

Mandatory – Quality Area 2

Nutrition and Active Play Policy

1. Authorisation

This policy was reviewed and endorsed by the Dawson Street Childcare Co-operative Management Committee, at the Committee meeting on 20 September 2017.

2. Review Date

This policy will be reviewed every four years with the next review to occur in September 2021 or as needed.

3. Scope

This policy applies to parents/guardians, the Committee, the staff and volunteers involved in the preparation and provision of food that will be consumed by children at the service.

4. Background and Relevant Legislation

Background

It is recognised that every member of the service impacts on the children's health and can contribute to creating an environment that promotes active play and physical activity. All members of our service, including educators, staff, children, families and volunteers will be supported to meet this policy.

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

The foods we eat provide our body with the nutrients we need to stay healthy. Good nutrition is the balanced eating of a variety of foods and is especially important for children as they require a large amount of nutrients for growth and development. Research has shown that, when offered a variety of healthy foods, children can and do make good choices. It is also important to provide preschool children with a good foundation in healthy eating, as most children have formed lifelong eating habits before they reach school age. Education and care settings provide many opportunities for children to experience a range of healthy food, and to learn about food choices from educators and other children (*Belonging, Being & Becoming – The Early Years Learning Framework for Australia*, p30 – refer to *Sources*).

Active play (play that involves using the large muscles in the body) develops a strong and healthy body, builds motor and co-ordination skills, creates a sense of wellbeing and helps protect from disease. Active play is about moving, being and doing.

A strong sense of health and wellbeing, supported by good nutrition and an active lifestyle, can provide children with confidence, energy and optimism that will contribute to their ability to concentrate, co-operate and learn (*Belonging, Being & Becoming – The Early Years Learning Framework for Australia*, p30 – refer to *Sources*). Learning about healthy lifestyles, including nutrition and active play, links directly to Outcome 3 in both the *Early Years Learning Framework* and the *Victorian Early Years Learning and Development Framework* (refer to *Sources*).

The Australian Government has produced guidelines, recommendations and resources for healthy eating and physical activity in early childhood settings, including the National Health and Medical Research Council's *Dietary Guidelines for Children and Adolescents in Australia* (refer to *Sources*) and the *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood* resources (refer to *Sources*). Practical, healthy eating advice is also available to early childhood services and schools via a telephone advice line: the Victorian Healthy Eating Advisory Service (VHEAS – refer to *Sources*), run by Nutrition Australia. Early childhood

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education and care services can also register for the *Victorian Prevention and Health Promotion Achievement Program* (refer to *Sources*). This program is designed to create safe, healthy and friendly environments for learning, by promoting physical, mental and social health and wellbeing.

At DSCCC we provide a flexible approach to meal times. The educators take into account the children's ages and group needs while recognising children as active participants in their own learning; children should be encouraged to make meaningful decisions about elements of their own education and care. Incorporating progressive meal times into the educational program allows children to choose to eat when they are hungry, rather than according to a timetable. Children can gather in small groups to enjoy meals together, without interrupting the needs and play of others. This also encourages quieter, more social and meaningful interactions at meal times and allows for a smoother flow throughout the day. Children can make decisions based on their own needs and can be supported to access food and water throughout the day by educators/staff, who actively participate in meal times. At lunch time children will eat at the same time in small groups due to food temperature and to develop a sense of belonging to a group through social gatherings.

Legislation

Relevant legislation and standards include but are not limited to:

- *Australia New Zealand Food Standards Code*
- *Children's Services Act 1996/Children's Services Regulations 2009* - Regulation 78(1) requires that the personal hygiene needs of enrolled children are to be attended to as soon as practicable.
- *Child Wellbeing and Safety Act 2005*
- *Co-operatives National Law Application Act 2013*
- *Co-operatives National Law (Victoria) Local Regulations 2014*
- *Disability Discrimination Act 1992 (Cth)*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011: Regulations 77–78, 79–80* (if the service provides food), 168
- *Equal Opportunity Act 2010 (Vic)*
- *Food Act 1984 (Vic)*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
 - Standard 2.2: Healthy eating and physical activity are embedded in the program for children
 - Element 2.2.1: Healthy eating is promoted, and food and drinks provided by the service are nutritious and appropriate for each child
 - Element 2.2.2: Physical activity is promoted through planned and spontaneous experiences and is appropriate for each child
- *Occupational Health and Safety Act 2004*

5. Definitions

Active play: Large muscle-based activities that are essential for a child's social, emotional, cognitive and physical growth and development. Covers a range of activities including climbing, throwing, jumping, running, lifting, pushing and pulling appropriately-sized objects, sweeping, raking, digging, and being active to music, movement and games.

Child-initiated active play: is developed by the child through exploration of the environment, equipment and games.

Adult-guided active play: encourages children's physical development through promoting movement skills in a non-competitive environment.

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Physical activity: includes sport, incidental exercise and many forms of recreation.

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

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

- 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).

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

Nutrition: The process of providing or receiving nourishing substances.

'Sometimes' foods and drinks: Food and drink items that are high in fat, sugar and salt, and that contain minimal vitamins, minerals or fibre.

6. Sources and related policies

Sources

- [Belonging, Being & Becoming – The Early Years Learning Framework for Australia](#)
- [Dietary Guidelines for Children and Adolescents in Australia](#)
- Food Safety Victoria, Department of Health – Food Safety and Regulation: 1300 364 352
- [Better Health Channel](#)
- [Cancer Council Australia](#) – for information on sun safety
- Cavallini, I and Tedeschi, M (eds) (2008), *The Languages of Food: recipes, experiences, thoughts*. Reggio Children Publications
- [Food Standards Australia New Zealand](#) – for information on food safety and food handling
- [Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood](#)
- [Kids and Traffic](#) – Early Childhood Road Safety Education Program
- [Kidsafe](#): the Child Accident Prevention Foundation of Australia – for information on preventing childhood accidents in children under the age of 15 years
- Murdoch Children's Research Institute, Royal Children's Hospital Melbourne, Limit 'Sometimes' Foods Background Paper
- Nitzke, S, Riley, D, Ramminger, A and Jacobs, G (2010), *Rethinking Nutrition: Connecting Science and Practice in Early Childhood Settings*. Redleaf Press, St Paul, USA
- Oberklaid, F (2004), *Health in Early Childhood Settings: From Emergencies to the Common Cold*. Pademelon Press, NSW

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- National Health and Medical Research Council (2013), [Staying Healthy in Child Care: Preventing infectious diseases in early childhood education and care services \(5th edition\)](#)
- [Victorian Early Years Learning and Development Framework](#)
- Victorian Healthy Eating Advisory Service (VHEAS) provides advice for Victorian primary and secondary schools and all licensed children's services on healthy eating, including:
 - over-the-phone advice from nutrition experts on providing healthy food and drink to children
- menu assessments
- direct contact through an easy-to-access email address (Nutrition Australia).
 - Contact VHEAS: phone 1300 225 288 or email vheas@nutritionaustralia.org
 - [Victorian Prevention and Health Promotion Achievement Program](#)

DSCCC policies

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Child Safe Environment Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Excursions and Service Events Policy*
- *Food Safety and Hygiene Policy*
- *Illness, Infectious Disease and Emergency Care Policy*
- *Inclusion and Equity Policy*
- *Sun Protection Policy*
- *Water Safety Policy*
- *Staff Conduct Policy*
- *Behaviour Guidance Policy*
- *Occupational Health and Safety Policy*

7. Policy Statement

Values

DSCCC is committed to:

- encouraging children to engage in a range of child-initiated and adult-guided physical activities within the educational program
- promoting the importance of a healthy lifestyle, which includes being physically active every day
- promoting nutritious food and eating habits that will contribute to healthy growth and development in children
- providing a safe, supportive and social environment in which children can enjoy eating
- consulting and working collaboratively with families in regard to their child's nutrition and dietary requirements, including responding appropriately to food allergies and recognising cultural and religious practices, and lifestyle choices
- ensuring food and drink items provided by the service are consistent with national and state guidelines and recommendations
- providing children and families with opportunities to learn about food, nutrition and healthy lifestyles
- ensuring adequate health and hygiene procedures, including safe practices for handling, preparing, storing and serving food

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- encouraging physical activity by providing a range of active play experiences for all children at the service.
- maintaining the good health of children, including their teeth, and to the continuing education about dental hygiene.

Purpose

DSCCC acknowledges the importance of healthy eating and physical activity, and its contribution to good health and overall wellbeing. As a health promoting service we will promote active play and physical activity for children, educators, staff and families through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

This policy will provide guidelines to:

- promote a healthy lifestyle to children at the service, including eating nutritious food and participating in physical activity
- provide opportunities for active play
- encourage children to make healthy lifestyle choices consistent with national and state guidelines and recommendations
- ensure the dietary and cultural needs of children and families are taken into consideration when planning menus for service events and activities.
- to help children learn how to look after their teeth and implement practices to protect their teeth as much as possible while in group care.

8. Procedures Healthy physical environment

Active play

- Outdoor play equipment is adaptable and moveable, to encourage change and to challenge children.
- Active play experiences are inclusive of the diversity and abilities of all children.
- Suitable areas have been set up so children are able to participate in active play and physical activity in all types of weather.
- The service seeks to ensure that fundraising focuses on healthy and active options.

Screen time

- Screen based activities, such as watching DVDs or playing computer games, are not available to children under two years of age.
- Screen time is limited for toddlers and preschoolers (aged two to five years).
- Active play is promoted instead of offering screen time.
- The time children spend being seated or inactive, other than during meal or naptime, is limited.
- Educators engage with children about the content of what they are viewing and respond to their reactions.

Active travel

- Active travel, such as walking, riding a bike or scooting to and from the service is encouraged for educators, staff, children and families.
- The service aims to identify and address barriers for active travel within the local environment.
- Space is provided at the service for children to leave active travel equipment.

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Healthy social environment

- As role models, educators, staff and families are encouraged to actively engage with children in active play and physical activity.

Learning and skills

- Educators and staff involve children in planning for active play and physical activity experiences both indoors and outdoors.
- Child-initiated and adult-guided active play and physical activity experiences, which challenge and encourage children to explore, extend and test limits, are planned and provided on a daily basis as part of the educational plan.
- Opportunities to learn about the importance of active play and physical activity are embedded in the educational program through discussion, group games, stories, music and movement.
- Staff routinely identify opportunities to engage children, educate and promote appropriate physical activity skills and active play.
- Road safety education is incorporated into the educational program.
- The service engages in walking excursions within the local community that promote physical activity and safe active travel.
- Educators are supported to access resources, tools and professional learning to enhance their knowledge and capacity to engage in adult-guided active play and physical activity with children.

Engaging children, educators, staff and families

- Educators, staff, children and families are key partners in developing a healthy and active physical environment.
- Educators and staff engage children in developing active play initiatives through discussions and idea sharing.
- Educators, staff and families are provided with information, ideas and practical strategies on a regular basis to support active play in the service and at home.
- Families' experiences, expertise and interests are drawn upon to support active play initiatives.
- Families and children from culturally diverse backgrounds are engaged to ensure cultural values and expectations about physical activity are respected.

Community partnerships

- The service works with local health professionals, services and other organisations to increase educator and staff capacity to support children's physical development and active play initiatives.
- Information about community physical activity opportunities is made available to families through discussions, newsletters and visual displays, for example a service could promote information about local community clubs and walking groups.

9. Key Responsibilities and Authorities

The Director is responsible for ensuring:

- DSCCC's environment and educational program supports children and families to make healthy choices for eating and active play

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- provision of ongoing information, resources and support to families, to assist in the promotion of optimum health for young children (refer to *Sources*)
- the implementation of adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77) (refer to *DSCCC's Hygiene Policy Policy*)
- all educators/staff comply with the *Food Safety Act*
- all educators/staff are aware of a child's food allergies and/or other medical conditions on enrolment or on initial diagnosis
- measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *DSCCC's Anaphylaxis, Asthma, Diabetes and Hygiene Policies*)
- fresh drinking water is readily available at all times, and reminding children to drink water throughout the day, including at snack/lunch times (Regulation 78(1)(a))
- food and drinks are available to children at frequent and regular intervals throughout the day (Regulation 78(1)(b))
- organising regular in-centre visits by dental professionals, where possible, to discuss the importance of dental hygiene and good practices.
- educators, staff, families and children are active participants in the development and implementation of this policy and are encouraged to promote and support active play initiatives in the service.
- educators, staff and families are provided with information about policy requirements.

Where food is provided at the service:

- allocating finances for the provision of nutritionally-balanced and culturally-sensitive meals, as required
- staff who are responsible for menu planning participate in regular nutrition and safe food handling training, and are kept up to date with current research, knowledge and best practice
- food and drink provided by the service is nutritious, adequate in quantity and appropriate to children's growth and development, and meets any specific cultural, religious or health needs (Regulation 79(1))
- a weekly menu is displayed in a location accessible to parents/guardians, and that it accurately describes the food and drinks to be provided by the service each day (Regulation 80(1)).
- the cook, and any staff involved in food preparation, serving and storage, comply with the *Food Safety Act*
- training for staff who assist in food preparation, in compliance with the *Food Safety Act* e.g. safe food handling courses.
- Preparation of food with low sugar content, where attainable and in conjunction with DSCCC's "Start Right, Eat Right" Program, to preserve children's teeth, and for provision of fruit after each meal.

Educators/staff are responsible for:

- complying with DSCCC's *Nutrition and Active Play Policy* and with the *Food Safety Act*
- implementing adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children (refer to *DSCCC's Hygiene Policy*)
- being aware of a child's food allergies and/or other medical conditions on enrolment at the service or on initial diagnosis
- implementing measures to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *DSCCC's Anaphylaxis, Asthma, Diabetes Policies*)

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- being aware of, and planning for, the dietary needs of children diagnosed with diabetes (refer to *Diabetes Policy*)
- ensuring that the service environment and the educational program supports children and families to make healthy choices for eating and active play
- discussing healthy eating choices with children, introducing the concept of 'sometimes' foods and drinks, and role-modelling positive behaviours
- exploring and discussing diverse cultural, religious, social and family lifestyles
- considering this policy when organising excursions and service events
- supporting students and volunteers to comply with this policy while at the service
- ensuring that fresh drinking water is readily available at all times, and reminding children to drink regularly throughout the day, including at snack/meal times
- ensuring children are offered fruit and water after each meal to help cleanse their mouths
- encouraging older children to rinse out their mouths with water after eating
- ensuring that children can readily access their own clearly labelled drink containers (where this is a service practice)
- providing food and drinks at regular intervals, and encouraging children to actively participate in, and enjoy, snack/meal times without feeling rushed
- providing adequate supervision (refer to *Definitions*) for all children during meal/snack times
- encouraging children to be independent at snack/meal times e.g. opening lunchboxes, pouring drinks, self-feeding, serving and using utensils in a culturally-sensitive way

Where food is provided at the service:

- displaying menus, sharing recipes and encouraging feedback about the food provided at the service.

Infant formulas/ Expressed Breast Milk: The dietary needs of children aged 0 – 2 will be catered for individually. Parents must provide all formula or prepared feeds. Expressed milk must be brought to the centre chilled, to be kept refrigerated. Breastmilk can also be frozen provided it has been correctly labelled, and that correct defrosting procedures are adhered to.

Parents are asked to ensure all bottles are clearly labelled with the child's name and date of preparation (or date expressed), and to provide an adequate supply for their child's needs through the day. Staff will ensure hygienic storage and correct procedures for serving milk meals provided by parents.

Breast milk and formula will be warmed just prior to feeding. Breast milk must be warmed in boiling water. Formula can be warmed in a microwave for no more than 20 seconds but must be shaken and temperature tested before being offered to the child. Unfinished formula bottles may be re-offered to the child within one hour or then be discarded.

Breast milk in bottles can be kept at room temperature for up to 4 hours and then discarded. Cooled boiled water may be offered to infants if alternative fluids are required, staff are to check that this has been approved with parents.

Parent/Guardians will be responsible for:

- Listing any specific nutritional requirements (including allergies) on their child's enrolment form and discussing these with the qualified staff member prior to the child commencing at the service and whenever these requirements change.

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- If an allergy may result in anaphylaxis, the parent or guardian, in conjunction with the Director, will complete the enrolment checklist provided in the DSCCC's Anaphylaxis Policy. Complying with the guidelines for celebrations that include food (e.g. birthdays).
- Celebratory cakes must not be homemade. They must be purchased and the receipt provided to DSCCC on the same day of purchase.
- Food brought in by parents must be nut-free. Providing infant formula and expressed breast milk for those children that require it (see Infant Formulas/Expressed Milk section of this policy, above).
- Ensuring that their child does not attend DSCCC wearing an amber teething necklace, for safety reasons.

10. Resources and Support

Training

The training needs of all staff in relation to understanding the cultural or religious needs of the children attending the service will be reviewed and training/staff development organised

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appropriate. At least one staff member will attend training in nutrition and most staff will have attended food handling training.

Resources

- *Dietary Guidelines for Children and Adolescents in Australia* (currently being reviewed): www.nhmrc.gov.au/guidelines/publications/n29-n30-n31-n32-n33-n34
- Food Safety Victoria, Department of Health – Food Safety and Regulation: 1300 364 352
- Better Health Channel: www.betterhealth.vic.gov.au
- Food Standards Australia New Zealand – for information on food safety and food handling: www.foodstandards.gov.au
- *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood*: www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources
- *Victorian Healthy Eating Advisory Service* (VHEAS) provides advice for Victorian primary and secondary schools and all licensed children's services on healthy eating, including:
 - over-the-phone advice from nutrition experts on providing healthy food and drink to children
 - menu assessments
 - direct contact through an easy-to-access email address (Nutrition Australia).
Contact VHEAS: phone 1300 225 288 or email vheas@nutritionaustralia.org
- *Victorian Prevention and Health Promotion Achievement Program*: www.health.vic.gov.au/prevention/achieve_early_childhood.htm

10. Evaluation

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

- Assess whether a satisfactory resolution has been achieved for nutritional issues raised, where necessary in consultation with experts in nutrition.
- If appropriate, conduct a survey in relation to this policy or incorporate relevant questions within the general parent/guardian survey.
- Take into account feedback from staff on the policy.

Monitor complaints in relation to food and drink provided at the service.

11. Appendices

Appendix 1: The National Physical Activity Recommendations for Children 0 to 5 years

Appendix 2: Staff Health & Wellbeing

Date Reviewed	Details of Changes (if any)	Date of Next Review
April 2018	Updates made, and Appendices included in line with DSCCC's participation in the DHHS, Achievement Program.	September 2021
September 2017	Minor updates	September 2021
June 2014	Dental Policy incorporated into current policy	June 2017
May June 2013	Updated revised policy, legislation and regulations. Expanded to include Active Play component.	June 2017
April 2011	Update reference to Children's Services Regulations 2009	April 2013

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April 2009	Inclusion of updated requirements meet Start Right Eat Right Program	April 2011
June 2008	Inclusion of reference to cultural requirements regarding food	June 2010
May 2007	Inclusion of Start Right Eat Right Program Clarification re: preparation of formula and breast milk	May 2010
Jan 2007	Alignment with Anaphylaxis Policy	May 2007

APPENDIX 1

The National Physical Activity Recommendations for Children 0 to 5 years ¹

- For healthy development in infants (birth to one year), physical activity – particularly floor-based play in safe environments – should be encouraged from birth.
- Toddlers (one to three years) and pre-schoolers (three to five years) should be physically active every day for at least three hours, spread throughout the day.
- For children two to five years of age, sitting and watching television and the use of other electronic media (DVDs, computer and electronic games) should be limited to less than one hour per day.
- Children younger than two years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).
- Infants, toddlers and pre-schoolers should not be sedentary, restrained or kept inactive, for more than one hour at a time – with the exception of sleeping.

¹ Australian Government Department of Health <http://www.health.gov.au/internet/main/publishing.nsf/content/phd-physical-activity-0-5-pdf-cnt.htm>

APPENDIX 2

Staff Health & Wellbeing

In a health promoting service the health and wellbeing of staff is important in role modelling healthy lifestyle behaviours.

The benefits of promoting a healthy workplace for staff can include, an increase in knowledge and health awareness, an increase in productivity and improvement in job satisfaction and morale.

Objectives

DSCCC will aim to:

- build and maintain a workplace environment and culture that supports healthy lifestyle choices;
- increase staff knowledge and awareness of health and wellbeing issues and healthy lifestyle behaviours;
- facilitate staff active participation in a range of initiatives that support health and wellbeing;
- encourage staff to be more physically active by making provisions in the workplace for activity opportunities (including reducing sitting time where relevant and practical);
- encourage healthy eating choices in the workplace through addressing healthy physical settings, such as food storage and preparation; food access and supply; and education;
- promote a smoke free workplace environment and support staff to quit smoking;
- promote staff social and emotional wellbeing through workplace practices and policies;
- increase staff knowledge and awareness around key health topics, including the risks of alcohol consumption.

Scope

This policy applies to all staff at DSCCC.

Relevant accountability documents and related policies

- National Quality Standard: 7.1 / 7.1.4

Responsibility

Staff are encouraged to:

- understand this policy and seek clarification from the Director where required;
- consider this policy while completing work-related duties and at any time while representing DSCCC;
- support fellow staff in their awareness of this policy; and
- support and contribute to DSCCC's aim of providing a safe, healthy and supportive environment for all staff.

The Director has a responsibility to:

- ensure that all staff are made aware of this policy;
- actively support and contribute to the implementation of this policy, including its goals and objectives; and
- manage the implementation and review of this policy.

Communication

DSCCC will ensure that:

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- staff have access to this policy during the induction process;
- this policy is easily accessible by all members of the organisation;
- staff are informed when a particular activity aligns with this policy;
- staff are empowered to actively contribute and provide feedback to this policy; and
- staff are notified of all changes to this policy.

Monitoring and review

DSCCC will review this policy twelve months after implementation and thereafter in line with the review of the Nutrition & Active Play Policy.

Effectiveness of the policy will be assessed through:

- feedback from staff, the Management Committee, and the Director; and
- review of the policy by Director and committee to determine if objectives have been met and to identify barriers and enablers to ongoing policy implementation.