Royal Naval Pre-school Learning Organisation is committed to safeguarding and promoting the welfare of children and young people and expects all parents, staff and volunteers to share this commitment. We provide early help through support working with local agencies to identify children and families who will benefit and, we undertake assessment of the early help needed and provide targeted services to address those needs.

HEALTHY FOOD & DRINK POLICY

The organisation has a healthy eating project which runs as a thread though our childcare delivery to children and parents. We regard snack and mealtimes as an important part of the day. Eating represents a social time for children and adults which helps children to experience a healthy lifestyle and diet.
At snack time we aim to provide nutritious food, which meets the children's individual dietary needs. We also take reference and guidance from current legislation such as the Early Years Foundation Stage nutrition guidance May 2025
Children are always in sight and hearing of a staff member when eating.

Food Allergy Regulations

Food Information Regulations 2014 (FIR) require childcare providers to provide allergen information for children and adults. This is a list of 14 allergen ingredients used in foods provided. For more Information contact -
Plymouth Food Allergen information and allergen and intolerance; guidance for businesses
Information on allergy plans made with parents must be kept up to date and shared with the staff. Reference should made to the British Society for Allergy and Clinical Immunology (BSACI) allergy action plan.

Staff must be aware of symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods.
Reference to Food allergy- NHS (www.nhs.uk) and treatment of
Anaphylaxis Anaphylaxis – NHS(www.nhs.uk)

Procedures.

Before a child starts to attend the setting, we find out from parents their children's dietary needs and preferences, including any allergies, and intolerances along with medical needs.
This would be the same for any staff who work within the setting who may have allergies or are reactive to products/ foods.

Allergy Tracking and Management Steps

- **Gather Information Early:** Obtain details on all food allergies, intolerances, and special dietary needs from parents or carers before the child starts.
- **Meet and Plan:** Meet with parents at the earliest opportunity after a declaration to build a clear, agreed-upon Allergy Action Plan.

- **Share and Display:** Display lists of children with their specific allergies in restricted staff areas and share updated plans with everyone handling food.
- **Assign Responsibility:** Designate a specific staff member at each meal and snack time to check that the served food matches individual dietary needs and choking-prevention textures. [

Through paediatric First Aid training all staff are aware of symptoms and treatments for allergies and anaphylaxis, the difference between allergies and intolerances and that allergies can develop at any time, especially during the introduction of foods sometimes called complementary feeding or weaning. All RNPSLO staff have Full Paediatric First Aid Training (12 hours)

Weaning

For babies and some children who may have specific dietary needs, a discussion with parents will be needed about the stage their child is at in relation to introducing solid foods.

This will include understanding the textures their child is familiar with. Assumptions must not be based on age, and foods prepared in a suitable way for each child's individual development need.

Staff will work with parent/carers to help children move on to their next stage at a pace right for the child.

We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences as well as their parent's wishes.

This information is shared with all staff involved in preparing and handling of food. All RNPSLO staff hold a level 2 Food and Hygiene Certificate.

Managers will ensure that staff are aware of any allergies, intolerances of children attending the childcare setting that session/ day.

We plan what is on offer for snack times and children can have input as to what they might like to eat within reason. Menus are displayed.

We provide nutritious foods for all snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives, and colourings. Fresh drinking water is always available.

Babies aged 0-6 months

In the first year of life, babies follow individual feeding and sleeping patterns that can regularly change. Early years settings should ask parents and/or carers about their baby's current pattern. These patterns should be kept consistent and should be part of the baby's care plan each day, wherever possible. Staff should be aware of the signs (feeding cues) a baby will show when they are hungry (e.g. mouth opening, puckering, smacking lips, or turning of head towards the bottle) and when they are full (e.g. milk spilling out of the mouth, closing mouth, head turning away, splayed fingers and toes, or pushing the bottle away in an older baby).

Children should be fed responsively according to their needs. This means feeding children whenever they show signs that they are hungry, feeding at their own pace and using the cues that they are full. Staff will never force a baby to finish a feed if they seem

to be full. Overfeeding could upset their tummy, make them vomit or gain weight too quickly. Breastfeeding In the UK, exclusive breastfeeding is recommended for around the first 6 months of a baby's life with continued breastfeeding throughout the first year and beyond for as long as the parent or carer and baby wishes to continue.
The NHS provides information on the benefits of breastfeeding - NHS. NHS Start for Life has helpful information and advice on breastfeeding

. Early years providers should support parents or carers wishing to continue breastfeeding and encourage them to provide breastmilk for their baby while attending the setting. Supporting parents and/or carers to continue breastfeeding could include
: • providing a comfortable place to breastfeed within the setting
• signposting to evidence-based and expert information and support
• encouraging parents and/or carers who wish to provide expressed breastmilk for their babies and children to do so.

The NHS provides information on safe storage of expressed breast milk - NHS. Infant formula If a baby is not exclusively breastfed, then first infant formula (first milk) should be the addition, or alternative, to breastmilk for babies in the first year of life, unless an alternative milk has been prescribed by a doctor. The NHS provides information on types of formula.

Good hygiene is very important when making up infant formula. Anyone preparing infant formula should wash their hands thoroughly and all bottles, teats and other equipment should be sterilised and drip-dried before use. Following the instructions on how to prepare the formula carefully. Adding too much powder to a feed can make a baby constipated and dehydrated; adding too little will mean insufficient energy and nutrients are provided.

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

NHS Start for Life has advice on how to make up infant formula and how to sterilise equipment.
Babies aged 6-12 months Introducing solid foods or weaning Introducing a baby to solid foods is sometimes called complementary feeding or weaning. This should start when a baby is around 6 months old in collaboration with parents and/or carers continuation of giving the baby breast or formula milk alongside solid foods.

The introduction of solid foods should only start once a baby can:
• stay in a sitting position and support their own head
• coordinate their eyes, hands and mouth so they can look at their food, pick it up and put it in their mouth
• swallow food (rather than spit it back out).

Introducing solid foods helps a baby learn new skills such as chewing and biting. It also introduces new foods, flavours and textures to them. Babies develop at different rates. Staff will have ongoing discussions with parents and/or carers about the stage their child is at about introducing solid foods and assumptions must not be made based on age.
This includes reaching agreement with parents and/or carers about when and how they want to start introducing solid foods.
Staff to have an understand what foods they have been exploring at home and where they are in the food introduction process. Working at the baby's pace and let them show

you when they're hungry or full. The baby will show you if they are ready to move on to the next step, for example by chewing, moving food around their mouth and swallowing it. It is important to share information with parents and/or carers to track the baby's progress in becoming a 7 confident eater.

Babies develop at different rates. Age is just an indication so let them go at their own pace. NHS Start for Life has advice on how to start weaning.

First foods to introduce from around 6 months of age.

Babies should be introduced to a wide range of foods, flavours and textures, alongside their usual milk feeds. Working with the parent/carer staff will ask for this information and record accordingly.

Childcare settings do not have the capacity to prepare food from scratch and parents can provide premade foods from shops such as puree pouches. This helps introduce babies to a range of appropriate flavours and textures. Baby's first food could be a simple vegetable or fruit puree moving onto mashed and finger foods (from purées or smooth blended foods) as soon as they're ready can let them get used to moving food around their mouths and swallowing it. Staff will engage with parent/carers to ensure they are up to date with babies' progress.
Staff to ensure that food provided from home aligns with healthy eating and that foods are checked for potential allergens reducing the risk of cross contamination.

DfE's help for early years providers website has a solid food roadmap.
Staff will have discussions with parents and/or carers about common food allergens that have been introduced at home.
DfE's help for early years providers website has a full list of common food allergens. Further information can be found in the section on 'Food allergies.

Drinks to offer from 6 months the only drinks that are recommended for babies aged 6-12 months are
: • breast milk
• first infant formula
• water 8
Avoid giving other milks that are labelled as being suitable for babies aged 6 months and over (for example 'follow on formula'). Research shows that switching to follow-on formula at 6 months has no benefits for the baby who can continue to have first infant formula as their main drink until they are 1 year old.

Formula milks marketed for children aged 12 months and over (such as 'growing up' milks and other 'toddler' milks) are also not necessary. Providers should discuss with parents and/or carers and recommend that these milks should only be used after consulting a qualified health professional for advice.

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

The importance of different textures
Once babies are comfortable with eating It's important to introduce different textures as it helps babies to:
• learn to chew and swallow properly, which encourages mouth and muscle development
• get used to different textures, which means they will be less likely to become fussy

eaters or develop sensory needs. always supervise them closely so you can be sure they are swallowing it safely.

The NHS has advice on fussy eaters including tips that you can pass on to parents and/or carers.

How to introduce different textures
For puree foods, gradually make purees thicker. mash vegetables or fruit. These thicker and lumpier textures can help babies develop muscles in their mouths.

Finger foods
Babies' foods which are easy to grab and hold, such as thin sticks of cheese or bread, soft-cooked broccoli, cauliflower, carrot or banana cut into thin batons. These can encourage a baby's hand-eye coordination, as well as introducing new textures.

Let babies touch food with their hands and play with textures, such as portions of cooked spaghetti. Cutting food safely when introducing solid foods Make sure to cut food to a size that's right for a child's size, age and stage of weaning. This helps avoid choking.

Foods to avoid - Babies should not eat

: • salt, as it is not good for their kidneys. Do not add salt to food prepared for babies or cooking water. Stock cubes and gravy shouldn't be used either

• any sugar. Avoiding sugary snacks and drinks including fruit juice can help prevent tooth decay

• foods that are high in saturated fat, salt and sugar like cakes, puddings, sweet and savoury pastries, biscuits, crisps, chocolate and other confectionery

• popcorn, raw jelly cubes, or whole nuts, which are all choking hazards

• honey (which should be avoided until 12 months) as it can contain bacteria that can make babies seriously unwell

• cheeses made from unpasteurised milk or mould-ripened soft cheeses, such as brie or camembert, or ripened goat's milk cheese and soft, blue-veined cheese, such as roquefort. There's a higher risk that these cheeses might carry a bacteria called listeria

• raw and lightly cooked eggs (including uncooked cake mixture, homemade ice creams, homemade mayonnaise, or desserts) if you do not see a red lion with the words "British Lion Quality" on the box

• rice drinks as a substitute for breast milk or infant formula as they may contain too much arsenic

• slush ice drinks, sometimes known as slushies, as they may contain too much glycerol

• raw or lightly cooked shellfish, such as mussels, clams and oysters, which can risk food poisoning. The NHS has advice

Choking
Choking can happen with any food, but there are steps you can take to minimise the risks. DfE's help for early years providers website has a video on how to prepare and cut food safely for babies and further information on food safety, including how hygiene and safe food preparation can protect children in early years settings. NHS Start for Life has advice on Preparing food safely for babies -

RNPSLO staff prepare food in a way to prevent choking.
Babies and young children must be seated safely in a highchair or appropriately sized low chair while eating. If seated in a highchair children must be strapped in with a safety harness to avoid falls.
Young children must always be in sight of staff whilst eating.
Choking can be completely silent therefore it essential that staff observe the children for the duration whilst they are eating.
Small foods such as grapes, blackberries and cherry tomatoes can be a choking risk and therefore cut lengthways and into quarters before being served to children.
Raisins should not be given to children under 12 months as a snack but can be chopped up as part of a meal for older children
Firm fruits and vegetables: Soften raw, hard items like carrots and apples by grating, light steaming, or cooking until squishable. Cutting food into narrow, adult-finger-sized batons rather than small chunks or round coins.
Bread and bakery: Cut bread, naan, and chapatis into narrow strips; lightly toast white bread so it does not form a dough-like ball in the throat.
Meat and fish: Completely **remove all bones, skin, and hard fat**, and slice meat into strips as thinly as possible.
Skins and pips: Peel tough skins off fruits and vegetables (such as sausages or thick apple skins) and remove all hard stones and pips.
High-risk items to avoid: Never give young children whole nuts, peanuts, or raw jelly cubes.

All Jack and Jills Childcare settings are a no nut setting

Should there be a choking incident that requires intervention a record of the incident will be made of where and how the child choked including -

- Is the child on a special diet
- Is the child being weaned
- Does the child have allergies or intolerances
- Item child choked on
- Supervision of the child at the time
- Signs and symptoms of the choking incident
- Positioning of the child when the incident occurred
- Immediate action after the choking incident/ first given
- Has there been any history of choking

Parents/ carers will be made aware of the incident on the same day.

Records of foods given to children are kept daily and following a choking incident a risk assessment will be carried out along with a revue to establish if there is a trend or common feature.

Staff will be vigilant so they can prevent food from being shared which could potentially cause an allergic reaction.

Hot meals are available at some Jack and Jill's childcare settings provided by Aspens for Jack and Jills Plympton and Cater-ed a local company who use Plymouth City Council school kitchens to create the healthy nutritious balanced meals available for parents to purchase. The hot meals are a replication of school meals enabling children to experience a different type of food in preparation for school meals.

At the settings offering hot meals include items from the four main food groups

- Meat, fish, and protein alternatives.
- Dairy foods
- Grains, cereals, and starch vegetables
- Fruit and vegetables.

We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.

Food poisoning

In the event there should be a confirmed case of food poisoning affecting two or more children cared for on the premises. Ofsted must be notified. This must be done as reasonably practicable, but in any event within 14 days of the incident.

NO NUT SETTING

We are especially vigilant where we have a child or staff member with a nut allergy, no nuts products are allowed in pre-school settings. If a child with a nut allergy attends the setting close observation and vigilance is priority from all staff and specialised training is accessed if appropriate.

Through parent meetings and research by staff, we obtain information about dietary rules of religious groups, to which children and their parents belong, and of vegetarians/vegans and about food allergies. We take account of this information in the provision of food and drink.

We organise snack and lunch times so that they are social occasions in which children and adults participate together.

We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their culture.

We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child.

We use snack times to encourage children to develop independence through making choices, serving food and drink, and feeding themselves.

We have fresh drinking water constantly available for the children, which they can access.

For any child under two, we provide parents with daily information about feeding routines, intake, and preferences.

Packed lunches.
For those settings not offering hot lunches children are required to bring packed lunches, which are stored to the best of our ability within the settings.
We inform parents of our storage facilities and give advice if needed on appropriate containers; cooling products i.e., ice packs etc. and naming personal property, like lunch boxes, drinks containers
Any fridges are monitored for a constant temperature, and cleaning is undertaken by staff; the room temperature is taken daily.

We inform parents of our healthy eating policy and encourage sandwiches with a healthy filling, fruit, and milk-based deserts such as yogurt or crème fraiche.

We discourage sweet and fizzy drinks, squash type drinks and products such as sweets. We actively discourage packed lunch boxes containing largely crisps, and excessive sweet products such as cakes or biscuits. We reserve the right to return this food to the parent as a last resort. We refer parents to the traffic light food guide for balanced food and snacks and encourage parents to look for snacks of less than 100 calories.
Periodically we send out information on healthy eating and a healthy lifestyle, we work to ensure it runs as a constant thread through our setting.
Staff having drinks in the setting will be encouraged to have water whilst sitting with the children becoming a positive role model.

If staff wish to have hot drinks, then they must be in kept and consumed in the kitchen areas.

Legal Framework

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

Safer Food, Better business (Food Standards Agency 2011)
Food Information Regulations 2014 (FIR)