



Nutrition and Oral Hygiene Policy

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Policy Statement

Heritage Early Childhood Centre (Heritage) recognises that nutrition and dental care strategies are fundamental in the provision of quality early childhood education and is committed to supporting healthy food and drink choices for all enrolled children.

Heritage understands that most children form lifelong eating habits before they reach school age and early childhood services are well positioned to play an important role in creating the foundations for good habits for life.¹ Promoting good nutrition, supported by physical activity, in early childhood contributes significantly to children's healthy growth and development and long-term health, including healthy weight, quality of life, resistance to infection and protection against chronic disease.²

In addition, Heritage understands that dental care, when combined with good nutrition, contributes to future health, wellbeing and self-esteem. Tooth decay is understood to be directly related to the number of times sweet ~~things~~ foods and drinks are in contact with the teeth as bacteria in the mouth use sugar to produce acids that dissolve and damage the teeth.³ Limiting discretionary⁴ foods and drinks in early childhood, while encouraging oral hygiene strategies such as 'swish and swallow', can reduce the risk of tooth decay. And when young children's first teeth are well looked after, it is more likely that their second teeth will grow into their correct position.⁵

The Heritage Nutrition and Oral Hygiene Policy has been developed to ensure a whole-of-service approach that supports each enrolled child's health and wellbeing, by implementing food, drink and dental care habits that are workable both at Heritage and at home. Specifically, this policy sets out the nutritional requirements of children between the ages of 0-6 and encourages families to provide drinks and foods which are consistent with the key healthy eating and dental hygiene messages and recommendations in **The National Infant Feeding Guidelines 2012** and **The Australian Dietary Guidelines 2013** from the Australian Government National Health and Medical Research Council's Eat for Health Program.⁶ Heritage also understands that healthy eating relates to safely preparing, serving and eating food in a way that recognises its importance as a social and cultural activity. This policy also sets out the Heritage procedures for providing a safe, positive and inclusive mealtime environment.

Heritage encourages and supports breastfeeding until around 6 months of age, when solid foods are introduced, and also until 12 months of age and beyond, for as long as the mother and child desire. Heritage recognises the important role early childhood services can play in supporting breastfeeding and that while Australia's breastfeeding initiation rate is currently high at 96%, only 15% of infants are exclusively breastfed to around 6 months.⁷ If an infant is not breastfed or is partially breastfed, Heritage supports the use of commercial infant formulas until 12 months of age and provides families with information and support that they need to prepare, store and use formula feeds correctly at home and at Heritage.

Heritage understands that healthy eating in the second year of life builds on nutritious practices established in infancy. It provides the energy and nutrients needed for growth and development, develops a sense of taste and an acceptance and enjoyment of different family foods. By 12 months of age, families are asked to provide a healthy, balanced lunch and afternoon tea with a variety of foods from the 5 food groups and to include a range of textures and tastes appropriate to the developmental stage of their child. Heritage recommends families provide at least half their recommended daily dietary intake for a full

¹ Early Years learning Framework for Australia (EYLF), 2009

² National Health and Medical Research Council, 2013; Physical Activity Policy

³ Australian Dental Association, 2010

⁴ Refer to: Definitions

⁵ Australian Dental Association, 2010

⁶ Refer to: <https://www.eatforhealth.gov.au/>

⁷ Infant Feeding Guidelines, 2012



day at the service.⁸ Heritage also provides a morning tea of seasonal fruit and fresh drinking water is available at all times.

Heritage recognises that families utilising the Heritage service have busy lifestyles, balancing work and family commitments, and that providing healthy food for a day can be a considerable burden in terms of both time and cost. Heritage acknowledges the importance of supporting families to provide nutritious and balanced meals to their children. This policy aims to provide families with clear, up-to-date and consistent information about the Heritage nutrition and oral hygiene goals and practice. Families are given information on, and access to, this policy during the enrolment and orientation process, as well as factsheets on suggestions for healthy lunchboxes.

Heritage endeavours to meet the individual and additional requirements of children in relation to food, for example, if the child has a known anaphylaxis reaction to certain foods, those foods will be excluded from Heritage. In addition, those children with medical conditions that require a specific diet are exempt from the guidelines in this policy. Heritage also endeavours to meet family, lifestyle or cultural needs in relation to food, however if the health and safety of children comes into conflict with cultural or family beliefs, Heritage reserves the right to prioritise the health and safety needs of children in their education and care at all times.⁹

Background Research

According to the National Health and Medical Research Council (2013), Australians today have an unprecedented variety of dietary options due to an increasingly diverse society, with many Australians also taking into account environmental concerns or cultural priorities when making their food choices. However, adherence to dietary recommendations in Australia is poor and sub-optimal nutrition has a significant negative impact on the health and wellbeing of individuals, society and the environment.¹⁰

Most children's intake of vegetables, fruit, grain (cereal) foods and milk, yoghurt and cheese products and alternatives being below recommended levels, while their intake of saturated fat, sugar and salt exceeds recommendations.¹¹ This has resulted in the prevalence of obesity increasing dramatically over the past 30 years, with 60% of adults and 25% of children and adolescents being overweight or obese. The World Health Organisation (WHO) has identified childhood obesity as one of the most serious public health challenges of the 21st Century,¹² leading to diet-related chronic diseases including cardiovascular disease, type 2 diabetes and some forms of cancer.

In addition, nutrient deficiencies such as iodine, folate, iron and vitamin D are becoming an increasing concern. Risks are also associated with being underweight, including vitamin and mineral deficiencies, decreased immune function, and growth and development issues. While failure to thrive in infants and being underweight in the early years mainly occurs in families from poorer socio-economic backgrounds, this is not always the case. In addition, inappropriate dietary restriction and eating disorders affect some adolescents and require specialist advice and treatment.¹³

Legislative Background

Heritage understands it has a duty of care and legal obligation to ensure that all enrolled children are provided, as far as practicable, with an environment that supports their physical and emotional health and wellbeing (*Work Health and Safety Act 2011*).

Under the *Education and Care National Regulations 2011*, Heritage is required to have policies and procedures in relation to health and safety, including matters relating to

⁸ Recommendation in Start Right, Eat Right Program, 2010

⁹ Refer to: Supporting Individual and Additional Needs Policy; Allergy and Anaphylaxis (including Nut Free) Policy

¹⁰ Australian Dietary Guidelines, 2013

¹¹ Australian National Children's Nutrition and Physical Activity Survey, 2007

¹² World Health Organisation, 2019

¹³ National Health and Medical Research Council, 2013



nutrition, food and beverages, dietary requirements (National Regulation 168(2)(a)(i). In addition, children being educated and cared for by the service must have access to safe drinking water at all times and be offered food and beverages appropriate to the needs of each child on a regular basis throughout the day (National Regulation 78).

Heritage aims to meet or exceed the *National Quality Standard 2011*, Quality Standard 2: Children's Health and Safety. In particular, this policy relates to Element 2.1.3: Healthy eating and physical activity are promoted and appropriate for each child; and element 2.2.1: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

The Early Years Learning Framework for Australia (2009) states that a strong sense of health and wellbeing, supported by good nutrition and an active lifestyle, can provide children with confidence, energy and optimism that will contribute to their ability to concentrate, co-operate and learn (*Belonging, Being & Becoming – The Early Years Learning Framework for Australia*). This policy ensures that learning about healthy lifestyles, including nutrition and active play are embedded in the Heritage program and links directly to Outcome 3 in the Early Years Learning Framework: Children have a strong sense of wellbeing.

Definitions

The terms defined in this section relate specifically to this policy.

Adequate Supervision: A level of supervision that ensures legislative requirements are met in relation to educator-to-child ratios at all times (National Regulations 122, 123 and 357), and that all children, both as individuals and in groups, are within access and sight/hearing of an educator at all times including during toileting, rest and transition routines. In addition, it means employing flexible supervision strategies that meet individual children's needs. An educator may recognise that a particular activity that involves risk requires constant vigilant supervision. Alternatively, if children are participating in low risk activities, educators can focus on engaging with children.

Dental Care: The maintenance of healthy teeth to prevent dental disorders and includes oral hygiene.

Diet: The foods and drinks that are regularly provided or consumed.

Discretionary Foods and Drinks: Foods and drinks that are high in saturated fat, added sugar, and/or added salt. If children eat these foods on a daily basis, they often do not eat enough of the basic foods required for healthy nutrition, as these foods typically have very little nutritional value (vitamins, minerals or fibre and are often processed and packaged).

Food literacy: A collection of inter-related knowledge, skills and behaviours required to plan, manage, select, prepare and eat food to meet needs. Vidgen and Gallegos (2014)

Healthy Eating: Selecting a wide variety of foods from the five food groups each day that provide all the recommended nutrients for growth and development and good, health and wellbeing, now and into the future. These are:

- Fruit
- Vegetables and legumes/beans
- Grain (cereal) foods, mostly wholegrain
- Milk, yoghurt, cheese, and alternatives
- Lean meat, poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans.

Healthy eating also refers to preparing, serving and eating food in a way that recognises its importance as a social and cultural activity that is socially and culturally appropriate.

Nutrition: The process of providing or obtaining the food necessary for health and growth and development.

Oral Health: 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 and that contributes to general wellbeing.

Oral Hygiene: The practice of keeping the mouth and teeth clean in order to prevent dental disorders.

Traffic Light System: In accordance with the ACT Public School Food and Drink Policy 2015, the provision and sale of all food and drinks in ACT Public Schools must meet the National Healthy School Canteens: Guidelines for Healthy Foods and Drinks Supplied in



School Canteens 2013 (NHSCG). The NHSCG are consistent with the recommendations for children and young people in the Australian Dietary Guidelines 2013 and use the traffic light system to categorise foods and drinks according to their nutritional value and levels of energy, saturated fat, fibre, sugar and salt. The aim is to provide mostly GREEN food and drink items every day. AMBER food and drinks items should be selected carefully, and RED items are not recommended. Heritage educators may refer to the traffic light system as part of the educational program on healthy eating.¹⁴

Policy Aims

The Heritage Nutrition and Oral Hygiene Policy aims to ensure healthy eating and dental care habits and practices are developed in conjunction with families that promote each child's ~~normal~~ healthy growth, development and wellbeing and can be implemented both at the service and at home. Specifically, Heritage aims to:

- Promote a healthy lifestyle to children and families at the service that is consistent with national and state guidelines and recommendations in relation to providing, serving and eating nutritious foods and maintaining dental and oral health.
- Provide children and families with opportunities to learn about healthy lifestyles and incorporate age appropriate nutrition and dental education into the program.
- Encourage and support breastfeeding or appropriate formula/bottle feeding strategies.
- Encourage the appropriate introduction of solid foods that reflect current national infant feeding recommendations.
- Consult with and work respectfully and collaboratively with families in regard to their child's individual nutrition and dietary requirements, including medical conditions, food allergies, cultural and religious practices, and lifestyle choices.
- Ensure that individual dietary and cultural needs of children and families are taken into consideration when planning food for service events/activities.
- Ensure adequate health and hygiene procedures are in place, including safe practices for handling, preparing, storing and serving food.¹⁵
- Provide attractive and well-presented meals and a safe, relaxed and social environment in which children can enjoy mealtimes and healthy eating.
- Ensure that mealtimes are flexible to meet the needs of the children. This includes utilising outdoor spaces when appropriate.
- Encourage independence and social skills at mealtimes.
- Promote socially acceptable behaviour and table manners, and encourage children to use eating utensils effectively, appropriate to their age.
- Prohibit the use of food as a reward or punishment.
- Communicate with parents about their child's food in-take.
- Encourage educators and other staff to maintain and model good personal nutrition and dental care/oral hygiene.
- Ensure the Nutrition and Oral Hygiene Policy is regularly evaluated and reviewed in consultation with families and educators.

Scope

It is understood that there is a shared responsibility and accountability between Heritage management, educators (including students on placement) and families to consistently implement the Heritage Nutrition and Oral Hygiene Policy as a matter of high priority due to the potential health risks of not doing so.

Rationale

Heritage recognises it has a duty of care to take all reasonable, practicable steps to provide the Heritage community with a safe and healthy environment that supports their physical and emotional health and wellbeing (*Work Health and Safety Act 2011*). In addition, the Heritage Nutrition and Oral Hygiene Policy has been developed to comply with the:

- *Education and Care Services National Law Act (ACT) 2010*. Section 167.
- *Education and Care Services National Regulations (ACT) 2011*. Regulations 168, 77, 78

¹⁴ Refer to: Attachment 4: Traffic Light System for Selecting Foods

¹⁵ Refer to: Hygiene and Infection Control Policy; Food Safety Policy, HACCP Plan; Excursions and Incursions Policy



- *National Quality Standard for Early Childhood Education and Care and School Age Care, 2011. Quality Area 2: Children’s Health and Safety.*¹⁶
- *Early Years Learning Framework for Australia (2009): Learning Outcome 3: Children have a strong sense of wellbeing.*
- *Food Standards Australia New Zealand Act 1991*
- Australia New Zealand Food Standards Code. Standard 3.2.2, ‘Food Safety Practices and General Requirements (Australia Only)’.
<http://www.comlaw.gov.au/Details/F2012C00767>
- *Food Act 2001 (ACT)*
- *Food Regulation 2002 (ACT).*
- Infant Feeding Guidelines, National Health and Medical Research Council, 2012.
- Australian Dietary Guidelines, National Health and Medical Research Council, 2013.
- Heart Healthy Eating Patterns, The Heart Foundation, 2019.

The Infant Feeding Guidelines 2012 and The Australian Dietary Guidelines 2013

- The Infant Feeding Guidelines 2012 and Australian Dietary Guidelines 2013, developed by the National Health and Medical Research Council (NHMRC) in collaboration with nutrition experts and the Australian Commonwealth Government, are an update to the Dietary Guidelines for Children and Adolescents in Australia, published in 2003.
- The guidelines are based on scientific evidence and research on the quality and quantity of foods and drinks required by infants, children and adults to achieve optimal health and to limit the risk of chronic diseases related to poor nutrition in adulthood.
- The recommendations in the Australian Dietary Guidelines 2013 with most relevance to children are summarised over-page, with pictorial representations in the Appendix.
 - Appendix 2: Australian Dietary Guidelines Food Selection Guide.
 - Appendix 3: Recommended Serves by Age (2 to 18 years).
- Factsheets for families are attached and are also available on the Heritage website in the Members Section under the Australian Dietary Guidelines Link.
 - Attachment 2: Giving you Baby the Best Start.
 - Attachment 3: Healthy Eating for Children

¹⁶ Refer to: Appendix 1: Relevant National Law, National Regulations and Quality Standards



The 2013 Australian Dietary Guidelines Summary

Guideline 1:

Achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.

- Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly.

Guideline 2:

Enjoy a wide variety of nutritious foods from these five food groups every day:

- Plenty of vegetables of different types and colours, and legumes/beans.
- Fruit.
- Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley.
- Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans.
- Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat.¹⁷
- Reduced fat milks are not suitable for children under the age of 2 years.
- **And drink plenty of water.**

Guideline 3:

- **Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.**
- Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.
- Replace high fat foods which contain predominately saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominately polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado. **Note:** Low fat diets are not suitable for children under the age of 2 years.
- Limit intake of foods and drinks containing added salt.
- Read labels to choose lower sodium options among similar foods.
- Do not add salt to foods in cooking or at the table.
- Limit intake of foods/drinks containing added sugars, eg, confectionary, sugar-sweetened soft drinks/cordials, fruit drinks, vitamin waters, energy and sports drinks.

Guideline 4: Encourage, support and promote breastfeeding.

Guideline 5: Care for your food; prepare and store it safely.

Foods to limit: Discretionary food choices

'Discretionary choices' are called that because they are not an essential or necessary part of our dietary patterns. Discretionary foods are high in kilojoules, saturated fat, added sugars, added salt, or alcohol. If chosen, they should be eaten only sometimes and in small amounts.¹⁸

Examples of discretionary food choices include:

- Sweet biscuits, high sugar/fat cakes and desserts
- Some processed meats (e.g. sausages, frankfurts/hot dogs, salami, Strasbourg, Devon).
- Some commercial chicken nuggets and fish fingers.
- Ice-cream, jelly, confectionery and chocolate.
- Deep fried foods (e.g. hot chips) and pastry-based foods (pies, sausage rolls and pasties), and mini-pizzas.
- Most fast food and takeaway foods including commercial burgers, hot chips, and fried foods.
- Crisps and other fatty and/or salty snacks.
- Cream and butter, dairy desserts, eg: chocolate, Yogo, Teletubby custard.
- Jam/honey sandwiches.
- Sugar-sweetened cordials, soft drinks and sports drinks.
- Instant noodles.
- Soft drinks, fruit juice and fruit drinks, cordial, sports drinks, sports waters, sweetened waters, energy drinks, flavoured milk, flavoured mineral water, iced teas and energy drinks.

¹⁷ The latest Heart Foundation Healthy Eating Position Statement (2019) states that given the inconsistencies in the evidence for fat modified dairy products, there is not enough evidence to support the recommendation for fat modification for the general healthy population.

¹⁸ Refer to: Definitions



Strategies and Practices

- The nutrition and healthy eating strategies and practices in this policy are based on the national Infant Feeding Guidelines 2102 and the Australian Dietary Guidelines 2013 (see above).
- Heritage encourages families to provide **at least half** of the recommended daily dietary intake for their child's age while at the service, taking into account that Heritage provides a morning tea which usually consists of a selection of seasonal fruit.¹⁹

Food and Drinks Provided from Home

Lunch and Afternoon Tea

- Lunch and a snack for afternoon tea must be provided by families.
- Families will be encouraged to provide healthy, balanced lunches and afternoon teas based on the Australian Dietary Guidelines 2103 above. This involves providing a variety of nutritious foods every day from the five food groups, in small quantities, including a variety of tastes and textures, appropriate to their child's developmental stage. **Examples of appropriate foods include fruit, vegetables, sandwiches, cereals, cheese and yoghurt which enable their child to choose what and how much they want to eat.**
- Educators will encourage children to eat the most nutritious foods provided in their lunchbox, such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious/discretionary²⁰ food provided.
- Parents will be discouraged from providing discretionary foods that contain high concentrations of salt, colouring, sugar & fats. Educators will have the discretion to remove these foods and send them home if they notice them regularly in children's lunchboxes.

Water to Drink

- Heritage will supply all non-milk drinks and families are requested not to bring poppers, juice bottles, cordials, or flavoured milk drinks. **See:** Unsuitable Foods and Drinks.
- Families are required to supply a clean, hygienic and named water bottle for their child and educators must ensure water is readily available at all times throughout the day in all rooms and outdoors (Regulation 78).
- Educators understand that sometimes children are too busy to notice their own thirst,²¹ and will ensure water is encouraged to be consumed by all children during the day including on waking, at mealtimes, on excursions and after physical activity.
- Water provided to children in the Nursery will be boiled and cooled before being given to the children.²²

Social Occasions and Birthdays

- Heritage will support families in celebrating birthdays however the focus will be on the occasion rather than the food.
- Families are welcome to supply culturally appropriate food.
- A cake, or preferably cupcakes, may be brought to the service, which may include chocolate. Families are encouraged to minimise the use of food colourings and lollies, and not to bring lolly bags.
- Educators will use celebrations as an opportunity to educate children about the difference between 'everyday' foods and 'discretionary'²³/sometimes foods.
- Food brought from home **must not contain nuts.**²⁴
- Where practicable, families are asked to provide a list of ingredients used or provide the packaging of bought food.

¹⁹ Refer to: Start Right Eat Right Program, 2010; Australian Dietary Guidelines, 2013

²⁰ Refer to: Definitions

²¹ Refer to: Physical Activity Policy

²² Refer to: Food Safety Policy

²³ Refer to: Definitions

²⁴ Refer to: Allergy and Anaphylaxis (including Nut Free) Policy



- Families are asked to discuss their intentions with educators prior to the day as some children have food allergies.
- The Heart Foundation recommends that snack foods such as cakes, biscuits and take away foods are limited to once a week and Heritage will endeavour to abide by this although will be flexible on the rare occasions there are two or more birthdays in a week.

Educators' Lunches, Meetings and Service Events

- Educators and other staff will be encouraged to model healthy eating and to bring foods from home for their own lunches and snacks that reflect the Australian Dietary Guidelines 2103 (p8), and to limit discretionary foods.
- When food is provided for educators for meetings and service events such as fundraising events, healthy food options will be included, and discretionary options will be discouraged.

Meeting Individual and Additional Needs

The Director will consult with families regarding any individual or additional needs in relation to nutrition, healthy eating and dental care on enrolment to achieve the best outcomes for children.²⁵

Medical Conditions

- Those children with medical conditions that require a specific diet will be exempt from the guidelines in this policy. For example, children with cystic fibrosis may need a higher than normal dietary intake of salt, fat and protein.
- All educators will be made aware of and plan for the dietary needs of any children diagnosed with Type 1 diabetes.²⁶

Food Allergies

- If a child enrolled at Heritage has severe reactions or anaphylaxis as a result of particular foods, that food will be added to the Excluded Foods List for the duration of their enrolment.
- If children have a food allergy confirmed by a medical practitioner, Heritage will adhere to the medical recommendations and ensure that educators who care for those children understand the requirements.
- Food allergy reactions tend to occur immediately after the problem food has been eaten. Educators understand that allergic reactions require immediate action and signs to look out for are:
 - Instant rash
 - Vomiting
 - Swelling around mouth, eyes or face
 - Wheezing or breathing difficulties ²⁷

Food Intolerances

- Food intolerances are reactions to certain food chemicals found both naturally in foods (such as salicylates, amines and glutamates) and artificial added chemicals (such as colours, flavours and preservatives).
- Reactions to food intolerance are generally less severe than allergies and are dependent on the total amount of the chemical consumed. Reactions include:
 - Gradual development of a rash, especially on the cheeks
 - Headaches
 - Extreme tiredness
 - Diarrhoea
 - Significant behavioural changes
- Identification of a food intolerance is difficult as individual chemicals are present in many foods.

²⁵ Refer to: Creating Inclusion and Equity Policy; Meeting Children's Individual or Additional Needs Policy

²⁶ Refer to: Type 1 Diabetes Policy

²⁷ Refer to: Allergy and Anaphylaxis (including Nut Free) Policy



- Heritage will encourage families to see a specialist if they suspect a food intolerance and will endeavour to accommodate these intolerances when supported with a statement from a specialist.²⁸

Diverse Cultures

- Heritage will endeavour to recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds where practicable and safe to do so.
- Heritage reserves the right to prioritise the health and safety and appropriate development of the children in its care. For example, some families may encourage children to eat with their hands, which conflicts with the Heritage philosophy of promoting self-help skills through utilising utensils. Heritage will respect the practice and reserves the right to allow a child to use cutlery if they wish when they see other children doing so.
- Food awareness activities from diverse cultures will be included in the educational program.

Religious Practices

For families who have religious beliefs which promote a particular diet such as Judaism or Islam (kosher or halal food), Heritage will accommodate those requirements provided they do not compromise the nutritional and health requirements of the child. Educators will encourage families to seek dietary advice from their doctor, a dietician or Maternal and Child Health nurse where they have concerns.

Plant-based Diets

For families who follow a plant-based diet, Heritage will accommodate those requirements provided they do not compromise the nutritional and health requirements of the child. Educators will encourage families to seek dietary advice from their doctor, a dietician or Maternal and Child Health nurse if they have concerns.²⁹

Heritage educators understand that:

- Mothers who follow a plant-based diet should breastfeed their infants for as long as possible, 2 years or more is desirable. For infants being fed a plant-based diet who are not breastfed or are partially breastfed, a commercial soy-based infant formula during the first 2 years of life and dietetic advice is recommended.³⁰
- Young children may require nutritional supplements, especially iron and vitamin B12, if fed on a plant-based diet. Iron is particularly important for neurocognitive development.

Food Safety and Hygiene

Healthy eating includes careful preparation of food and correct food handling techniques must be employed by Heritage educators at all times. The Director must ensure:

- Hygienic food safety procedures are strictly followed by educators and children for food storage, handling, preparation, serving and disposal.
- Educators are regularly trained in hygienic food handling and service techniques and attend relevant training courses and pass relevant information on to other educators.
- Hand washing procedures are strictly followed by educators and children.
- Procedures for storing and serving food at safe temperatures are strictly adhered to, ie, **below 5°C or above 60°C.**
- Procedures for reheating of food and drinks in the microwave are strictly followed.
- Procedures for the correct storage, handling and preparation of expressed breast milk (EBM) and infant milk formula are followed.
- Gloves or tongs are used at all times when serving foods.
- Food is served on an appropriate surface, eg. plates, serviettes, lunchboxes.

²⁸ Refer to: Meeting Individual or Additional Needs Policy

²⁹ Refer also to: Section on Introducing Solids.

³⁰ Refer to: Infant Feeding Guidelines, 2012



- Children sit down while eating food and are discouraged from handling other children's food, drinks, utensils and any food/utensils that have dropped on the floor.
- Children with diagnosed food allergies are closely supervised for symptoms of their condition.³¹

Procedures for Morning Fruit

Educators will:

- Ensure fruit is fresh and not bruised as this may discourage children from eating it.
- Wear gloves.
- Wash the fruit thoroughly to remove pesticide residue or bacteria.
- Cut the fruit into manageable sized pieces.
- Grate or very finely cut apple and other hard fruits for babies and toddlers. **See:** Procedures for Minimising Choking.
- Serve a variety of fruit onto each young child's plate using tongs. Encourage older children to develop self-help skills by using the tongs to serve their own fruit.
- Never assume a child dislikes a particular fruit. Children need to try new foods repeatedly before they are accepted.
- Consider ways to make fruit time fun such as having it outside, as a picnic.

Unsuitable Foods and Drinks

Heritage educators understand that children eat in a social environment and unsuitable foods may be a safety/choking hazard and can lead to inequality or confusion.

Families are asked not to bring the following foods and drinks

- Nuts and seafood. **See:** Nut Free Policy and Exclusion of Seafood.
- Foods that are a choking hazard. **See:** Choking Hazards
- Honey for babies under 12 months as there is a potential risk of bacterial infection.
- Tea. It contains tannins that can restrict vitamin uptake.
- Reduced fat milk for children under 2.
- Uncooked fermented meats, such as salami. It is important to check the label. 'Heat treated' or 'cooked' products are safe.
- Unpasteurised milk and products made from unpasteurised milk (raw-milk, cheese).
- Raw or undercooked meat (particularly minced meat), poultry, fish and shellfish.
- Raw sprouts such as alfalfa, clover and radish.
- Unpasteurised fruit juices (check the label - all freshly squeezed juices are unpasteurised) fruit juice, cordial or soft drinks.
- Discretionary foods³² including potato chips, roll-ups, chocolate, cream filled biscuits, cakes, fruit sticks, muesli bars, sugary dairy snacks such as Yogo or Milo.

Nut Free Policy and Exclusion of Seafood

- Heritage is a **nut free service**.³³
- A current member of our community has a severe seafood allergy and **seafood is currently excluded from our service premises.**
- ~~In addition, families are advised that peanuts, tree nuts or shellfish must not be given to children under 2 if there is a family history of allergy.~~
- **Note:** Families will be advised as required that, while nuts and seafood are excluded at Heritage, according to the Australian of Clinical Immunology and Allergy, when introducing solid foods to babies at home, families should include common allergy causing foods (eg, egg, peanut, cow's milk, tree nuts, soy, sesame, wheat, fish/seafood) by 12 months in an age appropriate form, such as well cooked egg and smooth peanut butter/paste. Studies show that this may reduce the chance of developing food allergy in babies with severe eczema or egg allergy, and delayed introduction of these foods

³¹ Refer to: Food Safety Policy

³² Refer to: Definitions

³³ Refer to: Allergy and Anaphylaxis (including Nut Free) Policy



has been shown to increase the chance of developing food allergy.³⁴ Cross check allergy policy.

Choking Risks

Heritage educators understand that young children are at risk of choking on hard foods. To prevent this from happening, educators will ensure:

- Babies are supervised at all times during meals and encouraged to eat at low tables or are fed in the educator's lap.
- Babies who wish to bottle feed independently are closely supervised and are not allowed to walk around with a bottle.
- No bottles are given to children in bed. If a child's normal routine is to take a bottle to bed, it is given to them before bed.
- Older children are encouraged to sit down on chairs at tables to eat their food.
- Children are not allowed to run and eat at the same time.
- Children are adequately supervised, and educators have the discretion to remove foods considered to be a choking hazard.
- Food is the correct size so that babies can chew and swallow their food easily.
- Babies are never force-fed.
- Hard fruits and vegetables such as carrots, apples and celery are not given to babies and toddlers unless they are partially cooked or grated/very thinly cut.
- Grapes are cut into halves. For babies under 12 months, they must also have the skin removed.
- Popcorn is not given to babies and toddlers.
- All bones are removed from meat.
- Babies are discouraged from walking around with a ~~dummy~~ pacifier.

Procedures When Food or Fluid Supplied is Not Suitable

When a child or family brings food or fluid into Heritage which conflicts with the Nutrition and Oral Hygiene Policy, or when an entire meal or snack is considered by educators to be inappropriate and has to be removed, educators must:

- Call the family and inform them of the situation.
- Ask the family if they are able to bring in more suitable food.
- If the family cannot bring in an alternative, educators may prepare a healthy alternative from the emergency food store in the staff room fridge such as a cheese or vegemite sandwich, raisin toast and fruit.

Curriculum and Educational Program

- The Heritage service will strive to promote lifelong learning for all children, educators and families regarding good nutrition and oral hygiene/dental health strategies.
- Educators will support and encourage children to make healthy food choices by role modelling healthy eating practices and appropriate eating behaviour themselves.
- As part of the education program, educators will foster awareness of the importance of good nutrition and discuss healthy food and drink choices and behaviours with children.
- Educators will educate children through the program and informally to understand the importance of drinking water.
- As part of the educational program, educators will discuss dental health strategies and oral hygiene, including the importance of brushing teeth. Children will be given the opportunity to practise dental care.
- Educators will include age-appropriate discussions in the educational program on different cultural, social and family lifestyles which may influence healthy eating concepts.
- Educators will incorporate a range of nutrition related learning experiences into the program to increase children's awareness such as cutting and pasting pictures of healthy food, simple gardening projects, food and cooking activities and excursions to vegetable gardens, markets and shops etc. Cooking activities may include cooking

³⁴ Refer to: References: Australian Society of Immunology and Allergy, 2019



pancakes, Anzac biscuits or cooking vegetables from the garden (corn/vegetable soup etc).

- Educators will use cooking experience as opportunities to educate children about food safety, hygiene and healthy eating, such as the difference between ‘sometimes’³⁵ foods and everyday foods.
- Families will be invited to provide cooking experiences for the children.
- Incidental learning will be utilised by educators as well as programmed activities, e.g., conversations will be instigated about the foods being eaten by the children for lunch and snacks.
- Educators may weigh infants and children as an activity to demonstrate physical growth and nutrition.
- Educators may refer to the traffic light system³⁶ for identifying nutritious food as part of the educational program on healthy eating.

Full Cream Dairy Products

All dairy products provided by the service such as for cooking activities will be full cream in accordance with the latest recommendations from the Heart Foundation.³⁷

Creating a Positive Mealtime Environment

- Educators will ensure all children enjoy an unhurried transition from play to eating in a relaxed environment.
- Mealtimes will be designed to be positive, safe and pleasant experiences which allow for social interaction between children and educators.
- Tables will be arranged so they are attractive and social places.
- Educators will allow adequate time for children to eat and enjoy meals and be helpful and enthusiastic about mealtimes.
- Educators will role model healthy eating behaviours and provide a positive eating environment which reflects cultural and family values.
- Educators will sit with the children and provide adequate supervision, being aware of children with food allergies and medical conditions and choking risks.
- Educators will assist babies to eat as required. Older babies will eat from low tables and younger babies will be fed comfortably in educators’ laps, who will encourage their independent feeding skills as appropriate.
- At least one educator will sit at the tables with children in the Toddler Room to assist children if required.
- Older toddlers and pre-schoolers will be provided with opportunities to develop independence and self-esteem, such as assisting in setting and clearing the table and serving their own food and drink.
- Educators will actively engage children in conversations about the food and drink provided.
- Educators will encourage children to try difference foods while respecting each child’s appetite. If a child is not hungry, they will not be forced to eat if they do not want to. Rather, educators will consider reasons for children’s behaviour e.g. satisfied, medication, emotional trauma, tiredness etc. and communicate with parents to develop strategies to deal with the situation.
- Educators will be patient with messy or slow eaters.
- Flexible outdoor food eating experiences will be included in the program for children, such as picnics.
- Water will be available at all times to children in a clearly labelled water bottle.

³⁵ Refer to: Definitions

³⁶ Refer to: Definitions and Factsheet Attached

³⁷ Refer to: References: The Heart Foundation. (2019). Dietary Position Statement: Heart Healthy Eating Patterns.



Meeting the Nutritional Needs of Babies Infants, 0-12 months

Nursery educators will support the Infant Feeding Guidelines 2012 (Attachment 1: Giving your Baby the Best Start) and will:

- Understand that infants grow quickly in the first year of life and therefore need plenty of energy (kilojoules) and nutrients, however growth isn't always steady, so appetite and hunger can be unpredictable.
- Understand that breast milk meets all the nutritional needs of a baby in the first 6 months of life for optimal growth and development and contains antibodies which protect against infection and disease.
- Encourage and support mothers to exclusively breastfeed to around 6 months of age and provide a supportive environment for mother's to breast feed. If breast feeding is not possible, educators will support families to utilise infant formula.
- Encourage and support mothers to continue breastfeeding beyond 6 months, until babies are at least 12 months of age, and as long as mutually desired, while encouraging appropriate complementary foods from around 6 months of age.
- Understand hungry babies need to be offered more breast/formula feeds until they are ready for solids.
- Understand that at around the age of 6 months, infants become physiologically and developmentally ready for new foods, textures and modes of feeding and need more nutrients than can be provided by breast milk or formula. In addition, a baby's iron stores become low. (**See:** Introducing Solids).
- Understand that delaying the introduction of solid foods beyond this age may increase the risk of developing allergic syndromes.³⁸
- Understand infants should not drink cow's milk until they are 12 months old, except in small amounts in the form of custard or yoghurt or on cereal at 7-9 months. (Cow's milk contains higher levels of protein, salt, potassium and calcium than breast milk or formula. This can increase the load on the kidneys, which are still immature).
- Understand that by 12 months of age babies should be ready to eat normal family foods and need a variety of nutritious foods from the five food groups as per the Australian Dietary Guidelines 2013.

Appropriate Drinks for Babies

Nursery educators understand and inform families as required, that:

- Exclusively breastfed infants do not require additional fluids up to 6 months of age.
- For formula-fed infants, cooled boiled tap water may be given if additional fluids are needed.
- Cow's milk is associated with iron deficiency in infants under 12 months, however pasteurised full cream cow's milk is an excellent source of nutrients in a mixed diet in the second year of life.
- Fruit juice is not necessary or recommended for infants under 12 months of age.
- Sweetened drinks are associated with dental caries.
- Tea, herbal teas and other drinks are of no known benefit to an infant and could possibly be harmful.³⁹
- Mothers who follow a plant-based diet should breastfeed their infants for as long as possible, 2 years or more is desirable. For infants being fed a plant-based diet who are not breastfed or are partially breastfed, a commercial soy-based infant formula during the first 2 years of life and dietetic advice is recommended.⁴⁰

³⁸ Refer to: Infant Feeding Guidelines, 2012

³⁹ Refer to: Section on: Unsuitable Foods and Drinks

⁴⁰ Refer to: References: Infant Feeding Guidelines, 2012



The following table summarises which drinks are suitable for babies in the first year of life.

Appropriate Drinks for Babies	0-6 months	6-12 months
Breast milk	Exclusively breast fed	Breast milk + solids
Infant Formula (including soy formula)	Only in the absence of breast milk	Only in the absence of breast milk
Cow's milk (includes fresh, powdered and UHT)	Not suitable	Not suitable as a drink. May be added to cereal and in cooking from 7-9 months
Reduced fat cow's milk	Not suitable	Not suitable
Soy milk, enriched with calcium	Not suitable	Not suitable, unless on dietetic advice for those families on plant-based diets.
Oat, rice or coconut milk	Not suitable	Not suitable
Water	Not necessary	Provide cool boiled water in hot weather to prevent dehydration. Drink from sipper cup, not bottle
Juice	Not suitable	Not suitable
Cordial/soft drink	Not suitable	Not suitable

Source: *Kids at Play – Get Active and Eat Well Everyday - A Manual for Early Childhood Centres in the ACT, 2009*

Cooled Boiled Tap Water

Nursery educators will:

- Offer cooled boiled tap water to infants when solids are introduced.
- Ensure all water given to infants under 12 months of age is boiled and then cooled.
- Understand tap water is recommended as it contains fluoride which helps reduce the risk of dental caries.
- Offer water from an open cup or a straw or sipper cup, which must continue to be sterilised up to 12 months.
- After 12 months of age, encourage tap water as children's main drink.
- Encourage older children to sit at the table with sipper cups and give actively supervise them.

Supporting Breast Feeding

Heritage will encourage and support breast feeding by providing a supportive environment. Specifically, Heritage educators will:

- Encourage mothers to come in and feed their babies as required as breast feeding is often on demand.
- Offer a quiet, comfortable, safe and hygienic place for mothers to breastfeed their babies according to their preference, such as the comfortable chair in the room, beside the cot room or in the cot room.
- Work with families to develop and document individual EBM feeding plans, including instructions on what to do if educators run out of a child's EBM.
- **NEVER** offer a breastfed baby infant formula or any other liquid apart from cooled boiled water unless the family has been consulted.
- Ensure the safe handling of breastmilk and infant formula including transporting, storing, thawing, warming, preparing and bottle feeding as outlined in the Food Safety Policy.

Supporting Formula Feeding

Heritage supports mothers who, for any reason, do not continue breastfeeding and use infant formula and provides a supportive environment. Nursery educators will:

- Develop an individual formula feeding with families, with clear instructions including what to do if educators run out of formula.
- Follow the procedures for preparing infant bottle feeds set out in the Food Safety Policy and displayed in the Nursery kitchen.



- Hold infants in a semi-upright position during bottle feeding until they are able to support their own bottle.
- **Never** feed babies when they are lying flat down and **never** allow bottles in cots.

If educators have used all the milk supplied by the family and the baby is displaying signs of hunger, educators must:

- Call the family and inform them of the situation.
- Ask the family to bring in more formula milk.

Transition from Bottle to Open Cup

Heritage educators:

- Understand a cup can be introduced at around 6 months, to teach infants the skill of sipping from a cup.
- Will support parents and carers to completely replace bottles with an open cup by 12 months of age.
- Understand that, during the transition to an open cup, families may provide their own training cup which must be named, hygienic and free of cracks.
- Ensure feeding cups containing formula or breast milk are treated with the same food safety principles as infant bottles and continue to be sterilised up to 12 months and stored in the fridge.⁴¹

Importance of Transitioning to a Cup

- At around 12 months of age, children's growth rate slows, and their appetite becomes smaller.
- Continued use of a bottle often results in toddlers drinking too much milk over the day.
- Milk is filling, so drinking too much may lead to the child eating less food than expected/needed and being described as a 'fussy' or 'picky' eater.
- Too much milk can also lead to iron deficiency.
- Continuing to feed from a bottle has been identified as a major cause of early childhood tooth decay and losing these teeth too early makes it hard for young children to progress to family foods and resist foods with lumps.
- Lightweight plastic trainer cups with a simple spout (not a teat or a no-spill valve-type spout) and two handles are an economical, practical and easy to clean choice.
- Cups with a straw, open lip or free flowing spout are also appropriate.
- Training cups should only be used for a short time, while infants continue to practice drinking from an open cup.
- Transitioning to an open cup or a free-flow cup without a valve, helps infants to learn cup drinking skills as it requires them to sip rather than suck, and this is also better for their teeth.⁴²

NSW Ministry of Health, 2014

Introducing Solids

Heritage understands it is important to gradually introduce solids around **6 months of age** to meet the infant's increasing nutritional and developmental needs, and to **carefully monitor for any adverse reactions**.⁴³

Heritage reserves the right, in the absence of medical advice, to refuse to provide solids to a child under the age of 6 months. This is in line with the World Health Organisations revised recommendations.

Educators will:

- Look for signs that babies are ready for solids including:
 - Watching and leaning forwards when food is around.

⁴¹ Refer to: Food Safety Policy; NSW Ministry of Health, 2014

⁴² NSW Ministry of Health, 2014

⁴³ Refer to: Allergy and Anaphylaxis (including Nut Free) Policy



- Putting fingers in their mouth.
- Opening their mouth when food is offered.
- Ability to move tongue up and down.
- Reaching out to grab food or spoons.
- Understand that first foods should be introduced at around 6 months, starting with iron-fortified infant cereal and/or iron rich foods such as pureed meat, followed by other foods from the five food groups. As long as iron-rich foods are included in first foods, foods can be introduced in any order and at a rate that suits the infant.
- Work in consultation with families to determine appropriate foods (type and texture) that are introduced and ensure a variety of foods is offered to babies from all the five food groups.
- Understand a variety of solid foods are required for good nutrition and to help the infant to accept a range of flavours. Iron-fortified foods and meat or iron-rich alternatives should continue to be offered.
- Ensure the texture of foods are suitable to the infant's stage of development, progressing from pureed to lumpy to normal textures during the 6 to 12 month period.

Recommended/Sample Daily Food Patterns for Infants Aged 7–12 Months

A sample daily food pattern for infants aged 7–12 months is shown in the following table.

Note: This is a guide only as individual needs may vary. Some serve sizes have been adjusted to account for the small amounts that may be consumed by infants at one time, and common foods for this age, such as infant cereal, have been included.

Food*	Serve size	Serves a day	Serves a week
Vegetables and legumes/beans	20g	1½-2	10-14
Fruit	20g	½	3-4
Grain (cereal) foods	40g bread equivalent	1½	10
Infant cereal (dried)	20g	1	7
Lean meats, poultry, fish, eggs, tofu, legumes/beans	30g	1	7
Breast milk or formula	600ml	1	7
Yoghurt/cheese or alternatives	20ml yoghurt or 10g cheese	½	3-4

Source: Australian Dietary Guidelines 2013 ⁴⁴

When to introduce Types and Textures of Food

The Kids at Play Guidelines for when to introduce different textures of food is given in the table below. This information is available to families on enrolment in the Nursery, together with the Kids at Play guidelines on *Lunchboxes for Babies under 12 months*.

⁴⁴ Refer also to: Appendix 3: Australian Dietary Guidelines, Recommended Serving Sizes; Attachment 2: Healthy Eating for Children Brochure



Age	Texture	Suitable Foods to Start Introducing
6 months	Soft, puree, smooth, finely mashed	<p>Cereal</p> <ul style="list-style-type: none"> • Iron fortified infant rice cereal first • Mixed baby cereal – rolled oats, semolina, crushed Weetbix biscuits <p>Dairy</p> <ul style="list-style-type: none"> • Breast milk or infant formula • Baby yoghurt, cheese and custard <p>Fruit</p> <ul style="list-style-type: none"> • Puree apple, pear, peach, apricot, banana • Finely mashed stewed fruit (apple, pear), banana, strawberry, mango, avocado <p>Vegetables</p> <ul style="list-style-type: none"> • Pureed potato, pumpkin, sweet potato <p>Meat and Meat Alternatives</p> <ul style="list-style-type: none"> • Pureed lamb, beef, pork, chicken • Mashed tofu or well-cooked legumes e.g., kidney beans, lentils, chickpeas
8-9 months	Minced, lumpy, grated, diced, finger foods	<p>Cereal</p> <ul style="list-style-type: none"> • Bite sized bread/toast pieces (wholemeal) with a little butter or margarine, pasta (e.g. macaroni) rice, risotto, sago <p>Dairy</p> <ul style="list-style-type: none"> • Breast milk or infant formula continue to be the main drink • Cow's milk can be used on cereal • Yoghurt (full fat), custard, cottage cheese, grated cheese <p>Fruit</p> <ul style="list-style-type: none"> • Grated apple, ripe banana pieces • Diced soft fruit .e.g. peach, mango, pear, avocado, melon, paw paw <p>Vegetables</p> <ul style="list-style-type: none"> • Diced soft cooked pieces of potato, pumpkin, sweet potato, carrot, zucchini, parsnip, green beans <p>Meat and meat alternatives</p> <ul style="list-style-type: none"> • Minced beef, lamb, pork, finely chopped chicken • Pieces of soft cooked meats (e.g. casseroles) • Flaked fish or canned tuna and salmon • Mashed and hard-boiled egg yolk, if tolerated introduce whole, e.g., scrambled.
9-12 months	Variety of textures – mashed, diced, grated. Encourage self-feeding and offer finger foods	<p>Cereal</p> <ul style="list-style-type: none"> • Soft cracker biscuits, pikelets, pasta, noodles, spaghetti cut up, couscous, bite-sized sandwiches, moist fillings, e.g., avocado, cream cheese. <p>Dairy</p> <ul style="list-style-type: none"> • Breast milk and infant formula continue to be the main drink • Cheese sticks or slices, cream cheese <p>Fruit</p> <ul style="list-style-type: none"> • Continue above fruits, add seedless grapes (cut in quarters, skins removed), orange and mandarin segments (membrane removed), kiwifruit, pineapple. <p>Vegetables</p> <ul style="list-style-type: none"> • Continue above vegetables and start adding cabbage, Brussels sprouts, celery, cucumber, tomato, capsicum, mushrooms. <p>Meat and Meat Alternatives</p> <ul style="list-style-type: none"> • Diced tender cuts of meat; Lamb cutlets (with bone to chew off meat) • Pieces of soft cooked meats (e.g. casseroles); Family casseroles, mild seasoning • Meat balls or rissoles (cut into bite sized pieces) • Eggs – boiled, poached or scrambled • Diced tofu • Canned baked beans (salt reduced); Bean and lentil casseroles
12 months	Range of varying textures	<ul style="list-style-type: none"> • Family foods • Breastfeeding can continue as long as mutually desirable • Cow's milk should be introduced as a regular drink for all babies over 12 months and can complement breast milk.

Source: Kids at Play - A Manual for Early Childhood Services in the ACT, 2009



Care Giving Strategies When Babies Start Solids

When babies start solids, Nursery educators will:

- Encourage families to introduce new foods to their babies at home before foods are offered at Heritage to reduce the likelihood of a reaction while in care.
- Ensure food is given on a small, infant-sized spoon.
- Ensure the child is sitting comfortably and is not too hungry.
- Stay with the baby when they eat to avoid choking.
- Remain patient as the baby may only take a spoonful at first.
- Wait several days before introducing a new food.
- Discuss progress with families.

Developing Self Help Skills at 9-12 Months

At this stage babies will:

- Show an interest in self-feeding.
- Have the ability to chew lumps in food.
- Have the ability to use a feeding cup.
- Begin independent eating with some assistance.

Heritage Nursery educators will support independent feeding skills by:

- Providing utensils for the baby to help with self-feeding.
- Ensuring the baby uses a feeding cup.
- Providing appropriate assistance according to the baby's ability.

Monitoring Daily Intake

Nursery educators understands that monitoring fluid input is a very important care giving strategy for babies who have not started on solid foods, as the risk of dehydration is higher. This is particularly true in warmer weather.

Educators will:

- Document fluid intake in the Nursery to allow Heritage to monitor a child's wellbeing and communicate this information to families.
- Communicate to families about their baby's daily fluid intake in the following ways:
 - Bottle feed times and amounts will be recorded on daily individual communication sheets which can be taken home.
 - Bottle feed times and amounts will be verbally reported to families at pick-up.
 - In addition, for those babies who have started solids, the amount of food eaten at meal times will be recorded on daily individual communication sheets and also verbally reported to families at pick-up.

Meeting the Nutritional Needs of Children, 1-5 years

- Heritage understands that children move from being babies to toddlers in their second year, and that from 12 months of age and beyond, toddlers should be consuming family foods consistent with the Australian Dietary Guidelines 2103 including:
 - Plenty of vegetables, including legumes, and fruit.
 - Plenty of cereals, preferably wholegrain, such as breads, rice, pasta, noodles.
 - Some lean meats, poultry and fish (or protein alternatives).
 - Some dairy products, including milk, cheese and yoghurts.
 - Dairy products ~~low in saturated fat~~. (For children under two, low fat diets are not considered appropriate).
 - Plenty of water to drink.
 - Limit saturated fat and moderate total intake.
 - Foods low in salt.
 - Small amounts of foods high in sugar or added sugars or artificial sweeteners.
- Heritage understands the amount of food required each day from each food group varies from child to child depending on their age, size, level of physical activity and general health.



- Educators encourage families to follow the guidelines in the following table and to provide a healthy, balanced lunch and afternoon tea which includes at least half ⁴⁵ the recommended number of serves from each food group, taking into account the individual needs of their child that Heritage provides a serve of fruit in the morning.

Australian Dietary Guidelines: Sample Daily Food Patterns for Toddlers aged 13-23 Months

Note: The following tables are a guide only. The amounts shown in the table relate to the same serve sizes as older children and adults, however most toddlers will consume much smaller quantities at any one time but have these foods more frequently.

Food*	Serve size	Serves a day
Vegetables and legumes/beans	75g	2-3
Fruit	150g	1/2
Grain (cereal) foods	40g bread equivalent	4
Lean meats, poultry, fish, eggs, tofu, legumes/beans	65g	1
Milk, yoghurt, cheese and/or alternatives	250ml milk equivalent	1-1 1/2

Australian Dietary Guidelines: Sample Daily Food Patterns for Children from 2-8 years

Recommended average daily number of serves from each of the Five Food Groups*							Additional serves for more active, taller or older children
	Age	Veg & legumes	Fruit	Grain (cereal) foods	Lean meats, poultry, fish, eggs, tofu, legumes/beans	Milk, yoghurt, cheese and/or alternatives	
Boys	2-3	2 1/2	1	4	1	1 1/2	0-1
	4-8	4 1/2	1 1/2	4	1 1/2	2	0-2 1/2
Girls	2-3	2 1/2	1	4	1	1 1/2	0-1
	4-8	4 1/2	1 1/2	4	1 1/2	1 1/2	0-1

Refer also to: Appendix 3: Pictorial Representation of Recommended Serving Sizes; Attachment 2: Healthy Eating for Children Brochure.

Vegetables

Heritage understands it may be hard to meet recommended vegetable intakes due to the lack of ideas for snacks and meals. However, vegetables provide different nutrients to fruit, and a variety of brightly coloured vegetables are needed and cannot be substituted by fruits. Heritage will provide suggestions via factsheets, information on noticeboards, the website and newsletter etc. Ideas include:

- Mini corn cobs.
- Baked potatoes stuffed with baked beans, corn etc.
- Veggie kebabs filled with peas, cherry tomatoes, mushrooms etc.
- Vegetable soups ~~served in a cup~~ such as pumpkin or minestrone.
- Mini English muffin pizza topped with tomato paste, peas, corn, mushrooms.
- Veggie crisps – sweet potato, potato and pumpkin sliced thinly and baked until crisp.
- Popcorn (not suitable for babies and toddlers as it is a choking risk).
- Steamed rice with peas and corn mixed through.

Fruit

Heritage educators understand that:

- Dried fruits should be limited to one serve a day as they are more energy dense and stick to children’s teeth increasing the risk of decay.

⁴⁵ Recommendation in the Start Right Eat Right program, 2010



- Fruit drinks and fruit-based snacks such as bars and straps are not a substitute for real fruit due to the way they are processed which significantly reduces their nutrient content and increases sugar content.

Frozen and Tinned Vegetables and Fruit

While fresh is considered best, frozen vegetables have vitamin contents equivalent to fresh. Tinned and dried veggies/fruit can be used, eg, when fresh varieties are out of season.

Refer to: Attachment 3: Lunchbox Ideas for Early Childhood Settings (Get up and Grow) and Attachment 4: Cookbook - Healthy Food for Babies and Toddlers (NSW Government)

Fluids

Milk and water are the two most important drinks for 1 to 5 year olds.

- Milk is very important because it contains nutrients such as protein, calcium and vitamin D, critical for good growth. ~~Children need at least 6 small serves of dairy a day, up to 3 of which can be milk.~~
- Water is essential for ensuring adequate hydration, maintaining body temperature, maintaining regular bowel activity, quenching thirst. In addition, tap water contains fluoride which helps to protect children’s teeth.

Summary of Appropriate Drinks for Children, 1-5 Years

Appropriate Drinks	1-2 years	3-5 years
Breast milk	Continue as long as mutually desired	Continue as long as mutually desired
Infant Formula	Not necessary if tolerating cow’s milk	Not necessary
Cow’s milk (incl. fresh, powdered & UHT)	Cow’s milk becomes important – provide up to 3 serves a day	Cow’s milk is important – provide up to 3 serves a day.
Reduced fat cow’s milk	Not suitable	Recommended Suitable for children over 2 years
Soy milk, enriched with calcium	May be used if cow’s milk causes allergy or intolerance	May be used if cow’s milk causes allergy or intolerance. See also Plant-based Diets
Oat, rice or coconut milk	Not suitable as a replacement for cow’s milk, unless medically advised	Not suitable as a replacement for cow’s milk, unless medically advised
Water	Provide regularly	Prompt children to drink water regularly
Juice	Not necessary. Despite their vitamin content, fruit juices contain very concentrated amounts of natural sugars. If providing, dilute one part juice with four parts water.	Not necessary. Despite their vitamin content, fruit juices contain very concentrated amounts of natural sugars. If providing, dilute one part juice with four parts water.
Cordial/soft drink	Not suitable as they encourage children to develop a taste for and habit of drinking sweet drinks.	Not suitable as they encourage children to develop a taste for and habit of drinking sweet drinks.

Adapted from: Kids at Play: Get Active and Eat Well Everyday - A Manual for Early Childhood Services in the ACT, 2009



Care Giving Strategies for Children, 1-5 Years

Introducing New Foods to Toddlers

Toddler Room educators must:

- Ensure the food is cut into small pieces,
 - Very thinly sliced apple served to toddlers under strict supervision only.
 - Popcorn not suitable for toddlers as it is a choking risk. **Refer to:** Procedures for Minimising Choking.
- Ensure the child is sitting comfortably.
- Stay with the child.
- Remain patient as the child may only take one mouthful at first.
- Use positive strategies to encourage the child such as talking about how the food grows, its texture and flavour or tell stories and sing songs about it.
- Allow children to explore the food by looking, feeling, smelling and mashing it before they try it.
- Discuss progress with families.

Self-Help Skills for Toddlers and Preschoolers

Educators must:

- Where possible, involve children in the planning and process of creating a welcoming environment for children to dine in.
- Encourage children to be self-sufficient as far as possible. Time may be needed to allow Encourage children to communicate their needs respectfully during mealtimes through verbal communication or use of sign language.
- Help children learn the social norms of table manners and encourage appropriate mealtime communication.
- Proactively reinforce hygiene practices before, during and after food related experiences:
 - Children must wash their hands before and after their meal.
 - Children must wipe their faces with a washcloth/baby wipe after their meal.
- Encourage children to be involved in setting, serving and clearing the table, providing opportunities for them to develop independence, self-esteem and teamwork.
- Encourage children in the appropriate use of utensils and provide smaller utensils to allow children to develop eating skills and independence.
- Encourage children to place leftovers from their plate into the compost bin and their other waste into the correct recycling bin.

Strategies for When Children Refuse to Eat or are Fussy Eaters

Educators must:

- Never force a child to eat. This has been proven to lead to children losing the ability to decide when they are full which is linked to obesity in later life.
- Consider reasons behind the behaviour. Children commonly go through phases of liking and disliking certain foods. Or there may be other reasons such as the:
 - Child has never tried the food before
 - Parent/carer is expecting the child to eat more food than they need
 - Child may be demonstrating his or her independence by refusing food
 - Child is overtired and needs a sleep
 - Child's appetite may be affected by illness
 - Child may have anxiety about trying new foods
- Communicate with families to develop strategies to deal with the behaviour.

Food and Behaviour Guidance

Educators must **never** use food for disciplinary purposes such as a reward, incentive or to punish or provide comfort to children as this can produce a positive or negative emotional response and association with food.



Procedures for When a Child is Hungry

Heritage educators understand there may be times when children may miss a meal time or are hungry outside of the planned meal time. For example, if a child arrives late and misses the scheduled fruit break, educators must offer the child a serve of fruit. If a family is running late resulting in the child being ~~in care~~ at the service longer than usual, educators must:

- Call the family and inform them of the situation
- Provide fruit, a cheese or vegemite sandwich or a serve of raisin toast from the emergency ~~rations~~ food store in the staff room fridge, if requested to do so by the family.

Monitoring Daily Intake

Educators will encourage families of toddlers to read the Daily Intake Record sheets.

Excursions

Heritage educators must follow the Nutrition and Oral Hygiene Policy and Procedures as far as practicable on excursions.

Communication and Training

Educators

- Educators will be informed of the Nutrition and Oral Hygiene Policy and Procedures during the induction process, at staff meetings, through training days and through the Educator Handbook.
- Educators will be encouraged to attend professional development courses in areas related to children's nutrition including allergies and anaphylaxis, diabetes, food safety, healthy eating, the nutritional needs of babies and dental care strategies.
- Posters will be displayed in all rooms relating to nutrition, food safety, healthy eating and dental care.
- Educators will be supported with resources to enable them to deliver good nutrition, healthy eating, food safety and oral health education.
- Educators will be supported to consume healthy food and drinks and maintain good oral health practices at work.

Families

- Families will be asked on enrolment if their child/ren have allergies or intolerances to certain foods or whether the family has particular lifestyle choices related to food such as being vegetarian or cultural/religious practices around food.
- Families will be informed on enrolment of the Nutrition and Oral Hygiene Policy and Procedures and how to access it on the Heritage website.
- Families will be provided with nutrition guidelines, information and/or factsheets through the Heritage Handbook, this policy, the newsletter, website and the noticeboard in the foyer including suggestions on how to create healthy and nutritious meals at home, healthy foods to pack for lunches and snacks, and dental care strategies.
- Families will be reminded regularly of the importance of packing well-balanced lunches through the website and newsletter.
- Educators will communicate regularly with families about food and nutrition related experiences within the service and invited to join in cooking experiences.
- Partnerships will be established with relevant organisations and health professionals to support healthy eating and oral health practices, where appropriate, and Heritage may invite speakers to give talks on nutrition and dental care strategies and take part in community awareness programs that focus on these areas.
- Families will be given information on dental clinics in Canberra.
- Families will be invited to contribute to reviews of the Nutrition and Oral Hygiene Policy.



Oral Hygiene and Dental Health Care Strategies

The nutrition and healthy eating strategies at Heritage have been developed to comply with best practice for oral hygiene and dental health for early childhood as set out in the Infant Feeding Guidelines 2012 and Australian Dietary Guidelines 2013.

Suitable Foods

- Families will be asked not to send ~~junk foods~~ discretionary/inappropriate⁴⁶ to Heritage including chips, roll-ups, chocolate, cream filled biscuits, cakes, fruit sticks, muesli bars, dairy snacks such as Yogo or Milo etc, as they are high in sugar and can ~~cause~~ increase the risk of dental decay. **Refer to:** Procedures When Food or Fluid Supplied is Not Suitable.
- Heritage will advise families that dried fruits should be limited to one serve a day as they are more energy dense and stick to children's teeth increasing the risk of decay.
- Cake and sugary snacks such as chocolate will be limited to special occasions such as birthday celebrations. **Refer to:** Special Occasions and Birthdays.
- Children will never get sweet foods as rewards for good behaviour. **Refer to:** Food and Behaviour Guidance.

Suitable Drinks

- Water will be the only drink given to children and will be boiled and cooled before being given to children in the Nursery. **Refer to:** Water to Drink.
- Tap water will be given to children as it contains fluoride which helps to protect children's teeth and children will be encouraged to drink water throughout the day.
- Families will be asked not to send juice boxes, cordial or soft drinks to Heritage as they are high in sugar and encourage children to develop a taste for and habit of drinking sweet drinks which increases the risk of dental decay. **Refer to:** Unsuitable Foods and Drinks.
- Feeding bottles will never allowed to contain fruit juice or soft drinks as sweetened liquids promote Nursing Bottle Caries (Decay). **Note:** When a young child is asleep, only small amounts of saliva are produced to wash away the acids from these beverages and protect the teeth.⁴⁷

Transition from Bottle to Cup

Educators will:

- Understand a cup can be introduced at around 6 months and will support parents and carers to completely replace bottles with an open cup by 12 months of age. Replacing bottles is important to ensure milk is not over-consumed which is important for teeth.
- Understand transitioning to an open cup or a free-flow cup without a valve, helps infants to learn cup drinking skills as it requires them to sip rather than suck, and this is also better for their teeth.⁴⁸
- Ensure feeding cups containing formula or breast milk continue to be sterilised up to 12 months.

No Bottles at Rest Times

- Educators will ensure baby milk feeding bottles are never be used to settle children at rest times. Where a child is used to having a bottle at rest time, they will be allowed to have their bottle at a table, rinse their mouth with water (see below), and then settle to rest.

Swish and Swallow

- Educators will encourage the 'swish and swallow' method of rinsing the mouth of food residue by providing their water bottles at all mealtimes and encouraging all children to have a drink of water at the completion of their meal. The water will be swallowed and not spat out.

⁴⁶ Refer to: Definitions

⁴⁷ Australian Dental Association, 2010

⁴⁸ NSW Ministry of Health, 2014



Pacifiers

Educators will ensure:

- Children are discouraged from walking around with a pacifier.
- No children will be given dummies that are showing signs of wear or splitting or that have been dipped in any food or liquid such as honey - coating dummies in these types of substances may lead to extensive tooth decay and encourage the child to develop a 'Sweet Tooth'.

Sharing

- Educators will actively supervise children to ensure children don't put anything in their mouth if it has been in someone else's mouth to avoid spreading bacteria that cause dental caries.

Communication and Educational Program

- Heritage will promote positive and appropriate oral hygiene and dental health care messages to all children and families.
- Heritage will provide parents with access to this policy and information/factsheets on dental health on enrolment, through the newsletter and website.
- Educators will incorporate dental hygiene into the educational program. This will include informal discussion at mealtimes and group discussions on the importance of teeth – what we use them for, what foods we should eat to protect them and how we should look after them.
- Educators will make opportunities to discuss the Heritage dental hygiene strategies with families and how they can implement and encourage regular tooth cleaning and brushing in the home.

Brushing Teeth

- Cleaning and brushing teeth removes plaque (the build-up on teeth) that causes tooth decay.
- Families can start cleaning their baby's teeth when they appear around 6 months by wiping with a soft cloth or brushing with a small soft toothbrush and water.
- At 18 months families can start using a pea sized amount of low-fluoride toothpaste to brush their child's teeth and encourage their child to spit out toothpaste after brushing, but not rinse.
- All surfaces of the teeth and gums should be cleaned twice a day (after breakfast and before bed).
- Children will need an adult to help them brush their teeth until about 7 or 8 years of age.⁴⁹

Refer also to: Attachment 5: Australian Dental Association: Tips to Babies, Toddlers and Preschoolers

Summary of Responsibilities

The Heritage Management Committee (Approved Provider) is responsible for ensuring:

- The service operates in line with the Food Safety Act and the *Education and Care National Regulations 2011* including:
 - ensuring policies and procedures are in place in relation to nutrition, food and beverages, and dietary requirements (National Regulation 168(2)(a)(i));
 - children have access to safe drinking water at all times and are offered food and beverages appropriate to the needs of each child on a regular basis throughout the day (National Regulation 78);
 - adequate health and hygiene procedures are in place including safe practices for handling, preparing and storing food to minimise risks to children being educated and cared for by the service (Regulation 77).

⁴⁹ Refer to: <https://www.dhsv.org.au/dental-advice/general-dental-advice/babies>



- taking every reasonable precaution to protect children from harm and from any hazard likely to cause injury (National Law 167).
- Finances are allocated for training in nutrition and food safety.
- The service promotes a healthy lifestyle to children, families and educators that is consistent with national and state guidelines and recommendations.
- Educators are encouraged to model healthy eating and dental hygiene practices.
- Healthy eating and dental care practices are developed in conjunction with families to ensure consistency between the service and home.
- Procedures are in place to ensure adequate supervision of children while eating and drinking, and to minimise the risk of choking.
- Procedures are in place to ensure all educators are aware of, and plan for, the dietary needs of children diagnosed with medical conditions including anaphylaxis, food allergies and Type 1 diabetes.⁵⁰
- Procedures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or Type 1 diabetes, and the service is nut-free.⁵¹
- Procedures are in place to accommodate diverse family practices in relation to food and nutrition where safe to do so, including cultural and religious practices and lifestyle choices.
- The service encourages and supports breastfeeding or appropriate formula/bottle feeding strategies in line with the national Infant Feeding Guidelines 2012.
- Procedures are in place for the correct storage, handling and preparation of expressed breast milk and infant formula.⁵²
- The service supports the appropriate introduction of solid foods in line with the national Infant Feeding Guidelines 2012.
- The service provides a safe, positive, relaxed, flexible and social environment in which children can enjoy mealtimes, develop independence and social skills including socially acceptable behaviour, table manners and utilising utensils effectively, appropriate to their age.
- The service provides ongoing information, resources and support to families to assist in the promotion of healthy lifestyles and to foster understanding of strategies for optimum health and wellbeing for young children, including good nutrition and dental care.
- The service incorporates nutrition and dental education into the program, appropriate to the age of the children.
- The service provides families with suggestions for lunchboxes and afternoon tea for children that are in line with the national recommendations and this policy.
- Families are discouraged from providing children with 'discretionary/sometimes'⁵³ foods and drinks.
- Procedures are in place to communicate with parents about their child's food and drink in-take.
- Celebrations, fundraising activities and other service events and meetings are catered for in line with the purposes and values of this policy and service procedures.
- This policy is followed as far as practicable on excursions.
- This policy is reviewed regularly in consultation with educators, parents/guardians and families.

The Director (Nominated Supervisor) is responsible for ensuring:

- This policy is regularly reviewed in consultation with educators, parents/guardians and families. Listening to children's voices is also an important part of the Heritage philosophy. The Director will ensure educators listen to children's voices in relation to this policy as part of the educational program. For example, educators may ask, "What food is healthy to bring to Heritage?"
- Educators comply with the legal requirements as set out in the Nutrition and Oral Hygiene Policy including ensuring:

⁵⁰ Refer to: Anaphylaxis and Allergy (including Nut Free) Policy; Type 1 Diabetes Policy

⁵¹ Refer to: Anaphylaxis and Allergy (including Nut Free) Policy; Type 1 Diabetes Policy; Food Safety Policy

⁵² Refer to: Food Safety Policy

⁵³ Refer to: Definitions



- children have access to safe drinking water at all times and are offered food and beverages appropriate to the needs of each child on a regular basis throughout the day (National Regulation 78);
- adequate health and hygiene procedures are in place including safe practices for handling, preparing and storing food to minimise risks to children being educated and cared for by the service (Regulation 77).
- taking every reasonable precaution to protect children from harm and from any hazard likely to cause injury (National Law 167).
- The service environment and the educational program supports children and families to make healthy food and drink choices, in line with national guidelines and recommendations.
- Training is facilitated for educators in relation to the goals, strategies and practises in this policy.
- Educators and other staff maintain and model good personal nutrition and dental care/oral hygiene.
- Educators work collaboratively and respectfully with families to ensure healthy eating and dental care practices are consistent at the service and at home.
- Educators are aware of children's individual and additional needs in relation to food and drinks and collaborate respectfully with families to meet their needs, where safe to do so.
- Educators are aware of each child's food allergies and/or other medical conditions on enrolment or on initial diagnosis, and the procedures to prevent the cross contamination of foods.
- Educators are aware of, and plan for, the dietary needs of children diagnosed with Type 1 diabetes.
- Educators work respectfully and collaboratively with families to accommodate their diverse practices in relation to food and nutrition where safe to do so, including cultural and religious practices and lifestyle choices.
- Educators encourage and support breastfeeding or appropriate formula/bottle feeding strategies in line with this policy.
- Educators support the appropriate introduction of solid foods in line with this policy.
- Educators provide a safe, positive, flexible, relaxed and social environment in which children can enjoy mealtimes, be encouraged to develop independence and social skills including socially acceptable behaviour, table manners and utilising utensils effectively, appropriate to their age.
- Educators adequately supervise all children when eating and drinking.
- Educators respect children's choices and never force children to eat or use food for behaviour guidance.
- Educators encourage children to 'swish and swallow' water after mealtimes.
- Educators incorporate nutrition and dental health education into the program, appropriate to the age of the children.
- Information, resources and support is provided to families through factsheets, noticeboards, the website and on enrolment to assist in the promotion of healthy lifestyles and to foster understanding of strategies for optimum health and wellbeing for young children, including good nutrition and dental care.
- Suggestions for lunchboxes and afternoon tea are provided to families that are in line with this policy and national recommendations and guidelines.
- Families are discouraged from providing children with 'discretionary/ sometimes'⁵⁴ foods and drinks.
- Educators communicate with parents about their child's food in-take.
- Celebrations, fundraising activities and other service events and meetings are catered for in line with the purposes and values of this policy and service procedures.
- This policy is followed as far as practicable on excursions.
- Students and volunteers are aware of and follow the procedures in this policy.

⁵⁴ Refer to: Definitions



- Links with local and regional health services, community organisations and businesses are established and maintained, that provide expertise, resources and support for healthy eating and dental health.

Educators are responsible for:

- Complying with the legal requirements set out in this policy including ensuring:
 - children have access to safe drinking water at all times and are offered food and beverages appropriate to the needs of each child on a regular basis throughout the day (National Regulation 78);
 - adequate health and hygiene procedures are in place including safe practices for handling, preparing and storing food to minimise risks to children being educated and cared for by the service (Regulation 77).
 - taking every reasonable precaution to protect children from harm and from any hazard likely to cause injury (National Law 167).
- Complying with the nutrition and oral health strategies and procedures in this policy.
- Modelling good personal nutrition and dental care/oral hygiene.
- Being aware of each child's individual and additional needs in relation to this policy and working collaboratively and respectfully with families to meet those needs, where safe to do so.
- Working respectfully and collaboratively with families to accommodate their diverse practices in relation to food and nutrition where safe to do so, including cultural and religious practices and lifestyle choices.
- Working respectfully and collaboratively with families to ensure, as far as practicable that healthy eating and oral health practices are consistent at the service and at home.
- Being aware of each child's medical conditions and implementing the procedures to manage their conditions including preventing cross-contamination of any food given to children with diagnosed food allergies and complying with the dietary needs of children with Type 1 diabetes.
- Implementing the educational program to support children and families to make healthy choices for eating and drinking and discussing healthy eating choices with children such as introducing the concept of 'sometimes'⁵⁵ foods and drinks.
- Exploring and discussing as part of the educational program diverse cultural, religious, social and family lifestyles in relation to nutrition and healthy eating.
- Encouraging and support breastfeeding or appropriate formula/bottle feeding strategies in line with this policy and with the national Infant Feeding Guidelines 2012.
- Supporting the appropriate introduction of solid foods in line with this policy and with the national Infant Feeding Guidelines 2012.
- Ensuring a safe, flexible, relaxed and social environment in which children can enjoy mealtimes and healthy eating.
- Encouraging children to develop independence and social skills including socially acceptable behaviour, table manners and utilising utensils effectively, appropriate to their age, e.g. opening lunchboxes, pouring drinks, self-feeding, serving and using utensils in a culturally sensitive way.
- Respecting children's choices and ensuring children are never forced to eat, and food is never used as in incentive, reward or punishment.
- Ensuring that children can readily access their own clearly labelled drink bottle.
- Reminding children to drink regularly throughout the day, including after waking, at snack/mealtimes and after physical exercise.
- Encouraging children to 'swish and swallow' after mealtimes and if they have a bottle at the table before rest time.
- Adequately supervising all children at all times when eating and drinking and minimising the risk of choking.
- Complying with this policy as far as practicable on excursions and when participating in celebrations, service events and meetings.
- Supporting students and volunteers to comply with this policy while at the service.

⁵⁵ Refer to: Definitions



- Keeping families informed of current information relating to this policy and healthy eating and dental health strategies, and where to find information, such as on the website.
- Discouraging families from providing 'discretionary/ sometimes ⁵⁶ foods and drinks for lunch and afternoon tea, and removing inappropriate food including choking hazards from lunchboxes, where appropriate.
- Communicating with parents about their child's food in-take.

Parents/guardians are responsible for:

- Providing details of individual nutritional/dietary requirements, including any related allergies and medical conditions, and cultural, lifestyle or religious practices, on their child's enrolment form, and discussing these with the Director prior to the child's commencement at the service, and as requirements change over time.⁵⁷
- Communicating regularly with educators regarding their child's specific nutritional requirements and dietary needs, including food preferences.
- Providing healthy, balanced, nutritious food for lunch and afternoon tea, foods from the five food groups.
- Complying with the Heritage nut free policy and avoiding bringing other foods and drinks that are unsuitable to the service including discretionary⁵⁸ foods, juice, choking hazards etc. drinks Heritage currently excludes, seafood. (See: Unsuitable Foods and Drinks).
- Providing a clearly labelled and hygienic drink bottle and lunch box.
- Providing nutritious food and drinks for celebrations, fundraising activities and service events, consistent with this policy.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Policy Review and Evaluation

In order to assess whether the values and purposes of this policy have been achieved, the Management Committee will:

- Regularly seek feedback from educators, other staff, parents/guardians, children, management and all those in the Heritage community affected by the policy regarding its effectiveness.
- Monitor the implementation, compliance, complaints and incidents in relation to this policy.
- Report on healthy eating and dental hygiene goals and achievements in the service's Quality Improvement Plan (QIP) and/or management committee meetings as required.
- Keep the policy up to date with current legislation, and relevant research and best practice.
- Revise the policy and procedures as part of the Heritage policy review cycle, or as required and provide educators and families with opportunities to contribute to the review.
- Notify parents/guardians at least 14 days before making any change to this policy.

⁵⁶ Refer to: Definitions

⁵⁷ Refer to: Individual and Additional Needs Policy

⁵⁸ Refer to: Definitions



Related Policies

Name	Location
Allergy and Anaphylaxis (including Nut Free) Policy	Members' Area on Heritage Website.
Creating Inclusion and Equity Policy	
Curriculum and Program Planning Policy	
Employment and Staffing Policy (incl. Students and Volunteers)	
Enrolment and Graduating Rooms Policy	Policy and Procedures Manual in Main Office, Main Entrance and Staff Programming Room
Excursions and Incursions Policy	
Food Safety Policy (Food from Home)	
HACCP Food Safety Plan (Food Made on Premises)	Heritage Handbook for Families Educator Handbooks
Hygiene and Infection Control Policy	
Medical Conditions Policy	
Physical Activity Policy	
Curriculum and Program Planning Policy	
Work Health and Safety Policy	Supporting Children's Individual and Additional Needs Policy
Supporting Children's Individual and Additional Needs Policy	

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https://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55i_australian_guide_to_healthy_eating.pdf

Eat for Health – Australian Dietary Guidelines. – Summary.

https://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55a_australian_dietary_guidelines_summary_131014_1.pdf

Eat for Health – Infant Feeding Guidelines - Summary

https://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/170131_n56_infant_feeding_guidelines_summary.pdf

Eat for Health – Educator Guide.

https://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55b_educator_guide_140321_1.pdf

Healthy Eating for Children Brochure – Teach Your Child Healthy Habits for a Healthy Life

https://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55f_children_brochure_print.pdf

Giving your baby the best start - The best foods for infants.

https://www.eatforhealth.gov.au/sites/default/files/content/The%20Guidelines/n55e_infant_brochure.pdf

Healthy eating during your pregnancy – advice on eating for you and your baby.

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Useful websites

Anaphylaxis Australia - www.allergyfacts.org.au/

Australian Breastfeeding Association - www.breastfeeding.asn.au/

Australian Dental Association - www.ada.org.au/

Better Health Channel – www.betterhealth.vic.gov.au

Diabetes Australia - <http://www.diabetesaustralia.com.au/>

Dieticians Association of Australia – <http://www.daa.asn.au/>

Eat for Health - <https://www.eatforhealth.gov.au/>

Food Standards Australia New Zealand - <http://www.foodstandards.gov.au/>

Good Habits for Life – www.goodhabitsforlife.act.gov.au/

Heart Foundation - www.heartfoundation.com.au

National Health and Medical Research Council – <http://www.nhmrc.gov.au/>

Nutrition Australia, ACT Branch - <http://www.nutritionaustralia.org/act>



Version Control

Version Number	Approval Date	Approved by	Author and Amendments
1	September 2001	HECC Management Committee	
2	December 2010	HECC Management Committee	Author: Julia Charters Rewrite of Heritage Healthy Eating Policy based on NCAC Healthy Eating Policy Template and other reference given above.
3	January 2012	Director	Amendment: Very thinly sliced apple served to toddlers under strict supervision only. Popcorn not suitable for toddlers as it is a choking risk. Refer to: Attachment on Preventing Choking on Food.
4	April 2013	Director	Author: Julia Charters Minor changes to meet National Quality Standard. Checked - ACT Government <i>Kids at Play</i> Guidelines, and Australian Government <i>Get up and Grow Guidelines</i> still current. Added attachment: Lunch Box Ideas for Early Childhood Settings (from <i>Get up and Grow Guidelines</i>)
5	June 2020	HECC Management Committee	Updated to reflect the latest National nutrition and oral health recommendations in the Infant Feeding Guidelines 2012 and the Australian Dietary Guidelines 2013. Added Tables: Sample Food Patterns, 7-12 months; Sample Daily Food Patterns for Children aged 13-23 Months, and 2-8 Years Added information from the latest Heart Foundation Healthy Eating Position Statement (2019) that given the inconsistencies in the evidence for fat modified dairy products, there is not enough evidence to support fat modification for the general healthy population. Added all dairy products provided by the service such as for cooking activities will be full cream. Re-named oral hygiene procedure to Swish and Swallow. Update: Very thinly cut apple may be given to babies and toddlers as grated apple browns too quickly Added references to Traffic Light System for identifying foods. Added Contents Page; Definitions; Summary of Responsibilities. Updated Appendix on National Regulations and Quality Standards. Added Appendices: Australian Dietary Guidelines: Food Selection Summary Chart and Recommended Serves by Age.



Appendix 1: Relevant National Regulations and Standards

National Law Section 167: Offence relating to protection of children from harm and hazards

- (1) The approved provider of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.
- (2) A nominated supervisor of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.

National Regulation 168: (2)(a)(i) Policies and procedures are required in relation to:

- (a) health and safety, including matters relating to
 - (i) nutrition, food and beverages, dietary requirements.

National Regulation 77: Health, hygiene and safe food practices

- (1) The approved provider of an education and care service must ensure that the nominated supervisor and staff members of, and volunteers at, the service implement—
 - (a) adequate health and hygiene practices; and
 - (b) safe practices for handling, preparing and storing food.
- (2) The nominated supervisor of an education and care service must implement, and ensure that all staff members of, and volunteers at, the service implement—
 - (a) adequate health and hygiene practices; and
 - (b) safe practices for handling, preparing and storing food
 to minimise risks to children being educated and cared for by the service.

National Regulation 78

- (1) The approved provider of an education and care service must ensure that children being educated and cared for by the service--
 - (a) have access to safe drinking water at all times; and
 - (b) are offered food and beverages appropriate to the needs of each child on a regular basis throughout the day.
- (2) A nominated supervisor of an education and care service must ensure that children being educated and cared for by the service--
 - (a) have access to safe drinking water at all times; and
 - (b) are offered food and beverages on a regular basis throughout the day.

National Quality Standard

Quality Area 2: Children's health and safety

Standard 2.1. Health. Each child's health and physical activity is supported and promoted.

Element 2.1.1. Wellbeing and comfort. Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

Element 2.1.2. Health practices and procedures. Effective illness and injury management and hygiene practices are promoted and implemented.

Element 2.1.3 Healthy lifestyle. Healthy eating and physical activity are promoted and appropriate for each child.

Standard 2.2. Safety. Each child is protected.

Element 2.2.1. Supervision. At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

Quality Area 6: Collaborative partnerships with families and communities

Standard 6.1. Supportive relationships with families. Respectful relationships with families are developed and maintained and families are supported in their parenting role.

Element 6.1.1. Engagement with the service. Families are supported from enrolment to be involved in the service and contribute to service decisions.

Element 6.1.2. Parent views are respected. The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.



Element 6.1.3. Families are supported. Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.

Standard 6.2. Collaborative partnerships. Collaborative partnerships enhance children's inclusion, learning and wellbeing.

Element 6.2.3. Community engagement. The service builds relationships and engages with its community.

Quality Area 7: Governance and Leadership

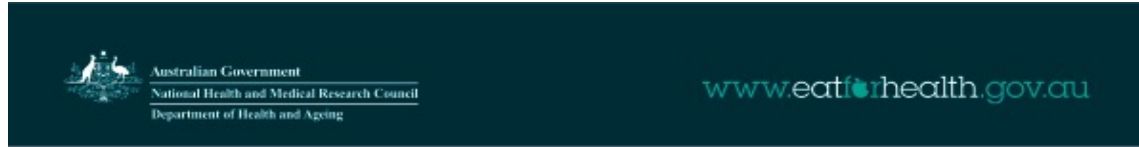
Standard 7.1. Governance. Governance supports the operation of a quality service.

Element 7.1.1 Service philosophy and purpose. A statement of philosophy guides all aspects of the service's operations.



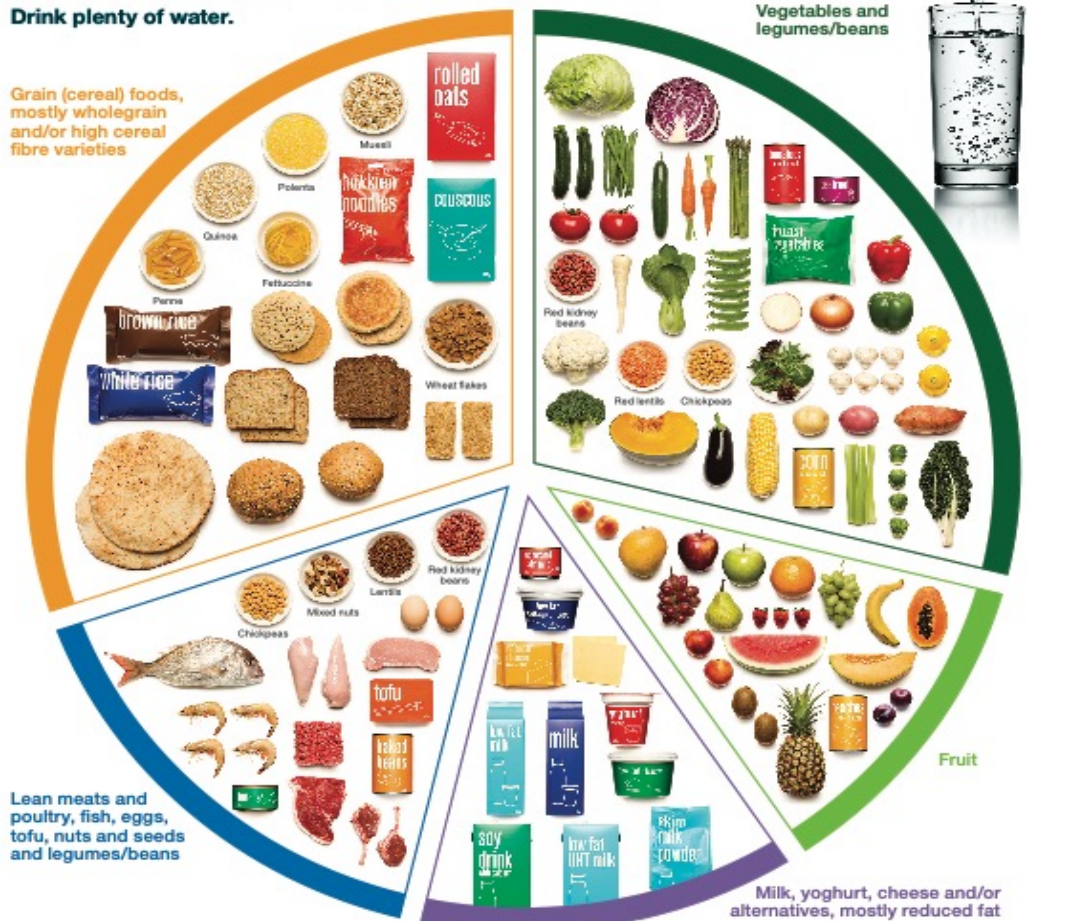
Appendix 2: The Australian Guide to Healthy Eating: Food Selection Guide

The following food selection guide is consistent with the 2103 Australian Dietary Guidelines. It visually represents the recommended proportion for consumption from each of the five food groups each day. Following a dietary pattern in these recommended proportions will provide enough nutrients essential for good health.



Australian Guide to Healthy Eating

Enjoy a wide variety of nutritious foods from these five food groups every day.
 Drink plenty of water.





Appendix 3: Australian Dietary Guidelines Serving Sizes by Age

Sample Daily Food Patterns for Infants Aged 7–12 Months

Note: This is a guide only as individual needs may vary. Some serve sizes have been adjusted to account for the small amounts that may be consumed by infants at one time, and common foods for this age, such as infant cereal, have been included.

Food*	Serve size	Serves a day	Serves a week
Vegetables and legumes/beans	20g	1½-2	10-14
Fruit	20g	½	3-4
Grain (cereal) foods	40g bread equivalent	1½	10
Infant cereal (dried)	20g	1	7
Lean meats, poultry, fish, eggs, tofu, legumes/beans	30g	1	7
Breast milk or formula	600ml	1	7
Yoghurt/cheese or alternatives	20ml yoghurt or 10g cheese	½	3-4

Sample Daily Food Patterns for Toddlers aged 13-23 Months

Note: The following tables are a guide only. The amounts shown in the table relate to the same serve sizes as older children and adults, however most toddlers will consume much smaller quantities at any one time but have these foods more frequently.

Food*	Serve size	Serves a day
Vegetables and legumes/beans	75g	2-3
Fruit	150g	½
Grain (cereal) foods	40g bread equivalent	4
Lean meats, poultry, fish, eggs, tofu, legumes/beans	65g	1
Milk, yoghurt, cheese and/or alternatives	250ml milk equivalent	1-1½

Sample Daily Food Patterns for Children from 2-8 years


Recommended average daily number of serves from each of the Five Food Groups*							Additional serves for more active, taller or older children
	Age	Veg & legumes	Fruit	Grain (cereal) foods	Lean meats, poultry, fish, eggs, tofu, legumes/beans	Milk, yoghurt, cheese and/or alternatives	
Boys	2-3	2½	1	4	1	1½	0-1
	4-8	4½	1½	4	1½	2	0-2½
Girls	2-3	2½	1	4	1	1½	0-1
	4-8	4½	1½	4	1½	1½	0-1

Source: Australian Dietary Guidelines, 2013



Australian Guide to Healthy Eating: Recommended Serves by (Age 2-18)

SERVE SIZES




Vegetables and legumes/beans

		2-3 years	4-8 years	9-11 years	12-13 years	14-18 years
Boys		2½	4½	5	5½	5½
Girls		2½	4½	5	5	5

A standard serve of vegetables is about 75g (100-350kJ) or:

- ½ cup cooked green or orange vegetables (for example, broccoli, spinach, carrots or pumpkin)
- ½ cup cooked, dried or canned beans, peas or lentils*
- 1 cup green leafy or raw salad vegetables
- ½ cup sweet corn
- ½ medium potato or other starchy vegetables (sweet potato, taro or cassava)
- 1 medium tomato

*preferably with no added salt



Fruit


		2-3 years	4-8 years	9-11 years	12-13 years	14-18 years
Boys		1	1½	2	2	2
Girls		1	1½	2	2	2

A standard serve of fruit is about 150g (350kJ) or:

- 1 medium apple, banana, orange or pear
- 2 small apricots, kiwi fruits or plums
- 1 cup diced or canned fruit (with no added sugar)

Or only occasionally:

- 125ml ½ cup fruit juice (with no added sugar)
- 30g dried fruit (for example, 4 dried apricot halves, 1½ tablespoons of sultanas)

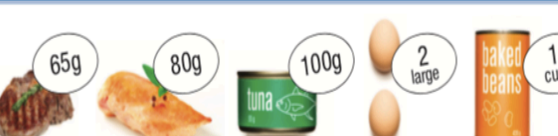


Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties

		2-3 years	4-8 years	9-11 years	12-13 years	14-18 years
Boys		4	4	5	6	7
Girls		4	4	4	5	7

A standard serve (500kJ) is:

- 1 slice (40g) bread
- ½ medium (40g) roll or flat bread
- ½ cup (75-120g) cooked rice, pasta, noodles, barley, buckwheat, semolina, polenta, bulgur or quinoa
- ½ cup (120g) cooked porridge
- ¾ cup (30g) wheat cereal flakes
- ¼ cup (30g) muesli
- 3 (35g) crispbreads
- 1 (60g) crumpet
- 1 small (35g) English muffin or scone




Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans

		2-3 years	4-8 years	9-11 years	12-13 years	14-18 years
Boys		1	1½	2½	2½	2½
Girls		1	1½	2½	2½	2½

A standard serve (500-600kJ) is:

- 65g cooked lean meats such as beef, lamb, veal, pork, goat or kangaroo (about 90-100g raw)*
- 80g cooked lean poultry such as chicken or turkey (100g raw)
- 100g cooked fish fillet (about 115g raw weight) or one small can of fish eggs
- 2 large (120g) eggs
- 1 cup (150g) cooked or canned legumes/beans such as lentils, chick peas or split peas (preferably with no added salt)
- 170g tofu
- 30g nuts, seeds, peanut or almond butter or tahini or other nut or seed paste (no added salt)

*weekly limit of 455g



Milk, yoghurt, cheese and/or alternatives, mostly reduced fat

		2-3 years	4-8 years	9-11 years	12-13 years	14-18 years
Boys		1½	2	2½	3½	3½
Girls		1½	1½	3	3½	3½

A standard serve (500-600kJ) is:

- 1 cup (250ml) fresh, UHT long life, reconstituted powdered milk or buttermilk
- ½ cup (120ml) evaporated milk
- 2 slices (40g) or 4 x 3 x 2cm cube (40g) of hard cheese, such as cheddar
- ½ cup (120g) ricotta cheese
- ¾ cup (200g) yoghurt
- 1 cup (250ml) soy, rice or other cereal drink with at least 100mg of added calcium per 100ml

To meet additional energy needs, extra serves from the Five Food Groups or unsaturated spreads and oils, or discretionary choices may be needed by children who are not overweight but are taller, more active or older in their age band.

● An allowance for unsaturated spreads and oils for cooking, or nuts and seeds can be included in the following quantities: 4-5g per day for children 2-3 years of age, 7-10g per day for children 3-12 years of age, 11-15g per day for children 12-13 years of age and 14-20g per day for adolescents 14-18 years of age.

● For meal ideas and advice on how to apply the serve sizes go to:

www.eatforhealth.gov.au

FOR FURTHER INFORMATION GO TO www.eatforhealth.gov.au