



Go NAP SACC

Self-Assessment Instrument for Family Child Care



Date: _____

Your Name: _____

Child Care Program Name: _____



Breastfeeding & Infant Feeding

Go NAP SACC is based on a set of best practices that stem from the latest research and guidelines in the field. After completing this assessment, you will be able to see your program's strengths and areas for improvement, and use this information to plan healthy changes.

For this self-assessment, **breastfeeding and infant feeding** topics include daily practices, policies, and other program offerings related to supporting breastfeeding and feeding infants. All of these questions refer to children ages 0–12 months.

Before you begin:

- ✓ Gather parent handbooks, menus, and other documents that state your policies and guidelines about breastfeeding and infant feeding.

As you assess:

- ✓ Definitions of key words are marked by asterisks (*).
- ✓ Answer each question as best you can, thinking about your general practices. If none of the answer choices seem quite right, just pick the closest fit. If a question does not apply to your program, move to the next question.

Understanding your results:

- ✓ The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.



Breastfeeding Environment

1. A quiet and comfortable space* for mothers to breastfeed or express breast milk is available:

- Rarely or never Sometimes Often Always

* This is a space other than a bathroom

2. The following are available to mothers in the space for breastfeeding or expressing breast milk:

See list and mark response below.

- Privacy
- An electrical outlet
- Comfortable seating

- None 1 feature 2 features 3 features

3. Enough refrigerator and/or freezer space is available to allow all breastfeeding mothers to store expressed breast milk:

- Rarely or never Sometimes Often Always

Breastfeeding Support Practices

4. I promote breastfeeding and support mothers who provide breast milk for their infants by:

See list and mark response below.

- Talking with families about the benefits of breastfeeding
- Telling families about the ways my program supports breastfeeding
- Telling families about community organizations* that provide breastfeeding support
- Giving families educational materials†
- Showing a positive attitude about breastfeeding

- None 1 strategy 2–3 strategies 4–5 strategies

* Community organizations that provide breastfeeding support can include the local public health department, hospital, or local La Leche League group.

† Educational materials can include brochures, tip sheets, and links to trusted websites.

Breastfeeding Education & Professional Development

5. I complete professional development* on promoting and supporting breastfeeding:

- Never Less than 1 time per year 1 time per year 2 times per year or more, including at least 1 in-person or online training, when available

* Professional development can include taking in-person or online training for contact hours or continuing education credits. It can also include reading brochures, books, or online articles from trusted organizations.



6. I have covered the following topics as part of this professional development:

See list and mark response below.

- Proper storage and handling of breast milk
- Bottle-feeding a breastfed baby
- Benefits of breastfeeding for mother and baby
- Promoting breastfeeding and supporting breastfeeding mothers
- Community organizations that support breastfeeding

None 1 topic 2–3 topics 4–5 topics

7. I offer expectant families and families with infants information* on breastfeeding:

- Rarely or never Only when families ask When families ask and at 1 set time during the year When families ask, at 1 set time during the year, and I tell prospective families about my policies and practices

* Information can be offered through brochures, tip sheets, or your program’s newsletters, website, or bulletin board. Information can be offered informally or during meetings or educational sessions with families.

Breastfeeding Policy

8. My program’s written policy* on promoting and supporting breastfeeding includes the following topics:

See list and mark response below.

- Providing space for mothers to breastfeed or express breast milk
- Providing refrigerator and/or freezer space to store expressed breast milk
- My participation in professional development on breastfeeding
- Providing families information on breastfeeding

No written policy or policy does not include these topics 1 topic 2 topics 3–4 topics

* A written policy can include any written guidelines about your program’s operations or expectations for assistants, children, and families. Policies can be included in parent handbooks and other documents.

Infant Foods

9. When I purchase cereal or formula for infants, I choose iron-rich products:

Rarely or never Sometimes Often Always

10. When I purchase or prepare mashed or pureed meats or vegetables for infants, these foods contain added salt:

Always Often Sometimes Rarely or never

11. I purchase baby food desserts* for infants that contain added sugar:

Always Often Sometimes Rarely or never

* Desserts are sweet mashed or pureed foods that are made with added sugar.



Feeding Practices

12. With permission from families, the timing of infant feedings in my program is:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Feedings are only at fixed, scheduled times | <input type="checkbox"/> Somewhat flexible to infants showing they are hungry,* but feedings are mostly at fixed times | <input type="checkbox"/> Mostly flexible to infants showing they are hungry,* but feedings are sometimes at fixed times | <input type="checkbox"/> Fully flexible† to infants showing they are hungry* |
|--|--|---|--|

* Younger infants may show that they are hungry by rooting, sucking on their fingers, licking their lips, making excited movements, or fussing and crying. Older infants may reach for or point at food, open their mouths wide for food, or feed themselves when hungry.

† The child might grow into his or her own schedule, but being fully flexible means that the provider always follows the child's lead in feedings.

13. I end infant feedings based on:*

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Only the amount of breast milk, formula, or food left | <input type="checkbox"/> Mostly the amount of food left, but partly on infants showing they are full† | <input type="checkbox"/> Mostly on infants showing they are full,† but partly on the amount of food left | <input type="checkbox"/> Only on infants showing they are full† |
|--|---|--|---|

* This question refers to cases in which you have permission from families to decide when to end infant feedings.

† Infants show they are full by slowing the pace of eating, turning away, becoming fussy, and spitting out or refusing more food.

14. When feeding infants, I use responsive feeding techniques:*

- | | | | |
|--|------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
|--|------------------------------------|--------------------------------|---------------------------------|

* Responsive feeding techniques include making eye contact, talking, responding to infants' reactions during feedings or their signs of hunger and fullness, not propping feeding bottles, and feeding only one infant at a time.

15. During meal times, I praise and give hands-on help* to guide older infants as they learn to feed themselves:

- | | | | |
|--|------------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Rarely or never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
|--|------------------------------------|--------------------------------|---------------------------------|

* Praise and hands-on help includes encouraging finger-feeding, praising children for feeding themselves, and helping children use cups or other utensils.

16. I inform families about what, when, and how much their infants eat each day through:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> I do not inform families of daily infant feeding | <input type="checkbox"/> A written report or a verbal report | <input type="checkbox"/> Some days through both a written and verbal report, but usually one or the other | <input type="checkbox"/> Both a written and verbal report each day |
|---|--|---|--|



17. The written infant feeding plan that families complete for my program includes the following information:

See list and mark response below.

- Infants' food intolerances, allergies, and preferences
- Instructions for introducing solid foods and new foods to infants
- Permission to feed infants when they show they are hungry and end feedings when they show they are full
- Instructions* for feeding infants who are breastfed or fed expressed breast milk

None 1 topic 2–3 topics 4 topics

* Instructions can include what to feed infants if there is no expressed breast milk available, and scheduling to avoid large feedings before mothers plan to breastfeed.

Infant Feeding Education & Professional Development

18. I complete professional development on infant feeding and nutrition:

Never Less than 1 time per year 1 time per year 2 times per year or more, including at least 1 in-person or online training, when available

19. I have covered the following topics as part of this professional development:

See list and mark response below.

- Using responsive feeding techniques
- Not propping feeding bottles
- Introducing solid foods and new foods
- Infant development* related to feeding and nutrition
- Talking with families about infant feeding and nutrition

None 1 topic 2–3 topics 4–5 topics

* Developmental milestones related to feeding include infants starting solid foods, feeding themselves finger foods, and using spoons and cups.

20. I offer families information on infant feeding and nutrition:

Rarely or never Only when families ask When families ask and at 1 set time during the year When families ask, at 1 set time during the year, and at other times as infants reach developmental milestones



21. The information I offer families on infant feeding and nutrition covers the following topics:

See list and mark response below.

- Using responsive feeding techniques
- Not propping feeding bottles
- Introducing solid foods and new foods
- Infant development related to feeding and nutrition
- My program's policies on infant feeding and nutrition

None

1 topic

2–3 topics

4–5 topics

Infant Feeding Policy

22. My program's written policy on infant feeding and nutrition includes the following topics:

See list and mark response below.

- Foods provided to infants
- Infant feeding practices
- Information included on written infant feeding plans
- My participation in professional development on infant feeding and nutrition
- Education for families on infant feeding and nutrition

No written policy or
policy does not include
these topics

1 topic

2–3 topics

4–5 topics

