**THIS IS AN EXAMPLE. COMPLETE YOUR QIP TEMPLATE LIKE THIS USING YOUR OWN STRENGTHS AND IMPROVEMENTS.**

**This example uses Exceeding Indicators. You can use same technique using Meeting Indicators for a Meeting rating if you wish.**

Week 19, 19 to 23 June 2023 - QIP Suggestions - complete and copy this into your QIP

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| **Element 2.1.3** | **Healthy Lifestyles** Healthy eating and physical activity are promoted and appropriate for each child. |
| **Strengths** | **MEETING**  **Physical activities that encouraged children to identify and manage risks.** The obstacle course was set up with various challenges, such as climbing structures, balance beams, and tunnels. Before starting the activity, educators explained the potential risks involved, such as falling or bumping into objects, and discussed how to safely navigate through the course. They encouraged children to assess the obstacles, identify potential hazards, and make decisions on how to approach them safely.  **Reinforcing healthy eating during mealtimes:**  We reinforced healthy eating habits by demonstrating positive behaviours. For example, they served balanced meals that included a variety of fruits, vegetables, whole grains, and lean proteins. They showed enthusiasm for nutritious foods and encouraged children to try different options. Caregivers also engaged children in discussions about the benefits of healthy eating, explaining how different foods provided energy, supported growth, and helped keep their bodies strong. They encouraged children to make healthy choices by offering praise and positive reinforcement when they selected and consumed nutritious foods. By consistently modelling and reinforcing healthy eating habits, caregivers instilled a positive attitude towards nutrition in children.  **Talking with children about the importance of physical activity:** Educators explained that physical activity helped strengthen muscles and bones, kept the heart healthy, and improved overall well-being. They discussed the different types of physical activities, such as running, jumping, dancing, or playing sports, and the specific benefits each activity provided. They encouraged children to share their experiences of physical activity and how it made them feel.  **EXCEEDING**  **Embedded practice -** Educators regularly implement activities/experiences to teach children about their health and wellbeing. Examples include regular and diverse physical activity such as yoga, meditation, dance, obstacle course, and excursions that promote health and physical activity. We visit play centres, gyms, and parks, go on walking excursions and receive guests from NSW Health, and other health professionals (dentists, physios, OTs, audiologists, personal trainers).  **Critical Reflection -**We regularly reflect on children’s changing health and activity needs and make changes to the planning and implementation of the program. For example, we:   * adjust the daily routine based on children’s activity needs. * change group periods to more suitable times when children are happy to sit for an extended period. * adjust excursion times for when children are more active. * adjust daily routines during the year as children get older and their activity needs change.   **Families and community -**We proactively promote healthy lifestyles for children with families and the community. We refer families to government guidance and recommendations on nutrition, physical activity, and use of information technology. We discuss healthy food with parents, for example, a child bringing inappropriate food to the service, or sweeteners added to babies’ bottles. We go on walking excursions into the community and attend cafes and food outlets that promote healthy eating.  **Above can be used for NSW’s SAT in the 5 separate boxes for each individual element.** |

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| **Element 2.1.3** | **Healthy Lifestyles** Healthy eating and physical activity are promoted and appropriate for each child. |

Improvement plan (identified through assessment against NQS indicators)

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| **Standard/ element** | **Issue identified during self-assessment** | **What outcome or goal do we seek?** | **Priority (L/M/H)** | **How will we get this outcome? (Steps)** | **Success measure** | **By when?** | **Progress notes** |
| 2.1.3  Week 19  Date: 19/6/23 | Inconsistent promotion of healthy eating and physical activity for each child. | To ensure consistent and effective promotion of healthy eating and physical activity for every child in our program. |  | Review current practices and identify areas for improvement.  Develop a comprehensive plan with specific actions, resources, and timelines.  Provide professional development for educators to enhance their knowledge and skills.  Collaborate with families through discussions and workshops to promote healthy habits.  Integrate healthy eating and physical activity into the curriculum.  Modify the environment to support healthy choices and active play.  Continuously monitor and evaluate the effectiveness of implemented strategies. | *Educators include physical activities in the curriculum that encourage children to identify and manage risks. For example*   * walking excursions – road safety, looking out for snakes, water safety, sun safety, identifying risks in the activity or location visited * risky play – climbing trees/structures, using dangerous tools, water play, rough and tumble play, play involving speed, play where children can “get lost” * caring for animals * gardening with tools |  |  |
| 2.1.3  Week 19  Date: 19/6/23 **Exceeding  Embedded** | Inconsistent implementation of activities /experiences to teach children about their health and wellbeing that are embedded. | To ensure regular and consistent implementation of activities and experiences that promote children's understanding of their health and wellbeing. |  | Review current practices and identify areas for improvement.  Develop a comprehensive plan with engaging activities to cover various aspects of health and wellbeing.  Provide professional development for educators to enhance their skills in delivering health and wellbeing activities.  Integrate health and wellbeing concepts into the curriculum, aligning activities with learning goals.  Regularly plan and implement activities on nutrition, hygiene, emotions, and physical activity.  Evaluate the effectiveness of activities and reflect on their impact.  Continuously improve activities based on feedback from educators, children, and families. | *Educators* *regularly implement activities/experiences to teach children about their health and wellbeing. For example, we organise:*   * activities examining food ingredients * activities involving regular and diverse physical activity such as yoga, meditation, dance, obstacle course * excursions that promote health and physical activity such as play centres/gyms/parks/walking excursions/health food shops/council services * visits from health professionals such as dentists, OTs, dieticians, audiologists, personal trainers. |  |  |
| 2.1.3  Week 19  Date: 19/6/23 **Exceeding  Critical reflection** | Inconsistent reflection on children's changing health and activity needs and limited adaptation of the program | To ensure educators regularly reflect on children's changing health and activity needs and make necessary changes to the planning and implementation of the program. |  | Foster a culture of reflection: Encourage regular reflection on children's health and activity needs, promoting open discussions and a commitment to improvement.  Continuously assess children's health and activity needs through observations, assessments, and feedback from various sources.  Schedule dedicated reflection sessions for educators to analyse information about children's changing needs.  Identify areas for improvement by recognising gaps, challenges, or emerging trends related to children's health and activity needs.  Engage educators in collaborative planning sessions to develop strategies and modifications that align with program goals.  Implement modifications that effectively address identified health and activity needs.  Regularly evaluate the implemented changes and gather feedback from children, families, and educators on their impact.  Continuously improve the program based on evaluation and feedback, ensuring it remains responsive to children's changing needs. | *Educators* *regularly reflect on children’s changing health and activity needs and make changes to the planning and implementation of the program.*  Our educators adjust their daily routine based on children’s activity needs, for example:   * the need to run around after lunch to burn off energy * the need for intense activity on arrival following a breakfast full of sugar * SPD or ASD spectrum and associated activity needs * group time moved to more suitable period when children are happy to sit for an extended period * excursion times take place when children are more active * daily routines adjusted during the year as children get older and their activity needs change   daily routines adjusted as required to accommodate children with medical/health needs. |  |  |
| 2.1.3  Week 19  Date: 19/6/23 **Exceeding  Families and community** | Inconsistent proactive promotion of healthy lifestyles for children with families and the community. | To ensure that all educators actively promote healthy lifestyles for children, involving families and the community in the process. |  | **Educator training:** Provide professional development for educators to enhance their skills in promoting healthy lifestyles.  **Collaboration with families:** Establish strong partnerships with families through open and regular communication, seeking their input on promoting healthy habits at home.  **Family education**: Offer resources, workshops, and newsletters to families, providing guidance on healthy eating, physical activity, and overall well-being.  **Community involvement:** Collaborate with local organisations, health professionals, and the community to promote a focus on healthy lifestyles.  Curriculum integration: Incorporate healthy lifestyle concepts into the curriculum, ensuring activities and discussions promote healthy habits and wellness.  Role modelling: Educators consistently model healthy behaviours in front of children, such as making nutritious food choices and being physically active.  Celebration of achievements: Recognise and celebrate children's and families' efforts in adopting and maintaining healthy lifestyles, reinforcing positive behaviours. | *All educators proactively promote healthy lifestyles for children with families and the community. For example:*   * offering healthy food and activities at service events * pointing out healthy food and activities in shopping centres/community * producing healthy recipe books * promoting community activities such as fun runs, cycling events, bushwalking, and activities involving the local environment such as rivers, hills, caves, and playgrounds * organising activities requiring children to investigate “healthiness” of food at home * examining current nutrition, physical activity brochures in parent library * pointing out healthy lifestyle articles in newsletters/parent communications * referring families to government guidance and recommendations on nutrition, physical activity and helping them access online information such as Dietary Guidelines, Get Up and Grow, Australian 24 Hour Movement Guidelines * discussing nutrition with parents before parent-led cooking activities * discussing healthy food with parents (if unhealthy food is brought from home, sweeteners added to babies’ bottles) * taking excursions to cafes/food outlets that promote healthy eating * always eating healthy food in front of children   organising walking excursions into the community. |  |  |

**Summary of Exceeding Themes Standard 2.1 Health**

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| **Exceeding themes** |  |
| 1. Practice is embedded in service operations | In the strength example for element 2.1.3 we have identified the following exceeding theme indicators:   * Educators regularly implement activities/experiences to teach children about their health and wellbeing. |
| 2. Practice is informed by critical reflection | In the strength example for element 2.1.3 we have identified the following exceeding theme indicators:   * Educators regularly reflect on children’s changing health and activity needs and make changes to the planning and implementation of the program. |
| 3. Practice is shaped by meaningful engagement with families, and/or community | In the strength example for element 2.1.3 we have identified the following exceeding theme indicators:   * All educators proactively promote healthy lifestyles for children with families and the community. |