<table>
<thead>
<tr>
<th><strong>PREGNANCY</strong></th>
<th><strong>BIRTH-TWO YEARS</strong></th>
<th><strong>THREE-FIVE YEARS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Get a dental checkup and ask your dentist what you can do to lower the bacteria that cause cavities in your own mouth.</td>
<td>Lift the lip and look for chalky white or brown spots. Go to the dentist if you see signs of cavities.</td>
<td>Get a dental checkup for your child.</td>
</tr>
<tr>
<td>Brush twice daily with fluoride toothpaste.</td>
<td>Brush baby’s teeth twice daily with a smear of fluoride toothpaste beginning when the first tooth comes in.</td>
<td>Brush your child’s teeth twice daily with a pea-size amount of fluoride toothpaste.</td>
</tr>
<tr>
<td>Eat a healthy diet and limit sweets and sodas.</td>
<td>Put baby in bed without a bottle and wean from the bottle around 12 months of age.</td>
<td>Ask about fluoride varnish treatments to protect your child’s teeth from cavities.</td>
</tr>
<tr>
<td></td>
<td>Feed your baby a healthy diet and limit sweets and sodas.</td>
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<td>Ask about fluoride varnish treatments to protect your baby’s teeth from cavities.</td>
<td></td>
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</table>

Flip this page to start setting family goals to prevent ECC.
Setting Goals

Child’s Name

- Healthy Snacks
- Less candy and junk food
- No soda pop
- Brush twice daily with fluoride toothpaste
- Drink tap water
- Regular dental visits for child
- No bottle in bed
- Wean off bottle
- Fluoride Varnish 3-4 times/year

On a scale of 1-10, how confident are you that you can accomplish this goal?

1 2 3 4 5 6 7 8 9 10

Not Likely

Definitely

Date __________________ Signature ________________________________________________

Comments _______________________________________________________________________________

Staff initials ______________________________ Review Date _____________________________________