

Nutrition, Food & Beverages, Dietary Requirements Policy

**NQS: 2.2
Regulation 168 (2) (a) (i)**

Renmark Children's Centre aims to make a significant contribution to the nutritional health of the children and to provide parental education about healthy foods for optimum childhood growth. Foods provided by the centre will be developmentally appropriate, nutritionally sound and safely and hygienically prepared. Children will eat in a safe, supportive environment where they can learn about the contribution of nutritious, varied foods as part of a healthy lifestyle.

All this will be done in collaboration and consultation with parents and parent groups associated with the centre.

Goal 1: To provide children with food and drink that is varied, nutritious, and culturally diverse and accommodates specific individual needs.

We understand that good nutrition is of vital importance to young children. Our policy ensures that children in long day care are offered foods that provide them with at least 50% of their recommended daily intake of key nutrients; we aim to make a significant contribution to their overall intake of energy, vitamins and minerals.

All foods provided are prepared for individual age-groups, appropriate to their eating capabilities. All foods prepared and served take into consideration children's allergies. Our menus are varied, nutritious and culturally diverse. We encourage menu suggestions and feedback from parents.

Food provided is consistent with the Australian Dietary Guidelines for Children and Adolescents in Australia and the Australian Guide to Healthy Eating.

Tap water is the main drink offered to children and is available at all times.

As part of our enrolment procedure a 'special dietary needs' question must be completed by parents/guardians. This allows the centre to take into account specific dietary needs on an individual basis and provide a tailored diet if required.

The special dietary needs of children with food allergies/sensitivities or medical diets will be planned for in consultation with parents and the appropriate medical professionals.

We understand that it may take several attempts for a child to develop a 'taste' for a new food and we will keep on encouraging in a positive manner.

We understand that 70% of children's food preferences are determined by age 3 and that children do not know what foods are good for them and need to be guided. We aim to offer and support the introduction of new foods in a positive and social environment while maintaining a commitment to providing good nutrition for growth and development.

Menus are reviewed on a regular basis (every 6 months).

Our menu changes weekly and is on a 4 week rotation.

Meal times will be set at a regular schedule but individual needs will be accommodated and children who are hungry between meals will be offered a small nutritionally sound snack. A late snack is also offered.

The provision or denial of food will never be used as a form of punishment.

No nuts, foods containing nuts, or foods that may contain traces of nuts as described on the label are to be consumed at the centre.

No nut or nut products (shells) will be used in the centre's play activities.

Our kitchen service is "egg free", i.e. eggs are not used in meals that come from our kitchen.

Children's food intake quantities will be monitored to ensure adequate food. The diversity of appetite and cultural expectations will be considered and monitored.

Foods for Preschool attendance:

For children attending one preschool session per day they only require a small nutritious snack that meets Department for Education guidelines for healthy food choices.

Parents are encouraged to provide nutritious food for their children as outlined in the food for preschool pamphlet.

The first time an unacceptable or unsuitable food that does not meet our nutrition guidelines is sent, a reminder note will be sent home with the food.

Special Diets:

The following process (as outlined by Department for Education) will be followed in relation to special diets (medical and non-medical):

Step 1. Before enrolment: Parents are informed what dietary support the centre can provide before their child is formally enrolled.

Step 2. When a need is identified: Collection of individual health care information (and agreement about interim measures). For special health requirements, our centre needs to be provided with a health care plan as deemed necessary by a relevant health professional. This needs to include specific medical conditions and recommended emergency procedures.

Step 3. The planning process: Negotiation of an individual health support plan. Our centre negotiates special health diet requirements on an individual basis. This determines the contributions made by both parent and centre. This can be reviewed and re-negotiated. Our centre will aim to accommodate special dietary requirements as much as possible. Emergency procedures specific to individual children's special dietary requirements are displayed where all staff can view them.

Step 4. Monitoring and reviewing: Ensuring health support plans are current and effective. Staff will conduct regular checks with parents to determine how the diet is progressing and how long the child needs to be on the special diet.

Steps will be taken if a parent or carer suspects that a child has a food allergy or food sensitivity (food intolerance) to meet the needs of the child.

Food for infants:

Staff caring for children under 2 years aim to make feeding times as relaxed and as comfortable as possible while following feeding guidelines.

The centre supports parents in the provision of specific milk needs of their baby according to dietary guidelines.

Breastmilk

- Parents are requested to transport breastmilk to childcare in an insulated container.
- Expressed breastmilk is stored in the back of the fridge.
- Breastmilk is heated by a warm bath.
- Breastmilk is NEVER microwaved as it destroys the immunological properties in the breastmilk.
- Frozen breastmilk is asked to be labeled and is stored in the freezer compartment for up to 2 weeks.
- Frozen breastmilk is thawed in the fridge or at room temperature in warm water bath.
- Frozen breastmilk is NOT refrozen.
- Breastmilk that has been thawed is either used immediately or stored in the fridge for up to 4 hours.
- Once a baby has begun feeding, ANY unused breastmilk is discarded.

Infant Formula

- Parents are asked to provide made up bottles of infant formula, well labeled.
- We ask that it be icy cold when leaving home and transported in an insulated pack to keep it cold.
- Parents may choose to provide infant formula in measured amounts and bottles will be made up by staff.
- Infant formula is stored at the back of the fridge.
- All bottles are asked to be named. If necessary staff date-label bottles.
- Staff use a microwave to warm formula but minimise the risk of hotspots and overheating by vigorously shaking bottles to evenly distribute warmth and test on the inside of their wrist for appropriate temperature.
- Our centre uses a sticker policy that ensures infant formula is only heated twice at the most. Any unused formula is labeled with a sticker and stored and re-used WITHIN one hour and then discarded.
- Contents of partially used bottles will be discarded after 1 hour, bottles will not be reheated. (refer to Appendix 2)

Cows milk is NOT recommended for babies less than 12 months old because it is a poor source of iron and predisposes infants to iron deficiency. It also has high levels of protein, sodium, potassium and calcium, which have a high renal solute load.

Breastmilk, infant formula and boiled water are the ONLY fluids given to babies under 12 months old.

Babies over 12 months are allowed to be given breastmilk, full-cream cow's milk and water.

Soy formula and lactose free milk should only be given to address special dietary requirements e.g. lactose intolerance or milk protein allergy in individual children.

In consultation with parents children will be introduced to solid foods as per the nutritional guidelines.

Our centre will follow the recommended schedule for introducing solid foods (*refer to Appendix 1*) unless specific needs are identified by individual parents. Staff will negotiate individual requests with parents, however, the child's safety and health are our utmost concern within this negotiation period.

Parents are requested to seek dietary advice regarding the timing of the introduction of eggs, nuts (never at this centre), cow's milk/dairy products, fish and soy if there is a strong family history of allergy.

Food for Children Over 2 years

For children over 2 years old reduced fat milk (1.0 - 2.5% fat) is recommended. Children over 2 years will be provided with reduced fat milk according to the week's menu and tap water at all other times.

Goal 2: Our curriculum includes the teaching of nutritionally healthy, sound eating habits as part of a healthy lifestyle education.

The importance of good healthy food and hygiene around food will be discussed with the children as part of their daily program.

Children will be provided with opportunities to learn about foods and nutrition.

Our centre includes food and nutrition activities within the planned curriculum. These may include where the children cook following a recipe and have links to our literacy and numeracy curriculum.

Hygienic food preparation is discussed with children and they have opportunities to observe food preparation and to participate, following food safe practices.

We make explicit learnings based on foods linked with growth and cognitive development.

We discuss food safety and hygiene with children.

We discuss food allergies with children.

We explicitly make the connections between food and the energy it provides, its role within societies and cultures, and its impact on individuals.

Goal 3: To provide a safe, supportive and social environment at meal times.

Meal times and the eating environment play an important part in the nutritional outcomes of children. We aim to positively encourage the development of sound eating habits, as these usually become habits for life.

Meal times are treated as social occasions and we provide a safe, friendly eating environment that assists in the learning of nutrition, family and multicultural values.

Staff discuss with children the components of foods (ie. minerals and nutrients) and the way they keep our bodies healthy and energetic. We discuss how sound knowledge about food should guide their choices not just 'taste'. This knowledge will help their decisions when trying a variety of foods.

Children will be encouraged to try new foods but will never be forced to eat. Their food likes and dislikes and the families' religious and cultural beliefs will always be respected.

We respect and celebrate many different cultures, including cultural food events and these are incorporated into the menu and mealtimes or can be accommodated.

We teach meal time behaviour, social skills, independence and responsibility at meal times. Children are able to serve their own meals and help set up and clear away plates and cutlery, as appropriate.

Staff members always sit with children to supervise and interact with them to encourage good eating habits, an appreciation of a variety of foods and to minimise choking risks. Children will be assisted where required but will be encouraged to be independent and to help themselves where appropriate.

All foods are prepared so that they are appropriate for the specific developmental age group. This is to prevent choking as well as focusing on children's specific eating capabilities. Food will not be provided that can break into small pieces, raw carrots, celery sticks and apple pieces will be avoided.

All foods offered encourage independent eating.
Children are encouraged to participate in meal time routines in a safe manner.

Meal times will always be supervised by a staff member to:-

1. Ensure safety (including cleaning and setting tables hygienically)
2. Encourage children to try new foods
3. Have conversations about food and nutrition
4. Ensure meal times are part of an enjoyable, social experience and
5. To encourage appropriate meal time behaviours.

Meal time procedures are as follows:-

- Wash hands (supervised)
- All children to be seated in designated areas
- All food will be presented in an age appropriate form to prevent choking
- All children will be supervised when eating
- All children will be encouraged to feed themselves
- All children will be encouraged to independently dispose of rubbish/uneaten food according to recycling ethos
- Older children will be encouraged to participate in mealtime cleaning routines and in setting tables.

Goal 4: To communicate with parents about their child's nutrition.

Information on nutrition, age appropriate foods, food handling and storage will be available at the centre and can be provided to parents/guardians.

Communication with parents about nutrition is one aspect of our partnership with parents and we recognise that sharing information about their child's food consumption during a day is important. Parents of babies and toddlers will be advised of their child's food intake each day via the child's chat book.

Parents of older children will be advised as appropriate. Children's daily eating habits are recorded on a Daily Sheet. This can reassure parents that their child is eating and allows us to inform the parent if their child is not eating age appropriately so that action can be taken.

Food is included in our curriculum. The growing, harvesting, preparing, cooking and eating of fresh foods (particularly fresh fruit and vegetables) is an important aspect of learning about their world. Through food related experiences children develop literacy and numeracy skills, fine and gross motor control, cognitive skills and an awareness of other cultures.

Our curriculum includes the sharing of cultural foods, especially at times of important celebrations. We welcome parent involvement in our curriculum.

Our menu is displayed for parents each week. We include recipes from our cook in our newsletters and families may access all our recipes on request. Parent preferences and requests are taken into consideration when planning our menu and when shopping.

The nutrition policy is on display in the centre's foyer and available to parents. The nutrition policy is discussed at the time of enrolment. A copy of the nutrition policy is provided to parents in enrolment packs.

Goal 5: To safely and hygienically purchase, transport, store, prepare and serve food.

All foods provided to children will be transported, stored, prepared and served safely and hygienically according to the current Australian Food Safety Standards.

Our kitchen will comply with all health regulations and will be regularly inspected by the Environmental Health Officer.

All staff have received training in nutrition and food safety and food handling and these are regularly updated.

Goal 6: To ensure foods brought from home are safe and nutritious.

A permanent notice clearly indicates that our centre is a 'Nut Aware Zone'. Any other food allergies will be displayed as they arise.

Any foods that contain nuts or other allergy related foods, if found, will be disposed of immediately and the parent notified that this action has been taken.

Preschool children's lunch boxes are unpacked and placed in the morning/afternoon snack boxes or put in the fridge.

We encourage parents to donate seasonal foods to the centre. Any potentially hazardous foods such as meats, dairy, fish, egg products must be sourced from an approved food business that meets food safety standards.

We occasionally hold 'Party Days' or 'Shared Lunch Days' at Preschool when foods can be shared from home. All foods must comply with our 'Nut Aware' status.

Birthdays are not celebrated with a birthday cake but parents are provided with an 'ideas for celebrating sheet' on request and we do not specifically use foods for fundraising.

References:

Start Right Eat Right

Right Bite Easy Guide to - Healthy Food & Drink Supply for SA Schools & Preschools

Eat Well SA - Schools and Preschools: Healthy Eating Guidelines

South Australian Child Care Nutrition Partnership 2005

Australian Dietary Guidelines for Children and Adolescents in Australia (NHMRC)

Australian Guide to Healthy Eating

Dietician RCHS

Department for Education Policy web link: www.decd.sa.gov.au/policiesreg168

The policy is reviewed biannually.

Date Reviewed: August 2018

Review Due: August 2020

Appendix 1

Recommended schedule for introducing solids

These are guidelines only and need to be discussed with the parents

Menu development guide	
Age and Texture	Suitable Foods
Birth - 6 months	<ul style="list-style-type: none"> Breastmilk/infant formula provides all the nutrition a baby needs for about the first 6 months of life.
'First tastes' 6 months to 7 months (If needed earlier, can offer solids between 4-6 months, but NOT BEFORE 4 months.) Smooth and pureed foods.	<ul style="list-style-type: none"> Breastmilk/infant formula. Introduce first solids: <ul style="list-style-type: none"> First introduce baby rice cereal (iron enriched) Then fruits and vegetables Then pureed, well-cooked lean meat, poultry and *fish, 'Baby' *Yoghurts and custard, * Cow's milk in small amounts in the preparation of foods.
'Learning to chew and self-feeder' 7 - 12 months Mashed or chopped food progressing to finger foods.	<ul style="list-style-type: none"> Breastmilk/infant formula as the main drink. Fruits, vegetables and legumes. Well-cooked lean meat, poultry and *fish, *Yoghurt with soft lumps, *custard, *cheeses. Other cereals (eg, wheat, oats), bread, pasta. *Eggs - (well cooked).
'Centre menu with some changes' 1 - 2 years	Offer a wide variety of foods from the centre menu, some changes in texture or flavour may be needed. Use the <u>Nutrition Checklist</u> as a guide to food variety but quantities may differ for younger age groups. Breastmilk and/or full cream cows milk as a drink. Water and no more than one small cup of diluted fruit juice from a cup, not a bottle.

- **Parents may seek dietetic advice regarding the timing of the introduction of eggs, nuts, cow's milk/dairy products, fish and soy if there is a strong family history of allergy.**

Appendix 2

Recommended procedures for storing, thawing and warming of breast milk

Storing Breast Milk

- Expressed breast milk (in a clean sterile container) should be date labelled (date of expression) and refrigerated at 4° C or lower at the back of the fridge where it is coldest. Breast milk that will not be used within two days should be frozen.
- Breast milk will only be heated once. Any unused portion will be discarded.
- **Tips for parents:** Breast milk should be transported to childcare in an esky with a freezer brick, and placed immediately in the back of the refrigerator upon arrival.

Frozen Breast Milk

- Frozen breast milk can be kept for 2 weeks in the freezer compartment of a one door refrigerator, or 3 months in a freezer section of a fridge with separate door.
- If some milk has thawed it should be used within 24 hours. Do not refreeze it.
- **Tips for parents:** Breast milk should be transported to childcare in an esky with a freezer brick, and placed immediately in the back of the refrigerator upon arrival (or in the freezer if still frozen and to remain so).

Thawing Frozen Breast Milk

- Breast milk can be thawed in the fridge or at room temperature in a warm water bath.
- Breast milk that has been thawed in the fridge but not warmed should be used within 24 hours, and should not be refrozen.
- Breast milk that has been thawed outside the fridge in warm water can be used immediately, or stored in the fridge for up to 4 hours.

Warming Breast Milk

- Breast milk should NEVER be microwaved. It destroys the immunological properties in the breast milk.
- Breast milk should be warmed by standing the bottle in warm water.
- Bottle warmers can be used, but they must have a thermostat control. Bottles should only be warmed in this way *for less than 10 minutes*.
- Before giving the child a drink from the bottle:
put the teat/bottle top back on, and invert the bottle at least 10 times
make sure the breast milk is cool to touch - test by placing several drops on the back of the hand.

Recommended procedures for storing, thawing and warming of infant formula

Storing Infant formula

- Infant formula should be name and date labelled and stored immediately in the centre at the back part of the fridge where it is coldest (not in the fridge door where it is warmer).
- Discard the contents of *partially used* bottles after 1 hour. Reusing half empty bottles is risky once they have been heated and sucked on.
- Throw out any *unused* formula after 24 hours.
- **Tips for parents:** the safest way to transport formula is to take the cooled, boiled water and the powdered formula in separate containers and mix them when needed. When it is necessary to transport prepared formula (or expressed breast milk) it must be icy cold when leaving home and be carried in an insulated pack to keep it cold.

Warming Infant formula

- Microwaving infant formula is not recommended by the NHMRC for safety reasons, they do not heat the milk evenly and may create hot spots in the milk which could burn the baby's mouth.
- Formula should be warmed by standing the bottle in warm water.
- Bottle warmers can be used, but they must have a thermostat control. Bottles should only be warmed in this way *for less than 10 minutes*.
- If a centre decides to use a microwave to warm *formula* (ie *breast milk* should *not* be microwaved), the following guidelines are recommended to minimise the risk of hot spots and overheating:
 - Make sure the bottle is microwave-safe.
 - Make sure there is at least 120 mls of formula 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.
 - Do not use microwave ovens with a wattage over 700W.
 - For a 120 ml size bottle - use high setting and heat for less than 30 seconds.
 - For a 240 ml size bottle - use high setting and heat for less than 45 seconds.
- Before giving the child a drink from the bottle:
 - put the teat/bottle top back on, and invert the bottle at least 10 times
 - make sure formula is cool to touch - test by placing several drops on the back of the hand.

References

Dietary Guidelines for Children and Adolescents in Australia (National Health & Medical Research Council, 2003)
Infant Feeding Guidelines for Health Workers (National Health & Medical Research Council, 2003)
Feeding and nutrition of Infants and Young Children (World Health Organisation, 2000)
Child and Youth Health www.cyh.com.au
Australian Breast Feeding Association Guidelines.