



Food and Safer eating Policy

Setting's Name:

Morning Star Nursery & Morning Star
Educational Centre

Date Last Reviewed:

7th October 2026

Date of Next Review:

7TH October 2027

Applies across all nursery branches, Baby, Toddler and Preschool Rooms. Covers meals, snacks, drinks, bottle feeds, food activities and outings, whether food is prepared on site, supplied by a caterer or brought from home.

Purpose and statutory basis

We provide healthy food and a safe, calm eating environment. We reduce choking and allergy risks through individual planning, safe preparation, clear checks and attentive supervision. Children's dignity and developmental needs guide how we support feeding.

This policy is based on the EYFS group and school based framework effective 1 September 2026, particularly paragraphs 3.63 to 3.73, and current DfE nutrition guidance. The safer eating provisions introduced in September 2025 continue in the 2026 framework; they are not all new 2026 requirements. EYFS is the statutory basis for standalone nursery provision. KCSIE applies to schools and colleges where relevant.

Responsibilities

- The Operations Manager approves the policy, resources its implementation and checks standards across branches.
- Branch managers ensure suitable staffing, first aid cover, food hygiene training, equipment, up to date dietary information and emergency arrangements.
- The kitchen or catering lead maintains ingredient and allergen records, safe preparation procedures and clear labelling, and informs room staff of substitutions before service.

- Room leaders nominate a food checker and supervising staff for every meal and snack. Staff must know their role before food is served.

- Key persons gather dietary and feeding information before admission and keep plans current with parents. Every practitioner reports concerns promptly; the SENCO supports additional feeding needs and the DSL oversees safeguarding concerns.

Information and individual feeding plans

Before a child attends, obtain and record dietary needs, allergies, intolerances, preferences, cultural or religious requirements, relevant health conditions and emergency information. For babies, record milk feeds, familiar foods, textures and feeding skills. Share the current information with everyone preparing, handling or serving food, including cover staff.

Discuss changes with parents regularly and review at room transitions. Record updates promptly, notify the kitchen and room team, and confirm they have received them. Do not assume feeding ability or texture readiness from age alone. Seek health professional advice for swallowing difficulties, persistent coughing with food or other concerns.

Before every meal and snack

The room leader names a responsible food checker. Morning Star uses the following checks for every child, including seconds and replacement food. A second trained member of staff independently verifies meals for children with known allergies; this additional check is a nursery standard.

- Confirm the child's identity against the current dietary and feeding plan. Do not rely solely on plate colour, memory or where a child is sitting.
- Check ingredients and allergen information for the actual food and drink, including sauces, garnishes and substitutions. Confirm texture, shape, size and temperature are appropriate.
- Confirm utensils and preparation have avoided allergen cross contact. Check labels match the child and keep special meals separate until handed to the correct practitioner.
- Confirm suitable seating, supervision and a staff member with a valid full course paediatric first aid certificate in the room throughout eating. Morning Star makes this an operational requirement at every meal and snack.
- If any information is missing or uncertain, stop service of that item, tell the room leader and resolve it before feeding. Provide a checked, suitable alternative; never guess.

Supervision while children eat

Children must remain within staff sight and hearing throughout eating. Staff stay close, alert and positioned to see faces and mouths, facing children wherever possible. Choking can be silent. Allocate cover before a supervising adult leaves; answering the door, tidying or using a phone must not interrupt observation.

Seat children upright in suitable highchairs or chairs; use safety restraints as instructed. Provide extra support where needed. Keep distractions low and encourage children to finish chewing before talking. Children do not eat while walking, running, lying down or travelling in nursery vehicles. Wait until safely stopped and appropriately seated.

Prevent food sharing and monitor self serving. Support manageable mouthfuls and swallowing. Check for food remaining in the mouth before leaving the table or sleeping. Maintain ratios and enough staff to respond to an emergency while supervising other children.

Food preparation to reduce choking

The kitchen and serving staff adapt food for each child's feeding skills. These controls apply equally to meals, snacks, celebrations, cooking activities and packed food. No preparation method removes the need for supervision.

- Quarter grapes, cherry tomatoes and similar small round foods lengthways. Remove fruit stones and pips. Adapt berries to size and firmness.
- Soften hard fruit and vegetables for babies. Serve larger hard fruits and vegetables in suitable thin slices or strips rather than hard chunks, adapting further for the individual child.
- Remove bones from fish and meat. Cut meat suitably. If sausages are served, remove skins and cut into thin lengthways strips, never round coin shapes. Limit sausages because of salt.
- Serve cheese in strips rather than large chunks. Cut bread into strips for very young children; assess texture as soft white bread can form a sticky ball.
- Do not provide whole nuts or whole seeds to under fives, popcorn, hard sweets, marshmallows or uncooked jelly cubes. Do not use marshmallows or jelly cubes in accessible food or messy play.
- Do not offer raisins as a snack to children under 12 months; they may be chopped into an appropriate meal. Check all dried fruit for texture and suitability.

Introducing solid foods

Work with parents on complementary feeding, generally from around six months when developmentally ready. Progress textures in response to skills and professional advice rather than a fixed age schedule. Offer safe opportunities for self feeding and responsive spoon feeding; do not rush or put food into a crying child's mouth.

Record what foods and allergens have already been introduced and any reactions. Agree plans with parents before introducing a new allergen at nursery. Do not undertake allergy challenges or reintroduce an avoided allergen without appropriate clinical advice. Follow NHS guidance and any individual care plan.

Food from home and activities

When food is brought in, obtain ingredient and allergen information, identify the child, check safe storage and apply all preparation and supervision rules. If it cannot be verified as suitable, discuss an alternative with the parent. Do not share home supplied food between children.

Staff check celebration food and cooking or sensory ingredients against every participating child's needs, including flour, milk, eggs and seeds. Prevent unplanned tasting and cross contact. Apply safer eating rules whenever children consume food during an activity or an outing.

Allergy and intolerance management

Develop a written allergy action plan with parents and appropriate health professionals, referring to BSACI plans. Record triggers, recognised symptoms, treatment, emergency contacts, prescribed medicine, consent, trained staff and review date. Record intolerance management separately where appropriate; an intolerance does not have the same emergency treatment as an allergy.

All staff must understand that an allergy may first appear at nursery. Plans and dietary alerts must be immediately accessible to relevant staff, including kitchen and agency staff, while keeping personal information secure. Staff must not diagnose an allergy or remove major food groups long term without appropriate advice.

Maintain an accurate ingredient and allergen matrix for menus and snacks, supported by packaging or supplier specifications. Review every recipe, brand and supplier substitution before use. Make allergen information available to parents and meet food labelling requirements. A list of the 14 regulated allergens does not replace recording other child specific triggers.

Control cross contact with cleaned equipment, handwashing and separately stored, labelled ingredients and meals. Do not make an allergen free guarantee without evidence that preparation and supply controls support it. Escalate uncertainty before serving.

Emergency medicines

Check that each child's prescribed emergency medicine is available, in date, correctly labelled, stored as instructed and accessible to trained staff while out of children's reach. Follow the action plan and medication policy for consent and records. Take required medicines and the plan on outings. If medicine is missing, stop and ask the manager to agree a safe care arrangement with the parent before proceeding.

Responding to an allergic reaction

Stop the suspected food, summon help and follow the child's action plan. Breathing difficulty, throat or tongue swelling, sudden collapse, or a floppy or unresponsive child may indicate anaphylaxis. It can occur without a rash. Do not wait for a parent or manager before treating an emergency.

For suspected anaphylaxis, use the child's prescribed adrenaline auto injector immediately according to training and the action plan, and call 999, stating anaphylaxis. If symptoms do not improve after five minutes, give the second prescribed injector if available, following the plan and emergency advice. Antihistamines must not delay adrenaline or the ambulance.

Keep the child lying down; if breathing is difficult, allow the appropriate supported position advised by training or the call handler. Do not let the child stand or walk. Monitor breathing and begin CPR if required. Another adult supervises the group, meets the ambulance and contacts parents. Record medicine times, symptoms and actions; hospital assessment is needed even if the child improves.

Healthy meals drinks and responsive feeding

Meals, snacks and drinks must be healthy, balanced and nutritious. Managers use DfE EYFS nutrition guidance when planning menus and document any justified departure. Offer variety across food groups, suitable portions and appropriate alternatives for dietary needs. Share menus and changes with parents.

Provide fresh drinking water throughout the day and support children to access it. Offer suitable milk and water for age; avoid routine sugary drinks and excessive sugary snacks. Do not add salt or sugar to babies' food. Do not give honey to babies under 12 months. Support oral health through healthy choices and the nursery's oral health arrangements.

Sit with children and model relaxed eating. Encourage exploration and independence with suitable utensils. Respect hunger and fullness cues and allow time. Do not force feed, shame, restrain, bribe with dessert or withhold food or drink as punishment. Offer a suitable alternative where needed and tell parents about persistent low intake.

Support sensory needs, disability and feeding anxiety with a written plan and safe adjustments. Seek dietitian or feeding specialist advice where needed. Thickened drinks and altered textures must follow current clinical instructions; staff must not improvise them.

Bottle feeding and expressed milk

Agree each baby's milk and feeding plan with parents. Label bottles, milk containers and feeding equipment with the child's name and relevant preparation or expression times. Verify identity and milk type before every feed. Wash and sterilise bottles and teats before use; use a documented procedure for expressed milk receipt, refrigeration, storage and warming based on current NHS advice.

Prepare powdered formula freshly, one feed at a time. Use freshly boiled tap water that is still at least 70°C when mixed with powder, following NHS instructions and the product's exact proportions. Cool safely before feeding and check temperature. Never microwave feeds, add extra powder, dilute beyond instructions or add cereal. For specialist products, obtain a documented safe preparation plan where instructions differ.

Follow labelled storage instructions for ready to feed formula. Discard leftovers after a feed and unused prepared formula left at room temperature for more than two hours. Check any preparation machine produces water at the required temperature when mixed; do not use it if it does not.

Hold babies in a supported semi upright position and feed responsively with pauses. Never prop a bottle, leave a baby feeding alone or feed while the baby lies flat. Stop if the child is distressed or appears unable to manage the feed. Record intake and relevant concerns and share these with parents.

Hygiene and food handling

All staff preparing or handling food receive food hygiene training and demonstrate competence. Follow the nursery's food safety management procedures, based on FSA Safer Food Better Business or an equivalent system, for deliveries, storage, refrigeration, cooking, cooling and reheating. Maintain required checks, logs and corrective actions.

Wash hands before food preparation and eating and after toileting or contamination. Clean and disinfect preparation areas appropriately, separate raw and ready to eat food, use clean utensils and protect food from pests. Check use by dates and storage instructions. Staff with relevant infectious symptoms must not handle food; follow current exclusion advice.

Serve food at a safe eating temperature. Cool it hygienically; never blow on a child's food. Check hot spots and record temperature controls where required by the food safety system. Discard food contaminated by a child or dropped on the floor. Clean feeding equipment and tables between groups.

Choking response and incident reporting

If a child may be choking, act immediately using age appropriate paediatric first aid training. Summon help and call 999 promptly for severe obstruction or deterioration, following training and the call handler. Do not use a blind finger sweep. Start CPR if needed. Do not delay emergency treatment to complete records or notify parents.

After any choking episode needing intervention, obtain appropriate medical advice, notify parents the same day and record the food, preparation, position, supervision, symptoms, treatment and outcome. Distinguish gagging from choking in records; escalate uncertainty or ongoing symptoms. The manager reviews contributing factors and makes changes before the food or arrangement is used again.

Record allergic reactions, near misses, wrong meal service and supervision failures. Stop unsafe practice and report safeguarding concerns to the DSL through the safeguarding policy. The manager makes required external notifications, including serious incidents to Ofsted promptly and within 14 days. Food poisoning affecting two or more children cared for on the premises must also be reported to Ofsted promptly and within 14 days, with public health or environmental health advice sought as appropriate.

Training audit and adoption

Before taking responsibility, staff are briefed on food checks, choking risks, individual plans and emergency arrangements. Provide practical training in prescribed emergency medicine where needed. Managers check first aid certificate validity and cover, review incidents for patterns and audit meal checks, plans and kitchen records monthly. These audit intervals and additional checking controls are Morning Star standards.

Before adoption, each branch manager confirms trained staff and cover, current feeding and allergy plans, prescribed medicines, ingredient records and a food safety system. Brief all staff, record acknowledgement and share the policy with parents. Review after incidents, guidance changes or changes to catering.