NUTRITION, ORAL HEALTH AND ACTIVE PLAY

QUALITY AREA 2 | ELAA version 2

This policy is aligned with evidence-based guidelines that support safe, inclusive and health-enhancing early childhood environments. As a health promoting Early Childhood Education and Care service, we will promote food education, oral health and active play behaviours to children, staff and families. This will be achieved through a whole-of-service approach that includes learning, policies, the physical and social environment and by developing community links and partnerships.

PURPOSE

Middle Park Kindergarten acknowledges the importance of eating a variety of nutritious foods, oral health and physical activity and its contribution to health and wellbeing. We acknowledge how family, social and cultural values, budget, time, appetite, taste, allergies and neurodevelopmental factors can all impact how and what children eat, is important within the Early Childhood Education and Care environment.

This policy provides guidelines to:

- Ensure national and state guidelines and recommendations regarding nutrition, oral health and physical activity are met.
- Ensure that the dietary, developmental and cultural needs of children and families are taken into consideration when planning menus and implementing nutrition, oral health and active play activities.
- Encourage children to explore and enjoy foods and snacks to nourish their bodies, satisfy hunger, appetite and energy needs.
- Ensure accommodations for sensory processing and promoting body autonomy is considered.
- Promote the importance of health behaviours, which includes modelling positive self-talk, providing drinking water facilities, participation in physical activity and active play, and initiatives to support the care of oral health.
- Create a supportive, developmentally appropriate and inclusive environment for learning and exploring food and good oral health without restriction or judgement for children, staff, families and external visitors.
- Ensure the safe storage and preparation of food.

POLICY STATEMENT

The safety, health, wellbeing, rights and best interests of every child are the paramount consideration and must guide all decisions, actions and practices of educators within the education and care service.

VALUES

Middle Park Kindergarten is committed to:

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- Creating policies and practices that promote health and wellbeing, and ensure national and state guidelines and recommendations about safe food preparation, nutrition, oral health and active play are met
- Ensuring the buildings, grounds and facilities are safe, inclusive and regularly maintained to ensure nutrition, oral health and physical activity practices can be upheld
- Creating a culture in which all community members are respectfully supported to have access to a diverse and nutritious range of foods, maintain good oral health and be active
- Providing children with formal and informal opportunities to learn about developmentally appropriate food, nutrition, oral health and health messages about physical activity
- Ensuring staff and educators have access to resources and support for their own nutrition, oral health and physical activity
- Engaging families, the service community and expert organisations in the promotion and implementation of nutrition, oral health and active play initiatives.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Middle Park Kindergarten, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
1. Ensure the service environment and educational program support children and families to engage in positive practices related to eating, oral health and active play. *(Standard 2.1.3)*	**R**	√	√		
2. Embed developmentally appropriate opportunities to learn about food, oral health and physical activity in the education program, throughout the year. *(Standard 2.1.3)*	**R**	√	√		
3. Ensure that developmentally appropriate adult-guided and child-initiated active play is planned daily across all age groups. *(Standard 1.2.2)*	**R**	√	√		√
4. Provide a variety of cooking and food experiences that support children to develop food literacy and food exploration. *(Standard 2.1.3)*	**R**	√	√		√

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5. Role-model neutral language to describe food and drinks, promoting positive self-talk, focusing on the things our bodies can do and celebrating our differences.		√	√	√	√
6. Create a positive mealtime environment by interacting with children at mealtimes, providing accommodations for sensory preferences and promoting body autonomy by letting children decide what to eat, how much to eat and what order to eat the provided food.		√	√		√
7. Provide adequate supervision *(refer to Definitions)* for all children at all times, including at mealtimes. *(Standard 2.2.1)*	**R**	**R**	√		√
8. Encourage child independence at snack/mealtimes (e.g. opening lunchboxes, pouring drinks, self-feeding, serving and using utensils) in a culturally sensitive and developmentally appropriate way.		√	√		√
9. Ensure that cultural and religious practices/requirements of families are accommodated to support children's learning and development. *(Regulation 79)*	**R**	√	√		
10. Provide information, resources and support to families on developmentally appropriate food information, support for feeding practices as well as developmentally appropriate information for oral health and active play.		√	√		
11. Recognise 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 (Standard 2.1.3)*	**R**	√			
12. Provide and promote a variety and adequate amount of nutritious foods at regular intervals that are varied in textures, colours, flavours and are culturally diverse, in line with the service's *Nutrition, Oral Health and Active Play policy. (Regulation 79) (Standard element 2.1.3)*	**R**	√		√	
13. Ensure 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. *(refer to Hygiene Policy and Food Safety Policy) (Regulation 77)*	**R**	√	√		√
14. Ensure 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) (Regulation 77, Regulation 168–172) (Standard element 2.1.2)*	**R**	√	√		√
15. Ensure that all early childhood teachers, educators and all other staff are aware of, and plan for, the dietary needs of all children. *(Regulation 79)*	**R**	**R**	√		
16. Ensure all early childhood teachers, educators and all other staff are aware of a child's food allergies, medical conditions or neurodevelopmental differences on enrolment or on initial diagnosis, and how this will be implemented at meal and snack times. *(Regulation 90/162)*	**R**	**R**	√		

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17. Ensure risk minimisation plans are developed for children with medical conditions that can be impacted by food. *(Regulation 90/162)*	**R**	**R**			
18. Provide details of specific nutritional/dietary requirements, including the need to accommodate cultural, religious practices, neurodevelopmental differences, or food allergies and intolerances, 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)*				√	
19. Communicate regularly with early childhood teachers, educators and all other staff regarding children's specific nutritional requirements and dietary needs, including food preferences or sensory processing needs. (e.g. the need for movement or other sensory support while eating).				√	
20. Ensure that fresh drinking water (preferably tap water) is always readily available, indoors and outdoors, including at snack/meal times (Only tap water and plain milk are encouraged) and acknowledging that this may look different for some children. *(Regulation 78)*	**R**	√	√	√	√
21. Ensure that food and drinks are not used as an incentive, reward or bribe. *(Standard 2.1.3)*	**R**	√	√	√	√
22. Ensure oral hygiene practices are promoted and undertaken at the service where appropriate.	√	√	√		√
23. Provide opportunities for children to learn about and develop skills for oral health through the educational program, including developmentally appropriate tooth brushing.		√	√	√	√
24. Ensure early childhood teachers, educators and all other staff are supported to access a range of resources and professional learning to increase their capacity to promote nutritious and diverse food, oral health and active play initiatives for children.	√	√			
25. Ensure space and facilities are available to allow staff and educators to store and prepare food safely and eat.	√	√			
26. Provide families with developmentally appropriate information and strategies for eating and feeding differences, oral health and active play and how to access relevant services (including local dental clinics) – Ensuring information is up to date and from credible organisations. *(Standard 6.1.3)*	**R**	√	√		
27. Develop links with local and regional health services, community organisations and businesses that provide expertise, resources and support for eating, oral health and active play. *(Standard 6.1.3)*	**R**	√	√		
28. Early childhood teachers, educators and all other staff are supported to maintain oral health, engage in physical activity in ways that meet their individual needs, and participate in health-promoting practices. If food is	√	√	√		

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provided to staff, it will reflect the Australian Dietary Guidelines.					
29. Ensure the layout of the grounds and buildings is inclusive of the diversity and abilities of all children and supports physical activity and movement. *(Standard 3.1.1)*	**R**	√			
30. Ensure recommendations from the Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 Years) is met (Please note. This may look different for neurodivergent children and they may require screen time for regulation).	√	√	√		√
31. Support children to develop collaboration skills during play.		√	√		√
32. Ensure the premises and all equipment and furniture used in providing the education and care service is safe, clean and in good repair and children can navigate the premise safely. *(Regulation 103)*	**R**	√	√		√
33. Plan and provide active play and movement experiences that are developmentally appropriate, inclusive of diversity and abilities and support children to develop fundamental movement skills (including indoor play).		√	√		√
34. Ensure families are provided with information about dressing their child/ren for learning and play to ensure children can safely engage in active play.		√	√	√	√
35. Ensure service facilities and equipment enable active travel and road safety for children, staff, educators and families.	√	√			
36. Support and encourage active travel to and from the service or when possible, excursions. *(Regulations 100 - 102 relating to excursions, not to/from care)*	**R**	√	√	√	√
37. Provide developmentally appropriate traffic safety education, including pedestrian and passenger safety to both children and parents/guardians at the service.	**R**	√	√		
38. Use and promote local parks, bike paths and recreation facilities, where appropriate, to encourage physical activity.	√	√	√		
39. Ensure positive mealtime practices, developmentally appropriate food learning, oral health, active play information and policy requirements are included in the educator and staff induction.	√	√			
40. Educators and staff are supported to maintain oral health, engage in physical activity in ways that meet their individual needs, and participate in health-promoting practices. If food is provided to staff, it will reflect the Australian Dietary Guidelines.	√	√			
41. Support students and volunteers to comply with this policy while at the service. *(Regulation 168)*	**R**	√			

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BACKGROUND

Nutritious foods are important to promote growth and development during childhood[1]. Research indicates eating a variety of foods can also support mental health and improve concentration, memory and academic performance[2,3]. Enjoying a range of different foods across the food groups can also facilitate the development of the mouth and maintain oral health[4].

There are many benefits to promoting health and wellbeing in Early Childhood Education and Care services, including the positive impact this has on each child's learning and development. Being aware of nourishing eating habits, oral hygiene practices and the importance of movement and active play from an early age, can instil healthful habits that will remain throughout a person's life[5]. Education staff are well placed to build this awareness among children and their families, in a developmentally appropriate way, while respecting lifestyle choices, cultural and religious values.

LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Australia New Zealand Food Standards Code
- Child Wellbeing and Safety Act 2005 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011 including Regulations 77–78, 79–80 (if the service provides food), 100-102, 168-172
- Equal Opportunity Act 2010 (Vic)
- Food Act 1984 (Vic)
- National Quality Standard including Quality Area 2: Children's Health and Safety, Quality Area 3: Physical Environment, Quality Area 6: Collaborative Partnerships with Families and Community
- Occupational Health and Safety Act 2004

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

[1] Emmett PM, Jones LR. Diet, growth, and obesity development throughout childhood in the Avon Longitudinal Study of Parents and Children. Nutr Rev. 2015;73 Suppl 3(Suppl 3):175-206. doi:10.1093/nutrit/nuv054

[2] Jacka FN, et al. Associations between diet quality and depressed mood in adolescents: results from the Australian Healthy Neighbourhoods Study. Aust N Z J Psychiatry. 2010 May;44(5):435-42. https://www.ncbi.nlm.nih.gov/pubmed/20397785

[3] Gómez-Pinilla, F. (2008). Brain foods: The effects of nutrients on brain function. Nature Reviews Neuroscience, 9(7), 568-578. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2805706

[4] Scardina GA, Messina P. Good oral health and diet. J Biomed Biotechnol. 2012;2012:720692. doi:10.1155/2012/720692

[5] Chaudhary A, Sudzina F, Mikkelsen BE. Promoting Healthy Eating among Young People-A Review of the Evidence of the Impact of School-Based Interventions. Nutrients. 2020 Sep 22;12(9):2894. doi: 10.3390/nu12092894. PMID: 32971883; PMCID: PMC7551272.

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DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

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:

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

Adequate supervision: 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. 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. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Australian Dietary Guidelines: The Australian Dietary Guidelines give advice on eating for health and wellbeing. There are many ways to have a diet that promotes health and the *Australian Dietary Guidelines* provide many options in their recommendations. The advice focuses on dietary patterns that promote health and wellbeing rather than recommending people eat, or completely avoid, specific foods[6].

Feeding Differences: A feeding difference is a neutral, neuro-affirming term used to describe a pattern of eating or feeding that differs from what is typically expected for a person's age, culture, or environment. It recognizes that eating is a nervous-system, sensory, developmental, and relational process, not just a choice or a skill someone is refusing to do.[7,8]

Food Literacy: Defined as "a collection of inter-related knowledge, skills and behaviours required to plan, manage, select, prepare and eat food to meet needs."[9]

[6] Eat for Health. The Australian Dietary Guidelines. https://www.eatforhealth.gov.au/guidelines/about-australian-dietary-guidelines
[7] Cobbaert, L., Minkov, R. and Achard, M. School Personal: Eating Disorders Neurodiversity Australia. Available at: https://www.edneuroaus.com/
[8] White, M. Why "Fed Is Best" for People with ARFID and Feeding Differences. Whole Body Nutrition. Available at: https://www.wholebodynutrition.com.au/
[9] Vidgen, H., Gallegos, D. (2014) *Appetite* 76. Pg 50–59 DOI: 10.1016/j.appet.2014.01.010

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Neurodiversity: refers to the inherent and natural diversity in the ways that humans think, feel, learn, and process information, and how these differences influence behaviour.[10]

Nutrition: Nutrition is the process of eating and absorbing food that your body needs for growth and development.[11]

Nutritious: Nutritious foods are those that provide essential nutrients and energy needed for health, growth and development in line with the Australian Dietary Guidelines[12]

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[13].

SOURCES AND RELATED POLICIES

SOURCES

- ACECQA: Approved learning frameworks
- Australian Department of Health: Grow and Go Toolbox
- Cancer Council Victoria: The Achievement Program
- Cancer Council: Healthy lunch box
- Department of Health, Disability and Aging: For infants, toddlers and preschoolers (birth to 5 years)
- Department of Health, Disability and Aging: Physical activity and exercise guidelines for all Australians
- Department of Health: Food Safety
- Food Standards Australia New Zealand: www.foodstandards.gov.au
- National Eating Disorders Collaboration. Eating Disorders and Neurodivergence
- National Health and Medical Research Council and Department of Health and Aging: Australian Dietary Guidelines 2013
- National Health and Medical Research Council: Infant Feeding Guidelines: information for health workers (2012)
- National Health and Medical Research Council: Staying Healthy: Preventing infectious diseases in early childhood education and care services (6th edition, 2024)
- NSW Government: No pressure lunchboxes
- Oral Health Victoria: www.ohv.org.au
- The Embrace Collective: Resources
- Victorian Government: Better Health Channel
- Victorian Government: Healthy Eating Advisory Service

RELATED POLICIES

- Anaphylaxis and Allergic Reaction
- Asthma Management
- Educational Program
- Dealing with Infectious Diseases
- Dealing with Medical Conditions

[10] Collings, S., & Yakas, L. (2025). *A neurodiversity-affirming perspective on eating disorders*. *International Mad Studies Journal*, 3(SI2), e1–17. https://doi.org/10.58544/imsj.v3iSI2.8368

[11] Australian Dietary Guidelines. Nutrition https://www.nhmrc.gov.au/health-advice/public-health/nutrition

[12] Australian Dietary Guidelines (2013). National Health and Medical Research Council: www.eatforhealth.gov.au/guidelines

[13] Australian Institute of Health and Welfare (AIHW) https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/introduction

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- Diabetes
- Enrolment and Orientation
- Excursions, Regular Outings and Service Events
- Food Safety
- Hygiene
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Road Safety Education and Safe Transport
- Sun Protection

EVALUATION

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required with all members of the service
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk *(Regulation 172 (2))*.

ATTACHMENTS

- Attachment 1: Supplementary evidence summary
- Attachment 2: Supplementary evidence summary appendices
- Attachment 3: Letter of endorsement

AUTHORISATION

This policy was adopted by the approved provider of Middle Park Kindergarten on 11th May 2026.

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