

Infant Feeding Policy

1. Upon enrollment, all parents/guardians will be given an Infant Feeding Benefit Notification and Acknowledgement form to complete and sign. Parent/guardians must indicate if they will provide breastmilk for their infant or whether they accept or decline one of the two offered formulas for their infant. The two formulas provided at Early Head Start centers are Similac Advance with Iron and Isomil Advance with Iron. The original copy of this form is kept in the child's file, a copy is given to the parent/guardian and a copy is sent to the Umatilla-Morrow Head Start USDA Manager. Before filing the form, the USDA Manager will provide the form to the UMCHS Registered Dietitian for her to review.
2. If an infant requires a special formula for medical reasons, a Medical Statement for Food Substitutions form must be completed and signed by a recognized medical authority (physician, physician's assistant, nurse or registered dietitian). A copy of the completed and signed form will be sent to the UMCHS R.D. so she may work with the center staff and the family to ensure that a plan is in place to meet the child's needs.
3. If a family wishes to donate CACFP approved infant formula for use at the Early Head Start center, center staff will provide the family with an in-kind form to sign. A copy of the in-kind form must be sent to the UMCHS USDA Manager. The formula must be unopened and not past the expiration date printed on the can.
4. Infants are fed breast milk or formula on demand as they indicate hunger. Babies may indicate hunger by sucking on their hands, opening their mouth and turning toward you when you touch their mouth, cheeks or chin (rooting reflex), fussing, making faces and, as a late indicator, crying.
5. Cow's milk is not served to children less than one year of age. Children between 12 and 13 months of age may be served both formula and cow's milk as they transition to cow's milk. A Medical Statement for Food Substitutions form must be completed and signed for children requiring formula past 13 months of age.
6. No solid foods are given to infants under 4 months of age. Solid foods are introduced between 4-6 months of age when developmental cues that indicate readiness for solids are present and the infant's parents and teacher agree that the infant is ready to begin solids. Developmental cues that indicate readiness for solids include sitting with support, holding the head steady and the ability to take the food off the spoon with the mouth and swallow it easily. All foods will be provided by the center. Iron fortified infant rice cereal or a plain, pureed vegetable are suggested first foods. Place food in a small bowl and feed the infant by spoon. Never force an infant to finish food if he/she is indicating that he/she is done eating (signs include crying, closed mouth, disinterest in eating). Wait five days between introducing new foods. Offer solids to infants as a part of regular meal time at the table.
7. Progression of solids depends upon an infant's developmental readiness. Solids are optional in the Child and Adult Care Food Program (CACFP) until 8 months of age. Foods should be added slowly up to that point as the infant is ready for them. Infants up to one year of age will be offered plain fruits, vegetables and meats, not combination foods. The Early Head Start menu indicates the components that are required for infants 8 months and older. Texture modifications may need to be made to the foods on the menu to adjust them for the infant's developmental readiness. The infant's parents and teachers should work together to ensure that the infant is being offered the appropriate textures of food.
8. Introduce a cup to infants at 6 months of age. Start with a small amount of water in the cup. Children should also have opportunities to use a cup without a lid, as the sippy/tippy cup is just a transitional tool

to move children from a bottle to a regular cup. Work towards weaning the child off the bottle by 12-14 months of age.

9. Infants under one year of age should not be given honey, cow's milk, peanut butter, nuts, egg whites or any foods that contain one of the aforementioned foods as an ingredient.
10. All foods offered and amounts eaten must be recorded on each child's daily log. Staff will also document new or atypical child behavior during meal time in order to share that information with parents. Items of note may include refusal to eat, tasting of a new food, consumption of larger than normal amounts of food for a particular child, etc.