



Nutrition and Feeding Health 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 the child's diet and feeding needs while in child care.

Name of child: _____ Date: _____

Program name: _____

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

Care Coordinator (responsible for developing and administering the Nutrition and Feeding CarePlan): _____

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

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

Communication

How the team will communicate (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 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: _____

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 on site: Yes No
- Medication to be administered as part of feeding routine: Yes No
- Medication Administration Form completed by health care provider and parents are in child's file on site (including: type of medications, method, amount, time schedule, potential side effects, etc.) Yes No

Tube Feeding Information

Primary person responsible for daily feeding: _____

Additional person to support feeding: _____

Breast 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 Staff Training Needs

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: _____

