

# NUTRITION AND ORAL HEALTH

## Early Years Services

### 1. Purpose

As a health promoting service, the City of Stonnington Early Years Services will promote oral health and healthy eating for children, Educators and families through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

### 2. Policy

Stonnington Early Years Services acknowledges their commitment to ensuring that all children receive a wide variety of nutritious foods that meet their daily nutritional requirements and drink plenty of water as outlined in the Australian Dietary Guidelines. Healthy eating and good nutrition have a major influence on children's health and wellbeing and a direct impact on their growth and development. It is important to provide access to and establish good healthy eating practices at a young age, as most children have formed lifelong habits by school age. Early Years Services will promote and support parents/guardians and children in the development of healthy food habits, promoting relaxed social mealtimes and snack times.

The main oral health condition experienced by children is tooth decay, affecting over half of all children in Australia. Effective oral hygiene practises established early in life can support oral health throughout life.

Where food is provided, the development of menus and preparation of meals will incorporate cultural values and dietary requirements. During the development of menus cooks and/or Educators will respect cultural, religious and personal food preferences. The weekly menu is on display at each service, parent/guardian feedback and suggestions are always welcome.

Where food is brought from home, Educators will encourage parents/guardians to provide sufficient quantities of foods which are culturally appropriate, nutritious and meet the needs of their child's daily dietary requirements.

When preparing and/or serving meals and snacks, children's individual dietary requirements will be considered, particular attention is given to allergens identified for children who are diagnosed with allergies or at risk of anaphylaxis as outlined in the Dealing with Medical Conditions Policy.

Version: 6

Date issued: 26 October 2011

Date reviewed: 7 May 2021

Next review: 1 July 2023

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### 3. Scope

This policy applies to parents/guardians of children enrolled in the service and all Educators within Early Years Services, including agency relief Educators engaged by the City of Stonnington.

#### Definitions:

**Healthy eating** refers to eating a wide variety of foods from the five food groups each day. The five food groups are:

- Vegetables and legumes/beans
- Fruit
- Grain (cereal), mostly wholegrain and/or high cereal fibre varieties
- Milk, yoghurt, cheese, and/or alternatives
- Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans.

Healthy eating also means eating in a way that is socially and culturally appropriate, having regular meals and snacks and eating food to satisfy hunger, appetite and energy needs.

**Nutrition** is fundamental for good health and development during the early years of life. Nutrition is the process of providing or obtaining the food necessary for health, growth and development.

**Oral health** is a standard of health of the oral and related tissues that enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment that contributes to general wellbeing. Effective oral hygiene practises established early in life can support oral health throughout life.

**'Sometimes and in small amounts' foods and drinks** that are high in fat, sugar and salt or a combination of these typically have very little nutritional value and are often processed and packaged.

### 4. Responsibilities

Early Years Coordinator  
Team Leaders  
Cook  
Educators  
Parents/guardians

### 5. Procedure

#### Menu preparation and development (where food is provided)

- Where food is provided, a weekly menu will be planned and developed in consultation with Team Leader, Educators, parents/guardians and children.
- The menu should be varied and should meet the social and cultural needs of children, include a variety of meals from different cultures, include a variety of tastes, colours, textures (e.g. crunchy, soft) and flavours. Main meals should be

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age appropriate and varied, not repeated within a two-week menu cycle and the main ingredient not repeated on the same day each week (e.g. fish is not provided every Friday only).

- While planning menus individual needs will be accommodated when children are on special diets, parents/guardians will be asked to provide as much detail as possible on the Dietary Requirements Form about suitable foods and will provide any special foods not available locally.
- Careful planning and consideration will be taken when a child has been diagnosed with Allergies or at risk of Anaphylaxis, the child's Action Plan will be on display and Risk Minimisation Plan implemented to protect the child from exposure.
- Children's food preferences (not related to cultural or allergy restrictions) will be respected though Educators will encourage children to try new foods.
- A copy of the weekly menu will be prominently displayed within the service such as outside the kitchen and in the foyer.
- A statement about offering allergy friendly alternatives must be documented on the menu e.g. Children with food allergies and intolerances are provided with suitable nutritious alternatives.
- Recipes will be available for parents/guardians on request and suggestions and feedback on the menu are always welcomed. Parents/guardians may be asked to contribute nutritious recipes from their culture from time to time if appropriate.
- The menu cycle will be changed regularly and will reflect seasonal change and availability of fresh produce. There will be an emphasis on fresh foods; tinned, frozen and overly processed foods will be kept to a minimum.
- As outlined in the Australian Dietary Guidelines, the service menu reflects a wide variety of nutritious foods from the five food groups, such as:
  - plenty of vegetables including different types and colours and legumes/beans.
  - grains and cereals (including breads, rice, pasta and noodles), preferably wholegrain
  - include lean meats, poultry and fish (or alternatives)
  - include milks, cheese, yoghurts (or alternatives)
  - choose water to drink (preferably tap water)
  - limit saturated fat and moderate total fat intake
  - low fat diets are not suitable for children under 2 years
  - choose foods low in salt
  - consume only moderate amounts of sugars, and foods containing added sugars
- The service menu will be reviewed and assessed by the Healthy Eating Advisory Service's Food Checker assessment tool to confirm the menu meets the required guidelines for the National Quality Standards, National Law and Regulations, Achievement Program and/or the Smiles for Miles Oral Health Award.
- Cooks and/or Educator that occasionally replace the cook undertake food safety training and safe food handling practices are followed, including safe procedures for food storage, handling, preparation and disposal as outlined in the Food Safety Program and the Food Safety Policy.

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- Meals prepared and served at the service should provide around half of their daily intake from the five food groups i.e., morning tea, lunch, afternoon tea will consist of the following:

Food Group	Daily Serve	One Serve equals
Vegetables and legumes/beans	1- 1 ½	75g fresh, frozen, canned (drained) or cooked vegetables (½ cup cooked) 1 cup leafy green salad 1/2 medium potato 30g dry weight beans or legumes or 75g (½ cup) cooked or canned beans or legumes
Fruit	1	75g fresh fruit (1 small piece, ½ medium piece or equivalent amount of 2-3 types) 75g (½ cup) diced, cooked or canned (drained) fruit 15g dried fruit
Lean meat and poultry, fish, eggs, tofu and legumes/beans	1	30gms lean cooked red meat 40gms cooked poultry (skin off) 50gms canned or cooked fish 35g dry weight beans or legumes or 85g (½ cup) cooked or canned (drained) beans or legumes 1 egg 85g tofu 60g hummus
Milk, yoghurt, cheese and/or alternatives	2	100mL milk/calcium fortified soy drink 50mL evaporated milk 15g milk powder 100mL custard 80g yoghurt/calcium fortified soy yoghurt 15g hard cheese (1 slice) 50g ricotta cheese
Grain (cereal) foods	2	40g bread (1 slice, ½ medium roll or flatbread) 30g dry weight rice, pasta, noodles, couscous, barley, buckwheat, semolina, cornmeal, quinoa, polenta (½ cup cooked) 30g flour (¼ cup) 35g crispbread (3–4 cracker biscuits or crispbread , 3 thick rice cakes, 6 thin rice cakes or corn thins, 12 plain rice crackers)
Fats and oils	10g (or 2 teaspoons) or less of margarine or polyunsaturated oil per child per day	

\* based on the Victorian Menu Planning Guidelines for long day care 2020

- Children will have access to food and drink at frequent and regular intervals and at some services this will include a second late afternoon snack.
- Educators may choose to provide progressive morning tea, afternoon tea or late snacks where children will go by choice to a set area to eat with small numbers of children at a time.

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- Children will have access to safe drinking water (preferably tap water) at all times, both indoors and outdoors. Tap water is an important source of fluoride to prevent tooth decay for young children.
- Water and full cream milk will be provided (if applicable).
- If sweet dishes are provided they will be served with fruit and/or vegetables and will provide five grams or less of added sugar per serve.
- Discretionary food and drinks: Foods high in saturated fat, added sugar and/or added salt, heavily processed and with little nutritional value are not provided by the service.
- Parents/guardians are asked to bring healthy options for all cultural and birthday celebrations where foods may be provided and shared (such as cakes made from fresh fruit), this needs to be approved by the room Educators and the service Team Leader in advance.
- Healthy food options will be encouraged for Educators at team meetings and professional learning sessions.

### **Meals provided from home (Lunchboxes)**

- Educators will encourage parents/guardians to provide sufficient quantities of foods which are culturally appropriate, nutritious and meet the needs of their child's daily dietary requirements.
- For services where lunchbox meals are provided from home Educators will encourage families to follow the lunchbox nutritional guidelines at lunchbox resources: Pick n Mix from 1 - 6 <http://heas.health.vic.gov.au/schools/healthy-lunchboxes>
- Children will have access to safe drinking water (preferably tap water) at all times, both indoors and outdoors. Tap water is an important source of fluoride to prevent tooth decay for young children.
- Only water and any milk in cups or bottles (provided from home) will be offered.
- Discretionary food and drinks: Foods and drinks high in saturated fat, added sugar and/or added salt, heavily processed and with little nutritional value such as; chips confectionary, chocolate, fruit juice and flavoured milk etc. will not be served to children at the service.
- Educators will check children's lunchbox items to ensure the foods are safe from commonly known allergens such as nuts, peanut butter and Nutella etc. and request these items are not provided by parents/guardians.

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### Procedures for breast milk:

- Educators will encourage and support parents/guardians who choose to continue breastfeeding their child once they have commenced care.
- Parents/guardians are welcome to breastfeed at the service and a suitable space for breastfeeding will be provided or to express breast milk for Educators to give the child.
- Expressed breast milk should be brought in clearly labelled as breast milk and with the child's full name and date that it was expressed.
- Breast milk that has been frozen is to be thawed naturally or in a jug of warm water. *Breast milk cannot be frozen again once it has been thawed.*
- Use breast milk within 24 hours of thawing in the refrigerator (this means from the time it is completely thawed, not the time it was taken out of the freezer).
- Microwaves are **not to be used** to heat breast milk as it may destroy the immune properties of the breast milk.
- Breast milk is warmed by standing in a jug of warm water (not hot) or in a bottle warmer just prior to the feed and only the amount needed should be warmed.
- Breast milk is to be swirled in a circular motion and not shaken as the milk will separate if shaken too much. This is also done to prevent hotspots in the milk during heating make sure the milk isn't too hot – it should feel just warm.
- Parents/guardians should store breast milk in an insulated cooler bag or Esky with frozen ice packs while traveling to the service.
- All breast milk brought to the service should be immediately stored in the fridge maintained at below five degrees (not in the door of the fridge due to frequent opening) until needed and discarded if not used within the appropriate time frames.
- Exclusively breastfed infants up to 6 months of age do not require additional fluids.
- For infants over the age of 6 months, boiled and cooled tap water is preferred as the only other fluids other than breast milk or formula (as consistent with the Australian Dietary Guidelines) for infants until 12 months of age.

Breast Milk	Room Temp (26°C or lower)	Refrigerator (5°C or lower)	Freezer
Freshly expressed in sterile container	6-8 hours (if fridge available store there)	No more than 72 hours (store at back where coldest)	2 weeks in freezer compartment (bar fridge -15°C) 3 months in freezer section (2-door fridge -18°C)
Previously frozen (thawed in fridge)	4 hours or less	24 hours	Do not refreeze
Thawed outside fridge in warm water	For completion of feeding	4 hours or until next feed	Do not refreeze
Infant has begun feed	Only for completion of feed - discard after feed	Discard	Discard

\*based on the Eat for Health Infant Feeding Guidelines for Health Workers (2012)

### Procedures for infant formula:

- Parents/guardians are required to provide infant formula for the day.

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- Parents/guardians are encouraged to bring bottles filled with boiled water and measure the correct amount of formula for each bottle into a separate container.
- If formula needs to be prepared it must be refrigerated (at 5°C or below) and used within 24 hours.
- Parents/guardians are asked to label all bottles and containers clearly with the name of the formula and the child's full name.
- Parents/guardians are asked to hand all bottles and formula to Educators on arrival to the service or place in the appropriate fridge (not in the door of the fridge due to frequent opening).
- Formula can be heated in the microwave with the lid of the bottle taken off, bottles should then be gently shaken and temperature checked prior to giving to infants.
- Educators must always test the temperature of the milk by placing a few drops on the inside of the wrist. Make sure the formula isn't too hot – it should feel just warm.
- For formula-fed infants, cooled boiled tap water may be used if additional fluids are needed. From around 6 months, small amounts of cooled boiled water can supplement infant formula along with the introduction of solid foods.

<b>Formula bottles</b>	Room Temp (26°C or lower)	Refrigerator (5°C or lower)	Freezer
Prepared Formula bottles	1 hour	24 hours	Not recommended
Infant has begun feed	1 hour	Discard	Not recommended

\*based on the Eat for Health Infant Feeding Guidelines for Health Workers (2012)

### **Breast milk/formula and the introduction of solids:**

- Children under 12 months old are to be nursed and engaged with during bottle feeding time and should not be unsupervised i.e. propped up on a pillow or left in their cot whilst having a bottle.
- Times and quantities of the bottles consumed are to be documented for parents/guardians and communication with fellow Educators.
- Educators will communicate with parents/guardians of babies with regard to their child's current food and drink requirements on commencement at the service and as the introduction of solid foods begin. The Dietary Requirements Form needs to be completed by parents/guardians to inform the cook if/when foods that have been introduced.
- A sipper cup can begin to be introduced to infants around 6 months of age, to encourage the skills of drinking from a cup.
- Infant feeding: age appropriate food and textures are provided (where food is provided) in accordance with guidelines outlined in the Healthy Eating Advisory Services: Menu Planning for Babies in Childcare.
- Foods should be introduced slowly and carefully, at home first prior to being served at the service.
- Parents/guardians are required to inform Educators when new foods are introduced and any reactions that may have occurred.
- Parents/guardians should update the Dietary Requirement Form regularly as new food are introduced to inform the Cook and Educators serving food.

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## **Oral Health**

- Educators will incorporate oral health education in the program and children will be encouraged to actively participate.
- Educators will promote positive nutrition and oral health practices with children and their parents/guardians and will role model positive healthy eating and oral health behaviours.
- Children will have access to water (preferably tap water) at all times, both indoors and outdoors. Only water and plain milk will be provided (if applicable). Children will be encouraged to rinse their mouths with water after eating.
- Oral health practices from diverse cultural practices and traditional beliefs will be respected and valued within the services.
- A dental health professional from Star Health will visit some services annually; parents/guardians can consent for their child to have a dental screening check. This check is applicable for children over 2 years of age.

## **Sharing of information with children and their parents/guardians**

- Educators, staff, children and families are seen as key partners in promoting and supporting healthy eating and oral health initiatives within the service.
- The details of food eaten will be provided to parents/guardians of children via a communication method such as whiteboard, daily diary, and daily information sheets.
- Educators will incorporate strategies into the program to encourage healthy food habits and initiate discussions with children about food, oral health and nutrition. Food awareness activities will be undertaken like group time discussions, craft activities - cutting and pasting pictures of healthy foods, songs and rhymes about food, physical activity both indoor and outdoor, food and cultural awareness activities, celebration days and events, and promotion of positive mealtime and snack experiences, etc.
- Educators, and parents/guardians will be provided with information, ideas and practical strategies on a regular basis to support oral health and healthy eating both at the service and at home.
- Children will be encouraged to participate in food preparation and presentation; Educators should consult with the cook on ways to participate. When cooking with the children as an activity, Educators should follow the guidelines within this Nutrition and Oral Health Policy as well as the Food Safety Policy and also the Dealing with Medical Conditions Policy.
- Parents/guardians will regularly be provided with current information on nutrition, age appropriate diet, food handling, food storage, oral health and other relevant information. This information will be provided to parents/guardians in the form of newsletters, brochures and notices displayed on noticeboards.
- Educators will be supported to access resources and professional development to support oral health and healthy eating as part of the education and learning program they provide for children.

## **Community partnerships**

- Partnerships are created with the local community including Council Maternal and Child Health professionals to consult if needing guidance and to increase service capacity to promote healthy eating.

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- City of Stonnington Early Years Services partner with Star Health who provide free dental health screen checks for children over 2 years annually at some services.

### **Emergency foods**

- In the event of an emergency of lack of cooking facilities, Educators will go to the supermarket and purchase enough food for the children.
- In these circumstances such a meal may consist of sandwiches including roast chicken, salad, cheese and fruit.

## **6. Relevant Legislation, Policies and Guidelines**

*Australian Dental Association 2017 [www.ada.org.au](http://www.ada.org.au)*

*Australian Dietary Guidelines, National Health and Medical Research Council, 2013 [eatforhealth.gov.au](http://eatforhealth.gov.au)*

*Australian Government Department of Health and Ageing, 2009 Get up and Grow. Healthy Eating and Physical Activity for Early Childhood.*

*Department of Social Services; Raising Children - The Australian Parenting Website 2020 <https://raisingchildren.net.au/newborns/breastfeeding-bottle-feeding/bottle-feeding/formula-making-storing-transporting>*

*Education and Care Services National Law Act 2010*

*Education and Care Services National Regulations (2011 SI 653) – Version 1<sup>st</sup> October 2020*

*Food Act 1984*

*Food Safety Program*

*Heathy Eating Advisory Service <http://heas.health.vic.gov.au/schools/healthy-lunchboxes>*

*Healthy Eating Advisory Service - Menu planning For Babies in Childcare <http://heas.health.vic.gov.au/early-childhood-services/menu-planning/babies>*

*Healthy Eating Advisory Service - Menu planning guidelines for long day care 2020 <http://heas.health.vic.gov.au>*

*National Health and Medical Research Council. Infant Feeding Guidelines for Health Workers, 2013*

*National Quality Standards*

*Nutrition Australia <https://nutritionaustralia.org/>*

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## **7. Related Services Policies/Forms**

Celebrations Policy  
Dealing with Medical Conditions Policy  
Dietary Requirements Form  
Enrolment Form  
Food Safety Policy  
Food Safety Program  
Mealtimes and Serving Food Policy  
Menu template  
Risk Minimisation Plan

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