

## Appendix I: Diverse Feeding Plan

Diverse feeding plans are developed any time a child's needs mean deviating from the menu and the standard practice of the early learning environment. Not all children will require a diverse feeding plan. This tool does not require the child to have documented medical needs. Some examples of where a feeding plan could be useful are for a child with allergies, a four-year-old who is only eating pureed foods, or a child who uses a feeding tube.

The following is a list of questions that may be used when developing a diverse feeding plan:

- What types of food does the child currently consume?
- How have solid foods been introduced to the child?
- What textures have been successfully introduced?
- What are the child's food preferences?
- What are the child's self-feeding abilities?
- What is mealtime like in the home?
- What kinds of utensils does the child currently use?
- Where does the child eat meals at home?
- Are there any cultural or spiritual food-based routines or needs we should be aware of?
- Does the child gag or vomit during mealtime? If so, how frequently and what are the circumstances?
- Are there any dietary considerations or special requests?
- Does the child have any identified allergies, food intolerances, or any suspected concerns?
- Which foods at higher risk for allergic reactions have been introduced at home?
- When was each one introduced? (Option to use Child Care Food List)
- What are the child's feeding times/routines?
- Are there any foods that the parents wish to wait to introduce?
- What is the plan for updating and making changes to the feeding plan?
- To what extent will the early learning environment be involved in introducing new solids/textures?
- If the child consumes formula, what is the plan for formula supply?
- If relevant, what is the plan for breast milk supply (e.g., liquid or frozen)?
- How should the early learning environment respond in the event that breast milk is unavailable (i.e., runs out)?
- May the child eat modified items from menu?
- Are there any food requests based on medical issues?

- Will the child consume food from home as well as from the centre? If so, when should food from home be offered? How should the early learning environment respond in the event that foods and beverages brought from home are unavailable (i.e., run out)?
- Is the child fed by tube? If yes, what are the child's feeding times/routines? Can they have any food or drink orally? What is the plan for including them in the mealtime routine?
- What is the schedule for regularly reviewing and updating this plan?

These questions may be helpful when developing a diverse feeding plan. Diverse feeding plans are especially beneficial to ensure there is ongoing communication between the early learning environment and the family, and are designed to make sure that all children have their needs met and are part of the inclusive food environment. This plan will enable ongoing communication between the child's parent/guardian and the care provider or the early learning staff, including the cook. Please note that in some cases where food is required that is not part of the usual menu, the early learning environment will provide the foods, and in others, parents will ask, or be asked, to bring the food in.

When there is a behavioural plan in place, refer to the behavioural plan for guidance on implementation and treat the behavioural plan as the primary document, with this feeding plan as a supporting resource.

## Diverse Feeding Plan Template

<p><b>Name of child:</b> _____</p> <p><b>Date of birth:</b> _____ <b>Age at time of enrolment:</b> _____</p>		
<p><b>Schedule for review of the diverse feeding plan :</b></p>  <p><i>Note: There should be regular review of this plan. If there is a developmental service plan, a routine-based plan, or behavioural support plan in place, conduct the reviews for both/all plans at the same time.</i></p>		
<p><b>What is the plan to include the child in the inclusive food environment/mealtime routine?</b></p>		
<p>Does your child currently consume</p> <p><input type="checkbox"/> breastmilk*</p> <p><input type="checkbox"/> formula</p> <p><input type="checkbox"/> solid foods**</p> <p>Solid foods that have been introduced:</p>	<p>Feeding method:</p> <p><input type="checkbox"/> breastfed</p> <p><input type="checkbox"/> bottle</p> <p><input type="checkbox"/> spoon</p> <p><input type="checkbox"/> cup</p> <p>Feeding abilities: (e.g., fed by caregiver, self-feed with fingers, spoon and/or fork)</p> <p>Textures: (e.g., pureed, minced, diced)</p>	<p><b>Special instructions</b></p> <p>These can include breastmilk or formula storage and supply, food allergies, religious/cultural food requests, food requests related to medical conditions etc. These can also include if the child will consume food from home at the parents'/guardians' request, or consume the foods served in the early learning environment.</p>

\* Regulated child care programs welcome parents to breastfeed anywhere in the facility or home. Ongoing communication between centre staff and the parent/guardian will occur to make sure there is an adequate supply of your breastmilk or formula for your child at the centre. No other form of nutrition will be provided unless instructed by the parent/guardian.

\*\* It is important that infants receive nutrient-dense, iron-containing foods at six months of age. These may include foods from the meat and alternative group, including meats, fish, poultry, cooked egg yolks, tofu, and well-cooked legumes.