



Community
Children

Child Care and Kindergarten

Food & nutrition policy
Food safety policy
Aphylaxis policy
Diabetes policy

November 2014

Communities fostering every child's potential

Essendon, Moonee Ponds and Wyndham Vale child care centre and kindergarten

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Food & nutrition policy

[1.1] Background

Children are at a stage of life where they are growing rapidly and learning and developing new skills and the requirement for good nutrition is at a peak. Good nutrition integrates a wide variety of foods from all food groups required for normal growth and general health and well being, including dental health. All foods can be included in a healthy eating plan however some foods should be eaten more frequently and in greater amounts, than others particularly wholefoods such as fruit, vegetables, wholegrains, lean meats and dairy foods. It is vital that the food provided to children is full of adequate amounts of nutrients including complex carbohydrates, proteins, monounsaturated and polyunsaturated fats, vitamins, minerals and fibre. Feeding children poor quality food that is low or devoid of nutrients and comprised of large quantities of salt, sugar, saturated and trans fats and additives deprives them of vital nutrients at a time when their growing bodies and growing intellect require them the most. At Community Children we believe that children who are properly nourished will be the ones that grow and develop best.

[1.2] Purpose and scope of the policies

The food and nutrition, food safety, anaphylaxis and diabetes policy (the Policies) set out the obligations on food and nutrition, standards of food safety and management of anaphylaxis and diabetes and will be used to determine best practice and procedures in both the Essendon and Wyndham Centres (the Centres). The Policies will be [available on the website] and located in the [insert] of the centres.

[1.3] Regulatory framework and current literature on healthy eating

The National Childcare Accreditation Council (NCAC) Quality Improvement and Accreditation System is an initiative that guides childcare centres in their pursuits of best practice across a number of quality areas and principles of quality care.

The principles addressed in the Policies under Quality Area 6 – Health, Nutrition and Wellbeing of the *Quality Practices Guide (2005)* are:

- staff promote healthy eating habits in children (Principle 6.1); and
- staff implement effective and current food safety and hygiene practices (Principle 6.2).

In summary, the principles recommend that childcare centres:

- seek up to date information on nutrition from recognised health authorities and promote healthy eating and good food habits;
- provide food that is nutritious as well as meeting the social, cultural and educational needs of children;
- ensure that water is available for children to drink throughout the day;
- attend to children when eating or drinking, including from bottles;
- provide a pleasant atmosphere for children at mealtimes that encourages social interaction and learning;
- work cooperatively with families;
- support mothers who wish to continue breastfeeding their children in day care;
- ensure regular and thorough hand washing by staff and children.
- establish appropriate food storage and handling practices and have these monitored and evaluated;
- encourage staff to participate in professional development on food handling, menu planning and healthy eating habits; and
- develop a policy and plan to manage allergies

Community Children will seek to meet the principles of the NCAC by planning menus that accord with the *Dietary Guidelines for Children and Adolescents in Australia* and the *Australian Guide to Healthy Eating*.

[1.3.1] Dietary Guidelines for Children and Adolescents in Australia

In 2003 The National Health and Medical Research Council published the *Dietary Guidelines for Children and Adolescents in Australia*¹. These guidelines provide an overview of the types of foods children should consume to get the balance of nutrients they require each day. In summary the guidelines recommend:

1. Encouraging and supporting breastfeeding
2. Children and adolescents need sufficient nutritious foods to grow and develop normally
 - growth should be checked regularly for young children
 - physical activity is important for all children
3. Enjoy a wide variety of nutritious foods
4. Children should be encouraged to:
 - eat plenty of vegetables, legumes and fruits
 - eat plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain
 - include lean meat, fish, poultry and/or alternatives
 - include milks, yoghurts, cheese and/or alternatives. (Note: reduced-fat milks are not suitable for young children under 2 years, because of their high energy needs, but reduced-fat varieties should be encouraged for older children)
 - choose water as a drink
5. Care should be taken to:
 - limit saturated fat and moderate total fat intake (Note: low-fat diets are not suitable for infants)
 - choose foods low in salt
 - consume only moderate amounts of sugars and foods containing added sugars
6. Care for the child's food by preparing and storing it safely

[1.3.2] The Australian Guide to Healthy Eating

The *Australian Guide to Healthy Eating*² provides information about the minimum amount of food required by children and forms the basis for good menu planning. The guidelines recommend that children:

1. Eat enough food from each of the five food groups every day as these foods provide the important nutrients the body needs. The main food groups in the Australian Guide to Healthy Eating are:
 - bread, cereals, rice, pasta, noodles
 - vegetables, legumes
 - fruit
 - milk, yoghurt, cheese
 - meat, fish, poultry, eggs, nuts, legumes.
2. Choose different varieties of foods from within each of the five food groups from day to day, week to week and at different times of the year.
3. Eat plenty of plant foods (bread, cereal, rice, pasta, noodles, vegetables, legumes and fruit); moderate amounts of animal foods (milk, yoghurt, cheese, meat, fish, poultry, eggs) and small amounts of the extra foods, and margarines and oils.
4. Drink plenty of water.

¹ National Health and Medical Research Council www.nhmrc.gov.au (2003)

² Australian Guide to Healthy Eating www.health.gov.au (1998)

[1.4] Meal planning

Community Children must provide a minimum of half of a child's daily requirements of nutrients supplied by morning tea, lunch and afternoon tea. The table below sets out the food groups and serving sizes, the numbers of serves required by a child in one day and the number of minimum serves Community Children will provide to children during child care hours [\[reference to Nutrition Australia pg 7\]](#).

Food group and serving sizes	Number of serves required by a child in one day – i.e. home and childcare	Minimum number of serves provided during child care hours	Further recommendations
Bread and cereals 1 serve = 2 slices of bread; or 1 cup of breakfast cereal; or 1 cup of cooked rice; or 1 cup of cooked pasta; or 1 pocket bread; or 4 crispbreads; 3 rice cakes	2 – 4 serves	1 serve	<ul style="list-style-type: none"> Provide wholegrain bread, high fibre cereal, brown rice and wholemeal pasta in preference to white options. Provide a variety of breads including white, brown, wholegrain, mixed grain, rye, rolls, pita breads and other flat breads. Instead of providing most of the serves from this group as bread and breakfast cereal, also include rice, pasta and noodles, as they contain less salt and sugar. Include breakfast cereals based on a variety of grains like rice, corn, oats and whole wheat.
Fruit 1 serve = 1 medium size piece of fruit; or 1 ½ Tbsp dried fruit; or 1 cup of fruit salad; or ½ cup juice	1 – 2 serves	½ serve	<ul style="list-style-type: none"> Provide a wide variety of fruit each week. Including apples and pears, citrus fruit, tropical fruits, berries, grapes and stone fruits. Purchase fruit in season, as this is the best value for money. For convenience use canned fruit as a nutritious replacement for fresh fruit, Select those varieties that are canned in natural juice and without added sugar. Note: dried fruit is nutritious and adds variety to a healthy diet, but can contribute to tooth decay. For this reason, and to get enough fresh fruit, eat no more than 1 serve of dried fruit each day. Fruit is preferable to juice, as it is higher in fibre. Encourage children to eat the skin where possible, as it is a useful source of fibre. Choose the right size fruit for different age groups. Smaller-sized fruit is often cheaper, and easier for small children to eat. <p><i>Note: Hard, raw fruit should not be given to children under 4 years of age as it may cause choking).</i></p>
Vegetables 1 serve = ½ cup cooked vegetables; or 1 cup salad vegetables	2 – 4 serves	1 serve	<ul style="list-style-type: none"> Include a variety of vegetables every day including dark green, orange, cruciferous, starchy, salad and legumes. Purchase vegetables in season, as these are the best value for money. Use frozen and canned vegetables if required as an alternative to fresh. They are nutritious, often cheaper, quick and easy to prepare, easily stored. Select low or no-added-salt varieties. Include raw vegetables or slightly cooked/steamed for maximum nutrition. <p><i>Note: hard, raw vegetables should not be given to children under 4 years of age as they may cause choking).</i></p>

<p>Dairy food</p> <p>1 serve = 250ml milk (1 cup); or 200g yoghurt (1 tub); or 40g cheese; or 250ml soy milk</p>	<p>2 – 3 serves</p>	<p>serve</p>	<ul style="list-style-type: none"> • Soft cheeses like cottage cheese and ricotta add variety to a low fat diet, but they cannot be counted as sample serves from this group as they are low in calcium • Add milk or milk powder to soups, casseroles and sauces • Add cheese to pancakes, omelettes, pasta and vegetable dishes • Use yoghurt with curries and in dips. • If children do not eat any foods from this group, try the following foods, which contain the same amount of calcium as a sample serve of milk, yoghurt, cheese: <ul style="list-style-type: none"> – 1 cup soy milk, which contains at least 100 mg of added calcium per 100 mL – 5 sardines – 1/2 cup pink salmon without bones. – most plant foods contain small amounts of calcium.
<p>Meat and meat alternatives</p> <p>1 serve = 65g – 100g red or white meat; or 2 slices sandwich meat; or 80g – 100g cooked fish fillet; or 2 small eggs; or ½ cup cooked legumes</p>	<p>1 serve</p>	<p>½ serve</p>	<ul style="list-style-type: none"> • Include a variety of meats and fish including beef, lamb, chicken, turkey, and fish. • Canned fish is a nutritious substitute for fresh and simpler to prepare. It is also affordable, transportable, and easily stored. • To reduce the amount of saturated fat: <ul style="list-style-type: none"> – choose lean meats – trim fat from meat and skin from poultry before cooking – avoid frying or roasting in fat and oil – allow casseroles, stews, and curries to cool and skim the fat from the top – avoid feeding children sausages and processed meats as they are high in saturated fat – use legumes as an alternative to meat – use low fat cooking methods such as stir frying and grilling. • If children are vegetarian: <ul style="list-style-type: none"> – choose the serves from this group as legumes in order to obtain enough protein and iron – choose wholegrain or wholemeal bread and cereals, as these foods are good sources of iron and zinc.
<p>Fats and oils</p> <p>1 serve = 1 Tbsp oil, butter</p>	<p>0 – 2 serves</p>	<p>½ serve</p>	<ul style="list-style-type: none"> • Avoid feeding children margarine as this is a source of trans fats. Instead spread sandwiches with avocado, hummus, butter or olive oil. • Monounsaturated and polyunsaturated fats such as olive oil, canola oil are preferable to saturated fats such as butter, cream and lard.
<p>Water and milk</p>	<p>Water and milk will be provided throughout the day and the staff will encourage children to drink water after physical activity and in hot weather.</p> <p>1 serve = 250ml</p> <p>Children under 5 years of age require 4 – 6 glasses of water per day</p>		

The specific amount of each type of food needed for each day varies with size, age, the activity level and general health of each child however Community Children will ensure that menus are structured to provide the minimum number of serves from each food group required during child care hours.

[1.4.1] Extra foods

Some foods do not fit into the five food groups. They are not essential to provide the nutrients children need and can contain too much added fat, salt, sugar and additives. It is recommended children under 5 years of age should be limited to less than 2 serves per day from this group.

Community Children does not include the following food in its daily menus: biscuits; cakes; pastries, cordials, soft drinks; potato chips, pies, pasties, sausage rolls; lollies; chocolate; fruit straps and 'health' bars. These foods may be provided occasionally for birthdays or themed days.

[1.5] Procedure for handling breast milk and infant formula

Optimal infant feeding to promote healthy growth and development is defined as:

- Exclusive breastfeeding to 6 months of age.
- Introduction of appropriate solid food at 6 months of age with continued breast feeding to at least 12 months of age.

Community Children supports mothers who wish to breastfeed their baby whilst in day care and supports the following methods:

- breast milk can be expressed by the mother at home and fed to the baby in care from a bottle, cup or spoon; or
- the mother can breastfeed the baby at the centre during breaks from work;
- infant formula can be fed to the baby while in care and breastfeeding can continue at home.

Expressed breast milk

Community Children will:

- encourage children to transport expressed breast milk to the centres using an insulated container such as an esky with a freezer brick preferably in bottles.
- Place milk immediately in the refrigerator on arrive ensuring that parents have labelled the bottles clearly
- warm breast milk or formula prior to feeding the infant
- warm only the amount required
- warm by water bath method (standing the bottle in hot water) until the contents reach body temperature (when the contents are comfortably warm).
- not boil expressed breast milk (or formula) as this can destroy the nutrients
- not microwaving which can cause hot spots in breast milk that can harm the child
- shaking and checking the temperature of the milk prior to feeding
- offering to the child immediately and if the baby does not drink the entire contents they should be discarded, not saved until the next feed
- store expressed breast milk in the fridge for up to between 1 – 5 days. If the milk has previously been frozen and thawed in a fridge (but has not been warmed) store the milk in the fridge for no more than 24 hours.
- Not freeze or heat expressed breast milk (or formula) more than once

Infant formula

- if the child is not receiving breast milk, a suitable infant formula should be provided
- note: cows milk is not suitable as a drink before the age of 12 months
- infant formula must be transported in the powdered form which will then be mixed with cooled boiled water when it is time to feed the baby. [alternatively ask parents to provide several made up bottles and store them carefully]
- Community Children will follow the parent/guardian's instructions on how much formula to use and how frequently to feed. Parents must provide this information in writing to the centre and advise of any changes
- offering cooled boiled water when extra fluid is required
- never providing fruit juice to babies under six months of age

Parents must supply a sufficient number of clearly labelled bottles with the name of the child, and the date that the bottle was filled with breast milk or formula.

[1.6] Bottle feeding

Community Children will ensure that:

- Prior to feeding the baby is comfortable and settled down for feeding
- The baby is always held when giving the bottle. Propping up the bottle for self feeding is not permitted
- The baby's head is held higher than the body
- The bottle is tipped so that milk fills the teat
- Disruptions will be minimised
- Staff will pay attention to signals that the baby is 'full' (lips closed, sucking ceases, teat is spat out, head turns away)
- If the baby does not finish everything in the bottle the baby will not be force fed

[1.7] Introducing solid foods to infants

When introducing solid foods, progression to different textured foods is will be made according to the stages of infant development:

Around 0-6 months

- breast milk or infant formula

Around 6 months

– food will be pureed or sieved

- iron fortified baby rice cereal and a variety of cooked fruit and cooked vegetables including:
 - pureed fruits such as peaches, apples, pears, apricots and mashed bananas
 - pureed vegetables such as potatoes, pumpkin, carrots, peas and sweet potato
 - pureed meats such as lean beef, lamb, veal and chicken
 - pureed legumes
 - sago, tapioca, polenta
- commencing with with 1-2 tablespoons after a milk feed
- Introducing one new food every 3 days
- avoiding adding sugar, spices, salt or fat to food

Around 6-9 months

– food will be minced, mashed or grated

- food offered will include the items mentioned above plus the addition of:
 - other cereal foods such as Weet-Bix™ or Vitabrits™, porridge, blended pasta, risotto, couscous
 - fresh boneless fish
- food will be offered before the milk feed three times a day
- New foods will be introduced gradually
- Finger foods will be introduced from about eight months
- Staff will be aware of foods that can break into small pieces in the mouth and cause choking

Around 9 -12 months

– meat is minced and other foods are chopped, mashed or finger foods

- food offered will include the foods mentioned above plus the addition of:
 - full cream yoghurt, custard, grated cheese, cottage or ricotta cheese and cream cheeses
 - milk can be used in the preparation of meals eg white sauce but not as a drink
 - finger foods can be offered such as pieces of soft fruit, meatballs or toast fingers
- full cream milk foods will be slowly introduced
- three small meals per day will be offered with snacks between meals
- finger foods will be encouraged
- breast milk or formula will continue to be offered three times per day after feeding

At age one:

- whole egg
- cows milk
- commercial honey

Note: common food allergens include peanuts, dairy foods, fish and shellfish and egg. If a child has a family history of food allergy these foods should not be introduced until after 12 months of age and parents should seek professional advice from a medical practitioner or dietician. Community Children will collect information on allergies or susceptibility to allergies when the child first enrolls at the centres.

[1.8] Nuts

Community Children has a nut free policy and nuts, nut products, foods containing nuts or foods made in facilities that have processed food containing nuts are not permitted to enter the centres.

[1.9] The eating environment

Community Children will ensure that meals take place in a relaxed, culturally appropriate environment that provides opportunities for social learning and positive interaction. Staff are encouraged to discuss the food with the children, provide additional information on healthy eating habits, food choices and food from diverse cultures. Adequate time will be provided to allow for an unhurried meal. Staff will provide appropriate utensils that are small and unbreakable, appropriate height chairs and tables and glasses small enough for children to

comfortably hold. Children with a disability will be provided with special equipment if required. Children will be encouraged to serve their own food, make their own food choices and feed themselves where appropriate to gain independence. All children and supervising staff will sit at tables and eat meals together to allow interaction and staff will be present at all times to assist children with their eating and offer assistance where necessary. Children will be encouraged to try different foods and will not be forced to eat foods they don't like.

[1.10] Teaching children about food and nutrition

Community Children will help children to develop a healthy awareness and good eating habits by:

- discussing the foods served and how these foods contribute to overall health.
- discussing family beliefs and cultural attitudes to food
- undertaking food awareness activities combined with simple healthy messages.

[1.11] Religious/cultural diversity and special needs

Community Children will provide an eating environment that supports family and multicultural values. Menus will incorporate meals from a variety of cultural backgrounds to reflect the diverse backgrounds of the children attending the centres.

Community Children welcomes parental/guardian input on planning for an individual child's special dietary needs and preferences taking into account the child's eating patterns and cultural background. At enrolment information on religion, culture and any special dietary requirements will be collected from parents to assist with planning meals and menus around any dietary restrictions due to religious, cultural or health needs of the children.

[1.12] Vegetarian eating plan

Community Children will ensure that children are fed the following to ensure they are receiving nutrients that can be at risk in a vegetarian diet:

Protein	Dairy foods and eggs
Iron	Eggs, legumes, green leafy vegetables, wholegrain breads and cereals
Calcium	Milk, cheese, yoghurt, green leafy vegetables, soy products with added calcium
B12	Milk, cheese, yoghurt, eggs, soy products with added calcium

What to feed to account for all vegetarian diets:

Lacto-ovo	No meat, fish and chicken	Breads and cereal, Fruits and vegetables, Dairy foods, Eggs, legumes, Fats and oils
Lacto	No meat fish, chicken or eggs	Breads and cereal, Fruits and vegetables, Dairy foods, Legumes, Fats and oils
Vegans	No animal products	Breads and cereal, Fruits and vegetables, Soy products as an alternative to dairy foods, Legumes, Only vegetable fats and oils

[1.12.1] Lactose intolerance

Babies – require a specially prescribed formula

Children over 12 months – lactose free milk eg Zymil™, LactAid™ or a soy based milk substitute. Yoghurt and hard cheeses are generally well tolerated.

[1.12.2] Coeliac disease

Children cannot be fed gluten which is contained in wheat, rye, oats and barley. Foods that are permitted include rice, fruit, vegetables, meat, chicken, fish, eggs and dairy food. Alternatively gluten free foods can be provided.

[1.13] Dealing with fussy eaters

- Community children will use the following techniques to deal with fussy eaters:
- Provide a range of nutritious foods and snacks to allow to suit all preferences
- Discourage children from filling up on drinks before a meal
- Consider the presentation of the food offering a variety of colour, taste and texture
- Encourage children to assist in the preparation of food and allow the children to serve and feed themselves
- Provide regular, predictable meals
- Acknowledge that food refusal in a child who is otherwise healthy, alert and enjoying other activities rarely poses a problem for their health.

[1.14] Special occasions

Community Children encourages the celebration of special events such as birthdays. In accordance with Food Safety Guidelines the centre's cooks will bake a cake for children's birthdays. Special occasions (list examples, Christmas, Easter, grand final) may be celebrated with culturally or theme appropriate foods.

[1.15] Precautions to prevent choking

Choking is a risk for young children because their back teeth may not be fully developed until around 4 years of age. Community Children will minimise the risk of children choking by:

- providing food that is age appropriate
- ensuring high risk foods (apple, raw carrot, raw celery) are not provided to children under three years of age. These foods will be grated, lightly cooked or mashed.
- ensuring high risk foods are sliced as thinly as possible into small pieces for children over 3 years of age.
- Feeding small portions and encouraging children to chew properly and not rush
- ensuring staff are present at all meals to supervise children when eating
- ensuring that children are always seated when eating
- ensuring babies sit in an upright position during meals and snacks and bottles are not propped in the babies mouth
- never force feeding children
- not offering food to children who are laughing or upset
- ensuring staff are trained in First Aid to assist a child who may have a choking incident.

The following foods are not recommended for babies and young children because they can cause choking:

- tough meat or large chunks of meat
- lollies (boiled lollies, jelly beans, caramels, chewing gum),
- popcorn,
- hot dogs and sausages
- potato and corn chips and similar snack foods,
- pretzels,
- chunks of cheese (use grated cheese instead)
- cooked or raw whole corn kernels
- fish with bones (ensure canned fish is boneless)
- marshmallows
- whole uncut grapes, berries, cherries, melon balls, or cherry or grape tomatoes,
- raisins and other dried fruit,
- whole beans,
- hard pieces of raw fruit (serve grated or lightly cooked to soften)
- whole grain kernels,
- raw vegetable pieces
- whole pieces of canned fruit (cut them up instead)

[1.15.1] Food preparation techniques to lower choking risk

The cooks at Community Children will prepare foods in the following ways prevent the risk of choking.

- Foods will be cooked until they are soft enough to easily pierce with a fork
- soft foods will be cut into small pieces (cubes of food no larger than 1/4 inch) or thin slices that can easily be chewed.
- soft round foods, such as soft cooked carrots will be cut into short into strips rather than round pieces.
- foods that may cause choking will be substituted with a safe substitute, such as thinly sliced meat or hamburger instead of sausages
- bones will be removed from all poultry and meat and particularly fish.
- grapes will be cut into quarters.
- pits and seeds will be removed from very ripe fruit and the fruit cut into small pieces.
- Food for young babies will be grinded or mashed and moistened
- whole grain kernels of grains will be cooked and finely grinded or mashed
- raw or cooked whole grain kernels in the whole form.

[1.16] Communicating with families

The Director, centre cooks and staff will communicate with parents and guardians about menus provided at the centres and general good nutrition by:

- displaying the weekly menu in the foyers of the centres and on the website and parents will be encouraged to provide feedback on meals provided
- Information will be made available to parents/guardians to raise awareness of appropriate food choices which suit the development stages of the children
- advising parents/guardians if their children are not eating well
- discussing and planning for a child's food individual preferences and needs with parents/guardians
- making recipes for the food served in the centres available to parents
- displaying general information about healthy food and nutrition on the noticeboard in the rooms and in the centre's newsletter every quarter
- communicating with parents about n religious or cultural days which may be observed in the centres with the serving of special food.

[1.17] Oral health

Community Children aims to provide children with an environment that supports and encourages good oral health attitudes and behaviours from an early age. Staff will ensure:

- water and milk is provided with meals
- ensure no flavoured milk, fruit juice, cordial or soft drink is provided to children or in baby bottles
- ensure no honey, sweetener or any other substance are put onto dummies
- teaching children to care for teeth and gums through regular nutrition conversations and discussion with children about oral hygiene practices.
- parents provide children with an individual toothbrush, toothpaste and abag or case labelled with their child's name (toothbrush to be replaced every three months)
- encourage teeth brushing after meals
- supervising children while they brush their teeth

Community Children encourages and promotes oral health by encouraging children, staff and parents to understand the value of good oral health and tooth brushing;

- Encouraging and promoting healthy eating for preschool children
- Providing water with meals and apples to finish.

Food safety policy

[2.1] Policy

Community Children will store, prepare and serve food according to current food safety and hygiene practices. This policy will be available on the website and entrance to the centres.

[2.2] Purpose and scope

This policy sets out Community Children's obligations on food safety and standards of food preparation.

[2.3] Regulatory framework and current literature on healthy eating

Community Children is subject to the Victorian Food Act 1984 as it provides food to children as part of its service for which families pay. The objects of the Food Act include:

1. to ensure food for sale is both safe and suitable for human consumption;
2. to prevent misleading conduct in connection with the sale of food; and
3. to provide for the application in Victoria of the Food Standards Code.

Community Children is required to be registered with the City of Moonee Valley as a food business under the Victorian Food Act 1984 and has a food safety program which is audited by an approved Food Safety Auditor every 12 months. The centre holds the highest possible level of food hygiene accreditation. Parents may ask the Director to see a copy of the the centres food safety plan.

[2.4] Hand washing

Hand washing will take place:

- before handling food.
- before eating
- after going to the toilet
- after cleaning up faeces or vomit.
- after playing outside.
- after wiping a nose.

How

- hands will be washed thoroughly for 10 seconds
- soap and warm water will be used
- hands will be dried with a clean paper towel
- drying hands on dish cloths or tea towels is not permitted.

[2.5] Clothing

- All staff dealing with food will wear clean clothes and closed in shoes
- Hair will be tidy and long hair will be tied back
- A cap will be worn to reduce the chance of hair falling into food and contaminating it
- Cuts and grazes will be covered with a bright colored bandage or dressing and a waterproof covering

[2.6] During meals and snacks

- Children and staff will wash their hands prior to eating
- Children will be in a sitting position to eat
- Loose clothing and hair will be secured
- Children are not permitted to share food, plates, cups or utensils

[2.7] After meals and snacks

- Children's hands will be washed after meals and snacks and after all food handling situations
- Leftover food will be disposed of to prevent further handling

[2.8] Preparation and storage of food

Community Children is bound by the Victorian Food Act 1984 to ensure the safe storage, preparation and serving of food.

Community Children will ensure that:

- avoid any body part or any item of the body coming into contact with the food. Instead gloves will be worn or food tongs used by any staff directly handling food. Gloves will be used for only one task and wearing of gloves will be restricted to short periods (maximum 30 minutes). Gloves will be washed or changed between different tasks to prevent cross contamination (ie from raw to cooked food).
- staff and children will wash their hands with soap or liquid cleanser before handling food or eating
- cooks and staff are trained in correct food service techniques
- correct use of serving utensils
- correct sharing of food at tables (for example, when fruit platters are shared).
- correct storage and reheating of food and drinks
- all staff involved in the preparation of food undertake food safety training, with a minimum of [insert] staff members to hold a Food Handler's Certificate
- food is stored safely, including baby milk formula and breast milk
- baby milk formula and breast milk is prepared correctly
- food will be refrigerated and served at safe temperatures.
- kitchen equipment is used safely in the preparation of food and drinks
- staff and children wash their hands properly before handling food
- serving utensils are used where appropriate
- children are shown how to eat shared food correctly (for example, from fruit platters)
- no eating takes place over food preparation or serving surfaces
- sneezing, blowing and coughing over food and food preparation surfaces is not avoided
- smoking in food preparation or serving areas is not permitted
- tables will be cleaned before preparing meals and snacks
- non-perishable items such as canned food must be stored in a clean, dry location. Once the package is opened it cannot be resealed and the food must be transferred to a sealed container and not left in the can. This container must be labelled with the best before date.

[2.9] Avoiding cross contamination

- Raw foods and cooked food will be kept in separate in sealed containers or with plastic wrap
- Different contains and serving utensils will be used for raw and cooked foods
- Separate chopping board will be allocated for raw and cooked meats
- Raw foods will be kept in sealed containers on shelves below cooked foods to avoid fluids from raw foods dripping into cooked foods
- Equipment an surfaces will be cleaned and sanitised immediately before and after use
- Fridge doors and shelves will be cleaned regularly

[2.10] Keeping food at the correct temperature

The temperature danger zone for food where bacteria is likely to most multiply is between 5 degrees Celsius and 60 degrees Celsius.

Cooks will ensure that food is kept within the safe temperature for stored of chilled, frozen and hot foods.

Chilled	Under 5 degrees Celsius
Frozen	Between -15 degrees Celsius and negative 18 degrees Celsius
Hot	Above 60 degrees Celsius

When cooking or reheating food cooks will ensure that the internal temperature reaches at least 75 degrees Celsius and is then kept above 60 degrees Celsius before serving. Cooks will use a clean and sanitised probe thermometer to measure the temperature of food.

Cooks will:

- Always refrigerate potentially hazardous foods if not in use
- Store cooked foods in sealed containers which hold less than 3kg to allow the food to cool quickly enough
- Thaw foods completely in the refrigerator before cooking or serving. The bottom shelf will be used to prevent raw foods dripping onto cooked foods.
- Foods will not be left to thaw at room temperature on a kitchen bench
- If food has been left at room temperature for more than 2 hours it must be discarded.

[2.11] Fridge and freezer temperatures

The temperature of the fridge and the freezer will be recorded daily using a thermometer.

- Fridge must be less than 5 degrees Celsius
- Freezer must be between -15 and -18 degrees Celsius

[2.12] Food processes

Process	Do	Don't
Purchasing Food	<ul style="list-style-type: none"> • Inspect deliveries of food and check for: <ul style="list-style-type: none"> – Transportation at appropriate temperatures – Deterioration of items – Damaged packaging – Incorrect labelling – Expiry dates • Store food immediately in appropriate conditions • Monitor recall notices • Deal with reputable suppliers 	<ul style="list-style-type: none"> • Leave food on the bench to be put away at a later time
Thawing food	<ul style="list-style-type: none"> • Thaw food in the refrigerator or use a microwave oven 	<ul style="list-style-type: none"> • Thaw at room temperature • Re-freeze
Cooking food	<ol style="list-style-type: none"> 1. Ensure high risk foods are cooked through such as mince and burger patties, rolled roast meat, seafood and poultry 2. The internal temperature of food must be greater than 75 degrees Celsius 	
Reheating food	<ol style="list-style-type: none"> 4. Reheat food rapidly, for at least 10 minutes on the stove top 5. Reheat to greater than 75 degrees Celsius to kill all bacteria that may have grown during storage 	<ol style="list-style-type: none"> 6. Reheat food more than once
Cooling food	<ol style="list-style-type: none"> 7. Cool hot or pre-cooked food as quickly as possible <ul style="list-style-type: none"> – Divide food into smaller portions (less than 3kg is recommended) before cooling – Place liquid foods in shallow containers – Place in fridge once no longer steaming – Place on shelves so cool air can circulate around food – Don't overcrowd the shelves 	<ol style="list-style-type: none"> 8. Leave food on the bench until it is cool

[2.13] Cleaning process

A cleaning schedule will be used that lists all equipment and surfaces that require cleaning and sanitising, how often the procedure needs to be done, how it should be done and who is responsible. The cleaning schedule must be signed to prove that cleaning has been completed.

Cooks will ensure that the kitchen is both cleaned and sanitized regularly and properly. The steps to be followed are:

1	Pre Clean	Scrape or rinse to remove food scraps
2	Clean	Wash in warm water and detergent. Use agitation to remove dirt and food residue from surfaces. Dishcloths should be rinsed clean with hot water after use and hung to dry.
3	Sanitise	A commercial or domestic dishwasher will be used to sanitise equipment with water hotter than 77 degrees Celsius.
4	Final Rinse	If required to remove the sanitiser
5	Dry	Equipment will be allowed to air dry. If dried immediately only a clean dry tea towel should be used.

[2.14] Checking equipment

Equipment used for food preparation will be checked regularly to ensure that it is in good condition. All equipment will be:

- Stored in a clean, dry place
- Utensils and surfaces will be checked to ensure that they are clean
- Equipment that is cracked such as chopping boards will be replaced. Non porous boards are recommended.

[2.15] Pest control

To control pests Community Children will:

- Have well fitted screens on all doors and windows leading to food preparation areas
- prevent animals in the food preparing or dining area
- avoid leaving food or dirty dishes out on benches
- store food in sealed containers
- clean food preparation areas thoroughly
- clean utensils immediately after use
- dispose of waste regularly
- dispose of any food that appears to be contaminated by pests

[2.16] Waste disposal

Community Children will ensure:

- All bins are emptied and cleaned daily
- Containers will not be overloaded
- Leak proof containers and garbage liners will be used
- Hands will be washed thoroughly after handling any waste materials

Anaphalaxis policy

[3.1] Policy

On rare occasions, a life-threatening situation for a child with severe food allergy can occur within a childcare setting. This policy aims to limit the risk associated with severe food allergy reactions. Childcare staff should be made aware of your child's food allergies and food intolerance.

[3.2] Purpose and scope

This policy sets out Community Children's obligations regarding children with allergies and diabetes.

[3.3] Food allergies versus food intolerances

A food allergy occurs when a child's immune system overreacts to a particular food. Any

system including the cardiovascular, respiratory, gastrointestinal, or skin, can be affected. Even consuming a tiny amount of this food can cause symptoms, from mild to severe and some food allergens can even be airborne. Removing the offending food out of a dish being served does not eliminate the chance of an allergen response and the only way to prevent a reaction is to avoid the allergenic food entering the premises.

A reaction is immediate upon ingesting the food and can change from mild to fatal in minutes. A severe reaction (anaphylaxis) is when a child may have a drop in blood pressure, resulting in loss of consciousness and shock, and ultimately death, if not treated. Anaphylactic reactions must be treated immediately with epinephrine and then immediate treatment must be sought in an emergency room.

Food allergies differ to food intolerances.

Food Allergies	Food Intolerances
Immune reaction	No immune reaction
Usually begin in infants and toddlers	Can develop at any stage
Symptoms can be mild to life threatening and include: swelling, itching, hives, breathing difficulties and anaphylaxis	Symptoms can be mild to severe and include hives or irritable bowel (diarrhoea, stomach pains)
Immediate onset of symptoms – minutes to one hour	Delayed onset of symptoms – ½ hour to 72 hours
Symptoms occur every time	Symptoms don't always occur.
Can be diagnosed with skin/blood tests	Difficult to diagnose. Use of elimination diet.
Usually only a few foods – common foods causing allergies and intolerances are eggs, milk, fish, tree nuts (such as walnuts, almonds, pecans), peanuts, soybeans, wheat and crustacean shellfish (such as lobster, shrimp and crab).	May involve a large number of natural foods – natural and added chemicals.

[3.4] Managing food allergies and intolerances

All staff at Community Children will be made aware of any child with food allergies or sensitivity upon their enrolment at the centres. **If a child has an allergy or food sensitivity, a photo will be displayed of the child with a list of relevant foods attached and any reactions to watch for.** An 'Illness and Condition Management Plan' will be filled out by each parent and kept in the child's file.

If a parent/guardian suspects that a child has an allergy or food intolerance the child should see a medical practitioner who will refer the child to a specialist for a proper diagnosis. Any diet formulated for a child by a medical practitioner must be made available to staff.

If a child suffers severe reactions or anaphylaxis to a particular food, then that particular food will be added to the inappropriate foods list for the duration of the child's enrolment at the centre.

[3.5] Symptoms of anaphylaxis

The staff at Community Children will familiarise themselves with the symptoms of an anaphylactic reaction and look for the following:

Mouth	tingling, itching, swelling of tongue, lips and mouth
Stomach	nausea, vomiting, diarrhoea, abdominal cramps
Lungs	repetitive cough, wheezing, shortness of breath
Throat	tightening of throat, hacking cough, hoarseness
Skin	itchy rash, hives, swelling of face of extremities.

[3.6] Meeting the needs of children at risk of anaphylaxis

Community Children will observe the following principles:

1. A list will be kept in each room of the centre and in the kitchen that:

- identifies to all staff the children that are at risk of anaphylaxis and includes a photograph of each child
- lists the known allergens the children are allergic to and the potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought onto the premises.
- Regularly review and update the list when new children enter the centres.

2. Anaphylaxis action plans

- Upon enrolment parents/guardians must provide Community Children with a copy of the child's Medical Management Action Plan (prepared and signed by the child's medical practitioner), emergency contact details and details of the child's medical practitioner inserted into the child's enrolment form.

3. Information management

Community Children will:

- record when each family member provides a complete auto-injector (EpiPen) kit
- record the expiry date of each adrenaline auto-injection device and keep records of when expiration checks are performed and the names of staff that undertake the checks

4. Staff training

Community Children will ensure that all staff (including relief staff):

- know where the auto-injector (EpiPen) kit is located where the anaphylaxis medical management action plan is located (a copy of this should be kept with the EpiPen)
- must have undertaken anaphylaxis management training. The date the staff member undertook the training should be recorded in the staff records together with a copy of the certificate of completion.

5. Communication

Community Children will:

- inform all parents/guardians upon ennoblement of a child that that procedures must be followed to minimise the risk of exposure to a known allergen. This may include requesting that certain foods are not permitted to be brought into the centres and that Community Children is immediately informed if food allergens change
- ensure that all parents/guardians are informed that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen is permitted to attend the service without that device.
- provide information about allergies to parents in newsletters and on the website.
- display the [ASCIA generic poster, Action plan for anaphylaxis](#) in a key location and displays a completed ambulance card by all telephones.
- advise parents that all food containers must be clearly labelled with the child's name and the contents of the container.

6. Excursions

- The EpiPen kit including a copy of the anaphylaxis medical management action plan for the child is carried by a staff member when a child is removed from the service.

[3.7] Emergency action plan

www.education.vic.gov.au/anaphylaxis

All cooks preparing food will read food labels to identify foods that contain the major food allergens and ensure foods children are allergic to do not enter the centres.

All reactions to a food will be taken seriously. If a staff member suspects that a child is having a severe food allergy reaction or sensitivity, Community Children will follow these procedures:

1. administer an epinephrine auto-injector
2. immediately call an ambulance on 000
3. contact the parents/guardians and inform them of their child's suspected reaction

Diabetes policy

[4.0]

Management of diabetes includes regular meals and snacks balanced with injections to keep blood glucose levels in the normal range. It is now recognised that sugar eaten as part of a mixed meal does not have an adverse effect on blood glucose levels and children need to be provided with some sugar for energy and growth. The menu plan provided at Community Children is suitable for children with diabetes.

Diabetes treatment plan

Community Children will obtain a specific treatment plan for hypoglycaemia from parents and made available to staff.

Occurrence and symptoms

- Hypoglycaemia is most likely to occur when:
- The child has been very active
- The child has missed a meal
- There has been a long delay between an insulin injection and eating
- Too much insulin has been injected
- The child is unwell

Symptoms include a headache, trembling, paleness, hunger, sweating, crying, irritability and confusion. Children may describe symptoms such as 'butterflies in their tummy', shaky legs, buzzing head.

Treatment for hypoglycaemia

Community Children keep foods on the premises to provide the child with some sugar such as:

- Fruit juice
- Glucose tablets equivalent to 10-15 grams
- 2-3 teaspoons of honey or sugar
- 5-7 jelly beans

If the child does not improve within 10-15 minutes more sugary food will be administered. Once the child has recovered staff will provide something more substantial such as a piece of fruit or a sandwich.

Key responsibilities and authorities

[5.0]

In order to assess whether the policies have achieved the values and purposes the director, committee, centre cook and staff will distribute the policies to parents/guardians and consult with them to obtain their feedback regarding the policy.

The director, cooks and staff are responsible for the implementation of the policy approved by Community Children.

References

[6.0]

Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers, 2003, National Health and Medical Research Council, Commonwealth of Australia.

Menu Planning for Childcare Centres, 2008, Nutrition Australia

Meeting Nutrition and Food Hygiene Guidelines for Accreditation in Childcare (Third Edition), Revised June 2007, Nutrition Australia and supported by the Commonwealth Department of Health and Ageing.

National Health and Medical Research Council www.nhmrc.gov.au (2003)

Australian Guide to Healthy Eating www.health.gov.au (1998)