

Answering The Call At Mission Control

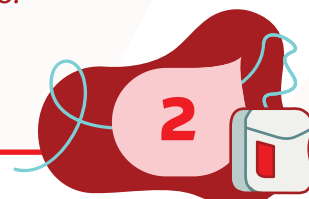


At school, your child has been on a journey to learn about proper oral health. You can continue this journey at home by practicing these 4 tips for a bright smile. Help your child “Answer the Call” by modeling the steps for being an Oral Health Hero!



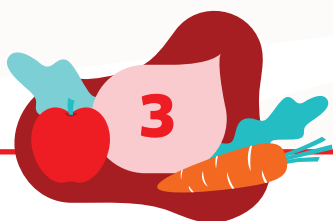
1 Brush with fluoride toothpaste after breakfast and before bedtime

- For children age two and over, use a pea-sized amount of fluoride toothpaste and a soft bristled toothbrush.
- Brush top and bottom, inside and outside of teeth, and don't forget the tongue!
- Change the toothbrush every 3 months. Tip: Turn off the water while brushing. This can save up to 4 gallons of water every time!



2 Once teeth are touching, floss your child's teeth daily

- Your child will need help flossing until around age 8.
- Make a C shape around the tooth. Slide the floss up and down to remove plaque brushing may have missed.
- Have fun by helping your child count their teeth while flossing!



3 Limit sugary snacks and drinks

- Every mouth has plaque bacteria. Sugary foods mix with plaque to create acid. This can lead to tooth decay!
- Offer smart snacks such as vegetables, fruit, or yogurt.
- Encourage drinking plain water instead of sweetened beverages.



4 Visit the dental office regularly

- The dental professional will clean, polish, and floss your child's teeth. Your child will receive a fluoride treatment to strengthen their teeth.
- Sometimes, X-rays may be taken.
- The dentist/dental hygienist will offer guidance and answer any questions you might have.





Oral Health Hero



Child: Brush teeth twice a day with fluoride toothpaste, after breakfast  and before bedtime 

My name is: _____

Family Brushing: Brush with your child twice a day! It's an important habit that can last a lifetime. This colorful chart makes it easy to track as you practice brushing together. Directions: Choose a different color for each family member. Write their names below:

Family member















Family member

Family member















Family member

I brushed (Color in below)















Week 1

													
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>















Week 2

													
Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Week 3

													
Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Week 4

													
Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I brushed morning and night on _____ days. My family brushed with me on _____ days.