

# NUTRITION, ORAL HEALTH & ACTIVE PLAY POLICY

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## Mandatory – Quality Area 2

### 1.0 Purpose

1.1 This policy provides guidelines to:

- a) Promote a healthy lifestyle and support children, staff, educators and families at a Bethany Kindergarten Services (BKS) service to eat nutritious food, maintain oral health and participate in physical activity and active play.
- b) Ensure national and state guidelines and recommendations about nutrition, oral health and physical activity are met.
- c) Ensure that the dietary and cultural needs of children and families are taken into consideration when planning menus and implementing nutrition, oral health and active play activities.

### 2.0 Values

2.1 BKS is committed to:

- a) Creating policies and practices that promote a healthy lifestyle and ensure national and state guidelines and recommendations about safe food preparation, nutrition, oral health and physical activity are met
- b) Ensuring the buildings, grounds and facilities enable healthy eating, oral health and active play
- c) Creating a culture in which community members are respectfully supported to eat healthily, maintain good oral health and be active
- d) Providing children with formal and informal opportunities to learn about food, nutrition, oral health and health messages about physical activity
- e) Ensuring staff and educators have access to resources and support for their own healthy eating, oral health and physical activity
- f) Engaging families and expert organisations in the promotion and implementation of healthy eating, oral health and active play initiatives.

### 3.0 Scope

3.1 This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day-to-Day Charge, educators, staff, students on placement, volunteers, families, parents/guardians, children and others attending the programs and activities of BKS.

### 4.0 Background

4.1 There are many benefits to promoting a healthy lifestyle in early childhood education and care settings, including the positive impact this has on each child's learning and development. Being made aware of positive eating behaviour, oral hygiene practices and the importance of physical activity from an early age can instil good habits that will remain throughout a person's life. Staff are well placed to build this awareness among children and their families, while respecting lifestyle choices, and cultural and religious values.

4.2 As a health promoting service it is recognised that every member of the service impacts on children's health. Children, staff, educators and families can be supported to eat healthily, maintain good oral health and be physically active through teaching and learning opportunities, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

### 4.3 Nutrition

4.3.1 The foods we eat provide our body with the nutrients we need to stay healthy. Good nutrition is the balanced eating of a variety of foods, and is especially important for

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children as they require a large amount of nutrients for growth and development. Research has shown that, when offered a variety of healthy foods, children can and do make good choices. It is also important to provide preschool children with a good foundation in healthy eating, as most children have formed lifelong eating habits before they reach school age.

### 4.4 Oral health

4.4.1 Tooth decay is Australia's most prevalent health problem despite being largely preventable. It is important to note that oral health promotion is complementary to promoting healthy eating.

4.4.2 Oral health behaviours have a major influence on children's health and wellbeing and a direct impact on their growth and development. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. Poor oral health can limit a child's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing. The main oral health condition experienced by children is tooth decay affecting over half of all Australian children, making it five times more prevalent than asthma.

### 4.5 Active play

4.5.1 Active play (refer to Definitions) develops a strong and healthy body, builds motor and co-ordination skills, creates a sense of wellbeing and helps protect children from disease. Active play is about moving, being and doing.

4.5.2 A strong sense of health and wellbeing, supported by good nutrition, oral health 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, – refer to Sources). Learning about healthy lifestyles, including nutrition, oral health and active play, links directly to Outcome 3 in both the Early Years Learning Framework and the Victorian Early Years Learning and Development Framework (refer to Sources).

4.5.3 The Australian Government has guidelines, recommendations and resources for healthy eating and physical activity in early childhood settings including the National Health and Medical Research Council's Australian Dietary Guidelines and Infant Feeding Guidelines, the Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood resources and the National Physical Activity Recommendations for Children 0-5 Years (refer to Sources). Practical, healthy eating advice is also available to early childhood services and schools via a telephone advice line: the Victorian Healthy Eating Advisory Service (Healthy Eating Advisory Service – refer to Sources), run by Nutrition Australia. Early childhood education and care services can also register and implement the Achievement Program (refer to Sources). This program is designed to create safe, healthy and friendly environments for children, staff educators and families, by promoting physical, mental and social health and wellbeing.

### 4.6 Progressive meal times

4.6.1 In recognising children as active participants in their own learning, children should be encouraged to make meaningful decisions about elements of their own education and care. Incorporating progressive meal times into the educational program allows children to choose to eat when they are hungry, rather than

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according to a timetable. Children can gather in small groups to enjoy meals together, without interrupting the needs and play of others. This also encourages quieter, more social and meaningful interactions at meal times and allows for a smoother flow throughout the day. Children can make decisions based on their own needs, and can be supported to access food and water throughout the day by educators/staff, who actively participate in meal times.

- 4.7 A decision with respect to incorporating progressive meal times into the educational program must take into account the needs of all children at the service, particularly children with specific medical conditions such as diabetes. The National Regulations require services to ensure that children with medical conditions are able to participate fully in the educational program, and are not discriminated against in any way.

### 5.0 Definitions

5.1 The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the General Definitions section of this manual.

5.2 **Active play:** Play that involves large muscle-based activities that are essential for a child's social, emotional, cognitive and physical growth and development incorporating:

- a) Child-initiated active play, which is developed by the child through exploration of the outdoor environment, equipment and games
- b) Adult-guided active play which encourages children's physical development through promoting movement skills in a non-competitive environment
- c) Physical activity, which includes sport, incidental exercise and many forms of recreation
- d) Active travel, which includes walking, cycling, scootering or any similar transport where physical activity is used to travel.

### 5.3 Adequate supervision:

5.3.1 In relation to this policy supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

5.3.2 Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- a) Number, age and abilities of children
- b) Number and positioning of educators
- c) Current activity of each child
- d) Areas in which the children are engaged in an activity (visibility and accessibility)
- e) Development profile of each child and of the group of children
- f) Experience, knowledge and skill of each educator
- g) Need for educators to move between areas (effective communication strategies).

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5.4 **'Discretionary' foods and drinks:** Food and drink items that are high in fat, sugar and salt, and that contain minimal vitamins, minerals or fibre. These can also be referred to as 'sometimes' foods and drinks.

Examples of discretionary food and drinks include:

- a) Chocolate, confectionery, jelly
- b) Sweet biscuits, high fat/salt savoury biscuits, chips
- c) High sugar/high fat cakes and slices
- d) Cream, ice cream
- e) Deep fried foods (e.g. hot chips) and pastry based foods (pies, sausage rolls and pasties)
- f) Most fast food and takeaway foods
- g) Some processed meats (e.g. sausages, frankfurts/hotdogs, salami, Strasbourg, devon, some commercial chicken nuggets and fish fingers)
- h) Soft drinks, fruit juice and fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water.

5.5 **Healthy eating:** Describes eating patterns that provide all the recommended nutrients for growth and development, and good health and wellbeing, now and in the future. It also refers to preparing, serving and eating food in a way that recognises its importance as a social and cultural activity.

5.6 **Nutrition:** The process of providing or receiving nourishing substances.

5.7 **Oral health:** The absence of active disease in the mouth. Oral health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment.

### 6.0 Procedures

6.1 **BKS as the Approved Provider is responsible for:**

- a) Ensuring that the service environment and educational program supports children and families to make healthy choices for eating, oral health and active play (refer to Definitions).
- b) Providing ongoing information, resources and support to families, to assist in the promotion of optimum health, including oral health, for young children (refer to Sources).
- c) Recognising families, educators and staff as role models and encouraging them to bring/use foods and drinks that are in line with the service's Nutrition, Oral Health and Active Play Policy.
- d) Ensuring the implementation of adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77) (refer to Hygiene Policy and Food Safety Policy).
- e) Ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to Anaphylaxis Policy, Asthma Policy, Diabetes Policy and Food Safety Policy).
- f) Ensuring that all educators/staff are aware of, and plan for, the dietary needs of all children.
- g) Ensuring that fresh drinking water (preferably tap water) is readily available at all times, indoors and outdoors, and reminding children to drink water throughout the day, including at snack/lunch times (Regulation 78(1)(a)) (Only tap water is encouraged.)
- h) Ensuring that food and drinks are available to children at frequent and regular intervals throughout the day (Regulation 78(1)(b)).

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- i) Ensuring educators are supported to access a range of resources and professional development to increase their capacity to promote healthy eating, oral health and active play initiatives for children.
- j) Ensuring staff and educators are supported by having healthy food options in the staff room, for staff meetings and for professional learning.
- k) Ensuring that discretionary food and drinks do not appear in any sponsorship, fundraising or marketing activities.
- l) Ensuring celebrations and other service events promote healthy food options and limit discretionary options.
- m) Ensuring service facilities and equipment enable active travel and road safety for children, staff, educators and families.
- n) Ensuring healthy eating, oral health and active play information and policy requirements are included in the educator and staff induction.
- o) Ensuring educators and staff are supported to be physically active and minimise sedentary behaviour, both inside and outside of work hours.

### 6.2 The Nominated Supervisor is responsible for:

- a) Ensuring that the service environment and the educational program supports children and families to learn about and make healthy choices for eating, oral health and active play.
- b) Embedding opportunities to learn about healthy eating and oral health and the importance of physical activity in the educational program, throughout the year.
- c) Ensuring oral hygiene practices are undertaken at the service where appropriate.
- d) Ensuring the implementation of adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77) (refer to *Hygiene Policy* and *Food Safety Policy*).
- e) Ensuring that all educators/staff are aware of a child's food allergies and/or other medical conditions on enrolment or on initial diagnosis.
- f) Ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *Anaphylaxis Policy*, *Asthma Policy*, *Diabetes Policy* and *Food Safety Policy*).
- g) Ensuring that all educators/staff are aware of, and plan for, the dietary needs of all children.
- h) Ensuring that fresh drinking water (preferably tap water) is readily available at all times, indoors and outdoors, and reminding children to drink water throughout the day, including at snack/lunch times (Regulation 78(1)(a)). (Only tap water is encouraged.)
- i) Ensuring that food and drinks are available to children at frequent and regular intervals throughout the day (Regulation 78(1)(b)).
- j) Ensuring that age-appropriate adult-guided and child-initiated active play is planned on a daily basis across all age groups.
- k) Ensuring that cultural and religious practices/requirements of families are accommodated to support children's learning and development.
- l) Developing and reviewing guidelines for celebrations, fundraising activities and other service events in consultation with educators, staff, parents/guardians and families to focus on healthy alternatives.
- m) Providing families with information and strategies to promote healthy eating, oral health and active play and how to access relevant services (including local dental clinics).

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- n) Developing links with local and regional health services, community organisations and businesses that provide expertise, resources and support for healthy eating, oral health and active play.
- o) Ensuring educators are supported to access resources, tools and professional learning to enhance their knowledge and capacity to develop adult guided and child initiated active play experiences and promote healthy eating and oral health.
- p) Considering this policy when organising excursions, service events and any sponsorship or marketing opportunities.
- q) Ensuring the layout of the grounds and buildings is inclusive of the diversity and abilities of all children and encourages physical activity and movement.
- r) Ensuring recommendations about physical activity and screen time from the Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 Years) are met.
- s) Encouraging active travel to and from the service.
- t) Ensuring staff and educators are supported by having healthy food options in the staff room, for staff meetings and for professional learning.

### 6.3 All educators/staff are responsible for:

- a) Complying with the service's *Nutrition, Oral Health and Active Play Policy* and with the *Food Safety Act*.
- b) Being aware of a child's food allergies and/or other medical conditions on enrolment at the service or on initial diagnosis.
- c) Implementing measures to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *Anaphylaxis Policy, Asthma Policy, Diabetes Policy* and *Food Safety Policy*).
- d) Being aware of, and planning for, the dietary needs of all children.
- e) Ensuring that the service environment and the educational program supports children and families to make healthy choices for eating, oral health and active play.
- f) Discussing healthy eating choices with children and introducing the concept of 'sometimes' and everyday foods and drinks.
- g) Providing a variety of cooking and food experiences that support children to develop food literacy and positive habits relating to food.
- h) Role-modelling positive eating, drinking and physical activity behaviours, promoting a healthy relationship with food and interacting with children at meal times.
- i) Ensuring that food and drink are not used as an incentive, bribe or reward at any time.
- j) Exploring and discussing diverse cultural, religious, social and family lifestyles.
- k) Considering this policy when organising excursions and service events.
- l) Supporting students and volunteers to comply with this policy while at the service.
- m) Keeping parents/guardians informed of current information relating to healthy eating, oral health and active play.
- n) Ensuring that fresh drinking water (preferably tap water) is readily available at all times indoors and outdoors, and reminding children to drink regularly throughout the day, including at snack/meal times.
- o) Ensuring that children can readily access their own clearly labelled drink containers (where this is a service practice).

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- p) Providing food and drinks at regular intervals, and encouraging children to actively participate in, and enjoy, snack/meal times without feeling rushed.
- q) Providing a positive eating environment and sitting and interacting with children at meal times.
- r) Encouraging children to be independent at snack/meal times e.g. opening lunchboxes, pouring drinks, self-feeding, serving and using utensils in a culturally-sensitive way.
- s) Providing opportunities for children to learn about, and develop skills for oral health through the educational program, including age-appropriate tooth brushing.
- t) Providing adequate supervision (refer to *Definitions*) for all children at all times, including at meal times.
- u) Ensuring children are not sedentary or inactive for more than 1 hour at a time, with the exception of sleeping.
- v) Supporting children to develop collaboration skills during play.
- w) Planning and providing active play and movement experiences that are age-appropriate, inclusive of diversity and abilities and support children to develop fundamental movement skills.
- x) Considering opportunities for children to be physically active indoors, particularly in adverse weather conditions.
- y) Ensuring screen based activities do not exceed the recommendations in the Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years).
- z) Providing age-appropriate traffic safety education, including pedestrian and passenger safety to both children and parents/guardians at the service.
- aa) Promoting safe behaviour through daily practice as part of the program, including teaching children to use equipment safely.
- bb) Using and promoting local parks, bike paths and recreation facilities, where appropriate, to encourage physical activity.

### 6.4 Parents/guardians are responsible for:

- a) Complying with the requirements of this policy.
- b) Providing details of specific nutritional/dietary requirements, including the need to accommodate cultural or religious practices or food allergies, on their child's enrolment form, and discussing these with the Nominated Supervisor prior to the child's commencement at the service, and if requirements change over time (refer to Anaphylaxis Policy, Asthma Policy and Diabetes Policy).
- c) Communicating regularly with educators and staff regarding children's specific nutritional requirements and dietary needs, including food preferences.
- d) Encouraging their child/ren to drink an adequate amount of water (preferably tap water), and discouraging 'discretionary' drinks.
- e) Providing healthy, nutritious food for snacks/meals, including fruits and vegetables in line with the service's Nutrition, Oral Health and Active Play policy, where applicable.
- f) Providing healthy, nutritious food, including fruits or vegetables for sharing at morning or afternoon tea, where applicable
- g) Providing nutritious food and drinks for celebrations, fundraising activities and service events, consistent with service policy.
- h) Encouraging children to exercise by engaging in active play, and walking or riding a bike to the service where appropriate
- i) Dressing their child/ren so they can engage safely in active play.

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

### 7.0 Evaluation

7.1 In order to assess whether the values and purposes of the policy have been achieved, BKS as the approved provider will:

- a) Seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy.
- b) Monitor the implementation, compliance, complaints and incidents in relation to this policy.
- c) Keep the policy up to date with current legislation, research, policy and best practice.
- d) Revise the policy and procedures as part of the service's policy review cycle, or as required with all members of the service.
- e) Notify parents/guardians at least 14 days before making any change to this policy or its procedures unless a lesser period is necessary because of a risk.

### 8.0 Related Bethany policies and procedures

8.1 Bethany Kindergarten Services Ltd.:

- a) Anaphylaxis policy
- b) Asthma policy
- c) Curriculum development policy
- d) Diabetes policy
- e) Dealing with infectious diseases policy
- f) Excursions and service events policy
- g) Food safety policy
- h) Fundraising Policy
- i) Hygiene policy
- j) Incident, injury, trauma and illness policy
- k) Inclusion and Equity policy
- l) Road Safety and Safe Transport Policy
- m) Sun Protection Policy

### 9.0 Relevant legislation and standards

9.1 Relevant legislation and standards include but are not limited to:

- a) Australia New Zealand Food Standards Code
- b) Child Wellbeing and Safety Act 2005 (Vic)
- c) Disability Discrimination Act 1992 (Cth)
- d) Education and Care Services National Law Act 2010
- e) Education and Care Services National Regulations 2011 including Regulations 77-78, 79-80 (if the service provides food), 168
- f) Equal opportunity Act 2010 (Vic)
- g) Food Act 1984 (Vic), as amended 2012
- h) National Quality Standard including Quality Area 2: Children's Health and Safety
- i) Occupational Health and Safety Act 2004 (Vic)

### 10.0 Sources

- a) Australian Dietary Guidelines 2019, National Health and Medical Research Council:  
<https://www.eatforhealth.gov.au/guidelines>
- b) Belonging, Being & Becoming – The Early Years Learning Framework for Australia:  
<https://docs.education.gov.au/documents/belonging-being-becoming-early-years-learning-framework-australia>
- c) Better Health Channel: [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

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- d) Dental Health Services Victoria: [www.dhsv.org.au](http://www.dhsv.org.au)
- e) Food Safety Victoria, Department of Health and Human Services: [www2.health.vic.gov.au/public-health/food-safety](http://www2.health.vic.gov.au/public-health/food-safety)
- f) Food Standards Australia New Zealand: [www.foodstandards.gov.au](http://www.foodstandards.gov.au)
- g) Department of Health (2013) Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood: <https://www.health.gov.au/internet/main/publishing.nsf/Content/phd-gug-staffcarers>
- h) The Achievement Program is a health and wellbeing initiative for early childhood services, schools and workplaces: [www.achievementprogram.health.vic.gov.au](http://www.achievementprogram.health.vic.gov.au)
- i) Healthy Eating Advisory Service: [www.heas.health.vic.gov.au](http://www.heas.health.vic.gov.au)
- j) National Health and Medical Research Council, Infant Feeding Guidelines: information for health workers (2013): <https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers>
- k) Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 years): <https://www.health.gov.au/internet/main/publishing.nsf/Content/npra-0-5yrs-brochure>
- l) National Health and Medical Research Council, Staying Healthy: Preventing infectious diseases in early childhood education and care services (5<sup>th</sup> edition, 2013): <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- m) Victorian Early Years Learning and Development Framework: [www.education.vic.gov.au](http://www.education.vic.gov.au)
- n) Australia's Physical Activity and Sedentary Behaviour Guidelines for Adults: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines#npa1864>
- o) Infant Feeding Guidelines, National Health and Medical Research Council, 2012