ellos analizarán la muestra de agua y le enviarán los resultados. Para información adicional llame al (860) 679-2805.

Finalmente, llegó el gran día. Mientras todos esperan el primer llanto del recién nacido su mente piensa en el poder y belleza de su boquita. Es una oportunidad perfecta para comenzar a ayudar a su niño en el camino de la salud bucal. Las caries son una enfermedad crónica cinco veces más

prevalente que el asma¹. Comience la rutina de prevención diaria frotando las encías de su niño después de cada comida o después de tomar leche. Frótelas suavemente con una tela limpia y húmeda. Este paso rápido y sencillo ayudará a mantener las encías saludables y acostumbrará al niño a que le toquen las encías. Pasarle por los dientes un cepillo será mucho más fácil cuando aparezca el primer diente.

La bacteria de la caries dental es una enfermedad contagiosa y puede pasar de la boca de la madre a la del niño. No limpie el chupete con su boca. Enjuáguelo con agua. Tan pronto el niño haya comenzado con alimentos sólidos no comparta cubiertos con él o ella. Pídale a la persona que cuida a sus niños que hagan lo mismo. Tome tiempo todos los días para limpiarse la boca y resolver con rapidez cualquier problema dental.

El primer diente sale entre los seis meses y necesita cepillarse con un cepillo suave dos veces al día. Si su niño tiene alguna enfermedad crónica y toma medicinas es mejor hacerlo después de darle la medicina. La mayor parte de los medicamentos para niños tienen azúcar para que sepan mejor. Tomar azúcar con frecuencia causa caries.



La Academia Pediátrica Americana recomienda que el niño visite un dentista en el primer año de edad. Su pediatra, que conoce mejor a su hijo, podría referirlo a un dentista. En la primera visita el dentista se asegurará de que los dientes y la boca de su niño se están desarrollando correctamente y revisará con usted el cuidado en casa y la dieta. Ésta es también la ocasión perfecta para hablar de sus preocupaciones de su niño con necesidades especiales. Establecer una relación con su equipo dental será muy importante mientras se desarrolla el niño.

Si usted logra que sea divertido cepillarse los dientes, su niño será más receptivo, lo que logrará una boca más sana. Todos juegan a ser médico ¿Por qué no jugar a ser dentista? Pídale a su dentista guantes y mascarillas y

úselos en la casa al cepillar a su niño. Eso hará más familiares los procedimientos futuros. Lleve al consultorio dental lo que usted utilice en la casa. Por ejemplo, si su niño padece de asma lleve los inhaladores e informe a su dentista de todas las medicinas y dosis. Si su niño es sensible a la luz, ¿Por qué no ponerle un par de espejuelos de sol? Si es sensible a los ruidos puede ayudar llevar su tocador de música MP3 para reducir los sonidos externos. Tener diversión pacientemente con su hijo conducirá a una boca más saludable.

Para mayor información relacionada a recursos dentales visite www.ct.gov/dph/HomebyOne y www.ct.gov/dds

¹ U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health, 2000



Parent Perspective

Dental Care for Children with Special Needs: Planning to Succeed!

Kim Stagliano

Taking a child to the dentist is stressful. Taking a child with special needs can be nearly impossible. All children need proper dental care to develop healthy teeth. How do you help a child sit through a dental cleaning or more invasive dental work?

Choose a pediatric dentist who welcomes the special needs population. Call the office, talk to the front desk staff, and talk to the doctor in advance. Be honest about your child's needs so they can tell you if they can meet your needs. They can provide

you with information such as, "Our dentist has social stories on laminated cards to hand to the child as (s)he enters the examination room. Make and bring your own if needed."

Prepare your child by talking about the appointment. Smile when you talk and don't say, "It won't hurt." That plants the seeds of anxiety.

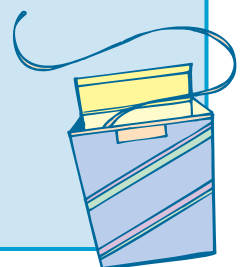
Request the first appointment of the day so that there's minimal wait time (when anxiety can build to a crescendo) and less noise from other patients (and drills!)

Ask for "practice" appointments so that your child can break down the visit into manageable parts. Enter the office, look at the chair. Next visit, enter, look at the chair and sit down. Come back, sit and open mouth, etc. Familiarity makes the visits easier.

If your child requires fillings or other dental work, talk to the dentist about anesthesia choices and the option of using a local surgery center rather than the dental office (check with your insurer).

Find books and DVDs on visits to the dentist for kids. You can likely find your child's favorite character going to the dentist. Allow him/her to carry the book to the visit for a reminder of what to expect.

Ask for mercury-free composite filling material and BPA (Bisphenol A) free sealants if you choose to use a sealant.



Information for Families and Professionals

Is published periodically by the University of Connecticut Cooperative Extension System in collaboration with the Connecticut Birth to Three System, the Connecticut Birth to Three System, the Connecticut State Department of Education, and the Newsletter Advisory Board. We welcome readers' comments and contributions related to the special needs of infants, toddlers, preschoolers and their families. Please mail correspondence to the editor at 67 Stony Hill Road, Bethel, CT 06801.

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Produced in Office of Communications, College of Agriculture and Natural Resources, University of Connecticut. Graphic Design by Dean Batteson

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Providers' Perspective

Children's Oral Health Begins with Mothers' Own Care

*Patricia McKay, Dental Hygienist
Middletown Community Health Center*

The effects of poor oral health actually begin with a child's mother. How mothers take care of themselves is especially important to children with disabilities, because they usually have more oral health problems than the general population.

A moderate to severe chronic oral infection in a pregnant woman can put her baby at risk for low birth weight. Educating, addressing, and treating oral health issues at this early stage will have a stronger impact on the success of oral health for a child throughout his or her development.

It is important to establish a dental home and a six month recall for oral screening with infants even before they have any teeth erupt. This is the best opportunity to educate parents not only about oral care, instruction, eruption patterns, fluoridation information, but also advising them about healthy eating habits and family nutrition.

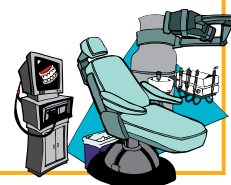
As children develop, especially those with special needs, providers can recommend specific programs of brushing, flossing, and other treatments and how parents can supervise and teach their children. Providers can also give helpful tips to parents such as allowing the child some independent brushing



and then following up with it themselves. They also offer advice on different levels of manual dexterity at specific ages and what NOT to expect a young child to accomplish on his or her own.

Looking out for any manifestations or oral habits, such as thumb sucking, and helping parents to understand that these habits may lead to necessary future orthodontic treatment is important.

Parents and the adult community interacting with children should understand that poor oral health in a child can affect nutrition (pain from tooth decay). It can affect speech development, growth, and the ability to learn (distraction due to pain) and if left untreated, self-esteem may suffer and quality of life in general. Have you ever seen a child who would not smile?



Update: Birth to Three

Linda Goodman,
Director, Birth to Three System.

This Fall it's our turn to be visited by the U.S. Department of Education, Office of Special Education Programs. Although we submit an annual performance report every year, the staff of Monitoring and State Improvement Program come out for a face-to-face visit about every five years. They always look at lots of IFSPs and other documents to decide whether we're complying with the federal law (the Individuals with Disabilities Education Act – Part C) and how we're spending the federal funding that they provide (about \$4M per year). This time, they've added on something called a "Result." Instead of just looking at compliance, they want the state to choose some result that is important to infants and toddlers and their families and to work on improving that result over the next 3-5 years.

We've chosen the topic of improving child outcomes (that is, how well children do as a result of receiving early intervention services). Based on what the early childhood research says, children will make more progress if their Birth to Three Program is really good at delivering family-centered services. To us that means paying attention to what is important to parents, involving parents in all aspects of service planning and delivery, and making it easy for parents or other caregivers to incorporate techniques of early intervention into their daily lives.

We have five years of family survey data and several years of data on child outcomes. Our first step will be to match families' thoughts about their services with the progress made by their child and see if we can detect any relationship.

We're also planning on applying for a federal grant to help us look at our data, make sure that the elements of what we think are family-centered services are correct, and see if we can prove or disprove our theory. If we can determine that there are specific ways of delivering services that are critical to the progress made by children, then we'll work to train all types of providers to ensure that they include those elements in their home visits. We actually think it sounds like fun.

Update: Early Childhood Special Education

Maria Synodi, Coordinator
Early Childhood Special Education

Welcome to the 2011-2012 school year! What's new? Well, here are a few information alerts to keep in mind for this year:

- **The Together We Will (TWW) Conference** is co-funded by Early Childhood Special Education and the Birth to Three System. The conference is inclusive of children ages birth through 5 with and without disabilities. TWW will be held on April 11th, 2012 at the Crowne Plaza in Cromwell, CT. The topic of this year's conference is "Together We Will Understand and Implement Developmental Appropriate Practices". Remember to save the date and plan accordingly.

- **The Early Childhood Outcome (ECO) requirement** is the federal requirement to collect and report data on children's developmental growth. The state provided the first year of progress data toward the state target in the Annual Performance Report (APR) submitted on February 2nd, 2011. The state's ECO information can be found in the APR, Indicator #7 at: www.sde.ct.gov/sdelib/sdel/PDF/DEPS/Special/Annual_Perf_Report_2011.pdf. School districts should be looking at their individual district data in comparison to the state averages to develop program improvement efforts as appropriate.

- **Annual professional development**, including training and technical assistance, is funded by Early Childhood Special Education and/or the Birth to Three System through the State Education Resource Center (SERC). Annually SERC produces an "Early Childhood Menu Book" of professional development opportunities. These training and technical assistance opportunities are available to professionals and parents. SERC posts the "Early Childhood Menu Book" on their web site at www.ctserc.org. School districts and families are reminded of this



continued on page 6

resource and the training and technical assistance available.

- **The Connecticut Parent Advocacy Center (CPAC)** continues to make available information, resources, and training opportunities for parents and families of infants, toddlers, children and youth with disabilities. Districts can help support parent's understanding of the special education process by using CPAC's available resources. The CPAC website is: <http://www.cpacinc.org/>.

- **Early Childhood Special Education E-Mail Distribution List** has been developed and is maintained by the Department. The goal is to provide school districts with up-to-date information on available resources, information, and training opportunities. District individuals interested in being included should contact Maria Synodi at maria.synodi@ct.gov.

Lastly, Connecticut like other states across the country is pursuing the development and implementation of a statewide early childhood system and

alignment between preschool and the grades kindergarten through grade 3. The National Association of Elementary School Principals Task Force on Early Learning published a report on aligning preschool and elementary education. The report, *Building and Supporting an Aligned System: A Vision for Transforming Education across the Pre-K to Grade 3 Years*, is available at:

<http://www.naesp.org/transforming-early-childhood-education-pre-k-grade-3>



ICC Update

Parents do make a difference: the critical role of families on the ICC.

The State Birth-to-Three Interagency Coordinating Council (ICC) advises and assists the Connecticut Birth to Three System in the provision of general oversight and the quality assurance of early intervention services in Connecticut.

Membership on the ICC includes a broad range of representatives from state agencies, Birth to Three program providers, medical professionals, state legislators, early childhood service providers, higher education institutions, as well as parents. All of these people represent a wide range of expertise and experiences and it is important their views are heard.

Parents, however, have firsthand experience on how the Birth to Three System works. This experience and practical knowledge can help ensure that critical decisions made by the larger system are informed ones.

“The ICC provides a real opportunity for change. I feel I am able to bring a vital and different point of view to discussions and this is rewarding. If parents are not here, we can’t be a part of this opportunity to make changes for all. I feel my presence here is helping other families down the road.” Miriam Martinez, ICC Parent Member

Parents are needed at the table more than ever before to voice their opinions with other key stakeholders and advisors to the Department of Developmental Services, lead agency for Connecticut’s Birth to Three System. Parents bring a valuable perspective in planning and policy decisions for services.

How can parents participate?

Parents may join the ICC as a parent representative or join one of the committees of the ICC even if they are not members; attendance is open to the public. The ICC committees include the Quality Assurance, Communications and the Legislative and Financial Committee.



Parent Participation on the ICC is encouraged and supported!

Parents who participate on the ICC receive stipends to cover childcare and travel expenses. Mentoring and orientation meetings are provided for new members.

To learn more about how you can make a difference, please contact the ICC staff support person, Anna Hollister, by phone at (860) 418 – 8716 or email at anna.hollister@ct.gov.



Resources

Websites:

<http://www.do2learn.com/aboutus/research.htm>

Do2Learn is a website for children with disabilities that uses technology and the web to provide special learning resources for individuals with disabilities and the professionals and caregivers who serve them.

http://www.naset.org/?gclid=CLimianc_qkCFY5x5QodJQ7p0w

The National Association of Special Education Teachers (NASET). This website is for special education teachers. NASET is a national membership organization dedicated to rendering all possible support and assistance to those preparing for or teaching in the field of special education.

http://www.ct.gov/dph/cwp/view.asp?a=3125&q=425732&dphNav_GID=1964

Home By One is a website from the State Department of Public Health, Office of Oral Health. The site provides information to dental and medical practitioners, social service providers, parents and caregivers. It comes in English and Spanish and most information focuses on oral health as an essential to the overall health and well being of children.

<http://www.aapd.org>

American Academy of Pediatric Dentistry is a membership organization whose website includes information for professionals, service providers, students, and parents. This website also links to additional resources, including other organizations. There are several free access sections including: Parent Resource Center, Dental Health Resources, Pediatric Oral Health Research and Policy Center.

<http://www.mchoralhealth.org/PDFs/PregnancyBrochure.pdf>

There is also a brochure called "Two Healthy Smiles," which includes healthy smiles tips to keep you and your baby healthy.

BOOKS

Show Jo How to Wash Your Hands (Literary Architects, 2007). Part of the series Show Jo Language Development. For ages 4-8. [<http://nowweretalking.com/>] ISBN:1933669098 (board book, 16 pages, ISBN-13: 978-1933669090). [autism, children], by Charlie Buckley, M.S., CCC-SLP.

Show Jo How to Make a Sandwich (Literary Architects, 2007). Part of the series Show Jo Language Development. For ages 4-8. [<http://nowweretalking.com/>] ISBN: 193366908X (board book, 16 pages, ISBN-13: 978-1933669083). [autism, children], by Charlie Buckley, M.S., CCC-SLP.



We need your help!

Please send your ideas or suggestions for future newsletter topics to:

German.cutz@uconn.edu

Or call **203-207-3267**

Thank you so much for your input.

SAVE THE DATE
April 11, 2012

**Together
We Will
Conference
(TWW)**

At the Crowne Plaza, Cromwell, CT
The 2012 theme for the conference is:
"Together We Will Understand
and Implement Developmental
Appropriate Practices"

APRIL 11, 2012

University of Connecticut
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This newsletter is available in English and Spanish. Visit the Birth to Three website at www.birth23.org and click on Publications, or the Department of Education website at www.sde.ct.gov, then click on the Early Childhood link. Este boletín está disponible en inglés y en español. Visite el sitio del Sistema

para Infantes a Tres Años en www.birth23.org y pulse a Publicaciones o el del Departamento de Educación en www.sde.ct.gov. Pulse entonces el enlace 'Early Childhood' (educación Temprana en español).

CHILDREN'S ARTWORK WANTED!

You are invited to send pictures or other artwork that your child has done. We would like to start an "art collection" for possible inclusion in future Birth through 5 News newsletters. Please mark the artwork with the artist's first name and age and mail to:

Dr. German Cutz,
Editor, UCONN CES
67 Stony Hill Rd.
Bethel, CT 06801

Or send by e-mail to:
german.cutz@uconn.edu

No artwork will be returned. We look forward to receiving your child's works of art!

