



# National Early Care & Education Learning Collaboratives:

**Taking Steps to Healthy Success**

Learning Session 3  
Participant Handbook

September 2018



*Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a six-year Cooperative Agreement (6U58DP004102-05-02) to support states in launching ECE learning collaboratives focused on obesity prevention. Funding for these materials and learning sessions was made possible by the CDC. The views expressed in written materials or publications, or by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*

## Welcome to the Collaborative

# Welcome to *Taking Steps to Healthy Success*

An Early Care and Education Learning Collaborative (ECELC) to Promote Healthy Practices

Your Name:

Program:

My Contact for Technical Assistance:

Nemours and its dedicated partners welcome you to the National Early Care and Education Learning Collaboratives (ECELC) Project! Nemours developed the model to support child care providers' efforts to help young children grow up healthy and tested it with large early care and education programs in Delaware. We are excited to see it in action in your state!

Thanks to the commitment and generous funding from the Centers for Disease Control and Prevention (CDC), we are able to work together to adapt this powerful model for healthy change to meet the unique needs of your state. We are excited to support your work to create a healthier environment in your early care and education program for your children, your families and your program staff.

A Collaborative is a community of learners that will connect you with others engaged in making healthy change. It will offer learning opportunities, increase knowledge, create networks of support, and equip you to engage your staff in the process of making healthy changes. Over one year, the Collaborative will meet five times, with technical assistance visits scheduled between sessions to provide information, an opportunity to share experiences, and a forum for raising questions.

This toolkit is your guide to making change. It contains resources, tools and information to help you make the best practice and policy decisions for your program. Video training and materials will help staff and families understand the importance of making healthy changes and give them the tools to support your work. Small group work with a Trainer, and opportunities to share challenges and successes with others going through the process of change will give you a network to rely on for support, information and ideas.

This is a working toolkit that we will add to at each session. We hope you find the Learning Session materials useful. Thank you for joining us in this exciting work to help kids grow up healthy!



## Helpful Contacts:

Project Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ECELC Trainer: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

ECELC Trainer: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# Acknowledgements

Nemours gratefully acknowledges the valuable contributions of a wide variety of stakeholders committed to supporting children’s health and optimal development. We thank you all for helping to make our dream a reality.

Thanks to generous funding support from the **Centers for Disease Control and Prevention (CDC)**, we are able to work collaboratively with states to adapt the model to meet their unique needs. We welcome the opportunity to collaborate and learn with leaders and providers in participating states.

On behalf of the early care and education providers who will participate in the ECELC, and the children and families they serve, we thank our partners in this effort:

**Child Care Aware® of America**

**National Initiative for Children’s Healthcare Quality**

**Gretchen Swanson Center for Nutrition**

**American Academy of Pediatrics**

**National Association of Family Child Care**

**American Heart Association, Dr. Mary Story**

**Dr. Dianne Ward (University of North Carolina)**

**National Resource Center for Health and Safety in Child Care and Early Education**

**American Public Human Services Association**

**Association of State & Territorial Public Health Nutrition Directors**

**United States Breastfeeding Committee**

**Zero to Three**

Special thanks to our **Delaware Child Care Collaborative participants**, who helped us develop, test and refine our original model. We learned so much from them, their children and families. Their commitment to promoting healthy eating and physical activity, their willingness to learn, their courage to change and their generosity in sharing their experiences continue to inspire us.

We are grateful to the **Delaware Institute for Excellence in Early Childhood at the University of Delaware (DIEEC)**, our partner in implementing the second cohort of the Child Care Learning Collaboratives in Delaware, for their inspired collaboration.

The contribution of **Elizabeth Walker**, who guided the first collaborative in Delaware, is beyond measure. We are grateful to Elizabeth for sharing her vision, anchoring the collaborative in science and inspiring us all to change.

We thank the following individuals and organizations who contributed their expertise, materials and time to ensure success as we worked together to develop an empowering model for quality improvement in support of children’s health in child care settings:

**Child Care Exchange and Videoactive Productions:**  
Roger Neugebauer and Dan Huber

**Delaware Child and Adult Care Food Program (CACFP):** Beth Wetherbee and David Bowman

**Delaware Office of Child Care Licensing:** Patti Quinn

**I am Moving, I am Learning:** Linda Carson

**Parent Services Project**

**Sesame Workshop**

**Strengthening Families**

# Definitions

<b>Action Period</b>	Facilitation of a training session by the Leadership Team with their program staff after each in-person Learning Session to share information, support discovery learning and engage staff in a particular task: program assessment, action planning, implementation of the action plan, and/or documentation of the process.
<b>Center</b>	Refers to a physical place where a program is offered.
<b>Early Care and Education (ECE)</b>	A field, sector or industry that includes nurturing care and learning experiences for children from birth to age 5.
<b>Early Care and Education Program (ECE Program)</b>	An intervention or service that has a design, staff, a curriculum or approach and a funding source that serves children from birth to age 5.
<b>Early Care and Education Program Leadership Team (Leadership Team)</b>	Up to 3 people (e.g., owner/director, lead teacher, food service personnel) self-defined by each ECE program to attend the 5 in-person Learning Sessions and facilitate the corresponding Action Period with their program staff.
<b>Early Childhood</b>	A developmental period of time, typically birth to age 6.
<b>Facilitator</b>	Designated person or people from the Leadership Team to lead the Action Period component with their ECE program staff.
<b>Go NAP SACC</b>	Nutrition and Physical Activity Self Assessment for Child Care self-assessment for ECE settings comparing their current practices with a set of best practices.
<b>Learning Collaborative</b>	A learning community made up of approximately 20-25 ECE programs to increase their knowledge, create networks of support, and equip programs to work together to make healthy policy and practice changes aligned with Healthy Kids, Healthy Future.
<b>Learning Session</b>	Five in-person, active Learning Sessions focused on the relationship of nutrition, breastfeeding support, physical activity, and screen time to children's health also provide opportunities to build collegial relationships, develop leadership, increase collaboration, plan for and implement healthy change.
<b>Healthy Kids, Healthy Future (HKHF)</b>	Formerly known as <i>Let's Move!</i> Child Care (LMCC), Healthy Kids, Healthy Future gives early care and education providers the tools to help children get a healthy start.
<b>National Early Care and Education Learning Collaboratives Project (ECELC)</b>	Name of this project funded by the Centers for Disease Control and Prevention and managed by Nemours to support ECE programs as they improve their practices and policies for nutrition, breastfeeding support, physical activity, and screen time.
<b>Program</b>	An intervention or service that has a design, staff, curriculum or approach, and a funding source.
<b>Resources</b>	The tools, materials, and resources aligning with Healthy Kids, Healthy Future and the Preventing Childhood Obesity, 3rd Edition standards that are available to participating ECE programs as they implement the ECELC.
<b>State Implementing Partner</b>	An agency/organization subcontracted with Nemours to handle the administration of the ECELC in a particular state.
<b>State Project Coordinator (Project Coordinator/PC)</b>	Administers the ECELC and provides overall coordination of the Learning Collaborative logistics in the state, with leadership responsibility for technical support, communication efforts, recruitment and support of Trainers and participating programs.
<b>Taking Steps to Healthy Success (Curriculum)</b>	ECELC curriculum, structured around 5 in-person learning sessions for Leadership Teams and on-site Action Period sessions to engage all program staff, designed to guide Leadership Teams and their programs through the process of making healthy changes aligned with best practices.
<b>Teacher</b>	An individual responsible for the primary education of a group of children.
<b>Technical Assistance (TA)</b>	Encouragement, support, information and resources provided by the Trainer(s) to help Leadership Teams facilitate training of program staff and develop and implement action plans for healthy change.
<b>Trainer(s)</b>	Individuals responsible for implementing 5 on-site Learning Collaborative sessions and providing ongoing technical assistance to participating ECE programs.

## Learning Session 3: Materials

# Learning Session 3: Serving Meals Family-Style and Supporting Breastfeeding

## Overview

Learning Session 3 provides a rationale for the role early care and education (ECE) providers play in helping make healthy changes. It explains family-style dining and breastfeeding best practices in the ECE setting. During this session, participants are expected to increase their knowledge, awareness and motivation to work towards healthy change. Key content includes information on:

- Best practices for family-style dining;
- Ways to support breastfeeding families in your program;
- Continuing the process of healthy change through an Action Plan;
- Developing action steps to support program staff and the program environment;
- Resources and strategies for overcoming challenges to meeting family style dining best practices and supporting breastfeeding; and
- Ways to support family-style dining and breastfeeding through program staff, family engagement, and program policies.



## Post-session (Action Period)

Program Leadership Teams utilize the *Leadership Team Guide* to engage their program staff to:

- Complete the *Learning Session 3 Group Discussion Worksheet*;
- Implement steps identified in the “program staff” and “program environment” columns of the *Action Plan Worksheet*; and
- Collaborate with staff to continue documenting healthy changes made from Learning Session 2 to Learning Session 5 on their storyboard.





# Sample Agenda


## Objectives

At the end of the Learning Session, participants will:

1. Describe best practices for family-style dining and breastfeeding support and identify change opportunities within their program;
2. Define “I” messaging and effectively demonstrate the skill during a role-playing activity;
3. Have the information to continue the Action Plan and develop action steps for program staff and program environment; and
4. Continue to document and communicate the process of healthy changes through their storyboard.



Learning Session 3: Serving Meals Family-Style and Supporting Breastfeeding	
Time	Topic
8:30 – 9:00 am	Check-In
9:00 – 9:45 am	Welcome Back <b>Learning Session 2 Action Period</b> <ul style="list-style-type: none"> <li>• Technical Assistance Groups</li> <li>• <b>Activity:</b> Bar Graph Sharing</li> </ul>
9:45 – 11:15 am	<b>PPT Part A: Family-Style Dining</b> <ul style="list-style-type: none"> <li>• <b>Video:</b> <i>Family-Style Dining with 2 Year Olds</i></li> <li>• <b>Discussion:</b> <i>Are You Ready for Family-Style Dining?</i></li> <li>• <b>Video:</b> <i>Tips for Success</i></li> <li>• <b>Early Learning Standards Physical Activity Break</b></li> </ul>
11:15am – 12:00pm	<b>PPT Part B: Breastfeeding Support</b> <ul style="list-style-type: none"> <li>• <b>Activity:</b> <i>What Do You Know About Breastfeeding? True/False</i></li> <li>• <b>Video:</b> <i>Is Your Baby Hungry or Full? Responsive Feeding Explained</i></li> <li>• <b>Video:</b> <i>How to Support Breastfeeding Mothers</i></li> </ul>
12:00pm – 12:45pm	<b>Networking Lunch</b>
12:45 – 1:30pm	<b>PPT Part C: Overcoming Challenges to Meeting Family Style Dining Best Practices &amp; Supporting Breastfeeding</b> <ul style="list-style-type: none"> <li>• <b>Video:</b> <i>Tips for Dealing with Messes</i></li> <li>• <b>Video:</b> <i>Putting It All Together</i></li> </ul>
1:30 – 2:15pm	<b>PPT Part D: Facilitating Change in Your Program</b> <ul style="list-style-type: none"> <li>• <b>Technical Assistance Groups:</b> refer to the Sample Action Plan Worksheet</li> <li>• <b>Physical Activity Break</b></li> </ul>
2:15 – 2:45 pm	<b>PPT Part E: Extending Your Learning: Staff, Families and Program Policies</b>
2:45 – 3:00 pm	Check-Out





## Learning Session 3: Serving Meals Family-Style & Supporting Breastfeeding

Early Childhood Health Promotion  
and Obesity Prevention

National Early Care and Education  
Learning Collaboratives (ECELC)  
Project

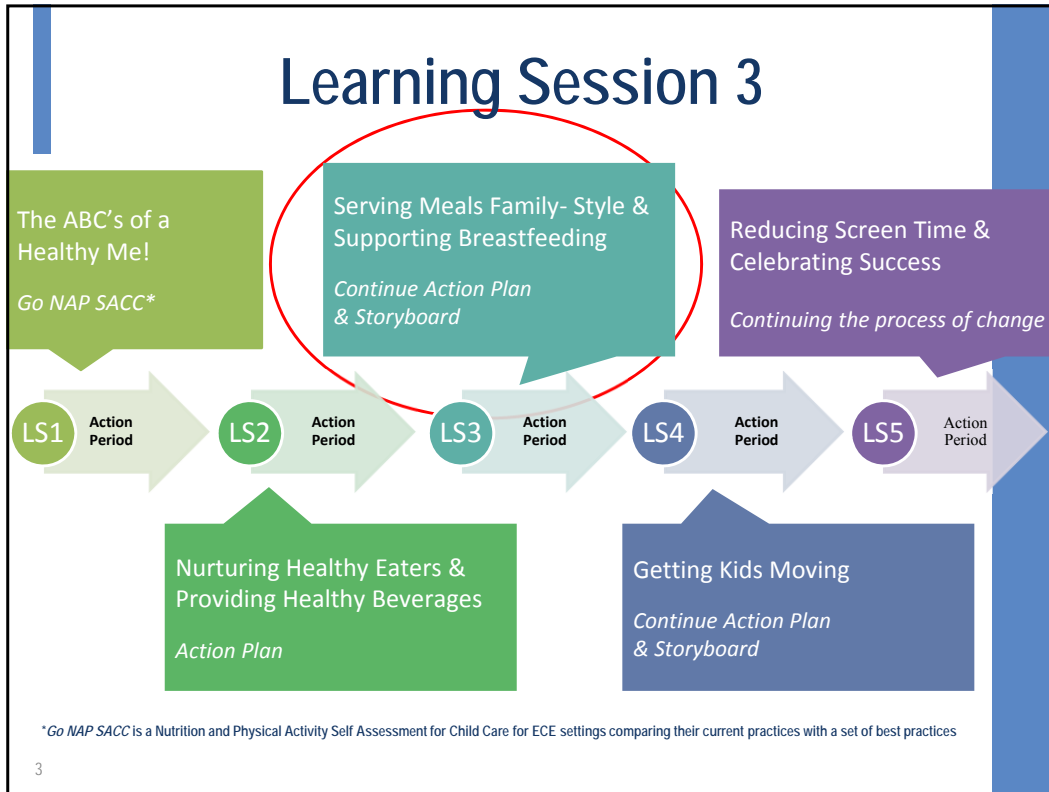
Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement (1U58DP004102-01) to support states/localities in launching early care and education learning collaboratives focused on childhood obesity prevention. The views expressed in written materials or publications, or by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

## Acknowledgements

A special thank you to:

- **Centers for Disease Control and Prevention (CDC)**
  - For generous funding support and expertise
- **Nemours**
  - For their expertise, materials, support, and time spent on the project’s implementation
- **Gretchen Swanson Center for Nutrition**
  - For the evaluation component of this national effort





## Learning Session 3 Objectives

**At the end of the Learning Session, participants will be able to:**

1. Describe best practices for family-style dining and breastfeeding support and identify change opportunities within their program;
2. Have the information to continue the Action Plan, with focus on impacting program staff and the program environment; and
3. Continue to document and communicate the process of healthy change by adding to the storyboard.



## LS2 Action Period



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## Part A: Family-Style Dining



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## Family-Style Dining



Family-Style Dining with 2 Year Olds

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## What is Family Style Dining?

- A meal service approach that helps ECE programs support children to have developmentally appropriate mealtime experiences and helps to prevent childhood obesity
- Involves children and adults sitting together to enjoy foods and beverages in a manner that supports children's independence
- Foods and beverages are placed on the table where the children and adults sit together to share the meal
- Children are encouraged to serve themselves independently with adult help when needed.



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## Why is Family Style Dining Important?

- Enriches a child's learning environment
- Gives children the opportunity to take an active role in their feeding
- Creates a unique opportunity for us to model healthy food choices and table manners



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## Characteristics of Family-Style Dining

- Children help set the table
- Child-size tables, utensils, and serving dishes are utilized
- Food is passed in small containers
- Beverages are served in small pitchers
- Children serve themselves
- Adults sit at the table with children and role model by eating the same foods
- Children engage in conversation



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## FSD Supports Child Development

- Small, large, oral motor development
  - Passing out plates, tipping a pitcher of milk, and lifting a serving spoon of food use a variety of motor skills
  - Learning to use serving utensils, such as tongs, allows children to develop fine motor skills
  - Children need to balance to stay in their chairs, which strengthens core muscles
  - Oral motor skills are developed when children learn to drink from a glass

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## FSD Supports Child Development

- Social Development
  - Provides teaching opportunities for sharing, turn taking, and table manners
  - Children learn empathy and how to recognize and respond to others' needs
  - As children talk with their peers and adults at meals, they practice social etiquette behaviors, such as saying “please” and “thank you”, and learn the art of conversation and how important these are for a pleasant mealtime experience
  - Adult role modeling of both manners and conversation skills is fundamental to FSD

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## FSD Supports Child Development

- Language Development
  - Mealtime conversations develops children’s language and can create a language-rich environment
  - Using words and sentences describing the flavor, texture, color, or temperature of a food enriches children’s vocabulary
  - Talk about topics that interest the children in your program!

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## FSD Supports Child Development

- Emotional Development
  - Can boost a child’s self confidence through trying new things and mastering new skills
  - Getting food from the serving bowl to their plate is a reason to celebrate
    - “I did it!” are important words for children to say
  - Waiting their turn for food to be passed around helps children practice self-regulation
  - Children learn independence when they help to set the table, serve themselves, and clear the table

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## Getting Children Ready for FSD

- To be successful with family style meal service, it's important that children:
  - Learn and develop mealtime skills
  - Practice self-feeding



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## Child Size Equipment

- **Developmentally appropriate equipment allows children to:**
  - Develop and enhance fine motor skills to grasp, hold, and manipulate small objects and tools
  - Improve hand-eye coordination skills



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## Getting Staff Ready for FSD

- It's important that staff are prepared to:
  - Encourage self-feeding practices
  - Arrange seating to support skills
  - Assess children's mealtime skills
  - Integrate Meal Service Practice into other activities



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## Integrating Meal Service into Daily Activities

- Daily transitions and routines
- Dramatic play
- Small motor experiences
- Sand and water play
- Literacy and music/movement activities



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## Create a Mealtime Environment that Promotes Learning and Exploration

### Phrases that Hinder

- “You have to eat that”
- “Do not leave the table until everything is finished”
- “Carli, look at Maria. She ate all of her bananas and you did not.”
- “You may not have seconds, we don’t have enough to give them to everyone.”
- “I’m going to tell your mom you weren’t a good eater today at school.”

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### Phrases that Help

- “These radishes are crunchy! What other vegetable is crunchy?”
- “This is a kiwi. It is sweet. What fruits do you like that are sweet?”
- “What should you do when your stomach is full from eating?”
- “Thank you for trying a new vegetable. It is ok that you did not like it”



## Getting Your Program Ready for FSD

- Procure appropriate furniture and equipment
- Implement gradually

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## Discussion:

Are you ready for family-style dining?

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## Tips for Success



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# Mealtime Routine Sample Handout



## Family Style Mealtime Routine

### Mealtime Routine Sample

1. Call for helpers - children with daily jobs.
2. Transition activity - song.
3. Bathroom and hand wash break.
4. Children sit at the table as food is placed.
5. Teachers sit and eat with children.
6. Children and teachers dispose of plates.
7. Transition - children choose quiet books or puzzles as others finish eating.

### Family Style Mealtime Checklist

#### Mealtime Routine

- Teachers' routine allows for food to be prepared and ready at the designated mealtime.

#### Appropriate size bowls and serving utensils

- Food is served in bowls of appropriate size that children can lift and pass.
- Serving bowls are made of materials that do not conduct heat and are not too hot to pass.
- Small size scoops, one-piece plastic tongs, and short-handled hard plastic serving spoons are used.

#### Family Style Practice Activities

##### Serving utensils practice (small group activity or set up a learning center in classroom)

- Practice with scoops, tongs, and short-handled hard plastic serving spoons.

##### Pouring practice (set up water table or learning center in classroom)

- Pretend practice.
- Practice with dry liquid such as sand or beans.
- Practice with water and pouring into child-size cups.

##### Cleanup practice (dramatic play or a small group activity)

- Pretend cleanup with sponge or cloth.
- Pretend floor cleanup with mini-mop or cloth.
- Practice cleanup of table and floor with water.

#### Mealtime expectations to review with children

- We eat together at the table.
- We all come to the table at the same time.
- We wait until everyone is ready before we begin.
- We serve ourselves and pass food to each other.
- We use inside voices.

#### Passing food practices for children

- Pass with both hands.
- Keep food over the table when passing it.
- Hold the bowl by the sides (to keep fingers out of food).

National Food Service Management Institute (2011). *Happy mealtimes for healthy kids*. University, MI: Author.



# Early Learning Standards Physical Activity Break



# Sesame Street Healthy Habits for Life Toolkit



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## Part B: Breastfeeding Support



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## Call to Action

*“One of the most **highly effective preventative measures** a mother can take to protect the health of her infant and herself is to **breastfeed**. The decision to breastfeed is a personal one, and **a mother should not be made to feel guilty if she cannot, or chooses not to breastfeed**. The success rate among mothers who choose to breastfeed can be greatly improved through active support...”*

**Action:** Ensure that all early care and education providers accommodate the needs of breastfeeding mothers and infants.

U.S. Department of Health and Human Services. *Executive Summary: The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

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## What Do You Know About Breastfeeding?

### True/False Activity

#### What Do You Know About Breastfeeding?

##### True/False Activity

Circle the answer you believe is correct.

Over 75% of women start out breastfeeding.	True	False
Feeding a baby formula instead of mother's milk increases the chances that the baby will get sick.	True	False
If a child is not breastfed, he is more likely to get ear infections.	True	False
If a child is not breastfed, she is more likely to get diarrhea.	True	False
If a child is not breastfed, he is more likely to die of SIDS (Sudden Infant Death Syndrome).	True	False
If a child is not breastfed, she is more likely to become overweight.	True	False
Infant formula is missing many of the components in human milk.	True	False
The longer a mother breastfeeds, the better it is for her health.	True	False
Babies should never be given cereal in a bottle.	True	False
Human milk is not a hazardous substance.	True	False
Babies should breastfeed for at least one year.	True	False
Babies should be exclusively breastfed (no other foods or liquids) for about the first six months of life.	True	False
No matter the mother's diet, a mother's milk is the best and healthiest food for her baby.	True	False
Babies should not be fed on a strict schedule.	True	False
Breast milk is reimbursed through the CACFP (Child and Adult Care Food Program).	True	False

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## Why is breastfeeding important?

- **Mother's milk is best for babies.**
- Mother's milk provides her baby exactly what is needed to grow and thrive
- Breastmilk changes over time to keep up with a baby's changing nutrition and disease protection needs
- To date, over 30 components to breast milk have been identified, protecting babies from infections and illness.
- Breastfed babies benefit from “borrowing” their mother's immune system at exactly the time when they are most susceptible to illnesses due to the immaturity of their own immune system

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## Breastfed Babies are Healthier

- It's no surprise then that breastfed babies are healthier
  - Less likely to grow up to be obese or suffer from conditions like diabetes and asthma
  - Get sick less often with things like diarrhea and ear infections. When they do get sick, it is usually not severe.
  - Breastfeeding helps protect babies against Sudden Infant Death Syndrome (SIDS).
- The physical contact involved in breastfeeding is also important to newborns. It can help them feel more secure, warm and comforted.

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## Why Do Moms Need Your Support?

- 81% of moms desire to breastfeed
- 79% of moms start breastfeeding
- 60% of moms do not meet their breastfeeding goals (frequency and/or duration)
- Returning to work is the primary reason for ending breastfeeding
- Shorter duration of breastfeeding if baby is in an early care and education environment

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## Breastfeeding Benefits Women

- **Health Benefits**
  - Type 2 diabetes
  - Breast and ovarian cancer
  - Postpartum depression
- **Increased weight loss**
- **Attachment**
- **Convenience**
- **Savings**



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## Breast Milk Can Save Your Program Money

- **Breast milk is part of the CACFP meal pattern**
  - It is reimbursable for infants if fed by the mother or child care provider
  - It's free! No equipment to purchase
    - Cost effective for families as well
  - For children over 12 months, breast milk may be substituted for cow's milk
    - Doctor's note may be required
- **Human milk is food**
  - You do not need to store human milk in a separate refrigerator
  - You do not need to wear gloves to give a bottle of human milk or formula
  - Contact with human milk is not hazardous exposure



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## Breastfeeding Report Card

	National	Healthy People 2020 Targets
Ever breastfed	81.1%	81.9%
Exclusively BF at 3 months	44.4%	46.2%
Exclusively BF at 6 months	22.3%	25.5%
Breastfeeding at 6 months	51.8%	60.6%
Breastfeeding at 1 year	30.7%	34.1%

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## Breastfeeding Recommendations

- **The American Academy of Pediatrics recommends:**
  - Exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced
  - Continuation of breastfeeding for at least 1 year
  - Continuation of breastfeeding beyond 1 year for as long as mutually desired by mother and infant
- Exclusive breastfeeding means an infant is given no other substances for food (e.g. no infant formula or water)

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## 10 Steps to a Breastfeeding-Friendly Program

1. Update/change program policies
2. Conduct staff trainings
3. Communicate with families
4. Provide learning and play opportunities for children
5. Practice proper storage and labeling
6. Provide a dedicated space for nursing
7. Provide employee support
8. Create a feeding plan
9. Refer families to appropriate community programs
10. Continue to learn and provide updates to program staff

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# Breastfeeding-Friendly Child Care Centers Handout

## Ten Steps for Breastfeeding-Friendly Child Care Centers

The following ten steps describe ways that child care centers can provide optimal support for breastfeeding families. Below each step are specific actions to support that step.

- Step 1. Make a commitment to the importance of breastfeeding, especially exclusive breastfeeding, and share this commitment with fellow staff.**
- 1.1 Our center has a written policy for promoting and supporting breastfeeding.
  - 1.2 Staff evaluations document a review of breastfeeding support activities.
  - 1.3 Our center has educational materials for our parents on the risks and benefits of different infant feeding choices.
  - 1.4 Our center's breastfeeding support is part of discussion with all potential clients.
- Step 2. Train all staff to promote optimal infant and young child feeding in families we serve.**
- 2.1 All new staff at our center receives training on the risks and benefits of different infant feeding choices.
  - 2.2 All new staff at our center receives training in breastfeeding promotion, including support of exclusive breastfeeding.
- Step 3. Inform women and families about the importance of breastfeeding.**
- 3.1 At our center, we provide families with our written policy for promoting and supporting breastfeeding.
  - 3.2 At our center, we explain to families how we (a) develop a sustainable feeding plan, (b) provide a comfortable place in our center for mothers to sit and nurse their babies or pump/express milk, and (c) store and label milk for child care center use.
- Step 4. Train all staff in skills necessary to handle, store and feed mother's milk properly.**
- 4.1 All staff receive at least one hour of training in proper handling and feeding of mother's milk.
  - 4.2 All staff are trained to recognize infant hunger cues.
- Step 5. Ensure that all clients are able to properly store and label milk for child care center use.**
- 5.1 We have a written policy on the proper way to label human milk, and we share this policy with all parents.
  - 5.2 All milk at our center is properly labeled.
- Step 6. Provide a breastfeeding friendly environment.**
- 6.1 We provide all mothers with written materials inviting them to come to the center and nurse their babies while under our care.
  - 6.2 There is a comfortable place in our center for mothers to sit and nurse their babies, or pump/express milk if necessary.
- Step 7. Display posters and provide brochures for new moms and parents of breastfeeding babies that demonstrate that your child care supports breastfeeding and that illustrate best practices.**
- 7.1 Our center displays posters with information about breastfeeding, with photos appropriate for the families we serve.
  - 7.2 At our center, we provide appropriate brochures or other educational materials about breastfeeding for our families.
  - 7.3 At our center, we provide families with materials about the importance of exclusive breastfeeding.
- Step 8. Develop a sustainable feeding plan with each family.**
- 8.1 We develop a written feeding plan with each new family at our center.
  - 8.2 Our written materials encourage breastfeeding mothers to nurse on demand when with their baby.
  - 8.3 Our written materials encourage mothers to respond to feeding cues rather than feeding on a schedule.
  - 8.4 We discuss with all families how expressed milk will be handled at our child care center.
- Step 9. Contact and collaborate with local valued breastfeeding support and actively refer.**
- 9.1 Our center has a list of community breastfeeding resources to be used for referrals.
  - 9.2 Our center regularly refers families to community breastfeeding resources.
  - 9.3 Our center tracks community referrals and follows up with families as needed.
  - 9.4 Our center provides a resource list for our staff of local lactation consultants and community providers that can answer breastfeeding and human milk feeding questions.
- Step 10. Continue updates and learning about protection, promotion, and support of breastfeeding.**
- 10.1 Our center has up-to-date materials on hand that include information on breastfeeding and human milk feeding.
  - 10.2 Each staff member receives at least one hour per year of continuing education on human milk feeding and breastfeeding support.

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## Hunger Cues

- **Doctors recommend that all babies be fed when they are hungry, rather than on a schedule**
- **Hunger Cues**
  - Moving head side to side
  - Opening mouth and sticking out tongue
  - Puckering lips to suck
  - Rooting reflex
- **Watch the baby, not the clock**
- **It is normal for young babies to eat only 2-3 ounces of milk in one sitting**
- **We want babies to learn that when they are hungry, they eat, and then they are full**
  - Scheduled feeding disrupts this learning

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## Is Your Baby Hungry or Full? Responsive Feeding Explained



The American Academy of Pediatrics (AAP) has resources to explain and promote responsive feeding including a video, infographic, and tip pages.

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## General Infant Feeding

- **Breastfed babies do not need solid food before 6 months**
  - Early solids replace breast milk, which should still be main source of food
  - Introduce solids when developmentally appropriate
- **Introduce solids at signs of readiness**
  - Sits with good head control
  - Opens mouth when food comes his/her way
  - Can move food from spoon to back of throat
- **Don't feed cereal in a bottle**
  - It's bad for teeth and will not help a baby sleep longer
- **Hold infants while feeding them**
  - Puts you in good position to see an infant signaling they are full



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## Cultural Views of Breastfeeding

- Many different cultures look at breastfeeding as a natural choice for feeding
- Many countries have banned the practice of giving free or subsidized formula to new mothers
- Accepting and understanding cultural differences allows staff to become culturally sensitive to those parents and families who decide to breastfeed
- Some cultures discourage breastfeeding because it 'spoils' babies and/or discourages babies from sleeping through the night

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## Cultural Competence

- Respect the individual
- Understand various cultural backgrounds
- Understand appropriate personal space and eye contact



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## How to Support Breastfeeding Mothers



43



Lunch

44



**Part C:  
Overcoming  
Challenges to  
Meeting  
Family Style  
Dining Best  
Practices &  
Supporting  
Breastfeeding**



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## **Challenge: Time**

- **Time demands**
  - It takes longer to serve and eat meals family-style
- Solution #1: Delegate tasks to children
- Solution #2: Teach children meal and snack time routines
- Solution #3: Adjust the daily schedule



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## Challenges: Messiness

- **Messiness**
  - Family style eating can be seen as messy or unsanitary
- Solution #1: Be Prepared for Messes
- Solution #2: Adopt strategies to minimize and avoid contamination of food.
- Solution #3: Start Small

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## Challenges: Motor Skills

- **Motor Skill Level Differences**
  - Some children will need more help serving themselves than others
- Solution #1: Give children lots of learning activities to help them develop motor skills needed for family-style dining
- Solution #2: Use age-appropriate eating equipment
- Solution #3: Designate adult learners at every table
- Solution #4: Use a Buddy System

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## Tips for Dealing with Messes



This video comes from the University of Nebraska-Lincoln

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## Challenge: Nutritional Concerns

- **Nutritional Concerns**
  - You may be concerned that children will not eat well if allowed to serve themselves
- **Solution:** Provide positive guidance to children.



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## Challenge: Lack of Staff Motivation

- **Lack of Staff Motivation**
  - You may be hesitant to make the switch to family style dining for a variety of reasons
- **Solution: Learn about family style dining before adopting it into everyday practice**

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## Challenge: Is it against the rules?

- **Isn't it against the rules?**
  - I participate in my state's food program. I don't think I'm allowed to do some of the family-style dining elements.
- **Solution #1: Lunch box kids can practice family style dining**
- **Solution #2: State Food Programs DO support family-style dining**

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## Putting It All Together



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## Challenge: Space Constraints

- **Space constraints**
  - You may not have a whole room to set aside for breastfeeding or may be unsure of what is needed for a lactation room.
- Solution #1: Convert a corner or private space into a breastfeeding station
- Solution #2: Learn more about what breastfeeding mothers need in that space.



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## Challenge: How to Support?

- **Unsure How to Support Breastfeeding**
  - You may feel like you do not have the knowledge and training to provide breastfeeding support.
- **Solution: Find educational materials and trainings about breastfeeding**



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## Challenge: Lack of knowledge about available support

- **Parents are Unaware of Breastfeeding Support Offered**
  - Mothers may not use available resources because they do not know they exist or are unsure how welcoming you are to breastfeeding.
- **Solution #1: Create a written breastfeeding policy for your child care center or home.**
- **Solution #2: Become a valuable resource for your mothers**

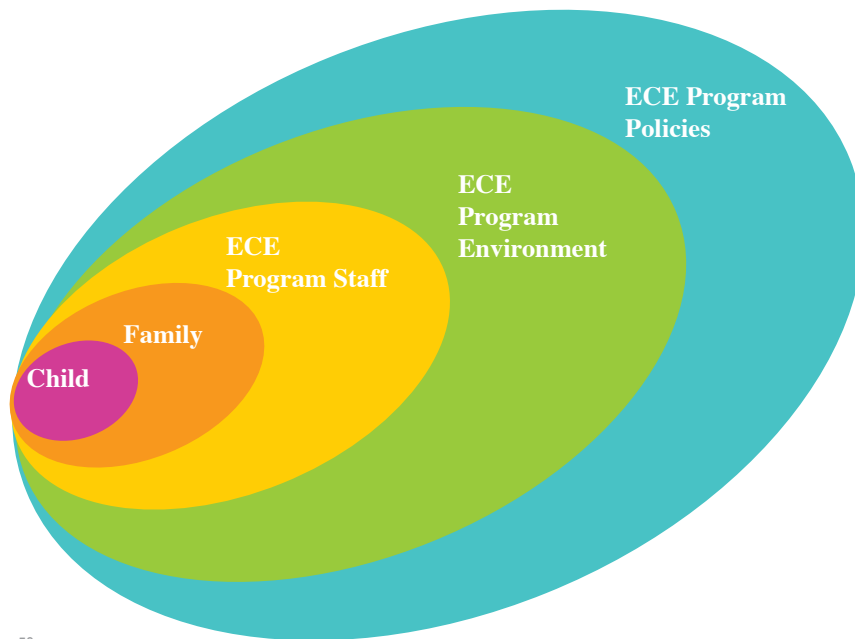


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## The Social Ecological Model



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Action Plan Worksheet



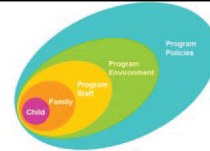
Start Date: August

ECE Program Name: ABC Childcare

Goal: Introduce and Implement Family-Style Dining by October

Child	Family	Program Staff	Program Environment	Program Policies
<p>Practice family-style dining techniques and skills during center and free times (Ongoing beginning August, Teachers)</p> <p>Encourage through activities and books to promote healthy nutrition and family-style dining in the classrooms to continue practicing techniques in preparation for family-style dining ( Ongoing beginning September, Teachers)</p> <p>Encourage through play in developing conversations and language skills, social/emotional skills, and fine/gross motor skills (Ongoing beginning September, Teachers)</p> <p>Practice set-up/clearing the tables and serve food and beverages at meal times (Ongoing beginning September, Teachers)</p> <p>Implement family-style dining fully with children (Ongoing beginning October, Director, Teachers, and Staff)</p>	<p>Host a family meeting to introduce the benefits of family-style dining (September Director and Staff).</p> <p>Include family-style dining information and benefits in the programs monthly newsletter (Ongoing beginning September, Director).</p> <p>Encourage parents to practice family-style dining at home with children (Ongoing beginning September, Director and Staff).</p>	<p>Educate teachers and Cook during staff meetings on family-style dining (Ongoing beginning August, Director)</p> <p>Provide on-going resources and education to prepare staff in the implementation of family-style dining in the program (Ongoing beginning September, Director and Cook)</p>	<p>Add pictures to the bulletin board of children in various stages of pretend play and real play practicing family-style dining techniques (On-going beginning August, Teachers)</p> <p>Post information and tips on family-style dining on the parent bulletin board ( On-going beginning August, Director and Teachers)</p> <p>Purchase family-style dining materials for the program to include books, resources, materials for each classroom (September, Director)</p> <p>Fully implement family-style dining into the program (Ongoing beginning October, Director, Cook, and Teachers)</p>	<p>Research policies on family-style dining (August, Director)</p> <p>Prepare for parent meeting to introduce family-style dining into the program (August, Director, Teachers, Cook)</p> <p>Prepare materials, webinars, and resources for staff meetings in preparation of implementing family-style dining into the program (Ongoing beginning August, Director and Cook)</p> <p>Develop written policy on family-style dining to be included in program policies, staff and family handbooks (October, Director)</p>

Action Plan Worksheet



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Action Plan Worksheet



Start Date: November

ECE Program Name: ABC Child Care Center

Goal: ABC Children's Academy will improve the breastfeeding environment in our program by developing infant feeding plans and creating a private breastfeeding space.

Child	Family	Program Staff	Program Environment	Program Policies
<p>Feed infants based on infant feeding plan and using responsive feeding cues (Ongoing beginning November, Teachers and Staff).</p>	<p>Work with families to create individual feeding plans for each infant (Ongoing, beginning November, Teachers).</p> <p>Invite families to attend training on breastfeeding support (Ongoing beginning mid-November, Director and Staff).</p> <p>Identify and gather brochures for community breastfeeding support ie: La Leche League (November, Director).</p> <p>Maintain on-going communication with families regarding infant feeding needs and cues (Ongoing beginning November, Teachers).</p>	<p>Collect sample infant feeding plans and choose a template to use with families (November, Director and Staff)</p> <p>Learn about best practices in breastfeeding support and attend training (Ongoing beginning early November, Director and Staff).</p> <p>Teachers to help set-up the bulletin board for parent information regarding breastfeeding (Ongoing beginning November, Director and Staff).</p> <p>Teachers to display posters and books in classrooms ordered regarding breastfeeding support (Ongoing beginning November, Staff).</p> <p>Staff to help with set-up of private breastfeeding space with new equipment (early December, Director and Staff).</p>	<p>Identify a private, clean, comfortable place for mother's to breastfeed or express their milk (October, Director).</p> <p>Purchase all equipment needed: refrigerator for storage of breastmilk, bottles/bags, labels, comfortable chair, etc. (end of November, Director).</p> <p>Purchase posters, books, handouts for both children and families regarding breastfeeding support to be displayed in the program (November, Director).</p> <p>Display on parent bulletin board breastfeeding support information (Ongoing beginning November, Director and Staff).</p> <p>Create the nursing room with all items purchased for breastfeeding mothers to use while at the program (early December, Director and Staff).</p>	<p>Research sample breastfeeding support practices in preparation of trainings to staff and families (October, Director).</p> <p>Provide breastfeeding support training for all staff (November, Director).</p> <p>Offer breastfeeding support sessions twice a year for families (Ongoing beginning November, Director and Staff).</p> <p>Apply to the State for becoming a breastfeeding friendly facility (January, Director).</p> <p>Implement program policy on breastfeeding support and include in staff and parent handbooks (January, Director).</p>

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## Sample Family-Style Dining Policies

- **At ABC Child Care, we support family-style dining by:**
  - Role-modeling positive healthy eating behaviors in the presence of children
  - Sitting with children at the table and eating the same meals and snacks
  - Encouraging children to try developmentally-appropriate servings of new foods
  - Providing child-size tables, utensils, and serving dishes at mealtime
  - Providing opportunities outside of mealtime to strengthen pouring and scooping skills that can be utilized during family-style dining



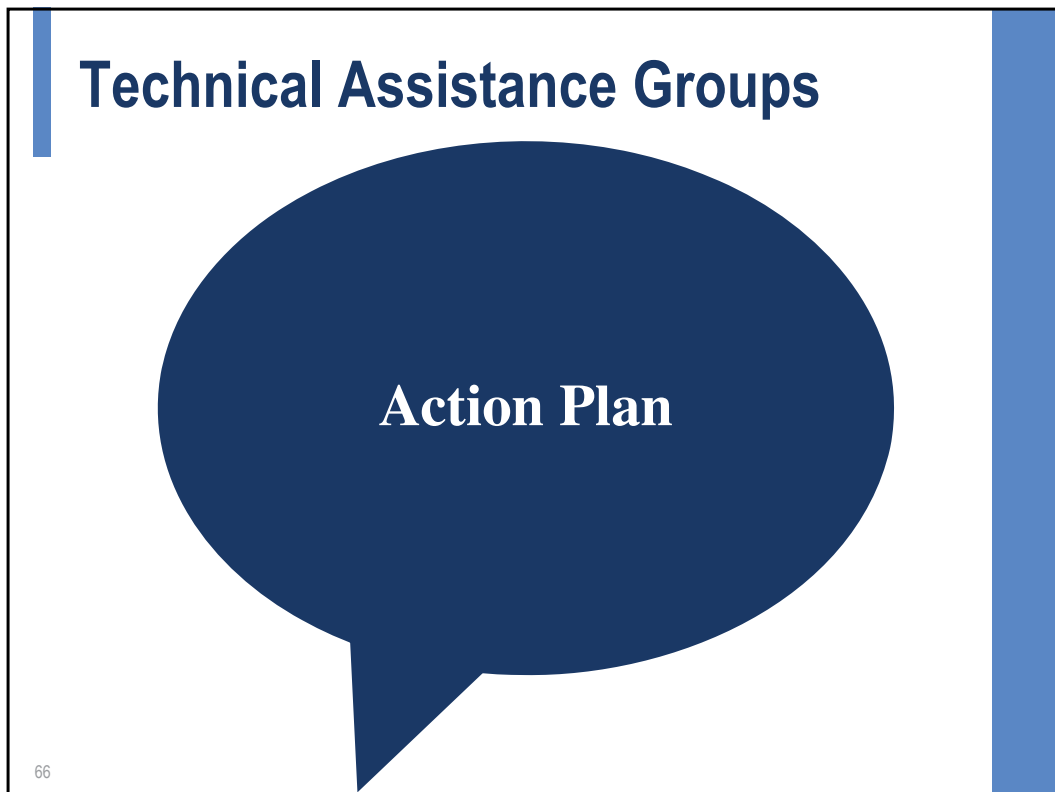
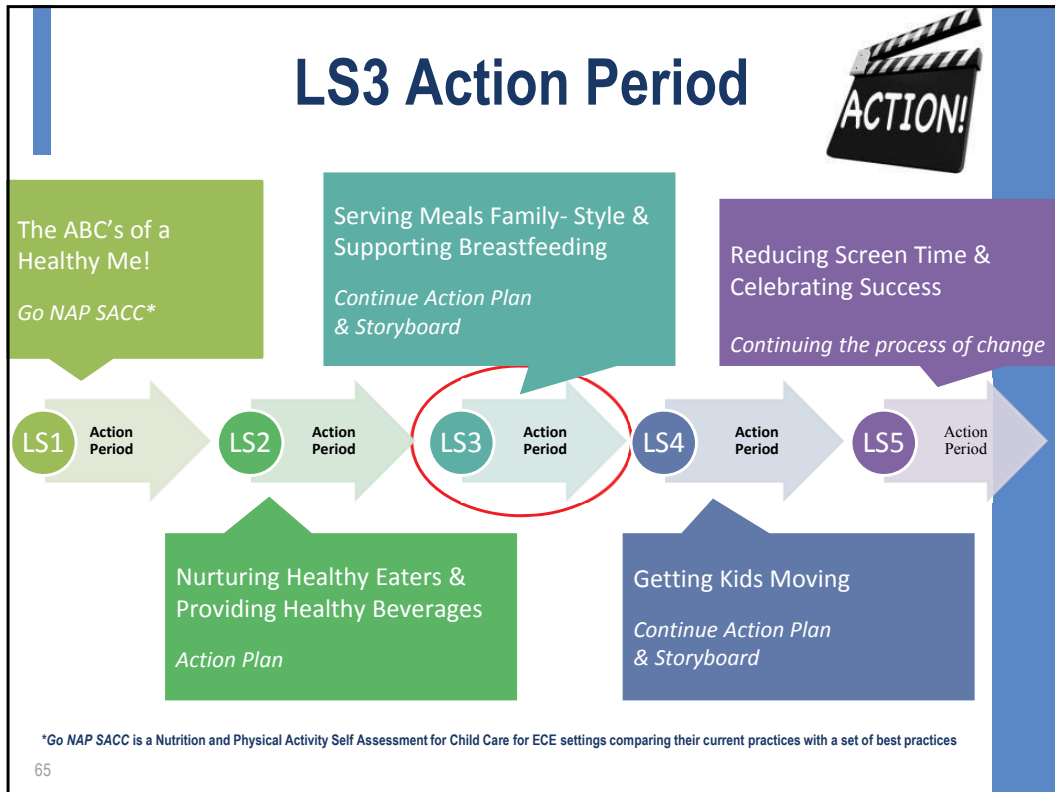
63

## Sample Breastfeeding Support Policies

- **At ABC Child Care, we support breastfeeding and infant feeding by:**
  - Providing a clean, welcoming place for mothers to breastfeed or express their milk
  - Offering breastfeeding promotional materials that are culturally appropriate
  - Providing a refrigerator for the storage of expressed milk
  - Ensuring all caregivers/teachers feed infants on cue unless the parent/guardian and the child's primary care provider give written instructions otherwise
  - Providing professional development trainings to staff on supporting breastfeeding at least twice per year



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## Facilitating Change in Your Program: LS3 Action Period



- **Facilitated by the program Leadership Team**
  - Training for program staff
  - Mini-version of the Learning Session that the Leadership Team attended
- **Opportunity to:**
  - Complete the *Learning Session 3 Group Discussion Worksheet*
  - Implement action steps identified on their Action Plan for program staff and the program environment
  - Collaborate with program staff to continue creating your storyboard demonstrating what area(s) the program improved
- **Trainers provide technical assistance (TA)**

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## Creating a Storyboard



- **Programs will express their story of change by:**
  - Describing what change(s) were made and how they did it
  - Sharing who was involved in the process
  - Explaining accomplishments and challenges faced
  - Sharing photos of the implementation process
  - Describing how participants reacted to the change(s)
  - Outlining any program policies that were updated as a result
  - Explaining the next steps they will take to sustain the change(s)

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## Physical Activity Break



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## Part E: Extending Your Learning: Staff, Families and Program Policies

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## Family-Style Dining at Home

- **Encourage families to practice family-style dining at home**
- **You can promote family-style dining by:**
  - Offering special days that parents can participate in eating family-style (Mother's/Father's Day Breakfast, Back to School Night, etc.)
  - Sending home easy/quick recipes that allow less time for cooking and more time for eating together at the table
  - Taking photos of children eating family-style at the program and send home a conversation starter for 'table talk'



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## Feeding Best Practices for Children

- Serve meals family-style
- Encourage self-feeding
- Eat when seated at a table
- Use appropriate serving sizes
  - Serve more only if the child is still hungry
  - Children will eat what they need
- Engage children in mealtime prep and cleanup
- Serve familiar and new foods
- Encourage children to try new foods, don't force
- Do not use food as punishment or reward
- Integrate nutrition experiences for children in to program activities



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## Support mothers in breastfeeding as they return to work

- 80% of mothers desire to breastfeed, but 60% are unable to meet their breastfeeding goals
- Returning to work is the primary reason mothers end breastfeeding early
- Important steps to supporting nursing mothers:
  - Talk with the mother to begin to understand her ideas and goals for breastfeeding.
  - Reassure breastfeeding moms that they are doing the best thing for their baby.
  - Encourage them to breastfeed as long as possible.



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## Advocating for Breastfeeding

- **Breastfeeding is more than a lifestyle choice, it's a public health issue**
- **Benefits for employers**
  - Moms miss fewer days of work because child isn't sick as often.
- **Benefits for society**
  - Decreased abuse and neglect rates for mothers who breastfeed.
  - If 90% of mothers breastfed for 6 months:
    - 1,000 infant deaths could be prevented
    - U.S. could save \$13 billion



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## Breastfeeding at Work

- **Affordable Care Act requires support of hourly employees**
  - Insurance benefits may cover the cost of breastfeeding equipment, such as breast pumps
- **If mothers want to breastfeed upon return to work, they should have a:**
  - Reasonable break time
  - Private space
  - A place to store their pumped milk
  - Work support system



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## Resources for Providers and Parents

- La Leche League
- National Resource Center for Health and Safety in Child Care and Early Education
- International Board Certified Lactation Consultants
- Baby-Friendly Hospital Initiative
- Women, Infants, and Children (WIC)
- CDC's *Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding Families*



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# CDC's Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding Families

**Breastfeeding and Early Care and Education**  
Increasing support for breastfeeding families



**Obesity rates among children aged 2 to 5 years** approximately doubled between 2007-2010 and 2009-2012. With an estimated 12.1% of children aged 2 to 5 years already obese, prevention efforts must target our youngest children.

**B**reastfeeding helps protect children against obesity among other important health benefits. The American Academy of Pediatrics recommends exclusive breastfeeding for about the first six months and continued breastfeeding for at least one hour per week per month. Unfortunately, in 2010 only 47% of mothers breastfed at six months and 33% at 12 months of age.

One factor affecting breastfeeding duration is that many mothers are away from their children during the day and may not receive the support they need to continue breastfeeding. In 2012, 35% of women with children under age 5 were in the labor force. As a result, many children are cared for by persons other than their parents.

Early care and education (ECE) providers and teachers influence the lives and health of the families they serve and have an important role in supporting breastfeeding mothers. ECE programs, centers and family homes alike can support breastfeeding mothers by ensuring that staff members are well-trained to meet national recommendations for supporting breastfeeding mothers. Support may include allowing mothers to breastfeed at the facility, feeding a mother's pumped breast milk to her baby, cleaning and preparing bottles of pumped milk as needed and bringing extra breast milk in a freezer to use they wish.

As of December 2011, only 6 states' licensing regulations contained language that meets national recommendations for encouraging and supporting breastfeeding and the feeding of breast milk (AZ, CA, IL, MI, NC, NY).

**Examples of state efforts to increase support for breastfeeding women in ECE environments:**

- Alaska's Employment Pack Program** is a resource for ECE providers to help children make healthy choices related to nutrition, physical activity, and safety. The program includes a self-assessment, a sample breastfeeding policy and a letter to help support and work with breastfeeding mothers (<http://health.alaska.gov/empack/>).
- The Mississippi Department of Health's WIC program** has developed a training curriculum for ECE providers entitled *How to Support a Breastfeeding Mother at Work for the Children Care*. The curriculum:

incorporates guidelines for providers on how to support breastfeeding mothers as well as guidelines for the storage and handling of expressed milk (<http://www.dhs.state.ms.us/child/inf-dhs-us.ms>).


**The Utah Department of Health's Nutrition, Physical Activity and Nutrition Program** provides an online TOP line Training, comprised of six workshops about promoting childhood overweight. This training is approved for professional development credit: 3 hours of Learning Credits, and Career Ladder Credit in Health and Safety for Child Care providers in the state. Training Module 6, *How to Support a Breastfeeding Mother at Work for the Children Provider*, provides ECE directors and staff accurate information and resources as they can best support breastfeeding mothers whose babies are in their care.

**The New York State Department of Health's Child and Adult Care Food Program (CACFP)** recognizes ECE centers and family day care homes that participate in CACFP and support breastfeeding families with Breastfeeding Family certification. A website provides ECE centers and family day care homes with self-assessment to apply for this designation, and lists the breastfeeding family centers and homes (<http://www.health.ny.gov/prevention/nutrition/cacfp/breastfeedingapp.htm>).

**The Wake County Breastfeeding Family Child Care Initiative (BFCCI)** supports breastfeeding in ECE centers serving low-income families through collaboration between the Carolina Global Breastfeeding Institute and the Wake County Child Care Health Consultants and Wake County SmartStart. Activities include identifying the knowledge, attitudes, and practices that support breastfeeding among ECE center staff, mandatory training for ECE providers, and a toolkit that includes tools and materials for both providers and breastfeeding families (<http://right.sph.umc.edu/take-action/health/278>).

**The Wisconsin Department of Health Services developed the Ten Steps to Breastfeeding Family Child Care Centers**, a resource for both ECE centers and family homes promote breastfeeding and ensure that they support mothers to be able to breastfeed. (<http://www.dhs.wisconsin.gov/publications/10/1000022.pdf>)

Find out more at **Let's Move! Child Care** (<http://health.gov/letsmove/childcare/>)




**Setting and enforcing ECE standards is the responsibility of individual states and territories, although some local jurisdictions can set standards. The 3rd edition of Caring for our Children: National Health and Safety Performance Standards, the gold standard for ECE, provides recommendations on how childcare providers can support breastfeeding families.**

References to non-federal organizations are provided solely as a service to the audience. These references do not constitute an endorsement of these organizations or their programs and policies by CDC, or the Federal Government, and none should be inferred.

## Resources

- **Healthy Kids, Healthy Future**
  - [www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org)
- **MyPlate for Preschoolers**
  - <http://www.choosemyplate.gov/preschoolers.html>
- **Nutrition and Wellness Tips for Young Children**
  - [www.teamnutrition.usda.gov](http://www.teamnutrition.usda.gov)
- **Nemours' Best Practices for Healthy Eating**
  - [www.healthykidshealthyfuture.org](http://www.healthykidshealthyfuture.org)
- **Child and Adult Care Food Program (CACFP)**
  - [www.fns.gov/cacfp](http://www.fns.gov/cacfp)





## Check-Out

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## Trainer Contact Information



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# Family-Style Mealtime Routine

## Mealtime Routine Sample

1. Call for helpers - children with daily jobs.
2. Transition activity – song.
3. Bathroom and hand wash break.
4. Children sit at the table as food is placed.
5. Teachers sit and eat with children.
6. Children and teachers dispose of plates.
7. Transition – children choose quiet books or puzzles as others finish eating.

## Family-Style Mealtime Checklist

### Mealtime Routine

- Teachers' routine allows for food to be prepared and ready at the designated mealtime.

### Appropriate size bowls and serving utensils

- Food is served in bowls of appropriate size that children can lift and pass.
- Serving bowls are made of materials that do not conduct heat and are not too hot to pass.
- Small size scoops, one-piece plastic tongs, and short-handled hard plastic serving spoons are used.

### Mealtime expectations to review with children

- We eat together at the table.
- We all come to the table at the same time.
- We wait until everyone is ready before we begin.
- We serve ourselves and pass food to each other.
- We use inside voices.

### Passing food practices for children

- Pass with both hands.
- Keep food over the table when passing it.
- Hold the bowl by the sides (to keep fingers out food).

## Family-Style Practice Activities

### Serving utensils practice (small group activity or set up a learning center in classroom)

- Practice with scoops, tongs, and short-handled hard plastic serving spoons.

### Pouring practice (set up water table or learning center in classroom)

- Pretend practice.
- Practice with dry liquid such as sand or beans.
- Practice with water and pouring into child-size cups.

### Cleanup practice (dramatic play or a small group activity)

- Pretend cleanup with sponge or cloth.
- Pretend floor cleanup with mini-mop or cloth.
- Practice cleanup of table and floor with water.

National Food Service Management Institute. (2011). *Happy mealtimes for healthy kids*. University, MS: Author.

Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement (1U58DP004102-01) to support states/localities in launching early care and education learning collaboratives focused on childhood obesity prevention. The views expressed in written materials or publications, or by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

# What Do You Know About Breastfeeding?

## True/False Activity

Circle the answer you believe is correct.

Over 75% of women start out breastfeeding.	True	False
Feeding a baby formula instead of mother's milk increases the chances that the baby will get sick.	True	False
If a child is not breastfed, he is more likely to get ear infections.	True	False
If a child is not breastfed, she is more likely to get diarrhea.	True	False
If a child is not breastfed, he is more likely to die of SIDS (Sudden Infant Death Syndrome).	True	False
If a child is not breastfed, she is more likely to become overweight.	True	False
Infant formula is missing many of the components in human milk.	True	False
The longer a mother breastfeeds, the better it is for her health.	True	False
Babies should never be given cereal in a bottle.	True	False
Human milk is not a hazardous substance.	True	False
Babies should breastfeed for at least one year.	True	False
Babies should be exclusively breastfed (no other foods or liquids) for about the first six months of life.	True	False
No matter the mother's diet, a mother's milk is the best and healthiest food for her baby.	True	False
Babies should not be fed on a strict schedule.	True	False
Breast milk is reimbursed through the CACFP (Child and Adult Care Food Program).	True	False

## Ten Steps to Breastfeeding-Friendly Child Care

The following Ten Steps describe ways that child care centers can provide optimal support for breastfeeding families. Below each step are specific actions to support that step.

### **Step 1. Make a commitment to the importance of breastfeeding, especially exclusive breastfeeding, and share this commitment with fellow staff.**

- 1.1 Our center has a written policy for promoting and supporting breastfeeding, and it is regularly communicated to our staff and families.
- 1.2 Staff evaluations document a review of breastfeeding support activities.
- 1.3 Our center's breastfeeding support is part of our discussion with all potential families.

### **Step 2. Train all staff in the skills to support and promote optimal infant and young child feeding.**

- 2.1 All staff at our center receive training on age-appropriate infant feeding practices, including proper storage and handling of human milk.
- 2.2 All staff at our center receive training on recognizing infant hunger cues and feeding in response to these cues.
- 2.3 All staff at our center receive training on the risks and benefits of different infant feeding options.
- 2.4 All staff at our center receive training in breastfeeding protection, promotion, and support, including support of exclusive breastfeeding.

### **Step 3. Inform women and families about the importance of breastfeeding.**

- 3.1 We provide all our families with our written policy for promoting and supporting breastfeeding.
- 3.2 Culturally appropriate educational materials on breastfeeding, and on the risks and benefits of different feeding options are displayed in several areas.
- 3.3 Culturally appropriate educational materials on breastfeeding, and on the risks and benefits of different infant feeding options are actively distributed to the families we serve.

### **Step 4. Provide learning and play opportunities which normalize breastfeeding for children.**

- 4.1 We provide toys and books that illustrate nursing animals and babies, for children of all ages.
- 4.2 We discuss interactions between mothers and babies with children of all ages, including how they feed.

### **Step 5. Ensure that all breastfeeding families we serve are able to store and label milk properly for child care center use.**

- 5.1 We provide sufficient refrigerator and freezer space to accommodate all of our breastfeeding families' storage needs.
- 5.2 We instruct all breastfeeding families on the proper way to store and label human milk for child care center use, and all milk at our center is properly labeled.
- 5.3 We discuss with all families how expressed milk will be handled at our child care center.

**Step 6. Provide a breastfeeding-friendly environment.**

- 6.1 We actively invite breastfeeding mothers to come to the center to nurse their babies while under our care.
- 6.2 There is a clean and comfortable place in our center, other than a bathroom, for mothers to sit and nurse their babies, or pump (express) milk if desired.
- 6.3 Our center displays posters and distributes materials, including photos reflecting the families we serve, that show our support of breastfeeding and demonstrate best practices.

**Step 7. Support breastfeeding employees.**

- 7.1 Breastfeeding employees are given appropriate breaks so that they may express milk and/or nurse their babies as needed.
- 7.2 The center provides a clean, comfortable, private place for employees to pump/express milk and/or nurse their babies as needed.

**Step 8. Ensure that each infant has a feeding plan that supports best feeding practices.**

- 8.1 We develop a written feeding plan with each new family at our center, which is accessible and regularly updated.
- 8.2 Breastfeeding support is explicitly included in all feeding plans, as part of the standard form.
- 8.3 We respond to infants' hunger cues rather than feeding on a schedule, and we encourage mothers to feed this way at home.
- 8.4 We encourage mothers to introduce solid foods at a developmentally appropriate time.

**Step 9. Contact and coordinate with local skilled breastfeeding support and actively refer.**

- 9.1 Our center has a list of community breastfeeding resources to be used for referral.
- 9.2 Our center regularly refers families to community breastfeeding resources.
- 9.3 Our center tracks community referrals and follows up with families as needed.

**Step 10. Continue updating and learning about protection, promotion, and support of breastfeeding.**

- 10.1 Our center has up-to-date materials on hand that include information on breastfeeding and human milk feeding.
- 10.2 Each staff member receives at least one hour per year of continuing education on human milk feeding and breastfeeding support.
- 10.3 Our center provides a resource list, for our staff, of local lactation consultants and community providers who can answer breastfeeding and human milk feeding questions.

# Breastfeeding and Early Care and Education

## Increasing support for breastfeeding families



Early care and education providers can influence mothers' breastfeeding continuation. The more breastfeeding support a mother receives from her ECE provider the greater the likelihood she will continue to breastfeed.

Obesity rates among children aged 2 to 5 years approximately doubled between 1976–1980 and 2009–2010. With an estimated 12.1% of children aged 2 to 5 years already obese, prevention efforts must target our youngest children.

**B**reastfeeding helps protect children against obesity, among other important health benefits. The American Academy of Pediatrics recommends exclusive breastfeeding for about the first six months and continued breastfeeding for at least the first year as foods are introduced. Unfortunately, in 2009 only 47% of mothers breastfed at six months and 26% at 12 months of age.

One factor affecting breastfeeding duration is that many mothers are away from their children during the day and may not receive the support they need to continue breastfeeding. In 2007, 60% of women with children under age 3 were in the labor force. As a result, many children are cared for by persons other than their parents.

Early care and education (ECE) providers and teachers influence the lives and health of the families they serve and have an important role in supporting breastfeeding mothers. ECE programs, centers and family homes alike can support breastfeeding mothers by ensuring that staff members are well-trained to meet national recommendations for supporting breastfeeding mothers. Support may include allowing mothers to breastfeed at the facility, feeding a mother's pumped breast milk to her baby, thawing and preparing bottles of pumped milk as needed and keeping extra breast milk in a freezer in case they run out.

As of December 2011, only 6 states' licensing regulations contained language that meets national recommendations for encouraging and supporting breastfeeding and the feeding of breast milk (AZ, CA, DE, MS, NC, VT).

### Examples of state efforts to increase support for breastfeeding women in ECE environments:

**Arizona's Empower Pack Program is a resource for ECE providers to help children to make healthy choices related to nutrition, physical activity, and tobacco.** The program includes a self-assessment, a sample breastfeeding policy, and a video on how to support and work with breastfeeding mothers (<http://azdhs.gov/empowerpack/>).

**The Mississippi Department of Health WIC program has developed a training curriculum for ECE providers entitled *How to Support a Breastfeeding Mother: A Guide for the Childcare Center*.** The curriculum

incorporates guidelines for providers on how to support breastfeeding mothers as well as guidelines for the storage and handling of expressed milk (<http://www.dshs.state.tx.us/wichd/bf/childcare.shtml>).

**The Utah Department of Health's Nutrition, Physical Activity and Nutrition Program** provides an online TOP Star Training, comprised of six workshops about preventing childhood overweight. This training is approved for professional development credit: 5 hours of Licensing Credit, and Career Ladder Credit in Health and Safety for child care providers in the state. Training Module 6, *How to Support a Breastfeeding Mother: A Guide for Childcare Providers*, provides ECE directors and staff accurate information and resources so they can best support breastfeeding mothers whose babies are in their care.

**The New York State Department of Health's Child and Adult Care Food Program (CACFP)** recognizes ECE centers and family day care homes that participate in CACFP and support breastfeeding families with Breastfeeding Friendly certificates. A website provides ECE centers and family day care homes with self-assessment to apply for this designation, and lists the breastfeeding friendly centers and homes: (<http://www.health.ny.gov/prevention/nutrition/cacfp/breastfeedingspon.htm>).

**The Wake County Breastfeeding-Friendly Child Care Initiative (BFCC)** supports breastfeeding in ECE centers serving low-income families through collaboration between the Carolina Global Breastfeeding Institute and the Wake County Child Care Health Consultants and Wake County SmartStart. Activities include identifying the knowledge, attitudes, and practices that support breastfeeding among ECE center staff, mandatory trainings for ECE providers, and a toolkit that includes tools and materials for both providers and breastfeeding families (<http://cgbi.sph.unc.edu/take-action/toolkits/259>).

The Wisconsin Department of Health Services developed the **Ten Steps to Breastfeeding Friendly Child Care Centers**, a resource kit to help ECE centers and family homes promote breastfeeding and ensure that they support mothers to be able to breastfeed. <http://www.dhs.wisconsin.gov/publications/P0/P00022.pdf>

Find out more at *Let's Move!* Child Care  
<http://healthykidshealthyfuture.com/>



Setting and enforcing ECE standards is the responsibility of individual states and territories, although some local jurisdictions can set standards. The 3rd edition of *Caring for our Children: National Health and Safety Performance Standards*, the gold standard for ECE, provides recommendations on how childcare providers can support breastfeeding families.

References to non-federal organizations are provided solely as a service to the audience. These references do not constitute an endorsement of these organizations or their programs and policies by CDC or the Federal Government, and none should be inferred.



## Learning Session 3: Leadership Team Guide

# Learning Session 3: Serving Meals Family-Style and Supporting Breastfeeding

## Leadership Team Guide

Name: \_\_\_\_\_ Program: \_\_\_\_\_

### Learning Session 3 Action Period:

Complete before Learning Session 4 (LS4):

- Come together as a whole program to implement changes in the areas of program staff and program environment;
- Use the *Sesame Street Healthy Habits for Life* toolkit to complete the *Learning Session 3 Group Discussion Worksheet*; and
- Collaborate with program staff to continue to document and communicate the process of healthy changes on the storyboard.
- Bring the following items back to Learning Session 4:
  - *Learning Session 3: Group Discussion Worksheet*; and
  - *Action Plan Worksheet*

### Setting the stage

#### Supplies:

- *Learning Session 3: Group Discussion Worksheet*;
- *Sesame Street Healthy Habits for Life* toolkit;
- *Action Plan Worksheet*;
- Pens or pencils for writing; and
- Rewards for participation (optional).

### Environment

Tips to remember as a facilitator:

- Be organized. Bring all needed materials, and plan ahead so you can ensure everyone in your program will get the most out of this experience;
- Be engaging. Smile, look people in the eyes, and be positive while helping them to learn;
- Share ideas and be open to suggestions. During discussions, encourage staff to participate, listen carefully to their ideas, record them on chart paper and be willing to share your ideas too; and
- Have fun! Make this a time to brainstorm, build your team and learn how to work together to make your program better.

## Engaging staff in discussion

To help engage staff in discussion, try these discussion prompts and ideas:

- Encourage staff to take the lead on sharing their ideas;
- Validate their ideas by recording them on chart paper, responding positively, or offering rewards; and
- Try to use open-ended questions to encourage conversation:
  - Do you think the *Sesame Street Healthy Habits for Life* toolkit can be used in your classroom?
  - How can you further engage program staff to implement change in your program related to family-style dining and breastfeeding support?
  - What changes can you make in your program environment to support family-style dining and breastfeeding?

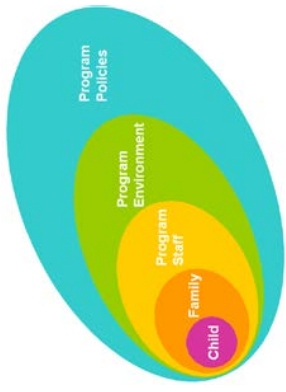
# Task 1: Action Plan

## What is Our Role in Making Healthy Changes?

Review the Action Plan and discuss the next steps:

- Using the *Action Plan Worksheet*, review the “program staff” and “program environment” columns;
- Using the *Action Plan Worksheet*, complete the “program staff” and “program environment” columns if you did not finish drafting the action steps at the Learning Session;
- Work with the program staff to implement changes in the areas of program staff and program environment; and
- Continue to document and communicate the process of healthy changes on the storyboard.

# Sample Action Plan Worksheet

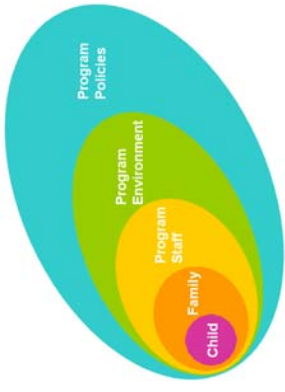


Sample Goal: Children eat healthy food in the program.

Objectives / Steps	Child: Action Steps	Family: Action Steps	Program Staff: Action Steps	Program Environment	Program Policies
<ol style="list-style-type: none"> <li>Revise menu over a 3-month period to align with best practices for fruits, vegetables, whole grains and elimination of fried foods.</li> </ol>	<ol style="list-style-type: none"> <li>Model curiosity and enjoyment of healthy foods during all meals and snacks.</li> <li>Discuss menu changes with the children and how they help them grow up strong and healthy!</li> <li>Develop "taste tests" and graph the results of classroom preferences for new foods.</li> </ol>	<ol style="list-style-type: none"> <li>Ask families for healthy food recipes to be included on the new menus.</li> <li>Work with families to develop an exciting "taste test" event for children, families and staff to try and then vote on new menu items.</li> <li>Schedule quarterly events focused on healthy foods.</li> </ol>	<ol style="list-style-type: none"> <li>Learn about best practices through training sessions.</li> <li>Share families' ideas for healthy foods to be included in the new menu.</li> <li>Involve staff in DVD viewing and discussion about the importance of role modeling healthy eating.</li> <li>Take photos of children enjoying healthy food and share with families.</li> </ol>	<ol style="list-style-type: none"> <li>Post menus in lobby.</li> <li>Develop display in lobby to share information, resources and healthy recipes.</li> <li>Create and hang documentation of children engaged in healthy eating or nutrition activities.</li> <li>Develop systems for ordering, storing and monitoring food.</li> </ol>	<ol style="list-style-type: none"> <li>Develop new menus to align with LMCC goals for fruits, vegetables, whole grains and fried foods.</li> <li>Include Healthy Eating as a required topic at family orientation.</li> <li>Include healthy eating policy and rationale in family and staff handbooks.</li> <li>Create a healthy celebrations policy.</li> </ol>
Who is responsible?	Children and Program Staff	Families, Program Staff, and Program Coordinator	Program Coordinator and Program Staff	Director, Cook and Program Staff	Director and Cook
Date	August 1 <sup>st</sup>	July 15 <sup>th</sup>	September 1 <sup>st</sup>	August 1 <sup>st</sup>	September 1 <sup>st</sup>

Model adapted from: Bronfenbrenner. U. *The Ecology of Human Development*. Cambridge, MA: Harvard University Press: 1979.

# Action Plan Worksheet



Start Date:

ECE Program Name:

Goal:

Objectives / Steps	Child: Action Steps	Family: Action Steps	Program Staff: Action Steps	Program Environment	Program Policies
<p>Sample: Revise menus over a three month period to align with the best practices for fruits, vegetables, whole grains and elimination of fried foods.</p> <p>Who is responsible?</p> <p>Date</p>	<p>Discuss menu changes with the children and how they help them grow up strong and healthy.</p> <p>Program Staff</p> <p>June 1<sup>st</sup></p>	<p>Work with families to develop an exciting "taste test" event for children, families and staff to try and then vote on new menu items.</p> <p>Program Director, Program Staff and Families</p> <p>August 1<sup>st</sup></p>	<p>Share family ideas for healthy foods to be included in new menus.</p> <p>Program Director and Program Staff</p> <p>July 1<sup>st</sup></p>	<p>Develop a display in the lobby to share information, resources and healthy recipes.</p> <p>Program Director, Cook and Teachers</p> <p>June 1<sup>st</sup></p>	<p>Include Healthy Eating as a required topic at family orientation.</p> <p>Program Director and Cook</p> <p>September 1<sup>st</sup></p>

Model adapted from: Bronfenbrenner. U. *The Ecology of Human Development*. Cambridge, MA: Harvard University Press: 1979.

# Action Plan Worksheet

	Who is responsible?	Date

# Task 2: Learning Session 3 Group Discussion Worksheet

Remind staff about *Taking Steps to Healthy Success* and give them an update on your program's progress at Learning Session 3. Let them know that their involvement is the key to making healthy changes! Tell them that you will work together to implement healthy changes in the program.

**NOTE:** Listen to the staff during this training and try to note any ideas they mention that will support the Action Plan or new ideas that you think will be easy to include in the plan.

## *Sesame Street Healthy Habits for Life* toolkit

- Introduce the *Sesame Street Healthy Habits for Life* toolkit and inform participants that this is a multi-media resource kit they can use in their classrooms. The toolkit includes:
  - Bilingual (English and Spanish) format;
  - Recommendations to support building healthy habits;
  - Games and activities designed to reach preschool children most at risk or in underserved communities; and
  - Ideas for newsletters and activities to encourage family engagement
- Distribute your state's Early Learning Standards.
- Conduct the "Hokey Pokey Muscles and Bones" activity; and
- Designate one person from the Leadership Team to record staff thoughts and feedback to the questions below.

1. Identify three Early Learning Standards that the activity supports:

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2. Think about the age-group in your classroom. How would you use this activity with them? What materials would you need?

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3. List one way you could use this activity in your lesson plans or in your regular daily routine.

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4. How could you involve families in this activity?

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