



# User Guide for the Licensing Toolkit Action Sheets

## **NRC Goals for Licensing Toolkits to Promote Healthy Infant Feeding Practices:**

- To develop tools and products to support states' child care licensing personnel and child care providers in ensuring environments that promote healthy weight by focusing on high-impact standards of best practice related to infant feeding.
- To facilitate conversations among licensors, child care and early education providers, legislators, health professionals, and families.

Administrators of State Licensing programs have numerous responsibilities. Developing and revising state licensing requirements are among the most important. In areas where new findings are rapidly accruing, it is difficult to be aware of all the research and information that may influence licensing requirements. This Licensing Toolkit is intended to assist Licensing Administrators as they develop and revise licensing requirements addressing guidelines for healthy infant feeding practices in the prevention of childhood obesity.<sup>1</sup>

## **The Toolkit consists of three components:**

- 1) Licensing Agency Action Sheet
- 2) Child Care Provider Action Sheet
- 3) Legislator Action Sheet

Here you will find suggested uses for each of the three Action Sheets. The NRC encourages you to find other uses for the Toolkit. Please let us know how you use them. You can email us at [info@nrckids.org](mailto:info@nrckids.org). We will share your ideas with others in the professional licensing community.

<sup>1</sup> The NRC acknowledges the contributions of the NRC Licensing Advisory Panelists who worked with us to create the Toolkit concept and format: Judy Collins and Pauline Koch. We also thank Susan Eckelt, Becky Fleming-Siebenaler, Suzanne Haydu, Janet Hill, Kelley Knapp, Dottie Martinez, Jeanette Panchula, Barbara Sawyer, and Tatiana Tucker.

## **Toolkit Action Sheets may be used in several ways to:**

### Licensing Agency Action Sheet

- Provide guidance to Licensing Administrators who wish to strengthen obesity prevention regulations;
- Gain agency support by sharing with policy and management personnel;
- Provide up-to-date research and best practices to support licensing work groups;
- Facilitate wording of regulations by providing sample language for regulations;
- Guide policy with other agencies (such as departments of health and education);
- Provide background information to assist preparation of press releases to support regulations;
- Inform grant proposals;
- Inform quality improvement programs (such as Quality Rating Improvement Systems);

### Child Care Provider Action Sheet

- Offer technical assistance to providers during monitoring visits to
  - inform of infant feeding regulations, their intent, and methods of implementation,
  - suggest tips for involving families in prevention of childhood obesity,
  - suggest references/resources to programs which encourage healthy infant feeding practices,
- Serve as a/n
  - training tool for current providers of care and orientation of potential providers,
  - training tool used by child care health consultants and child care resource and referral agencies, QRIS and other quality initiatives,
  - refresher in periodic mailings to providers,
  - resource for curriculum development for provider professional development system,
  - newsletter item or handout for families,
  - exhibit at professional meetings and conferences (such as NAEYC, provider organizations);

### Legislator Action Sheet

- Inform legislators and their staff of the importance of regulations or revisions that include stronger guidelines for prevention of childhood obesity;
- Inform legislative committees addressing child care and early education;
- Inform child advocacy groups.

# Licensing Agencies' Action Sheet

## Infant Feeding Practices

### Introduction

This action sheet is designed to promote healthy behaviors and lifestyle choices in our youngest children, to help prevent obesity. The toolkit addresses the development and implementation of best practices and policies for the following topics: feeding on cue (initiation and cessation of feeding in response to an infant's behavior), feeding by a consistent caregiver, promoting breastfeeding, and the practice of feeding infants human milk.



Obesity is a major public health problem that spans every age group. Even among children younger than two years, the prevalence of obesity “has increased by >60% over the past three decades” (1). Obese children are at risk for lifelong health problems, such as heart disease, diabetes, asthma, sleep apnea, discrimination based on weight, and low self esteem (2). Promoting and protecting children's physical, emotional, social, developmental, and nutritional health are some of the basic responsibilities of child care licensing agencies in regulating child care programs.

#### Definitions:

**Demand/Cue Feeding:** 1) Beginning feeding in response to the infant's signs of hunger and ending feeding when the infant demonstrates fullness.

**Scheduled Feeding:** Feeding according to a schedule, instead of an infant's cues for hunger.

### Why is this Important?

Current obesity prevention research clearly outlines the issues and offers recommendations to fight the obesity crisis. Current research teaches us that:

- Breastfed infants have a lower risk of obesity in later life (3).
- Offering solid foods prior to four months of age raises the risk of obesity, especially for formula-fed infants (4).
- Human milk provides for the entire nutritional needs of infants from birth to 6 months of age, and thus is their best food. It continues to provide primary nutrition in addition to other health-preserving factors for a year when combined with appropriate other foods.
  - Feeding only human milk for the first six months, and feeding human milk along with appropriate foods for at least a year, or as long as the mother/baby choose, is encouraged by the American Academy of Pediatrics and dramatically benefits the health of children and their mothers.
  - Infants in group care who are fed human milk benefit from reduced risks of illnesses such as diarrhea, respiratory disease, and ear infections.
- Feeding on cue meets infants' nutritional and emotional needs best.
  - Infants give clear cues for hunger (e.g., waking/tossing, making sucking noises, opening and closing mouth, etc.).
  - Infants give clear cues for satiety (decreased sucking, turning away from the breast or bottle, etc.).
  - It is important for caregivers to recognize and respond promptly to these cues both to know when the infant is hungry and to know when the infant is satiated.
  - Having a consistent caregiver/teacher makes it easier to read the baby's cues for hunger and satiety.

### What are the National Guidelines for Infant Feeding Regulations?

- Regulatory language that is in accordance with *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition (CFOC3) includes statements such as:
  - Staff shall feed infants on demand, responding to the cues they provide for hunger and when they are full. This allows infants to control the pace and amounts of their intake.

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# Licensing Agencies' Action Sheet

## Infant Feeding Practices



- Provide a welcoming, breastfeeding-friendly environment.
- Provide conditions for the safe handling and feeding of each infant's own mother's milk.
- Provide annual staff training on research-based infant feeding practices, including the handling of breast milk and responsive feeding practices.
- As of 2012, very few states include terminology for feeding infants on cue. Several states use similar language, including:
  - "The same staff person shall feed a specific infant for most of that infant's feeding." [DE]
  - "Infants being fed shall have bottle held by the caregiver, not propped." [HI]
  - "A staff person shall not bottle feed more than one infant at a time." [DE]
  - "An infant must be fed on demand." [AK]
  - "Caregiver shall be alert to and consider individual infant and toddler cues in determining amounts of [milk] provided." [HI]
  - "Breast-feeding mothers, including employees, shall be provided a sanitary place that is not a toilet stall to breastfeed their child or to express milk. This area shall provide an electrical outlet, comfortable chair, and nearby access to running water." [MS]

### How Can You Promote Understanding?

- Review licensing regulations, policies and procedures related to research-based infant feeding practices, including:
  - Cue feeding versus scheduled feeding.
  - Recognizing and feeding in response to infant cues for hunger and satiety (fullness) by a consistent caregiver/teacher.
  - Importance of promoting breastfeeding and/or the feeding of human milk for infants in early childhood programs.
  - Gradual and appropriate introduction of solid foods.
- Develop interpretive guidelines that provide clear rational information for determining compliance with regulations that reflect sound infant feeding practices.
- Encourage and facilitate technical assistance by providing periodic training to licensing staff to promote the understanding of childhood obesity and its relationship to infant feeding practices.
- Add information and links to the licensing website about feeding infants on cue by a consistent caregiver/teacher, and its impact on obesity.
- Work closely with the health, nutrition, early care, and education community to promote consistent messages and practices related to feeding infants on cue by a consistent caregiver/teacher.
- Educate the public and all levels of policymakers on the relationship between infant feeding practices and childhood obesity.

### References

1. Paul, I. M., J. S. Savage, S. L. Anzman, J. S. Beiler, M. E. Marini, J. L. Stokes, & L. L. Birch. 2010. Preventing obesity during infancy: A pilot study. *Obesity* 19(2): 353-361. (doi:10.1038/oby.2010.182)
2. Dietz, W. H. 1998. Health consequences of obesity in youth: Childhood predictors of adult disease. *Pediatrics* 101(S.2): 518-525. (doi: 10.1542/peds.2010-0740)
3. Arenz, S., R. Ruckerl, B. Koletzko, R. Von Kries. 2004. Breast-feeding and childhood obesity: A systematic review. *International Journal of Obesity and Related Metabolic Disorders*, 28, 1247-1256.
4. Huh, S.Y., S. L. Rifas-Shiman, E. M. Taveras, E. Oken, & M.W. Gillman. 2011. Timing of solid food introduction and risk of obesity in preschool-aged children. *Pediatrics* 127(3): 544-551.

# Child Care Provider's Action Sheet

## Infant Feeding Practices

### Introduction

This action sheet provides useful tips for you as a child care provider to promote infant feeding practices that help prevent childhood obesity. Infants in your care could be at risk of becoming overweight or obese, which may lead to lifelong health problems, such as heart disease, diabetes, asthma, sleep apnea, discrimination based on weight, low self esteem, and adult obesity (1).



#### Definitions:

**Demand/Cue Feeding:** 1) Beginning feeding in response to the infant's signs of hunger and ending feeding when the infant demonstrates fullness.

**Scheduled Feeding:** Feeding according to a schedule, instead of an infant's cues for hunger.

### Did You Know?

- Eating patterns are started in infancy. The relationship between an infant and caregiver plays a strong role in developing lifelong eating patterns.
- Human milk provides complete nutrition for infants from birth to 6 months of age, and thus is their best food.
  - Research is clear that feeding human milk for at least a year, and feeding only human milk for the first six months, dramatically benefits the health of children and their mothers.
  - There is a 22% lower likelihood of obesity among breastfed children (2).
  - Infants in group care who are fed human milk benefit from reduced risks of illnesses such as diarrhea, respiratory disease, and ear infections.
- Offering solid foods prior to four months of age raises the risk of obesity, especially for formula-fed infants (3).
- Feeding on cue meets infants' nutritional and emotional needs. Research demonstrates the positive results when caregivers respond to infant cues for both hunger and fullness.
  - Infants give clear cues for hunger (e.g., waking/tossing, making sucking noises, opening and closing mouth, etc.)
  - Infants give clear cues for fullness (decreased sucking, turning away from the breast or bottle, etc.)
  - It is important for caregivers to notice and respond promptly to infants' cues.
  - Feeding by the same caregiver/teacher makes it easier to learn and read the baby's cues for hunger and fullness.
- The amount of support for breastfeeding provided by early care and education (ECE) providers influences mothers' breastfeeding success. The more breastfeeding support a mother receives from her ECE provider, the greater the likelihood that she will continue to breastfeed (4).

### What Can You Do?

As a caregiver, it is important to know the infants in your care well and to learn their early cues for hunger rather than wait for them to cry.

- Some early cues for hunger are: smacking or licking lips, opening and closing mouth, sucking on lips, tongue, hands, fingers, toes, toys or clothing, brushing a hand across her face.
- Crying is a late sign of hunger.

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# Child Care Provider's Action Sheet

## Infant Feeding Practices

- Some cues for fullness are: releasing nipple, drawing head away from nipple, closing lips tightly, sucking slows or stops, falling asleep, blocking mouth with hands, turning head away, pushing breast or bottle away.
- Burping the infant often gives the infant better opportunities to let you know he is done. When you burp the baby mid-feeding, he may give cues that he does not want to go back to eating. Stop the feeding when the infant signals fullness.
  - Strive to ensure that there is a consistent caregiver/teacher feeding each infant. Having a consistent caregiver/teacher makes it easier to read the baby's cues for hunger and satiety.
- Feed only one infant at a time. Always hold an infant while bottle feeding.
- Never: prop a baby's bottle, have a bottle in the crib, or allow the baby to stand, walk, or run around with a bottle.
- Plan for the introduction of solid foods with the child's family and healthcare provider. It is recommended that an infant not be given solid foods before four months, and preferably six months of age, unless written instructions are given by the healthcare provider (5).



### How Can You Partner with Your Children's Families?



- Encourage and support breastfeeding mothers by:
  - Providing a welcoming environment both for those who want to breastfeed on site and those who provide expressed (pumped) human milk.
  - Being aware of and sharing resources with parents to answer questions and concerns about breastfeeding, e.g., lactation consultants, WIC.
- Communicate with parents about infant feeding.
  - Discuss each child's individual feeding cues and exchange successful techniques in responding to infant cues for hunger and fullness.
  - Ensure that parents and caregiver exchange feeding information daily.
  - Work in partnership with parents to introduce solid foods in accordance with best practices.
  - Share information about the increase in childhood obesity and how infant feeding practices help to prevent childhood obesity.
  - Encourage parents to try healthy feeding practices at home!

### Resources

Let's Move! Child Care. <http://healthykidshealthyfuture.org>.

### References

1. Dietz, W. H. 1998. Health consequences of obesity in youth: Childhood predictors of adult disease. *Pediatrics* 101(S.2): 518-525. (doi: 10.1542/peds.2010-0740)
2. Arenz, S., R. Ruckerl, B. Koletzko, R. Von Kries. 2004. Breast-feeding and childhood obesity: A systematic review. *International Journal of Obesity and Related Metabolic Disorders*, 28, 1247-1256.
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4. Batan, M., R. Li, & K. Scanlon. 2012. Association of child care providers breastfeeding support with breastfeeding duration at 6 months. *Maternal and Child Health Journal*. (doi: 10.1007/s10995-012-1050-7).
5. American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs, 3rd edition. Standard 4.3.1.11: Introduction of age-appropriate solid foods to infants.* <http://nrckids.org/CFOC3/HTMLVersion/Chapter04.htm#4.3.1.11>

# Legislator's Action Sheet

## Infant Feeding Practices

### Introduction

This action sheet provides specific information for legislators who wish to support the development of evidence-based child care regulations that address infant feeding practices. The focus is on feeding infants on cue by a consistent caregiver, and the support of breastfeeding. The information provided herein will help legislators learn about the prevention of obesity through the development of best practices and policies that model and instill healthy behavior and lifestyle choices in our youngest children.



The Legislature grants permission to individuals and organizations to operate an early care and education facility that meets the State's licensing regulations. These are established as the basic foundation of care to protect children's physical, emotional, social, developmental, and nutritional health. Thus, an important responsibility of the State Legislature is to help protect and promote the health and safety of young children who are cared for in early care and education facilities.

Obesity among children in the United States is a leading public health issue. In the past 30 years, obesity among children has more than doubled, with over 25% currently overweight or obese. Studies document the greater risk of adult obesity for children who are obese, which is associated with high medical costs due to related illnesses (1). Some infant feeding practices, including breastfeeding, also help protect infants from becoming obese later in life.

### Did You Know?

- Data reveals that “the prevalence of obesity among children less than 2 years of age has increased by more than 60% over the past three decades (2). The relationship between an infant and caregiver plays a strong role in developing lifelong eating patterns.
- Since a high percentage of children under the age of 5 years are in some form of child care, child care centers and family child care homes provide the perfect setting to support and facilitate evidence-based infant feeding practices (3).
- Evidence suggests that breastfeeding is associated with enhanced cognitive development (4).
- *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd Edition (CFOC3) emphasizes the importance of caregivers recognizing and responding promptly to infants' cues both for hunger (e.g., waking/tossing, making sucking noises, opening and closing mouth) and for fullness (e.g., decreased sucking, turning away from the breast or bottle) (5).
- “Eight in ten American voters believe childhood obesity is a serious problem” (6).

### Why is this Important?

- Cue feeding (rather than feeding on a schedule) meets the infant's nutritional and emotional needs. Cue feeding means responding to early hunger cues that precede crying. Feeding on a schedule can lead to overfeeding and increase infants' risk for obesity later in life.
- Research is clear that feeding only human milk for the first six months, and feeding human milk along with appropriate foods for at least a year, or as long as the mother/baby choose (as encouraged by the American Academy of Pediatrics), dramatically benefits the health of children and their mothers.
- The amount of support for breastfeeding provided by early care and education (ECE) providers influences mothers' breastfeeding success. The more breastfeeding support a mother receives from her ECE provider, the greater the likelihood that she will continue to breastfeed (7).
- The costs of childhood obesity are not solely the burden of the individual child but are shared by the family, employers and society. Research reveals the negative impact of obesity - on families in time lost from work and child care costs, on employers with reduced employee productivity, and on the nation in increased absenteeism and excessive medical costs related to obesity. These costs start small and grow over a lifetime (6).
- 56% of American voters believe that combating childhood obesity is worth any financial investment (6).

continued

# Legislator's Action Sheet

## Infant Feeding Practices

### How Are States Regulating Infant Feeding?



- The topic of infant feeding is an emerging area for state regulations. Sample language that has been incorporated into some states' licensing requirements to support and facilitate good infant feeding requirements is listed below:
  - "The same staff person shall feed a specific infant for most of that infant's feeding." [DE]
  - "Infants being fed shall have bottle held by the caregiver, not propped." [HI]
  - "A staff person shall not bottle feed more than one infant at a time." [DE]
  - "An infant must be fed on demand." [AK]
  - "Caregiver shall be alert to and consider individual infant and toddler cues in determining amounts of [milk] provided." [HI]
  - "Breast-feeding mothers, including employees, shall be provided a sanitary place that is not a toilet stall to breastfeed their child or to express milk. This area shall provide an electrical outlet, comfortable chair, and nearby access to running water." [MS]
- Examples of licensing requirements for infant feeding that are in accordance with CFOC3 include statements such as:
  - Staff shall receive annual training on recognizing infant cues for hunger and satiety.
  - Providers will make information available to parents on the value of breastfeeding for children's good health, and community resources that can provide education and support.

### What Can You Do?

- Evaluate your state's current regulations pertaining to infant feeding to determine how well they meet national guidelines from CFOC3.
- Educate your colleagues, the business community, and the general public on the benefits of implementing sound infant feeding practices in early care and education settings.
- Facilitate healthy ECE environments that will play a primary role in child obesity prevention in our youngest children. This will help to bring about a decrease in obesity and the high medical costs of treating obesity and related illnesses, e.g., diabetes, heart disease, sleep apnea and other illnesses exacerbated by obesity (6).

### Resources

Kaphingst, K. M. and M. Story. 2009. Child care as an untapped setting for obesity prevention: State child care licensing regulations related to nutrition, physical activity, and media use for preschool-aged children in the United States. *Preventing Chronic Disease* 6(1). [http://www.cdc.gov/pcd/issues/2009/jan/07\\_0240.htm](http://www.cdc.gov/pcd/issues/2009/jan/07_0240.htm).

### References

1. National Resource Center for Health and Safety in Child Care and Early Education. 2011. *Achieving a state of healthy weight: A national assessment of obesity prevention terminology in child care regulations 2010*. [http://nrckids.org/regulations\\_report\\_2010.pdf](http://nrckids.org/regulations_report_2010.pdf).
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6. Robert Wood Johnson Foundation. 2010. F as in fat: How obesity threatens America's future. <http://www.rwjf.org/files/research/20100629fasinfatmainreport.pdf>.
7. Batan, M., R. Li, & K. Scanlon. 2012. Association of child care providers breastfeeding support with breastfeeding duration at 6 months. *Maternal and Child Health Journal*. (doi: 10.1007/s10995-012-1050-7).