

Shaloh House Preschool & Kindergarten

Dear Parents:

With concerns about the increase in tooth decay (cavities) among young children, the Massachusetts Department of Early Education and Care (EEC) recently adopted a new regulation for child care settings, number 606 CMR 7.11(11)(d), to promote oral health and prevent tooth decay. This regulation is intended to:

- Help children learn about the importance of good oral health
- Provide information and resources regarding good oral health to child care programs and families
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

According to the new regulations, child care workers must assist children with brushing their teeth if:

1. The children are in care for more than 4 hours, or
2. They have a meal while in care.

Some quick facts about the program:

- ❖ This program will be implemented safely by following the regulations for infection control set by the U.S. Centers for Disease Control and Prevention (CDC).
- ❖ It will be a benefit for your child, their mouth health and general health.
- ❖ Children will be brushing with the direct supervision of our child care staff
- ❖ Children will be using toothpaste with fluoride and approved by the American Dental Association
- ❖ Children will receive new toothbrushes after three months of use, or after they are sick

EEC licensed programs must comply with this regulation. However, parents may choose that their child(ren) not participate in tooth brushing while present at the child care program.

You do not need to fill out this form to have your child (ren) participate in tooth brushing while they are in child care. However, if you do not want your child to brush his or her teeth while s/he is attending the child care program, please fill out the information on the attached sheet. A separate form must be filled out for each child in care. This form must be renewed annually and will be kept in your child's record at the program. Should you change your mind and wish for your child to participate in tooth brushing, this form may be withdrawn at any time by requesting in writing that it be removed from your child's file. Thank you.

I **do not** wish to have my child participate in **tooth brushing** while in care at Shaloh House Preschool & Kindergarten

Child's Name: _____

Parent/Guardian's Name: _____

Signature: _____ Date: _____

If you have any questions or concerns, please call
Simmie Hefetz, Director
781-344-6334