

Application for Breastfeeding Friendly Child Care Center



The Minnesota Department of Health recognizes child care centers that have taken specific steps to make their programs breastfeeding friendly. To apply, complete this form using Adobe Acrobat or Adobe Reader. Save the form to your computer and submit it by email to Health.BFCC@state.mn.us, along with scanned copies or digital files of additional paperwork or photos that are described below (please include the step number in the name of your electronic files). Contact Health.BFCC@state.mn.us for more information.

This application can also be downloaded, printed and mailed with the required documentation to:

Minnesota Department of Health
Breastfeeding Friendly Award/OSHII
85 East 7th Place, PO Box 64882
St. Paul, MN 55164-0882

CHILD CARE CENTER INFORMATION

Name of business

Contact person

Address

City

State MN

ZIP Code

County

Phone number

Email

Tell us more about your center

Total number of children enrolled:

Number of infants at least 6 weeks old but less than 6 months old:

Number of infants at least 6 months old but less than 16 months old:

How many groups/rooms/classrooms for infants (with a lead teacher) does your center have?

Number of toddlers (at least 16 months old but less than 33 months old):

APPLICATION FOR BREASTFEEDING FRIENDLY CHILD CARE CENTER

Number of preschoolers (at least 33 months old up to the first day of kindergarten attendance):

Number of school-age children (at least 5 years of age, or eligible to enter kindergarten within the next four months, but younger than 13 years of age):

Is your center currently caring for any children who are being breastfed or fed breast milk in bottles or cups while in your care? Yes No

Has your center cared for any children in the past who were being breastfed or fed breast milk in bottles or cups while in your care? Yes No

Have center staff participated in any trainings offered by the Statewide Health Improvement Program? Yes No If yes, please describe:

Does your center participate in the Child and Adult Care Food Program (CACFP)? Yes No

If yes, in a typical month, how many children do you receive reimbursement for at the:

Paid rate?

Reduced price rate?

Free rate?

Are you currently caring for any children on the Child Care Assistance Program (CCAP)?
Yes No If yes, how many?

If your center receives recognition, would you be willing to serve as a resource for others who want to become breastfeeding friendly? Yes No

NOTE: To meet the requirements for steps 1 and 2, all items under either option A or B must be checked. To meet the requirements for steps 3-10, all items must be checked.

Professional development

Step 1. Each lead infant teacher or primary infant caregiver has attended a Minnesota Center for Professional Development-approved training on supporting breastfeeding in child care programs and is committed to supporting breastfeeding mothers and babies.

Option A: Attach training certificate(s)

Option B: Provide a copy of each teachers'/caregivers' Learning Record from her or his account on Develop

Best practices

Step 2: The center director and all assistants, aides, substitutes and volunteers who care for infants are informed about the importance of breastfeeding and are expected to follow best practices for infant feeding. Please attach this documentation:

Option A: Any appropriate training certificates

Option B: Written information on supporting breastfeeding provided to current staff **AND**

Written information on supporting breastfeeding provided to new employees during staff orientation

Proper storage and handling guidelines

Step 3: Staff are expected to follow guidelines for proper storage and handling of breast milk, which are posted in an appropriate place for reference. Family members are informed how to safely portion, label, transport and store breast milk for use in the child care program. Please attach this documentation:

Copy of written guidelines **PLUS**

A photo showing where they are posted **PLUS**

Either a photo of a properly labeled container of breast milk **OR** Copy of written instructions for parents

Lactation room

Step 4: A comfortable place (not a bathroom) has been designated for mothers, including staff, to breastfeed or pump their milk in privacy, if they desire.

Attach photo(s) of breastfeeding space, with written description if necessary

Feeding plan

Step 5: Each family of an infant is invited to contribute to an individual feeding plan for their baby that supports best practices.

Attach sample of a past or current infant feeding plan (with identifying information removed)

Culturally appropriate environment

Step 6: The center provides a culturally appropriate breastfeeding friendly environment.

Attach photos and/or a written description of how the environment is breastfeeding friendly in a way that is culturally appropriate for the families being served

Age-appropriate learning and play opportunities

Step 7: Age-appropriate learning and play opportunities and materials are provided that reflect support for breastfeeding and normalize it for the children in the program.

Attach photos and/or a written description of learning materials that show breastfeeding mothers and babies in a positive light

Breastfeeding resources

Step 8: The program maintains an updated file of breastfeeding resources that is readily available to families and staff.

Attach list of breastfeeding resources available to staff and parents

Written policy for families

Step 9: A written policy reflecting the program's commitment to supporting breastfeeding and its current infant feeding practices is communicated to current and prospective families.

Attach copy of written breastfeeding policy

Written policy for staff

Step 10: The written policy includes support for staff who want to breastfeed onsite or pump breast milk.

Attach copy of written policy or employee handbook with appropriate sections indicated

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Office of Statewide Health Improvement Initiatives
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651-201-5443

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