

Mealtime & Food Safety Policy

Updated: 14th May 2026

Contents

Intention.....	4
Legislative context.....	4
Legal guidelines and frameworks.....	4
Legal duties.....	4
Definition of terms used in this policy.....	4
Anaphylaxis.....	4
Dietary need.....	5
Food allergy.....	5
Food intolerance.....	5
Dietary requirement.....	5
Dietary preference.....	5
Two-step cleaning.....	5
Serving Area.....	5
Prep Kitchen.....	6
High risk foods.....	6
Low risk foods.....	6
Roles and responsibilities.....	6
What children eat at the nursery.....	7
What children drink at the nursery.....	8
What children have for snack at the nursery.....	8
Meal timings at the nursery.....	8
Working with key stakeholders to improve mealtimes.....	8
Guidance for practitioners on what children should eat: the 5-5-3-2 rule.....	9
Guidance for practitioners on portion size.....	9
Requirements for parents/carers to share information about their child’s dietary needs.....	10
Making reasonable adjustments for children with dietary needs.....	11
Procedures and practice in place for managing dietary needs.....	11
Room Level Dietary Need Poster.....	11
Whole Nursery Dietary Need Poster.....	11
Food handover procedure.....	12
Printed Family registers.....	14
Coloured tableware for children with dietary needs.....	14

Minimising cross-contamination.....	14
Keeping staff updated on dietary needs.....	14
Operating as a nut-free setting.....	14
Training.....	14
Restrictions for parents/carers on bringing food into the nursery.....	14
Requirements for parents/carers when bringing cakes or treats into the nursery.....	15
Guidance for practitioners on using mealtimes as learning opportunities.....	15
Guidance for practitioners on using mealtimes to promote independence.....	15
Guidance for practitioners on what to record at mealtimes.....	16
Supporting selective eaters.....	16
Supervision requirements during mealtimes.....	17
Example of different table arrangements to support mealtime supervision.....	19
Food safety guidelines for practitioners.....	20
Designated food preparation areas.....	20
Designated eating areas.....	20
Preparing food to minimise the risk of choking.....	20
Handling raw foods to minimise the risk of food poisoning.....	20
Cleaning.....	21
Handwashing and the use of Personal Protective Equipment (PPE).....	21
Cleaning dishes.....	21
Food storage.....	22
Temperature requirements for hot food cooked at the nursery.....	22
How to perform a temperature check on hot foods.....	22
Temperature requirements for hot food delivered from external suppliers.....	23
Holding hot food.....	23
Reheating food.....	23
Requirements for storing chilled food at the nursery.....	24
Requirements for storing frozen food at the nursery.....	24
How to perform a temperature check on chilled and frozen foods.....	24
Temperature requirements for chilled and frozen food deliveries.....	25
Fridge and freezer temperatures.....	25
Probe calibration.....	26
Handwashing.....	26
Laundry.....	27
Clothing and jewellery requirements for food preparation and serving.....	27
Personal hygiene requirements for food preparation and serving.....	27

Pest control.....	28
Food safety checks and reports.....	28
Guidance for practitioners on how to sterilise baby bottles.....	28
Before sterilising.....	28
Sterilising.....	29
Cold water sterilising solution.....	29
Sterilising by boiling.....	29
Sterilising by using an electric steriliser or microwave steriliser.....	29
After sterilising.....	29
Guidance for practitioners on storing baby formula.....	29
Information for parents/carers bringing in pre-prepared powdered formula bottles.....	29
Guidance for practitioners on how to prepare a bottle of powdered baby formula.....	29
Breastfeeding at the nursery.....	30
Breastfeeding during drop-off and pick-up.....	30
Breastfeeding during the nursery day.....	30
Bringing breast milk into to the nursery.....	30
Requirements for parents/carers.....	30
How to store breast milk at the nursery.....	31
Guidance for practitioners on how to prepare a breast milk bottle.....	31
Bottle-feeding instructions for practitioners.....	31
Weaning.....	32
Requirements for parents/carers.....	32
Guidance for practitioners.....	32
Essential knowledge for staff from this policy.....	32
Training requirements.....	34
Monitoring and review.....	35
Further reading.....	35

Intention

This policy outlines our commitment to providing a safe, nutritious, and enjoyable mealtime experience for all children in our care and should be read in conjunction with the settings Safer Food, Better Business folder.

We understand the importance of food in supporting children's growth, development, and overall well-being. By establishing clear guidelines and procedures for practitioners in their daily work, we aim to ensure that all meals and snacks served at our nursery meet the highest standards of food safety, hygiene, and nutritional value. Additionally, we strive to create a positive and inclusive mealtime environment where children can develop healthy eating habits, explore new foods, and build social skills.

Legislative context

Legal guidelines and frameworks

- Early Years Foundation Stage Statutory Framework, 2025 (EYFS)
- Early Years Foundation Stage Nutrition Guidance, 2025
- The Food Safety Act, 1990
- The Food Safety and Hygiene (England) Regulations 2013
- Health and Safety at Work Act, 1974

(HSWA) Legal duties

Early years providers have wide-ranging legal duties regarding mealtimes and food safety, primarily set out in the Early Years Foundation Stage (EYFS), but also under the Food Safety Act 1990 and The Food Safety and Hygiene (England) Regulations 2013. Providers must ensure that meals, snacks and drinks are healthy, balanced and nutritious, with fresh drinking water always available. Food must be prepared in hygienic facilities, and staff handling food must be competent and trained in food hygiene. The Food Safety Act and associated Regulations prohibit unsafe food practices and requires compliance with hygiene regulations.

Definition of terms used in this policy

Anaphylaxis

Anaphylaxis is a severe, life-threatening allergic reaction. Anaphylaxis is typically treated by administering a pre-prescribed adrenaline auto-injector (e.g., EpiPen). Symptoms of anaphylaxis happen very quickly and include:

- Difficulty breathing or breathing very fast
- Difficulty swallowing
- Wheezing, coughing or noisy breathing
- Feeling tired or confused
- Feeling faint, dizzy or fainting
- Skin that feels cold to the touch
- Swelling of the throat and/or tongue
- Collapsing or loss of consciousness

Dietary need

Any food allergy, intolerance, dietary requirement or dietary preference that the nursery must follow to ensure a child's safety or to respect the wishes of the parents/carers.

Food allergy

A food allergy is a reaction of the body's immune system to a substance that is typically harmless. When a person with an allergy is exposed to an allergen, their immune system mistakenly identifies it as a threat and produces an exaggerated response, which can lead to various symptoms ranging from mild to severe. Children can develop allergies at any time, especially during the introduction of solid foods.

Food intolerance

A food intolerance is a non-immune system reaction to a food or substance. It generally involves the digestive system and occurs when your body has trouble breaking down or digesting a particular ingredient. While the symptoms of an intolerance can be uncomfortable, they are typically less severe than those of an allergy and are not life-threatening. The differences between an allergy and an intolerance are:

- An allergy is an immune system reaction; an intolerance is a digestive system reaction
- Allergy symptoms can range from mild to severe, including the risk of anaphylaxis. Intolerance symptoms are generally less severe and related to digestive issues
- An individual with an intolerance can often consume small amounts of the food without a reaction. With an allergy, even a tiny, trace amount can trigger a severe response

Dietary requirement

A dietary requirement is a specific need or restriction in what a person can eat or drink due to health, medical, or additional needs. For example, a child with coeliac disease must follow a gluten-free diet, a child with diabetes may need to control their sugar intake, and a child with additional needs may have sensory sensitivities to textures, tastes, or smells that cause strong preferences or aversions.

Dietary preference

A dietary preference is a choice or restriction in diet based on personal, cultural, or religious reasons rather than medical need. For instance, some people may choose to follow a vegetarian or vegan diet, while others may eat only halal or kosher food in line with their faith. Preferences may also include avoiding certain foods due to taste or lifestyle choices.

Two-step cleaning

Two-step cleaning is the process of first cleaning with warm soapy water to remove dirt, food debris, and grease, followed by sanitising the same surface with an appropriate disinfectant to kill bacteria and viruses. The disinfectant should be left on the surface for the contact time stated in the manufacturer's instructions before wiping or rinsing. Both steps are necessary to ensure surfaces are hygienically safe.

Serving Area

A Serving Area is a work surface in a nursery room that is used for food preparation tasks such as chopping fruit, plating meals, or setting up food for self-service.

Prep Kitchen

A Prep Kitchen is where cooking and/or reheating is carried out regularly.

High risk foods

High-risk foods provide ideal conditions for harmful bacteria to grow and multiply. These foods can easily become contaminated and are more likely to cause food poisoning if they are not stored or handled properly. Examples of high-risk foods include:

- Cooked meat and poultry
- Cooked starchy foods such as pasta
- Cooked rice
- Dairy products such as yogurt
- Egg-based foods such as quiche
- Seafood and fish
- Prepared fruit

salads Low risk foods

Low-risk foods can be safely stored at room temperature and are less likely to become contaminated. They typically have a lower moisture content or higher acidity, which helps prevent bacteria from multiplying quickly. Many low-risk foods are stored in tins or jars, or contain ingredients like salt, vinegar, or lemon juice that act as natural preservatives.

Examples of low-risk foods include:

- Baked goods such as bread
- Whole fruits and vegetables
- Jams and preserves
- Dry products such as crackers

Roles and responsibilities

The table below outlines the roles and responsibilities of staff members during mealtimes and snack times. While roles must be clearly agreed before the mealtime begins, they are not fixed and may need to change during the routine. If any role changes part-way through the mealtime (for example, if the Designated Mealtime Supervisor needs to step away) it must be clearly communicated who is taking over this role and for how long.

Role	Responsibility
Designated Mealtime Supervisor	A staff member who holds a valid paediatric first aid who supervises the children at all times while they are eating, ensuring that the children are within their field of vision and hearing at all times. Please refer to the Supervision requirements during mealtimes section for further information
Mealtime Runner	A staff member who supports supervision during mealtimes but can also carry out other necessary tasks, such as cleaning or taking children to the bathroom.

Role	Responsibility
	<p>Children must remain within hearing distance, but they do not need to be in the Mealtime Runner's direct field of vision</p> <p>Please refer to the Supervision requirements during mealtimes section for further information</p>
Food Preparer	<p>A staff member responsible for:</p> <ul style="list-style-type: none"> • Preparing meals/snacks, such as cooking, chopping, and portioning, ready to be safely served to the children • Preparing food in a way that prevents cross-contamination • Ensuring the correct meals/snacks are prepared according to each child's dietary needs • Using the correct tableware to reflect any dietary needs <p>Please refer to the Food Handover Procedure for further information</p>
Food Server	<p>A staff member responsible for:</p> <ul style="list-style-type: none"> • Confirming meals/snacks have been correctly prepared safely according to the children's dietary needs, age, and stage of development • Confirming the correct tableware has been used to reflect any dietary needs • Ensuring all staff in the room know which children require specific meals/snacks • Ensuring the correct food is given to each child <p>Please refer to the Food Handover Procedure for further information</p>

What children eat at the nursery

The nursery plans its weekly menus with the following core values in mind:

Core value	Goal
Balanced nutrition	Provide children with a balanced diet that delivers the essential nutrients needed for healthy growth, development, and overall wellbeing. For further information see the Early Years Foundation Stage, Nutrition Guidance, 2025 and "Understanding portion sizes and what children should eat at nursery" later in this policy
Variety	Offer a variety of tastes and textures, helping children to enjoy food, explore new flavours, and develop positive eating habits
Food safety	Ensure menus are designed to accommodate allergies, food intolerances, dietary requirements and dietary preferences

Cultural diversity	Celebrate cultural diversity by incorporating dishes from various cuisines, introducing children to a world of flavours while fostering an appreciation for different traditions and cultures
--------------------	---

What children drink at the nursery

Milk and water are the standard drinks offered at the nursery. Milk options include whole milk, semi-skimmed cow's milk, or unsweetened calcium-fortified non-dairy alternatives; however, semi-skimmed cow's milk is only offered to children aged two years and over. For babies aged 6–12 months, the only recommended drinks are breast milk, first infant formula, or water.

If babies under 6 months are given water, for example on a hot day, it must always be cooled boiled water.

Children under 5 years old should not have rice drinks as a substitute for breast milk, infant formula or cows' milk as they may contain too much arsenic.

On special occasions or as part of educational activities, children may be offered a small serving of a special drink, such as freshly made fruit juice, a homemade smoothie, or squash. These drinks are provided only occasionally, either to mark a celebration or to support children's learning.

If a child has specific dietary requirements or sensory sensitivities that make it difficult or impossible for them to consume milk or water, alternative drinks may be served to ensure that the child's overall health and hydration needs are met.

Practitioners must ensure:

- Drinking water is accessible throughout the day
- Drinking water is refreshed (changed) regularly, especially during warmer weather
- Drinking water is accessible to children when they play outside
- Children can independently access drinking water when developmentally appropriate
- Children are encouraged to drink water regularly
- Drinking water is provided with all meals and snacks
- Drinkware is age appropriate for the children
- Drinkware is in good condition and cleaned before and after use

What children have for snack at the nursery

We follow these principles when selecting and serving snacks:

- Snacks are selected to contribute to children's overall nutritional needs
- We offer a wide range of snacks to expose children to diverse tastes and textures
- Snacks are tailored to the developmental stage of the children being served
- We prioritise whole foods and snacks with minimal added sugar, salt, and unhealthy fats

Meal timings at the nursery

Meals and snacks are scheduled at regular times, at least every 1.5 to 3 hours.

Working with key stakeholders to improve mealtimes

We welcome feedback from both children and parents/carers to help us continually improve our meal offerings. Parents/carers are encouraged to share their thoughts with us through Parent Questionnaires, email or informal conversations.

To promote transparency, our weekly menus are displayed in the nursery and/or shared via Family. Detailed allergen information for each meal can be provided on request.

Guidance for practitioners on what children should eat: the 5-5-3-2 rule

The “5-5-3-2” rule is a simple guide to the number of daily portions nursery-age children should have from each food group, as shown in the table and the example below:

The “5-5-3-2” rule			
5 portions of:	5 portions of:	3 portions of:	2 portions of:
Starchy foods	Fruit & vegetables	Dairy foods	Protein foods
<ul style="list-style-type: none"> • 1 portion should be offered at each meal and at some snack times • Provide wholegrain foods (e.g., wholemeal bread) at least three times a week 	<ul style="list-style-type: none"> • 1 portion should be offered at each meal and at some snack times • Provide a wide variety of different types • Children can eat larger portions if they wish 	<ul style="list-style-type: none"> • 3 portions should be offered daily • Only whole milk for under-2s • Non-dairy alternatives should be fortified with calcium and unsweetened • Rice milk is not suitable for young children due to its high arsenic levels 	<ul style="list-style-type: none"> • 2 portions should be offered daily; 3 for children who do not eat meat) • Oily fish (e.g., salmon) should be served at least once every three weeks • Portions of red meat and pulses should be served each week

Example menu incorporating the “5-5-3-2” rule					
Mealtime	Starchy foods	Fruit & veg	Dairy	Protein	Portions
Breakfast	Porridge oats	Banana slices	Milk		3
AM snack	Crackers	Apple wedges			2
Lunch	New potatoes	Peas	Yoghurt	Fishcakes	4
PM snack	Breadsticks	Cucumber			2
Tea	Noodles	Melon wedges	Cheese cubes	Chicken	4
Portions	5	5	3	2	15

Guidance for practitioners on portion size

A portion size is a single serving of a specific food group, like a portion of vegetables, carbohydrates, or protein, that together make up a meal. A good starting point for a child's portion size is the size of their clenched fist. However, because there are no official guidelines on exactly how much food a nursery-aged child requires, staff should factor in each child's individual body size and appetite. It is best to offer a smaller serving to begin with and then offer more if the child seems to still be hungry. Children should never be pressured to finish their meal or eat more than they want to.

Requirements for parents/carers to share information about their child's dietary needs

This section of the policy outlines the requirements for parents/carers to share information about any food allergies, intolerances, dietary requirements and/or dietary preferences that their child may have.

Requirement	Goal
Letting the nursery know about a child's dietary needs	<ul style="list-style-type: none"> • Parents/carers must use the Enrolment Form to specify any dietary needs their child may have • If a dietary need emerges after enrolment, parents/carers must inform the nursery in writing
Health Care Plans	<ul style="list-style-type: none"> • Parents/carers with a child with any food allergy, intolerance, or dietary requirement must complete a Health Care Plan • Health Care Plans must be reviewed at least every 6 months, but they must be reviewed sooner if there are any updates or changes • Parents/carers must ensure any changes to a child's dietary needs are shared with the nursery manager as soon as they occur • Note: if medication needs to be administered, it must be prescribed and brought into the nursery in accordance with the requirements outlined in the Sickness and Medication Policy
Dietary Preferences Form	<ul style="list-style-type: none"> • Parent/carers must complete a Dietary Preferences Form if the preference arises after enrolment • The management team will also ask parents/carers to complete this form if further details are needed beyond the information provided on the Enrolment Form
Letting the nursery know about a child's likes and dislikes	<ul style="list-style-type: none"> • Parents/carers must attend a Settling In session, in which information is gathered about dietary habits, likes and dislikes and the child's stage in the eating journey (e.g., whether they can use cutlery or feed themselves independently)
Letting the nursery know about your child's weaning journey	<ul style="list-style-type: none"> • Parents/carers must complete a Weaning Questionnaire either: <ul style="list-style-type: none"> ○ Before their child starts their weaning journey at the nursery or ○ Before their child starts at the nursery if they are due to start in the middle of their weaning journey • Parents/carers must keep the nursery updated with changes and progress to their child's weaning journey as soon as reasonably practical

Making reasonable adjustments for children with dietary needs

While the nursery is committed to making reasonable adjustments to accommodate children's dietary need so that all children are included safely and fairly in mealtimes, there are limits to the adjustments the nursery can provide. For example, the setting cannot always guarantee a completely allergen-free environment and may not be able to source highly specialised products or prepare food in ways that fall outside of safe or practical practice in a group childcare setting. In such cases, the nursery will be transparent with parents/carers to explore whether a safe and workable solution can be agreed. If it is not possible to meet the child's needs safely, the nursery may be unable to accept the child into the setting.

Procedures and practice in place for managing dietary needs

Room Level Dietary Need Poster

Room Level Dietary Need Posters must be displayed in each nursery room where food is served.

The poster must show all the children who are based in that room who have a dietary need (including food allergies, intolerances and dietary requirements and dietary preferences).

The poster must be checked every month and dated when it is reviewed. It should also show the date of the next review so everyone knows when the next check is due. If anything changes before the next review, the poster must be updated straight away, the old one replaced, and the whole team informed of the update.

For each child the following information must be present:

- The child's first name
- The child's photo
- The days they attend the setting
- The type of dietary need (allergy, intolerance, dietary requirement and/or preference)
- Their specific dietary need
- Any known symptoms if they come into contact with their restricted food
- Key emergency response steps that must be taken if they come into contact with their restricted food

Whole Nursery Dietary Need Poster

Whole Nursery Dietary Need Posters must be displayed in all Prep Kitchens unless the Prep Kitchen exclusively serves a specific room, in which case a Room Level Dietary Need Poster should be displayed. The poster must show all the children in the setting who have a dietary need (including food allergies and intolerances, dietary requirements and dietary preferences).

The poster must be checked every month and dated when it is reviewed. It should also show the date of the next review so everyone knows when the next check is due. If anything changes before the next review, the poster must be updated straight away, the old one replaced, and the whole team informed of the update.

For each child the following information must be present:

- The child's first and second name
- The room the child attends
- The days the child attends

- Their specific dietary need

- The type of dietary need (allergy, intolerance, dietary requirement and/or preference)
- Any known symptoms if they come into contact with their restricted food
- Key emergency response steps that must be taken if they come into contact with their restricted food

Food handover procedure

If the Food Preparer or Food Server needs to swap roles at any point, they must give a clear verbal handover to the staff member taking over before the procedure continues. It is the responsibility of the Food Preparer or Food Server who is stepping away to make sure this handover happens before they give up the role. Please refer to the visual on the following page for more details on how a food handover should take place.



Dietary Handover Procedure

Food Preparer:

- Prepares meals/snacks, such as cooking, chopping, and portioning, ready to be served to the children
- Prepares food in a way that prevents cross-contamination
- Ensures the correct meals/snacks are prepared according to each child's dietary needs Uses the correct tableware to reflect any dietary needs



Food Server:

- Confirms meals/snacks have been correctly prepared for the children's dietary needs Confirms the correct tableware has been used to reflect any dietary needs
- Ensures all staff in the room know which children require specific meals/snacks
- Ensures the correct food is given to each child

If the Food Preparer or Food Server needs to swap roles at any point, they must give a clear verbal handover to the staff member taking over. It is the responsibility of the Food Preparer or Food Server who is stepping away to make sure this handover happens before they give up the role.

Food preparation process begins



The Food Preparer collates a list of all children in attendance with a dietary need or preference who will be eating. This list should be created by reviewing the Whole Nursery Dietary Poster and communicating with senior staff within the rooms to ensure that any differences between the children highlighted on the poster and those in attendance is accounted for



If the food has been delivered by an external provider, the Food Preparer cross references the items that have arrived with the list of children with dietary needs or preferences to ensure that these align. If there are inconsistencies between the meals provided and those needed, the Food Preparer must raise this with the external provider and ensure that suitable alternatives are sourced for any child as required



The Food Preparer cooks or portions up the food, ensuring that no cross-contamination occurs which could expose children to food items they are restricted from having



The Food Preparer labels all meal options using stickers, documenting any allergens or restricted foods present within these. If a child has a specific alternative, their name can also be added to the sticker for clarity



The Food Preparer completes an additional check of all prepared meal options with the list of children in attendance to ensure that all children's needs are accounted for with a suitable meal



The Food Preparer contacts the Food Server either by bringing the prepared meal to them or Informing them that the food is ready for collection



The Food Preparer verbally confirms to the Food Server which items have been prepared, whether they contain any allergens or restricted food items (as per the labels attached), and anything that have been prepared for specific children



The Food Server brings the food to the children and communicate clearly to all other supporting staff in the room the food that has been prepared, detailing its allergens and any children with dietary requirements and what they should eat, e.g., "We've got vegetable lasagne which contains gluten and dairy. On red plates we have Noah who is vegetarian and can eat this. We also have Zachary and Willow who are dairy free and have a separate, dairy free lasagna which is in this dish, labelled with their names"

The Food Server coordinates with the supporting staff to prepare and dish up the children's meals according to their individual dietary needs and preferences, using the appropriate tableware for serving

All supervising staff who are supporting children throughout the mealtime period must ensure they have understood the instructions provided by the Food Server prior to them supporting children accessing their meals to ensure that miscommunications do not occur whilst children are eating



Mealtime begins



Printed Family registers

Printed daily registers generated from Family must be available in each room. These registers not only record attendance but also highlight the dietary needs of the children present on that day. They act as a second source of information alongside the dietary displays and are particularly useful because they are moveable. This means they can be taken with staff when children mix between rooms during quieter parts of the day or at certain times, ensuring dietary information is always accessible wherever the children are. The management team must ensure all dietary needs are inputted correctly into Family.

Coloured tableware for children with dietary needs or preference

To reduce the risk of error at mealtimes, children with specific dietary needs are provided with clearly identifiable red coloured plates, bowls, cups, and other tableware. All other children are provided with white alternatives. Children with a dietary need or preference should always be given the correct red coloured tableware at every mealtime regardless of whether the meals served contains their restricted food or not. This system acts as a visual safeguard, ensuring staff can quickly and easily distinguish between standard meals and those prepared to meet individual requirements.

Minimising cross-contamination

While every effort is made to avoid children feeling singled out, steps are also taken to minimise the risk of cross-contamination. Where necessary, this may mean seating children with higher-risk dietary needs next to others eating the same or a similar meal or setting up a separate table for the child. In these cases, a member of staff will sit alongside them to ensure they remain fully included in the mealtime experience.

Keeping staff updated on dietary needs

Whenever a child's dietary information changes, the management team must update the relevant dietary displays to reflect the new details. Staff working in a specific room, or who regularly support in that room when groups mix, must sign the room-level dietary display to confirm they have read and understood the update. Staff who prepare food across the nursery, or who are involved in delivering prepared meals to different rooms, must sign the whole-nursery dietary display.

Operating as a nut-free setting

The nursery is a nut-free space at all times, even when no children with nut allergies are currently enrolled. This approach recognises the potential severity of nut allergies and promotes a culture of vigilance and safety. This means that children and adults (including staff) must never bring or consume nuts or any products that contain nuts on nursery grounds at any time.

This also includes some plant-based alternatives to dairy products such as almond milk or topical creams and skincare products that may contain nuts.

Training

If a child has a prescribed adrenaline auto-injector (e.g., an EpiPen), any practitioner who may be tasked with administering it must be trained to use it. This training is typically included in Paediatric First Aid training.

Restrictions for parents/carers on bringing food into the nursery

Children are not allowed to bring food into the nursery, even if it remains in their possession or in their bags. If a parent/carer requires an exception to this for the benefit of their child's health and well-being, it must be discussed and agreed with the nursery beforehand.

Requirements for parents/carers when bringing cakes or treats into the nursery

Parents/carers must always seek permission from the nursery management team before bringing in cakes or treats. This permission must be confirmed in writing. In some cases, permission may not be granted, for example if a child in the class has a severe allergy that makes it unsafe to bring in cakes or treats. In such situations, the nursery will work with parents/ carers to agree on safe, alternative ways to celebrate birthdays. Similarly, where several birthdays or celebrations fall close together, we may choose non-food celebration methods to avoid children having too many sugary treats.

When permission is granted, the nursery will share an anonymised list of the classroom's dietary needs so parents/carers know which foods are suitable to bring. The final requirement is that parents/carers must provide a full ingredient list for any items brought in.¹

Guidance for practitioners on using mealtimes as learning opportunities

Mealtimes and snack times are valuable opportunities for learning and development. See the table below for examples of how mealtimes can be used to support different areas of learning:

Learning topic	Ideas for promoting learning
Learning about food	<ul style="list-style-type: none">• Link meals to books, stories, or themes (e.g. farms, shopping)• Grow simple foods like cress, herbs, or salad leaves• Talk about ingredients and how meals are prepared• Show whole versions of foods (good examples include unusual or visually striking items like swede, melon, pineapple, butternut squash, aubergine, or corn on the cob) to connect what's on the plate to where it comes from
Healthy eating and self-regulation	<ul style="list-style-type: none">• Discuss which foods help our bodies grow strong• Model balanced eating by serving a variety of foods• Encourage children to notice and respond to hunger and fullness cues
Social interaction	<ul style="list-style-type: none">• Model good table manners• Encourage turn-taking (e.g. serving or pouring drinks)• Use mealtimes for conversation• Praise respectful interactions
Sensory exploration	<ul style="list-style-type: none">• Offer foods with a range of textures, colours, and flavours• Encourage children to describe what they see, smell, taste, and feel
Cultural diversity	<ul style="list-style-type: none">• Share dishes from different cuisines• Celebrate cultural or religious festivals with traditional foods• Talk about customs linked to mealtimes• Involve families by inviting them to share recipes or photos from home

Guidance for practitioners on using mealtimes to promote independence

¹ Store-bought cakes or treats from reputable shops are preferable as they typically have clear

ingredient labels and allergen information

This section outlines our approach to supporting children’s independence at different developmental stages. The guidelines are structured around typical developmental stages, but it is important to remember that every child is unique and may develop at their own pace.

Age range	How to promote independence
0-12 months	<ul style="list-style-type: none"> • Encouraging exploration of textures and smells with safe, age-appropriate foods • Supporting self-regulation by responding to hunger and fullness cues • Providing opportunities to explore finger foods²
12-24 months	<ul style="list-style-type: none"> • Encouraging the use of cutlery with support from practitioners as needed • Providing food choices so children can express preferences and build agency • Encouraging handwashing or supporting children to wash their own hands • Giving opportunities for children to serve themselves
24-36 months	<ul style="list-style-type: none"> • Encouraging independent handwashing • Encouraging children to clear away dishes • Supporting children to serve themselves appropriate amounts of food and drink • Supporting children to choose what and how much to eat • Modelling how to recognise hunger and fullness cues
3-5 years	<ul style="list-style-type: none"> • Supporting children to manage mealtime routines with minimal support: <ul style="list-style-type: none"> ○ Setting the table ○ Self-serving ○ Clearing away dishes ○ Disposing of waste • Supporting children to recognise their own hunger and fullness cues

Guidance for practitioners on what to record at mealtimes

Practitioners must record all meals and drinks for children under two in the Family app³. Where staff capacity allows, practitioners should also record all meals for children over two.

If any child, regardless of age, has not eaten or drunk enough, this should be shared with parents/carers at handover.

Where information has not been recorded in the Family app, parents/carers may request this information at handover or through a Family message.

Notifying key stakeholders in the event of food poisoning

Parents/carers are informed of any food poisoning affecting two or more children at the setting as soon as reasonably practical. Ofsted must also be informed as soon as reasonably practical and in all cases within 14 days. Where applicable, we will also inform the relevant health agencies and follow any advice given.

Supporting selective eaters

² Only when developmentally ready and once parental consent has been obtained

³ For guidance on how this can be completed please see the Further Reading section of this policy

We recognise that some children may be selective eaters or may experience distress during mealtimes. Our approach is to remain calm, patient, and supportive. This may include:

- Removing food when a child shows distress, without fuss or pressure
- Offering food that is refused at snack or mealtime again later in the day⁴
- Adapting meals in texture or presentation, or providing an alternative
- Serving dessert to all children, regardless of whether they finish their main course

Supervision requirements during mealtimes

To promote a positive, safe and inclusive mealtime experience, staff must follow the below guidelines:

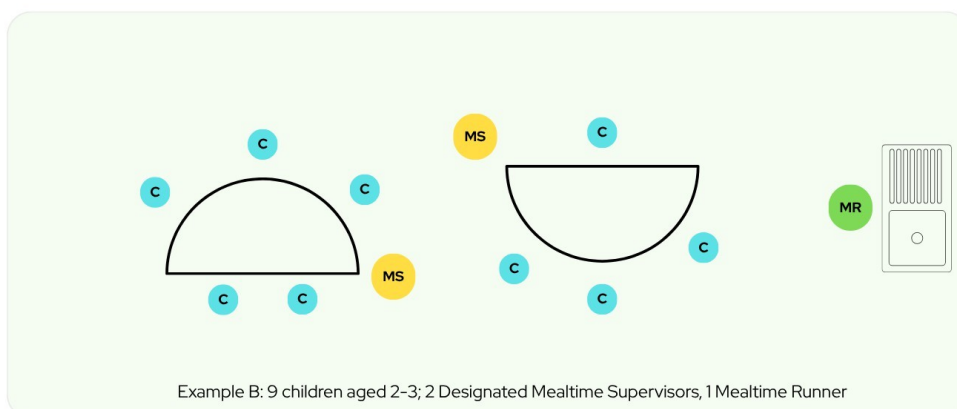
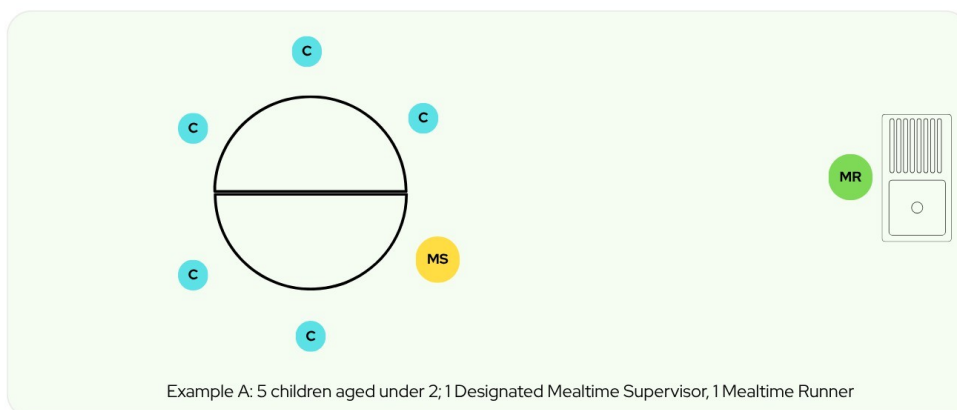
⁴As long as the food has been stored in line with safer food guidelines

Supervision requirements during snack and mealtimes	
MUST	Minimum ratio requirements must always be met during snack and mealtimes. Refer to the Ratio and Lone Working Policy for more details
	There must be a minimum of two staff members present during snack and mealtimes
	There must be at least one Designated Mealtime Supervisor and one Mealtime Runner during snack and mealtimes
	All children who are eating must be within the Designated Mealtime Supervisor's field of vision and hearing at all times. Field of vision refers to everything a staff member can see from where they are standing or sitting. If a Designated Mealtime Supervisor cannot see every child's face, they must move around the space to ensure each child is consistently observed. This is essential because signs of choking, allergic reactions, or cross-contamination can often be silent, so hearing alone cannot be relied upon
	The Designated Mealtime Supervisor must have a valid paediatric first aid certificate
	Mealtime Runners must stay within hearing distance of the mealtime group so they can provide emergency support if needed
	If the Designated Mealtime Supervisor cannot see all children's faces from one position, the Mealtime Runner must prioritise supporting supervision over any tasks that can safely wait until the children have finished eating
	The number of Designated Mealtime Supervisors should be dynamically assessed based on the needs of the children (such as age and allergies) and the layout of the room
SHOULD	Staff should actively engage with children and use mealtimes as learning opportunities
	Staff should model good table manners and a positive attitude toward healthy food choices. Negative comments about healthy food must be avoided, as they have the potential to influence children's attitudes and choices
	Staff should allow children to eat at their own pace
MUST NOT	Staff must never lone work during snack or mealtimes
	The Designated Mealtime Supervisor must never leave the children whilst they are eating (unless they have clearly handed over the role to another staff member who has agreed to take responsibility)
	Staff must not prepare or serve food until Food Safety training is completed
	Staff must not prepare or serve food until familiar with the children's dietary needs
	Staff must not consume unhealthy food or drink in the presence of the children or bring food into a room which contains any allergens prohibited in that space
	Staff must never bring hot drinks into rooms where there are children present

Example of different table arrangements to support mealtime supervision

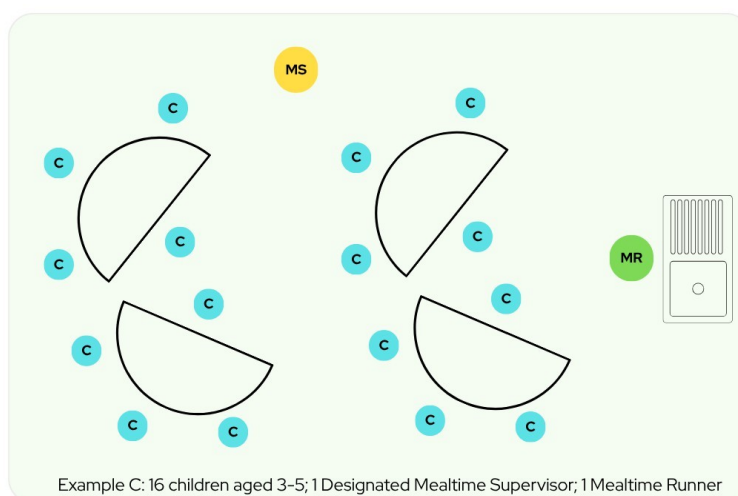
The table below provides examples of mealtime supervision arrangements that meet the requirements outlined above. These are not the only acceptable layouts; they simply illustrate possible ways the requirements can be met.

Mealtimes Supervision Table Arrangements



The Designated Mealtimes Supervisor cannot see every child's face so they must move around the room to ensure each child is consistently observed

The Designated Mealtimes Supervisor cannot see all children's faces from one position so the Mealtimes Runner must prioritise supporting supervision over any tasks that can safely wait until the children have finished eating



Food safety guidelines for practitioners

Designated food preparation areas

Food must be prepared in Prep Kitchens or designated Serving Areas within the nursery rooms. Designated eating areas

To reduce the risk of cross-contamination and potential accidents, children should only eat in designated eating areas where:

- Toys and other distractions are put away
- Walkways and floors are kept clear of bags, toys, and equipment to prevent trips
- Chairs, high-chairs and tables are stable, age-appropriate, and positioned safely

If food is eaten outdoors, for example for a picnic, enhanced supervision must be provided in line with the Outings Policy.

Preparing food to minimise the risk of choking

To promote safe food preparation, the Minoa Early Years Food Choking Hazards poster must be displayed in every room where food is prepared or served. Key practices that must be followed include:

- Always remove hard pips or stones from fruit
- Cut small round fruits like grapes and cherry tomatoes into quarters
- Cut vegetables like carrots, peppers, cucumber and celery into narrow batons
- Cut large fruits like melon, banana into slices, not small chunks
- Cut large fruits firm fruits like apple into slices, not small chunks
- Cut sausages into short strips; cut in half and then lengthways, or as thinly as possible
- Either grate cheese or cut it into short, narrow strips
- Bread, chapatis, naan bread and other breads should be cut into narrow strips
- Remove all bones from meat or fish
- Cut meat into strips as thinly as possible
- Do not give whole raisins or dried fruits to under-1s
- Never serve popcorn at the nursery

For guidance on what actions to take should a child experience a choking incident at the nursery, please see the Accidents and Incidents Policy.

Handling raw foods to minimise the risk of food poisoning

When handling raw foods (such as meat, poultry, fish and unwashed vegetables, salad and fruit) the following practices must be followed:

Do	Don't
Discard any ready-to-eat food that has been compromised by use on the same surface	Do not use the same worktop for raw food and ready-to-eat food without two-step cleaning in between
Discard any ready-to-eat food that has been	Do not use the same utensils or

compromised by uncleaned utensils or equipment	equipment for raw and ready-to-eat food without two-step cleaning or putting in the dishwasher
Do	Don't
Discard any ready-to-eat or cooked food that has come into contact with raw food or unwashed produce (or dripped onto)	Do not wash raw meat or poultry. Washing can spread harmful bacteria around the kitchen. Only thorough cooking kills it safely
Clean and disinfect the sink before washing fruit, vegetables, and salad	Do not serve food that may contain foreign objects (e.g. glass, packaging, stones from fruit)
Wash produce thoroughly under running water, cleanest items first	Do not wash produce in standing water

Cleaning

Two-step cleaning must be carried out at key times to prevent cross-contamination and maintain high standards of hygiene. All disinfectants and sanitisers used must meet the relevant standards (BS EN 1276 or BS EN 13697). The table below shows when this needs to be done. In addition, staff should apply common sense and professional judgement, for example, carrying out a two-step clean if packaging or waste has been left on a surface, even if it is not listed in the table.

What	When
Tables, surfaces, and chairs	Before and after mealtimes
Worktops and work surfaces	Before and after use
Chopping boards and utensils	Before and after handling any foods that other children must avoid because of dietary needs
Cleaning up accidents	As soon as they happen
The sink (including all taps/fittings)	After using to clean dishes or equipment
The fridge	Weekly clean or as required
Frequently touched surfaces and items ⁵	On a regular basis and at least daily

Handwashing and the use of Personal Protective Equipment (PPE)

After handling any foods that other children must avoid because of dietary needs, staff must wash their hands or alternatively put on new single-use PPE or wipe down and sanitise any

reusable PPE being used.

Cleaning dishes

Dishwashers are recommended as they wash items thoroughly at a high temperature. Dishwashers must not be overloaded. They must be inspected regularly to ensure they are in

⁵ Including worktops, sinks, taps, handles, switches, high-chairs, bin lids, stair-gate handles etc

good working order and serviced when required. When washing by hand, follow the below steps:

- Scrape or wipe off leftover food and debris
- Fill the basin with hot soapy water (detergent added)
- Place items into the hot soapy water
- Wash the dishes
- Drain the water
- Fill the basin with very hot clean water to rinse and disinfect the dishes⁶
- Allow items to air dry on a clean rack or dry with a single-use disposable kitchen towel
- Scrub thoroughly with a clean brush or sponge to remove grease and residue
- Store clean, dry items in a hygienic area, away from dirty

items Food storage

Safe food storage is essential to maintain freshness and reduce the risk of foodborne illness. The general requirements below apply to all storage locations, including dry stores, fridges, and freezers. Additional guidance is then set out specifically for fridges and freezers.

Storage area	Requirements
Anywhere food is stored including dry storage, fridges and freezers	<ul style="list-style-type: none"> • Keep food containing allergens separate from other food • Clearly label allergen-free food and ingredients • Follow the "first in, first out" (FIFO) principle to use older stock first • Label opened packages with the date opened and the use-by date • Wrap or containerise food securely once opened • Never store food on the floor and keep out of direct heat or sunlight
Fridge	<ul style="list-style-type: none"> • Store raw and ready-to-eat food separately • Store raw meat, poultry, fish, and eggs below ready-to-eat food • Store unwashed produce above raw meat • Store unwashed produce separate from ready-to-eat food • Cover cooked and ready-to-eat food at all times
Freezer	<ul style="list-style-type: none"> • Clearly label and date all items before freezing • Do not refreeze food once it has been defrosted

Temperature requirements for hot food cooked at the nursery

Before serving, all hot food must be checked to confirm it has reached a safe temperature. Food is considered safe to serve when it reaches a core temperature of 75°C for 30 seconds.

How to perform a temperature check on hot foods

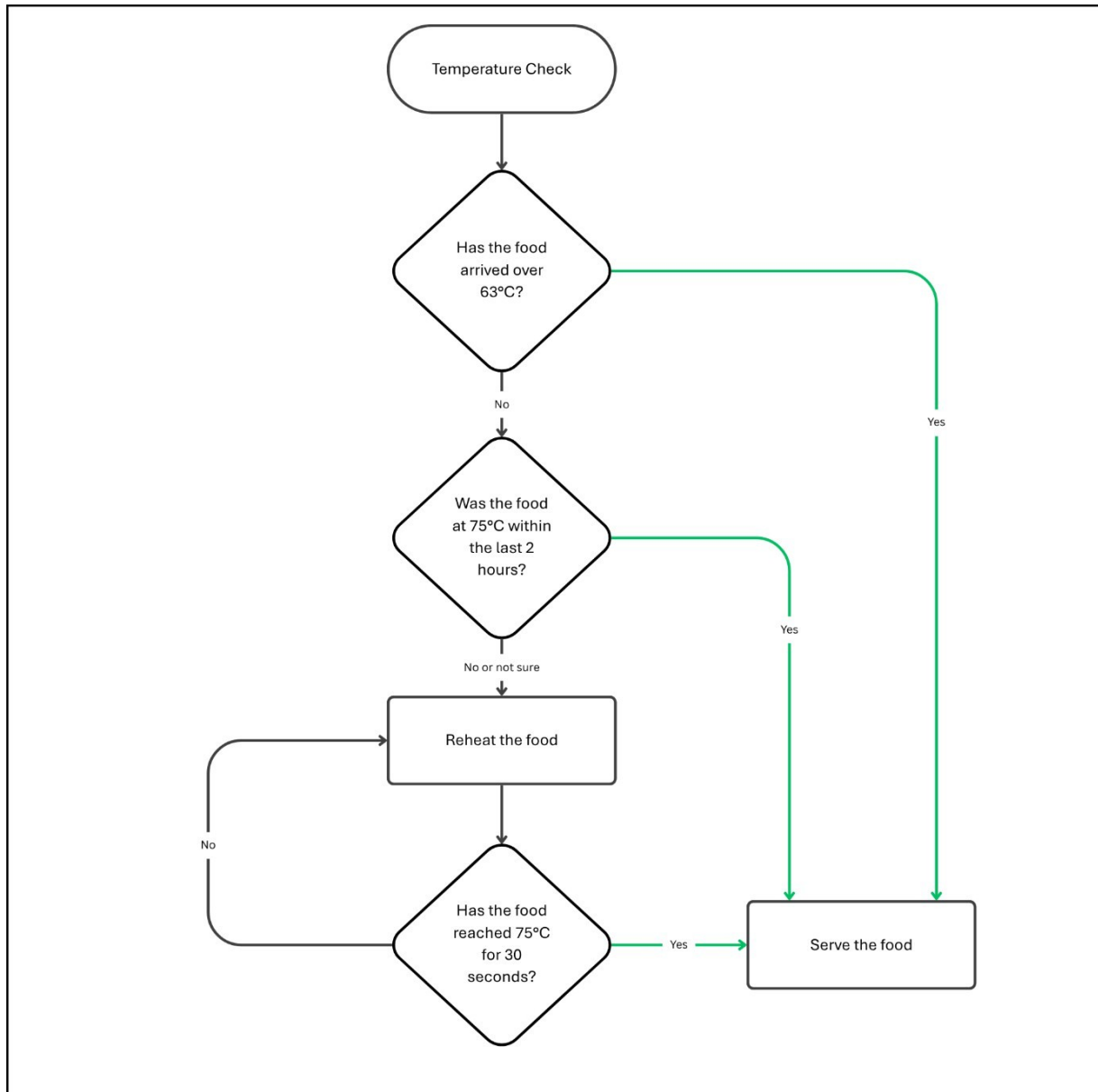
To perform a temperature check, insert a clean probe thermometer into the thickest part of the food, avoiding bones or gristle. The probe must be cleaned and disinfected before and after

⁶ Alternatively rinse and disinfect the dishes using a food-safe disinfectant solution (following the manufacturer's instructions)

each use. All hot food items must be checked to ensure that they have reached a safe temperature. All records of these checks must be logged on the Hot Food Temperature Check.

Temperature requirements for hot food delivered from external suppliers

For food delivered from external suppliers, the flowchart below sets out the required temperature checks and actions to ensure food is safe to serve:



Holding hot food

Hot food must always be kept at 63°C or above to remain safe. Food may be held below 63°C for a maximum of two hours. If the food has not been eaten within that time, it should be discarded.

Reheating food

Food must only be reheated once and must reach a core temperature of at least 75°C for 30 seconds before serving.

Requirements for storing chilled food at the nursery

Chilled food must be stored at 8°C or below to remain safe. When serving chilled food, it may be held above 8°C for a maximum of four hours. If food is not used within this time, it may be placed back in the fridge. Food may only be refrigerated once during this period; once it has been removed from the fridge a second time, it must either be consumed immediately or disposed of.

Requirements for storing frozen food at the nursery

Frozen food should be stored at -18°C or below to remain safe.

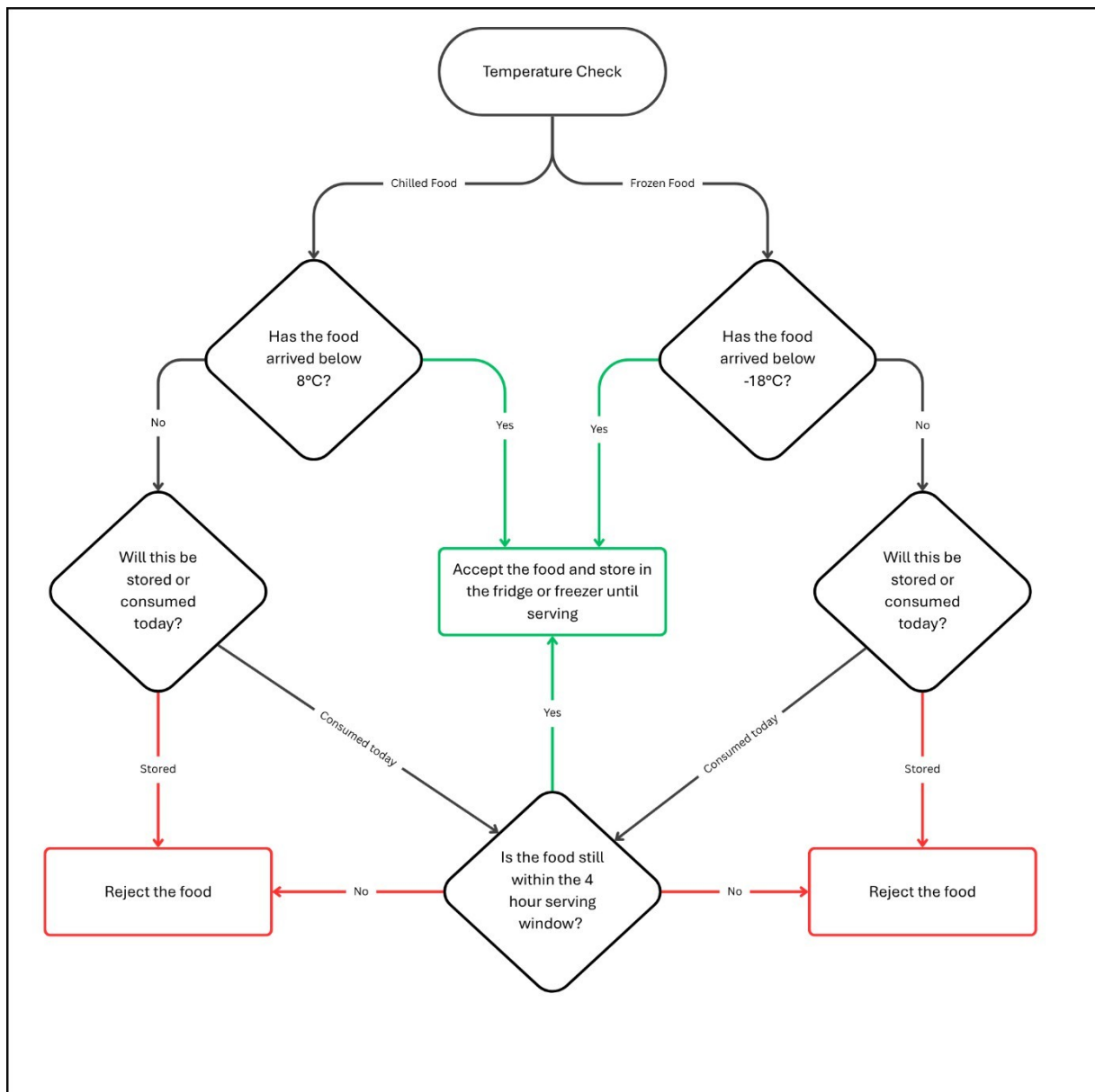
How to perform a temperature check on chilled and frozen foods

To carry out a temperature check of chilled or frozen foods, first ensure the probe thermometer is clean. Probes must always be cleaned and disinfected before and after each use.

- For unwrapped foods: insert the probe into the thickest part of the food to get an accurate reading
- For pre-packaged food: do not pierce the packaging. Instead, place the thermometer between the packages of food and wait for the temperature to stabilise
- For supermarket deliveries: the simplest method is to request a printed copy or verbal confirmation of the vehicle temperature. This record can be used to determine the temperature of both chilled and frozen food temperatures

It is not necessary to check all food items. It is sufficient to check a sample of two items per delivery, prioritising high-risk foods. All records of these checks must be logged on the Cold Food Temperature Check.

Temperature requirements for chilled and frozen food deliveries



Fridge and freezer temperatures

Fridge and freezer temperatures are checked once daily during Room Opening Checks (if a fridge or freezer is present in the room) and during Kitchen Opening Checks. The correct temperatures are:

Fridge	Freezer
Below 8°C	Below -18°C

Note: It is recommended that fridges are set at 5°C or below to make sure that chilled food is kept at 8°C or below which is the legal requirement in England.

Probe calibration

Food temperature probes must be calibrated monthly to ensure they are reading the correct temperatures. If the readings are outside these ranges the thermometer will need recalibration or replacement. See the table below for how checks should be done:

Type of check	Procedure
Boiling water test (hot check)	<ul style="list-style-type: none">• Boil a pan of water• Place the probe into the water (not touching the sides or bottom)• The reading should be between 99°C and 101°C• If it is, the thermometer is accurate for hot temperatures• If it is not, the thermometer should be reset following the manufacturers guidance. If the issue persists, the thermometer should be replaced
Ice water test (cold check)	<ul style="list-style-type: none">• Put about 3 inches of crushed ice in a jug or bowl• Add just enough cold water to cover the ice• Place the probe into the mixture and leave it for 3 minutes• The reading should be between -1°C and +1°C• If it is, the thermometer is accurate for cold temperatures• If it is not, the thermometer should be reset following the manufacturers guidance. If the issue persists, the thermometer should be replaced

Handwashing

Good hand hygiene is essential to prevent the spread of germs. Children and practitioners are expected to follow consistent routines for handwashing at key times throughout the day, using warm water and antibacterial soap for at least 20 seconds. Disposable paper towels should be used to dry hands. If hot water is temporarily unavailable, a Risk Assessment must be carried out to agree temporary hygiene measures that minimise the risk of spreading germs.

Activity	Children	Adults
Before and after preparing food	✓	✓
Before and after eating food	✓	✓
After using the toilet	✓	✓
After having their nappy changed (if age appropriate)	✓	
After touching any contaminated surfaces	✓	✓
After conducting personal hygiene tasks e.g., blowing their nose	✓	✓

Before starting work		✓
Activity	Children	Adults
Before and after handling food ⁷	✓	✓
After removing gloves		✓

Laundry

If a washing machine is located in the kitchen, dirty laundry must not be brought into the kitchen at any time while food is being prepared, cooked, or served. Dirty laundry must be stored separately in closed bags or containers until it is ready to be washed.

Clothing and jewellery requirements for food preparation and serving

Staff must follow the below clothing and jewellery requirements when preparing or serving food to reduce the risk of contamination and maintain a professional standard:

Requirement	Preparing food	Serving food
Ensure clothes are clean	✓	✓
Wear an apron	✓	✓
Wear disposable gloves or handwash thoroughly as outlined above	✓	✓
Keep hair tied back or wear a hairnet	✓	✓
Do not wear watches	✓	
Do not wear jewellery except plain band rings & small stud earrings	✓	

Personal hygiene requirements for food preparation and serving

The following personal hygiene requirements must always be followed when preparing or serving food:

- Staff should avoid touching their face or nose, or coughing and sneezing over food
- Staff must not prepare any food if they have diarrhoea and/or have been vomiting
 - Staff may only return to food preparation after being symptom-free for 48 hours
- Any cuts and sores must be covered with a brightly coloured waterproof dressing
- Follow handwashing guidance as above

⁷ Extra care should be taken after handling foods that contain allergens affecting anyone with a known allergy or intolerance

Pest control

Requirements for staff	Requirements for management
<ul style="list-style-type: none"> • Notify management as soon as reasonably practical of any signs of pest activity • Understand the signs of pest activity including: droppings (small, dark pellets droppings resembling coffee grounds), gnaw marks, noises like scratching or squeaking, visible alive or dead pests, shredded paper or fabric, a musty or ammonia-like smell 	<ul style="list-style-type: none"> • Assess if professional pest control is needed basis (consider if the building has cracks or gaps that allow entry, is located near high-risk areas such as water or woodland, or if pest activity is occurring frequently rather than occasionally) • Arrange pest control visits as and when needed • Maintain a pest control logbook to record all: monitoring activities, pest control visits, inspection results, actions taken

Food safety checks and reports

Requirements for staff		Requirements for management
Kitchen Opening and Closing checks	Daily	Jotform
Food temperature checks	Weekly	Physical copy uploaded to Jotform
Probe calibration test	Monthly	Jotform Safety Checks
Room Opening and Closing checks	Daily	Jotform
Mealtime and Food Safety audit	Monthly	Jotform
Safer Food Better Business for Caterers Book ⁸	Annual	Physical copy held at site

Guidance for practitioners on how to sterilise baby bottles

Bottles used for children under 12 months must be sterilised before use following the below guidelines:

Before sterilising

- Wash your hands well with soap and water
- Clean feeding equipment in hot, soapy water as soon as possible after feeds
- Clean the work surface using the two-step cleaning process
- Check that the bottle and teat are not damaged
- Use a clean bottle brush to clean bottles (only use this brush for cleaning bottles)
- Use a clean teat brush to clean teats or turn inside out to wash in hot soapy water
- Never use salt to clean teats

⁸ The diary section of this book does not need to be completed or reviewed as these food safety

checks are covered through our other internal checks

- Rinse all the feeding equipment in cold running water before

sterilising Sterilising

There are three sterilisation methods approved by the nursery, outlined below:

Cold water sterilising solution

- Follow the manufacturer's instructions
- Leave feeding equipment in the sterilising solution for at least 30 minutes
- Change the sterilising solution every 24 hours
- Make sure there are no air bubbles trapped in the feeding equipment
- Use a floating cover or a plunger to keep all the equipment under the solution

Sterilising by boiling⁹

- Make sure the items you want to sterilise in this way are safe to boil
- Ensure all the feeding equipment is under the water in the pan
- Boil the feeding equipment in a large pan of water for at least 10 minutes
- Set a timer so you do not forget to turn the heat off
- Never leave hot pans and liquids unattended

Sterilising by using an electric steriliser or microwave steriliser

- Follow the manufacturer's

instructions After sterilising

- Leave bottles, bottle rings and teats in the steriliser or pan until you need them
- When ready to use the equipment, assemble the bottle without touching the teat
- Wash and dry your hands before handling sterilised equipment or use sterile tongs
- Assemble equipment on a work surface cleaned using the two-step cleaning process

Guidance for practitioners on storing baby formula

How to store powdered formula	How to store ready-made formula
<ul style="list-style-type: none"> • Follow the manufacturer's guidance for storage of powdered formula • Ensure the lid of the powdered formula is sealed tight before storing • Mark the formula box with the name of the child and the date it was first opened 	<ul style="list-style-type: none"> • Follow the manufacturer's guidance for storage of ready-made formula • Store in the main body of the fridge and not the fridge door • Ensure the seal of the ready-made milk is not broken

Information for parents/carers bringing in pre-prepared powdered formula bottles

Bottles made by parents/carers using powdered formula at home cannot be used within the setting as the time the bottle was made cannot be verified.

Guidance for practitioners on how to prepare a bottle of powdered baby formula

⁹ Teats tend to get damaged faster with this method

- Use a kettle to boil water with at least 1 litre of fresh cold tap water¹⁰
- Leave the water to cool for no more than 30 minutes¹¹
- Do not use bottled water to make up formula feeds¹²
- Do not use water that has been boiled before
- Ensure all feeding equipment is sterilised
- Clean the surface you are going to use using the two-step process
- Wash your hands
- Add water into the bottle in line with the manufacturer's instructions
- Add the powdered formula in line with the manufacturer's instructions
- Holding the edge of the retaining bottle ring, put it on the bottle and screw it on
- Cover the teat with the cap and shake the bottle until the powder is dissolved
- Do not touch the teat at any point when making the bottle
- Cool the made-up formula by holding the bottle (lid on) under cold running water
 - Alternatively place the bottle in a jug of cold water
- Test the temperature of the made-up formula on the inside of your wrist
 - It should be body temperature; warm but not hot
 - Ask another staff member to wrist-test the temperature to confirm it is suitable
- Throw away any formula left in the bottle after two hours of making it

Note: If parents/carers have been advised to prepare bottles differently to the instructions above, or contrary to the manufacturer's guidance, the nursery requires written confirmation from a medical professional before preparing formula on site.

Breastfeeding at the nursery

Breastfeeding during drop-off and pick-up

The nursery supports parents/carers who wish to breastfeed their child during drop-off or pick-up times. A private and comfortable space can be made available upon request.

Breastfeeding during the nursery day

If parents/carers wish to come into the nursery during the day specifically to breastfeed their child (outside of drop-off or pick-up times), they must speak with the nursery manager. The nursery will always try to accommodate requests where possible while maintaining a safe, secure, and well-managed environment for all children and staff.

Bringing breast milk into to the nursery

Requirements for parents/carers

- Breast milk must be brought in in sterilised bottles/plastic milk storage bags
- The bottles/bags must be clearly labelled with the following:
 - Mother's name
 - Child's name
 - Date and time expressed
 - If previously frozen, date the breast milk was removed from the freezer

¹⁰ Never use the microwave to warm up water or made-up formula

- ¹¹ Powdered formula is not sterile. It needs to be made up with boiled water to kill any harmful bacteria
- ¹² Bottled water may contain too much salt or sulphate for babies and it is not guaranteed to be sterile

How to store breast milk at the nursery

The nursery will only store breast milk if it is in clearly labelled sterilised bottles or in special breast milk storage bags. When storing milk the following guidelines must be followed:

- Breast milk must be stored in the main body of the fridge and not the fridge door
- The oldest breast milk must be used before newer ones
- Breast milk can be defrosted in the fridge, but it must be used once it has defrosted
- Breast milk must not be refrozen after it has been defrosted
- See below for when breast milk must be used by depending on storage conditions:

Storage location	Storage temperature	When it must be used by
Fridge	4°C or lower	Within 8 days of the day it was expressed
	4°C to 8°C	Within 3 days of the day it was expressed
Freezer	-18°C or lower	Within 6 months of the day it was expressed

Guidance for practitioners on how to prepare a breast milk bottle

- Ensure all feeding equipment is sterilised
- Clean the surface you are going to use using the two-step process
- Wash your hands
- Don't worry if the breast milk is not white in colour. A blue, pink or yellow hue is normal
- Prepare the bottle by decanting the breast milk into the bottle
- Add the powdered formula in line with the manufacturer's instructions
- Holding the edge of the retaining bottle ring, put it on the bottle and screw it on
- Cover the teat with the cap and swirl the bottle
- Do not touch the teat at any point when making the bottle
- To warm breast milk never use a microwave, instead:
 - Holding the bottle (lid on) under warm running water, or,
 - Standing the bottle in a jug of hot water, or,
 - Using an electric bottle warmer by following the manufacturer's instructions
- Test the temperature of the breast milk on the inside of your wrist
 - It should be body temperature; warm but not hot
 - Ask another staff member to wrist-test the temperature to confirm it is suitable
- If there is any breast milk left in the bottle after a feed, throw it away

Bottle-feeding instructions for practitioners

Practitioners must follow the below instructions when bottle-feeding babies:

- Sit in a comfortable position before starting
- Hold the baby in a semi-upright position, supporting their head
- Brush the teat on the baby's lips and allow them to draw it in when their mouth opens
- Keep the bottle slightly tipped and in a horizontal position
 - Make sure the teat is full of milk and not filled with air
- If the teat goes flat, gently pull on the corner of the baby's mouth to release suction

- If the teat becomes blocked, replace it with another sterile one
- Feed the baby based on the routine provided by parents/carers and the baby's cues
- Don't worry if they don't finish the bottle
- Give the baby plenty of time to feed, including short breaks
- Burp the baby when they pause or finish their feed if required¹³
- Discard any unused milk if not used within 2

hours In terms what not to do, practitioners must:

- Never leave a baby alone with a bottle
- Never prop a bottle up (e.g., resting it on a pillow or blanket)

Weaning

The nursery follows the guidance set out in the NHS Start for Life programme to ensure children's weaning journeys remain safe and nutritionally suitable.

Requirements for parents/carers

Parents/carers must introduce any potential allergen at home before it is offered at the nursery

Guidance for practitioners

- Children should not be progressed onto new textures until the parents/carers have confirmed in writing that they have been tried at home
- Food containing any of the 14 allergens must not be given until the parents/carers have confirmed in writing that they have been tried at home
- Solid foods must only be introduced once:
 - The child can sit up and support their own head
 - The child can pick up food and bring it to their mouth
 - The child can swallow food rather than simply spit it back out
 - Written consent from parents or carers has been obtained

Essential knowledge for staff from this policy


Key learning	Level
Explain where to find information on children's dietary needs	L1
Explain the typical symptoms for allergies and anaphylaxis	L1
Explain the differences between allergies and intolerances and when these can develop	L1
Explain the colour of tableware used to identify children with dietary needs	L1

¹³ Refer to Further reading at the end of this policy for more information on burping

Key learning	Level
Explain how to complete a Food Handover Record and who should do this	L1
Explain the supervision requirements during mealtimes	L1
Explain how to prepare common foods to reduce the risk of choking and explain where further guidance can be found	L1
Explain when it is appropriate to give a child who is weaning a new food, or a food that contains a potential allergen	L1
Explain how to carry out effective handwashing and explain when children and adults must wash their hands	L1
Explain the requirements for how to store food in dry storage, the fridge and freezer	L1
Explain what it means to "two-step" clean and when this should be done	L1
Explain how to sterilise a bottle	L1
Explain how to bottle-feed a baby and highlight what should never be done	L1
Explain how to prepare a bottle of breast milk	L1
Explain how to prepare a bottle of powdered baby formula	L1
Explain the clothing and jewellery requirements for food preparation and serving	L1
Explain the signs of pest activity	L1
Explain the nursery's policy on allowing nuts into the nursery	L1
Explain the requirements around providing drinking water and drinkware	L1
Explain how to store powdered baby formula and ready-made baby formula	L1
Explain the storage requirements for storing breast milk, including the timeframes for when it needs to be used by	L1

Key learning	Level
Explain what parents/carers need to do before bringing cakes or treats into the nursery	L1
Explain how many times food can be reheated	L1
Explain the correct temperatures for a fridge and freezer	L1
Explain how mealtimes can provide opportunities for learning and developing independence	L1
Explain who to inform when food poisoning happens, when to report it, and how many cases make it reportable	L2
Explain the procedure to get staff team to acknowledge updates on dietary needs	L2
Explain what training practitioners must be completed who may be tasked with administering adrenaline auto-injector (e.g., EpiPen) must have been trained	L1
Explain the different forms used to gather information on dietary needs from parents/carers	L2
Explain what temperature foods need to be heated to and how to take a temperature check	L2, KIT
Explain the dos and don'ts for handling raw foods to minimise the risk of food poisoning	L2, KIT
Explain the requirements for receiving hot food from an external supplier	L2, KIT
Explain how long hot food can be kept below 63°C, and what actions must be taken once that time limit is reached	L2, KIT
Explain how to perform a probe calibration for hot and cold water	L2, KIT
Explain what the standards requirement for anti-bacterial spray	L2, KIT

Training requirements

Training name		Provider	L1	L2
Food Allergy and Intolerance	3 yrs	Food Standards Agency	✓	✓

Food Hygiene – L2	3 yrs	Flick	✓	✓
Administering an adrenaline auto-injector (as part of Paediatric First Aid)	3 yrs	An accredited provider	✓	✓

Monitoring and review

- Review fridge and freezer temperature checks to confirm any issues are addressed
- Review Opening Checks and confirm persistent or recurring issues are resolved
- Review the food temperature checks to confirm best practices were followed
- Review probe calibration checks to confirm any issues are addressed
- Review Serving Area and Kitchen Closing Checks for recurring issues
- Review the pest control logbook for evidence of adequate monitoring and controls
- Confirm Dietary Need posters are displayed
- Confirm the Early Years Choking Hazards poster is up in Serving Areas & Prep Kitchens
- Confirm weekly menus displayed in the nursery and/or shared via Family
- Confirm dietary needs are up-to-date and inputted on Family
- Spot audit a Serving Area or Prep Kitchen for correct storage practices
- Spot audit a staff member preparing a bottle
- Spot audit a staff member sterilising items used for bottle-feeding
- Spot audit this week's menu for meeting the core values of menu planning
- Spot audit if children have access to clean drinking water and drinkware in all rooms
- Spot audit a child's Health Care Plan for an allergy to confirm it is date
- Spot audit a Weaning Questionnaire to confirm it is up to date & the team are aware
- Check status of required staff training

Further reading

Name	Summary of content	Source	Link
Food Allergy (Conditions A-Z)	Summary of symptoms, causes, tests, treatments and things to do if you have this condition	NHS	Link
Food Intolerance (Conditions A-Z)	Summary of symptoms, causes, tests, treatments and things to do if you have this condition	NHS	Link
Weaning information	Guides on when to start weaning, how to start weaning, what to feed your baby and how to wean safely	NHS	Link
Drinks and cups for babies and young children	Summary of when and how to introduce cups and which drinks are suitable	NHS	Link

Burping your baby	Guidance on how and when to wind/burp a baby	NHS	Link
Food safety in Early Years	Information on how hygiene and safe food preparation practices protect children in an early years setting	Department of Education	Link
Early Years Foundation Stage nutrition	Information for early years providers on how to offer healthy, balanced and nutritious food	Department of Education	Link
5532-a-day	A guide to feeding children healthy, varied and balanced diets to give them all they need to grow and be healthy	British Nutrition Foundation	Link
Early years food choking hazards	A poster showing advice on preparing and serving food for babies and young children (under 5 years old)	Food Standards Agency	Link
Safer Food Better Business for Caterers	Food safety management pack for restaurants, cafés, takeaways and other small catering businesses	Food Standards Agency	Link
14 Allergens	Poster containing the details of the 14 main allergens in food	Food Standards Agency	Link
Recording Children's Meals on Family	Guidance on how you can add meals onto a child's Family profile	Family	Link

Appendix

Contents

Minoa Early Years Choking Hazards Poster.....	40
---	----

Minoa Early Years Choking Hazards Poster













Early Years Food Choking Hazards

Essential food preparation guide for all nursery practitioners and food preparers | Children under 5 years old







THIS IS A NUT-FREE NURSERY

No nuts, nut-based products or foods containing nuts are permitted on the premises at any time —including packed lunches and snacks from home. This includes peanuts, tree nuts, nut butters and nut oils. If unsure, do not serve. Speak to the room leader immediately if a child has had contact with any nut product.







FRUITS & VEGETABLES

 <p>✗ Whole grapes</p>	 <p>✓ Quartered grapes</p>	 <p>✗ Whole apple</p>	 <p>✓ Sliced apple</p>	 <p>✗ Cucumber rounds</p>	 <p>✓ Cucumber batons</p>
<p>Small Round Fruits Cut small round fruits like grapes, cherries, berries, strawberries and cherry tomatoes, into small pieces: cut lengthways and then again cut them in halves (quarters).</p>		<p>Large & Firm Fruits Cut large and firm fruits into slices instead of small chunks. For very young children, consider grating, mashing, steaming or simmering these to soften them.</p>		<p>Vegetables Cut vegetables like carrots, cucumber and celery into narrow batons only, never rounds. Grate or steam for babies.</p>	
 <p>✗ Whole plum (stone in)</p>	 <p>✓ Plum quartered (stone out)</p>	 <p>✗ Fruit/veg with skin</p>	 <p>✓ Peeled fruit/veg</p>	 <p>✗ Raw carrot rounds</p>	 <p>✓ Steamed carrot batons</p>
<p>Pips & Stones in Fruit Always check beforehand and remove hard pips or stones from fruit e.g., apricots, plums, cherries, peaches.</p>		<p>Skin on Fruit & Veg Remove skins where possible, especially for young children. Peeled fruit and vegetables can be swallowed more easily.</p>		<p>Cooking Firm Vegetables Consider softening firm fruit and vegetables (such as carrots) for younger babies by steaming or simmering until soft. Serve cut into narrow batons.</p>	

MEAT, FISH & CHEESE

 <p>✗ Whole sausage</p>	 <p>✓ Sausage long strips</p>	 <p>✗ Whole chicken breast</p>	 <p>✓ Thinly sliced chicken</p>	 <p>✗ Block of cheese</p>	 <p>✓ Grated cheese</p>
<p>Sausages & Hot Dogs Cut sausages and hot dogs into short strips. Cut them in half and then lengthways as thinly as possible. Peeling the skin off also helps them to be swallowed more easily.</p>		<p>Meat & Fish Remove bones from meat or fish. Cut meat into strips as thinly as possible. Remove skin and fat from meat and fish, it will help the food pass smoothly down the throat.</p>		<p>Cheese Grate or cut into very thin short strips. Never give a large lump or thick cube.</p>	

HIGH RISK —NEVER GIVE THESE TO UNDER 5s

 <p>✗ Never give to children</p> <p>Popcorn Never give to any child under 5 —serious choking risk at all times.</p>	 <p>✗ Never give to children</p> <p>Chewing Gum Never give to children —blocks the airway and is unsafe to swallow.</p>	 <p>✗ Never give to children</p> <p>Marshmallows & Jelly Cubes Never give to children, these may expand in the throat and can completely block the airway.</p>
 <p>✗ Never give to children</p> <p>Boiled Sweets & Ice Cubes Never give hard, gooey, sticky or cough sweets, or ice cubes to children. These can block the airway and cause choking.</p>	 <p>✗ Never give to children</p> <p>Peanut Butter Do not give peanut butter on its own to babies and young children, only use as a spread. The nursery includes peanuts within its NO NUTS policy.</p>	 <p>✗ Never give to children</p> <p>Whole Seeds Never give whole seeds to under 5s —always grind or crush finely before serving.</p>

BREAD, DRIED FRUITS & SEEDS

 <p>✗ White bread slice</p>	 <p>✓ Brown bread / toast</p>	 <p>✗ Whole raisins</p>	 <p>✓ Chopped raisins</p>	 <p>✗ Mixed whole seeds</p>	 <p>✓ Ground / crushed seeds</p>	 <p>✗ Whole naan bread</p>	 <p>✓ Sliced naan bread</p>
<p>White Bread Untoasted white bread can form into a doughy ball at the back of a child's throat, if not chewed properly. Use brown bread or toasted white instead.</p>		<p>Raisins & Dried Fruits Do not give babies under the age of 1 whole raisins or dried fruits. Cut them into small pieces for children under 5.</p>		<p>Crushed Seeds Always grind or crush whole seeds finely. Whole seeds are a choking hazard for all under 5s.</p>		<p>Alternate Bread Types Cut bread, chapatis, naan bread and other breads into narrow strips.</p>	

✓ If a child is choking —Call 999 if obstruction does not clear

- BABY under 1** Hold face-down along forearm. Give up to 5 back blows between shoulder blades. Turn face-up; give up to 5 chest thrusts (2 thumbs on breastbone). NEVER use abdominal thrusts on a baby.
- CHILD 1–5 yrs** Lean child forward. Give up to 5 back blows. If unsuccessful, give up to 5 abdominal thrusts (firm inward-upward push above navel). Repeat cycle.
- Report every choking incident to senior management immediately after first aid —even if the child appears fully recovered.
- All choking incidents must be recorded as a Level 3 Severity Event and be investigated using an Accident Investigation Form.
- If a child has received any form of physical first aid including back blows or abdominal thrusts they must be seen by a medical professional to ensure no internal injuries have been sustained.

i Staff training requirements

- All staff supporting children during meal times must hold a valid paediatric first aid certificate.
- No member of staff may prepare or serve any food or drink until they hold a valid certificate in both Level 2 Food Hygiene and Allergen Awareness training.
- The Primary Food Preparer on site must also hold a valid certificate in Level 3 Food Hygiene training.