



### **03 Food safety and nutrition policy**

Alongside associated procedures in 03.1-03.6 Food safety and nutrition, this policy was adopted by Kids Corner Nursery LTD on 02/09/20224.

#### **Aim**

Our setting is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements for food safety and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements

#### **Objectives**

- We recognise that we have a corporate responsibility and duty of care for those who work in and receive a service from our provision, but individual employees and service users also have responsibility for ensuring their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- Procedure 01.3 Kitchen is followed for general hygiene and safety in food preparation areas.
- We provide nutritionally sound meals and snacks which promote health and reduce the risk of obesity and heart disease that may begin in childhood.
- We follow the main advice on dietary guidelines and the legal requirements for identifying food allergens when planning menus based on the four food groups:
  - meat, fish, and protein alternatives
  - milk and dairy products
  - cereals and grains
  - fresh fruit and vegetables.
- Following dietary guidelines to promote health also means taking account of guidelines to reduce risk of disease caused by unhealthy eating.
- Parents share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person. This information is shared with all staff who are involved in the care of the child.
- Foods provided by the setting for children have any allergenic ingredients identified on the menus.
- Care is taken to ensure that children with food allergies do not have contact with food products that they are allergic to.
- Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.



## **Legal references**

Regulation (EC) 852/2004 of the European Parliament and of the Council on the hygiene of foodstuffs.

Food Information Regulations 2014

The Childcare Act 2006

## **Further guidance**

[Safer Food Better Business for Caterers](#) (Food Standards Agency)



## 03 Food safety and nutrition procedures

### 03.2 Food for play and cooking activities

Some parents and staff may have strong views about food being used for play. It is important to be sensitive to these issues. For example, children who are Muslim, Jewish, Rastafarian, or who are vegetarian, should not be given any food to play with that contains animal products (Gelatine). Parents' views should be sought on this. In some cases, it is not appropriate to use food for play at all, particularly in times of austerity.

- Food for play may include dough, corn flour, pasta, rice, food colourings/flavourings.
- Jelly (including jelly cubes) is not used for play.
- Food for play is risk assessed against the 14 allergens referred and is included in the written risk assessment undertaken for children with specific allergies.
- Staff are constantly alert to the potential hazards of food play, in particular choking hazards and signs of previously undetected allergies.
- Pulses are not recommended as they can be poisonous when raw or may choke.
- The use of raw vegetables for printing is discouraged.
- Dried food that is used for play should be kept away from food used for cooking.
- Foods that are cooked and used for play, such as dough, have a limited shelf life.
- Cornflour is always mixed with water before given for play.
- Cornflower and cooked pasta are discarded after an activity; high risk of bacteria forming.
- Utensils used for play food are washed thoroughly after use.

#### Children's cooking activities

- Before undertaking any cooking activity with children, members of staff should check for allergies and intolerances by checking children's records.
- Children are taught basic hygiene skills such as the need to wash hands thoroughly before handling food, and again after going to the toilet, blowing their nose or coughing.
- The area to be used for cooking is cleaned; a plastic tablecloth is advised.
- Children should wear aprons that are used just for cooking.
- Utensils provided are for children to use only when cooking, including chopping/rolling boards, bowls, wooden spoons, jugs, and are stored in the kitchen.
- Members of staff encourage children to handle food in a hygienic manner.



- Food ready for cooking or cooling is not left uncovered.
- Cooked food to go home is put in a paper food bag and refrigerated until home time.
- Food play activities are suspended during outbreaks of illness.



## 03 Food safety and nutrition procedures

### 03.3 Milk and baby food preparation and storage

#### Purchasing and storing food

- Where parents provide infant formula to be made up at the setting, this is checked to make sure it is in date and that the seal is not broken, then labelled with the child's name.
- Parents must not send in bottles containing pre-boiled and cooled water ready for formula to be added. They should instead send in empty, sterilised bottles in accordance with current NHS guidance on the preparation of formula milk.
- If parents are providing formula milk already made up at home, or breast milk, it should already be made up into sterilised bottles and clearly labelled with the child's name.
- Parents are advised to follow the manufacturer's guidance and to transport the prepared feeds or breast milk in a cool bag. On arrival, feeds are taken out of the cool bag and put straight into the fridge.
- Made up feeds or breast milk is always used on the same day.
- In line with current Food Standards Agency guidance, parents are advised not to give toddlers and young children (ages 1 – 4.5 years) rice drinks as a substitute for breast milk, infant formula or cow's milk. Parents should speak to their child's health visitor for further guidance if their child has a milk intolerance and needs an alternative.
- A small store of infant formula is usually kept in case of emergency. This is regularly checked to make sure it is still in date. Parents are consulted before it is made up.
- If parents provide weaning cereals, these need to be checked to make sure they are in date and should be in unopened packets. These are labelled with the child's name.
- Parents are informed that they should not bring in food that contains nuts. Staff check packets to make sure they do not contain nuts or nut products.
- Packaged baby cereal is kept in plastic airtight containers to prevent contamination and to ensure freshness.

#### Preparation

- Members of staff wash hands before or on entering the milk kitchen.
- Preparation of feeds and weaning food is restricted to key persons or co-workers; other staff/students preparing food are supervised by a permanent staff member or key person.
- All weaning foods provided by the setting i.e. bread, cakes, biscuits, cheese and any foods in the 14 allergens list are identified and listed on children's menus.
- Scoops of milk are levelled off with a knife to make sure they are the correct amount.



- All water is boiled first before making milk feed, mixing food or preparing a drink for all babies under one year and should be allowed to cool for no more than 30 minutes. Water that has already been boiled once should not be boiled again.
- Water given to babies over 6 months old as a drink does not need to be boiled first, for babies under 6 months the above guidance applies.
- Bottles are cooled under cold running water and the temperature checked on the inside of an adult's wrist to ensure that it is body temperature, which means it should feel warm or cool but not hot.
- Only sterilised bottles, spoons, plates are to be used for babies under one year and these are to be kept in the milk kitchen.
- Vinyl gloves are used to prepare milk feeds or weaning food for babies.
- Raw fruit or vegetables given to babies are washed, peeled, cut or blended.
- Finger foods, such as rusks, are served in a dish.
- Babies are slowly introduced to food in the setting so that by approximately one year of age they are fully weaned according to need.

Further guidance on making up bottles in advance for use at the setting can be found at: [www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/formula-milk-questions/](http://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/bottle-feeding/formula-milk-questions/)

Guidance for the storage of breast milk is available from: [www.nhs.uk/start4life/baby/feeding-your-baby/breastfeeding/expressing-your-breast-milk/storing-breast-milk/](http://www.nhs.uk/start4life/baby/feeding-your-baby/breastfeeding/expressing-your-breast-milk/storing-breast-milk/)



## 03 Food safety and nutrition procedures

### 03.4 Menu planning and nutrition

Food supplied for children provides a healthy and balanced diet for healthy growth and development. Foods that contain any of 14 allergens identified by the FSA are identified on menus. The setting follows dietary guidance to promote health and reduce risk of disease caused by unhealthy eating. When planning menus, the setting manager and cook ensure that:

- Parents and staff are able to contribute ideas for menus which are confirmed each week in advance. A four- to six-week cycle reviewed seasonally is a good way of working out menus.
- Menus reflect children's cultural backgrounds, religious restrictions and the food preferences of some ethnic groups.
- Menus are clearly displayed so that parents and staff know what is being provided.
- Foods that contain any of the 14 major allergens are identified on the menu that is displayed for parents.
- Parents must share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person.
- Key persons regularly share information about the children's levels of appetite and enjoyment of food with parents.
- Staff refer to the Eat Better, Start Better (Action for Children 2017) [Eat Better, Start Better - Foundation Years](#).
- The cook maintains a record of children's dietary needs in a Food Allergy and Dietary Needs folder.

#### **Pre-prepared cook chilled meals and hot meals from suppliers**

If the setting uses a food supplier to provide either hot meals prepared off site or chilled/frozen meals to be heated on site, the supplier's instructions for safe storage, heating and serving must be followed.

- Ingredients are checked to identify allergens (this will be clearly indicated on packaging).
- A temperature probe is used to check that cook chilled foods are heated correctly.
- Foods delivered hot are checked as above.
- Foods are served within the time stipulated by the supplier.
- Left-overs are not kept and reheated for another day.
- The guidance in Safer Food Better Business (Food Standards Agency 2020) is followed at all times.

#### **Packed lunches**



Where children have packed lunches, staff promote healthy eating, ensuring that parents are given advice and information about what is appropriate content for a child's lunch box. Parents are also advised to take measures to ensure children's lunch box contents remain cool i.e. ice packs, as the setting may not have facilities for refrigerated storage.





## 03 Food safety and nutrition procedures

### 03.5 Meeting dietary requirements

Snack and mealtimes are an important part of the day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We aim to provide nutritious food, which meets the children's individual dietary needs and preferences.

- Staff discuss and record children's dietary needs, allergies and any ethnic or cultural food preferences with their parents.
- If a child has a known food allergy, procedure 04.4 Allergies and food intolerance is followed.
- Staff record information about each child's dietary needs in the individual child's registration form; parents sign the form to signify that it is correct.
- Up-to-date information about individual children's dietary needs is displayed so that all staff and volunteers are fully informed.
- Staff ensure that children receive only food and drink that is consistent with their dietary needs and cultural or ethnic preferences, as well as their parent's wishes.
- The menus of meal and snacks are displayed on the parent notice board for parents to view. Foods that contain any food allergens are identified.
- Staff aim to include food diets from children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- Through on-going discussion with parents and research reading by staff, staff obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, as well as about food allergies. Staff take account of this information when providing food and drink.
- Staff provide a vegetarian alternative when meat and fish are offered and make every effort to ensure Halal meat or Kosher food is available to children who require it.
- Where it is not possible to source and provide Halal meat or Kosher food, a vegetarian option is available; this will be discussed and agreed with parents at the time of the child's registration.
- All staff show sensitivity in providing for children's diets, allergies and cultural or ethnic food preferences. A child's diet or allergy is never used as a label for the child, they are not made to feel 'singled out' because of their diet, allergy or cultural/ethnic food preferences.
- Fresh drinking water is available throughout the day. Staff inform children how to obtain the drinking water and that they can ask for water at any time during the day.
- Meal and snack times are organised as social occasions.



## **Fussy/faddy eating**

- Children who are showing signs of 'fussy or faddy eating' are not forced to eat anything they do not want to.
- Staff recognise the signs that a child has had enough and remove uneaten food without comment.
- Children are not made to stay at the table after others have left if they refuse to eat certain items of food.
- Staff work in partnership with parents to support them with children who are showing signs of 'faddy or fussy eating' and sign post them to further advice, for example, How to Manage Simple Faddy Eating in Toddlers (Infant & Toddler Forum) <https://infantandtoddlerforum.org/health-and-childcare-professionals/factsheets/>



## 03 Food safety and nutrition procedures

### 03.6 Breast feeding

We recognise the important benefits of breastfeeding for both mothers and their babies. All mothers have the right to make informed choices and staff will ensure that clear and impartial information is available to all mothers. Staff will fully support parent's choices.

We promote the Department of Health's recommendations on feeding infants, as follows.

- Breastmilk is the best form of nutrition for infants.
- Exclusive breastfeeding is recommended for the first six months (26 weeks) of an infant's life.
- Six months is the recommended age for the introduction of solid foods for infants.
- Breastfeeding (and/or breast milk substitutes, if used) should continue beyond the first six months, along with appropriate types and amounts of solid foods.

#### General

- Support is offered to promote and maximise the benefits of breastfeeding to new and expectant mothers attending the setting. Information is provided in the form of leaflets and 'signposting' to support groups and other sources of information.
- Publicity materials for bottle feeding and formula milk are not displayed within the setting.
- Mothers are enabled and supported to feed their babies within the setting. Every effort will be made for mothers who wish to feed their babies in private to do so.
- Toilet and baby changing areas are not offered as areas for breastfeeding as these cannot offer a hygienic environment.
- If a visitor to the setting objects to a mother breastfeeding, the 'complainant' will be moved to an area where s/he can no longer view the mother. The mother will not be disturbed.
- Staff co-operate with healthcare professionals and voluntary support groups to ensure a consistent approach to the promotion of breastfeeding benefits throughout the setting. This will be achieved by sharing of information and resources
- Staff do not discriminate against any mother in her chosen method of feeding and will not dictate choices to mothers

#### Further Information and resources

Breastfeeding and bottle-feeding advice (NHS) [www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/](http://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/)