

Food and Drink Policy

Aim:

Playdays Preschool aim to provide an environment that supports and encourages a healthy lifestyle including food, drink and exercise. Playdays encourages establishing healthy eating habits from a young age. We aim to provide a wide, varied nutritious diet throughout our mealtimes, supporting the children to encourage them to try new foods they may not have had the opportunity to try before.

We aim to maintain the highest possible food hygiene standards with regard to the purchase, storage, preparation and serving of food.

Method:

Healthy Eating

A healthy snack is provided mid-morning for the children to access as they wish. Snack is purchased from Tamar Fruiterers and delivered throughout the week to ensure foods are always fresh. Snack will vary day to day but may include dried or fresh fruit and vegetables, breads and cereals, dairy such as cheese and yoghurts. There will also be an option of whole fat milk or water to drink.

Snacks containing high levels of salt and sugar such as crisps, chocolate and sweets are not brought for children's snack times. At all times dietary requirements are taken into consideration and an alternative will be provided. We reserve the right to request the parent or guardian supplies an alternative.

We aim to make snack periods a social time of day. Children are encouraged to come together in small groups and are supported to be independent as possible in serving their own food and pouring drinks and helping each other. We aim to provide a safe hygienic area to each and find this a valuable opportunity to develop children's learning by incorporating Personal, Social and Emotional skills as well as communication and language.

Packed lunches are supplied by the parent and brought in fresh daily. They will be stored in a fridge until needed, which is temperature monitored daily. We kindly request that parents provide a well-balanced meal which could include sandwiches, yoghurt, fruit and biscuits and water or fruit juice. If a drink is not supplied, then staff will offer water or milk. Staff will encourage the children to eat the savoury foods first before moving on to sweeter foods. All uneaten foods are returned in the child's lunchbox.

Packed lunches and water bottles must be clearly labelled.

We practise high standards of hygiene; all children wash their hands before mealtimes and wash hands and faces afterwards.

Water is available throughout the day and we encourage parents to supply a drinks bottle for their child to access at any time.

Staff model positive eating habits and table manners by eating their own lunch alongside the children and are subject to the same healthy eating policy.

Food and Drink Policy

Hot drinks are kept in the kitchen area away/out of reach of their children.

Allergies

Parents are requested at enrolment to highlight any allergies the child may have and are required to complete an allergy risk assessment form. The child will be added to the allergy summary for use by all staff, and staff are informed verbally.

A summary of children with allergies and the steps to take in case of exposure is posted on the inside of the snack cupboard door in the kitchen and individual full risk assessments are kept in the child's file in the office.

Where a child has an allergy to a particular food then staff will ensure that the child's food is prepped separately and enforce the no sharing of food rule at mealtimes. We take care to avoid buying foods that children are allergic where possible.

We operate a strict NO PEANUTS/NUTS policy within the setting. Food provided from home is checked for nuts and removed to reduce the chance of exposure and replaced with an alternative where possible. Parents will be contacted to have the option to replace the food with something more suitable. Parents are informed of the No Nuts rule upon enrolment of their child, and signs are posted on the noticeboard. The rule applies to all children, staff and visitors.

Food Hygiene

The Preschool Leader is the person responsible for food preparation and understands the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to the preschool. This is set out in the Safer Food Better Business (SFBB) document. The basis of the HACCP risk assessment as it applies is to prevent growth of bacteria and food contamination. All staff are required to follow the guidelines of Safer Food Better Business.

It is the responsibility of the Preschool Leader and their deputy to ensure staff follow food hygiene procedures including:

- Fridge temperatures are to be checked in the morning prior to storing food and adjusted where the temperature falls outside of -5C to +4C.
- Storing food appropriately, ensuring fridge and cupboards are cleaned regularly. Food is to be covered, clearly marked and stored.
- Fresh foods are washed under running water prior to prep.
- Always wash hands before and after handling food.
- Working area is clean. Use sterilising spray to clean the work top, following instructions and using the correct cloth.
- Foods that need to be heated should be checked for temperature using a food probe each dish should be probed and temperature recorded (must be minimum 75C)
- All dishes and utensils to be washed in hot soapy water in the appropriate sink.
- Do not use the same utensils for different foods e.g. knife from butter to jam.
- Check use by dates and if in any doubt throw it away and use an alternative.

Food and Drink Policy

- Waste food is disposed of daily into an outdoor lidded bin.

We aim for at least 1 person to be on site at all times with a current food hygiene certificate. All staff, students and volunteers are given training by the preschool leader during induction training in use of food probes and recording temperatures.

The person responsible for food preparation as indicated on the staffing rota is required to carry out daily opening and closing checks on the kitchen to ensure high standards are consistently met.

We purchase food from reliable suppliers we trust. All milk is delivered by Tamar Fruiterers and additional foods are purchased from supermarket retailers such as Morrison's, Iceland and Lidl.

Packed lunches are stored in the fridge and served within 4 hours of being prepared at home.

Cleaning materials and other dangerous materials are stored out of children's reach in the kitchen which have lockable cabinets.

When children take part in cooking activities they are supervised at all times, understand the importance of handwashing and simple hygiene rules, are kept away from hot surfaces and hot water and do not have unsupervised access to electrical equipment such as blenders.

Reporting of Food Poisoning

Food poisoning can occur for a number of reasons; not all cases of sickness and diarrhoea are as a result of food poisoning and not all cases of sickness and diarrhoea are reportable.

Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the preschool, the Preschool Leader will contact the Environmental Health Department and the Health Protection Agency, to report the outbreak and will comply with any investigation.

If the food poisoning is identified as a notifiable disease under the Public Health (Infectious Diseases) regulations 1988 the setting will report the matter to OFSTED.

Choking

Playdays Preschool recognises that young children are at particular risk of choking and that food can be a primary cause of choking. It can happen quickly and more likely in babies and toddlers due their natural exploration of objects using their mouths.

We define choking as a foreign object that is stuck in the back of the throat or windpipe that causes a blockage or muscle spasm in the airway. If there is a mild airway obstruction, the child should be able to clear it, but if it is complete they will be unable to speak, cough or breathe. Unless intervention is given at this point they will become unconscious and lead to death. Treatment of choking is dependent on the age of the casualty.

Food and Drink Policy

Choking is characterised by the sudden onset of respiratory distress associated with coughing or gagging, or stridor (loud, harsh, high pitched sound). Similar signs and symptoms may also be associated with other causes of airway obstruction such as throat infections which may require different management. Choking should be suspected by a foreign body if:

- The onset is very sudden
- There are no other signs of illness
- There are clues to alert the rescuer e.g. history of eating or playing with small items immediately prior to the onset of symptoms

General signs of complete obstruction of airway

- Ineffective coughing
- Unable to vocalise
- Quiet or silent cough
- Unable to breathe
- Cyanosis (blue colour to lips)
- Decreasing level of consciousness

General sign of mild obstruction

- Effective cough
- Crying or verbal response to questions
- Loud cough
- Able to take a breath before coughing
- Fully responsive

The following food should be given to children with caution:

- Nuts
- Popcorn
- Boiled/hard sweets
- Lollipops
- Raw vegetables
- Hotdogs/Sausages

Staff should:

Stay with children whilst they are eating closely observing them. Choking can be silent, so staff vigilance is of vital importance.

Ensure children are sat whilst eating.

Remove pips/stones from fruit and vegetables and core apples and pears before giving to children. Skin should be removed from fruit and vegetables before giving to a child under 2 years of age. Small fruit and vegetables such as grapes and cherry tomatoes should be chopped in half lengthways. Larger fruits and vegetables such as apples, carrots and cucumber should be cut into wedges or sticks.

Policy Written By: Sam Yates

Date Written: February 2017

To be reviewed: Annually

Food and Drink Policy

Staff should be aware of children's specific individual dietary needs, and be particularly aware of children with delayed oral skills and make adjustments for the food they are provided to suit their skill level e.g. pureeing fruit or boiling vegetables until soft.

Action to take when a child is choking

Assess the situation if the child is coughing effectively, then no external manoeuvre is necessary

Encourage the child to cough and monitor continuously. Alert another member of staff for assistance at the earliest opportunity.

If the child's coughing is or becomes ineffective, shout for help to contact emergency services immediately and commence first aid. Determine the child's conscious level and provide first aid as necessary.

Conscious child with choking

If the child is still conscious but has absent or ineffective coughing, give 5 back blows

If back blows do not relieve choking, give 5 chest thrusts to infants or abdominal thrusts to children. These manoeuvres create an 'artificial cough' to increase intrathoracic pressure and dislodge the foreign body.

Following chest or abdominal thrusts, reassess the child:

If the object has not been expelled and the victim is still conscious, continue the sequence of back blows and chest (for infant) or abdominal (for children) thrusts. Call out, or send, for help if it is still not available. Do not leave the child at this stage.

If the object is expelled successfully, assess the child's clinical condition. It is possible that part of the object may remain in the respiratory tract and cause complications. If there is any doubt, seek medical assistance.

Unconscious child with choking

If the choking child is, or becomes, unconscious place him on a firm, flat surface. Call out, or send, for help if it is still not available. Follow first aid training to open airway.

Airway opening

Open the mouth and look for any obvious object. Remove with finger tips if possible. Do not mouth sweep as this can push the object in further

Rescue breaths

Open the airway and attempt 5 rescue breaths. Assess the effectiveness of each breath: if a breath does not make the chest rise, reposition the head before making the next attempt.

Chest compression and CPR

Attempt 5 rescue breaths and if there is no response, proceed immediately to chest compression regardless of whether the breaths are successful. Follow the sequence for CPR for approximately 1 min before leaving

Food and Drink Policy

the child to call emergency services (if this has not already been done by someone else). When the airway is opened for attempted delivery of rescue breaths, look to see if the foreign body can be seen in the mouth. If an object is seen, attempt to remove it with finger tips if it is easy to do so and does not risk pushing the object further down. If it appears that the obstruction has been relieved, open and check the airway as above. Deliver rescue breaths if the child is not breathing and then assess for signs of life. If there are none, commence chest compressions and perform CPR. If the child regains consciousness and is breathing effectively, place him in a recovery position and monitor breathing and conscious level whilst awaiting the arrival of the emergency service.

Fussy Eating

Playdays Preschool recognises that children of a young age have a wide range of eating habits and a large percentage of children under 5 years of age are susceptible to periods of 'fussy eating'. We recognise that the refusal to eat certain foods increases as the child becomes more aware of food and is a normal part of development. We also recognise refusal of foods can affect others around the child e.g. siblings, parents, peers and can be distressing for parents who may sometimes think refusal of food can be a sign of food intolerance or allergy. We recognise that sometimes parent anxieties around food can influence the child's behaviour.

We recognise that Playdays staff have a role to play in encouraging good habits, and help children in overcoming food aversions and develop a relaxed approach to mealtimes, as well as support parents and reassure them.

Most children have good and bad days when it comes to food, but the way the bad days are handled can have a huge impact on whether the good days become the norm, or the bad. Successful handling of the bad days includes a number of skills which practitioners should follow and guide parents on developing. The following factors should be considered:

When a child has had enough

Recognising when a child has simply had enough to eat is key. We recognise that children may tell us they have had enough verbally or non-verbally. Toddlers are saying they do not want any more food when they:

- say no
- keep their mouth shut when food is offered
- turn their head away from food
- push away the spoon, bowl or plate
- hold food in their mouth and refuse to swallow
- repeatedly spit food out
- cry, shout or scream
- gag or retch.

Food and Drink Policy

A child may have had enough if the portion of food they are being expected to eat is too big, or if they are still being spoon-fed when they should be moving on to feeding themselves. On induction information, should be sought on how the child eats at home and offers opportunities to reassure parents that the child is eating enough and growing well. Parents will be advised that we encourage children to be as independent as possible and work with parents to ensure that children can eat independently with minimal adult help at the earliest opportunity.

Drinking too much

Playdays recognises that sometimes young children may have a poor appetite because they are consuming too many calories from drinks. Following guidance, we recommend roughly six to eight drinks a day is usually enough: a drink of around 120mls should be offered with every meal and snack, in a cup or lidded beaker (not a baby bottle). When children come to preschool we support parents in switching to beakers at the earliest opportunity. Baby bottles should be phased out by 12 months.

We recognise that it is easy for young children to consume too much milk and that reducing milk consumption is easier from a cup than from a baby bottle. We advise parents to remove daytime bottles, especially during preschool sessions and that they should gradually be replaced with food and a cup of milk or water. We recognise that for parents, evening and bedtime bottles are harder to remove. Staff will advise and support parents during this transition time to improve their child's appetite. Staff will advise a gradual reduction in reducing the volume of milk given, and diluting it with water until their appetite improves during the day and then phasing out the nighttime bottle altogether.

Playdays recognises research that shows that too much fluid from sweet drinks like fruit juice, squash and fizzy drinks can also suppress appetite. At Playdays we offer milk or water during snack times and water throughout the day. On occasion, we may offer diluted fruit juice at a ratio of 1 part juice to 10 parts water. Parents are welcome to supply drinks fresh each day in a sports beaker. When advising parents on fussy eating staff should be aware of the volume of fluid being consumed and advise parents appropriately.

Self-Feeding

Playdays recognises that children are normally self-feeding by the age of 2 years, whether that's using their hands or a spoon and fork. We recognise the importance of self-feeding in developing hand eye coordination, and well as developing muscles for speech.

We recognise that this can be an anxious stage for parents especially in regards to choking or the child is failing to eat enough, and that this can be a messy process. Staff will work with parents to help them understand the developmental process and importance of self-feeding and where a child is not self-feeding, to let them start with one meal a day. At preschool where children are able they will be transitioned by staff to ensure they can self-feed at an appropriate stage.

Food and Drink Policy

Force feeding and rewards

Parental or staff anxiety over mealtimes can result in some children being force-fed or rewarded for eating food they didn't want. This can exacerbate the problem of fussy eating and cause fear around mealtimes for young children. Other adults may bribe and plead, and mealtimes can go on for far too long. Most toddlers eat what they want in around 20 minutes, so meals that go on longer are unlikely to result in more food being consumed.

At Playdays we recognise that young children need to be given control over their mealtimes and their intake, and must be allowed to handle food and sometimes make a mess. We recognise they are often happier with finger foods, and may want just a little help with runny foods.

We acknowledge that there can, of course, be more serious underlying problems causing a poor appetite in young children. The most common is constipation, which can be a result of not drinking enough. Staff will check children are having six to eight 120ml drinks per day and advise parents to seek medical advice where there are concerns about fluid intake or constipation. Constipation needs to be relieved before trying to change eating behaviours.

In a minority of children, problems with fussy eating can persist and affect growth and development. Staff will always advise that if this is becoming apparent then medical advice should be sought from the child's GP or Health Visitor.

Legal Framework

Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs.

Further Guidance

Safer Food Better Business

Food and Drink Policy

Staff Code of Conduct for Mealtimes

Staff must talk about food positively in front of children. They should be aware of the impact of using negative wording to describe foods and how their facial expressions and body language can influence children's opinions on food. Keep your language positive, body language relaxed and facial expressions happy and positive.

It is unhelpful to talk about children's eating patterns in front of them and emphasis should not be placed on the quantity of food eaten.

A calm atmosphere should be adopted at mealtimes. Mealtimes should be social, with staff and children talking together, smiling and generally making the children feel confident and relaxed. Staff should be aware if a child gains attention when they don't eat, a pattern soon begins to form. Put yourself in the child's shoes. How would you feel if you were not hungry and being pressured to eat something?

Staff are not to reward the eating of one food by promising another. This promotes the reward food as being more desirable and lead to poor eating behaviours.

Staff will reinforce healthy eating habits with praise especially when they eat well and try something new.

Staff will present food in an attractive way so that it not only tastes good but looks good too. Children eat with their eyes so it needs to look appealing.

Staff will provide a range of activities that introduce children to preparing, cooking and baking their own food. Being involved in the planning and preparation of food can stimulate a child's willingness to try new things. Be aware of portion sizes, when faced with a mountain of food, this can cause children to panic. Think about breaking meals into smaller portions and then offer seconds.

Tune in to children signs – both verbal and non-verbal. Most children will tell you when they are hungry or not either verbally or in a change of behaviour. How long has it been since they last had some food or drink? Are they too tired or unwell to eat? If a pattern develops then it may be necessary to adapt the routine to suit each individual child e.g. naptime and then lunch.

Encourage children to develop self-feeding skills at an appropriate level for the stage of development.