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):

California Childcare Health Program  www.ucsfchildcarehealth.org  rev. 05/03
**Behavior Changes** (be specific when listing changes in behavior that arise before, during, or after feeding/eating)

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**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)

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**Emergency Procedures**

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

Emergency instructions: __________________________

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Emergency contact: __________________________ Telephone: __________________________

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**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: ____________