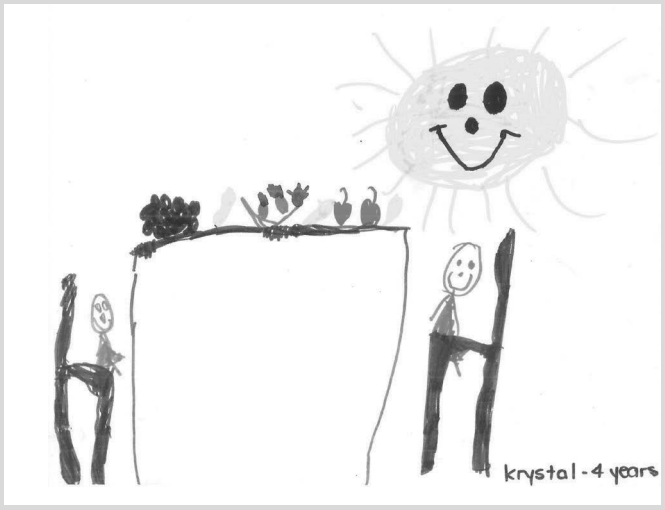
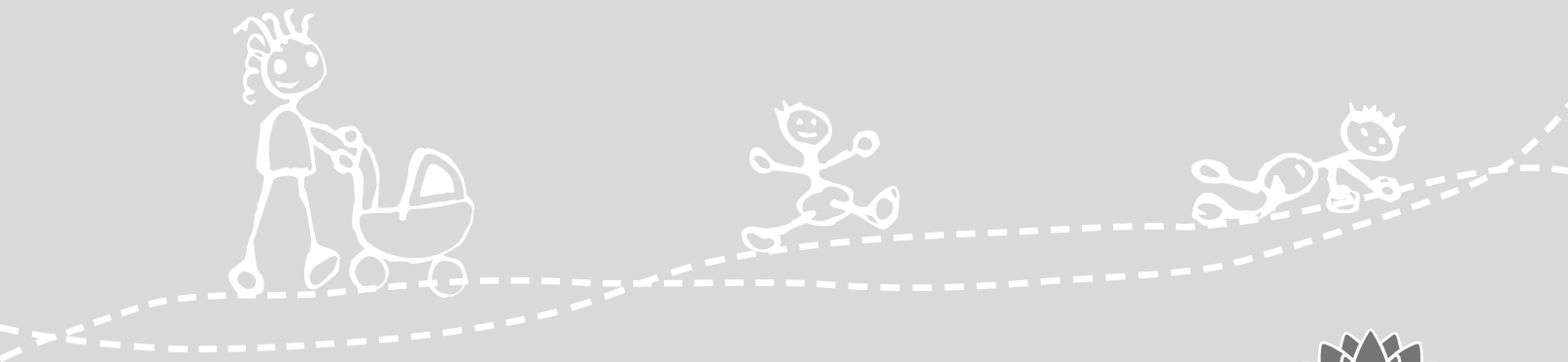
Caring for Children

Birth to 5 years

(Food, Nutrition and Learning Experiences)





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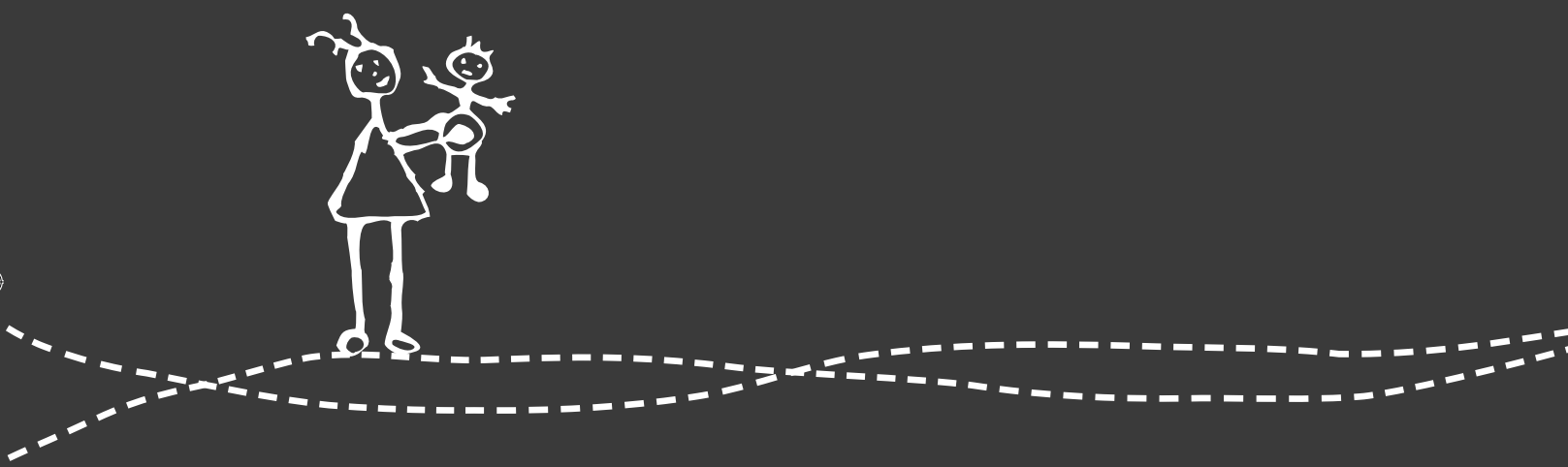

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Acknowledgements

Caring for Children – Birth to 5 years (Food, Nutrition and Learning Experiences) is based on two resources, namely *Caring for Infants - A guide to feeding 0 to 12 month-old infants in long day care centres* (2nd edition 2008) and *Caring for Children - Food, Nutrition and Fun Activities* (4th edition 2005).

The NSW Ministry of Health wishes to thank and acknowledge the research, writing and production of the following people in the revision of *Caring for Infants* and *Caring for Children*.

- *Caring for Infants* was originally produced by Maine Norberg, Rosemary Young and Sue Amanatidis from the former Central Sydney Area Health Service.
- This revised edition was written by Kristine Lobley, Consultant Paediatric Dietitian.
- *Caring for Children* was originally written by Carolyn Bunney and Lauren Williams.
- This revised edition was written by Carolyn Bunney, Rudi Bartl and Lesley Marshall, Nutrition Services, Central Coast Local Health District.

The NSW Ministry of Health wishes to also thank and acknowledge:

- *Caring for Infants* was originally produced by Maine Norberg, Rosemary Young and Sue Amanatidis from the former Central Sydney Area Health Service.
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- Services directors and cooks, early childhood nutrition experts and other representatives from the early childhood sector that contributed to the review that resulted in this edition.

The NSW Ministry of Health acknowledges the contribution of individuals in both original resources.

Why is Food Important in Early Childhood Education and Care Services?

Under the Education and Care Services National Regulations (78–80) if a service provides food and drinks, the food and drinks must be nutritious and adequate in quantity, and take into account dietary requirements appropriate to each child's growth and development needs, and any specific cultural, religious or health requirements.

An accurate weekly menu must be displayed at the service. Policies and procedures about nutrition, food and beverages, and dietary requirements must also be in place.

Many young children are being cared for in early childhood education and care services (referred to hereafter as services).

Whether food is brought from home or prepared on the premises, your service has a responsibility in regards to the food intake and nutrition of the children while they are in your care.

The early years are a time when food habits are being developed, many of which will be retained throughout life. Food should not only be nutritious, it should also help to meet the social, cultural and educational needs of the children. This learning environment can be enhanced by the inclusion of carefully chosen food awareness learning experiences.

This resource provides practical information and best practice guidelines on healthy eating and nutrition for the early childhood education and care setting (from birth to 5 years of age). It is based on three key national health documents that focus on children, namely:

- The *Australian Dietary Guidelines* (2013) which provide up-to-date advice about the amounts and kinds of foods that we need to eat for health and wellbeing. They are based on scientific evidence and research.
- The *Infant Feeding Guidelines* (2012) which provide advice about breastfeeding and infant feeding.
- *Get Up & Grow: Healthy eating and physical activity for early childhood* (2009) which provides practical information and advice on early childhood healthy eating and physical activity, how to develop nutrition and physical activity policies and ways to support and encourage staff, educators and families.

This resource is designed to be used by anyone caring for children, the term early childhood education and care service includes long day care, family day care and preschool.

It is anticipated that service directors, cooks, educators, families and (especially) children will benefit from the contents of this resource.

The content of this resource is based on experience in the field and consultation with representatives from the early childhood sector. This resource covers many aspects of food and nutrition. It is organised into five sections.

Section 1: Nutrition for Babies and Toddlers (Birth to 24 months)

This section outlines the nutrient needs of babies and toddlers from birth to 24 months. It provides practical assistance in applying the *Infant Feeding Guidelines* including issues around breastfeeding, preparing infant formula, introducing solid foods and choking precautions. Finally, this section covers planning menus for babies and toddlers providing sample menus for 6 to 12 month olds and 12 to 24 month olds.

Section 2: Children's Nutrition (2 to 5 year olds)

This section outlines the nutrient needs of children 2 to 5 years, to provide for their growth and activity requirements. Nutrient needs are translated into food types and amounts according to the 'food groups' and the *Australian Dietary Guidelines*. This section covers ideas for healthy morning and afternoon tea, drinks and desserts. Checklists are provided to assist services to develop or review policies related to food and beverage provision, the eating environment and nutrition education. This section also includes healthy lunchbox guidelines and ideas for families where food is brought from home. This section briefly covers food allergies, intolerances and how to deal with special diets. Finally, the important aspect of making mealtimes positive is discussed to help achieve a relaxed, happy, learning environment for all children.

Section 3: Food Preparation and Menu Planning

This section covers issues such as safe food handling and hygiene, menu planning, food purchasing, storage and cooking hints. It also includes sample menus and a broad selection of recipes.

Section 4: Making it Happen

This section describes each step of a continuous quality improvement process and how it can be used to improve your nutrition practices, consistent with *Caring for Children* recommendations.

Section 5: Healthy Eating Learning Experiences

The need for children to be stimulated through learning experiences is addressed in this section. Awareness of the environment has been considered in the selection of learning experiences.

Resources and Reference Sections and Appendix

These sections contain a list of materials that were used in the preparation of this resource as well as other useful resources.

Alignment with the National Quality Framework

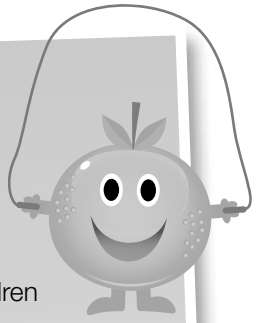
The National Quality Framework (NQF) is the result of an agreement between all Australian governments to work together to provide better educational and developmental outcomes for children using education and care services.

The NQF took effect on 1 January 2012 and introduces:

- National Law and Regulations
- National Quality Standard
- National quality assessment and rating process

Caring for Children – Birth to 5 years (Food, Nutrition and Learning Experiences) is a best-practice resource for services that provides guidance and support for services to meet these new requirements.

The *Munch & Move* Program



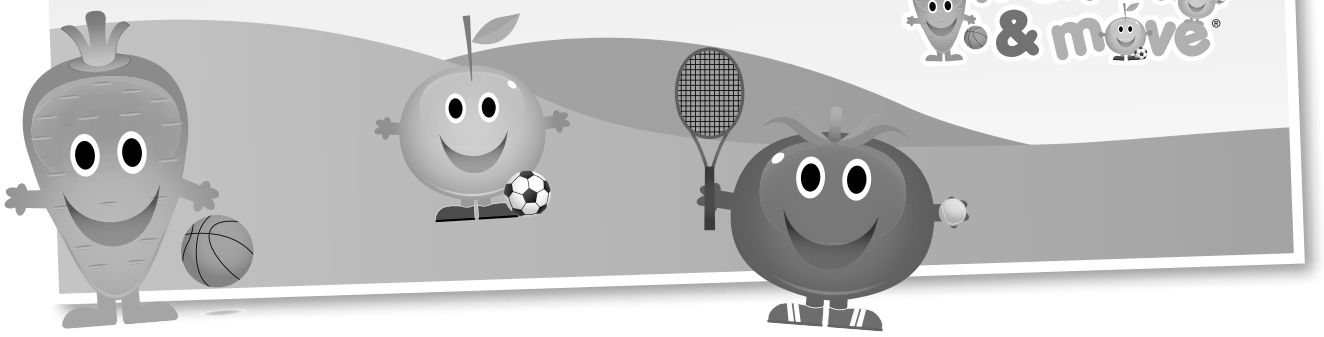
The *Munch & Move* program is a NSW Ministry of Health initiative which aims to promote and encourage healthy eating and physical activity habits in young children aged birth to 5 years.
The *Munch & Move* program offers free professional development training, resources and support to early childhood educators working in NSW early childhood education and care services.

Munch & Move is based on six key messages:

- Encourage and support breastfeeding
- Choose water as a drink
- Choose healthier snacks
- Eat more fruit and vegetables
- Get active each day
- Turn off the TV or computer and get active.

This resource supports services, in particular cooks, to implement the four *Munch* key messages.

For further information, please visit the *Munch & Move* pages on the Healthy Kids website www.healthykids.nsw.gov.au



Section 1

Nutrition for Infants and Toddlers (Birth to 24 months)



Introduction

This section replaces the resource *Caring for Infants – Food and Nutrition for 0 to 1-year-olds in Long Day Care Centres* (originally produced by the Commonwealth Department of Health and Family Services in 1997; revised in 2008).

This section incorporates the *Infant Feeding Guidelines for health workers* endorsed by the National Health and Medical Research Council (NHMRC, 2013). It aims to provide services with practical assistance in applying these guidelines. The information is structured to follow the feeding transition that occurs as infants move from a milk only diet to a range of family foods by 12 months of age and then into their toddler years. The guidelines are relevant to healthy, term infants of normal birth weight. However, there may be individual reasons (e.g. medical, cultural) why infant feeding choices vary from one family to another. All children differ with regard to feeding within the context of their family and community, so services should work with families to ensure the child's needs are understood and appropriately met.

The role of services in infant and toddler nutrition, including support for breastfeeding

Infants grow and develop more rapidly than at any other time of life. This means that they have particularly high nutritional needs. Appropriate infant feeding practices and food choices are needed to support normal growth and optimal nutrition. Unsound infant feeding practices can result in nutrition and growth problems that may have long-term effects.

As infant feeding transitions into toddler feeding after 1 year of age, the toddler years become a time of new food behaviours and expressions of independence around food choices. Feeding toddlers may be seen as more challenging because of these changes, or families and educators may describe toddlers as 'picky' or 'fussy' with food. This change is very normal and expected.

The toddler years remain an equally important time for young children to learn to eat well, a skill that will last them a lifetime. The way families and educators respond to toddlers and their eating is just as important as the food served to them. Toddlers should never be offered more snacks, milk or 'treats' because they are upset, bored, tired, being well behaved or have refused the meal that is served. The nutritional needs of toddlers remain high, while their appetite and food intake is less than that of an infant.

Both infants and toddlers should be offered a variety of food experiences in order to maximize their exposure to different tastes and learn to accept a wide range of foods.

Children who attend services can spend the majority of their day in care for up to five days a week. Many children will therefore receive a significant part of their total nutrition

from the service. Services can support the healthy development of all infants and toddlers in their care by adopting the recommended feeding practices and food choices.

Breastfeeding is very important for infant nutrition, with universal agreement that breastmilk is the best first food for babies. Australian and international health authorities recommend **exclusive breastfeeding until around 6 months**. 'Exclusive breastfeeding' means that nothing else (except medicine or prescribed vitamin drops) is given to the infant – they receive breastmilk ONLY. At around 6 months, solid food can then be offered while breastfeeding is continued until 12 months or longer if the mother and baby wish.

Services have an important role to play in supporting mothers to breastfeed. Returning to work is a common reason for stopping breastfeeding or for deciding not to start breastfeeding, however services can inform mothers that the provision of breastmilk can be supported in their service.

Services can:

- develop policies that encourage and support continued breastfeeding
- identify your service as 'breastfeeding friendly'
- ask about breastfeeding at the time of enrolment. Inform mothers that the service is supportive of receiving expressed breastmilk or alternatively, for mothers that work nearby, visits during the day for breastfeeds are encouraged
- provide a welcoming environment for mothers to comfortably breastfeed or express breastmilk
- assure mothers that expressed breastmilk will be stored and handled safely at the service
- play an important role in providing families with accurate nutrition and feeding information, and that this is reflected in the feeding practices of the service.

To request a free "Breastfeeding-friendly zone" sticker for your service's door or window, go to: www.health.gov.au/internet/main/publishing.nsf/Content/phd-gug-stickers

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To request a free "Breastfeeding Welcome Here" sticker for your service's door or window, go to: www.breastfeeding.asn.au/services/welcome

Breastmilk and Other Drinks for Infants and Toddlers

Give Freely

It is universally agreed that breastmilk is the best first food for infants. Exclusive breastfeeding is recommended until the infant is around 6 months of age, followed by continued breastfeeding until 1 year of age and beyond. For any infant who is not receiving breastmilk, the only other safe and suitable alternative until 12 months of age is infant formula.

> Breastmilk or infant formula is all that a baby needs for the first 6 months of life. No other drinks or foods are needed.

Once an infant is over 6 months of age, small amounts of boiled, cooled tap water can be given in addition to breastmilk or infant formula. Tap water is best, especially if it contains fluoride, which helps protect children's teeth against decay. It is not necessary to use bottled water.

> All infants require breastmilk and/or infant formula for the first 12 months. Breastfeeding can continue into the second year if mother and child wish to do so. No children should receive cow's milk (or any other type of milk) as their main drink until after 12 months of age.

Drinks Not Recommended

The following drinks are not recommended **before** the age of 12 months:

- Cow's milk (including fresh, UHT, powdered, evaporated or condensed)
- Goat's milk and sheep's milk
- Soy drinks (sometimes called 'soy milks')
- Rice drinks (sometimes called 'rice milks'), oat milk, almond milk, coconut milk and quinoa milk

Cow's milk and other milks listed above, are low in iron, with protein and sodium levels that are unsuitable for infants. In addition, children who are unable to tolerate cow's milk usually need to avoid goat, sheep and for some, soy milk too. Children with a diagnosed allergy may use a prescribed 'hypoallergenic' infant formula instead of regular infant formula.

Full cream, pasteurised, cow's milk may replace breastmilk or infant formula as the main drink **after the age of 12 months**. There is no need to boil cow's milk and it should never be diluted with water. Always use full cream (full fat/regular) cow's milk until the age of 2 years. After 2 years of age, reduced fat (often called "light" or "lite") milk can be used. Skim milk is not recommended for children until after 5 years of age.

Soy drinks are not the same as soy infant formula, and should not be given before the age of 12 months. Soy drinks may not have the vitamins, minerals or energy needed by infants.

Fortified soy drinks and calcium + protein enriched rice and oat milks can be used **after the age of 12 months** as long as they are full fat varieties and alternative forms of protein and vitamin B_{12} are in the diet (such as meat, chicken, eggs, cheese).

Toddler milks (also called 'toddler formula') are not necessary for children after the age of 12 months. Toddlers can get their nutrition from healthy family foods and regular milk. Although toddler milk is formulated and advertised to supplement a toddler's diet if their intake of energy and nutrients is suboptimal, it should never be used to replace meals.

In the toddler years, it is important to establish a habit of offering food before milk to protect small appetites and teach children to use food first to satisfy hunger. Too much milk (more than 500mls per day) can lead to poor nutrition and food refusal.

The following drinks **are not recommended** for infants or toddlers:

- Coffee, tea, herbal teas
- Fruit drinks and syrups promoted as vitamin C supplements (often blackcurrant, cranberry or rose hip flavours)
- Soft drinks, cordials, mineral waters, vitamin waters, energy drinks, sports drinks
- Flavoured milks
- Any milk that has had sugar or honey added to it.

Some drinks, like tea, contain natural chemicals that interfere with the absorption of nutrients. Herbal teas may contain naturally occurring chemicals that are not suitable for young children, despite being promoted as 'natural' or 'healthy'. Other drinks may contain caffeine and should be avoided. There is no safe level of caffeine consumption identified for children.

Caution

Fruit juice (including 100% juice, 'no added sugar' juice and freshly squeezed juice) is not needed by infants and should be used cautiously with toddlers. It is important for infants and toddlers to learn to eat fruit as a food. Fresh, canned or frozen fruit and vegetables included in the menu each day provides adequate vitamin C and are a source of fibre. Fruit juice may result in the child not eating enough food, or drinking enough breastmilk or infant formula. Fruit juices given in feeding bottles, sippy cups or pop-top bottles also increase the risk of tooth decay. Fruit juices may cause diarrhoea in infants and toddlers.

Safe Bottle Feeding

Guidelines for the safe feeding of expressed breastmilk or infant formula in early childhood education and care services

Transporting and storing bottles

- Label all bottles taken to the service with the child's full name, the contents of the bottle, the date the breastmilk was expressed or the infant formula was prepared and the date to be used.
- Store expressed breastmilk/infant formula in sterilised bottles or containers. Use smaller (120mls) bottles for expressed breastmilk to reduce wastage.
- Cool all expressed breastmilk/infant formula in the refrigerator before transporting. Transport frozen breastmilk, and cooled breastmilk/infant formula, in an insulated container with frozen "cooler bricks" (e.g. an esky with a freezer brick).
- Put all breastmilk/infant formula bottles in the refrigerator (or freezer) immediately on arrival at the service.

Storage and use

- Expressed breastmilk may be frozen.
- Any frozen breastmilk that has thawed (wholly or partially) during transport to the service should be immediately stored in the refrigerator and used within 24 hours. Do not re-freeze it.
- Store all bottles in the back of the refrigerator where it is coldest. Do not store bottles inside the refrigerator door.
- Store the breastmilk/infant formula in the refrigerator for the day and throw out all leftovers at the end of the day.
- At home, frozen breastmilk can be stored for up to two weeks in a freezer compartment inside the refrigerator (-15°C), or for up to 3 months in a freezer section of the refrigerator that has a separate door for the freezer (-18°C).
- Once a bottle has been given to an infant, throw out any leftover breastmilk/infant formula after each feed. Do not put back in the refrigerator, and do not leave out at room temperature for later use.

Store bottles in the coldest part of the refrigerator (the back of the main refrigerator compartment). Do not store bottles inside the refrigerator door.

Remember

1. Put a sign on the refrigerator instructing families and educators to put all bottles in the main part of the refrigerator, not inside the door.
2. Breastmilk and infant formula are foods that must be stored cold. All cold food should be stored at 4°C or lower, to limit the risk of food poisoning.
3. To ensure the refrigerator stays at 4°C or lower, place a probe thermometer in a glass of water in the middle of the main part of the fridge. Check the temperature regularly and adjust the fridge as needed.
4. Once a bottle has been given to an infant, discard any leftover breastmilk/infant formula after each feed.

Thawing frozen breastmilk

- Thaw frozen breastmilk in the refrigerator or, if necessary, by placing the bottle in warm water (shake gently if the breastmilk has separated).
- All frozen breastmilk thawed in warm water should be used immediately. Discard any left-overs as soon as the feed has finished.
- Frozen breastmilk left to thaw in the refrigerator can be kept in the fridge for that day. Once it has been taken out of the fridge for a feed, it should be warmed and used immediately.

Warming breastmilk and infant formula

Feeding an infant cold breastmilk or infant formula is not harmful, but drinks warmed to room temperature flow better from the bottle, and infants seem to prefer them.

- Warm breastmilk/infant formula bottles by standing the bottle upright in warm tap water for no more than 15 minutes just
  before use.
- Bottle warmers can be used, but they must have a thermostat control. Bottles should only be warmed using this equipment for less than 10 minutes. Follow the manufacturer's instructions.
- Never microwave breastmilk/infant formula.
- Before feeding the infant, shake the bottle and test some of the breastmilk/infant formula on the inside of your wrist to make sure it is not too hot. Only warm the milk once, and discard any warmed milk that has not been used.
- Never refreeze thawed breastmilk.

Remember

1. Microwaving bottles of breastmilk/infant formula is not recommended for safety reasons – microwaves heat the milk unevenly and the milk may contain 'hot spots' that will burn an infant's mouth.
2. Breastmilk should not be warmed in the microwave because important immune properties are destroyed.

Breastmilk and infant formula do not have to be warmed before feeding. However, warmed breastmilk/infant formula may be preferred.

The safest way to warm bottles is by standing the bottle in warm water. It is not recommended to microwave bottles.

Some breastfed infants won't take feeding bottles – expressed breastmilk can be given from a small feeding cup or with a spoon.

Protocols for the correct identification of expressed breastmilk

It is very important that the correct breastmilk be given to the correct infant. Giving an infant the breastmilk from a different mother is a major incident.

Educators should be aware of and follow the correct procedures for identifying and managing expressed breastmilk:

- If more than one infant is receiving breastmilk at the service, two educators need to check that the correct name is on the bottle for the infant about to be fed. This should also be noted on the infant's feeding record.
- If an infant is given the wrong breastmilk, the service's usual incident procedures should be followed. This may include reporting the incident to a local authority.
- Educators should also advise the infant's mother to contact their general practitioner or child health nurse for advice.

Preparing Infant Formula

STEP 1

Wash hands thoroughly with soap and running warm water.

Dry hands using a disposable paper towel.

STEP 2

Always prepare infant formula in a clean, hygienic area. Ensure all bottles, teats and any other equipment used to make up infant formula have been cleaned and sterilised. Sterilisation can be done by boiling for 5 minutes, anti-bacterial sterilising agents, steam sterilisers or microwave steam sterilisers.

STEP 3

Using freshly boiled tap water that has been allowed to cool to lukewarm, measure the required amount of water into the bottle. The water is always added before the powder.

STEP 4

Measure the required number of scoops of infant formula powder into the bottle of water. Use only the scoop that comes with that tin, and read the instructions on the tin to find out how many scoops are needed for the amount of water being used. Tap each scoop lightly but do not pack down the powder. Use a clean knife to level off each scoop. Re-seal the opened can of infant formula powder and store in a cool, dry place.

STEP 5

Place the teat and cap on the bottle, and shake vigorously till all of the powder dissolves.

Note: There will now be more infant formula than the original amount of water measured.

STEP 6	Test the temperature of the milk with a few drops on the inside of your wrist – it should feel just warm, but cool is better than too hot. If it is too hot, cool the feed quickly by holding under a running tap or place in a container of cold or iced water.	
STEP 7	If the bottle of infant formula is not required immediately, store in the back of the refrigerator until it is needed. Do not allow prepared bottles of formula to sit at room temperature for more than 1 hour.	
STEP 8	Discard any unused, made-up infant formula at the end of the day.[1]	

Remember

1. It is best to prepare one bottle of infant formula at a time so it is freshly made for each feed.
2. Each brand of formula has its own size of measuring scoop and different instructions on how many scoops to use, so follow the instructions on the tin you are using.
3. Never add more or less scoops than the instructions state. It is unsafe to make up formula too weak or too concentrated. You should never need to use a half scoop.
4. Replace the correct scoop into the correct tin so it is there next time you need it. When the tin is finished, throw the scoop away with it and use the new scoop provided in the next tin.

Some services may prefer that families provide pre-sterilised bottles and teats, along with pre-measured serves of powdered formula, each day. This will require parents to clearly label all pre-measured serves of formula powder with the child's name, date and the amount of water to be mixed to the formula. This requirement should be clearly noted in the service's food and nutrition policy and communicated with families.

1 Images supplied by Department of Health South Australia, 2010.

The Feeding Environment and Safe Positioning

Suitable feeding positions

(i) Infants should be in a semi-upright or upright position when being fed.

Example:

- on your lap facing to the side or in front
- in a semi-reclined seat if requiring trunk and head support
- in a stable baby chair if able to sit independently
- in a high chair (ensure good trunk support and safety strap used through legs to avoid slipping)

(ii) Where possible, feed infants in a quiet area with less distractions.

Unsuitable feeding positions

(i) It is unsafe to 'prop' feed an infant. 'Prop feeding' is when the bottle is propped up by a cushion, towel or other support in order to keep it in the infant's mouth. This means that a person is not holding the bottle and the child is left unsupervised whilst feeding. Prop feeding is an unsafe practice, as it increases the risk of choking and possible overfeeding.

(ii) Avoid feeding in areas that have a lot of noise and distractions.

(iii) Lying infants in a cot, on the floor or on cushions is not recommended for feeding.

(iv) Sitting to the side of the infant requires them to turn their head to the side for food. The child's trunk is less stable and they are not feeding with head in the midline position.

Unsuitable feeding positions can increase the risk of problems such as:

- **Tooth decay**

Do not leave infants feeding from bottles while they are lying down or going off to sleep. This encourages them to continue to suckle on the bottle whilst sleeping. In this position, fluid stays in the mouth for too long and the baby may rapidly develop tooth decay (also called early childhood caries). It is important to avoid this habit, even if the baby does not appear to have cut any teeth yet – emerging tooth buds are still at risk of decay. The early loss of baby teeth can lead to ongoing dental, orthodontic and oral health problems in the future.

Any drinks containing natural and/or added sugars (e.g. all milks, fruit juices, soft drinks, cordials) can cause tooth decay and tooth erosion.

Pacifiers/dummies should always be sterilised prior to use and never be dipped in sweet foods such as sugar, honey or golden syrup.

- **Choking**

Infants who are fed while lying down or who are 'prop fed' are at a higher risk of choking.

Never add infant cereal or any other 'food' to an infant's bottle of milk.

If you suspect or can see that any other food or flavouring has been added to a bottle of milk that has been provided for the child, discard it and prepare a fresh bottle. It is important to then inform the family that this is not in line with your service's feeding policy.

- **Middle ear infections (Otitis media)**

Allowing infants to bottle feed while lying down may increase the risk of middle ear infections.

Remember

1. Do not give food or bottles to infants while they are in a bouncinette, lying on the floor or in a cot as these are not safe feeding positions.
2. If an infant falls asleep while being bottlefed, always remove the bottle straight away.
3. Do not allow infants to take bottles to bed.
4. Never prop feed an infant.
5. All infants who are bottlefed will benefit emotionally from being held closely whilst feeding to provide important infant to carer contact.
6. Pacifiers or dummies should be sterilised and never be dipped in any sweet foods.

Giving up the Bottle

Feeding bottles with teats are for use with breastmilk, infant formula or water during the infants first year. Infants can begin to use a feeding cup (e.g. a spouted cup or cup with a lid) from 6 months of age. Lightweight plastic trainer cups with a simple spout (not a teat or a no-spill valve-type spout) and two handles are an economical, practical and easy to clean choice. Cups with a straw, open lip or free flowing spout are also appropriate. Training cups should only be used for a short time, while infants continue to practice drinking from an open cup. Transitioning to an open cup or a free-flow cup without a valve, will help infants to learn cup drinking skills as it requires them to sip rather than suck, and this is also better for their teeth. Infants who suck on teats, pop-top style bottles and cups with valves in their spouts can easily end up spending longer periods of time throughout the day and night with teats in their mouths and milk around their teeth, increasing the risk of tooth decay.

Introducing a cup around 6 months of age is important as it helps to prepare for giving up the bottle at around 12 months.

At around 12 months of age, children's growth rate slows and their appetite naturally becomes smaller. Continued use of a bottle often results in toddlers drinking too much milk over the day so it is important to introduce a cup between 6 and 12 months. Milk is filling, so drinking too much may lead to the child eating less food than expected/needed and being described as a 'fussy' or 'picky' eater. However, the problem is not the child's eating … it's the excess milk, that has taken the place of food in the child's diet. From 12 months of age onwards, milk should always be offered in a small cup after food. This also helps toddlers to learn a new habit of having milk from a cup after their dinner instead of expecting a bottle of milk at bedtime.

Too much milk, combined with not enough solid food, increases the chance of iron deficiency. Iron deficiency can have a negative effect on the normal development of young children.

Early childhood caries (tooth decay) is a serious problem for infants and toddlers and without treatment can lead to toothache, infection and early loss of teeth. Loosing these teeth too early, makes it hard for young children to progress to family foods and resist foods with lumps. Settling infants by giving them a bottle to suck on for long periods, or allowing them to fall asleep while continuing to feed from a bottle have been identified as a major cause of early childhood tooth decay.

The use of feeding bottles with teats is only recommended until the age of 12 months for developmentally able children. Between the ages of 6 and 12 months, infants need to transition from liquid food to solid family foods. Daily cup drinking practice from 6 months on helps infants to give up the bottle at 12 months of age. Less reliance on bottle feeds of milk makes it easier for toddlers to become good eaters.

Suitable Cups

Introducing Solid Foods

Advice about introducing solid foods to infants is more straightforward and less restrictive than in the past. There is enough evidence related to allergy prevention to now recommend infants be exposed to a range of foods at around 6 months of age, rather than restrict foods that were previously thought to cause allergy.

Healthy, full-term infants are physically and developmentally ready to start solid food around 6 months of age. It usually takes several attempts to successfully feed a new food to an infant. Food may be refused because infants are tired, distracted, or out of routine – not necessarily because the food is disliked. Learning to eat solid food is a skill that improves with practice and repetition.

From around 6 months of age infants are ready to start solid foods because:

- They have greater energy and nutritional needs that can no longer be met by breastmilk/infant formula alone.
- Stores of nutrients (e.g. iron) are low, so to ensure infants do not become iron deficient, additional iron now has to be provided by food.
- They can hold their head and neck up straight, which allows foods to be easily and safely swallowed.
- Their feeding development has moved from sucking to biting with the disappearance of the 'tongue-thrust' reflex. When this reflex is still strong, infants tend to push out anything that is in their mouths using the tongue, rather than using the tongue to move the food to the back of the mouth for swallowing.
- Their digestive system and kidneys have matured enough to cope with solid foods.
- They are showing greater awareness and interest in food.

Introducing new foods to infants:

- Several attempts are usually needed before a new food is eaten – persistence and patience is important.
- Allow infants to explore foods by touching, smelling and tasting food – this is an important part of learning to eat new foods.
- Always show the child the food you are offering them – do not try to trick them into opening their mouth so a spoonful can sneak in.

- Make sure the texture is suitable and avoid foods that can be inhaled or cause choking (refer to '*Minimising the risk of chocking on food*' section page 39). Gagging is common in infants – especially when new food textures are introduced. This is a protective mechanism and does not mean you need to avoid that food in the future. Baby will learn to eat a new texture as they practice more munching and biting.
- Introduce food with a wide variety of colours and flavours before the age of 12 months. This will help the child accept a wider range of foods when they are older.
- Always allow infants to eat to satisfy their appetites. Do not push them to take more mouthfuls if they have indicated they have had enough. It is important not to push a child to overeat or make them finish what is in the bowl.

Introducing solids too early can lead to:

- Decreased breastmilk production.
- A rejection of the spoon (as the 'tongue-thrust/reflex' is still present), which may be interpreted as rejection of food.
- Increased risk of food allergies.
- Increased exposure to pathogens (bacteria) in foods, which can cause foodborne illness.
- Increased load on the baby's kidneys.

Introducing solids too late can lead to:

- Slowed growth, as breastmilk/infant formula alone is insufficient to meet all energy needs after 6 months of age.
- Micronutrient deficiencies – especially iron and zinc, which can compromise a baby's immune protection and development.
- Delayed development of motor skills like chewing.
- Reduced willingness to accept new tastes and textures.
- Increased risk of food allergies.

Remember

There are important reasons for starting solids at the recommended age. Starting solids around 6 months helps to safeguard against iron deficiency anaemia and assists in the development of age appropriate feeding skills and food acceptance.

The importance of early opportunities to sample a variety of tastes and flavours.

Food for infants does not need to be bland. Their food can contain herbs, spices, garlic, vanilla and include family foods made in traditional ways. Salt, salty flavourings (e.g. stock, soy sauce, gravy), honey and sugar should not be added to infant's food.

Early exposure to a wide variety of flavours is thought to be important for later food acceptance, with young children being more willing to eat new or different foods. In fact, early taste exposures have already happened for breastfed infants well before they ever have their first spoonful of food, via flavours from foods included in their mother's diet.

Surprised facial expressions are not a sign of disliking the taste of food, they are just part of the learning process as baby develops familiarity and understanding of this new and interesting flavour.

Remember

A variety of solid foods are required for good nutrition and to help all infants and toddlers learn to accept a range of food flavours and textures.

How much food is enough?

Learning to feed to appetite and respond to infant cues

Every service's responsibility is to provide adequate and suitable food to meet a child's nutritional requirements whilst in care. However, pushing a child to eat all the food on their plate is not part of that responsibility, as each child will eat different amounts on different days, and this is entirely normal. Children will eat variable amounts at different ages and stages of their development. They may eat more or less than another child because of differences in growth, appetite, feeding experience, breastmilk/formula intake or wellness. Although nutrition guidelines outline minimum quantities that are needed to meet a child's needs, it is the child's responsibility to eat as much as they need from meal to meal and from day to day.

A handy phrase to remember that helps avoid the temptation to push or coerce a child to eat more is: *'Carer provides, child decides'.*

Recognising and responding to the child's cues of hunger and satiety (fullness) is the best way to feed to appetite. This helps a young child to avoid the learnt behaviour of overeating, which can contribute to overweight and obesity when they are older.

Baby led weaning

Advice on introducing solids often focuses on when and what, rather than HOW to introduce a baby to solid food. Some families may choose to follow an alternative style of introducing solids called 'baby led weaning'. Based primarily on the idea of self-feeding and self-choice, this approach provides the opportunity for a baby to lead their own introduction of solids. In their own time, baby learns to self-select food and feed themselves using family foods. There is no puree and no spoon-feeding by another person. First solids are foods that the baby can hold for themselves, and with them, they begin early munching, chewing and learning to feed with their fingers and holding their own spoon.

Baby led weaning is often promoted as having benefits such as less mealtime battles, less work in the kitchen preparing baby food, encourages healthier food choices, reducing obesity risk and less fussy eating. None of these claims can be confirmed at this stage. For families who choose to use this method, many of the foods provided on the menu are suitable for baby led weaning.

Food for toddlers – transitioning to 'family foods'

From 12 months of age onwards, solid foods should provide the highest proportion of energy to a toddler's diet. The diet should not be dominated by milk and after 12 months of age, milk should be given in a cup after meals.

Toddlers do not need special 'toddler milks' or 'toddler foods' – they can drink full cream cow's milk and eat family foods. Toddlers learn about eating by following the example of others, so good role modelling helps teach toddlers about food and mealtime routines. All toddler's eating habits will undergo a time of transition, which families may describe as fussy, picky and difficult – but this should not be seen as a problem – rather as a normal stage that all children experience and one that only becomes a problem when poorly managed. 'Fussy eating' in toddlerhood can prove to be a significant source of anxiety for some families. A 'no fuss approach' and mealtime routines can help children develop healthy food choices, positive feeding practices and a healthy feeding relationship with the people who care
for them.

Toddlers need small nutritious meals and mid-meal snacks. Access to more frequent snacking or grazing does little to help the appetite of a 'picky' eater and makes it harder for young children to eat well at mealtimes. Learning to wait for the next meal or snack, even if feeling hungry, means the healthy food that is served will be more likely to be eaten.

Ensuring milk or juice is not consumed in excess or in lieu of food is important for protecting a young child's appetite for food.

Iron-rich foods remain an important part of the toddler diet.

Healthy snacks for toddlers should be based on fruit, vegetables, dairy and wholegrain cereal choices to ensure they contribute to the child's overall nutritional intake for the day.

Food Allergies and Intolerances

Allergic reactions involve the body's immune system, producing mild, moderate or severe and sometimes sudden symptoms. Symptoms may include hives, swelling of the lips, face, eyes or tongue, vomiting, wheezing or a rash soon after the food allergen (usually a protein) is touched or ingested. These symptoms have the potential to be life threatening for some children (due to anaphylaxis) and require immediate emergency action to be taken.

With planning and communication, services can appropriately manage and prevent anaphylaxis. Training is essential in order for educators to recognise allergic symptoms (including anaphylaxis), respond appropriately and know how to minimise the risk of exposure to known allergens.

Slower onset and non-life threatening symptoms (such as headache, nausea, hives, mouth ulcers) are more likely to be from food intolerance.

Allergies are not food dislikes, digestion difficulties, food poisoning or a reaction to a food additive such as preservatives.

Children who do not have a known allergy, even those with siblings or parents with a food allergy, are still encouraged to follow the same guidelines for introducing solids. They do not need to avoid food allergens in an attempt to prevent the development of the allergy in the future. In fact, if all children, including those with a family history of food allergy, continue to receive breastmilk whilst they are introduced to a wide range of foods, their allergy risk is reduced. This means that the introduction of potential allergens such as egg, milk, wheat, soy, peanut, tree nuts, sesame and fish should occur from 6 months onwards, with continued breastfeeding to offer immune protection for the child.

If a child has a diagnosed food allergy (assessed by a medical doctor, Paediatrician or Allergy Specialist) that requires a special diet in order to avoid one or more allergens, speak with the families about their individual dietary needs. The child's doctor can provide an Action Plan to families and this can be used to communicate to service educators the recommended treatment should the child have a reaction whilst in care.

Education and Care Services National Regulations (Reg.136) require that at least one educator with approved anaphylaxis training is in attendance at a centre based service at all times children are in care in a centre based service. All family day care educators must have completed this training.

The regulation applies regardless of whether children with diagnosed allergies are enrolled[1].

Naturopathic style diets (often wheat, yeast, dairy and/or sugar free) do not necessarily mean the child has a diagnosed food allergy or intolerance.

Contact an Accredited Practising Dietitian at the nearest children's hospital or allergy unit for more information about allergy prevention or if a child already has a diagnosed food allergy that requires a special diet.

Further information and allergy diet sheets are available from the following websites: www.allergy.org.au and www.allergyfacts.org.au

For more information on food allergies and intolerances see page 60.

[1] ACECQA, 2013.

Foods and Drinks for Infants (6-12 month olds) and Toddlers (1-2 year olds)

How much food should be offered to infants and toddlers?

(a) Infants

When infants start solids around 6 months of age, the amount eaten may be very small, such as a teaspoon or two. The amount an infant eats gradually increases over time as their feeding skills develop and they grow. The amount of milk they drink gradually reduces during this time, but milk still remains their main source of nutrition when learning to eat solids. First foods are about learning how to eat and discovering new tastes, textures and flavours, not about filling them up with solids. Never try to force or push infants to eat more than they want. Infants can usually tell you when they've had enough, by turning their head away, refusing to open their mouth, spitting food out or pushing the spoon away. By 12 months of age food is more important than milk.

(b) Toddlers

Toddlers have a highly variable appetite and this is normal. This means that they may eat different amounts at different meals on different days. This is not a cause for concern, as toddlers have a remarkable ability to balance out their total intake of food over many days. They will eat what they need right now. It is important not to force or push a toddler to finish food if they have indicated they have had enough. Even if the toddler eats very little at one meal, they will make up for it at another.

The role of the service is to OFFER the recommended minimum amount of food from each food group. You do not need to ensure the child eats it all but instead, make it available for them to choose from.

Sample daily food pattern for infants and toddlers

The tables below are from the *Australian Dietary Guidelines*. They outline the daily requirements of an infant (Table 1) and toddler (Table 2).

If a child is in care for eight hours or more they should receive at least one main meal and two midmeals that should provide at least 50% of the recommended dietary intakes (RDI) for all nutrients[1].

If a child is in care for more than eight hours, extra meals and/or midmeals (i.e. breakfast or late afternoon tea) should be provided.

Table 1: Sample Daily food amounts for infants[2]

Food	Serve size	Serves per day for infants	Serves to provide to infants while in care	In care, what does this look like?
Vegetables and legumes/beans 	20g	1½-2	1	2 tbs cooked vegetables
Fruit 	20g	½	¼	1 tbs fruit puree or ¼ small piece fruit
Grain (cereal) foods 	40g bread equivalent	1½	¾	¾ slice bread or ⅓ cup cooked rice or pasta or couscous or quinoa
Infant cereal (dried) 	20g	1	½	2-3 tbs dry cereal
Lean meats, poultry, fish, eggs, tofu, legumes/beans 	30g	1	½	2 tbs cooked mince, chicken or fish 1-2 tbs cooked legumes ¼ egg
Breastmilk or formula 	600ml	1	½ (300ml)	2 x 150 ml bottles/ cups milk
Yoghurt/cheese or alternatives 	20ml yoghurt or 10g cheese	½	¼	1 tsp yoghurt 1 tsp grated cheese

+ a small amount of unsaturated spreads (e.g. margarine) or oil (approx. ¼ - ½ tsp) is appropriate

[1] Department of Health, NSW, 1984.
[2] NHMRC, 2013

Table 2: Sample Daily food amounts for toddlers

(Note the difference in serve sizes between infants and toddlers)[1]

Food	Serve size	Serves per day for toddlers	Serves to provide to toddlers while in care	In care, what does this look like?
Vegetables and legumes/beans 	75g	2-3	1 – 1 ½	½ - ¾ cup cooked vegetables 1 small potato or ¼ cup sweet potato 1 cup salad ¼ cup legumes
Fruit 	150g	½	¼	¼ medium size piece fruit or ½ small piece fruit ¼ cup tinned fruit/ diced fruit
Grain (cereal) foods 	40g bread equivalent	4	2	2 slices bread or 1 bread roll or 1 cup cooked rice, pasta or noodles
Lean meats, poultry, fish, eggs, tofu, legumes/beans 	65g	1	½	¼ cup mince 1 small chop 1 slice roast meat ½ small can tuna or salmon 1 egg ½ cup legumes or baked beans 85g tofu
Milk, yoghurt, cheese or alternatives 	250mL milk equivalent	1 – 1 ½	½ - ¾	125 – 180 mls milk 1 – 1 ½ slices cheese or ½ matchbox size piece cheddar ½ - ¾ cup yoghurt or custard

+ small amount of unsaturated spreads (e.g. margarine) or oil (approx. ½ - 1 tsp) is appropriate

Note: By consuming half the number of serves in these tables a child should be consuming 50% of the RDI.

[1] NHMRC, 2013

What do these serve sizes look like[2]?

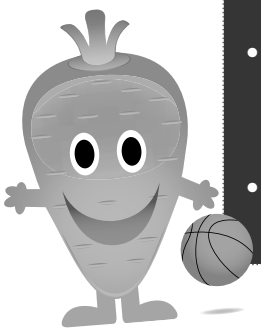
Use standard measuring cups, spoons and jug to help estimate portion sizes.

Breastmilk and Other Drinks – Recommendations

Birth	From 6 months	12 months
Infants under 6 months of age who are fed on demand do not usually need to be given extra fluids. Infants not receiving breastmilk must be provided with a standard infant formula.	As the amount of solids gradually increases, the volume of breastmilk or infant formula will gradually decrease. Around 8 months, give breastmilk/infant formula after food. Introduce a cup from around 6 months of age. Small amounts of cooled boiled tap water may be offered in a cup.	Change to full cream cow's milk. Use a cup, not bottle for all drinks. Toddler formula or follow-on milks are not necessary. 
Breastmilk/infant formula – continue until at least 12 months of age. Breastmilk can continue into the second year if the family choose to do so. Children not receiving breastmilk can change from infant formula to full cream cow's milk at 12 months of age.		

Remember

- Fruit juice and fruit drinks are not necessary or recommended for infants under 12 months.
- For toddlers, eating fruit and drinking water is preferable to drinking juice.
- Cow's milk should not be given as the **main drink** to infants under 12 months. Small amounts of cow's milk can be used in cooking or given as yoghurt, custard, cheese or white sauce.
- After 12 months, toddlers do not need toddler formula or toddler milk. They can drink full cream cow's milk as their main milk drink.



Foods – Recommendations

As long as iron-rich foods are included in first foods, foods can be introduced at around 6 months, in any order and at a rate that suits the infant.

Other than recommending the use of iron-rich first foods, it does not matter which order foods are introduced or how many new foods are introduced at a time. Slow introduction of solid foods is not necessary so there is no need to wait days between introducing each new food.

Food offered should be an appropriate texture and consistency for the infant's developmental stage:

From around 6 months	6 – 12 Months	From 12 months
For most infants, first foods are those which are soft and easy to eat. This includes blended, mashed and minced textures. Include: • Iron fortified cereals (e.g. rice or other mixed grains) • Vegetables and legumes (e.g. kidney beans, chickpeas, soy beans, lentils) • Meat (such as beef, lamb or pork), poultry, fish (canned, fresh or frozen with all bones removed), liver • Cooked plain tofu, tempeh	Infants become better at eating with practice. Most infants can now manage an increased variety of foods. The texture of food should continue to transition to thick mash, soft lumps, small/chopped bite-size pieces and finger foods. Include: • Cooked or raw vegetables (e.g. steamed or grated carrot, mashed or boiled potato/ sweet potato, chopped tomato, cucumber sticks, small florets of broccoli and cauliflower) • Fruit (any type of fresh fruit and tinned fruit canned in natural juice) • Whole cooked egg (boiled, scrambled, omelette) • Cereals and grain foods (e.g. wheat, oats, rice, burghul, couscous, pearl barley), noodles, bread, pasta (preferably wholegrain) • Nut pastes • Toast fingers and rusks • Dairy foods such as full-fat cheese, custard and yoghurt	Toddlers should be consuming a wide variety of foods. This allows them to experience many tastes and textures. Foods can be cut into small pieces that require some biting and include foods that need munching and chewing. Toddlers should be attempting to feed themselves with a spoon and child sized fork with supervision and encouragement. Small, hard, round and/ or sticky pieces of food should be avoided as they can cause choking. Toddlers can have regular service meals.

Remember

- The texture of foods should be suitable to the infant's stage of development, progressing from blended to lumpy to normal textures during the 6 to12 months of age period.
- Solid foods do not need to be bland. They should be tasty but without added salt, salty flavourings (e.g. gravy, stock cube or soy sauce) or sugar.
- Honey can contain botulism so should not be given to any infants under 12 months of age. This includes honey used as an ingredient in a recipe as cooking honey does not destroy any botulism present.

Iron-containing Foods for Infants and Toddlers

Iron requirements in the first year of life are greater than at any other stage of a child's life.

> Feeding infants' cow's milk as the main drink before 12 months of age is associated with an increased incidence of iron deficiency.

All of the iron an infant and toddler requires must be supplied from the food they eat. Although many foods contain iron, some sources are better absorbed than others.

Best sources of iron

Iron absorption is best from foods that provide haem-iron such as:

- Breastmilk
- Beef
- Veal
- Lamb
- Pork
- Liver and kidneys
- Fish and seafood
- Chicken

Other sources of iron

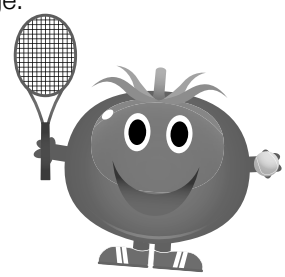
Iron is also provided by a variety of non-haem foods. This type of iron is less easily absorbed. The absorption of non-haem iron can be improved by serving this food with a haem iron source (e.g. kidney beans with mince) or serving alongside a vitamin C rich food (such as salad or fresh fruit).

- Iron fortified infant cereal
- Iron fortified breakfast cereal
- Dried peas, beans and legumes (e.g. baked beans, kidney beans, soybeans, lentils)
- Tofu
- Egg
- Green leafy vegetables
- Wholemeal and wholegrain bread
- Wholemeal and wholegrain pasta
- Dried fruit
- Nut spreads and nut pastes
- Tahini and hommous

For more information on the importance of iron, see page 51.

Should Low Fat Foods Be Offered?

Low fat, reduced fat or fat free variations of foods are not recommended on the menu for infants and toddlers. Low fat diets are not suitable for children under 2 years of age. The fat contained in full fat milk, regular cheese and yoghurt, full fat custard, eggs, avocado, nut products, meat and oily fish provides energy for growth and essential fats for healthy brain development.



Infants and Toddlers on a Vegetarian Diet

VEGETARIAN (may include some animal products e.g. eggs, yoghurt, cheese)	VEGAN (avoid all animal products)
To drink: Breastmilk/infant formula until at least 12 months. **To eat:** Introduce foods as per non-vegetarian children, but substitute all animal flesh foods with vegetarian protein foods (e.g. legumes like soy beans, baked beans and lentils; tofu; nut pastes). Eggs may be an acceptable protein for some vegetarian children (check with the family). Ensure that a plant-based cooking oil e.g. olive oil, canola oil is used for preparing foods. Dairy foods (such as cheese, custard and yoghurt) are usually acceptable and can be introduced from six months onwards but check with the family first.	**To drink:** Breastmilk or soy infant formula until at least 12 months. **To eat:** Acceptable foods usually include: • Iron-fortified cereal • Fruits, vegetables and legumes • Tofu • Other cereal and grain foods (such as couscous, quinoa, rice, pasta, pearl barley) • Custards made on soy formula • Soy yoghurt • Nut pastes Ensure that a plant-based cooking oil e.g. sunflower, soybean, olive, canola oil is used for preparing foods. It is recommended that all children on a vegan diet take a vitamin B^{12} supplement – consult with the child's family and/or an Accredited Practising Dietitian.

Families follow vegetarian diets for a variety of reasons. A well-planned vegetarian diet (including vegan diet) can meet the nutritional needs of a growing child. However, vegetarian diets can easily become high in fibre, low in fat and low in iron, so care must be taken to ensure that the child's diet has enough fat, iron and other important nutrients.

Note: Children from families who follow a vegetarian diet may need additional attention to be paid to the way solids are introduced to ensure the child's nutritional requirements are met. Contact an Accredited Practising Dietitian for more information.

Food Textures

To help infants develop their feeding and eating skills, it is important to change the texture of foods between 6 and 12 months of age.

6 to 7 months

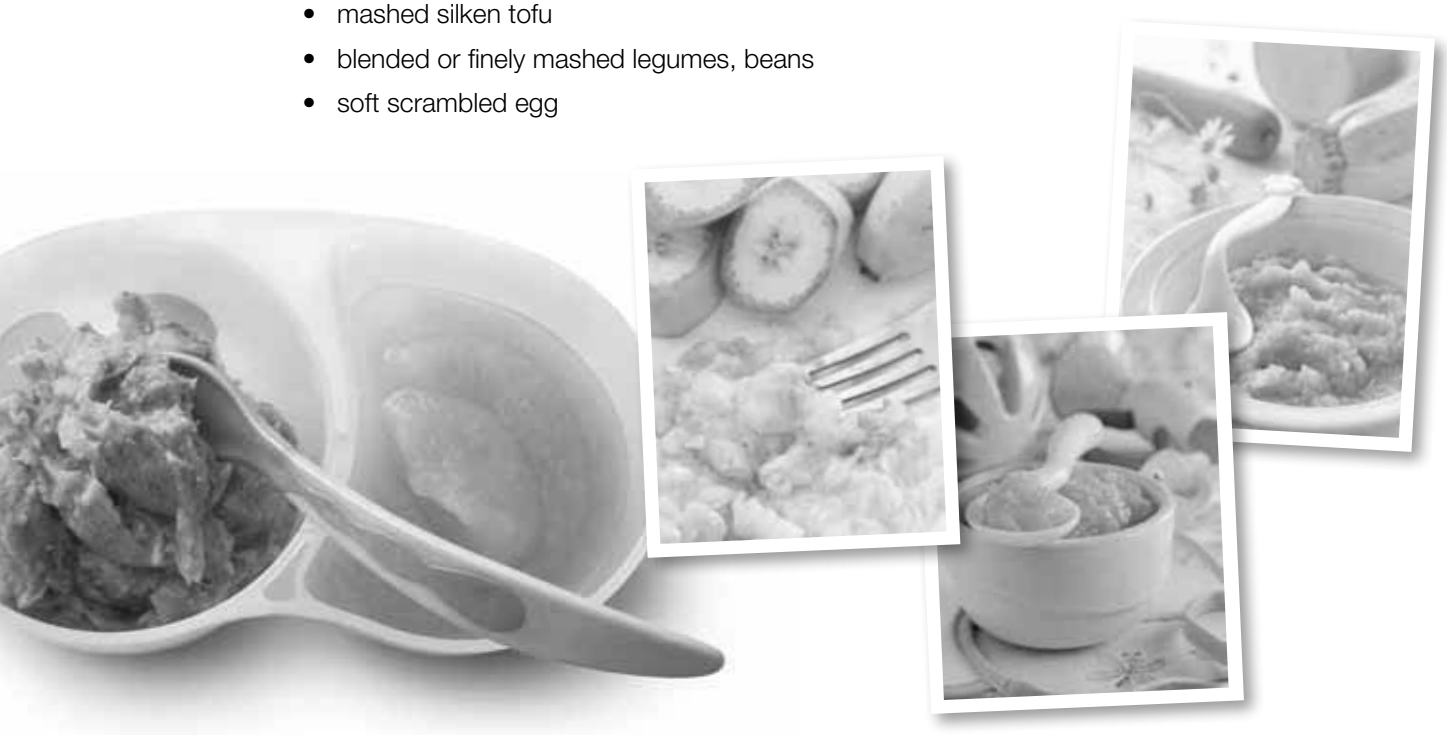
Blended or finely mashed texture.

Suitable texture achieved by:

- pushing the food through a wire mesh strainer with a spoon
- putting food through a baby food grinder (e.g. Mouli)
- processing in a blender or food processor
- mashing well with a fork or potato masher
- grating cooked meats such as chicken or roasted meat

Examples of suitable foods include:

- infant cereal mixed with breastmilk, infant formula or boiled water
- finely mashed ripe banana or avocado
- peeled, cooked and blended or finely mashed apple or pear
- blended or finely mashed cooked vegetables (e.g. potato, pumpkin, sweet potato)
- blended meat, chicken, liver or fish
- mashed silken tofu
- blended or finely mashed legumes, beans
- soft scrambled egg



7 to 9 months

Mashed and grated foods, soft lumps and soft finger foods.

Suitable texture achieved by:

- mashing foods with a fork or potato masher
- cutting up soft foods into small bite-size pieces
- grating

Food examples include:

- mashed cooked vegetables
- chopped cucumber, tomato, zucchini, cauliflower, broccoli or grated carrot
- minced meats
- mashed fruits
- soft pieces of tinned fruit mashed or chopped into bite-size pieces
- hardboiled egg cut into small pieces
- porridge
- couscous

9 to 12 months

Food with lumps that need munching, chopped foods, finger foods, mixed textures.

Suitable texture achieved by:

- coarsely mashed
- cutting up food in finger food or bite-sized pieces
- mixed dishes (all-in-one meals)

Food examples include:

- bread crusts (using thick/dense bread such as sourdough or wholemeal as white bread can become 'gluey' and difficult to swallow)
- toast fingers
- cheese sticks
- small pieces of cooked pasta e.g. penne, spirals, macaroni
- cooked rice or quinoa
- slices/pieces of lightly steamed vegetables
- pieces/wedges of soft peeled fruits
- small tender pieces of fish/meat/chicken
- meatballs made from minced meat that can be broken into small pieces
- all-in-one meals such as casserole or mornay (small pieces in a thick sauce)
- mixed meals such as pasta with bolognaise sauce or stir fry made with small finger food sized pieces.

Minimising the Risk of Choking on Food

All infants and young children differ in their feeding abilities. The skills they have developed by a certain age are based on the food and eating experiences they have been previously given along with the developmental progress they are making. Some children may be able to safely chew, bite and swallow different textures much earlier than others. However, regardless of the age, there is always the potential for a child to choke on food.

All educators must be mindful of this when supervising the children in their care. A good place to start is for educators to talk with families about the foods their child is able to manage.

Gagging is not the same as choking. Gagging is a protective mechanism that tells the child the food was not ready to be safely swallowed and it may need more chewing or be broken down into smaller pieces.

Safe mealtime practices that help to reduce choking risk include:

- Children are seated whilst eating.
- Mealtimes must be actively supervised by educators.
- If food is brought from home, check lunchboxes and remove any foods that pose a choking risk. Inform the family that these foods are unsuitable and the reason why.
- At least one member of staff who has a current first aid certificate should be present in the service at all times.
- Eating should happen while children are calm, not upset or crying.
- Remind and encourage children to chew their food and not overfill their mouth.
- Give children plenty of time to eat, do not hurry them.
- Food should be small bite-size pieces or small enough for finger feeding (can be easily held in the child's hand). Do not provide large chunks of food.
- When mealtimes are over, all food is removed. Do not allow children to return to play activities with food still in their hand or mouth.
- No prop-feeding with feeding bottles.
- Plan menus to ensure food can be mashed, minced, cut up, broken up or provided in small finger food sized pieces so it meets the needs of all ages and abilities.

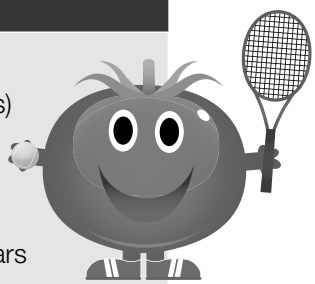
Foods to avoid to reduce choking risk:

The size, hardness and shape of some foods make them more likely than other foods to be inhaled or to cause choking.

Problem Foods	How to make the foods safer
Hard foods: e.g. whole nuts, seeds, raw carrot sticks, celery sticks, chunks of raw apple, whole dried fruit pieces	Use smooth nut pastes (from around 6 months of age) or ground nuts such as almond meal Steam vegetables until soft Slice hard fruits into tissue-thin slices Grate or very thinly sliced raw vegetables and hard fruits Use ground seeds such as LSA mix (ground linseed/sunflower/almond) Cut larger pieces of dried fruit (e.g. apricots, apple rings) into very small pieces
Foods with skins, strings or bones: e.g. peas, beans, corn e.g. sausages, chicken, fish with bones	Finely mash or squash cooked peas or corn kernels Remove bean strings and dice steamed beans Remove the skin and gristle on meat (such as on a chicken drumstick or chicken wing) Remove sharp or small bones (such as on a lamb chop, fresh fish or chicken wing) Cut or tear the edible portion of meat into small pieces Mash the soft edible bones in tinned fish
Round foods: e.g. grapes, cherry tomatoes, olives	Cut into small pieces (e.g. into quarters)

Avoid completely

- Popcorn
- Whole seeds (e.g. watermelon, pumpkin, sunflower, pumpkin kernels)
- Raisins
- Dry, hard biscuits
- All hard, jelly and chocolate button shaped lollies/sweets
- Very chewy, sticky, 'gluey' textured foods such as fruit straps, fruit bars



Fear of a child gagging or choking on food while they are learning to eat is not a reason to hold them back from having lumpy or chewy textures offered to them. Anxiety around choking can lead to a child remaining on blended foods for too long, delaying the development of their feeding skills. It may be more difficult for a toddler to learn to eat family foods if they have not experienced a transition of textures in the first year of life.

Service Food and Menus – meeting the needs of infants and toddlers

How can services provide for the nutritional needs of the infants and toddlers in their care?

- Have a planned written menu, and note on the menu when other foods are needed for 6-12 month olds. Plan the alternative infant food/meals as part of the main menu.
- When preparing foods from the service menu that are suitable for infants, save time and effort by cooking extra food. This works well for all vegetables, cooked meats, stewed fruit and mixed meals such as a bolognaise sauce and casserole. Blend, mash or finely chop some of this extra food and freeze it for later use. To reduce wastage, freeze the food in ice-cube trays or snaplock bags. Once the food is frozen, remove it from the trays and put into plastic bags, or sealed containers, label, date and store in the freezer.
- Divide large quantities of cooked foods into separate small, flat, sealed containers (to ensure cold air can circulate around each container) and refrigerate to cool. Once cooled, freeze in the sealed container and ensure the food has been labelled and dated.
- The safe storage time for frozen foods depends on the type of food. The freezer information booklet should contain recommendations for safe food storage times.
- Always thaw frozen food in the refrigerator or defrost in the microwave with a microwave safe container before use. Do not leave food out on the bench top or in the sink to defrost, as it may be left in the *danger zone* for too long and become a food poisoning risk. All food defrosted or warmed in the microwave must be checked for 'hot spots' before being served, as microwaves do not heat evenly. Stir the food thoroughly, let it rest for a few minutes, and test its temperature by spooning a small amount onto the back of a washed hand. If too hot, leave it for a few more minutes to cool down and recheck before feeding.
- Warming bottles of infant formula in the microwave is not recommended as this can lead to 'hot spots' which can burn the infant's mouth. Warming in a jug of warm water is safer.
- Never microwave bottles of expressed breastmilk, as this may destroy the special bioactive components of the milk. Warming in a jug of warm water is the preferred method for expressed breastmilk.

Remember

Be familiar with the service menu and plan alternative infant food/meals in advance for the times when the regular meal is not suitable for infants.

Infants may be in care for most of their waking daytime hours. They therefore need to be provided with the full range of nutrients from breastmilk/infant formula and a variety of solid foods from around 6 months of age and onwards. If infants are given only vegetables +/- fruit at their meals because the service meal is unsuitable, then they will not receive all the nutrients they need from food. In particular, their iron intake will be too low.

Toddlers may also consume most of their food intake for the day whilst in care, especially those dropped off early and picked up late. They may often be too tired to eat once they get home. Providing a nutritious lunch and healthy mid meal snacks helps them to achieve a better intake of the essential nutrients and energy they require for growth, health and development.

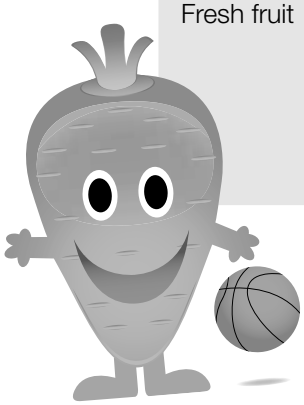
Changing Service Menus to Suit 6 to 24 month olds

The menus below are from the 'Children's Nutrition – 2 to 5 year olds' section and have been adapted for 6 to 12 month olds and 1-2 yr olds.

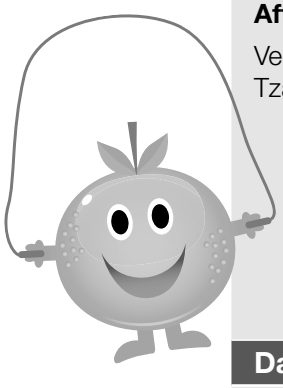
Drinks are not specified as infants should be given breastmilk/infant formula as needed and toddler drinks should be full cream cow's milk and water.

Menu 1	MODIFIED menu for 6 to 12 month olds	MODIFIED menu for 12 to 24 month olds
Day 1		
Morning Tea Crumpets with margarine Dried fruit **Lunch** Tuscan beef casserole Boiled potato Custard and fruit **Afternoon Tea** Chicken and vegetable soup 1 slice wholemeal bread	**Morning Tea** Plain toast fingers with thin spread of margarine Fruit – blend/mash/cut up **Lunch** Beef mince Mashed potato Blended/mashed vegetables Finely mashed stewed apple Custard **Afternoon Tea** Wholemeal toast fingers with avocado	**Morning Tea** Plain toast fingers with thin spread of margarine Fruit – blend/mash/cut up **Lunch** Tuscan beef casserole (ensure bite-size pieces) Boiled potato, cut into small bite-size pieces Stewed apple Custard **Afternoon Tea** Chicken and vegetable soup Wholemeal toast fingers

Menu 1	MODIFIED menu for 6 to 12 month olds	MODIFIED menu for 12 to 24 month olds
Day 2		
Morning Tea Wholemeal crispbreads and Vegemite™ Fruit platter **Lunch** Tuna and sweet corn bake 1 slice wholemeal bread and margarine Watermelon **Afternoon Tea** Carrots/celery/capsicum with hommus	**Morning Tea** Infant cereal or wholemeal toast fingers with thin spread of margarine Fruit – blend/mash/cut up **Lunch** Scrambled eggs Blended/Mashed vegetables Wholemeal bread fingers with thin spread of margarine Fruit (blend/mash/cut up) **Afternoon Tea** Grated raw carrot or steamed carrot sticks with hommus	**Morning Tea** Wholemeal crispbreads with thin spread of margarine Fruit pieces **Lunch** Tuna and sweet corn bake (ensure bite-size pieces) Plain toast fingers with thin spread of margarine Fruit pieces **Afternoon Tea** Steamed Carrot sticks with hommus
Day 3		
Morning Tea ½ Toasted muffin with tomato and cheese **Lunch** Bobotie Side salad 1 slice wholemeal bread and margarine Fruit yoghurt **Afternoon Tea** Pineapple and ricotta dip with vegetable sticks Fresh fruit	**Morning Tea** Toasted muffin fingers with thin spread margarine and grated cheese **Lunch** Beef mince Salad Vegetables (e.g. tomato, cucumber, carrot) – grate/cut up Wholemeal bread fingers with thin spread of margarine Plain full fat yoghurt **Afternoon Tea** Vegetables – grated/ mashed with plain ricotta Fruit – mash/cut up	**Morning Tea** Toasted muffin fingers/ quarters with thin spread of margarine, grated cheese and diced tomato **Lunch** Bobotie Salad – cut into bite-size pieces Wholemeal bread fingers with thin spread of margarine Fruit yoghurt **Afternoon Tea** Vegetable platter (steam hard vegetables such as carrot) with ricotta dip Fruit pieces



Menu 1	MODIFIED menu for 6 to 12 month olds	MODIFIED menu for 12 to 24 month olds
Day 4		
Morning Tea Date loaf **Lunch** Minestrone Soup 1 slice wholemeal bread and margarine Canned two fruits and vanilla yoghurt **Afternoon Tea** Vegetable sticks with Tzaziki and salsa dips	**Morning Tea** Infant cereal or plain toast fingers spread with cream cheese or avocado Fruit – mash/cut up **Lunch** Minced beef Mashed potato Vegetables – blend/ mash/cut up Plain full fat yoghurt Mashed or blended two fruits (no syrup) **Afternoon Tea** Rusk with hommous Steamed vegetable sticks	**Morning Tea** Plain toast fingers spread with cream cheese or avocado Fruit pieces **Lunch** Minestrone Soup Wholemeal bread fingers with thin spread of margarine Canned two fruits and vanilla yoghurt **Afternoon Tea** Vegetable platter (steam hard vegetables such as carrot) with Tzaziki dip
Day 5		
Morning Tea Avocado and cottage cheese dip and vegetable sticks Oven toasted Lebanese bread **Lunch** Lamb and noodle hot pot Wholemeal pasta ½ banana and custard **Afternoon Tea** Wholegrain crispbreads with Vegemite™ and cheese Orange segments	**Morning Tea** Wholemeal toast fingers with avocado and cottage cheese dip Vegetables – grated/ mash **Lunch** Minced lamb Mashed potato Vegetables – blend/ mash/cut up Custard with mashed banana **Afternoon Tea** Rusk Grated cheese Chopped tomato Fruit – blend/mash/cut up	**Morning Tea** Wholemeal toast fingers with avocado and cottage cheese dip Vegetable platter (steam hard vegetables such as carrot) **Lunch** Lamb and noodle hot pot (ensure bite-size pieces) Wholemeal pasta, cut up Custard with cut up banana **Afternoon Tea** Wholemeal crispbread with cheese & tomato Orange, cut into bite-size pieces



For more tips and ideas on modifying recipes refer to the '*About The Recipes in this Resource*' on page 107.

Resources

General Nutrition

- **Eat for Health – *Australian Dietary Guidelines***, 2013, Commonwealth of Australia: www.eatforhealth.gov.au
- **Healthy Kids website** is a joint initiative of NSW Health, the Heart Foundation, NSW Sport and Recreation and NSW Department of Education and Communities. This site provides supportive information on promoting healthy eating for children as well as information and resources related to the *Munch & Move* program: www.healthykids.nsw.gov.au
- ***Munch & Move* resources:** www.healthykids.nsw.gov.au/campaigns-programs/munch-move-resources.aspx
- ***Get Up & Grow* resources.** The Commonwealth Government have developed a comprehensive set of resources entitled *Get up and Grow* designed to be used in a wide range of early childhood settings by families, educators and carers. www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources
- **Go for 2&5** is an Australian Government, State and Territory health initiative, promoting the good health benefits of eating fruit and vegetables. This site includes many fruit and vegetable recipes: www.gofor2and5.com.au
- **Sydney Markets – *Fresh for Kids*.** This website provides information on healthy eating for children with a focus on fruit and vegetables and healthy lunchbox and snack ideas: www.freshforkids.com.au
- **Raising Children** website and resources. This Australian parenting website supported by the Australian Government offers information for families on healthy eating for children: www.raisingchildren.net.au
- **Kids Health, The Children's Hospital at Westmead** provides fact sheets for families linking to children's healthy eating, allergies, special diets and oral care: www.chw.edu.au/parents/factsheets
- **Nutrition Australia website:** www.nutritionaustralia.org.au
  - o Healthy Food for Families (cookbook)
  - o Nutrition for Toddlers and Young Children
  - o Publications on a variety of topics
- The **Feeding and Eating Experts:** http://www.ellynsatter.com/

Infant Nutrition

- **Australian Breastfeeding Association:** www.breastfeeding.asn.au.
- ***Starting Family Foods*** brochure. This NSW Health brochure is an easy guide for families on introducing solid foods to babies. A PDF version can be downloaded from the NSW Health website: www.health.nsw.gov.au
- ***Teach your baby to drink from a cup*** brochure. This NSW Health brochure provides advice on how and when to teach baby to drink from a cup www.health.nsw.gov.au

Dental Health

- **Australian Dental Association** website provides information about dental health: www.ada.org.au
- **Centre for Oral Health Strategy:** www.health.nsw.gov.au/topics/oral.asp

Food Allergies and Intolerance

- **Anaphylaxis Australia** website provides resources: www.allergyfacts.org.au
- **Royal Prince Alfred Hospital Allergy Unit** Resources www.sswahs.nsw.gov.au/rpa/allergy/
- **The Children's Hospital Westmead**, Allergy Factsheets www.kidshealth.schn.health.nsw.gov.au/fact-sheets
- **Australian Society for Clinical Immunology and Allergy** (ASCIA): www.allergy.org.au
  - o Prevention of Anaphylaxis in Schools, Preschools and Childcare: 2012 update
  - o Action Plans for Anaphylaxis
  - o Infant Feeding Advice
  - o Anaphylaxis E-Training
- To order auto injection training devices:
  - o EpiPen trainers: email alphapharmss@alphapharm.com.au
  - o Anapen trainers: email info@analert.com
- **Food Intolerance Network:** www.fedup.com.au/
- **The Gut Foundation Information** on Milk Intolerance and Milk Allergy: www.gutfoundation.com/publications-1/milk-allergy-and-intolerance-in-children-2003

Special Diets

Information can be obtained from the following organisations in your state or territory:

- Asthma Australia
- Kidney Health Australia
- Children's Hospital
- Coeliac Australia
- Cystic Fibrosis Federation, Australia
- Diabetes Australia
- Hyperactivity Attention Deficit Association NSW

Safe Food Handling and Hygiene

- **NSW Food Authority.** www.foodauthority.nsw.gov.au/industry/industry-sector-requirements/childrens-services/
- **Food Standards Australia New Zealand.** www.foodstandards.gov.au/
- ***Staying Healthy. Preventing infectious diseases in early childhood education and care services.*** Fifth edition. 2012 (Updated June 2013) www.nhmrc.gov.au

Multicultural Resources

- **Ethnic Child Care Family and Community Services Co-operative Limited** www.eccfcsc.org
- The **NSW Government's Human Services (Community Services)** website provides information booklets for Aboriginal families and carers on basic child development (birth to 5 years of age), including healthy eating and physical activity. There are 9 booklets representing Aboriginal regions throughout NSW: www.community.nsw.gov.au/parents_carers_and_families/parenting/for_aboriginal_parents_and_carers.html

Healthy Lunchboxes

- **The Magic Lunchbox** – resource for teachers
  A story book which teaches students about packing a healthy lunchbox for school.
  www.healthpromotion.com.au/Magic_Lunchbox/MagicLunchbox_Index.html
- Look under the 'Magic Lunchbox Resources' tab to find free education resources.
- **Healthy Kids NSW website:**
  1. Lunchbox ideas www.healthykids.nsw.gov.au/parents-carers/healthy-eating-and-drinking/lunch-box-ideas.aspx
  2. *Munch & Move* Healthy Lunchbox factsheet www.healthykids.nsw.gov.au

- **Healthy Kids Association** – Packing a healthy lunchbox www.healthy-kids.com.au/parents/packing-a-healthy-lunchbox/
- **Better Health Channel** – Lunchboxes: Healthy shopping ideas. www.betterhealth.vic.gov.au/bhcv2/bhcsite.nsf/pagesvideo/healthy_lunchbox_what_to_include?open
- **Packing a school lunchbox – Nutrition Australia DVD (15mins)** www.nutritionaustralia.org/national/resource/packing-school-lunchbox
- **Weighing Up Your Lunch – interactive game** www.goforyourlife.vic.gov.au/hav/articles.nsf/html/index.html?Open (Go for Your Life -Victorian Government)
- **Heart Foundation** Lunchbox Ideas www.heartfoundation.org.au/healthy-eating/mums-united/healthy-eating/Pages/Lunchbox-ideas.aspx
- **Fresh for Kids** Healthy lunchbox ideas www.freshforkids.com.au/lunch_box/lunch_box.html

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