

Mama Bear's Day Nursery			POLICY No: 05-417
Managing Food, Mealtimes, Allergies and Nutrition Policy <i>Reviewed 08/07/2026</i>			

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Introduction

The EYFS framework requires nursery settings to take all necessary steps to keep children safe and well. We ensure that all staff that are responsible for preparing and handling food within the nursery have completed appropriate food safety training to ensure they are competent to do so.

Children and Meal Times

Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious. Before a child is admitted to the setting the provider must also obtain information about any special dietary requirements, preferences and food allergies that the child has, and any special health requirements. Fresh drinking water must be available and accessible at all times. Providers must record and act on information from parents and carers about a child's dietary needs.

There must be an area which is adequately equipped to provide healthy meals, snacks and drinks for children as necessary. There must be suitable facilities for the hygienic preparation of food for children.

We realise the importance that food plays in growth and development with children. Our Menu's provide a variety of meals, whilst maintaining the highest standards. Menus are rotated on a four weekly seasonal basis.

Mealtimes at the Nursery are encouraged to be a happy and social occasion for the children and staff.

Staff will respect cultural differences in eating habits and any special dietary requirements arising through preferences, clinical diets and religious / cultural backgrounds.

Staff will promote good manners through:

- Children are encouraged to develop and promote their independence skills where possible by helping to self-serve meals, and pour their own drinks where developmentally appropriate to do so, with the support of staff being close by.
- Children are encouraged to say "please" and "thank you".
- Children are encouraged to sit at tables during mealtimes. Conversation is encouraged with staff being positive role models.
- Children are encouraged to use their cutlery (appropriate tools) in the appropriate way.
- Children will be encouraged take turns at laying the table.
- Children will be encouraged to scrape their own plates at the end of the meal and to place cutlery and crockery in receptacles for returning to the kitchen. (age appropriate)

All children have their own placemat, which is used for all meals and snacks. The placemat has the child's photograph as well as information relating to their diet and any children with food allergies or intolerances or any other dietary requirement have an orange placemat. No child should be eating without their placemat – this includes all meals, snacks and any food tasting activities.

- At all meal and snack times, there will always be a permanent member of staff from that room supervising the children so someone knows the children well.
- The most senior staff member in the room at the time of serving meals / snacks will take the responsibility of managing children with allergies and ensuring they are served / supported to serve first – whilst ensuring they refer to the child's placemat and the recipe ingredient sheet and checking children's allergies / dietary requirements.

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- At all times when children are eating there will be a staff member present with full paediatric first Aid Training
- All staff are responsible for ensuring that they are aware of all children's dietary requirements.
- The Team Leaders for each room are responsible for ensuring all children have an up to date and relevant placemat.
- The Nursery Manager is responsible for monitoring and observing meal times to ensure all practices are fully implemented. The Nursery Manager is also responsible for ensuring all children's dietary information is correctly maintained and updated on Connect, shared with the Nursery Cook and that all rooms have the correct dietary information for all children at all times.
- At all meal and snack times, or whenever children are eating, every table must have a member of staff sitting with children who is responsible for that table and accountable for those children. The staff member should always be sat facing the children and not distracted by any other task when supervising children eating.
- Staff must never leave a table with children unattended whilst eating.
- While children are eating, staff must not participate in any other activity that might distract them from supervising the children in their care.
- Food of any kind, must not be placed on tables until a staff member is sitting with the children at the table to ensure effective supervision and to prevent children being able to access food without a staff member supervising.
- All staff are made aware of the signs and symptoms of a possible allergic reaction in case of an unknown or first reaction in a child. These may include a rash or hives, nausea, stomach pain, diarrhoea, itchy skin, runny eyes, shortness of breath, chest pain, swelling of the mouth and/or tongue, swelling of the airways to the lungs, wheezing and anaphylaxis.
- We ask parents to share all information about allergic reactions and allergies on their child's registration form and to inform staff of any allergies discovered after registration. Where a child has an allergy, an allergy care plan will be implemented.
- Where a child has a known allergy, the nursery manager will carry out a full allergy risk assessment with the parent prior to the child starting the nursery and/or following notification of a known allergy and this assessment is shared with all staff. This may involve displaying photos of the children along with their known allergies in the kitchen or nursery rooms, where applicable. The Risk Assessment and accompanying allergy care plan will be shared with the Nursery Cook and all staff.
- All food prepared for a child with a specific allergy is prepared in an area where there is no chance of contamination and served on equipment that has not been in contact with this specific food type, e.g. nuts, gluten
- The manager and parents must work together to ensure a child with specific food allergies receives no food at nursery that may harm them. This may include substituting specific meals on the current nursery menu. Parents should be provided with our current menu's and a discussion with the Nursery Manager must take place to discuss and record what the child can eat and what substitutions will be made – this must be recorded on the child's allergy care plan.
- Seating is monitored for children with allergies. Where deemed appropriate, staff will sit with children who have allergies and, where appropriate, staff will discuss food allergies with the children and the

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potential risks - The most senior staff member in the room at the time of serving meals / snacks will take the responsibility of managing children with allergies and ensuring they are served / supported to serve first – whilst ensuring they refer to the child's placemat and the recipe ingredient sheet and checking children's allergies / dietary requirements.

- If a child has an allergic reaction to food a paediatric first aid trained member of staff will act quickly and administer the appropriate treatment, where necessary. We will inform parents and record the information on an incident form.
- If an allergic reaction requires specialist treatment, e.g. an EpiPen, then at least two members of staff working directly with the child and the manager will receive specific medical training to be able to administer the treatment to each individual child.
- Children are encouraged to finish their food. Slow eaters will be given time and not rushed, and under no circumstances will food be taken away from a child who is slow.
- Children who do not finish their main course will still be offered dessert. Staff must never use food as a punishment or threaten not to give food / meals or a dessert.
- Any child who shows signs of distress will be treated sensitively and will have their food removed without undue fuss.

Health and Hygiene practices

- We Ensure that children practice personal hygiene before eating. Children should be encouraged to go to the bathroom and wash hands before mealtimes (and faces after lunch) for babies – the use of flannels is acceptable at the tables.
- Suitable sterilising equipment is provided for baby feeding equipment – all items are sterilised for all children under the age of 12 months.
- All food is stored, prepared and presented in a safe and hygienic environment.
- We also actively teach and role model good hygiene practices to children, such as not eating food that has fallen on the floor and washing their hands with soap and warm water before eating meals and snacks and after going to the toilet (and handling animals).
- Disinfectants and sanitisers must at least meet the requirements of one of the following standards: BS EN 1276 or BS EN 13697; or other standards that meet the same conditions and requirements.

Personal Hygiene

- It is essential that staff follow good personal hygiene practices.
- Staff should wash and dry their hands thoroughly using a recognised technique.
- It is very important that you and your staff wash hands before handling any foods, after going to the toilet, after touching raw meat/unwashed raw vegetables or touching surfaces that have come into contact with raw food.
- Staff must wear clean protective clothing when preparing foods and if this becomes soiled it is changed before handling foods. In a catering environment where staff may be preparing raw and ready to eat foods consecutively, such as during the cooking process, protective clothing may not need to be changed, but care should be taken to ensure clothing does not pose a risk of cross-contamination for ready to eat foods. For example, if you undertake and raw food preparation that results in food being

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splashed then the protective clothing should be changed before handling RTE foods.

We implement the Safer Food Better Business processes for Food safety and maintain records accordingly.

General Rules for Food Hygiene:

Each staff member will be made aware of the "10 Golden Rules of Food Hygiene", which are:

1. Always wash your hands before handling food and after using the toilet
2. Tell your Manager at once of any skin, nose, throat or bowel trouble.
3. Ensure that cuts and sores are covered with waterproof dressings.
4. Keep yourself clean and wear clean clothing. Never cough or sneeze over food.
5. Do not smoke in a food room; it is illegal and dangerous.
6. Clean as you go; keep all equipment and surfaces clean.
7. Prepare raw and cooked foods in separate areas. (see below re section on E-coli 0157) Keep food covered and either refrigerated or piping hot.
8. Keep your hands-off food as far as possible.
9. Ensure waste food is disposed of properly. Keep the lid on the dustbin and wash your hands after putting food in it.
10. Tell your Manager if you cannot follow the rules.

The following additional rules will be enforced as a follow-up to the Declaration of Health & Medical Fitness and Return-to-Work Interview above respectively:

For Nursery Cooks / Staff responsible for the cooking and preparation of meals – if you are suffering from vomiting / diarrhoea you should not be at work. If you are already at work you **MUST** see your Manager immediately. If any members of your immediate family have an attack of vomiting / diarrhoea you must let your manager know. Under certain circumstances you may be asked to go off duty and to produce a doctor's certificate before returning to work; this is purely a safeguard to protect both your own health and that of the people who eat the food you handle.

Following on from the 10 Golden Rules of Food Hygiene (2.1 above), hands should be frequently washed with hot water and soap:

- immediately before starting work
- after visiting the toilet, or using your handkerchief
- after handling poultry, meat and raw fish
- after handling refuse and kitchen waste, and after cleaning procedures

Persons involved in handling food must limit the wearing of jewellery to plain gold rings. Bracelets, necklaces and earrings should not be worn unless covered by your protective clothing. Nail varnish must not be worn.

Your Personal Protective Clothing must always be worn on duty and then only within the confines of the nursery environment. Protective Clothing must be changed and laundered regularly. Do not travel to and from work in your Protective Clothing.

Shoes must be comfortable and fit well. They should be sturdy and as slip-free as possible. The following types of footwear are NOT suitable:

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- o High heels
- o Sandals, plimsolls and trainers
- o Fashion shoes and shoes without adequate means of fastening

Babies aged 0-6 months

In the first year of life, babies follow individual feeding and sleeping patterns that can regularly change. Early years settings should ask parents and/or carers about their baby's current pattern. These patterns should be kept consistent and should be part of the baby's care plan each day, wherever possible.

Nursery staff should be aware of the signs (feeding cues) a baby will show when they are hungry (e.g. mouth opening, puckering, smacking lips, or turning of head towards the bottle) and when they are full (e.g. milk spilling out of the mouth, closing mouth, head turning away, splayed fingers and toes, or pushing the bottle away in an older baby). Children should be fed responsively according to their needs. This means feeding children whenever they show signs that they are hungry, feeding at their own pace and using the cues that they are full. Never force a baby to finish a feed if they seem to be full. Overfeeding could upset their tummy, make them vomit or gain weight too quickly.

Breastfeeding

In the UK, exclusive breastfeeding is recommended for around the first 6 months of a baby's life with continued breastfeeding throughout the first year and beyond for as long as the parent or carer and baby wishes to continue.

NHS Start for Life has helpful information and advice on breastfeeding which nursery staff can signpost to parents.

Early years providers should support parents or carers wishing to continue breastfeeding and encourage them to provide breastmilk for their baby while attending the setting.

Supporting parents and/or carers to continue breastfeeding – we will:

- Provide a comfortable place to breastfeed within the setting
- signposting to evidence-based and expert information and support
- encourage parents and/or carers who wish to provide expressed breastmilk for
- their babies and children to do so.

The NHS provides information on safe storage of expressed breast milk.

<https://www.nhs.uk/best-start-in-life/baby/feeding-your-baby/>

Parents who are breastfeeding

We aim to make our mothers feel comfortable in our nursery should they wish to breastfeed their babies.

We will provide the mother with a comfortable seat, this could be anywhere in the nursery or somewhere more private such as the Nursery Office if requested.

We can provide hand washing facilities and access to refreshments.

We can store breastmilk brought in daily (expressed and in a sterilised bottle) in our fridge which will be labelled with our bottle labels. The babies feeding routine will be discussed with the parents upon

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registration and as any changes to requirements are made.

Storing breast milk

You can store breast milk in a sterilised container (Bottle) or in special breast milk storage bags: in the fridge for up to 8 days at 4C or lower – we request this is provided to the nursery daily.

Breast milk that's been cooled in the fridge can be carried in a cool bag with ice packs for up to 24 hours.

Defrosting frozen breast milk

It's best to defrost frozen breast milk slowly in the fridge before giving it to your baby as per NHS guidance – this is why we ask that all breast milk is provided fresh daily for the baby.

If it is provided to us frozen it can be defrosted by putting it in a jug of warm water or holding it under running warm water when the feed is required.

Once it's defrosted, we will use it straight away. Do not re-freeze milk that's been defrosted.

Once a baby has drunk from a bottle of breast milk it should be used within 1 hour and anything left over will be thrown away.

Warming breast milk

You can feed expressed milk straight from the fridge if your baby is happy to drink it cold. Or we can warm the milk to body temperature by putting the bottle in a jug of warm water, bottle warmer or holding it under running warm water. This will be discussed with you as part of your settle in sessions with the nursery.

We will never use a microwave to heat up or defrost breast milk. This can cause hot spots, which can burn baby's mouth.

Guidelines for preparation and storage of powdered infant formula

Infant formula

If a baby is not exclusively breastfed, then first infant formula (first milk) should be the addition, or alternative, to breastmilk for babies in the first year of life, unless an alternative milk has been prescribed by a doctor.

The NHS – Best Start in Life Website provides information on types of formula:

Good hygiene is very important when making up infant formula. Anyone preparing infant formula should wash their hands thoroughly and all bottles, teats and other equipment should be sterilised and drip-dried before use.

We follow NHS instructions on how to prepare the formula carefully.

Powdered infant formula is not sterile and therefore needs to be made up with water which is boiled and left to cool for no more than 30 minutes so that it stays at a temperature of at least 70°C to kill any harmful bacteria. We then let the made formula cool before it is given to a baby.

Making up a feed

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We use fresh water from the cold tap to fill our kettle every time we make up formula. We do not use water that has been previously boiled or artificially softened water.

Bottled water is not recommended to make up a feed as it is not sterile and may contain too much salt (sodium) or sulphate.

Making Bottles in Nursery : (Compliance with NHS Best Start In Life Guidance)

- Fill the kettle with at least 1 litre of fresh tap water from the cold tap (do not use water that has been boiled before).
- Boil the water. Then leave the water to cool in the kettle for no more than 30 minutes so that it remains at a temperature of at least 70C.
- Clean and disinfect the surface you are going to use. It's really important that you wash your hands to stop bacteria spreading.
- If you're using a cold-water steriliser, shake off any excess solution from the bottle and the teat, or rinse the bottle with cooled boiled water from the kettle (not the tap).
- Pour the correct amount of water into the bottle first. Double-check that the water level is correct.
- Add the ready measured out and supplied formula for each feed to the bottle containing the water.
- Holding the edge of the retaining ring, put it on the bottle and screw it in. Cover the teat with the cap and shake the bottle until the powder is dissolved.
- It is really important to cool the formula so it is not too hot to drink. Cool the formula by holding the bottom half of the bottle under cold running water. Move the bottle about under the tap to ensure even cooling or cool in a jug of cold water – but ensure the bottle is shaken to ensure no 'hot spots'
- Test the temperature of the infant formula on the inside of your wrist before giving it to the baby. It should be body temperature, which means it should feel warm or cool, but not hot.

If there is any made-up infant formula left in the bottle after a feed, throw it away.

Tips for preparing formula milk feeds

- The water to make up a feed needs to be boiled freshly each time. This is because the balance of minerals in previously boiled water might not be suitable for making formula milk.
- Formula milk powder isn't sterile and can contain bacteria. To kill any bacteria, the water temperature needs to be at least 70°C
- Too much powder can cause constipation and dehydration, and too little may mean the baby doesn't get the nourishment they need

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Preparing powdered feeds for later use: When a parent opts for this method

It is the length of time for which the reconstituted formula is stored that increases the risk of bacterial growth. Reducing the storage time will therefore reduce the risk. For example, when taking an infant to nursery and opting to make the feeds at home - the feed(s) must be made on the same morning before leaving home rather than the night before.'

We will accept feeds that parents have made that morning ahead of the days nursery session if that is what parents request and provide – whilst noting all guidance states that it is best to make the feeds up fresh for each feed.(this is to accommodate parent wishes who wish to prepare feeds themselves).

- Any feeds made up to be stored must be stored at the back of a fridge and used within 24 hours. (never stored in a fridge door)
- If stored at room temperature it must be used within 2 hours

Infant Formula in Nursery

- It is preferred that parents supply shop bought ready to feed formula in cartons which are clearly labelled with the child's name for consumption at nursery. The Nursery will then heat these prior to each feed in accordance to manufacturers instructions.
- Parents can also opt to supply the appropriate measured amount of powder formula in a small clean and dry container which is labelled with the child's name, date, measurement and name of formula (separate for each feed required throughout their nursery session) and supply sterilised bottles with the child's name and the number of ounces of water to be added, staff will then add the required amount of fresh boiling water at nursery and cool in accordance with guidelines as detailed in this policy
- Parents can also choose to bring in bottles ready made with powder formula that have been made that morning at home, it should be made and cooled for at least one hour at the back of a fridge. (these will be reheated using a bottle warmer and never in a microwave)
- All baby bottles in nursery must be handed to a member of staff and one of our bottle labels must be added by the person taking the feed which is fully completed by the staff member taking the feed and not must immediately be stored in the back of the fridge.

We will always follow the instructions on how to prepare the formula carefully. Adding too much powder to a feed can make a baby constipated and dehydrated; adding too little will mean insufficient energy and nutrients are provided.

One of our bottle labels must be placed on all bottles on arrival to the setting with the child's photograph, name, name / type of formula / fresh milk, time made at home and time placed in fridge. (this applies to all bottles regardless of drink / food contained in the bottle)

The bottle will be stored according to government guidance which states:

- The feed must be stored in a fridge at below 5oC, preferably between 2 and 4oC and will be stored at the back of the fridge and not in the door.
- The fridge temperature will be taken and recorded daily.
- Feeds must never be stored for more than 24 hours.

Re- warming stored feeds

- Only remove stored feeds from fridge just before it is needed
- Re-warm using a bottle warmer only to correct temperature
- It is our policy to record all feeds and amounts taken, parents/carers will be informed of this through our parentzone app daily

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Our processes are fully compliant with the NHS guidance as found on the link below.

<https://www.nhs.uk/best-start-in-life/baby/feeding-your-baby/bottle-feeding/>

Babies aged 6-12 months

Introducing solid foods or weaning

Introducing a baby to solid foods is sometimes called complementary feeding or weaning. This should start when a baby is around 6 months old in collaboration with parents and/or carers.

The introduction of solid foods should only start once a baby can:

- stay in a sitting position and support their own head
- coordinate their eyes, hands and mouth so they can look at their food, pick it up
- and put it in their mouth
- swallow food (rather than spit it back out).

Introducing solid foods helps a baby learn new skills such as chewing and biting. It also introduces new foods, flavours and textures to them. Babies develop at different rates.

Nursery Managers will have ongoing discussions with parents and/or carers about the stage their child is at in regard to introducing solid foods and assumptions must not be made based on age. This includes reaching agreement with parents and/or carers about when and how they want to start introducing solid foods.

All children who are starting the weaning process must have a completed Weaning Consultation Sheet completed with the child's parents so we can understand what foods they have been exploring at home and where they are in the food introduction process. This must be reviewed and updated regularly in accordance with any changes. The child must also have an up to date weaning placemat

The Weaning Process at Nursery

In Nursery, for children attending a full day session, we offer, breakfast, lunch and an afternoon tea as well as snacks as required.

Weaning is all about experimentation and fun and at this early stage babies are exploring new tastes and textures.

We have in place a weaning menu for children who are aged approximately 6-9 months. Parents with children who are weaning should have a consultation with their child's key person where this can be discussed.

For children who are weaning, parents have the choice to follow the weaning menu in nursery, to have food from the full nursery menu which is pureed or they can provide their own weaning foods – all information must be recorded on the Weaning Consultation sheet which then must be shared with the Nursery Cook and details added to the child's placemat.

Weaning Methods

When a child is ready to start weaning, (we will not implement any weaning until a baby is at least 6 months old) this is discussed with their key person and our Weaning Consultation Form is completed which details; what, if any programme of weaning is being followed, foods that have been introduced, and if the child suffers from any condition such as colic or gastro-oesophageal reflux after feeding.

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Baby Led Weaning

We actively support Baby Led Weaning in consultation with parents.

Baby led weaning, is a method allowing children to feed themselves from the very start of the weaning process, rather than taking a spoon offered by an adult.

Baby led weaning is a way of introducing solid foods by allowing babies to choose what they eat and feed themselves when they are ready. This means it is more likely to tie in with their ability to take food into their mouth, move it around and swallow safely.

It is often said that babies who can choose what to feed themselves have wider food tastes.

Our Baby Room Leader will also be happy to discuss this method with you as part of our weaning consultation as you baby starts the weaning process.

We record information about each child's dietary need and/or any food intolerances or allergies in our child registration form. All children's allergies / dietary requirements will also be noted on their individual placemat. It is the Nursery Mangers responsibility to ensure that this information is maintained up to date and amended on Connect without delay and updated information shared with the Nursery Cook and all Nursery staff.- This will also apply to all children commencing the weaning process.

Parents/ carers are responsible for informing us of any changes to their child's dietary requirements.

Practice within the Nursery

Parents/carers are able to provide 'bought' sealed baby weaning food products which are clearly labelled with their child's name if they 'opt out' of our nursery foods during the weaning period.

However, wherever possible, you should prepare food yourself from scratch and not provide pre made foods from shops such as puree pouches. This helps introduce babies to a range of appropriate flavours and textures.

We do not allow any other food stuffs to be brought in from home or for parents / carers to provide an alternative to Nursery Meals, however the Nursery will work with parents / carers in providing an alternative where required other than whilst the child is weaning, whilst adhering to the guidelines as set out in this policy.

If the child is having nursery food during the weaning process, the first stage of weaning (between 6 and 7 months) will be pureed fruit and vegetables (unless the parents have adopted the baby led weaning approach as detailed above)

The second stage (between 7 and 9 months) we will introduce small lumps (mashed)

The third stage (between 9 and 12 months) children will move from mashed to chopped foods and will generally have moved onto our nursery menu's fully by this stage.

For infants during the first two stages of weaning, we can follow our set menu, unless we are advised by parents/carers that the child may not eat or otherwise come into contact with them, for example due to an allergy, intolerance or religious reason.

It remains the responsibility of the parent to keep the nursery advised of any foodstuffs that a child may not have, using the forms provided, (Child Registration form, Weaning Consultation Form, Update of Details Form).

The Transition from purees to finger foods

Staff are aware that children develop and interest in food and their skills develop as they begin to move towards finger foods and away from pureed foods, However we acknowledge that during this process,

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especially in the early stages that children do not get their full sustenance from finger foods alone, therefore where finger foods are offered, staff will also offer children with a bowl of pureed food afterwards to ensure they have received a suitable meal.

Advance Planning

Nursery cooks should always ensure that there are a variety of suitable weaning foods, taken from our weaning menu frozen and available for use when children are attending the nursery who are at this stage. Frozen pureed foods should be stored for no longer than three months.

These should be frozen in small, individual portion sizes and labelled with a food label accordingly.

Food safety advice for children aged 5 years old and under

How to reduce the risk of choking:

The following is adhered to within our Nursery:

- Remove any stones or pips from fruit before serving
- Small foods including grapes, strawberries and cherry tomatoes are cut lengthways and into quarters before serving. Please note, we do not allow raw grapes in our settings (if using tinned fruit cocktail, the grapes should be removed)
- Large fruits including melon, and hard fruits and vegetables like raw apple and carrot are cut into slices rather than small chunks
- Raisins and sultanas should not be offered as a snack – but can be chopped up and added as an ingredient into foods (these can therefore be included in food items that have been cooked if chopped – we do not serve on their own as a snack)
- Soften hard fruit and vegetables (such as carrot and apple) and remove the skins when given to young children (from around 6 months)
- Sausages should be cut into thin strips rather than chunks and skins removed
- Any bones from meat or fish must be removed
- Nuts and whole seeds will not be given to children within the nursery as not recommended for any child under the age of 5 years. Please note we do not allow nuts or nut based drinks into the settings
- Cheese is cut into strips as opposed to chunks
- Popcorn is not permitted in the nursery setting
- Children are not given, marshmallows, jelly cubes or hard sweets whilst at nursery
- We do not serve rice cakes or breadsticks in the nurseries

All children are seated appropriately whilst eating at nursery and fully supervised by staff who sit with them and are never left alone whilst eating. Staff have completed paediatric first aid training and are familiar with first aid advice and practices relating to choking. Staff must also position themselves so they are facing children and can clearly see if a child begins to experience difficulties or choking.

Drinks in Nursery

The only drinks that are recommended for babies aged 6-12 months are:

- breast milk
- first infant formula
- water

Breast milk or infant formula milk should be the main drink of infants first year. Breast milk brought into nursery must be stored as per parent's wishes which must be provided in writing.

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First infant formula is suitable for new-borns and should always be the first formula to give baby until around 6 months. Follow-on formula is not suitable for infants under 6 months old and will not be given in the nursery until the infant has reached this age.

Whole cow's milk to drink will not be given in the nursery until a child reaches the age of 12 months. Thereafter cow's milk will be given routinely. (except in the instance of allergies).
Cooled, boiled tap water is freely available for children under 6 months in age, thereafter fresh drinking water will be made available at all times.

Avoid giving other milks that are labelled as being suitable for babies aged 6 months and over (for example 'follow on formula'). Research shows that switching to follow-on formula at 6 months has no benefits for the baby who can continue to have first infant formula as their main drink until they are 1 year old. Formula milks marketed for children aged 12 months and over (such as 'growing-up' milks and other 'toddler' milks) are also not necessary. Providers should discuss with parents and/or carers and recommend that these milks should only be used after consulting a qualified health professional for advice.

Babies should be offered sips of water during meal times from an open or free-flow cup without a valve. Open cups help babies learn to sip and are better for their teeth

We only provide fresh tap water and plain milk for children to drink as part of their nursery day. Fruit juice, smoothies, squash, fizzy drinks and flavoured milk, even when diluted contain lots of sugar and can cause tooth decay.

Children under the age of 5 years must not be given rice drinks, because of the level of arsenic they contain.

Unsweetened calcium- fortified, plant based drinks such as soya, oat and almond drinks should be avoided for children under the age of 12 months.

On occasion such as a special event – weak squash may be provided but consent is sought from parents / carers.

Foods to avoid - Babies should not eat: (under 12 months)

- Much salt, as it is not good for their kidneys. Do not add salt to food prepared for babies or cooking water. Stock cubes and gravy shouldn't be used either
- Any sugar. Avoiding sugary snacks and drinks including fruit juice can help prevent tooth decay
- foods that are high in saturated fat, salt and sugar like cakes, puddings, sweet and savoury pastries, biscuits, crisps, chocolate and other confectionery
- popcorn, raw jelly cubes, or whole nuts, which are all choking hazards
- honey (which should be avoided until 12 months) as it can contain bacteria that can make babies seriously unwell
- cheeses made from unpasteurised milk or mould-ripened soft cheeses, such as brie or camembert, or ripened goat's milk cheese and soft, blue-veined cheese, such as roquefort. There's a higher risk that these cheeses might carry a bacteria called listeria

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- raw and lightly cooked eggs (including uncooked cake mixture, homemade ice creams, homemade mayonnaise, or desserts) if you do not see a red lion with the words "British Lion Quality" on the box
- rice drinks as a substitute for breast milk or infant formula as they may contain too much arsenic
- slush ice drinks, sometimes known as slushies, as they may contain too much glycerol
- raw or lightly cooked shellfish, such as mussels, clams and oysters, which can risk of food poisoning

Portion size for children aged 1 to 5 years

A portion size for a child aged 1 to 5 is generally smaller than an adult portion. Portion size refers to 1 part of a meal. For example - 1 portion of vegetables alongside a portion of carbohydrates and a portion of protein could be 1 meal. There are no official guidelines on exactly how much food children need. Portions should be appropriate for a child's body size and appetite.

For toddlers, portion size is usually roughly the size of their clenched fist. About half a piece of fruit (cut appropriately) or a tablespoon of vegetables is a good portion size for a snack.

You should monitor a child's appetite and adjust portion sizes to make sure they get enough energy and nutrients. It can be helpful to start meals with small servings (they can always ask for more if they are still hungry).

You should avoid:

- making children finish everything on their plate or eat more than they want to
- offering rewards to children for finishing everything on their plate (e.g. stickers or dessert).

DfE's help for early years providers website has a guide to portion sizes. When serving food to children, always make sure to cut food to a size that's right for a child's size, age and stage of weaning. This helps avoid choking

Communicating with parents and/or carers

Working alongside parents and/or carers is essential to ensuring children are provided with healthy, balanced and nutritious food in the setting and at home. We will ensure clear communication with parents and/or carers about the setting's approach to food provision and children's food intake across the day. Ongoing discussions about the child's cultural and dietary needs are crucial in creating a safe and inclusive environment for all children to eat. Staff will play a central role in facilitating these conversations, helping to meet the dietary requirements of all children and supporting them in their development.

All settings have a menu board – displaying the current menus as well as allergen information relating to the meals and ingredients

Food brought in from home

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Other than already specified within the weaning section of this policy – we do not allow for children to bring in any of their own foods from home. This is due to our own hazard controls and risk assessments around managing children's allergies and intolerances.

Celebrations

Many families like to celebrate their child's birthday and other special events by bringing in a cake or sweets to the setting to share. To ensure all parent wishes are adhered to and to ensure we can effectively manage allergies – We will permit children to bring in shop bought Birthday cakes in their original packaging – however whilst we will celebrate the child's Birthday, the cake will be cut and sent home with children as opposed to eating it in the Nursery and then parents can decide if they would like their child to eat it.

Meeting the needs of all children

It's important that we cater for the cultural and dietary needs of the children in our care.

The most common dietary requirements in early years are:

Food allergies: Allergies to foods can cause serious reactions, including death.
Food intolerances: Food intolerances often cause stomach pain and discomfort.

Vegetarianism: A vegetarian won't eat meat of any kind, including fish. They also won't eat by-products of animal slaughter, such as gelatine. Most people who choose to be vegetarian do so for religious, health or moral reasons.

Veganism or eating a plant-based diet: A vegan is someone who eats a diet based on plants (such as vegetables, grains, legumes, nuts, seeds and fruits) and foods made from plants. Vegans don't eat foods derived wholly or partially from animals (such as meat, fish, eggs and honey). Some people refer to this as eating a plant-based diet.

Please note, due to our kitchens, food prep areas and suppliers we may not be able to adhere to a fully vegan menu – for children with this requirement we recommend a vegetarian diet and also dairy free options. This can be discussed with the child's parents / carers and through discussion of our menus – alternatives and substitutions can be agreed.

Pescetarianism: A pescetarian avoids meat but eats fish and seafood. They may also consume dairy and eggs. People choose this diet for health, environmental, or ethical reasons, believing fish is a more sustainable or ethical option than other meats.

Religious preferences: Some religions or faiths have strict dietary requirements. Although eating certain foods won't physically harm children, it is vital to respect their religious and cultural beliefs. Religious dietary requirements include (but are not limited to):

- only eating halal foods
- avoiding pork or beef
- keeping kosher
- eating specific foods only on certain days.

Please note, due to our kitchens and preparation areas as well as our suppliers it is not possible for us to cater for providing halal and kosher meats – therefore we recommend children with these dietary requirements opt for our vegetarian menus. This can be fully discussed with parents / carers and

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suitable alternatives / substitutions from our menu can be agreed.

Children with special dietary requirements may need specific foods excluded or included. It is important not to exclude foods from a child's diet without a valid reason as this may lead to unnecessary restrictions in their diet. Where a food is excluded from a child's diet we will consider substitutions and replacement ingredients.

We will create a safe and inclusive environment for all children to eat and children with special dietary requirements will be included in mealtimes with other children as far as possible. Only where a risk assessment concludes that a significant risk remains despite adequate training and supervision of meals and snacks times, would a child need to eat their meal separately to other children.

We will have ongoing discussions with parents and/or carers about their child's dietary needs. Parents and/or carers may assist by sharing guidance from healthcare professionals, and we will seek professional advice for menu planning when needed.

Food allergies

Food allergies can be life threatening conditions for some children and should be taken very seriously.

Food allergies develop when the body's immune system reacts against food proteins which it sees as invaders. It then releases chemicals to attack.

Before a child starts with us we obtain any information around known allergies, dietary preferences and any special dietary requirements and our menus are discussed with the child's parents / carers – where there are allergies or an intolerance, an Allergy Information Form is completed and an associated Allergy Intolerance Care Plan which is created with the child's key person and the parents / carers – this information is shared with the Nursery Cook and all staff and details are added to the child's individual placemat. The forms are reviewed regularly to ensure updated. The Nursery Manager is responsible for ensuring that all information is recorded on Connect and shared to all staff accordingly.

If a child develops an intolerance / allergy after starting with us the above will apply.

Safeguarding /Children's Allergies Management

- Dietary needs of each child must be checked regularly.
- Where a child has a known allergy – An Allergy Information Form must be completed by the parent, and shared with the staff working with the child as well as the Nursery Cook
- Where there is an allergy then an Allergy / Intolerance Care Plan must be completed and a Risk Assessment – these must be shared with all staff working with the child and the Nursery Cook
- Adequate knowledge must be held about the children in your care. Do not base this knowledge upon assumption.
- Individual child placemats must be put out at all meal and snack times – placemats should clearly show children's allergies, dietary needs and foods not to give babies under a certain age.
- Children are always closely supervised whilst eating and at all times a staff member must be sat with children and must be within sight and sound of all staff members. We also ensure at least one staff member has a current paediatric first aid certificate. Staff must position themselves so they can face children eating.

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- The most senior staff member in the room at the time of serving meals / snacks will take the responsibility of managing children with allergies and ensuring they are served / supported to serve first – whilst ensuring they refer to the child's placemat and the recipe ingredient sheet and checking children's allergies / dietary requirements.

Where there is a known allergy, we will not use foodstuffs that has the allergy listed within the ingredients of any product used for that child and the child will not be given this food within the nursery. However, packaging does sometimes state 'may contain traces of' and even though we have rigorous cleaning procedures 'traces' of the allergen may be present within the food preparation / kitchen areas. If this is not suitable for the child – such as in the event of a severe allergy, then this must be discussed with the nursery Manager who will put into place an Allergy Care Plan outlining any procedures for that child.

It is the parents' responsibility to ensure any changes to a child's allergies are notified in writing to the Nursery Manager. Upon receipt of this, the Nursery Manager must ensure that Connect is updated as well as completing any allergy information forms and allergy care plans. In addition, the Nursery Manager must ensure all nursery allergy lists and information is shared with the cook and all staff.

All persons responsible for the preparation of food and storage of food must be aware of all Food allergens.

Implementation

- Persons preparing each meal must ensure they always check allergen information and ingredients of each individual product. (all settings must also keep the product allergen information sheets to refer to)
- All items where possible must be kept in their original containers with the ingredients and allergen information. If this is not possible you must ensure that the ingredients and allergen information has been removed from the original packaging and placed on any containers etc. storing food. This applies to ALL opened items stored in something other than original packaging.
- When handling and preparing foods staff should consider the risk of cross contamination and ensure that our safe working practices are adhered to.

Allergen information must be made available to parents on request, Each setting must display a sign by their menus to state that 'Allergen information can be obtained by talking to a staff member'. A copy of the nursery's current allergen sheets must also be displayed on the menu board in each setting.

- Recipe and Allergen Ingredients Sheets must be used for all meals prepared in the Nursery – a copy of this must be provided to each room for each meal and staff are responsible for checking this to ensure children's dietary requirements are adhered to.

Allergen checklists

Each setting must have allergen checklists fully completed for their setting and these must be fully compliant with your chosen food supplier and ingredients and products purchased for your setting. It is the responsibility of the Nursery Manager to ensure these are fully accurate and up to date. A copy must be displayed on your menu board and you must also have a copy in your safer food better business packs and copies available on request for parents. These must be reviewed and updated

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when you receive any new products or substitutions etc on your shopping delivery.

These must also be referred to when preparing and cooking meals on site at the nursery for the children.

Where outside suppliers are used – they must supply their own version of the allergen sheets and you must have copies of these available on site and you must refer to these when serving the meals in the nursery.

The EU law has listed 14 allergens that need to be identified if they are used as an ingredient in a dish. We must provide information about the allergenic ingredients used in foods.

We must ensure we supply information for every food item on our menu that contains any of the 14 allergens as ingredients, these must be detailed on your Allergen Checklists.

The 14 Allergens

Celery

To include Celery stalks, leaves and celeriac. It is often found in celery salt, salads and some meat products, soups and stock cubes.

Cereals containing gluten

This includes wheat such as spelt and Khorasan wheat / Kamut, rye, barley and oats. It is often found in foods containing flour, such as some baking powders, batter, breadcrumbs, bread, cakes, cous cous, meat products, pasta, pastry, sauces, soups and foods dusted with flour.

Crustaceans

To include crabs, lobster, prawns and scampi.

Eggs

Found in cakes, some meat products, mayonnaise, mousses, pasta, quiche, sauces and foods glazed with egg.

Fish

Often found in fish sauces, pizzas, relishes, salad dressings, stock cubes and Worcestershire sauce.

Lupin

This includes lupin seeds and flour, this can be found in some types of bread, pastries and pasta.

Milk

Found in butter, cheese, cream, milk powders, and yoghurt. It is often found in products glazed with milk, powdered soups and sauces

Molluscs

This includes mussels, land snails, squid and whelks. It is often found in oyster sauce or as an ingredient in fish stews.

Mustard

This includes liquid mustard, mustard powder and mustard seeds. It is often found in breads, curries, marinades, meat products, salad dressing, sauces and soups.

Nuts

To include almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts, pistachio nuts, macadamia or queensland nuts. These can be found in breads, biscuits, crackers, desserts, ice cream, marzipan, nut oils and sauces.

Peanuts

Found in biscuits, cakes, curries, desserts and sauces such as satay. It is also found in groundnut oil and peanut flour.

Sesame seeds

This can be found in bread, breadsticks, houmous, sesame oil and tahini.

Soya

This can be found in beancurd, edamame beans, miso paste, textured soya protein, soya flour and tofu.

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It is often used in some deserts, ice cream, meat products, sauces and vegetarian products.

Sulphur dioxide

This is often used as a preservative in dried fruit, meat products, soft drinks and vegetables.

Allergen information must be made available to parents on request, each setting must display a sign by their menus to state that 'Allergen information can be obtained on request. (where we will provide copies of our allergen checklists to parents)

Allergies & Allergic Reactions

We aim to ensure allergic reactions are minimised or, where possible, prevented and that staff are fully aware of how to support a child who may be having an allergic reaction.

An allergic reaction can consist of one or more of the following:

Symptoms of an allergic reaction may include:

- coughing, wheezing, breathlessness, noisy breathing or a hoarse voice
- a red raised rash (hives)
- tingly or itchy feeling in the mouth
- sneezing or an itchy, runny or blocked nose
- stomach pain
- feeling sick or vomiting
- swelling of face, lips, tongue or eyes
- difficulty swallowing
- diarrhoea
- feeling dizzy or lightheaded
- pale or floppy
- suddenly sleepy
- collapse or unconscious

These symptoms can happen on their own or they may be present in a serious reaction.

A severe reaction called anaphylaxis or anaphylactic shock can occur. This is a medical emergency that can be life threatening and needs urgent treatment.

You should administer the child's autoinjector if they have one and then call 999.

You should use the child's second autoinjector if they have one if they haven't improved after 5 minutes.

A child who is showing signs of anaphylaxis should never walk to a new location. Where necessary, they should be carried to a suitable safe location away from an allergen (for example, if a food item was spilt in their vicinity).

In the event of a serious allergic reaction and a child needing transporting to hospital, The nursery manager or staff member will:

Call for an ambulance immediately if the allergic reaction is severe. Staff will not attempt to transport the sick child in their own vehicle

Ensure someone contacts the parents whilst waiting for the ambulance and arrange to meet them at the

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hospital

Arrange for the most appropriate member of staff to accompany the child, taking with them any relevant information such as registration forms, relevant medication sheets, medication and the child's comforter

Redeploy staff if necessary to ensure there is adequate staff deployment to care for the remaining children. This may mean temporarily grouping the children together

Inform The Operations Director immediately

Remain calm at all times and continue to comfort and reassure the child experiencing an allergic reaction. Children who witness the incident may also be well affected by it and may need lots of cuddles and reassurance. Staff may also require additional support following the incident

Where a serious incident occurs and a child requires hospital treatment, Ofsted will be informed.

We must advise Ofsted of all occasions where a child may have eaten a food which they are not permitted to have in nursery – this includes allergies and intolerances.

Children can develop allergies at any time, particularly during the introduction of solid foods (weaning). As children may be trying some foods for the first time in your care you must know how to recognise the signs and symptoms of an allergic reaction. If you suspect that a child has a food allergy, encourage parents and/or carers to seek advice and diagnosis from a doctor.

We must ensure we obtain all dietary information and allergy information from parents / carers before a child starts with us and we must have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop allergy action plans for managing any known food allergies and intolerances. This information must be kept up to date by the Nursery Manager and shared with all staff.

Nursery Managers alongside the Nursery Cook must ensure they adhere to safe storage of foodstuffs and always think about food allergies when food is being stored, delivered, sorted, prepared and cooked. Avoid mixing foods that are safe with those that can cause allergic reactions.

The Food Standards Agency has free food allergy training and an allergen checklist with tips on food allergy best-practice. All Nursery staff must complete this training as well as the Food Hygiene L2 Training.

Food intolerances

Food intolerance is different to food allergy and usually occurs when the body has difficulty digesting certain foods or ingredients in food. Intolerances do not involve the immune system and are not life threatening. Food intolerances cause unpleasant symptoms such as abdominal pain or discomfort, diarrhoea, bloating, constipation, red rash, itching or eczema flares.

Some common food intolerances include:

lactose intolerance (lactose is the sugar found in animal milk, e.g. cow's milk, goat's milk and sheep's milk and can be found in foods or drinks containing animal milk, e.g. yoghurt)

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gluten intolerance or sensitivity (gluten is a protein found in wheat, barley and rye). It is important to note that gluten intolerance is different to coeliac disease

The diagnosis of food intolerances can be challenging. If a food intolerance is suspected, you should work with parents and/or carers to keep a diary of foods eaten at the setting and at home and any symptoms experienced. This food diary can then be discussed with a health professional. This can be a useful way to highlight patterns between foods and symptoms.

If an allergy is suspected, the food should be avoided while parents and/or carers seek input from an appropriate health professional. However, it is important not to exclude foods from a child's diet without a valid reason as this can result in an unnecessarily restricted diet, which could have a negative impact on nutrition.

Coeliac disease

Coeliac disease is a common and serious autoimmune condition that can develop at any age. Children with coeliac disease have to strictly avoid foods containing gluten, e.g. ordinary wheat flour, bread, breakfast cereals, crackers, biscuits, pastry and pasta. Many packaged and processed foods contain gluten, e.g. some processed meats and fish, sausages and soups, and these need to also be avoided. Traces of gluten may also be found in foods where gluten is not an ingredient but where there has been cross contact of gluten containing foods. An example of this is oats. Oats do not contain gluten but can be contaminated by other cereals during production.

Food for religious faiths and beliefs

Children and their families may have specific food preferences or dietary needs according to cultural or religious beliefs.

Some families may exclude certain foods or only eat foods prepared or cooked in a particular way according to their religious faith. For example, some faith groups will follow a vegetarian diet due to both religious customs and personal choice.

Additionally, fasting is common in many religions, although younger children tend to be exempt. It is important to be aware how this may affect children at meal and snack times and ensure where possible that an inclusive approach is used.

We will engage in open communication with parents and/or carers to ensure that all food provided meets children's food preferences and dietary needs according to their religious faiths or beliefs. This is essential for creating an inclusive environment in the setting which can support children's wellbeing.

Children with additional support needs and other special diets

Some children may have specific dietary needs because of physical or developmental issues, which may affect their ability to eat independently, for example difficulty with swallowing. These children may need to have their food prepared in a particular way to make it easier to eat.

It is also important to consider children who may experience sensory needs in relation to foods, for example, sensitivity to textures, tastes or smells, which can lead to limited preferences or aversions towards specific foods.

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Any specific needs must be recorded and all staff made aware. This should also be noted on the child's placemat

As well as modifying the foods offered, some adaptations to the eating environment could also be made, wherever possible, as a way to support the child at mealtimes, e.g. limiting noise and other distractions, having a cloth to wipe hands if required and not pressuring the child to eat.

If a child requires a special diet for a medical reason not discussed above, it is important to have written confirmation from their qualified health professional about the nature of their specific needs so that their nutritional requirements can be achieved.

This information should be recorded, updated regularly and communicated to all staff involved in the preparing and handling of food.

For children on a special diet, the parents and/or carers and carers or registered dietitian should supply the nursery with details of the child's dietary needs. This will include suitable food choices for meals and snacks, foods that should be excluded or specifically included, or supplements that may be required.

It is important that all Nursery Staff are aware of and adhere to:

- each child's special dietary requirements including which foods or ingredients
- need to be avoided, and which should be included.
- food modification for particular children.
- how to balance safety and inclusion for each child.
- their responsibility in reducing risk, for example:
 - preparing and serving meals and snacks, making sure each child receives the correct food
 - avoiding art/craft or other activities involving foods that a child is allergic to, for example, play dough or pasta (wheat/gluten), birdseed or music shakers (nuts or pulses) – please also refer to the Food Play Policy
 - supervising children appropriately at mealtimes to avoid food sharing and cross contact
 - taking care with celebrations (e.g. birthdays, festivals or holidays) where foods are brought in from home and shared by providers or parents and/or carers (we will send these foods home and not allow children to consume in the nursery)
 - informing all parents and/or carers of the potential risk of foods brought from home for other children
 - encouraging children with food allergies to ask about what is in the food that is offered to them (where age / developmental appropriate)
 - warning signs or symptoms to look out for in the case of food allergies or intolerances
 - which children have allergy action plans in place, how to access these and follow the procedures described within them, including action to take in case of an emergency and correct administration of prescribed medication.

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All staff undergo our full induction according to role.

All staff must complete the Level 2 Food Hygiene Training

All staff must complete the Allergen Training

Staff must receive any specific training that may be required for any individual child or needs within the setting

All staff must receive Paediatric First Aid Training

Summary of safe working procedures: (Kitchen / Food Preparation Areas)

The kitchen area should be divided into 3 sections for ease of food handling and hygiene control:

- (1) Food Preparation
- (2) Cooking
- (3) Serving

Cross-contamination between raw and cooked meats must be prevented by the use of separately designated and segregated work areas and cutting boards. (see below re section on E-coli 0157)

equipment such as food processor and blenders must not be used for raw and cooked meats. Raw vegetables must be washed and peeled prior to processing in complex equipment.

Proper defrosting times should be observed for all frozen foods, particularly poultry which is prone to harbouring pathogens. A specific area of the kitchen should be designated for defrosting of food under hygienic conditions without risk of cross-contamination.

Cloths used for wiping surfaces must be disposable and single-use. Washable cloths should not be used. The use of drying towels for kitchen utensils should be avoided; drying by evaporation (such as in automatic dishwasher) is acceptable.

For each meal that is cooked on the premises, a small sample must be kept daily and frozen and kept for a period of one month. This needs to be labelled the date, the food contained within (meal name) and the date to be disposed of (one month later). This is incase samples are requested should there be any cases of suspected food poisoning or required for any allergen testing etc.

All settings adhere to Safer Food Better Business and ensure all required documentation and paperwork is completed.

The Nursery Manager is responsible for completing the 4 weekly Management checks of the Safer Food Better Business Management System and for checking full compliance and completion of all required food safety management documentation.

E-Coli

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Each setting must download the guidance from www.food.gov.uk/businessindustry/guidancenotes/hygguid/ecoliguide and make this available within their Safer Food Better Business file and ensure it features as part of all new staff induction.

Management Controls (Nursery Manager)

- To oversee shopping and management of Cooks.
- completed Risk Assessments (allergies)
- completed Allergy Information Forms
- Completed Allergy intolerance / care plans
- ensure all staff have read and signed off risk assessments
- Management need to ensure they are present in rooms during meal times and should be checking that staff are following policy and good hygiene procedures such as, children washing hands before meals, ensuring children have assisted with laying tables, that children are serving themselves' pouring own drinks and helping to clear away after meals (age and stage appropriate).
- Management also need to monitor that there is sufficient food and just as important that there is not too much, resulting in excess waste.
- Management need to ensure that staff are sitting with children at mealtimes and that they are modeling positive interactions.
- Completion of 4 week monitoring management checks within Safer Food Better Business
- Ensure Connect is accurately maintained with children's dietary requirements and that information is shared with the Nursery Cook and all staff
- Ensure all children have the correct and up to date placemats
- Full compliance with this Policy and Procedures