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): ____________________________

① 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: _____________