

NUTRITION POLICY

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POLICY STATEMENT – The Deniliquin Children Centre recognises the importance of healthy eating to the growth and development of young children and is committed to supporting the healthy food and drink choices of children in their care. This policy concerns the provision of healthy food and drink while children are in care and the promotion of normal growth and development.

The service is committed to implementing the healthy eating key messages outlined in Munch & Move and to supporting the National Healthy Eating Guidelines for Early Childhood Settings as outlined in the Get Up & Grow resources.

Further, the Deniliquin Children's Centre recognises the importance of supporting families in providing healthy food and drink to their children. It is acknowledged that the early childhood setting has an important role in supporting families in healthy eating. While supporting and providing adequately for children with food allergies, dietary requirements, restrictions and specific cultural and religious practices.

RATIONALE

The Deniliquin Children's Centre supports the Australian Guide to Healthy Eating and the Dietary Guidelines for Children and Adolescents as they need sufficient nutritious foods to grow and develop normally. These include:

1. Exclusive breastfeeding is recommended, with positive support, for infants until around six months. Continued breastfeeding is recommended for at least 12 months – and longer if the mother and baby wish and are able.
2. If an infant is not breastfed, is partially breastfed, or if breastfeeding is discontinued, use an infant formula until 12 months of age.
3. Introduce suitable solid foods at around six months.
4. Make sure that food offered to children is appropriate to the child's age and development and includes a wide variety of nutritious foods consistent with the Australian Dietary Guidelines.
5. Provide water in addition to age-appropriate milk drinks. Infants under the age of six months who are not exclusively breastfed can be offered cooled boiled water in addition to infant formula.
6. Plan mealtimes to be positive, relaxed and social.
7. Encourage children to try different food types and textures in a positive eating environment.
8. Offer an appropriate amount of food but allow children to decide themselves how much they will actually eat.
9. Offer meals and snacks at regular and predictable intervals.
10. Ensure that food is safely prepared for children to eat – from the preparation stages to consumption.

This policy/ procedure aims to:

1. Encourage and support breastfeeding and appropriate introduction of solid foods.
2. Promote healthy food and drinks based on the *Australian Dietary Guidelines* and the Australian Guide to Healthy Eating.

3. Provide age appropriate food and drinks to children that have been stored, prepared and served in a safe and hygienic manner and to promote hygienic food practices.
4. Provide a positive eating environment that is relaxed and social, and reflects cultural and family values.
5. Promote lifelong learning for children, early childhood educators and families about healthy food and drink choices including trying new healthy foods.
6. Encourage communication with families about the provision of appropriate healthy food and drinks for children while they are attending the service.

Our strategies to implementing this policy (procedure) include:

1. Encourage and support breastfeeding and appropriate introduction of solid foods

- Abide by the current national *Infant Feeding Guidelines*.
- Offer a variety of nutritious foods to infants from all of the food groups in line with the *Australian Dietary Guidelines*.
- Always supervise children closely while drinking and eating.
- Ensure appropriate foods (type and texture) are introduced around six months of age including iron rich nutritious foods as infant's first foods.
- Adjust the texture of foods offered between six and 12 months of age to match the infant's developmental stage.
- Remain in-line with our service breastfeeding policy (procedure):
 - Provide a suitable place within the service where mothers can breastfeed their infants or express breastmilk.
 - Support mothers to continue breastfeeding until infants are at least 12 months of age while offering appropriate complementary foods from around six months of age.
 - Ensure the safe handling of breastmilk and infant formula including transporting, storing, thawing, warming, preparing and bottle feeding.
 - In consultation with families, offering cooled pre-boiled water as an additional drink from around six months of age.
 - Where breastfeeding is discontinued before 12 months of age, supporting the transition to infant formula.
 - Always bottle feed infants by holding the infant in a semi-upright position.

2. Promote healthy food and drinks based on the *Australian Dietary Guidelines* and the *Australian Guide to Healthy Eating*

Where food is provided by the service: (applicable to Long Day Care)

- Provide children with a wide variety of healthy and nutritious foods for meals and snacks including fruit and vegetables, wholegrain cereal products, dairy products, lean meats and alternatives.
- As per the Australian Dietary Guidelines:
 - If a child is in care for up to eight hours or more they should receive at least one main meal and two midmeals that should provide at least 50% of the recommended dietary intakes (RDI) for all nutrients.

- If a child is in care for more than eight hours, extra meals and/or midmeals (i.e. breakfast or late afternoon tea) should be provided.
- Plan and display the service menu (at least two weeks at a time) that is based on sound menu planning principles and meets the daily nutritional needs of children whilst in care. Refer to the 'Ingredient Quantity Guide for NSW Early Childhood Education and Care Services' and Nutrient Checklist for Menu Planning from 'Caring for Children'.
- The service will provide for the nutritional needs of all children- including infants, toddlers and children aged 2-5 years old.
- To help infants develop their feeding and eating skills, it is important to change the texture of foods between 6 and 12 months of age Examples on how to adapt the menu can be found in 'Caring for Children'.
- Plan healthy snacks on the menu to complement what is served at mealtimes and ensure the snacks are substantial enough to meet the energy and nutrient needs of children.
- Vary the meals and snacks on the menu to keep children interested and to introduce children to a range of healthy food options.
- There will be one main meal option as the menu will be planned taking into consideration dietary needs of all children. No alternative will be provided
- Children with specific dietary needs due to medical conditions will require their care giver to complete – Management of a medical condition form. This will assist with the development of a medical management plan for the child (NQS 2.12 A7 Medical Management Plan)
- Children will specific dietary needs for cultural reasons, or diet intolerances (not requiring medication or specific management a medical condition, will also complete the NQ2 2.12 A1 Individual diet form. The service will do their utmost to cater for the children's dietary needs. This will assist with the development of an Intolerance /Modified diet plan for the children (NQS2.14 A2 Intolerance_ Modified Diet Action plan).
- Follow the '*carer provides, child decides*' principle'
- The service will aim to provide progressive meals, which help support children's appetite and also engagement in play.
- The educators will support children to self serve

Where food is brought from home (applicable for preschool and mobile services only)

- Children will provide their own morning tea, lunch and afternoon tea. If a child is without food for the day the parents will be contacted and asked to bring in lunch and a snack for the child. If a child is still hungry, fruit or dry rice biscuits will be offered by the service.
- We will provide information to families on the types of foods and drinks recommended for children and suitable for children's lunchboxes (i.e. *Caring for Children* 'Lunchbox Checklist for Food Brought from Home for 2 to 5 year olds').
- We will encourage children to eat the more nutritious foods provided in their lunchbox, such as sandwiches, vegetables, fruit, cheese and yoghurt, before eating any less nutritious food provided.
- We will discourage the provision of highly processed snack foods high in fat, salt and sugar and low in essential nutrients in children's lunchboxes. Examples of these foods include lollies, chocolates, sweet biscuits, muesli bars, breakfast bars, fruit filled bars, chips, high fat savoury crackers.

All services:

- Ensure water is readily available (both indoors and outdoors) for children to consume throughout the day.
- Be aware of children with food allergies, food intolerances and special dietary requirements and consult with families to develop individual management plans.
- Ensure young children do not have access to foods that may cause choking.
- Ensure all children remain seated while eating and drinking.
- Always supervise children while eating and drinking.
- Promote good oral health through learning experiences and daily 'swish and swallow' practice.
- Ensure any fundraising promotes healthy or active lifestyles and advocates for children's wellbeing.

3. Provide age appropriate food and drinks to children that have been stored, prepared and served in a safe and hygienic manner to promote hygienic food practices

- Ensure gloves are worn or tongs are used by all staff handling 'ready to eat' foods (if the food itself is getting handled). Clean hands are required when handling packaging.
- Children and staff wash and dry their hands (using soap, warm running water and single use or disposable towels) before handling food or eating meals and snacks.
- Food is stored and served at safe temperatures i.e. below 5°C or above 60°C. It is recommended that food is reheated until it reaches 70 °C and should stay at this temperature for 2 minutes. This is because the service may not know if the prepared food has been within the temperature 'danger zone' (5–60°C).
- Educators will cross check food prepared for children with Intolerance / diet medication plans and ensure it is distributed to appropriate child.
- Use separate cutting boards for raw meat; utensils and hands are washed before touching other foods.
- Children are discouraged from handling other children's food and utensils.
- Ensure staff handling food attend relevant training courses and share knowledge with all educators.
- All opened perishable food is to be thrown out by the end of the day. Items such as yoghurt are covered, refrigerated should the child like to eat throughout the day. Educators will maintain open communication with parents to let them know what their child has and hasn't eaten that day.
- Food scraps will be collected for family or centre pets to promote sustainable practices

4. Provide a positive eating environment that is relaxed, social and reflects cultural and family values

- Ensure that educators sit with the children at meal and snack times to role model healthy food and drink choices and actively engage children in conversations about the food and drink provided.
- Recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds through strong partnerships with families and community. Special occasions, such as birthdays, Christmas or farewell parties may be celebrated with culturally appropriate food.
- Create a relaxed atmosphere at mealtimes where children have enough time to eat and enjoy their food as well as enjoying the social interactions with educators and other children.

- Encourage older toddlers and preschool-aged children to help set and clear the table and serve their own food and drink – providing opportunities for them to develop independence, confidence and self-esteem.
- Respect each child’s appetite. If a child is not hungry or is satisfied, do not insist he/she eats.
- Be patient with messy or slow eaters.
- Encourage children to try different foods but do not force them to eat.
- Never use food as a reward or withhold food from children for behaviour management purposes.

5. Promote lifelong learning for children, early childhood education and care staff and families about healthy food and drink choices, including trying new healthy foods

- Foster awareness and understanding of healthy food and drink choices through daily discussions, displays, and intentionally planned or spontaneous related learning experiences throughout our service curriculum.
- Encourage and provide opportunities for all educators and staff members responsible for providing food and drinks to the children to participate in regular professional development opportunities to broaden their knowledge and understanding of children’s nutritional requirements.
- Provide opportunities for families to attend information sessions related to children’s nutrition and wellbeing.

6. Encourage communication with families about the provision of appropriate healthy food and drinks for children while they are attending the service

- Provide a copy of the *Nutrition Policy* to all families upon orientation at the service.
- Involve families in the review of this policy (procedure) annually.
- Request that details of any food allergies or intolerances or specific dietary requirements be provided to the service, and work in partnership with families to develop an appropriate resolution so that children’s individual dietary needs are met.
- Communicate regularly with families about food and nutrition related experiences within the service, including related professional development, and provide up to date information to assist families to provide healthy food choices at home.
- Communicate regularly with families and provide information and advice on appropriate food and drinks to be included in children’s lunchboxes. This information may be provided to families in a variety of ways including factsheets, newsletters, during orientation, information sessions and informal discussion.

Safe Bottle feeding

At Deniliquin Children’s Centre, all bottles, formula and breast milk will be provided by the caregiver for their child in service

Guidelines for the safe feeding of expressed breastmilk or infant formula in early childhood education and care services

Transporting and storing bottles

- Store expressed breastmilk in sterilised bottles or containers.
- Where formula is used, carers should provide either:
 - pre-measure serves of formula and boiled water in a sterilized bottle OR/

- prepared formula
- Label all bottles taken to the service with the child's full name, the contents of the bottle, the date the breastmilk was expressed or the infant formula prepared/ boiled water and the date to be used.
- Use smaller (120mls) bottles for expressed breastmilk to reduce wastage.
- Cool all expressed breastmilk/infant formula in the refrigerator before transporting.
- Transport frozen breastmilk, and cooled breastmilk/infant formula, in an insulated container with frozen "cooler bricks" (e.g. an esky with a freezer brick).
- Put all breastmilk/infant formula bottles in the refrigerator (or freezer) immediately on arrival at the service.

Storage and use

- Prepared formula and breastmilk must be stored in the refrigerator, immediately on arrival and used within 24 hours. Do not re-freeze it.
- Store all pre-prepared formula and expressed breast milk bottles in the back of the refrigerator where it is coldest.
- Do not store bottles inside the refrigerator door.
- Throw out all leftovers at the end of the day.
- Once a bottle has been given to an infant, throw out any leftover breastmilk/infant formula after each feed. Do not put back in the refrigerator, and do not leave out at room temperature for later use.
- For children older than 12 months, cows milk can be provided by the kitchen. Families must provide the bottle, labeled with the child's name

Thawing frozen breastmilk

- Thaw frozen breastmilk in the refrigerator or, if necessary, by placing the bottle in warm water (shake gently if the breastmilk has separated).
- All frozen breastmilk thawed in warm water should be used immediately. Discard any left-overs as soon as the feed has finished.
- Frozen breastmilk left to thaw in the refrigerator can be kept in the fridge for that day. Once it has been taken out of the fridge for a feed, it should be warmed and used immediately.

Warming breastmilk and infant formula

Feeding an infant cold breastmilk or infant formula is not harmful, but drinks warmed to room temperature flow better from the bottle, and infants seem to prefer them. •

- Warm breastmilk/infant formula bottles by standing the bottle upright in warm tap water for no more than 15 minutes just before use.
- Bottle warmers can be used, but they must have a thermostat control. Bottles should only be warmed using this equipment for less than 10 minutes. Follow the manufacturer's instructions.
- Never microwave breastmilk/infant formula.
- Before feeding the infant, shake the bottle and test some of the breastmilk/infant formula on the inside of your wrist to make sure it is not too hot. Only warm the milk once and discard any warmed milk that has not been used.
- Never refreeze thawed breastmilk.
- If the service does not have enough breast milk from the family to meet the child's needs that day, individual families will be consulted on what the service should do in these circumstances.
- Unheated unused milk will be returned to families at the end of the day when they come to collect their child.
- A quiet, private, space with a comfortable chair will be provided for mothers/women to breastfeed or express milk. A "Breastfeeding is welcome here" sign will be displayed.

- We will provide educators and families with a copy of the ‘Care givers guide to the breastfed baby’ by the Australian Breastfeeding Association

Protocols for the correct identification of expressed breastmilk

It is very important that the correct breastmilk be given to the correct infant. Giving an infant the breastmilk from a different mother is a major incident.

Educators should be aware of and follow the correct procedures for identifying and managing expressed breastmilk:

- If more than one infant is receiving breastmilk at the service, two educators need to check that the correct name is on the bottle for the infant about to be fed. This should also be noted on the infant’s feeding record.
- If an infant is given the wrong breastmilk, the service’s usual incident procedures should be followed. This may include reporting the incident to a local authority.
- Educators should also advise the infant’s mother to contact their general practitioner or child health nurse for advice.

Educators who Breastfeed at the Service

- We support mothers who wish to breastfeed at the service
- The service also recognises the importance and benefits of breastfeeding and that many women will return to work before they wish to wean their children.
- The service will provide a quite, relaxed place with a comfortable chair for mothers to breastfeed or express milk.
- Educators will take into account mothers’ preferences for privacy.
- A sign will also be placed on the door when a mother is using the facilities.
- All reasonable efforts will also be made to support educators who continue breastfeeding their child when they (return to) work at the service. For example, an educator returning from maternity leave may have a meeting with the Nominated Supervisor to discuss:
 - more flexible work arrangements
 - the provision of lactation breaks for the educator to express milk or breastfeed her child. Educator to child ratios will not be compromised during these breaks.
- If arrangements have been made for the educator’s child to come to the service to breastfed and needs its nappy changed, the educator can use the service’s nappy changing area as long as the relevant policies and procedures are followed.

LEGISLATIVE REQUIREMENTS

This policy relates to the National Quality Standard’s Quality Area 6: Collaborative partnership with families and communities.

Standard 1	Educational program and practice	
	1.1.3	All aspects of the program , including routines are organised in ways that maximise opportunities for children’s learning
Standard 2	Each child’s health and physical activity is supported and promoted	
	2.1.2	Effective illness and injury management and hygiene practices are promoted an implemented
	2.1.3	Healthy eating and physical activity are promoted and appropriate for each child
	2.2.1	All at times, reasonable precautions and adequate supervision ensure the children and protected from harm and hazard

Standard 3	The service environment is inclusive, promotes competence and supports exploration and play based learning	
	3.2.3	The service cares for the environment and supports the children to be environmentally responsible
Standard 4	Management, educators and staff are collaborative, respectful and ethical	
	4.2.2	Professional standards guide practice, interactions and relationships
Standard 5	Relationships with children	
	5.1	Respectful and equitable relationships are maintained with each child.
Standard 6	Collaborative partnerships with families and communities	
	6.1	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
Standard 7	Governance and leadership	
	Governance supports the operation of a quality service	
	7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service
	Effective leadership builds and promotes a positive organisation culture and professional learning community	
	7.2.1	There is an effective self assessment and quality improvement process in place

This policy relates to the following National Law and National Regulations

Reg/ Section	National Law (section) and National Regulations (regulations)
Section 3(2)(a) 167	Protection of children from harm or hazards
77	Health, hygiene and safe food practices
78	Food and beverages
79	Service providing food and beverages
80	Weekly menu
90 and 91	Medical conditions

Mobile Service- Children (Education and Care Services) Supplementary

Early Years Learning Framework

Learning Outcome 3 – Children have a strong sense of wellbeing.

Learning Outcome 4 – Children are confident and involved learners.

Principles – Secure, respectful, reciprocal relationships; Respect for diversity; Partnerships with families; Ongoing learning and reflective practice.

Practice – Holistic approaches; Intentional teaching; Learning environments

Sources

- Caring for Children- Birth to Five years, NSW Government
- Early Years Learning Framework
- Food Standards Australia New Zealand
- Safe Food Australia, 2nd Edition. January 2001
- Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood
- Dietary Guidelines for Children and Adolescents in Australia.
- Australian Guide for Healthy Eating
- Food Safety Standards for Australia 2001
- Food Standards Australia and New Zealand Act 1991
- Food Standards Australia New Zealand Regulations 1994
- Food Act 2003
- Food Regulation 2004
- Occupational Health and Safety Act 2000

Occupational Health and Safety Regulations 2001

Dental Association Australia

Infant Feeding Guidelines for Health Workers (National Health & Medical Research Council, 2003)

Feeding and Nutrition of Infants and Young Children (World Health Organisation, 2000)

Australian Breast Feeding Association Guidelines

Attachments

NQS 2.14 A1 Intolerance-Modified Diet Action Plan