Nutrition and Feeding Care Plan

The nutrition and feeding care plan defines all members of the care team, communication guidelines (how, when, and how often), and all information on a child's diet and feeding needs for this child while in child care.

Name of Child: _____ **Date:** _____

Facility Name: _____

Team Member Names and Titles (parents of the child are to be included)

Care Coordinator (responsible for developing and administering *Nutrition and Feeding Care Plan*): _____

_____

_____

ⓘ If training is necessary, then all team members will be trained.

❑ Individualized Family Service Plan **(IFSP)** attached ❑ Individualized Education Plan **(IEP)** attached

Communication

What is the team's communication goal and how will it be achieved (notes, communication log, phone calls, meetings, etc.):

_____

_____

How often will team communication occur: ❑ **Daily** ❑ **Weekly** ❑ **Monthly** ❑ **Bi-monthly** ❑ **Other** _____

Date and time specifics: _____

Specific Diet Information

❖ Medical documentation provided and attached: ❑ Yes ❑ No ❑ Not Needed

Specific nutrition/feeding-related needs and any safety issues: _____

_____

_____

_____

❖ **Foods to avoid (*allergies* and/or *intolerances*):** _____

Planned strategies to support the child's needs: _____

_____

_____

_____

Plan for absences of personnel trained and responsible for nutrition/feeding-related procedure(s): _____

_____

_____

❖ Food texture/consistency needs: _____

❖ Special dietary needs: _____

❖ Other: _____

Eating Equipment/Positioning

❖ Physical Therapist (PT) and/or Occupational Therapist (OT) consult provided ❑ Yes ❑ No ❑ Not Needed

Special equipment needed: _____

Specific body positioning for feeding (attach additional documentation as necessary): _____

_____

Behavior Changes (be specific when listing changes in behavior that arise before, during, or after feeding/eating)

_____

_____

Medical Information

❑ **Information Exchange Form** completed by Health Care Provider is in child's file onsite.

❖ Medication to be administered as part of feeding routine: ❑ Yes ❑ No

❑ **Medication Administration Form** completed by health care provider and parents is in child's file on-site (including type of medication, who administers, when administered, potential side effects, etc.)

Tube Feeding Information

Primary person responsible for daily feeding: _____

Additional person to support feeding: _____

❑ Breast Milk ❑ Formula (list brand information): _____

Time(s) of day: _____

Volume (how much to feed): _____ Rate of flow: _____ Length of feeding: _____

Position of child: _____

❑ Oral feeding and/or stimulation (attach detailed instructions as necessary): _____

Special Training Needed by Staff

Training monitored by: _____

1) Type (be specific): _____

Training done by: _____ Date of Training: _____

2) Type (be specific): _____

Training done by: _____ Date of Training: _____

Additional Information (include any unusual episodes that might arise while in care and how the situation should be handled)

_____

_____

_____

Emergency Procedures

❑ Special emergency and/or medical procedure required (additional documentation attached)

Emergency instructions: _____

_____

Emergency contact: _____ Telephone: _____

Follow-up: Updates/Revisions

This Nutrition and Feeding Care Plan is to be updated/revised whenever child's health status changes or at least every ___ months as a result of the collective input from team members.

Due date for revision and team meeting: _____