**Policy on Feeding Infants**

Note: we follow state licensing regulations on feeding infants

**General Feeding Information for Infants**

Feeding time should be a social occasion, an excellent time to build a close relationship with an

infant. Primary caregivers should sit at eye level, make eye contact, and communicate with the

baby while feeding. Whenever possible, the same caregiver should feed an infant for most of that

infant’s feedings. When the caregiver is consistent, she is more likely to understand the infant and

know how to respond appropriately.

Grow with Me ECE Preschool and Childcare Center policy is to feed an infant based on his/her cues unless the child’s parent/guardian and/or medical provider should provide written instructions otherwise.

Cues such as the following send signals that the infant is ready to feed.

 Opening the mouth

 Making suckling sounds

 Moving hands at random

Responding to the infant’s feeding cues provides feelings of trust and security, meeting the

nutritional and emotional needs of the infant. Cues such as turning away from the nipple,

increased attention to surroundings, and closed mouth, are all indications of satiation.

 Respond to early signs of hunger. Do not wait until the baby is upset or crying from hunger.

 A pacifier should not be offered to a hungry infant

 Never force a baby to eat or finish a bottle or a serving of solid food.

We always wash your hands and sanitize work surfaces before preparing food and/or bottles and

before feeding infants. Wash the infant’s hands before and after he or she eats.

Parent Involvement

Breastfeeding:

For those mothers who are breastfeeding and have the ability to come to the center to feed them

child, a comfortable area should be provided in the center for this purpose. (NAEYC 5.B.09)

Storage of Food and Bottles

Because infant bottles are often alike, as is their food, a color-coding system should be in place in

each infant classroom for all food and bottle storage.

Example:

Each child has an individual basket in the refrigerator and cabinet or cubby solely for the purpose

of his or her food and bottle storage. Labeled with name and date.

Weaning

When the time comes, talk with parents/guardians about weaning their baby from the bottle and

when to introduce solid foods or new foods. Weaning efforts should be coordinated between the

child’s home and the center.

**Breast Milk Precautions:**

Breast milk is a body fluid and should be treated as such. You should clean up breast milk spills

like any other body fluid:

 Wipe up the spill wearing disposable gloves.

 Dispose of as directed. See the Procedures for Standard Precautions — Bloodborne

Pathogens.

 Clean the area with a bleach and water solution.

A child should never drink another child’s breast milk. If this happens, the incident should be

taken seriously. Although the risk of any illness being transmitted is very small, should it occur,

proceed as follows:

 Inform the parent/guardian of the child given the wrong bottle that his or her child drank

another child’s breast milk.

 Ask the parent/guardian to notify his or her child’s physician immediately.

 Inform the mother whose milk was consumed about the switch and ask her:

 how the milk was handled before it was brought to the center

 if she would be willing to share any pertinent medical information or be tested for any

communicable illnesses

 if she would be willing to allow a confidential call between her doctor and the other

child's pediatrician

**Preparing and Feeding an Infant a Bottle:**

Overview

Outlined below are Grow with Me ECE Preschool and Childcare Center procedures for

 storing bottles of formula and milk

 storing bottles of breast milk

 warming a bottle for feeding an infant

 feeding an infant, a bottle of formula, milk, or breast milk

Infants younger than 12 months will not be fed cow’s milk and only whole milk or reduced fat

(2%) milk (recommended by the child’s medical provider) will be fed to children between 12 to

24 months of age who are not on formula or breast milk (NAEYC 5.B.13). No other milk

products, i.e., skim milk, milk containing 1% or 2% butterfat or reconstituted nonfat dry milk will

be fed to any child unless under the direction of the parent and the child’s health care provider.

Grow with Me ECE Preschool and Childcare Center recommends that formula be brought from home in ready-to-feed concentrations. However, if preferred, center staff can prepare formula onsite according to the instructions on the label and the formula is clearly labeled with the child’s full name and date. If the parent/guardian wishes that the formula is prepared in a way other than what is stated on the directions, authorization from the child’s medical provider is also required. Only the scoop from that comes with the can of formula should be used for measuring purposes as these may vary between

manufacturers and products. Sterilized bottles should be brought from home. All bottles and caps

must be labeled with the child’s full name.

Note: Solid food should not be fed in a bottle unless the child has specific written instructions

from a physician. Solid food in a bottle is not only a choking hazard, it also teaches the child to

eat solid foods incorrectly.

**Use of Glass Bottles**

Families may request the use of glass bottles for their child because many infant bottles continue

to be made with the chemical BPA (Bisphenol A). Studies suggest that the chemical leaches into

the bottle, causing harm to the infant when ingested with the contents of the bottle. If allowed by

your state licensing agency, glass bottles may be used but the following are some options to first

discuss with the family to minimize risk:

 Use glass bottles at home and plastic at the center

 Bring milk/formula to the center in glass bottles and contents will be transferred to plastic

bottles (provided by the family) for feeding

 Many stores (such as Whole Foods) sell baby bottles without BPA: look for numbers 1,

2, 4 or 5 on the bottom of the bottle or those stamped BPA Free.

 Use glass bottles with a rubber grip or silicone sleeve (sold as a unit). This reduces the

risk of dropping the bottle while feeding.

Procedure Storing Bottles of Formula and Milk

1. Verify that bottles of formula or milk are properly labeled. As soon as bottles of formula

or milk are brought to the center, verify that each bottle is labeled with easy-to-read labels,

showing

 the infant’s full name

 the date prepared (formula)

 an expiration dates

Note: Do not accept any bottles unless they are labeled with the child’s full name, and do not use

any unlabeled bottles that have been accidentally accepted.

2. Refrigerate bottles of formula and milk immediately. Separate storage bins for each

infant’s feedings should be provided and clearly labeled with the child’s full name.

Refrigerator temperature should be kept between 39º and 45ºF.

Do not leave prepared bottles standing on the counter.

Note: Bottles should be brought in and taken home daily. If bottles remain in the center, all

unused bottles of formula should be removed from the refrigerator after 24 hours and discarded.

Unused bottles of milk should be removed after 48 hours and discarded. Powdered formula

should be discarded after the stated shelf period (expiration date).

**Storing Bottles of Breast Milk:**

1. Verify that bottles of breast milk are properly labeled. As soon as bottles of breast milk

are brought to the center, verify that each bottle is labeled with easy-to-read labels, showing

 the infant’s full name

 the date collected

 an expiration dates

2. Refrigerate or freeze bottles of breast milk immediately, as appropriate.

 If the breast milk will be used within 24 hours, store the bottles immediately upon receipt

in a clean, tightly sealed, labeled, and dated container that is placed in the rear of the

refrigerator (in the child’s labeled storage bin).

 Freeze breast milk if it will not be used within 24 hours, in two-to four-ounce servings.

Place the bottles in the rear of the freezer, not near the door.

Note: Milk may be frozen for one month in an average freezer. Discard frozen breast milk after

one month. Although some literature suggests that breast milk may be frozen for a longer period,

given the types of freezers in our centers and the frequency with which they are opened, it is

recommended that it be kept frozen no longer than one month.

Note: Remove all unused bottles (not previously frozen) of breast milk from the refrigerator after

48 hours and discard the contents.

Infant Feeding Procedure

**Warming Bottles of Formula, Milk, and Breast Milk:**

Note: Regardless of whether you are preparing a bottle of formula, milk, or breast milk, verify

that you have the correct bottle for the child. Double-check the bottle to ensure that it is clearly

labeled with the full name of the child for whom it is intended.

1. Wash your hands and sanitize work surfaces.

2. Thaw frozen breast milk. If you are using frozen breast milk, remove the bottle from the

freezer and place it in a container of cool running water, gently swirling it periodically to

evenly distribute the temperature or place it in the refrigerator to defrost if there is time. Use

the oldest bottle of breast milk first. Fat in breast milk may separate and rise to the top as it thaws. Gently swirl the container to mix any fat that may have separated. Previously frozen breast milk thawed in the refrigerator must be used within 24 hours.

3. If appropriate, prepare the formula for the infant according to the parent/guardian’s

written instructions.

4. If you are using a refrigerated bottle, get the bottle. Use the oldest bottle of breast milk

first.

5. Check the label on the bottle.

6. Note that you have verified the labeling on the bottle on the child’s Infant

Communication Form. Mark a checkmark and your initials in the Bottle Check first

column of the Feedings section on the Infant Communication Form.

7. Bottles and infant foods can be served cold from the refrigerator and do not have to be warmed; however, if the family requests that they be warmed, the following methods can be used:

 Run them under warm tap water

 Place them in a container of water no warmer than 120⁰F for no longer than 5

minutes

 If the use of a slow-cooking device\* is allowed, follow these steps:

 Place the bottle in the device set on low (no higher than 120⁰ F) for no

more than five minutes. (NAEYC 5.B.10) Water should not be boiling.

 Make certain only clean bottles are placed in the device.

 Heat only one bottle at a time when possible.

 Change the water in the device and sanitize daily.

 Do not allow bottles to warm at room temperature.

Note: Do not use a microwave oven to heat a bottle. Microwave ovens heat unevenly and place

children at risk for serious burns. (NAEYC 5.B.10)

8. Check the temperature of the bottle’s contents. Shake the bottle, then sprinkle a few drops

from the bottle on your wrist or forearm to test the temperature of the contents.

If the drops feel “hot,” let the bottle cool a few minutes and then test the temperature again.

Do not offer an infant a “hot” bottle.

Note: According to the American Academy of Pediatrics in Caring for Our Children, the risk of

transmission of infection to caregivers who are feeding expressed human milk is very low either

during feeding or from milk that the infant regurgitates. Wearing of gloves to feed expressed

human milk is unnecessary; however, as a precaution, caregivers with open cuts on their hands

should avoid getting expressed human milk on their hands, especially if they have any open skin

or sores on their hands.

**Feeding an Infant, a Bottle of Milk:**

1. Wash the infant’s hands.

Note: Before feeding, do one last verbal check with your coworker to ensure you are feeding the correct bottle to the child. State: “This is (child’s name) food/bottle, this (child’s name) that I’m feeding now.” If you are alone, this step must still be spoken aloud.

2. Hold the infant while bottle-feeding. Sit at eye level, make eye contact, and communicate

with the baby while feeding.

 If it is necessary to feed more than one baby at a time, hold one infant while placing

another baby who can hold his or her own bottle close to you, where you can maintain

eye and verbal contact.

Note: If you put a bottle down, make sure that you pick up the correct bottle for the child before you resume feeding the child. Also, make sure that a mobile infant does not pick up the bottle.

3. Hold the infant’s head a little higher than the rest of the body. This helps to prevent milk from backing up into the Eustachian tubes and possibly causing a middle ear infection.

4. Burp the infant as appropriate. Be aware of each child’s need for burping and manner of

being burped. Some babies need to be burped after a small amount of formula or milk, while

others can take an entire bottle before needing to be burped.

Note: Children should not be allowed to continue to feed themselves or continue to be assisted

with feeding themselves if they begin to fall asleep while eating. Caregivers/teachers should

check that no food is left in a child’s mouth before laying a child down to sleep. Continuing to eat while falling asleep puts the child at great risk for gagging or choking.

**After Feeding:**

1. Wash the infant’s hands after he or she eats.

2. After one hour, discard any unused breast milk, formula, or milk left in the bottle.

Do not re-refrigerate or rewarm a partially consumed bottle. You may leave the bottle at

room temperature for up to one hour in case the child wants more.

Note: When infants feed, the milk or formula is inoculated by the saliva and bacteria in the

infants’ mouth. When fed over a period of an hour, bacteria could multiply to spoil the milk or

formula and should be discarded at this point.

3. Once empty, rinse the bottle and nipple thoroughly, and place in the child’s cubby or

bag.

4. Do not refreeze previously frozen breast milk.

**Teacher Transitions:**

As teachers leave and others come in for afternoon shifts or break coverage, please take time to review which children are still in attendance, those who are sleeping, those who will need to be fed, where their food and bottles are, and any other relevant information that would need to be shared with their parents/guardians at the end of the day. Make note of any new children who may have started, those who may have new foods or formula introduced, etc.

**Storing Solid Foods:**

1. Verify that jars/containers of solid food are properly labeled and color-coded. As soon

as jars/containers of solid food are brought to the Center, verify that they are labeled with

easy-to-read labels, showing the child’s full name and date, and the color-code.

2. If appropriate, refrigerate the food. Unopened commercially-prepared solid foods can be

stored on the counter or in a cabinet. However, once a jar has been opened, or if a

parent/guardian prepares food for his or her child, store the food in the refrigerator

Refrigerated food should be covered and labeled, showing

 the infant’s full name

 the date the jar was opened or the food prepared

Discard any opened, unused food after 24 hours.

**Preparing Solid Foods for an Infant:**

1. Wash your hands and sanitize work surfaces.

2. Verify you have the correct jar(s)/container(s) of food for the child. Double-check the

jar(s)/ container(s) to ensure that they are clearly labeled with the full name of the child for

whom they are intended.

Note the date recorded on an opened jar/container of food. Opened jars/containers of baby

food should be used within 24 hours.

3. Ensure that new jars of commercially prepared baby food have not been opened. Before

opening jars of commercially prepared baby food, check to make sure that the vacuum seal is

not broken. If the seal is broken, do not use. Wash the outside of the jars with soap and warm

water to clear it of any contaminates.

4. Note that you have verified the labeling on the jar(s)/container(s) on the child’s Infant

Communication Form. Mark a checkmark and your initials in the Comments column of the

Feedings section on the Infant Communication Form.

5. Pour small amounts of food into feeding bowls. Do not feed infants directly from a baby

food jar. Saliva from the feeding spoon can promote bacterial growth.

Note: Do not use a microwave oven to heat an infant’s food. Microwave ovens heat unevenly and place children at risk for serious burns. (NAEYC 5.B.10)

**Feeding an Infant Solid Foods:**

1. Wash the infant’s hands, and put a bib on the child.

2. Place the infant in a feeding chair or at a low table in an age-appropriate chair.

 When feeding more than one baby at a time, place babies so they can see one another.

 Sit with babies while they are eating, maintaining eye contact and language interactions.

3. For children who are self-feeding, place some of each food in front of them.

 Food should not be placed directly on the table due to the likelihood of contamination.

 If using a feeding chair, food can be placed on the tray if it is made of plastic, is

in good repair, and is free from cracks, etc. It can be made safe if it is washed and

sanitized before placing a child in the chair for feeding and if it is washed and

sanitized after each child has been fed. This is not the case for wood or metal,

other than stainless steel.

**After Feeding:**

1. Wash the infant’s hands, face, etc., after he or she eats.

2. Discard uneaten food from the bowls. Do not return uneaten food to the original baby food

containers.

3. Refrigerate remaining food.

 Cover each opened container of baby food.

 Label the containers with the infant’s full name.