

Natural Teething Remedies

Teething is when your baby's first set of teeth ("baby teeth") start to appear. Caring for your baby's teeth begins as soon as the first tooth peeks through your child's gums. Healthy teeth are an integral part of your baby's overall health. They will help your baby chew and eat properly, and they hold place for the future permanent teeth.

Teething can be a tough period both for babies, who feel the pain, and parents, who witness it. Your baby may cry, drool more than usual, and be agitated and cranky. They may also sleep poorly while teething. However, some babies seem to get through teething without any symptoms. If your baby experiences symptoms, there are steps you can take that will help both you and your child get through this stage in good health and spirits.

What To Expect

The first tooth usually appears at about six months. Every child develops at a different pace, so do not worry if your child's teeth appear as early as three months or as late as 12 months.

The two bottom front teeth (lower central incisors) are usually the first teeth to appear. These are followed by the two top front teeth (upper central incisors). Most children will have all 20 primary teeth by 3 years of age. Between the ages of 5 and 13, your child will lose the primary teeth to make room for the permanent teeth.

Signs and symptoms

For some babies, teething is painless. Others may have periods of irritability, or seem cranky for weeks, with crying spells and disrupted sleeping and eating patterns.

You may not be able to see your baby's incoming teeth, but your infant will probably feel them and show signs of teething, which may include:

- Swollen or red gums
- A desire to chew on solid objects
- Drooling, which may begin about two months before the first tooth appears
- Crankiness, irritability or bad temper

Many parents suspect that teething causes higher fever and diarrhea, but researchers say they are not indications of teething. Tender and swollen gums could cause your baby's temperature to be a little higher than normal, but it does not usually cause high fever or diarrhea. If your baby does develop a fever during the teething phase, something else is probably causing the fever and you should contact your doctor. In addition, do not assume that crankiness, irritability or bad temper are due to teething.

Soothing Your Baby's Gums

When your baby seems uncomfortable, consider helping him or her with some of these simple tips:

Rub your baby's gums

Using a clean finger or a damp washcloth, gently massage your baby's gums. The pressure will help ease the discomfort.

Keep it chilled, not frozen

Put a wet washcloth, spoon or pacifier in the fridge to let it cool. The cold sensation will likely relieve your baby. Freezing teething relief items are not recommended because the extreme cold could hurt rather than soothe your baby. If your baby is eating solid foods, he or she may enjoy chilled foods like applesauce or yogurt.



Offer your baby a teething ring

A teething ring made of firm rubber will allow your baby to put pressure on his or her gums. Liquid-filled rings are not recommended, as they could break or hurt your baby under the chewing pressure.

Your child may also like chewing on a pacifier or a bottle, which also puts pressure on the gums. Make sure to fill the bottle with water, not milk or juice, as prolonged contact with the sugar in those liquids can lead to tooth decay.

Wipe the drool

Constant drooling is a part of the teething process. It keeps your baby's mouth hydrated and lets the teeth break through without gum damage. However, too much drool can irritate your baby's skin. Keep your baby's chin dry by wiping the drool with a clean cloth. Keep a bib on your baby to avoid his or her chest from getting too much drool.

Avoid over-the-counter teething creams

Unless your doctor prescribes a certain type of lotion, avoid teething medications

that can be rubbed directly on the baby's gums. Your baby may swallow the medication that could numb the throat. This could interfere with your baby's normal gag reflex. The lotion will more likely be washed away by your baby's saliva and have no effect at all.

Mouth Care and Teeth Cleaning

Start taking care of your baby's teeth as soon as they appear, cleaning the teeth at least once a day. Bedtime is usually a good time to start the routine. Use a soft bristle toothbrush designed for babies.

When your child is 3 or 4 years of age, brush your child's teeth for at least two minutes twice a day. A timer or a favorite song is a good way to measure out two minutes. Use a green pea-sized amount of toothpaste, and encourage your child to spit out the toothpaste rather than swallow it. Use fluoride-containing toothpaste when your child is old enough to spit.

Limit the amount of sugary beverages your baby drinks. Do not allow your baby to go to bed with a bottle filled with anything else but plain water. Natural sugars in juice and other sweetened beverages will cause serious tooth decay, especially if these liquids pool in your baby's mouth while they are sleeping.

Safe Medicine Storage

Are medications stored safely in your home? Think about it for a minute. Are your medicine bottles currently kept on your kitchen counter, windowsill, bedside table, or in your bathroom cabinet without them being locked away? Any of those locations may not be a safe place to store them, and may pose a risk, especially if you have toddlers, teens, or any adult you don't know in home.

According to the Centers for Disease Control and Prevention, more than 60,000 young children go to the emergency room each year because they got into medicines while their parents or caregivers were not looking. All medicines, even those intended for children, can be dangerous if accidentally taken by others, even in small amounts. That's why it is so important to prevent children and others in your home from reaching into your medicines when they are not supposed to. The RFA Written Directives require that all medication be stored in a place out of reach to children in your care, unless a child needs to have access to his or her own medication to self-administer it.

The best way to ensure your child's safety is to keep all medicines out of your child's reach and sight. This includes prescription, over-the-counter medicines, and herbal supplements and vitamins. Ideally, your medicines should be in a locked cupboard although it is acknowledged that this is not always possible.

If your older child or teen manages his or her own medicines, make sure they know and follow the family rules on safely storing the medicine. Always supervise your child and make sure he or she takes the proper doses.

SECTION 11-03: Storage Area Requirements

A Resource Family shall store medicines, disinfectants, and cleaning solutions where they are inaccessible to a child or nonminor dependent.

Celebrating Our Families During the Holidays

On Saturday December 8, 2018 San Francisco, Family Children Services celebrated the annual Resource Family Holiday Training event featuring Barry E Knight. A special thank you to staff, volunteers and community partners whose support help create a wonderful day.

- o Braid Mission
- o Redemption Church
- o MERCYworldwide
- o W2O Group
- o Sips N Sews, Inc. Sean and Michele Foy
- o Tandem, Partners in Early Learning
- o Marine Toys for Tots



Silvia Aguilar, Blanca Adriana Rodriguez and Damaris Romero.



Joshua and Liam Jackson Wyatt



Judy Melinek and RFA Worker Deleasa Jones



Juanita Hennington, Julia Cody, Joyce Lee, Jesse Lee

Most importantly, thank you to our Resource Families.

Lori Beth Way & Jon Zuckerman

Our January Champions for Children are Lori Beth Way and Jon Zuckerman.

As many families know, becoming foster parents come with the challenge of change and often the anxiety of not knowing what's in store. However, few people have prepared for that change in such a thoughtful and holistic way as Jon & Lori Beth.

Their daughter came into their life in January as a 1 and a half year old. She didn't know how to walk and hadn't started talking yet, which created concerns over whether she may be deaf. In addition to the training classes, Lori Beth and Jon read a fair amount of articles and books prior to their daughter's placement in their home. This preparation helped them to think through how they would handle various scenarios with a new child in their life. In order to be on the same page about their parenting approach, they considered the logistics of juggling doctor's appointments, bio parents visits, and the gravitas of caring for a traumatized child. They thought and talked through not just what it meant for them to open their home to a child, but more importantly what happens over time when that child is in their home.

Such careful considerations upfront has allowed Lori Beth and Jon to go above



and beyond as foster parents to provide a safe and loving home. They are always on top of their child's appointments, including medical, dental and support services appointments. They also ensure that their daughter's bio family is informed and work with them on attending any necessary medical appointments.

"One of the biggest challenges with being foster parents is that you're not working with full information," explains Lori Beth. For better or for worse, as foster parents they don't have all of the details of their child's background or what may

have happened to the bio parents, which certainly impacts a child's situation.

"You have to resist being judgmental towards bio parents," Jon adds. "Foster parents have to realize that bio parents love their children, but they've experienced hardships. They want to do what's good for their children but sometimes they need help figuring out how to do that." Jon admits that maintaining a positive relationship with a child's bio parents is a delicate balance, but small gestures such as packing a backpack with healthy snacks and books can show bio parents a positive example.

Lori Beth and Jon have found it rewarding to see how far their daughter has come in a short amount of time. "Children can blossom very fast given a healthy environment. It has been rewarding to see her progress, and to see her happy," they describe. Their daughter is now walking and talking, and knows how to spell her name. This transformation happened in just a short 10 months.

The San Francisco Family & Children's Services and the Parenting for Permanency College thank Lori Beth and Jon for being an inspiration to others and truly striving to be positive role models. Congratulations to our January Champions for Children!

K.I.D.S.

Published bimonthly for San Francisco County foster parents, resource families, NREFMs and kin care providers. To suggest a topic, submit an article, promote an event, or provide feedback, email Sharon.Walchak@sfgov.org.

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Newsletter Website: <https://www.sfhsa.org/newsletters>

Helpful Phone Numbers

HSA Operator	(415) 557-5000
CPS Child Abuse Hotline	(800) 856-5553 or (415) 558-2650
Foster Care Ombudsman	(415) 558-2828
Transportation Duty Line	(415) 557-5376
Licensing/RFA/Recruitment Hotline	(415) 558-2200
San Francisco Families Making a Difference	
Mentor Program for Care Providers	(415) 557-5400
Free Foster Parenting Respite Service	(415) 861-4060 x 3035
Community Services	211
Non-emergency Government Services	311

FCS Agency Directory: www.sfhsa.org/174.htm

Parenting for Permanency College News

You can register for these and all PPC training through your RFA worker or by contacting:

Bay Area Academy

Care Provider Registration Line

510-271-0951 x 117

RFA Pre-Service Approval Training	
Spanish RFA Pre-Service Training	Feb. 2 & 9, 2019 (Saturdays) 9 a.m. - 3:30 p.m.
English RFA Pre-Service Training	Feb. 12-21, 2019 (Tues/Thurs) 5:30-8:30 p.m.
English RFA Pre-Service Training	March 16 & 23, 2019 (Saturdays) 9 a.m. - 3:30 p.m.
Placement Training	
Spanish SA/HIV 40-hour Cycle	March 16-April 13 (Saturdays) 9 a.m.-5 p.m.
CPR/First Aid	Feb. 9 & March 9 (Saturdays) 9 a.m. - 3:30 p.m.
Spanish CPR/First Aid	March 2, 2019 (Saturday) 9 a.m. - 3:30 p.m.
Ongoing Training	
Spanish RFA Advanced Training: Childhood Trauma	Feb. 23, 2019 9 a.m. - Noon
Spanish RFA Advanced Training: Loss & Transitions	Feb. 23, 2019 12:30-3:30 p.m.
RFA Advanced Training: Childhood Trauma	Feb. 26, 2019 5:30-8:30 p.m.
RFA Advanced Training: Loss & Transitions	Feb. 28, 2019 5:30-8:30 p.m.
RFA Advanced Training: Childhood Trauma	March 30, 2019 9 a.m. - Noon
RFA Advanced Training: Loss & Transitions	March 30, 2019 12:30-3:30 p.m.
Advanced Training: Parenting for Permanency College: Mandated Report Training for Care Providers	Feb. 23, 2019 9 a.m. - Noon
Just in Time (offers a variety of training topics)	Online at http://www.qpicalifornia.org/pages/Video.shtm
Foster Parent College (offers a variety of topics)	Online at http://www.foster-parentcollege.com/



Join us in welcoming our newest Resource Family Participants

The Parenting for Permanency College is excited to congratulate the latest participants from the October and November English PreService training class and the November Spanish PreService training class. We welcome them to our network of dedicated Resource Families.



Support Group Info:

ENGLISH SUPPORT GROUPS
Held every 3rd Tuesday of the month
5:30 pm refreshments • 6 – 8 p.m. meeting

SPANISH SUPPORT GROUPS
Held every third Thursday of the month
5:30 p.m. refreshments • 6-8 p.m. meeting