

Child Nutrition Training

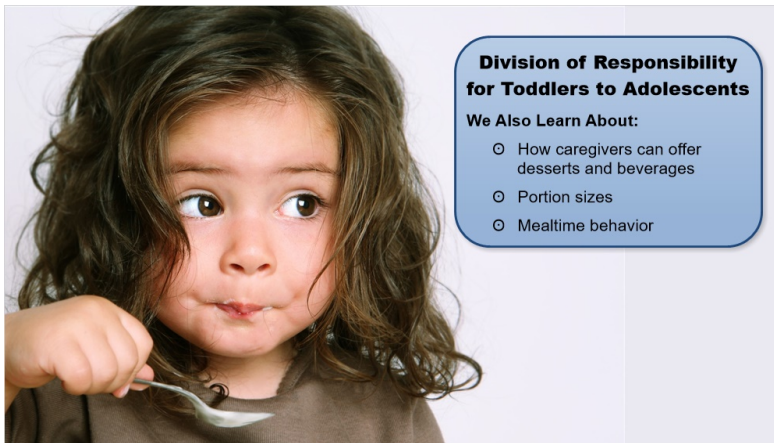
Module 1: Child Nutrition (18 Months to 5 Years)

Welcome



Notes:

Introduction to Child Nutrition



Division of Responsibility for Toddlers to Adolescents

We Also Learn About:

- How caregivers can offer desserts and beverages
- Portion sizes
- Mealtime behavior

Notes:

Welcome to Child Nutrition!

If you haven't already, please complete the breastfeeding, formula, and infant nutrition courses before taking this course, as they provide the foundational nutrition knowledge necessary before taking this course.

You'll expand on your existing knowledge in this course by learning the basics of what it takes to feed children from 18 months to 5 years of age.

In the Infant Nutrition Course, we reviewed the Division of Responsibility for Young Infants and for Older Infants to Young Toddlers. In this course, we'll start with a review of the Division of Responsibility for Toddlers to Adolescents.

We'll also learn about:

- How caregivers can offer desserts and beverages
- Portion sizes, and
- Mealtime behavior

Division of Responsibility for Toddlers to Adolescents



Notes:

Around 18 months of age, most toddlers are ready to adapt to the Division of Responsibility for toddlers to adolescents, which we will discuss for the rest of this course.

Even though the WIC program only provides benefits for children up to their 5th birthday, it's important to note the recommendations for the Division of Responsibility also apply to older children and adolescents.

The division of responsibility for toddlers through adolescents states that the caregiver is responsible for what foods are offered, when food is offered, and where food is offered.

The child is responsible for how much or whether to eat.

Feeding and Eating Jobs

Feeding Jobs For Caregivers	Eating Jobs For Children
<ul style="list-style-type: none">○ Choose and serve food○ Provide regular meals and snacks○ Make eating times pleasant○ Show children how to behave at mealtimes○ Maintain structure (Offer children water between regular meal and snack times but not food or other drinks.)○ Let children grow in their own way	<ul style="list-style-type: none">○ Eat offered foods○ Children will eat the amount of food they need○ Children will learn to eat the food that is eaten by their caregivers○ Children will learn to behave well at family meals

Notes:

Now let's break the overarching responsibilities down into more specific jobs for caregivers and children.

A feeding job for caregivers is to choose and serve food. The related feeding job of children is to eat.

Likewise, caregivers provide regular meals and snacks, and children eat the amount of food they need.

Caregivers make eating times pleasant; children learn to eat the food that is eaten by their caregivers.

Caregivers show children how to behave at mealtimes, and children learn to behave well at family meals.

Caregivers maintain structure by only offering children water between regular meals and snack times but not any other food or drinks.

And caregivers' final job is to let children grow in their own way.

Scheduled Meals and Snacks



Notes:

Around 18 months, most toddlers no longer need to be fed whenever and wherever they indicate that they're hungry.

Instead they're able to adapt to eating only during scheduled family meals and snacks. Some toddlers may need some snacks to be fed on demand, but if caregivers are consistent in explaining their only opportunities to eat are with the family during meal and snack times, they will usually quickly adapt.

However, the stomachs of toddlers are still small, so they need to eat every 2 to 3 hours. It's also important that caregivers do not offer anything other than water in between scheduled meal and snack times.

If caregivers offer meals and snacks every 2 to 3 hours (with nothing except water in between), children will have enough time in between to get hungry, and eat the foods that are offered during the next meal or snack.

USDA Healthy Eating for Preschoolers

Daily Food Checklist

Use this Checklist as a general guide.

- This food checklist is based on average needs. Do not be concerned if your child does not eat the exact amounts suggested. Your child may need more or less than average. For example, food needs increase during growth spurts.
- Children's appetites vary from day to day. Some days they may eat less than these amounts, other days they may want more. Let your child choose how much to eat. Throughout a day, offer amounts shown below.

Food group	2 year olds	3 year olds	4 and 5 year olds	What counts as:
Fruits Focus on whole fruits	1 cup	1 – 1½ cups	1 – 1½ cups	½ cup of fruit? ½ cup mashed, sliced, or chopped fruit ½ cup 100% fruit juice ½ small banana 4-5 large strawberries
Vegetables Vary your vegetable	1 cup	1 – 1½ cups	1½ – 2 cups	½ cup of vegetables? ½ cup mashed, sliced, or chopped vegetables 1 cup raw leafy greens ½ cup vegetable juice 1 small ear of corn
Grains Make half your grains whole grains	3 ounces	3 – 5 ounces	4 – 5 ounces	1 ounce of grains? 1 slice bread 1 cup ready-to-eat cereal flakes ½ cup cooked oatmeal, rice, or pasta 1 tortilla (6" across)
Protein Foods Vary your protein routine	2 ounces	2 – 4 ounces	3 – 5 ounces	1 ounce of protein foods? 2 ounces cooked meat, poultry, or seafood 1 egg 1 tablespoon peanut butter ½ cup cooked beans or peas (kidney, pinto, lentils)
Dairy Choose low-fat or fat-free milk or yogurt	2 cups	2 – 2½ cups	2½ cups	½ cup of dairy? 4 ounces yogurt ½ ounce cheese

Some foods are easy to choke on while eating. Children need to sit when eating. Foods like hot dogs, grapes, and raw carrots need to be cut into small pieces the size of a nickel. Be alert if serving 3- to 5-year-olds foods like popcorn, nuts, seeds, or other hard foods.

There are many ways to divide the Daily Food Checklist into meals and snacks. View the "Meal and Snack Patterns and Ideas" to see how these amounts might look on your preschooler's plate at www.ChooseMyPlate.gov/preschoolers-meal-and-snack-patterns.

Recommendations for Feeding Children 2 to 5 Years of Age

Never tell caregivers their children should eat these amounts each day.

Caregivers Offer Variety

Children Decide How Much to Eat of Each Food Offered

Notes:

You may have seen this document before. It provides recommendations on how much of each food group children from 2 to 5 years of age should eat per day, based upon age.

However, children's eating habits vary from day to day, so it's important to never tell caregivers that they should get their children to try to eat these amounts of food from each of the food groups each day.

Instead, as highlighted here, this checklist should be used as a general guide, caregivers should not be concerned if their children do not eat the exact amounts suggested, and let their children choose how much to eat. It's a great idea for caregivers to consistently offer a variety of foods from the food groups at each meal, but it should always be children's responsibility to decide how much to eat of each food offered.

Portion Sizes



Notes:

Before children are able to serve themselves, encourage caregivers to put about 1 tablespoon (per year of age) of each food on the child's plate. Children can then request to have more of any food they want, as much as they want, until the meal or snack time ends.

Remind caregivers never to force children to eat another type of food (such as vegetables) or all the other food on their plate before getting more of the food they've already eaten.

Once children are physically able to serve themselves (around 3 years of age), encourage caregivers to teach their children how to serve themselves small portions of the foods offered, and politely ask for more.

What Beverages to Offer Children



Notes:

Milk (such as cow's milk, soy milk, goat milk, etc.), 100% juice and water are the only appropriate beverages to offer children during meal and snack times.

Encourage caregivers not to offer any other foods or beverages (except for water) in between the scheduled meal and snack times.

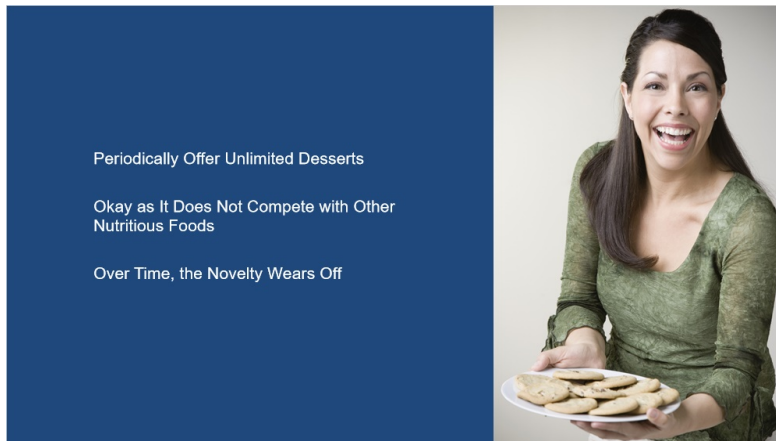
If caregivers would like their children to drink milk, they should drink it themselves. If the caregivers can't drink milk, they should continue offering milk (along with water) to their children and drink water themselves, being sure not to drink any other beverages during meals and snacks (such as juice, Kool-Aid, or soda).

If caregivers do drink other beverages themselves such as non-100% juice, Kool-Aid, and soda, encourage caregivers to declare them "grown-up drinks."

However, this will only work until children are about 6 or 7 years old when they discover that their friends drink these sweet beverages and want to start drinking them as well. At that time, it may be necessary for caregivers to occasionally allow sweet beverages during meals and snacks so that they don't become overly desired by the child.

This is important because if foods and drinks become overly desired by the child, they may binge on them every opportunity that they get, such as at a friend's house.

Dessert



Notes:

If caregivers enjoy eating dessert, encourage them to offer it to their children during mealtimes when they would like to.

However, dessert should be offered along with the other foods offered with the meal, letting children decide to eat it before, during, or after the other foods. Also, when the caregiver offers dessert during a meal, no one should be allowed to get more than one serving of dessert.


You may have noticed that this last dessert recommendation crossed the line of the Division of Responsibility by giving the caregiver the responsibility to decide how much dessert children can consume during meals.

But don't worry, this recommendation is still a part of the Division of Responsibility. It's important that caregivers restrict children to just one serving of dessert during mealtimes because if children are allowed to fill up on easy-to-like foods like dessert during meals, then they won't have the motivation to try other foods that may take more time to learn to like.

You'd also be correct to point out that by offering one serving of dessert, children may view desserts as more desirable than other foods.

To counteract this, desserts, such as a plate of cookies, should be periodically offered to children in unlimited quantities during snack times. Occasionally offering unlimited dessert during snack times is okay because the dessert foods don't compete with other nutritious foods offered. When caregivers first start offering unlimited desserts during some snack times, children may initially eat a lot of dessert, but over time, the novelty wears off, and children will begin eating much smaller amounts.

Hyperactivity and Diet

<p>Common Misconception</p> <p>Refined sugar and certain food additives cause hyperactivity in children.</p> <p>Studies Support</p> <p>Hyperactivity commonly associated with eating sweets is more likely the result of the excitement of getting to eat sweets.</p>	
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Notes:

While we're on the topic of sweets, it's worth pointing out a common misconception. Many caregivers believe that refined sugar and certain food additives cause hyperactivity in children, a condition where children have trouble controlling their behavior. However, current studies don't support these claims. The hyperactivity commonly associated with eating sweets is more likely the result of the excitement of getting to eat sweets or the environment the sweets are consumed in (e.g. birthday parties, celebrations, holidays etc.).

Making Mealtimes Pleasant



Notes:

Caregivers should focus on making mealtimes pleasant. Encourage caregivers to make sure ALL electronic devices are turned off during meal and snack times. This helps to create an environment much more conducive for good communication. Caregivers can get their children involved in mealtime conversations by asking developmentally appropriate questions such as “What was the favorite part of your day?” or “How have you been kind to others today?” If possible, mealtimes should not be used to scold or fight with children.

If children say they’re not hungry, caregivers can say something like, “No problem, you don’t have to eat, but would you like to sit with us for a while?”

If children say that they don’t want sit at the table anymore, caregivers should not try to force them to stay. Instead, children should be allowed to go play quietly while everyone else finishes the meal.

How to Teach Kids How to Behave During Meals and Snacks



Notes:

Caregivers should help children learn to behave at mealtimes, and that in order to be invited to participate in family meals and snacks, they must behave appropriately. If children misbehave, caregivers should give them a warning and let them know that the behavior is unacceptable.

If they continue to misbehave, they should be excused from the meal or snack until their behavior demonstrates that they are ready to rejoin the family meal or snack.

Module 1 Summary

You Learned About:

- Division of responsibility for toddlers to adolescents
- Common Dietary Recommendations for Preschool Aged Children
- How caregivers can offer desserts and beverages
- Portion sizes
- Mealtime behavior

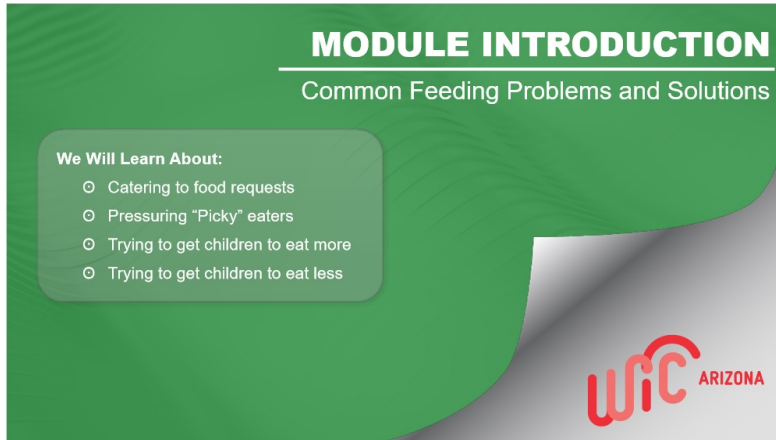


Notes:

In this module you learned about the Division of Responsibility for Toddlers to Adolescents. We reviewed common dietary recommendations for preschool-aged children, and how caregivers should offer desserts and, beverages. We also looked at portion sizes, how caregivers can help make mealtimes pleasant, and how to teach kids how to behave during meals and snacks.

Module 2: Common Feeding Problems and Solutions

Module 2 Introduction



Notes:

Welcome to Module 2. In this module, we'll explore the most common feeding mistakes that caregivers make as well as solutions to each.

In this module you will learn about:

The feeding mistakes of catering to food requests, pressuring picky eaters, trying to get children to eat more, and trying to get children to eat less.

Common Feeding Mistakes



Notes:

Some caregivers struggle with following the Division of Responsibility recommendations at first, but the key to overcoming any of the following feeding mistakes is consistency.

If caregivers consistently implement the following solutions, virtually any feeding struggle can be overcome. Now, let's look at some of the common feeding mistakes and solutions that caregivers can implement.

Common Feeding Mistake-Catering to Food Requests

Catering To Food Requests	
Cause	Effect
<ul style="list-style-type: none">○ Child learns they can get whatever they want, whenever they want them○ Multiple requests from different children○ Child eats outside of meal/snack time○ Children aren't hungry during meal/snack time○ Generally, less nutritious	<ul style="list-style-type: none">○ Fewer family meals○ Difficult and time-consuming for caregiver○ Child isn't hungry during meal/snack time○ Caregivers can get upset○ Decline more nutritious foods

Notes:

You may recall from the “Toddler Behavior” course that one of the big 6 changes is that toddlers get better at remembering. This includes getting better at remembering which foods they like and what foods they don’t.

It’s normal for toddlers to request their favorite foods. However, if caregivers give their children their preferred foods when they request them, several problems can occur.

Catering to food requests causes the child to learn that they can get whatever foods they want, whenever they want them, which is not conducive to scheduled family meals and snacks.

If caregivers cater to multiple requests from several children, it can lead to them making multiple meals and snacks every time the family eats together, which is difficult and time-consuming.

Additionally, if the child is provided with requested foods outside of scheduled meal and snack times, then the child won’t be hungry during the meal or snack offered to all the family members.

If children aren’t hungry during meal and snack times, caregivers can get upset when the child doesn’t consume the foods offered.

Finally, the preferred foods requested by children are generally less nutritious, and when catered to, the child will oftentimes decline to try the other more nutritious foods offered.

How to not Cater to Food Requests



Notes:

The answer to not catering to food requests is to follow the Division of Responsibility of Feeding. Tell caregivers not to say things like “What would you like to eat?” to their young children.

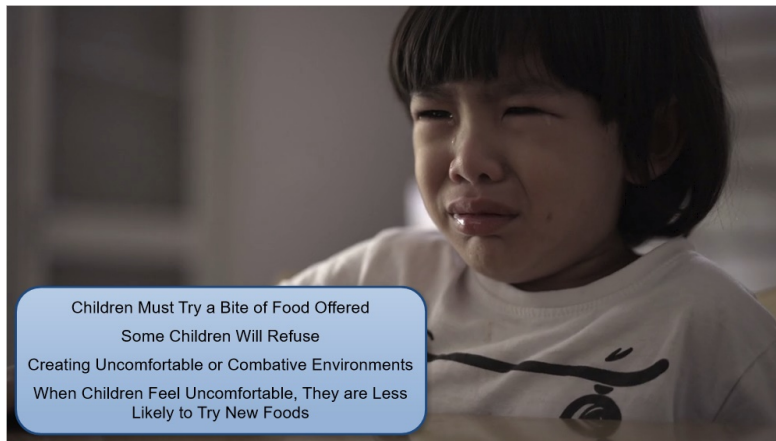
Instead, encourage caregivers to plan meals and snacks in advance and stick to offering the foods they planned to offer at the times they planned to offer them. If children have become accustomed to having meals and snacks provided on demand, encourage caregivers to regain control of their responsibility of deciding which foods to offer and what times to offer them.

Encourage caregivers to have conversations with their children before making the transition so their children will know what to expect.

Even so, children may still whine and beg for their preferred foods, but as long as caregivers are consistent, it generally doesn’t take long for children to acclimate to the new system and begin only eating the foods that are offered during meal and snack times.

Caregivers should maintain control of the menu until children get a little older (approximately 6 years old) and are clearly competent eaters. At that point, caregivers should still decide the main course foods, but can begin accepting some suggestions of foods that can be added to meals and snacks.

Common Feeding Mistake-Pressuring “Picky” Eaters



Notes:

All children can be “picky” or “choosey” about the foods they like to eat. There are some foods such as sweets, fatty foods, and salty foods that are easy to like. However, there are some other foods such as vegetables and fish that can take some children longer to learn to enjoy.

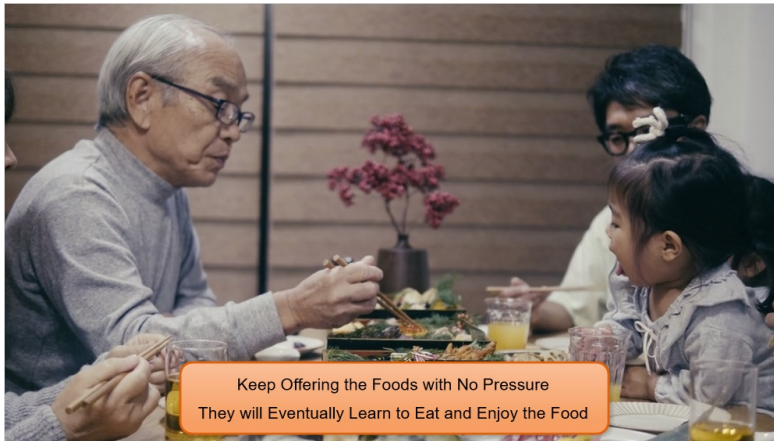
Some caregivers mistakenly believe that their child is choosey when they see their children “playing” with their food. However, this is normal behavior for children to learn more about their food.

Children who are more choosey eaters have a small group of foods they will eat, causing many caregivers to worry that they aren’t getting enough nutrition. Oftentimes these worries turn into pressuring these children to try different foods. Common pressuring phrases include, “Why don’t you try your vegetables?” and “Could you please take a bite of the fish?”

Another common pressuring tactic is called the “No Thank You Bite”.

Caregivers who implement this rule expect that their children try a bite of one or all foods offered. Then if they don’t like it, the child can say “no thank you” to taking any more bites of the food. However, there are countless stories of children who simply refuse to take even a single “No Thank You Bite” and will remain seated at the table for hours in a stalemate with high-pressure caregivers. By trying to pressure choosey eaters to try things they’re not interested in, caregivers can create uncomfortable or even combative eating environments. And when children don’t feel comfortable in their eating environment, they are much less likely to try new foods, instead of more.

How to Feed “Choosey” Eaters



Notes:

The answer to feeding “choosey” eaters is to be considerate without catering. Encourage caregivers to prepare the foods that THEY enjoy during meal and snack times. Grains foods are easy for kids to learn to eat and are usually enjoyed by all family members, so also encourage caregivers to offer at least one grain food during each meal and snack, such as bread, tortillas, pita bread, cornbread, biscuits, rice, or pasta.

For example, if the caregiver enjoys eating beef stew, they may choose to offer the stew along with bread. If the child decides to eat nothing but bread during that meal, or for several meals, that’s okay.

Eventually, the child will get tired of eating only bread and want to experiment with other foods offered.

Caregivers should also try to offer familiar foods with unfamiliar foods. For example, if a caregiver knows that their child has previously enjoyed eating fried chicken with cornbread and peas, but their child has never tried okra, the caregiver may decide to offer fried chicken with cornbread and okra.

By being considerate without catering, even children who are choosey eaters will always feel comfortable at mealtimes and know that there will always be at least one food for them to eat.

You may have also heard that it can take 15 or 20 times of being offered the same food for a child to even try it. However, the truth is that sometimes it can take much longer, as it can take some kids years of being offered the same food before trying it.

Encourage caregivers to keep offering the foods they enjoy eating, not to pressure their children to try them, and not to count how many times they’ve offered each food. In these comfortable eating environments, children are much more likely to not feel pressured to try new things, see other family members as role models, and eventually learn to eat and enjoy the same foods as their caregivers.

Common Feeding Mistake-Trying to Get Children to Eat More



Notes:

Sometimes caregivers worry that their children are not eating enough.

This is a very common concern among caregivers as their children transition from infants to toddlers.

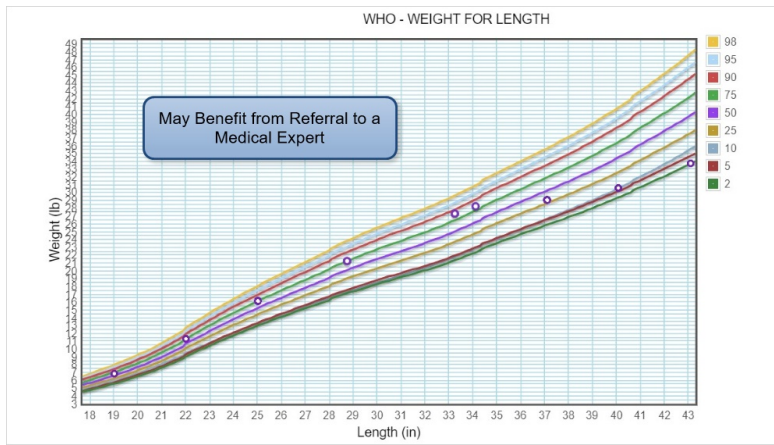
As you may recall from the Toddler Behaviors course, the growth of toddlers slows dramatically compared to when they were infants, and as a result, they will often eat less food. Caregivers of children who have low BMIs will also commonly try to get their children to eat more.

During these times, caregivers feel like it's their responsibility to try to get their children to eat more. They may say things like, "You have to eat at least some of everything on your plate," or "You can't have any dessert unless you take a few more bites of your dinner."

Similar to pressuring choosey eaters to try certain foods, trying to force children to eat a certain amount of food will also usually backfire.

There are many examples of children who have been consistently forced to disregard their own body's cues to stop eating and come to believe that they're always supposed to continue eating even when they're full. These children are at a higher risk of excessive weight gain, obesity, and the development of eating disorders as adults.

Solutions for Caregivers Trying to Get Their Children to Eat More



Notes:

Caregivers should never try to force, coerce, or even encourage children to eat a certain amount of food. Instead, they should simply offer plenty of opportunities to eat during regular meal and snack times, create pleasant eating environments, and trust that children will eat the right amount of food for them.

It's especially important to respect each child's natural ability to know the right amount of food for them to eat.

Some children have small bodies as children, who grow into large adults, and vice versa. Ensuring that children always have the responsibility to decide how much to eat will help to ensure that they will grow up to get the bodies that are right for them.

Even children with low BMIs can still be trusted to eat the amount of food they want, as long as their growth curve is tracking consistently.

One exception may be if a child's growth drops quickly after previously tracking consistently along a growth curve. This could indicate a medical issue, and these families may benefit from a referral to a medical expert.

Common Feeding Mistake-Trying to Get Children to Eat Less



Notes:

Sometimes caregivers, especially those with children who have high BMIs, worry that their children are eating too much.

In these situations, they feel like it's their responsibility to get their child to eat less, and in the case of some caregivers, to even get their child to lose weight.

They may say things like "I think you've had enough chips for today," or "No seconds for dinner tonight." Similar to other feeding mistakes, trying to force children to eat less food will usually backfire.

In addition to creating uncomfortable eating environments, some children in these environments will actually start to hide food and eat it when their caregivers are not around.

If caregivers try to coerce children into losing weight, these children start to learn from a very young age that their bodies are "bad" and need to be "fixed."

Unfortunately, these practices can be devastating as they can set these children up for a lifetime of not accepting their bodies, going on various diets in order to get their bodies to look a specific way, and possibly developing eating disorders.

Also, sticking to these diets becomes even more challenging since children are usually restricted from eating sweet and fatty foods, which will oftentimes result in those foods becoming even more desirable to the child.

Solutions for Caregivers Trying to Get Their Children to Eat Less



It May Take Several Weeks or Months
Children Often Eat Even More Than
Previously Been Eating
Must Stay Consistent for Children to Start
Adopting Regular Eating Habits

Notes:

Once again, in order for caregivers to stop trying to get their children to eat less, they have to learn to trust that their children will eat the right amount of food their bodies are telling them to eat and that they will grow up to get the bodies that are right for them.

Tell caregivers not to limit foods offered at meal and snack times, even high-fat foods such as chips, cheeseburgers, and French fries.


Encourage caregivers to follow the dessert recommendations we learned before by offering one serving of dessert with meals (if the caregiver wants to have dessert) but allowing unlimited servings of dessert foods at some snacks.

It may take several weeks or even months of allowing children to eat as much as they want, for them to learn to trust their caregivers again. This is especially true of children who have been hiding, and secretly eating food. During this time children will often eat even more than they had previously been eating while restricted. However, as long as caregivers are consistent, these children will start to adopt more regular eating habits and will grow up to get the bodies that are right for them.

Module 2 Summary

You Learned About:

- Common feeding mistakes caregivers make
- Solutions to common feeding mistakes

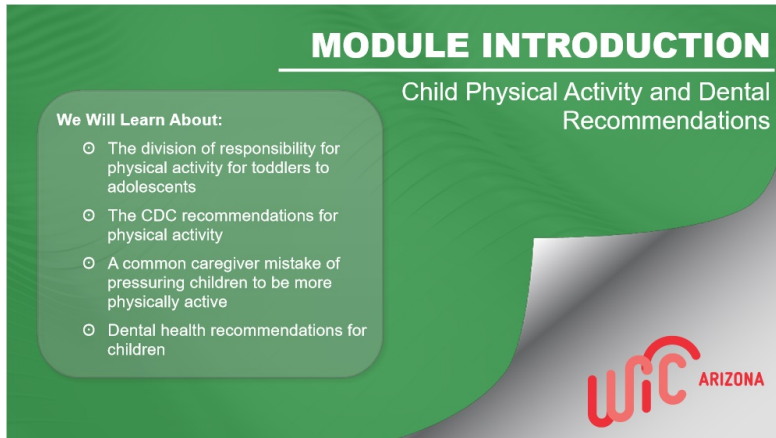
A photograph of a young child with brown hair, wearing a blue dress with a white floral pattern. The child is pointing their right index finger upwards and looking towards the camera with a slight smile.

Notes:

In this module you learned about the most common feeding mistakes caregivers make and the solutions to each.

Module 3: Child Physical Activity and Dental Recommendations

Module 3 Introduction



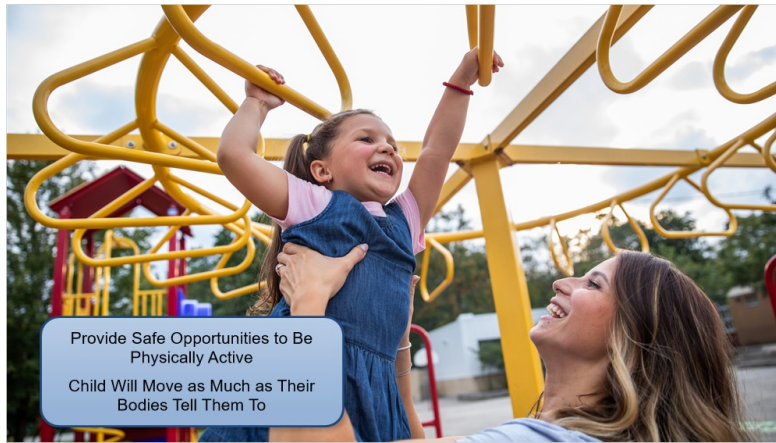
Notes:

Welcome to Module 3. In this module we'll focus on two topics, physical activity, and dental health recommendations for children.

In this module you will learn about:

The division of responsibility for physical activity for toddlers to adolescents, what the CDC recommends for physical activity, a common caregiver mistake of pressuring children to be more physically active, and dental health recommendations for children.

Division of Responsibility for Physical Activity for Toddlers Through Adolescents



Notes:

Physical activity is a fantastic way to help young children to have fun, increase strength and coordination, build self-confidence, and maintain good health.

The Division of Responsibility for Physical Activity for Toddlers Through Adolescents is:

- The caregiver is responsible for structure, safety, and opportunities, and
- The child is responsible for how, how much, and whether he or she moves.

Just like the Division of Responsibility for Feeding, the Division of Responsibility for Physical Activity is all about trust.

Caregivers should trust that as long as they provide their children with safe opportunities to be physically active, their child will move as much as their bodies tell them to and grow up to get the bodies that are right for them.

CDC Recommendations for Physical Activity



Notes:

According to the CDC:

“Preschool-aged children (ages 3 through 5 years) should be physically active throughout the day for growth and development.”

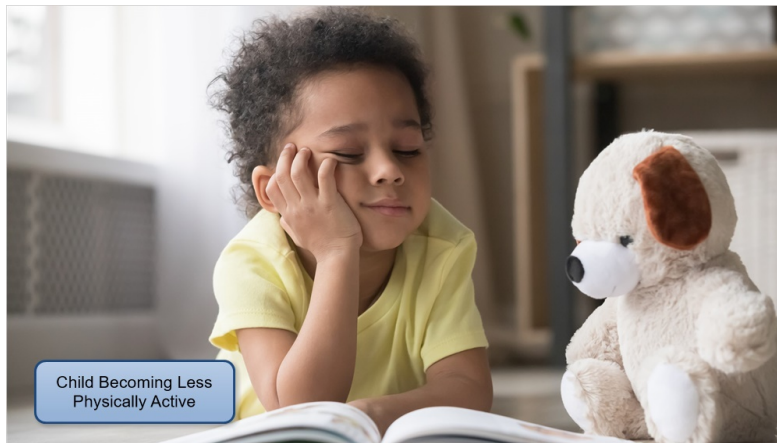
You may have also heard of the recommendation that children should exercise for at least 60 minutes each day, but that recommendation is for older, non-WIC aged children.

For example, the CDC states:

Children and adolescents ages 6 through 17 years should do 60 minutes (1 hour) or more of moderate-to-vigorous intensity physical activity each day, including daily aerobic and activities that strengthen bones (like running or jumping) - 3 days each week, and that build muscles (like climbing or doing push-ups) - 3 days each week.

Although these are good goals for physical activity, caregivers should focus on creating environments that promote opportunities for safe physical activity, and never try to force children to be physically active if they aren't interested.

Common Mistake-Pressuring Children to be More Active



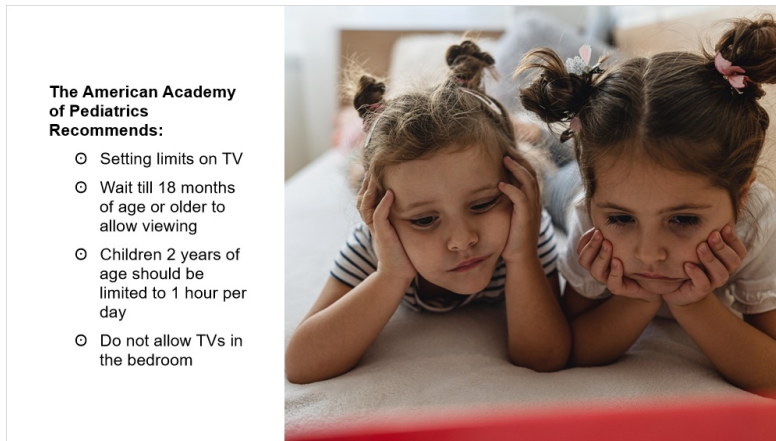
Notes:

Unfortunately, some caregivers do pressure their children to be more physically active. This is more common among caregivers who see physical activity as a tool to control the weight of their children.

Similar to pressure tactics to try to get children to eat more, eat less, or eat different food, trying to get children to be more physically active will usually backfire. Once children realize that they're being forced or pressured to be physically active, they will oftentimes resist and form a negative association with physical activity.

Pressuring children to be physically active will commonly result in the child becoming less physically active, not more.

How to Promote Physical Activity without Pressuring



**The American Academy
of Pediatrics
Recommends:**

- Setting limits on TV
- Wait till 18 months of age or older to allow viewing
- Children 2 years of age should be limited to 1 hour per day
- Do not allow TVs in the bedroom

Notes:

Instead of pressuring children to be more physically active, caregivers should follow the division of responsibility for physical activity.

Caregivers can trust that their children will get the amount of physical activity that is right for them if they take the following steps to promote physical activity:

- Whenever appropriate, caregivers should participate in physical activities with their children.
- Provide safe places for activity that the child enjoys.
- Find fun and rewarding family activities.
- Provide children with opportunities to experiment with group activities such as sports.
- Set limits on TV but not on reading, writing, artwork, or other sedentary activities.

For example, the American Academy of Pediatrics recommends that if desired, children 18 months of age and older may start to view high-quality programming (education, TV, or Apps) for short periods of time along with their caregiver.

Children 2 years of age and older should be limited to 1 hour or less of high-quality programming per day.

Children should also not be allowed to have TVs in their bedrooms.

Dental Health Recommendations



Notes:

Caregivers should brush their children's teeth with a pea-sized amount of toothpaste, 2 times per day until the child can effectively do it themselves, often around 5 or 6 years of age.

The American Academy of Pediatric Dentistry also recommends that all children should also visit the dentist every 6 months.

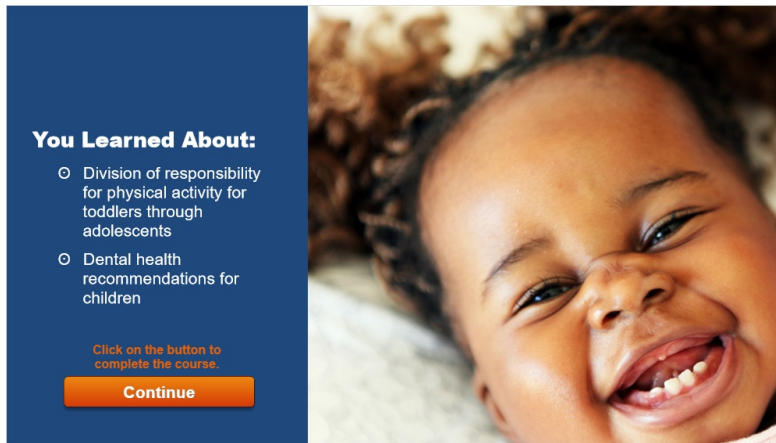
You may recall from the Basic Nutrition Course, that fluoride helps to strengthen tooth enamel.

It's often in toothpaste and mouthwash, but the main source of fluoride is usually from the local water supply.

However, not all communities add fluoride to their local water supplies, and as a result, children that live in these communities are much more likely to get cavities and experience dental decay. Refer children living in these communities without adequate fluoride supplementation (less than 0.3 ppm) to their dentist or health care provider to get more information about fluoride supplements.

Click on the "My Water's Fluoride" button to get more information about the amount of fluoride in your community's local water supply.

Module 3 Summary



You Learned About:

- Division of responsibility for physical activity for toddlers through adolescents
- Dental health recommendations for children

Click on the button to complete the course.

Continue

Notes:

In this module you learned about the division of responsibility for physical activity for toddlers through adolescents and dental health recommendations for children.

Click the 'Continue' to complete the course.