

Quality Area 2 – Children’s Health and Safety

Nutrition & Dietary Requirements

Policy/Procedure Number: **QA2 - 1**

Policy/Procedure Requirement: National Quality Standards 2 & 7; Regulations 77, 78, 79, 80, 160, 162, 168, 169 & 170

Policy Statement

Good nutrition is necessary for healthy living. The early years of a child’s life is a very important period for their physical and intellectual development and growth and is largely dependent upon adequate nutritional intake.

Rationale

Where food is provided by the Educator, the children must be offered varied, safe and nutritious meals that are culturally appropriate and sufficient enough to meet the needs of each child. Whether supplied by the Educator or Parent, food should be stored in a safe, hygienic manner. Educators and families should recognise that they are role models and are encouraged to provide food and drinks that are in line with the nutrition and oral health policies.

Strategies and Practices

Responsibilities of the Coordinators:

The Coordinators will:

- Ensure adequate health and hygiene practices are followed, as well as safe practices for handling, preparing and storing food, in line with Australian food safety standards and any jurisdictional requirements
- Provide up to date information and resources to Educators and families on nutrition, food preparation and storage and oral hygiene
- Encourage and support all Educators and staff to attend professional development relating to nutrition, food safety and oral hygiene
- Include nutrition, food safety and oral hygiene information into new Educator orientation/ onboarding
- Visit new Educators frequently until such time as the Educator demonstrates capacity to manage all aspects of their role competently
- Prepare a Medical Risk Minimisation & Communication Plan for any child with an allergy to foods

Responsibilities of the Educators:

The Educators will:

- Provide parents with a copy of the **Nutrition & Dietary Requirements Policy** and discuss at the initial enrolment interview
- Collect and record relevant information about individual special dietary requirements of children (i.e. allergies, cultural) if required

- Ascertain on initial enquiry whether children have **any food induced allergies** and ensure any **diagnosed allergies** of the child are **clearly updated on the Enrolment Form**
- Develop an **action plan for children with food allergies** in consultation with parents/families (Allergy Action Plan and Risk minimisation plan) and ask parents to **provide an Anaphylaxis Management Plan from the child's medical practitioner**. Educators should seek Coordinator assistance in ensuring the documents are correct/ complete
- Educators will notify parents of any child with a known allergen
- Ensure that safe eating practices are implemented to minimise risk of choking - e.g. babies will be nursed when feeding from bottles until they are comfortable holding their own bottles
- Encourage and support breastfeeding
- Consult and collaborate with families on how the Nutrition policy will be implemented in their service and how best to ensure children's nutritional needs are met
- Encourage families to provide the child in care with suitable age appropriate food that meet the child's nutritional needs
- Communicate with parents/families about the child's daily food and liquids intake
- Encourage parents to provide children with a wide variety of foods with a range of flavours, colours, textures and aromas through menus and food
- Always have water available for children. Personal water bottles clearly labelled with the child's name may assist in encouraging children to drink water
- Continue to offer foods even if children reject them at first – they need to see and taste new foods several times before they become familiar and are accepted.
- Allow sufficient time for the child to eat without hurrying.
- Encourage children to be seated whilst eating for safety reasons, to aid digestion, and to encourage social interaction
- Encourage children to become independent with pouring drinks, self-feeding, serving, accessing snack boxes (with Educator guidance), using utensils, setting tables and clearing up and involve in easy food preparation/cooking activities
- Unless, agreed with parents to provide food, give children **only the food provided by parents**
- Will show how meal times can be used to promote children's agency, reflect their independence and choice, and involve them in decision-making about healthy food and beverage choices
- Will incorporate children's agency and decision-making into our educational program and will plan meal times and other food-related experiences to enable this
- Promote healthy eating and knowledge of nutrition by children and families
- Monitor and ensure that the children are receiving the correct food and not sharing food, at meal times
- Will ensure safe practices for handling, preparing and storing food to minimise risks to children

Where the Educator supplies food and beverages, the Educator must complete a recognised and accredited food handling/safe course and:

- Must have a weekly menu displayed at a place in the FDC residence that is accessible to parents of children in attendance

- Will be aware of any special hygiene, religious or other precautions that may be necessary for preparing and serving foods meeting a dietary requirement.
- The menu should accurately describe the food and beverages that will be provided by the Educator each day and should be nutritious and adequate in quantity
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- Provide food that is healthy. Include fruit and vegetables every day and limit foods that are high in fat, salt and sugar
- **Not provide** sweet drinks, including fruit juice, cordial, flavoured milk, sports drinks
- Implement food and dietary preferences as indicated by families [such as vegetarianism, religious needs accounted for in the menu planning]
- Provide meals and snacks to children on a regular but flexible basis taking into consideration the child's nutritional requirements.
- Encourage children to eat healthy food without being required to eat food they don't like or to eat more than they want. Allow simple decision making regarding choice
- **Not use food or drink as an incentive**, bribe or reward at any time
- Involve children in healthy food experiences through growing, food preparation and cooking

Responsibilities of the Parents:

The Parents will:

- Communicate the dietary requirements of their children and notify the Educator immediately of any changes
- **Notify the Educator** if any special dietary requirements are required and **provide a written management plan to the Educator for any allergies** (e.g. diabetic, anaphylaxis)
- Keep lunchboxes and drink bottles clean and hygienic and follow food safety guidelines when transporting food
- Provide the Educator with a medical management plan where their child has a known food allergy
- Provide pre-prepared food that can be either eaten cold or reheated so that the Educator is not spending significant time away from children when cooking or putting meals together
- Not provide juices, soft drink, flavoured milk or sports drinks.
- Provide nutritious meals/snacks, including fruit and vegetables daily. Avoid high sugar or salty snacks like chocolate bars, noodle snacks, fruit straps/rolls and lollies

Guidance on Food:

Milk and Dairy Foods

0 - 2 years: Reduced fat milk and skim milk should not be given to children under 2 years

2 - 5 years: Reduced fat milk and dairy products can be offered to children over 2 years of age

Over 5 years: Skim and reduced fat milks are appropriate for children over 5 years

Skim milk is not suitable for children under 5, however can be used in family meals e.g. custard

Introduction of Solids

- With parental consent, introduce solids at around six months of age
- Start with low-allergy risk foods such as iron fortified baby cereals; follow this with fruit and vegetables, and then meats
- Add only one food at a time and wait a few days before introducing a new food
- Pasteurised full fat cows milk may be introduced to a child's diet in foods such as breakfast cereal, yoghurts, custards, cheese, once meats are being eaten. However, cow's milk is not recommended as a drink, until after 12 months

Care should be taken to

- Limit saturated fat and moderate total fat intake. Low-fat diets are not suitable for infants
- Choose foods low in salt
- Consume only moderate amounts of sugars and foods containing added sugars

Food Handling Practices:

- To minimise transmission of food borne illness in children, Educators will:
 - have a designated area for food preparation and storage, and for preparation of bottles, which is safe and hygienic
 - store cooked and uncooked meat in separate refrigeration compartments
 - where necessary, use separate colour-coded chopping boards for cooked and uncooked food, and for Halal food if applicable
 - have facilities that include a stove or microwave oven, sink, refrigerator, suitable waste disposal and a hot water supply
- Where food preparation and serving are required:
 - wash hands before and after handling food or utensils
 - wash hands after:
 - using the toilet;
 - having contact with unclean equipment and work surfaces, soiled clothing and dish cloths;
 - toileting children;
 - wiping children's noses or your own nose; and
 - removing gloves.
 - do not prepare food while suffering from any gastrointestinal illness until at least one full day after recovery, or from any hand infection
- Prepare and serve food in accordance with the Food Safety Standards for Australia Fact Sheets. These standards say to **consume food as soon as it is cooked to 60°C or higher. Food can be left to cool at ambient temperature, but food becomes contaminated as soon as it starts cooling.** It is recommended that food is allowed to cool enough to be safe for children to eat but **no longer than 2 hours**. Left-over food should immediately be stored in the refrigerator at 5°C or lower

- Clean and sanitise the food preparation and serving areas at the end of each day. For cleaning and sanitising food contact surfaces and utensils, use neutral detergent and water to remove visible contamination such as food waste, dirt and grease, then sanitise using either heat or chemical sanitisers that are suitable for use for food contact surfaces
- Be aware of and accommodate the special needs of culturally diverse families in relation to special rules for storing, preparing and serving foods such as Halal and Kosher food:
 - Halal and Kosher food can be stored or refrigerated in separate and sealed containers
 - ask families about any special requirements for storing, preparing and serving foods, and ask them for preferred recipes
- **Ensure microwave food safety** by:
 - being aware that microwaves are useful for defrosting, cooking and re-heating foods, however food borne disease can also result if the usual rules of food safety are not followed. Defrosting in a microwave also partially cooks the food and makes an ideal medium for growth of bacteria
 - clean the microwave daily as food is often spattered inside
- Use the following principles in preparing infants bottle feeds:
 - store bottles of milk on a shelf in the refrigerator, do not store in the door of the refrigerator
 - use only clean bottles and teats for all infant feeds
 - wash hands before preparing or handling expressed milk or formula
 - prepare formula strictly according to instructions on the container
 - warm infant bottles by standing in warm/hot water
 - **microwaves should not be used for heating expressed breast milk and infant milk bottles.** Should a decision be made to use a microwave to heat formula, the following guidelines are recommended so that the risk of hot spots and overheating is minimised:
 - make sure the bottle is microwave-safe
 - make sure there is sufficient milk in the bottle (otherwise it will overheat)
 - heat only cold formula straight from the refrigerator
 - always stand the bottle upright
 - always take off all the teat/bottle top assembly and leave these outside the microwave
 - before giving the child a drink from the bottle:
 - put the teat/bottle top back on, and invert the bottle at least 10 times
 - let the bottle sit for 1-2 minutes before testing the temperature, as the formula can keep heating even though the microwave has finished
 - make sure formula is cool to touch – test by placing several drops on the back of the hand or wrist
 - discard any unused infant milk left over after each feed or that has not been consumed by the infant after 30 minutes
 - in choosing a method of heating babies bottled milk, utilise risk management principles to determine a method which will best minimise risks to both children and Educators
 - infants must be held when feeding

- Use the following guidelines in relation to **bottled breast milk**:
 - ensure bottled breast milk is always labelled with the child's name, mother's name and the date it was expressed
 - breast milk can be stored in the refrigerator for 48 hours and in a deep freezer for up to 3 months
 - frozen breast milk can be thawed by placing in either cool or warm water, don't put in boiling water as the milk will curdle, and shake the bottle if the fats and milk have separated
 - thaw under running water, start with cold water then increasingly warm water and test the temperature of the milk on your wrist before giving it to the baby
 - throw away any unused breast milk, do not refrigerate or refreeze breast milk once it has been thawed or heated
 - breast milk should not be microwaved
- After use of bottles, rinse teats and bottles with water, wash in hot soapy water, rinse with water, and then air dry

Resources and Further Readings

- Education and Care Services National Law & Regulations
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au
- Food Safety Guide for FDC
- Menu Planning for FDC
- Food Safety Standards for Australia
- Kidsafe – Safety in the kitchen

Related FDC Policies, Procedures & Documents

- Incident, Injury, Trauma and Illness Procedures
- Providing a Child Safe Environment
- Medication Policy
- Dealing with Medical Conditions
- Excursion Policy, and Regular and Non-Regular Excursion Forms
- Child Enrolment and Parent Agreement Form
- Visitors Register
- Medical Management Plan

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