

<b>Policy title</b>	2.9 Nutrition
<b>Policy type</b>	Management
<b>Group</b>	Family and Children

## Rationale

There are many benefits to promoting health in early childhood education and care services. The early years' environment can influence children's health and wellbeing. Providing meals for young children is not simply about meeting their daily nutritional requirements, it also provides children with social and eating experiences, regulars, and development of self-help skills and sound hygiene practices. Children's health and wellbeing impacts on their learning and development — healthy, happy children have better learning outcomes.

The purpose of this Policy is to ensure that children are provided with their necessary daily nutritional requirements while meeting our duty of care as required by the *Education and Care Services National Regulations 2011 (2)(i)* and to provide guidance on healthy eating habits for families and *Victorian Children's Services Regulations 2009*.

## Policy statement

Moonee Valley City Council is committed to:

- encouraging children to experience a wide variety of healthy foods and drinks that can help them develop healthy eating habits early in life
- providing food and drinks in long day care and family day care services that meet children's daily nutritional needs and are consistent with the Australian Government's *Healthy Eating and Physical Activity Guidelines for Early Childhood Settings*
- accommodating individual dietary requirements as specified in writing by a registered medical practitioner or health professional
- seeking reimbursement of additional costs for food purchases and/or preparation in meeting individual food preferences or medical, cultural and dietary requirements
- ensuring our duty of care by restricting foods when there are children enrolled that have life-threatening allergies

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- making meal times a positive time for learning and socialisation
- developing and implementing a Food Safety Plan for each education and care service
- ensuring all staff/educators/contractors have food handling training, and there is at least one food safety supervisor with food safety supervision training with appropriate qualifications (applicable to long day care only)

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<b>Action</b>	<b>Approved provider</b>	<b>Responsible Person or Primary Nominee</b>	<b>Educator/contractor</b>	<b>Families</b>	<b>Education and Care Services National Regulations 2011</b>	<b>Education and Care Services National Law Act 2010</b>	<b>Children's Services Regulations 2009 &amp; Children's Services Act 1996</b>
Ensure the service is registered, and complying with the <i>Food Safety Act 1984</i> , National Regulations and this Policy and Procedures.	✓	✓	✓		r.168, 17		
Ensure that the service implements adequate health and hygiene practices; and safe practices for handling, preparing and storing food to minimise risks to children being educated and cared for by the service.		✓	✓		r.77 (2)		r.80
Plan nutritionally balanced menus and ensure they are culturally sensitive, and accommodate individual medical, dietary requirements, and in accordance with: <ul style="list-style-type: none"> <li>the Australian Government's <i>Healthy Eating and Physical Activity Guidelines for Early Childhood Settings</i></li> </ul>	✓	✓	✓		r.78 r.79 r.80		r.81
In services providing food and beverage to children, conduct monthly checks of services to ensure: <ul style="list-style-type: none"> <li>the Cook/staff are complying with the <i>Food Act 1984</i> and Food Safety Regulations, Hygiene and Infection Control Policy and Procedures, as well as this Policy and Procedures</li> </ul>	✓	✓	✓		r.170		r.80

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<ul style="list-style-type: none"> <li>that adequate health and hygiene practices, and safe practices for handling, preparing and storing food are in place and consistently deployed</li> <li>that food and beverages provided are nutritious and adequate in quantity and meet the dietary requirements of individual children, taking into account each child's growth and development as well as any specific cultural, religious or health requirements</li> <li>a menu, which accurately describes the food and beverage that is provided to children each day, is displayed to children and families</li> </ul>	✓	✓	✓		r.77  r.79  r.80		r.81  r.81
Endeavour to be sensitive and responsive to special medical, religious and cultural diets.	✓	✓	✓	✓	r.79		
Ensure each long day care service has an individual Food Safety Plan, which identifies potential hazards and specifies control measures including ongoing monitoring of food handling and storage	✓	✓	✓		r.77		r.80
For each long day care service, nominate a food safety supervisor who: <ul style="list-style-type: none"> <li>knows how to recognize, prevent and alleviate food handling hazards at the service premises</li> <li>has a Statement of Attainment that shows the required food safety competencies from a registered training organisation</li> <li>has the ability and authority to supervise</li> </ul>	✓	✓	✓		r.170		

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other people handling food at the premises, and ensure that food handling is done safely							
Coordinate food preparation, handling and food safety program supervision training for all educators/contractors.		✓					
Allocate finances for relevant training.	✓						
Allocate finances to ensure provision of nutritionally balanced and culturally sensitive meals as required. Manage the service food budget.	✓						
Make available the Nutrition Policy and Procedures on enrolment.		✓	✓	r.168			
Display menus prominently in long day care services. The menus should accurately describe the food and beverages to be provided by the service each day. If the menu changes (for example, due to the unavailability of certain ingredients), the substitute menu item offered to their child is noted on the menu.		✓	✓	r. 80		r. 81	
Encourage families' participation in the review of the menu.	✓	✓	✓	✓			
In supervising children when eating, educators/contractors are to engage with the children, and role model appropriate eating behaviours. Meal and snack times are to provide a learning opportunity for children with educators/contractors supporting and extending children's learning about nutrition and healthy eating.		✓	✓	r.73	s. 165	s.27	
Food is not to be shared between children, ensuring any dietary and medical requirements are met.		✓	✓	r.90	s.165 167	s.27	

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Refrain from bringing food into a long day care service when food is provided by that service.				✓			
Ensure water is accessible at all times during the day.		✓	✓		r. 78		r. 79
Foster children's independence and social skills at meal times. Independent serving of meals is encouraged and supervised to ensure children are able to manage such a skill. Recognise meal times as a social opportunity, with children often choosing to eat with friends.		✓	✓		r.155		
Encourage children to make meaningful decisions as active participants in their own learning during progressive meal times. Guide children to gather in small groups to enjoy meal times together, which encourages quieter, more social and meaningful interactions without interfering with other children's needs and play.		✓	✓		r.155		
Children can make decisions based on their own needs and are to be supported to access food and water throughout the day by educators/contractors who will actively participate in meal times.		✓	✓		r.155		
Endeavour to make meal times a positive experience for children and encourage healthy eating habits by: <ul style="list-style-type: none"> <li>• not forcing children to eat</li> <li>• providing healthy food which is displayed in an attractive and appealing way</li> <li>• acting as role models for children by sitting with and eating with them</li> <li>• respecting children's individual likes and dislikes</li> </ul>		✓	✓		r.155		

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Prohibit the use of food as a reward, bribe, punishment or comfort.		✓	✓			s.166	s.28
Communicate with parents/guardians about their child's food intake, eg. menu display, and report any concerns.		✓	✓	✓			
Any food restrictions due to allergies and food intolerances must have a diagnosis and a letter signed, dated and stamped by a registered medical practitioner.	✓	✓	✓	✓	r.90		
As soon as the child's parent/guardian advises educators/contractors staff of any foods their child is not able to eat, ensure this is recorded on the child's Enrolment Form, Medical Management Plan, and dietary requirements/restrictions information form.	✓	✓	✓	✓	r.90		r.34
Children must always be seated when eating.		✓	✓				
Due to high risk of choking, children aged under three (3) years should not eat raw carrots and apples. However, both foods are acceptable if they are cooked or finely grated.		✓	✓			s.167	
Parents/guardians are required to provide powdered infant formula in its original container and clearly named infant feeding bottles. Infant formula bottles require the name of the infant formula to also be clearly written on the bottle. Both the tins of infant formula and feeding bottles will be kept at the service.		✓	✓	✓			
Celebrations are an important part of children's lives. To support inclusive practice, children and families are encouraged to celebrate special events as part of the education and care program.	✓	✓	✓	✓			

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For children attending sessional kindergarten, occasional care, and family day care provide a nutritionally appropriate lunch, snack and drink bottle with water only.	✓	✓	✓	✓			

## Food provision in children's services

**Long day care centre-based services** cater for the nutritional needs of children, providing healthy, balanced meals that respect cultural diversity and dietary requirements. Our services promote healthy eating habits by emphasising the use of fresh and natural foods, with minimal use of sugar, salt, fats, frozen or processed foods. Regular intake of food is needed throughout the day to help keep children active and assist with concentration while learning.

Long day care (and centres with integrated kindergarten programs) employ a Cook who prepares all meals and snacks. Children are offered morning tea, lunch and afternoon tea. A late snack is offered to children toward closing time of the service.

**Families are requested not to bring food from home.** If a child has a food preference or dietary requirements as specified in writing by a registered medical practitioner or health professional, the service will endeavour to accommodate these individual needs. Services reserve the right to seek reimbursement from parents/guardians for additional costs incurred by the service for food purchases and/or preparation in meeting individual requirements.

In long day care all staff/educators/contractors have food handling training, and each service has a nominated food safety supervisor with appropriate qualifications.

Children have access to safe drinking water at all times and are encouraged to drink water throughout the day by cups, water bottles with children's names on them and/or taps being available for children to help themselves. Babies are frequently offered drinks of water throughout the day.

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**Restrictions on bringing food from home:** When the service displays a notice that a child diagnosed at risk of anaphylaxis is being educated or cared for at the service, all families enrolled in the service will be informed that they **must not** provide their child with specific foods/allergens associated with that risk.

**Services where food can be brought from home – sessional kindergarten, occasional care and family day care**

Morning and afternoon snack times is an important aspect of occasional care, sessional kindergarten and family day care programs as they are both a valuable learning experience as well as an opportunity to promote healthy nutritional habits for all children. Depending on the length of the session a child is attending, lunch may be required. Families are encouraged to provide a selection of healthy food choices for their child each day and a drink bottle containing water only.

**family day care** educators/contractors negotiate the supply of meals and snacks with families using the educator’s service. Family day care educators/contractors who choose to supply meals and snacks will charge the families an additional cost per meal/snack.

**Infant formula and expressed breast milk (EBM)**

***Management of expressed breast milk***

- ensure EBM is provided in clearly named infant feeding bottles with the date the milk was expressed.
- In giving EBM, educators/contractors must:
  - warm refrigerated EBM in its bottle in a jug of hot water until the EBM reaches room temperature. After warming, gently shake the milk to mix it again. Several batches of EBM expressed at different times may be mixed and/or stored together to make enough EBM for one feed
  - **not** re-warm or re-serve EBM if the child does not consume the full contents on the first nursing
  - **not** overheat or boil EBM as this can destroy valuable nutrients in breast milk. It is **not recommended** to use a microwave oven to thaw or heat EBM
  - thaw frozen EBM under cool running water, with warm water added until the EBM becomes liquid. Then transfer to a sterilised feeding container and store in the refrigerator for no more than four hours. Frozen EBM can be warmed quickly, but not in boiling water, or thawed slowly in the

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refrigerator; for example, overnight. Frozen EBM is never to be left to stand at room temperature

- small amounts of EBM at a time will be offered to infants. If the infant is not hungry educators/staff/contractors will not then have to throw out large quantities of EBM. If the baby needs more, another small amount will be prepared.

**Management of infant formula** Staff/educators/contractors must:

- wash their hands thoroughly and make sure the preparation area is clean.
- check the date on the bottom of the tin or on the sachet to ensure the formula has not passed its expiry (use-by) date. Powder must be used within one month of opening the tin
- follow the manufacturer's instructions strictly. Accuracy is important to make sure the baby receives the right nutrition
- boil fresh, clean water in a kettle or saucepan
- do not let the water cool for longer than 30 minutes before making up infant formula. Hot water helps kill any bacteria (germs) in the powder
- pour the recommended amount of boiled water into the bottle
- use the scoop that came with the formula to measure the exact amount of powder. A scoop from another brand of powder might be larger or smaller. Never use a half-scoop as it may not be accurate. Make up the full volume (later throw out any leftover mixture)
- level the powder with a sterilised knife or spatula (do not pack it down). Add this powder to the bottle of boiled water
- place the disc and cap on the bottle, and shake until thoroughly mixed

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- make up only one bottle at a time
- never warm a bottle in a microwave oven. This is unsafe as it does not heat evenly and there may be ‘hot spots’ in the bottle that can burn the baby’s mouth
- you can warm a bottle by standing it in a container of hot (not boiling) water for 10 minutes
- test the temperature by dripping some milk onto the inside of your wrist. It should feel the same temperature as your skin. If it is too warm, then cool the bottle under running water or in a container of cool water. Re-test on the wrist before giving to the baby
- because of the possible bacterial contamination, formula remaining in a bottle after feeding should be discarded within one hour and not re-heated
- cooled boiled water is also to be made available to children under 12 months of age to drink at meal times and throughout the day

### **Introducing solids**

- introduction to solids will only occur in consultation with families.
- starting solids is a wonderful time in a baby’s development. Eating solids should be a social and happy time for the baby and its family, sharing and enjoying food together. Most babies are ready for solids around the age of 6 months. Solids should be introduced on top of a baby’s normal breastfeeds or bottles (breast milk/formula is still the most important source of nutrition until around 9 months of age, breast milk/formula the only source of milk product until 12 months of age).

### **Documenting children’s nutritional and fluid input**

Monitoring fluid input is an important care-giving strategy for children, especially babies who have not started on solid foods, as the risk of dehydration is higher in children than in adults.

- document the nutritional and fluid intake of children on a daily basis and communicate this information to families through a variety of different methods such as whiteboards, individual communication books or similar.
- special attention is to be taken when the weather is warmer to ensure that children are accessing suitable amounts of fluids.

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### **Accommodating different cultural practices and behaviours**

In the event that a family has cultural mealtime practices (such as eating using fingers), which may conflict with the general consensus of the service (promoting children's self-help skills while using utensils to eat), educators/contractors are to discuss the family's needs and endeavour to accommodate them.

### **Link to Council policies**

Council's Municipal Public Health and Wellbeing Plan promotes positive outcomes in health for children.

### **Resources and useful websites**

This Policy and Procedures are aligned to the following National Quality Standard

[www.acecqa.gov.au/national-quality-framework/the-national-quality-standard](http://www.acecqa.gov.au/national-quality-framework/the-national-quality-standard)

Better Health Channel: <https://www.betterhealth.vic.gov.au/health/healthyiving/bottle-feeding-nutrition-and-safety>

Cavallini, I and Tedeschi, M, (Eds) (2008), *The Languages of Food: Recipes, Experiences, Thoughts*. Reggio Children Publications.

*Dietary Guidelines for Children and Adolescents in Australia*. (2003).

National Health and Medical Research Council

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Food Safety Authority, Victorian Food Safety and Regulation: 1300 364 352.

*Belonging, Being and Becoming: The Early Years Learning Framework for Australia.*

(2009). Australian Government Department of Education, Employment and Workplace Relations

Food Standards Australia, for information on food safety and food handling — [www.foodstandards.gov.au](http://www.foodstandards.gov.au)

*Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood.* (2009). Australian Government Department of Health and Ageing

Healthy Together Victoria website <https://www2.health.vic.gov.au/public-health/preventive-health>

Nitzke, S, Riley, D, Ramminger, A and Jacobs, G, (2010), *Rethinking Nutrition: Connecting Science and Practice in Early Childhood Settings*. Redleaf Press, St Paul, USA

Oberklaid, F (2004), *Health in Early Childhood Settings*. Pademelon Press, NSW

*Staying Healthy in Child Care* (4th Edition). (2005). National Health and Medical Research Council. For information on hygiene, immunisation and exclusion of children with an illness. *Note: The fifth edition of this publication will have significant changes and it is important that services refer to the most up-to-date version.*

[https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55\\_staying\\_healthy\\_childcare\\_5th\\_edition\\_0.pdf](https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf)

Victorian Healthy Eating Advisory Service. Practical healthy eating advice through a telephone advice line is now available for early childhood services and schools with the appointment of Nutrition Australia to deliver the Victorian Healthy Eating Advisory Service (VHEAS). The advisory service provides advice for all licensed children's services on healthy eating, including over the phone advice from nutrition experts on providing healthy food and drinks to children, menu assessments, and direct contact through an easy-to-access email address with Nutrition Australia. Call 1300 22 52 88 or visit the website: <http://heas.health.vic.gov.au/>

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