

BEACONSFIELD KINDERGARTEN INC.

NUTRITION, ACTIVE PLAY & ORAL HEALTH POLICY

Mandatory – Quality Area 2

PURPOSE

Beaconsfield Kindergarten Inc. acknowledges the importance of healthy eating, physical activity and good oral health practises, and their contribution to good health and overall wellbeing.

This policy provides guidelines to:

- promote a healthy lifestyle to support children, staff, educators and families at the service to eat nutritious food, maintain oral health and participate in physical activity and active play
 - ensure national and state guidelines and recommendations about nutrition, oral health and physical activity are met
 - provide opportunities for active play
 - encourage children to make healthy lifestyle choices consistent with national and state guidelines and recommendations
 - include learning experiences regarding oral health in programs
 - ensure that the dietary, developmental and cultural needs of children and families are taken into consideration when planning menus for service events and implementing nutrition, oral health and active play activities.
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POLICY STATEMENT

VALUES

Beaconsfield Kindergarten Inc. is committed to:

- creating policies and practices that promote a healthy lifestyle, and ensure national and state guidelines and recommendations about safe food preparation, nutrition, oral health and physical activity are met
- ensuring the buildings, grounds and facilities enable healthy eating, oral health and active play
- creating a culture in which all community members are respectfully supported to eat healthily, maintain good oral health and be active
- providing children and families with formal and informal opportunities to learn about food, nutrition, oral health, healthy lifestyles and health messages about physical activity
- ensuring staff and educators have access to resources and support for their own healthy eating, oral health and physical activity
- engaging families, the service community and expert organisations in the promotion and implementation of healthy eating, oral health and active play initiatives
- ensuring educators, staff, children and families are key partners in developing and supporting healthy eating, oral health and active play initiatives in the service
- 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
- encouraging physical activity by providing a range of active play experiences for all children at the service.
- welcoming breastfeeding mothers at our service.

SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day-to-Day Charge, educators, staff, students on placement, volunteers, families, parents/guardians, children and others attending the programs and activities of Beaconsfield Kindergarten Inc.

RESPONSIBILITIES

| RESPONSIBILITIES | Approved provider and persons with management or control | Nominated supervisor and persons in day-to-day charge | Early childhood teacher, educators and all other staff | Parents/guardians | Contractors, volunteers and students |
|--|--|---|--|-------------------|--------------------------------------|
| R indicates legislation requirement, and should not be deleted | | | | | |
| Ensuring that the service environment and educational program supports children and families to make healthy choices for eating, oral health and active play (<i>refer to Definitions</i>) | R | √ | √ | | |
| Embedding opportunities to learn about healthy eating and oral health and the importance of physical activity in the educational program, throughout the year | R | √ | √ | | |
| Ensuring that age-appropriate adult-guided and child-initiated active play is planned on a daily basis across all age groups | | √ | √ | | √ |
| Discussing healthy eating choices with children and introducing the concept of 'sometimes' and everyday foods and drinks | | √ | √ | √ | √ |
| Providing a variety of cooking and food experiences that support children to develop food literacy and positive habits relating to food | | √ | √ | | √ |
| Role-modelling positive eating, drinking and physical activity behaviours, promoting a healthy relationship with food and interacting with children at meals times | | √ | √ | √ | √ |
| Providing a positive eating environment and sitting and interacting with children at mealtimes | | √ | √ | | √ |
| Providing adequate supervision (<i>refer to Definitions</i>) for all children at all times, including at mealtimes | R | R | √ | | √ |
| Encouraging children to be independent at snack/mealtimes e.g. opening lunchboxes, pouring drinks, self-feeding, serving and using utensils in a culturally sensitive way | | √ | √ | | √ |
| Providing a sufficient amount of healthy food for meal and snacks noting that appetites change as bodies grow | | | | √ | |

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| Ensuring that cultural and religious practices/requirements of families are accommodated to support children's learning and development | R | √ | √ | | |
| Providing ongoing information, resources and support to families, to assist in the promotion of optimum health, including oral health and active play, for young children (<i>refer to Sources</i>) | R | √ | √ | | |
| Recognising families, educators and staff as role models and encouraging them to bring/use foods and drinks that are in line with the service's <i>Nutrition, Oral Health and Active Play Policy</i> | R | √ | | | |
| Providing healthy and nutritious food suggestions for snacks and meals, including fruits and vegetables, and discouraging and limiting sometimes/discretionary food and drink options | R | √ | | √ | |
| Ensuring the implementation of adequate health and hygiene procedures (e.g. hand washing), and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (<i>Regulation 77</i>) (<i>refer to Hygiene Policy</i>) | R | √ | √ | | √ |
| Ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (<i>refer to Anaphylaxis Policy, Asthma Policy, Diabetes Policy and Food Safety Policy</i>) | R | √ | √ | | √ |
| Ensuring that all ECTs, educators and staff are aware of, and plan for, the dietary needs of all children | R | R | | | |
| Ensuring that all educators/staff are aware of a child's food allergies and/or other medical conditions on enrolment or on initial diagnosis | R | R | | | |
| Providing details of specific nutritional/dietary requirements, including the need to accommodate cultural or religious practices or food allergies, on their child's enrolment form, and discussing these with the Early Childhood Teacher or Nominated Supervisor prior to the child's commencement at the service, and if requirements change over time (<i>refer to Anaphylaxis Policy, Asthma Policy and Diabetes Policy</i>) | | | | √ | |
| Communicating regularly with the ECT, educators/staff regarding children's specific nutritional requirements and dietary needs, including food preferences | | | | √ | |
| Ensuring that fresh drinking water (preferably tap water) is readily available at all times, indoors and outdoors, and reminding children to drink water throughout the day, including at snack/lunch times (<i>Regulation 78(1)(a)</i>) (Only tap water is encouraged.) | R | √ | √ | | √ |
| Ensuring that children can readily access their own clearly labelled drink containers | | √ | √ | √ | √ |
| Providing opportunities for children to learn about, and develop skills for oral health through the educational program, including age-appropriate tooth brushing | | √ | √ | √ | √ |
| Ensuring that food and drinks are available to children at frequent and regular intervals throughout the day (<i>Regulation 78(1)(b)</i>) | R | √ | | | |

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| Providing food and drinks at regular intervals, and encouraging children to actively participate in, and enjoy, snack/mealtimes without feeling rushed | | √ | √ | | √ |
| Ensuring educators and staff are supported to access a range of resources and professional development to increase their capacity to promote healthy eating, oral health and active play initiatives for children | √ | √ | | | |
| Registering and engaging the service with the Achievement Program (<i>refer to Sources</i>) | √ | √ | | | |
| Providing families with information and strategies to promote healthy eating, oral health and active play and how to access relevant services (including local dental clinics) | √ | √ | √ | | |
| Developing links with local and regional health services, community organisations and businesses that provide expertise, resources and support for healthy eating, oral health and active play | √ | √ | √ | | |
| Ensuring that food and drinks are not used as an incentive or reward | √ | √ | √ | | √ |
| Ensuring staff and educators are supported by having healthy food options in the staff room, for staff meetings and for professional learning (if applicable) | √ | √ | | | |
| Ensuring that celebrations, fundraising activities and other service events are consistent with the purposes and values of this policy and service procedures | √ | √ | | | |
| Considering this policy when organising excursions, service events and any sponsorship or marketing opportunities | √ | √ | √ | | |
| Ensuring celebrations and other service events promote healthy food options and limit discretionary options | √ | √ | | | |
| Developing and reviewing guidelines for celebrations, fundraising activities and other service events in consultation with educators, staff, parents/guardians and families to focus on healthy alternatives | R | √ | | | |
| Ensuring the layout of the grounds and buildings is inclusive of the diversity and abilities of all children and encourages physical activity and movement | R | √ | | | |
| Ensuring recommendations about physical activity and screen time from the Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 Years) are met | R | √ | √ | | |
| Ensuring children are not sedentary or inactive for more than 1 hour at a time, with the exception of sleeping | | √ | √ | | √ |
| Supporting children to develop collaboration skills during play | | √ | √ | | √ |
| Ensuring that children are taught how to use equipment safely | R | √ | √ | | √ |
| Planning and providing active play and movement experiences that are age-appropriate, inclusive of diversity and abilities and support children to develop fundamental movement skills | | √ | √ | | √ |
| Considering opportunities for children to be physically active indoors, particularly in adverse weather conditions | | √ | √ | | √ |
| Dressing their child/ren so they can engage safely in active play | | √ | √ | √ | √ |

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| Ensuring service facilities and equipment enable active travel and road safety for children, staff, educators and families | R | √ | | | |
| Supporting, promoting and encouraging active travel to and from the service (<i>Regulations 100 -102</i>) | √ | √ | √ | √ | √ |
| Providing age-appropriate traffic safety education, including pedestrian and passenger safety to both children and parents/guardians at the service | R | √ | √ | | |
| Using and promoting local parks, bike paths and recreation facilities, where appropriate, to encourage physical activity. | √ | √ | √ | | |
| Ensuring there is a suitable space for breastfeeding and storage of breast milk is available if needed | R | √ | | | |
| Ensuring space and facilities are available to allow staff and educators to store and prepare healthy food safely | R | √ | | | |
| Ensuring healthy eating, oral health and active play information and policy requirements are included in the educator and staff induction | R | √ | | | |
| Ensuring educators and staff are supported to be physically active and minimise sedentary behaviour, both inside and outside of work hours | R | √ | | | |
| Minimising and closely supervising screen-based activities, in line with the recommendations in the Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years) | | √ | √ | √ | |
| Acting as positive role models by engaging in physical activity | | √ | √ | √ | |
| Supporting students and volunteers to comply with this policy while at the service | R | √ | | | |
| Ensuring all educators/staff comply with the <i>Food Safety Act</i> | R | √ | √ | | |

BACKGROUND AND LEGISLATION

Background

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, oral hygiene practices 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.

As a health promoting service it is recognised that every member of the service impacts on children's health. Children, staff, educators and families can be supported to eat healthily, maintain good oral health and be physically active through teaching and learning opportunities, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

Nutrition

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.

Oral health

Tooth decay is Australia's most prevalent health problem despite being largely preventable. It is important to note that oral health promotion is complementary to promoting healthy eating.

Oral health behaviours have a major influence on children's health and wellbeing and a direct impact on their growth and development. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. Poor oral health can limit a child's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing. The main oral health condition experienced by children is tooth decay affecting over half of all Australian children, making it five times more prevalent than asthma.

Active play

Active play (refer to *Definitions*) develops a strong and healthy body, builds motor and co-ordination skills, creates a sense of wellbeing and helps protect children 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 – refer to Sources*). Learning about healthy lifestyles, including nutrition, oral health 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 guidelines, recommendations and resources for healthy eating and physical activity in early childhood settings including the National Health and Medical Research Council's *Australian Dietary Guidelines* and *Infant Feeding Guidelines*, the *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood* resources and the *National Physical Activity Recommendations for Children 0-5 Years* (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 (Healthy Eating Advisory Service – refer to *Sources*), run by Nutrition Australia. Early childhood education and care services can also register and implement the *Achievement Program* (refer to *Sources*). This program is designed to create safe, healthy and friendly environments for children, staff educators and families, by promoting physical, mental and social health and wellbeing.

Meal times

Children will have access to food and water at all times throughout sessions and will be encouraged to recognise and respond to their own needs.

Progressive meal times

In 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.

A decision with respect to incorporating progressive meal times into the educational program must take into account the needs of all children, particularly children with specific medical conditions such as diabetes. The National Regulations require services to ensure that children with medical conditions are able to participate fully in the educational program, and are not discriminated against in any way.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Australia New Zealand Food Standards Code*
 - *Child Wellbeing and Safety Act 2005*
 - *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* including Quality Area 2: Children's Health and Safety
 - *Occupational Health and Safety Act 2004*
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DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Active play: Play that involves large muscle-based activities that are essential for a child's social, emotional, cognitive and physical growth and development incorporating:

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

Adequate supervision: (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).

‘Discretionary’ foods and drinks: Food and drink items that are high in fat, sugar and salt, and that contain minimal vitamins, minerals or fibre. These can also be referred to as ‘sometimes’ foods and drinks. Examples of discretionary food and drinks include:

- chocolate, confectionery, jelly
- sweet biscuits, high fat/salt savoury biscuits, chips
- high sugar/high fat cakes and slices
- cream, ice cream
- deep fried foods (e.g. hot chips) and pastry-based foods (pies, sausage rolls and pasties)
- most fast food and takeaway foods
- some processed meats (e.g. sausages, frankfurts/hot dogs, salami, strasbourg, devon, some commercial chicken nuggets and fish fingers)
- soft drinks, fruit juice and fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water

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.

Oral health: The absence of active disease in the mouth. Oral health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment.

Food literacy: Food literacy is “a collection of inter-related knowledge, skills and behaviours required to plan, manage, select, prepare and eat food to meet (dietary) needs.”

SOURCES AND RELATED POLICIES

Sources

- *Australian Dietary Guidelines* (2019) National Health and Medical Research Council: <https://www.eatforhealth.gov.au/guidelines>
- Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 years): <https://www.health.gov.au/internet/main/publishing.nsf/Content/npra-0-5yrs-brochure>
- Australia’s Physical Activity and Sedentary Behaviour Guidelines for Adults: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-phys-act-guidelines#npa1864>
- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia:* www.education.gov.au
- Better Health Channel: www.betterhealth.vic.gov.au
- Dental Health Services Victoria: www.dhsv.org.au
- Food Safety Victoria, Department of Health and Human Services: www2.health.vic.gov.au/public-health/food-safety
- Food Standards Australia New Zealand: www.foodstandards.gov.au
- Department of Health (2013) *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood:* <https://www.health.gov.au/internet/main/publishing.nsf/Content/phd-gug-staffcarers>
- *The Achievement Program* is a health and wellbeing initiative for early childhood services, schools and workplaces: www.achievementprogram.health.vic.gov.au

- Healthy Eating Advisory Service: www.heas.health.vic.gov.au
- National Health and Medical Research Council, *Infant Feeding Guidelines: information for health workers* (2012): <https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers>
- National Health and Medical Research Council, *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition, 2013): <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- Victorian Early Years Learning and Development Framework: www.education.vic.gov.au

Service policies

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Curriculum Development Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions*
- *Diabetes Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Road Safety and Safe Transport Policy*
- *Sun Protection Policy*

EVALUATION

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any change to this policy or its procedures unless a lesser period is necessary because of a risk.

ATTACHMENTS

- Attachment 1: Physical Activity and exercise guidelines for infants, toddlers and preschoolers (birth to 5 years)

AUTHORISATION

This policy was adopted by the Approved Provider of Beaconsfield Kindergarten Inc. on 17th March, 2014.

REVIEW DATE: 01/05/2023

REVIEW FREQUENCY: 2 years

NEXT REVIEW DUE: May 2025

Physical Activity and exercise guidelines for infants, toddlers and preschoolers (birth to 5 years) -

FOR INFANTS, TODDLERS AND PRESCHOOLERS (BIRTH TO 5 YEARS)

Being active is important for babies and young children to grow healthy, and sets good habits for life. Read about how much activity small children should do each day, limiting sitting time, avoiding screens, and making sure they get enough sleep.

BEING ACTIVE

All babies and young children benefit from a mix of physical activity, inactivity and sleep in each 24-hour period. Physical activity for young children mainly happens through unstructured, active play.

At that age, young children love moving around and exploring their world. The more active they are, the better, as it helps:

- achieve and maintain a healthy weight
- build strong bones and muscles
- improve balance, movement and coordination skills
- promote mental, emotional and social wellbeing
- promote better learning and thinking
- reduce injuries.

It's important that parents and carers support and encourage children to be active, to help them be healthier, happier, smarter and stronger. As young children grow and develop, they should work towards:

- spending more time in active play
- spending less time sitting
- getting enough sleep each day.

Give your children the freedom to create their own play, and do things that encourage independence and appropriate risk taking while supervised. This could be walking along a low wall, building a cubby house with branches or climbing a low tree.

Parents and carers can also be great role models for their children, by being active themselves. Read our [physical activity guidelines for adults](#).

For infants (birth to 12 months)

Even before they are mobile, babies should be physically active several times a day in various ways. This can be through:

- supervised interactive floor-based play – the more the better
- at least 30 minutes of tummy time over the course of the day while awake, including moving their arms and legs
- reaching and grasping for objects.

Once they are mobile, it can be through:

- crawling – you can create easy obstacle courses for them to navigate
- pulling up to a standing position and moving while holding onto things
- walking – in some cases.

For toddlers (1 to 2 years)

Toddlers love to run around, and that's great. The more active play toddlers take part in, the better.

Physical Activity and exercise guidelines for infants, toddlers and preschoolers (birth to 5 years) -

Toddlers should get at least 3 hours of various physical activities each day, including energetic play. This could be through:

- running – playing tips, ball games or races at the park
- twirling and jumping – at the park or by creating fun obstacle courses at home
- dancing
- skipping.

This should take place through the day, not all at once. Physical activity for toddlers should be fun and encourage exploration and discovery.

For preschoolers (3 to 5 years)

The more active play preschoolers take part in, the better. They should be active for at least 3 hours each day. This should include 1 hour of energetic play, like:

- running – playing tips, ball games or races at the park
- kicking, throwing and jumping – at the park or by creating fun obstacle courses at home
- dancing
- skipping.

This should take place through the day, not all at once. Physical activity for preschoolers should be fun and encourage exploration and discovery.

1. LIMITING TIME SITTING OR RESTRAINED

To help your children grow healthy and develop good habits for life:

- limit the time they spend sitting or lying down, except when sleeping ([sedentary behaviour](#))
- avoid sedentary screen-based activities
- spend quiet time with them reading, storytelling, doing puzzles or doing other activities that support their development.

Sedentary screen time during early childhood can have long-term impacts on a child's development. We recommend no screen time for children under 2 years, and no more than 1 hour per day for those aged 2 to 5 years.

Spending long periods sedentary and using screens unsupervised can lead children to:

- develop language skills later
- have shorter attention spans
- be less ready for school, and find it harder to learn to read
- make poorer decisions.

If you do allow screen time, it should be educational. This means watching with your child, talking about the content, and using it as a chance to help your child understand the world around them.

For infants (birth to 12 months)

For babies, we recommend:

- not restraining them for more than 1 hour at a time (such as in a stroller, car seat or high chair)
- not allowing any screen time
- choosing educational activities while inactive – like reading, telling a story, singing, painting or doing craft.

For toddlers (1 to 2 years)

For toddlers, we recommend:

Physical Activity and exercise guidelines for infants, toddlers and preschoolers (birth to 5 years) -

- not restraining them for more than 1 hour at a time (such as in a stroller, car seat or high chair)
- limiting the time they spend sitting or lying down
- not allowing any sedentary screen time
- choosing educational activities while inactive – like reading, telling a story, singing, doing a puzzle, using building blocks, painting or doing craft.

For preschoolers (3 to 5 years)

For preschoolers, we recommend:

- not restraining them for more than 1 hour at a time (such as in a stroller, car seat or high chair)
- limiting the time they spend sitting or lying down
- not allowing any more than 1 hour of sedentary screen time per day – less is better
- choosing educational activities while inactive – like reading, telling a story, singing, doing a puzzle, using building blocks, painting or doing craft.

ENSURING GOOD SLEEP

Sleep is essential for a healthy child – a well-rested child is an active child, and an active child is a well-rested child.

Start developing good bedtime and sleeping habits early for your child. This includes:

- having a calming bedtime routine
- setting consistent sleep and wake-up times
- avoiding screen time before sleep
- keeping screens out of the bedroom.

For infants (birth to 12 months)

Babies need good quality sleep every day, including naps, of:

- 14 to 17 hours until 3 months
- 12 to 16 hours from 4 to 11 months.

For toddlers (1 to 2 years)

Toddlers need 11 to 14 hours of good quality sleep every day, including naps, with consistent sleep and wake-up times.

For preschoolers (3 to 5 years)

Preschoolers need 10 to 13 hours of good quality sleep every day, with consistent sleep and wake-up times. Some children still need naps at this age.