**Supporting Breastfeeding in Child Care Settings**

***Action Plan***

Child care provider’s name:

Family Home Provider? Yes OR Center name:

Location (city, state):

**Goals** (what outcomes would you like to see)?

**Objectives** (what are 3 general steps you can take to work towards your goals)?

1.

2.

3.

**For each objective, what are some specific things you can do in the next month?**

1.

2.

3.

**For each objective, what are some specific things you can do long-term – 6 months to a year?**

1.

2.

3.

**What are some resources that may help you meet your goals?**

**What are some barriers you may face?**