



**Breastfeeding Babies Are Welcome Here:**

# **Creating Breastfeeding-Friendly Child Care in New Jersey**

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REINVESTMENT FUND



## STATEMENT OF INCLUSION

Not all parents who feed human milk to their babies identify as mothers or women and some are adoptive parents. Some parents chestfeed or exclusively feed expressed milk. This resource uses gender neutral terms wherever possible and the mention of one form of feeding is not intended to omit any other form of human milk feeding.

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### About ADVOCATES FOR CHILDREN NJ (ACNJ)

Advocates for Children NJ's (ACNJ) goal is to help all children grow up safe, healthy and educated so they can become productive adults, contributing to New Jersey's communities, securing our future and making the state a better place to live. More at: [acnj.org](http://acnj.org)

### About NJ BREASTFEEDING COALITION

The NJ Breastfeeding Coalition is a collaboration of families, health professionals, and community representatives whose mission is to protect, promote and support breastfeeding by working collaboratively. More at: [breastfeedingnj.org](http://breastfeedingnj.org)

### About REINVESTMENT FUND

Reinvestment Fund is committed to building strong, more equitable communities by making health, wellbeing, and financial security available and accessible to families, regardless of income or zip code. We integrate data, policy and strategic investments to improve the quality of life in neighborhoods. Using analytical and financial tools, we bring healthy food projects, affordable housing, schools and health centers to the communities that need better access-creating anchors that attract investment over the long term and help families lead healthier, more productive lives. More at [reinvestment.com](http://reinvestment.com).

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# Introduction



SOURCE: UNITED STATES BREASTFEEDING COMMITTEE

## **Why Is Breastfeeding-Friendly Child Care Necessary?**

Now more than ever, providers of early care and education (ECE) in child care centers and family child care homes serve as invaluable “essential workers,” entrusted with the well-being and protection of infants and children while their parents cannot be with them. Early childhood educators are important mentors as well for new parents, providing them information and guidance on common childhood concerns. Child care staff also play a critical role in supporting children’s health and nutrition, especially when it comes to breastfeeding. The return to work outside the home or to school makes continued breastfeeding more difficult for new parents, but research shows that mothers who are supported by child care providers are more likely to continue breastfeeding for six months and beyond.

This booklet provides an introduction to breastfeeding-friendly support for child care centers and family child care homes. It is not intended to be a substitute for a child care staff training which can better prepare ECE providers to provide an environment and practices which welcome and support families. Breastfeeding-friendly child care training resources may be found in Appendix B.

## **Breastfeeding Is Important to Families**

Human milk is human babies’ natural first food. It is easily digested and provides nutritional and immunological components that are ideally suited to the growth and development needs of infants. Choosing to breastfeed or provide human milk is not a lifestyle choice, but rather is a health choice that parents make for the well-being of their families. Successful breastfeeding can also increase feelings of parental confidence and empowerment. Breastfeeding confers numerous health, developmental and economic benefits to families:

- Protects infants against many illnesses, including stomach viruses, respiratory infections, ear infections, diarrhea, diabetes, asthma, and type 1 and 2 diabetes
- Reduces the risk of Sudden Infant Death Syndrome (SIDS)
- Fosters a secure early attachment between mother and baby that creates the foundation for optimal mental and emotional development
- Promotes the infant’s cognitive development, which can lead to improved school readiness
- Reduces the mother’s risk of breast and ovarian cancer, type 2 diabetes, hypertension and cardiovascular disease and postpartum depression
- May delay the return of fertility when breastfeeding is exclusive, thus allowing for healthy child spacing
- Fosters positive maternal self-image
- Lowers family stress by reducing parental sick days needed to care for an ill baby
- Saves family food and medical care costs (through fewer doctor visits)

Because of these advantages, all leading health experts recommend breastfeeding and human milk as the optimal way to feed babies. The American Academy of Pediatrics recommends that infants be exclusively breastfed for the first six months, followed by continued breastfeeding with the introduction of solid foods for at least the first year and beyond if mother and baby desire. The World Health Organization (WHO) recommends breastfeeding for two years and beyond.

## **Breastfeeding Benefits Early Childhood Education Settings**

Supporting breastfeeding not only benefits infants and families, but it also provides numerous dividends to both center-based and home-based child care settings:

- Breastfed babies have fewer illnesses and thus spread less sickness to others in child care
- More families are attracted to child care settings that welcome and support breastfeeding
- Child care facilities are eligible for subsidies from the Child and Adult Care Food Program for breast milk meals fed to children by a bottle or a cup or when a mom directly breastfeeds on-site. (For more information on the Program, please see resources in Appendix B.)

In New Jersey, almost 90% of mothers initiate breastfeeding or feeding of expressed milk, but breastfeeding rates drop rapidly in the early months after the birth. Lack of support in their community, in the healthcare system and at work often prevent mothers from meeting their lactation goals. Demand for breastfeeding-friendly child care has been increasing as more employers comply with New Jersey law that requires them to accommodate breastfeeding employees by providing reasonable break times and a private place to express breast milk. (See information on the law in Appendix B.) Child care providers who create breastfeeding-friendly environments offer a crucial lifeline of support to help parents to meet their lactation goals and to provide optimal health for their infants and families.

## **Breastfeeding and the Child and Adult Care Food Program (CACFP)**

Eligible child care centers and family child care homes may participate in the Child and Adult Care Food Program (CACFP) to receive federal reimbursement for meals served at their program. If your child care facility participates in the CACFP, breast milk fed to an infant complies with the program's reimbursable infant meal pattern requirements. A child care program can claim breast milk as part of a reimbursable meal even if the baby does not consume all of the milk during any given meal. The minimum amount of breast milk for babies up to 5 months of age at breakfast, lunch, supper and snack is 4-6 fluid ounces. The minimum of breast milk for babies from 6 months up to 11 months is 6-8 fluid ounces at breakfast, lunch and supper and 2-4 fluid ounces at snack. Some babies may regularly drink less than the minimum amount of breast milk required, and child care staff may offer less than the minimum amount of breast milk at each feeding as long as more breast milk is offered later when the baby is hungry. When a parent nurses their baby at the child care site, the child care program may also claim reimbursement for that meal.

Breast milk may be used to meet the fluid milk component in the meal pattern for children over 12 months of age in CACFP-participating programs. If a parent wants their child who is over 12 months of age to be served breast milk in place of milk, a written request by the parent is not required. Parents may breastfeed on site or provide expressed breastmilk for their child. However, if the parent is unable to provide enough breast milk to meet the minimum fluid milk requirements, whole milk for children 1-2 years old and fat-free or low-fat (1%) fluid milk may be served after breast milk. However, child care programs should discuss this with parents before giving a fluid milk.

For more information about CACFP and how to become a CACFP-participating child care program in New Jersey, please see resources in Appendix B.

# How Do I Become a Breastfeeding-Friendly Child Care Provider?



PHOTO CREDIT: SUZI RYAN PHOTOGRAPHY

Welcoming and accommodating breastfeeding families is a natural extension of the compassionate care ECE providers already deliver to babies and parents. Becoming a breastfeeding-friendly child care program requires some basic effort, but it makes a world of difference to both the families and to the quality of care at the child care programs where their children are enrolled. Breastfeeding-friendly child care can be created by putting these recommendations into practice.

### **1. Develop a written breastfeeding support policy for families and staff in your child care setting.**

According to the New Jersey Department of Children and Families, Office of Licensing, both licensed child care centers (Manual of Requirements for Child Care Centers, N.J.A.C. 3A:52) and registered family child care homes (Manual of Requirements for Family Child Care Registration, N.J.A.C. 3A:54), are required to provide enrolled families with the *Information to Parents* document that must be supplied to parents in coordination with several of the program's stated policies. These policies include but are not limited to visitation, discipline and expulsion, release, medication administration, health care procedures field trips, and complaint policies.

As in all areas of early childhood education, a written policy is an important way to establish everyday practices. A breastfeeding policy is no exception. A breastfeeding support policy should address:

- Commitment to providing a welcoming, culturally appropriate environment that communicates to families that breastfeeding is normal and is encouraged
- Provision of lactation education and resource materials and community lactation support referrals for families who need them
- Availability of a clean, private and comfortable place for breastfeeding families to breastfeed or express milk for their babies and welcoming mothers to breastfeed in the other spaces as well
- Creation of individualized infant feeding plans with the families based upon feeding babies according to hunger cues and coordinating feedings to meet the family's needs
- Establishment of practices and refrigerator/freezer space for the proper storage and labeling of breast milk
- Accommodations, lactation space, and break time for child care staff who breastfeed
- Annual professional development on breastfeeding support and the storage and feeding of breast milk for the child care director and all staff who care for infants and child ages 0-3 years.

Families who visit or are enrolled in the facility should receive the breastfeeding policy, which should be included in the parent handbook. The policy should be reviewed and updated each year, based upon best practices and evidence. A sample policy is included in Appendix A. Those infant and toddler programs considering participation in Grow NJ Kids, New Jersey's quality rating improvement system to raise the quality of early care and education programs throughout New Jersey, are required to have a policy that supports breastfeeding-friendly principles, as well as documentation that all staff have received an orientation on the program's breastfeeding policy.

**2. Discuss breastfeeding support with all families at initial contact with child care centers and family child care homes.**

Preparing for being apart from the baby can be a difficult and emotional time for parents. Knowing that the child care staff are ready and able to support lactation and are comfortable feeding human milk can help reassure parents and make them feel confident that their feeding choice is respected and encouraged. Providing a copy of the facility’s breastfeeding policy and educational resources can help both pregnant parents and those who have given birth learn more about breastfeeding and available support, which can help ease the transition from being with the baby to returning to work or school.

**3. Create a supportive and welcoming atmosphere for breastfeeding families with staff awareness and culturally appropriate materials and information.**

Support breastfeeding by making families feel welcomed. The treatment they experience from program staff and what they see around them should convey a culture of lactation acceptance. Child care staff should always project a positive and helpful attitude toward breastfeeding and human milk feeding. A helpful attitude will be fostered when staff members receive training that empowers and enables them to feel confident assisting lactating parents.

A welcoming environment also includes a clean and comfortable space to breastfeed or express milk (see more in number 4 below) as well as breastfeeding posters and resource materials appropriate to families of all ethnic and racial groups and in the languages of the families the facility serves. These print materials should not be produced by infant formula manufacturers. The materials should be listed in the parent handbook and placed in a central location for families to routinely access. Sources of culturally and linguistically appropriate lactation posters and resources can be found in the Appendix B.



Preparing for being apart from the baby can be a difficult and emotional time for parents. Discuss breastfeeding support with all families at initial contact with child care centers and family child care homes.

*Photo credit: United States Breastfeeding Committee*

#### **4. Provide breastfeeding families and staff a private, comfortable space to breastfeed or express breast milk as well as permit mothers to breastfeed in other facility spaces.**

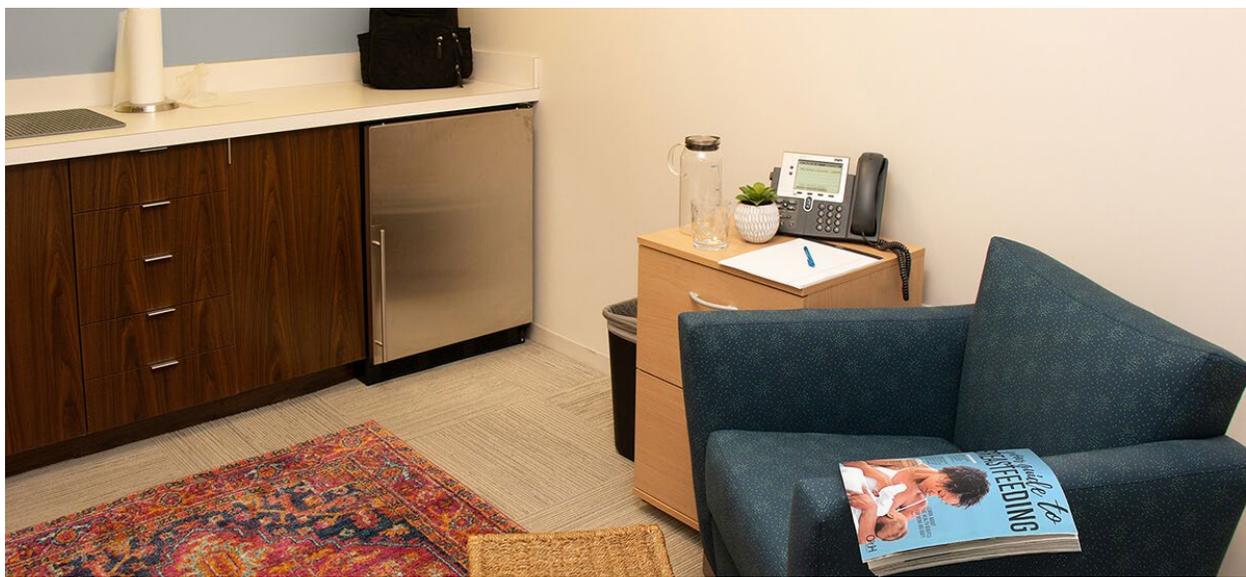
Many breastfeeding mothers wish to feed their infants or express milk at drop-off, pick-up or even during the day at child care if their work schedules allow it. Even during the COVID-19 state of emergency in New Jersey, visits by breastfeeding mothers have been considered “essential” and permissible, provided appropriate precautions are followed.<sup>1</sup>

The first way to accommodate mothers is by providing a clean, comfortable and private space to breastfeed or express milk. The space should include:

- Comfortable, adult-sized chair
- Stool for mom’s feet to help support her back while breastfeeding
- Pillow (with cover that can be sanitized) to support the baby
- Small table conveniently placed to rest a breast pump
- Grounded electrical outlet appropriate for common breast pumps.

If the space is a room, it should have a door that locks. If it is not a separate room, it should be surrounded by screens or curtains to provide sufficient privacy. The space should be located near a sink that provides water for drinking and for washing hands and pump parts. The space should provide easy access to the refrigerator where the milk will be stored for eventual infant feeding. In addition, there should be disinfectant wipes/supplies close to the space for the mother to clean the space after use.

While many parents prefer privacy for feeding or expressing milk, other parents prefer the option to feed outside of the designated lactation space. For example, a mother may wish to breastfeed in the classroom where their infant or a sibling is being cared for. Under New Jersey law, parents are allowed to breastfeed in any location in a place of public accommodation where they are otherwise permitted.<sup>2</sup> Thus, child care providers should be prepared to accommodate them. This serves to not only follow the law, but also to provide a welcoming environment that treats breastfeeding as a normal way to feed infants.



Provide breastfeeding families and staff a private, comfortable space to breastfeed or express breast milk. The space should provide easy access to the refrigerator where the milk will be stored for eventual infant feeding.

*Photo credit: U.S. Department of Health and Human Services, Office on Women's Health*

## **5. Create with each family an infant feeding plan that respects the breastfeeding baby's and mothers' needs.**

Because human milk is more digestible than formula, breastfed babies may eat differently than formula-fed babies. Breastfed babies generally eat more frequently, usually every 1.5 to 3 hours and they may consume smaller quantities at each feeding. Babies' feeding frequency and appetite change as they get older. However, it is always best to feed an infant in response to hunger cues, rather than on a strict feeding schedule.

In New Jersey, child care centers are required to develop a written feeding plan with each baby's parent that is maintained on file and available to staff members responsible for the baby's care.<sup>3</sup> For breastfeeding babies, this plan must also include information on when and how to feed expressed breast milk. The best feeding plans respect each baby by offering expressed milk in response to the baby's hunger cues. The feeding should end when the baby shows signs of fullness. These hunger and fullness cues are important for ECE staff to learn from each baby and to respond to. The baby's parents can also provide important information about the baby's feeding signals and preferences that should be incorporated into the infant feeding plan. All infants must be held during feedings; propping bottles is not permitted by New Jersey child care regulations. It is important not to overfeed a breastfed baby because overfeeding is unhealthy for the infant and because breast milk supply is not unlimited. The plan should be revised as often as needed or at least monthly for breastfeeding infants.

The feeding plan should also include information on breastfeeding arrangements and accommodations such as the mother's preference for breastfeeding at pick-up or drop-off times. The plan should additionally indicate what the provider should do if the baby shows hunger cues within an hour of the baby's pick-up time. Parents can indicate their preferences on whether the baby should be distracted until they arrive, whether the baby should be fed with expressed breast milk by the staff, or whether the parent should be called when this occurs.

## **6. Train all staff annually on support for breastfeeding families, on the storage, handling and feeding of breast milk and on community lactation support resources.**

The staff of child care centers and family child care homes set the caring tone of support that families seek when they leave their children in care. Thus, the staff must be well equipped to provide information and encouragement to families, to understand a breastfed baby's needs and to confidently store, handle and feed breast milk. Breastfeeding-friendly child care training should be offered to employees during orientation and annually thereafter to ensure that staff are prepared with the best practices and up-to-date information. This orientation, along with ongoing updates, should be offered to all staff members, in addition to those serving infants and toddlers. Child care staff need not know the answer to every breastfeeding question, but they can inform families about community lactation consultants, counselors and support groups that can address their lactation issues.

Breastfeeding-friendly child care training should include the following:

- Health, developmental and economic benefits of breastfeeding to infants, parents and families and positive long-term outcomes for supporting breastfeeding

- How to provide a welcoming and accommodating environment for human milk feeding families
- How to prepare, store and feed breast milk, including how to do paced bottle feeding, the preferred method for bottle-feeding breastfed infants (see resources in Appendix B)
- Community-based lactation support resources

### **7. Accommodate child care staff with appropriate break time and private space to breastfeed or express milk.**

Support child care staff members in their personal breastfeeding journeys in the same way families are supported. New Jersey law requires all employers to provide breastfeeding employees reasonable break time and a private place to express milk (which may not be a toilet stall), that is in close proximity to the employee's work area.<sup>4</sup> The frequency of reasonable break time depends on the age and needs of the baby. Reasonable break time also includes time to wash hands, to assemble and store pumping supplies and to store the milk.<sup>5</sup> The lactation space created for families can be designated as the employee pumping space or a different comfortable space could be designated for employees.

If the staff member's infant is being cared for at the same child care center or family child care home, the staff member should be permitted to directly breastfeed the baby rather than express milk according to the employee's preference. Then feedings could take place during the reasonable break times that are required for expressing milk.

### **8. Maintain and become familiar with community-based lactation support resources and actively refer families to them.**

New parents have many questions about their infant's transition to child care, including feeding questions. ECE staff are uniquely positioned to address parents' common concerns. When it comes to lactation, child care staff should have basic breastfeeding information, but they may rest assured that they need not know how to resolve every lactation issue experienced by a family. There are many community-based health care professionals with specialized training in lactation care and support to whom parents can be referred for individualized help. They include board certified lactation consultants (IBCLCs), certified lactation counselors or educators (CLCs or CLEs), other lactation educators and peer-to-peer lactation supporters, and more.

Fortunately, it is easy to locate local lactation support in New Jersey. ZipMilk.org is an easy to use, online statewide database of lactation care providers. To find local trained assistance, one need only to type in the family's zip code to obtain contact information for lactation consultants, counselors, support groups, local WIC offices and breastfeeding medical providers. Child care providers can direct families to ZipMilk.org and provide information about this resource in their parent handbook. As staff become increasingly familiar with local lactation resources, they can keep on hand and distribute flyers and information about them to families and staff as needed. Additional breastfeeding and lactation resources are available in Appendix B.

## 9. Provide learning and play experiences for children that normalize breastfeeding.

A breastfeeding-friendly environment in early childhood education also includes the children being cared for. In addition to normalizing breastfeeding by providing a welcoming atmosphere, books and toys that show mothers, including animal mothers, feeding their milk to their babies should be available to the children. A list of breastfeeding-friendly books and toys for children is included in Appendix B.

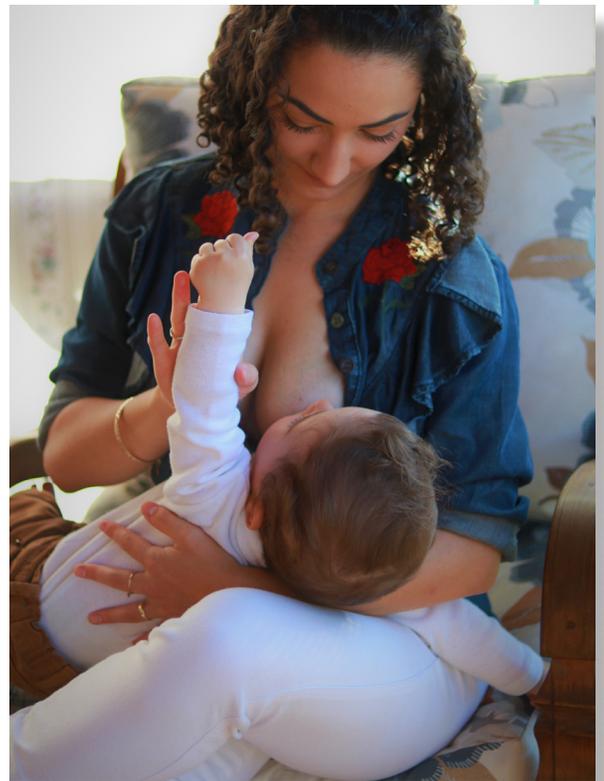
### Conclusion

Parents rely deeply on the skills and compassion of the child care providers to support the health and relational and emotional well-being of their developing infants and toddlers when they cannot be with them. Becoming a breastfeeding-friendly child care facility will enhance the essential and high-quality care that early childhood educators provide and will improve the health and welfare of New Jersey families. Supporting breastfeeding families is a win-win strategy that will also attract more families to the child care center or family child care home. Detailed resources on breastfeeding-friendly child care can be found in the appendices and on the website of the New Jersey Breastfeeding Coalition, <http://breastfeedingnj.org>.



Supporting breastfeeding families is a win-win strategy that will also attract more families to the child care center or family child care home. *Photo credit: United States Breastfeeding Committee*

# Appendix A



SOURCE: UNITED STATES BREASTFEEDING COMMITTEE

## SAMPLE BREASTFEEDING-FRIENDLY CHILD CARE POLICY

\_\_\_\_\_(Child Care Facility)\_\_\_\_\_ is committed to providing ongoing support to human milk feeding families.

### ***Supportive Environment***

1. We provide an atmosphere that welcomes breastfeeding families. We support parents who continue to breastfeed and provide human milk to their babies/children as they return to and continue to work or attend school.
2. We have a private, designated space for parents to breastfeed their children or express milk. If a space is not available, a portable divider/partition will be made available. We welcome moms to breastfeed in the classroom, as well.
3. In accordance with New Jersey Law, we provide employees with reasonable break time and a private space to express milk close to their work area. For time needed beyond usual break/lunch time, employees may work with supervisors to negotiate break times or other means of making up the time.
4. We maintain a breastfeeding supportive environment through posting and providing culturally and linguistically appropriate breastfeeding support materials (pictures, posters, etc.), not including those produced or supplied by commercial entities and/or manufactures of infant formula.
5. We “check in” with families for feedback and ways to continue providing support.
6. Staff communicates a baby’s schedule (i.e., feeding, napping, etc.) so that parents can adjust their schedules for expressing milk and/or visiting to feed their baby.

### ***Initial Contact***

1. We discuss breastfeeding and lactation support with all potential new families and share this policy and other breastfeeding resources. The policy is included in our parent/guardian handbook.
2. We work with families prior to their first day to transition their babies to bottle or cup feedings.

### ***Feeding and Handling Milk***

1. Staff follows breast milk feeding, storage and handling of standards, as defined by the State of New Jersey, New Jersey Department of Children and Families, Office of Licensing Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52) and Manual of Requirement for Family Child Care Registration (N.J.A.C. 3A:54), as applicable, and the standards of the US Centers for Disease Control and Prevention.
2. We discuss with all families how expressed milk is handled at our program.
3. Refrigerator and freezer space is available for human milk storage.
4. Staff informs families on written procedures about the proper way to label and handle breast milk. Families should provide their own containers, labeled with the child’s name and date.
5. Staff talks with parents/guardians about the quantity of milk remaining to avoid waste.
6. We develop a sustainable feeding plan with each family, including feeding babies on demand as we observe hunger cues and coordinating the last feeding of the day to meet the parent’s feeding needs (either to feed or await parent’s feeding).
7. Babies are fed by the same caregiver as often as possible. All caregivers hold babies when feeding.
8. No formula or solid foods will be provided without first checking with the family.

### ***Staff Training***

1. Staff receives training at least once a year on providing a welcoming environment, feeding and handling breast milk, this breastfeeding policy, and supporting exclusive breastfeeding.
2. Staff is monitored for compliance with our breastfeeding policy and standards.
3. Families may request information about the content of breastfeeding training for our staff.
4. This policy is reviewed annually, updated to incorporate new evidence-based research and practices, and shared with all employees, expectant parents, families and visitors.

**Child Care Program Director Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

This policy was adapted from the Colorado Sample Breastfeeding Friendly Child Care Policy found at <https://www.colorado.gov/pacific/cdphe/breastfeeding-friendly-child-care-professionals>

# Appendix B



SOURCE: UNITED STATES BREASTFEEDING COMMITTEE

## BREASTFEEDING-FRIENDLY CHILD CARE RESOURCES

### GENERAL BREASTFEEDING RESOURCES FOR PROVIDERS AND FAMILIES

**Breastfeeding USA**--provides breastfeeding information and support through online resources and local counselors. <https://breastfeedingusa.org/>

**Kellymom.com**—website providing a extensive evidence-based information on common breastfeeding topics. <https://kellymom.com/>

**La Leche League**—find information on basic breastfeeding management, handouts and resources and locate a La Leche League leader near you. <https://www.llli.org/> and <https://lllusa.org/bfinfo/>

**New Jersey Breastfeeding Coalition (NJBC)**—provides lactation information and resource materials, including information on New Jersey breastfeeding laws and regulations and maintains the ZipMilk database of local breastfeeding support. <http://breastfeedingnj.org/>

**New Jersey Parent Link**--includes state and federal resources on early childhood health, development, early learning, parenting and family support. <https://www.nj.gov/njparentlink/health/breastfeeding/>

**New Jersey WIC**—WIC provides checks for wholesome food and multi-lingual nutrition and breastfeeding education and community support for income eligible women who are pregnant and post-partum, and infants and children up to five years old. <https://www.state.nj.us/health/fhs/wic/>

**United States Office on Women’s Health**--general breastfeeding and pumping information and back to work tips. Call the OWH Helpline at 1-800-994-9662. <https://www.womenshealth.gov/breastfeeding> OWH also publishes the **Business Case for Breastfeeding** toolkit providing helpful information for employers and employees to create successful workplace lactation programs. <https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/business-case>

**ZipMilk.org**—New Jersey’s statewide locator for breastfeeding support including international board certified lactation consultants, breastfeeding counselors/educators, free community breastfeeding support, breastfeeding medicine physicians, and support groups. <https://www.zipmilk.org/>

## BREASTFEEDING-FRIENDLY CHILD CARE RESOURCES FOR PROVIDERS

### Resources, Toolkits and Model Standards

Carolina Global Breastfeeding Institute, *Breastfeeding Friendly Child Care Toolkit*.

<https://sph.unc.edu/cgbi/bfcc-toolkit/>

Colorado Department of Public Health and the Environment, *Breastfeeding in Child Care Toolkit*.

<https://cdphe.colorado.gov/nutrition-services-menu/breastfeeding-friendly-child-care-professionals>

**Healthy Kids, Healthy Future**--provides resources and training for implementing best practices in early childhood settings for breastfeeding and promoting healthy habits in young children.

<https://healthykidshealthyfuture.org/5-healthy-goals/support-breast-feeding/resources/>

Kansas Breastfeeding Coalition, *Breastfeeding Friendly Child Care Toolkit*.

<https://ksbreastfeeding.org/cause/child-care-provider-education/>

National Resource Center for Health and Safety in Child Care and Early Education, *Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs*. CFOC Standards Online Database. Aurora, CO.

<https://nrckids.org/CFOC>

### Breastfeeding in the Workplace in New Jersey—Legal Rights

Employee’s Fact Sheet: Workplace Breastfeeding Rights in New Jersey

<http://breastfeedingnj.org/wp-content/uploads/2018/05/Fact-sheet-for-employees-rev.pdf>

Employer’s Fact Sheet: Workplace Breastfeeding Rights in New Jersey

<http://breastfeedingnj.org/wp-content/uploads/2018/05/Fact-Sheet-for-Employers-rev.pdf>

Infographic: You have the right to pump breastmilk at work in New Jersey (English)

<http://breastfeedingnj.org/wp-content/uploads/2020/07/Infographic-BF-rights-NJ-final.pdf>

Infographic: You have the right to pump breastmilk at work in New Jersey (Spanish)

<http://breastfeedingnj.org/wp-content/uploads/2020/12/infographic-workplace-BF-rights-Span-rev.pdf>

Talking to Your Boss about Your Pump: New Jersey

<https://www.abetterbalance.org/resources/talking-to-your-boss-about-your-pump-new-jersey/>

### Culturally and Linguistically Diverse Breastfeeding Handouts and Posters

Tips for Starting Your Breastfed Baby in Child Care (English and Spanish):

<https://www.colorado.gov/pacific/cdphe/breastfeeding-friendly-child-care-professionals>

10 Things Breastfeeding Moms Should Know Before Leaving the Hospital (English and Spanish):

[http://njbreastfeeding.org/?page\\_id=23](http://njbreastfeeding.org/?page_id=23)

Infant Feeding: A Guide for Parents and Caregivers (English and Spanish):

<https://sph.unc.edu/cgbi/breastfeeding-friendly-child-care-job-aids/>

Breastfeeding and Child Care: What Moms Can Do (English and Spanish): <https://sph.unc.edu/cgbi/bfcc-toolkit/>

La Leche League International (resources in 16 languages): <https://www.llli.org/find-your-language/>

Lactation Education Resources Parent Handouts (English plus five languages):

<https://www.lactationtraining.com/resources/educational-materials/handouts-parents>

Monmouth Ocean Breastfeeding Coalition Breastfeeding Getting Started Guide (English plus 9 languages):

[http://njbreastfeeding.org/?page\\_id=23](http://njbreastfeeding.org/?page_id=23)

Breastfeeding Is Welcome Here Poster (English and Spanish): <https://sph.unc.edu/cgbi/bfcc-toolkit/>

UNICEF UK Welcome to Breastfeed Here Posters: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/welcome-to-breastfeed-here-posters/>

US Department of Agriculture, Children and Adult Care Food Program Breastfed Babies Welcome Here Posters (English and Spanish): <https://www.fns.usda.gov/tn/breastfed-babies-welcome-here>

### **Breastfeeding-Friendly Toys and Books**

Breastfeeding-Friendly Books and Toys List: <https://ksbreastfeeding.org/wp-content/uploads/2020/07/Breastfeeding-Books-Toys-KBC-7.2020.pdf>

### **Training Videos**

Healthy Kids, Healthy Future: Support Breastfeeding Training Module:

<https://extension.psu.edu/programs/betterkidcare/lessons/tshs-breastfeeding>

Kansas Breastfeeding Coalition. How to Support Breastfeeding Mothers and Families:

<https://ksbreastfeeding.org/cause/child-care-provider-education/>

New Hampshire Department of Health and Human Services Breastfeeding-Friendly Child Care Training Video:

<https://www.dhhs.nh.gov/dphs/nhp/wic/bfcc.htm>

University of California at San Diego. Breastfeeding Friendly Child Care Training:

<https://ucsdcommunityhealth.org/work/breastfeeding/child-care/training-2/>

### **Paced Bottle Feeding Resources**

Institute for the Advancement of Breastfeeding and Lactation Education. Paced Bottle Feeding (English & Spanish). <https://lacted.org/videos/>

How to bottle-feed the breastfed baby ...tips for a breastfeeding supportive style of bottle feeding

[https://kellymom.com/store/freehandouts/bottle\\_feeding.pdf](https://kellymom.com/store/freehandouts/bottle_feeding.pdf)

**Recommended Milk Storage Guidelines**

**Human Milk Storage Guidelines** (CDC guidelines adapted by NJ licensing requirements)

Human Milk Storage Guidelines			
Type of Breast Milk	Storage Location and Temperatures		
	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40°F (4°C)	Freezer 0°F (-18°C) or colder
Freshly Expressed or Pumped	Up to <b>4 Hours</b>	Up to <b>1 Day</b>	Within <b>6 months</b> is best Up to <b>12 months</b> is acceptable
Thawed, Previously Frozen	<b>1–2 Hours</b>	Up to <b>1 Day</b> (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within <b>2 hours</b> after the baby is finished feeding		

**NEW JERSEY CHILD CARE SUPPORT ORGANIZATIONS AND PROGRAMS**

**Advocates for Children of New Jersey**--works with local, state and federal leaders and partner organizations to identify and implement changes that will benefit New Jersey’s children and to ensure that all children have access to high quality child care and early childhood education. <https://acnj.org/>

**Child Care Health Consultants**—promotes best practice standards and provide advanced health and safety training, technical assistance, and consultation to licensed child care programs and registered family child care providers in New Jersey. <https://cjfhc.org/child-care-health-consultants/>

**Child Care Resource and Referral Agencies**—located in each county, these agencies provide training, technical assistance and resources to child care providers and information about child care programs to families. <https://www.childcarenj.gov/Parents/Child-Care-Resource-and-Referral-Agencies.aspx>

**Coalition of Infant/Toddler Educators**--promotes quality infant and toddler care and education by building collaborations and providing professional development opportunities, support and resources. <https://www.njcite.org/>

**Grow NJ Kids**—raises the quality of child care and early learning in New Jersey through a state-sponsored quality rating improvement system and support from three regional technical assistance centers that provide resources and professional development to child care programs. <https://www.grownjkids.gov/>

## CHILD AND ADULT CARE FOOD PROGRAM

### General Information

**Child and Adult Care Food Program (US Department of Agriculture, Food and Nutrition Service):**

<https://www.fns.usda.gov/cacfp>

**Child and Adult Care Food Program (New Jersey Department of Agriculture):**

<https://www.nj.gov/agriculture/divisions/fn/childadult/food.html> Phone: (609) 984-1250 (for Child Care Centers) and (609) 984-0692 (for Family Child Care Homes)

**National CACFP Sponsors Association:** <https://www.cacfp.org>

### Webinars

**CACFP 101- Learn about the federal Child and Adult Care Food Program ( Advocates for Children of New Jersey):**

<https://acnj.org/webinar-cacfp-101-learn-about-the-federal-child-and-adult-care-food-program/?eType=EmailBlastContent&eld=cd8f0854-c858-4b63-96da-d8fb835bae33>

**CACFP Halftime Webinar--How to Support Breastfeeding in CACFP (US Department of Agriculture, Food and Nutrition Service):** <https://www.fns.usda.gov/cacfp-halftime-how-support-breastfeeding-cacfp>

**CACFP Halftime Webinar--Feeding Infants 0-5 (US Department of Agriculture, Food and Nutrition Service):**

<https://www.fns.usda.gov/tn/webinar-6-feeding-infants-0-5-english>

**CACFP Trainer's Tools: Feeding Infants: Supporting Breastfeeding Mothers in a Child Care Site (US Department of Agriculture, Food and Nutrition Service):** <https://www.fns.usda.gov/tn/feeding-infants-supporting-breastfeeding-mothers-child-care-site-cacfp-trainers-tools>

# Appendix C



SOURCE: UNITED STATES BREASTFEEDING COMMITTEE

## **NEW JERSEY BREASTFEEDING LAWS FOR CHILD CARE PROVIDERS AND FAMILIES**

### **Public Breastfeeding Law**

New Jersey law (N.J.S.A. 26:4B-4) allows a mother to breastfeed her baby in any location of a place of public accommodation where she is otherwise permitted. Places of public accommodation include taverns, hotels, retail stores, restaurants, garages, auditoriums, skating rinks, swimming pools, hospitals, clinics, libraries, childcare, primary or secondary schools, colleges and universities and almost all places open to the public.

### **Lactation Accommodations in Employment**

New Jersey law (N.J.S.A. 10:5-12) requires employers to provide reasonable accommodations to breastfeeding employees which include:

- reasonable break time to express milk and
- a private place to pump other than a toilet stall, that is “in close proximity to the employee’s work area”

There is no time limit on the accommodation (employee can pump past the infant’s first birthday) and the law applies to all employers regardless of number of employees. The law prohibits discrimination against an employee on the basis of their breastfeeding status.

### **Tax Exemption for Breast Pumps and Equipment**

New Jersey law (N.J.S.A. 54:32B-8.63) exempts breast pumps, breast pump repair and replacement parts, breast pump collection and storage supplies and certain breast pump kids from state sales tax.

## **Regulations on the Infant Feeding Plans and Handling of Breast Milk in Child Care Programs**

### **Licensed Child Care Centers**

Regulations on infant feeding plans and the handling of human milk in New Jersey child care centers may be found in the New Jersey Department of Children and Families, Office of Licensing, Manual of Requirements for Child Care Centers:

N.J.A.C. 3A:52-6.3(b)3 Feeding requirements for centers serving children less than 18 months of age are as follows:

i. The center shall develop mutually with each child's parent(s) and follow a feeding plan regarding the feeding schedule, specific formula, breastfeeding arrangements and accommodations, and/or expressed breast milk, nutritional needs, and introduction of new food for each child.

ii. For children less than 12 months of age, the feeding plan shall be:

- (1) Documented in writing;
- (2) Maintained on file; and
- (3) Made available to each staff member responsible for feeding each child;

iii. All food served to a child shall be appropriate to the child's developmental eating ability;

iv. The requirements for bottles are as follows:

- (1) Each child's bottle(s) shall be labeled with the child's name and dated;
- (2) The center shall sanitize each child's bottles, including the nipples, when the center provides the bottles;
- (3) Breast milk shall be gently mixed but not be shaken;
- (4) Refrigerated breast milk shall be used within 24 hours;
- (5) Formula or breast milk that is served, but not completely consumed or refrigerated, shall be discarded; and

- (6) No milk, formula, or breast milk shall be warmed in a microwave oven;
- v. A child who is too young to use a feeding chair or other seating apparatus shall be held when fed;
- vi. A child who, because of age or developmental readiness, no longer needs to be held for feeding shall be provided with an infant seat, high chair with safety strap, or other age-appropriate seating apparatus, which meets the standards of a recognized safety organization (such as the Juvenile Products Manufacturers Association, the American Society for Testing and Materials, or the United States Consumer Product Safety Commission);
- vii. When a child is feeding, the bottle shall not be propped at any time; and
- viii. When a child is bottle-feeding while resting, the bottle shall be removed when the child falls asleep.

### **Registered Family Child Care Homes**

Regulations for infant feeding plans and the handling of human milk New Jersey registered family child care homes may be found the New Jersey Department of Children and Families, Office of Licensing, Manual of Requirements for Family Child Care Registration:

N.J.A.C. 3A:54-6.14(c) The provider shall consult with each child's parent(s) regarding the feeding schedule, nutritional needs and introduction of new foods for each child.

#### **3A:54-6.15 Bottle and cup feeding**

- (a) Formula, prepared from concentrate or in an opened container, and expressed breast milk shall be refrigerated.
- (b) Bottles and sipping cups shall be clearly identified for use by a specific child.
- (c) When a child is feeding, the bottle shall not be propped at any time.

For more information on New Jersey lactation laws and regulations, see the New Jersey Breastfeeding Coalition website: <http://breastfeedingnj.org>

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<sup>1</sup> See *Frequently Asked Questions on Executive Order #149 and Child Care Centers*. June 18, 2020. [https://www.nj.gov/dcf/news/EO149.FAQ\\_6.18.20.pdf](https://www.nj.gov/dcf/news/EO149.FAQ_6.18.20.pdf).

<sup>2</sup> See P.L. 1997, C. 101, [https://www.njleg.state.nj.us/9697/Bills/PL97/101\\_.HTM](https://www.njleg.state.nj.us/9697/Bills/PL97/101_.HTM)

<sup>3</sup> N.J.A.C. 3A:52-6.3(b)3ii

<sup>4</sup> P.L. 2017, C. 263, N.J.S.A. 10:5-12 (s).

<sup>5</sup> See Employers' Fact Sheet: Workplace Breastfeeding Rights in New Jersey at <http://breastfeedingnj.org/breastfeeding-and-employment/> on the New Jersey Breastfeeding Coalition website.



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