

EDUCATION AND CARE GUIDING PRINCIPLE

Nutrition, Health & Wellbeing

Introduction

Cumberland City Council’s Education and Care Services provide a safe and smoke-free environment for all educators, staff, children and visitors at our centres [[Law 167](#), [Reg 82](#)].

We promote healthy eating habits to ensure that the children’s nutritional needs are being met. Nutrition plays a vital role in physical growth activity, intellectual and emotional development and in the development of social skills.

We also promote the importance of physical activity to children’s health and development and incorporate physical activity into our daily programs.

Council’s Education and Care Services follow the Australian Government Guidelines [Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood](#) and the [Australian Dietary Guidelines: Recommended daily intakes](#) to ensure dietary needs are met [[Reg 79](#)]. Services aim to provide at least 50% of the child’s daily intake (centre based). Services incorporate the [Munch & Move](#) guidelines for eating fresh and moving more with reference to the [National Physical Activity and Exercise Guidelines for children 0-5 years](#).

Table of contents

Definitions	2
Nutrition, allergies & meal times	2
Infant feeding	4
Breastfeeding	4
Bottles	4
Introducing solids	5
Introducing potential allergenic food	6
Gastronomy feeding	6
Physical activity	7
Indoor and outdoor active play	7
Early childhood children	7
School aged children	8
Sleep / Rest	8
Oral health	9
No smoking	9
Attachments	10

DEFINITIONS

FDC:	Family Day Care
Family:	Parents, guardians and/or caregivers
LDC:	Long Day Care
OOSH:	Out of School Hours Care
SHC:	School Holiday Care

NUTRITION, ALLERGIES & MEAL TIMES

- Council's Education and Care Services operate inclusive services for children with a range of additional support needs. We have a number of children enrolled across our services with food intolerances and allergies, ranging from mild to severe, or in some cases life threatening anaphylaxis. Similar to most schools, we are allergy aware and do not allow children to bring in foods that may trigger an allergic reaction of any sort (e.g. all types of nuts).
- At services where food is provided, families are not permitted to bring food from home into the centre as the service provides for what children eat (excluding SHC, FDC and Friend Park Children's Centre). Whilst in care no food will be offered to the children which is not prepared on the premises. This is due to food allergies and also food handling and temperature control.
- Nutritional requirements for all children are established and maintained through family/educator consultation. Educators must ensure that whilst a child is in their service the child's nutritional needs are met, which is appropriate to the child's developmental stage, by ensuring:
 - all children have adequate food quantities
 - food and drinks provided to children are nutritious
 - food is varied and provides a variety in colour, texture and taste
 - food is offered at frequent intervals
- An emphasis is placed on fresh food throughout the day.
- If a family is responsible for providing the child's meals at the service, then the educator must ensure that the family is meeting the above criteria by consulting with the family and providing them with appropriate information and guidance. Refer to the Acceptable Food List for FDC.
- Weekly menus will be displayed and accessible to families (at services where food is provided) outlining all food provided. Changes in menus will be notified to families the same day [[Reg 80](#)].
- Individual dietary requirements are recognised and action is taken to include these into the daily menu (not FDC). Services will supply individual dietary requirements e.g. soy milk if they are available from the normal supplier, otherwise these items are supplied by the family.
- During SHC, families must be mindful of the food that they pack in their child/ren's lunch box. We encourage families to pack child/ren a healthy morning tea, lunch, afternoon tea and water bottle.
- FDC will refrigerate and reheat food from home for the children's lunches. Leftovers will be discarded. Reheating will only involve using a microwave or kettle, not stove as it is considered cooking.

- FDC educators will not cook food unless it is related to a cooking experience in their program.
- Council's services have made a commitment to use free range eggs only.
- Educators are to be aware of children's food allergies and/or special dietary requirements. Notification from the child's doctor, paediatrician or dietician is required outlining the child's special dietary needs.
- Educators must respect and comply with the child's cultural, religious and special dietary needs. It is the educator's responsibility to explore every child's cultural, religious and special dietary needs and seek specific instructions from the family in order to accommodate these needs.
- Families are consulted in regards to their child's dietary requirements and any other requirements families have regarding their child's nutrition.
- Special occasions will be celebrated with culturally appropriate food.
- Preferred drinks are milk and water.
- Drinking water is to be made available to children at all times and they are encouraged to drink water throughout the day (this includes play sessions) [Reg [78\(1\)\(a\)](#)]. Children are encouraged to bring Bisphenol A (BPA) free water bottles into care.
- All dairy products will be full cream for children under two years, reduced fat milk for children over two is recommended.
- Families are educated regularly on healthy eating and nutrition through information available in family newsletters, information sessions and centre foyer displays.
- Services use cooking experiences to further children's understanding of healthy food and nutrition.
- Food will never be used as a form of punishment or reward either by its provision or denial.
- Educators and children will wash hands before and after handling food.
- Educators must not prepare or handle food while suffering from any gastrointestinal illness or any hand infection until at least one full day after recovery.
- Educators who provide meals must be registered with NSW Food Authority and must attend a Food Handlers' course every three years.
- LDC and OOSH services have regular food safety audits by Council's health inspectors.
- Foods must be stored in airtight and pest resistant containers.
- The amount of food served during OOSH meal times is a light nutritious snack. It is not large and not intended to replace the child's normal dinner.
- Progressive meal times will be implemented where possible to ensure children are consulted about their routines. However, hungry children will be fed outside routine times.
- Meal times will be treated as social occasions. Educators will sit and interact with children during meal times and encourage good eating habits and conversation in a relaxed atmosphere.
- Children will be encouraged to be independent at meal times and feed themselves providing this is appropriate to the child's developmental stage.
- Children are to be involved with the serving of food when age appropriate.
- Educators are to recognise children's likes and dislikes of different food and not force them to eat disliked foods.

- If a meal is refused the meal may be offered at a later stage that day providing the meal is correctly stored. However if the meal has been reheated, any leftovers must be discarded – meals must not be reheated more than once.
- Families will be advised when their children's eating habits change or vary.

INFANT FEEDING

Breastfeeding

- Educators will respect families' wishes in relation to bottle or breast feeding and make appropriate arrangements.
- When families first make contact with the service provider (or during orientation), families are informed that the service provider and educators support breastfeeding and provide a supportive physical environment for mothers who want to breastfeed; e.g. access to a comfortable place for mothers who want to breastfeed or express breast milk, access to a fridge to store expressed breast milk
- Families are asked about breastfeeding at the time of enrolment.
- Services develop a documented feeding plan for breastfed infants.
- All bottles containing breast milk must be clearly labelled with the child's name and the date and milk was expressed.
- Breast milk can be stored in the following ways (refer to attached [Munch & Move Storing Expressed Breastmilk Chart](#)):
 - refrigerated for up to 3 days at 5°C or lower (4°C is the typical temperature of a standard fridge) - always store breast milk at the back of the refrigerator, not in the door
 - kept at room temperature (26°C or lower) for 6-8 hours if fresh (not previously frozen)
 - frozen in the separate freezer section of a refrigerator (-18°C) (which has separate door) for up to 3 months
 - frozen in the freezer compartment inside the refrigerator (-15°C) (which is not separated with its own door) for 2 weeks
 - kept in a deep freeze (-20°C or lower) for 6–12 months.
- When thawing frozen breast milk, always use the oldest milk first. Frozen breast milk can be thawed:
 - in the refrigerator and used within 24 hours
 - by placing the container under cold running water gradually increasing the water temperature until the milk has become liquid.

Bottles

- All bottles and formula containers (if applicable) must be clearly labelled with the child's name, date and time the bottle was made.
- Formulas - for nutritional purposes families will supply bottles with boiled water and the formula in a segmented container with the correct amount of formula for the child's age. When needed, the water is heated and the formula added.

- Milk - families are to bring empty bottles and place in the bottle container in the bottle preparation room. Milk is added and heated as required. Milk is to be provided by the family in FDC.
- Breast milk and special requirements - families will bring the bottle pre-filled when a child requires breast milk or special milk and placed in the refrigerator. In some cases educators may have individual arrangements with families.
- FDC - All bottles must be clearly labelled with the child's name and placed in the refrigerator on arrival, this includes arrival at FDC play session.
- Educators will hold all infants individually whilst bottle feeding, ensuring eye contact and interaction is maintained. Bottles will not be propped up for babies whilst on beds or in cots.
- Older children holding their own bottles will be supervised at the table, laying down or on their bed and at no time be permitted to walk around with their bottles.
- It is recommended that babies' bottles not be heated in a microwave. Microwaves distribute heat unevenly and there is a danger that a baby could be scalded.
- Bottles must be heated in a jug of hot water or electric bottle warmer away from all children. After being warmed, the bottle must be shaken well and temperature tested on the educator's wrist. It should feel lukewarm or even cool, not too warm or hot prior to feeding and the jug of hot water emptied.

*** Never have boiling/hot water in any area where children have access ***

- Bottles may be offered to a baby for up to 30 minutes, after which the content discarded.
- Formula left in bottles which have been heated will be disposed of after 30 minutes. All bottles will be washed out thoroughly and placed into the infant's bag before the end of the day.
- At no time will water be added to formula or breast milk to make this go further. Water can be offered separately. Where infants are still showing signs that they are hungry, educators will contact the family to seek advice.
- The use of BPA free bottles by families is encouraged.
- NSW Health recommends to wean children from the bottle around 12 months of age.
- Educators will consult with families regarding the introduction of solid foods.

Introducing solids

- Educators' and children's hands are washed prior to eating.
- Food will be mashed or cut into bite size pieces.
- Families will decide when children will first start solids.
- Children will be encouraged to feed themselves when capable.
- Ensure all children remain seated while eating and drinking.
- Children will never be force-fed bottles or solids at any time. If children refuse food, the educator will try again at a later time and inform the family.
- Educators will respond to infants' verbal and non-verbal cues in relation to food preferences and meal times.

Introducing potential allergenic food

- Egg yolk (from 6-7 months)
- Egg white (from 9-10 months)
- Cow's milk foods, e.g. custards, yoghurt (after 12 months)
- Cow's milk as the main drink (after 12 months)
- Seafood and fish (after 7 months)

Please note: foods must only be introduced once the family has informed educators that the food has been introduced at home.

GASTRONOMY FEEDING

- A gastronomy delivers nourishment through a tube or a button into the stomach for enteral feeding. It is usually used for children with different medical and surgical problems who cannot eat or drink enough orally to meet their daily nutritional requirements.
- Adequate nutrition depends on the right type and amount of formula used. The child's specialist and the dietician will give the necessary advice to the family regarding the appropriate formula and feeding regime required by the child.
- Educators' initial training is delivered by a clinical nurse consultant (stomal therapy) as well as the child's family before feeding a child via a tube or button. Educators will require additional training by the family regarding the child's individual feeding plan.
- Educators need to follow the individual child's feeding plan as completed by the child's family.
- Decompressing or degassing of the stomach contents may be necessary for some children to release the gas and prevent the child from "bloating".
- If medication is to be given via the tube or button, a medication form needs to be completed. Medication can only be given through the bolus feeding tube and flushed well with water. Do not syringe it directly to the gastronomy button as it may damage the one way valve, causing it to be floppy.
- If educators notice any problems with the skin around the button, such as redness or weeping ensure that the family is informed. Also if there are any leakages around the button or the button becomes blocked, contact family to discuss.
- If the gastronomy button becomes displaced, staff are to follow the child's feeding plan under "accidental displacement of gastronomy buttons" and ring family immediately to discuss options.
- If the tube accidentally falls out of the tract (hole) it will remain open for about an hour then it will start to close. Educators are to follow the child's feeding plan under "tube accidentally falls out" and ring family immediately.
- Some children who are fed through a gastronomy button or tube also receive small amounts of food and fluids orally. Usually the amount of food and fluid is minimal as the child receives their nutrients via the gastronomy.
- It is important when feeding a child orally that staff follow the feeding plan that has been completed by the family. This will ensure that meal times are enjoyable, positive and safe particularly to help with reducing the risk of aspiration (food and /or fluid going into the lungs).

- Families are required to sign a permission form for educators to manage their child's feed whilst in care.

PHYSICAL ACTIVITY

Indoor and outdoor active play

- Both indoor and outdoor active play experiences are important for a child's development and must always be supervised. Settings should be safe and inviting; environments and any equipment or materials used should also be safe, durable and age appropriate. Outdoor play also allows children to get to know their environment and connect with nature.
- Information about the importance of physical activity to children's health and development is communicated to families.
- Regular activity and play has many benefits for children including:
 - building strong hearts, muscles and bones
 - promoting healthy growth and development
 - assisting with the development of gross motor and fine motor skills
 - developing movement, balance and co-ordination
 - maintaining and developing flexibility
 - encouraging self-esteem and confidence
 - fostering social interaction skills
 - improving thinking skills and concentration skills
 - developing emotional skills
 - helping to establish connections between different parts of the brain.
- Physical activity is embedded in the daily program through spontaneous and intentionally planned active play that are both child initiated and educator led.
- Encourage children and educators to drink water before, during and after physically active experiences.
- Encourage children to be understanding and accepting of the different physical skills and abilities of other children.
- Educators actively role model to children appropriate physical behaviours and consider children's voices when planning physical activities.

Early childhood children

For healthy development, physical activity should be encouraged from birth such as supervised safe floor play. Toddlers and pre-schoolers should be physically active every day for at least three hours, spread across the day. They should not be inactive for more than one hour, with the exception of sleeping.

[Australian 24-Hour Movement Guidelines for the Early Years \(birth to 5 years\): An Integration of Physical Activity, Sedentary Behaviour, and Sleep](#)

For healthy growth and development in:

Infants (birth to one year)

- Physical activity, particularly through supervised interactive floor-based play in safe environments, is encouraged from birth. For those not yet mobile, this should include **30 minutes of tummy time** (including reaching and grasping, pushing and pulling, and crawling) spread throughout the day during awake periods

- Infants should not be restrained for more than 1 hour at a time (e.g. in a stroller, car seat or high chair)
- Screen time is **not recommended**
- When sedentary, engaging in pursuits such as reading, singing, puzzles and storytelling with a caregiver is encouraged

Toddlers (1–2 years)

- Toddlers should spend at least 180 minutes in a variety of physical activities, including energetic play, spread throughout the day; more is better
- Toddlers should not be restrained for more than 1 hour at a time (e.g. in a stroller, car seat or high chair) or sit for extended periods
- For those younger than 2 years, sedentary screen time is not recommended
- For those aged 2 years, sedentary screen time should be no more than 1 hour; less is better
- When sedentary, engaging in pursuits such as reading, singing, puzzles and storytelling with a caregiver is encouraged

Pre-schoolers (3–5 years)

- Pre-schoolers should spend at least 180 minutes in a variety of physical activities, of which at least 60 minutes is energetic play, spread throughout the day - more is better
- Pre-schoolers should not be restrained for more than 1 hour at a time (e.g. in a stroller or car seat) or sit for extended periods
- Sedentary screen time should be no more than 1 hour in total throughout the 24-hour period - less is better
- When pre-schoolers are sedentary, caregivers are encouraged to engage with them through activities such as reading, singing, puzzles and storytelling

School aged children

- Physical activity is encouraged and promoted throughout the services' programs. Education and Care programs have a balance of indoor and outdoor activities. Physical activities promote healthy lifestyles and wellbeing.

SLEEP / REST

The United Nations' Rights of a Child states that children have the right to relax and play and Council's Education and Care Services respect those rights by ensuring that all children have appropriate opportunities to sleep, rest and relax in accordance with section [81](#) of the Regulations.

The approved provider, nominated supervisor and FDC educator will take reasonable steps to ensure the sleep/rest needs of all children are met, having regard to their age, developmental stage and individual needs based on recommendations from Red Nose and the Regulations.

Please refer to the Child Safe Environment and Practices Guiding Principle for further information.

ORAL HEALTH

We encourage good oral health practices for children by educating children and their families on the importance of oral health.

- Children will be encouraged to drink water throughout the day.
- Water will be freely available both indoors and outdoors for children to drink at all times. Children are encouraged to bring BPA free water bottles with lids from home for personal use at the centre.
- Water or milk will be the only drink choice at meal times.
- Children who are old enough will be encouraged to rinse their mouth with water after each meal.
- For children who require mouthwash as prescribed by a doctor or dentist, ensure only the child for whom it is prescribed uses the mouthwash and store and administer mouthwash as a medication in accordance with the Medication Guiding Principle.
- Educators will consult with families to ensure that whilst a child is in their care, food and drink provided to the child is nutritious and not high in sugar content.
- Dummies given to babies will not be dipped in any substance.
- Educators will not give bottles containing sweetened milk, fruit juices, cordials or soft drinks.
- If babies and toddlers need to have a bottle to sleep, it is recommended that the bottle should only contain water at these times.
- Babies will be fed milk bottles whilst being nursed.
- Introduce a cup from 6 months of age.
- NSW Health recommends weaning children from the bottle at around 12 months.
- Using bottles as pacifiers will be avoided.
- Educators will educate children and families on oral health issues.
- Families will have access to information on oral health.
- The children's program will foster positive oral health in children by incorporating messages in books, posters, music, craft, literature and special visitors.
- All services will have a contact number for an after-hours emergency dentist or oral clinic.
- Educators' first aid training will include management of oral injuries.
- Educators will report to the child's family any sign of tooth discomfort, pain, injury or problems the child has with chewing, eating or swallowing.
- This Guiding Principle will be referred to in the orientation visit and is available on Council's website.

NO SMOKING

- Council enforces a smoke free environment within all Council's locations, including:
 - FDC homes whilst caring for children
 - education and care centres
 - Council cars / transport vehicles

- all Council work premises or buildings and their immediate surrounds
- any Council workplace.
- Educators are only permitted to smoke during their unpaid break when they are away from the premises and not in Council uniform or vehicles (centre based care).
- If smoking during a break, shirts must be changed.
- If clothing is carrying a strong odour, educators may be asked to change clothing to ensure this odour is not passed onto the children and infants in their care.
- Educators may be asked to ensure personal hygiene is maintained to ensure odours are not passed onto children e.g. cleaning teeth, having mints etc.
- Families and visitors to the service are not permitted to smoke inside and around the service premises where children are cared for or in school grounds.
- Educators must not smoke in the presence of children at any time. This includes when children and educators are on an excursion and are away from the Council premises/ FDC homes.
- Council has a Smoke-Free Workplace and Quit Program for educators which should be read in conjunction with this guiding principle (centre based).
- FDC educators are only permitted to smoke when they are not caring for children.
- FDC educator family members and visitors are not permitted to smoke anywhere at the address location while FDC children are in care.
- This guiding principle applies to all staff, educators, contractors, visitors, students, volunteers, families, FDC educators' family members and other persons who may visit any workplace or travel in any vehicle while children are in care.
- FDC homes must be well ventilated to ensure the home and equipment/resources do not smell of smoke.

ATTACHMENTS

	Page No.
Acceptable food list - FDC	13
Gastronomy Feeding Plan & Permission Form	14
Permission form - Management of feeds whilst in care	16
Munch & Move Storing Expressed Breastmilk Chart	17

Related Legislation and Online Resources

- [Education and Care Services National Regulations](#): Sections [77-80](#), [82](#), [103](#) & [168](#)
- Australian Children's Education and Care Quality Authority (ACECQA), [National Quality Standards](#): Quality Areas 2.1, 2.2.1 & 2.2.2
- [Children \(Education and Care Services\) National Law \(NSW\): Part 167](#)
- [Public Health \(Tobacco\) Act 2008](#)
- [Smoke-free Environment Act 2000](#)
- [Work Health and Safety Act 2011](#)
- [Work Health and Safety Regulation 2017](#)
- [Food Act 2003](#)
- [Food Regulation 2015](#)
- [Australia New Zealand Food Standards Code](#) - Standards [3.1.1](#), [3.2.2](#), [3.2.3](#)
- Australian Government – Department of Health:
 - [Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood](#)
 - [National Physical Activity and Exercise Guidelines for children 0-5 years](#)
 - [Australian 24-Hour Movement Guidelines for the Early Years \(birth to 5 years\): An Integration of Physical Activity, Sedentary Behaviour, and Sleep](#)
- Nutrition Australia: [Australian Dietary Guidelines: Recommended daily intakes](#)
- National Health and Medical Research Council:
 - [Australian Dietary Guidelines](#)
 - [Staying Healthy - Preventing infectious diseases in early childhood education and care services \(5th Edition\)](#)
- Australian Government Department of Education, Skills and Employment - [Belonging, Being and Becoming: The Early Years Learning Framework for Australia](#) (EYLF) (pg 35)
- Australian Government Department of Education, Skills and Employment - [My Time, Our Place: Framework for School Age Care in Australia](#) (MTOP) (pg 31)
- [The Sydney Children's Hospital Network - Gastronomy Homecare Guideline No. 2006-8314 v4 \(published 15 June 2018\)](#)
- [KidSafe NSW Inc.](#)
- [Munch & Move Program Resources](#)
- Health & safety in family day care: model policies & practices (2nd edition) (*J Frith, N Kambouris, O O'Grady*)
- Australian Dental Association - www.ada.org.au
- Raising Children Network articles:
 - [Dental care for school-age children \(5-8 years\)](#)
 - [Dental care for toddlers \(1-3 years\)](#)
- [Child Dental Benefits Schedule](#)

- [NSW Health - Oral Health: NSW Little Smiles - Dental Health Resource Package for Childcare Professionals \(published May 2010\)](#)
- [The Children's Hospital at Westmead, Sydney Children's Hospital, Randwick and Kaleidoscope Children, Young People and Families - Passive Smoking Fact Sheet Fact Sheet \(reviewed 15 May 2018\)](#)
- [Cancer Council Australia: Lung Cancer](#)

Related Documents and Council Policies

- Council's Smoke-free Workplace and Quit Program
- Education and Care [Medical Conditions and Medication](#) Guiding Principle
- Education and Care Storing & Preparing Breastmilk Work Procedure Schedule:

Authorisation & Version Control

Guiding Principle owner *Manager Children, Youth and Families*
 Authorised by *Education and Care Leadership Team*
 ECM no. *7988298*
 Implementation date *March 2022*

Amended page(s)	Action/Amendment description	Approved by and date
2 & 13	Acceptable food list for FDC added	CCFDC Centre Director 3/3/22 & Education and Care Coordinator 8/3/22
2 & 3	Reheating food requirements for FDC	



CUMBERLAND CITY COUNCIL

ACCEPTABLE FOOD LIST

Family Day Care

This list has been formulated within nutritional and allergy awareness guidelines

What food should I bring for my child?

- Breakfast/lunch/dinner/morning tea/afternoon tea (whichever is applicable) with your child's name clearly written on it.
- A piece of **fruit** or **vegetable** is ideal for morning tea and/or afternoon tea.
- A drink bottle clearly labelled with your child's name.
- We encourage children to bring their lunches in containers and not wrapped in plastic, which is more environmentally friendly. Please also transport your child's food to educator's home safely using a cooler bag and ice packs for cold items. Microwavable containers are needed for foods that require warming in the microwave.

On arrival, all food is to be given to your educator to be stored safely.

Which foods are acceptable in Family Day Care?

ACCEPTABLE	NOT ACCEPTABLE
Sandwiches, cheese, vegemite, meat, salad, chicken	Nuts and all food containing nuts (allergies and choking hazard) e.g. peanut butter, nutella
Cheese sticks/slices	Eggs (allergies)
Sultanas	Popcorn (choking hazard)
Plain muesli bars	Chips and cheezles
Fresh fruit and vegetables	Fried food
Tinned or stewed fruit	Soft drink
Rice crackers and cracker breads	Dessert yoghurts e.g. yogo, milo
Plain biscuits e.g. milk arrowroot	Take away foods e.g. KFC, McDonalds
Dried fruits	Cordial
Plain or fruit flavoured yoghurts	Flavoured milks
Plain milk	Hundreds and thousands sandwiches
Pretzels	Lollies and chocolates
Healthy home cooked meals e.g. pasta, rice, baked beans	Biscuits or muesli bars with chocolate coatings or choc-chips
Water	Cakes and donuts
	Seafood (allergies)

We are encouraging families to bring sandwiches and other hand held foods. This is to prepare your child/ren for school.

Family Day Care participates in the **Munch and Move** program, an initiative from the NSW Government. The program promotes healthy, active habits in children from a young age.



The six messages that form the basics of Munch and Move are:

- support breastfeeding
- choose water as a drink
- eat more fruits and vegetables
- choose healthier snacks
- get active each day
- turn off the television



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GASTRONOMY FEEDING PLAN

Child's name:

Date written:.....

Completed by:.....

Date gastronomy inserted and reasons why	
Button type	
Step-by-step instructions how to feed via the button or tube	
Best position to feed	
Time needed to complete feed (time to wait after feed)	
Type of formula	
Amount to be given	
Times of feeds	

Cumberland City Council

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 Cumberland City Council Sydney  [cumberlandcitycouncil](https://www.instagram.com/cumberlandcitycouncil)

What to do when problems arise (with the tube or button)

Skin care (parent will be informed upon pickup if any problems noticed)	
Leakages around the button (parent will be contacted to discuss any concerns)	
Button blockage (parent will be contacted immediately if this occurs)	
Tube accidentally falls out (parent will be contacted immediately if this occurs)	

Does the child take food or fluid orally?

Yes No

If yes, please answer the following questions:

Type of diet:	
Texture/ consistency:	
Positioning:	
Any assistance needed:	
Equipment required: (e.g. plastic spoon preferred over metal spoon)	



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PERMISSION FORM

Management of feeds whilst in care

I give permission for staff/educator to manage my child's feeds whilst in care. I will notify staff/educator of any updates on changes to my child's feeding plan.

Permission is given for:

Child's name:

Family (parent, caregiver, guardian) name:

Signature: Date:

Cumberland City Council

16 Memorial Avenue, PO Box 42, Merrylands NSW 2160.

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 Cumberland City Council Sydney  [cumberlandcitycouncil](https://www.instagram.com/cumberlandcitycouncil)



Storing Expressed Breastmilk (EBM)

Breastmilk status	Room temperature (26°C or lower)	Refrigerator (5°C or lower)	Freezer
Freshly expressed into sterile container	<ul style="list-style-type: none"> 6-8 hours Refrigerate if possible 	<ul style="list-style-type: none"> No more than 72 hours Store at back where it is coldest 	<ul style="list-style-type: none"> 2 weeks in freezer compartment inside refrigerator (-15°C) 3 months in freezer section of refrigerator with separate door (-18°C) 6-12 months in deep freezer* (-20°C)
Previously frozen, thawed in refrigerator but not warmed	<ul style="list-style-type: none"> 4 hours or until next feed 	<ul style="list-style-type: none"> 24 hours 	<ul style="list-style-type: none"> Do not refreeze
Thawed outside refrigerator in warm water	<ul style="list-style-type: none"> Only for current feed Throw away any unused milk 	<ul style="list-style-type: none"> 4 hours or until next feed 	<ul style="list-style-type: none"> Do not refreeze
Infant has begun feeding	<ul style="list-style-type: none"> Only for current feed Throw away any unused milk 	<ul style="list-style-type: none"> Throw away unused milk after feed 	<ul style="list-style-type: none"> Throw away unused milk after feed

TIPS



- Transport milk in an **insulated container**
- Ensure milk is **named and dated** when placing in fridge
- Use the **oldest milk first**
- **Only warm the milk needed**
- **Thaw or warm in warm water** (do not microwave or reheat)
- Freshly expressed breastmilk should be **cooled in the fridge** before being added to other chilled or frozen breastmilk

*Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature

This resource was adapted from a resource developed by the Health Promotion Service, Northern Sydney Local Health District. Information taken from: National Health and Medical Research Council (2012) Infant Feeding Guidelines. Canberra: National Health and Medical Research Council.

For support and additional information please visit the Australian Breastfeeding Association: www.breastfeeding.asn.au/workplace

