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**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: Program name:

**Date:**

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

Care Coordinator (responsible for developing and administering the 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

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):

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**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:

* Breastmilk  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:

1. 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:

*Resources:*

*California Childcare Health Program.* [*www.ucsfchildcarehealth.org*](http://www.ucsfchildcarehealth.org/)

*Form provided by Child Care Aware® of North Dakota Health & Safety Specialists Revised 6/23*

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