CSRA EOA, Inc.
Early Head Start-Child Care Partnership

Feeding Information

Child’s Name_________________________________________ Date_____________________

Part 1
Is child breastfed or taking formula?

☐ Formula (Go to Part 2)

☐ Breastfed (Go to Part 3)

Part 2
How often is child fed?____________________________________

What size nipples are used?_________________________________

How many ounces of formula does child drink in one feeding?______________

What type of formula?______________________________________

Part 3
How often do you breastfeed child?__________________________

How many ounces does child drink during each feeding?______________

Will you come to center to feed or provide center with breastmilk?______________

Part 4
Has the child been introduced to solids?_____________________

What solids has the child been introduced to?____________________

Is the child on cereal?________________________

How often is the child given cereal?__________________________

Child’s Name_________________________________________