

NUTRITION, FOOD SAFETY AND ALLERGEN MANAGEMENT POLICY

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1 NQS

QA2	2.1	Each child's health is promoted.
	2.1.1	Each child's health needs are supported.
	2.2.1	Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.

2 National Regulations

Regs	77	Health, hygiene and safe food practices
	78	Food and beverages
	79	Service providing food and beverages
	80	Weekly menu
	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	162	Health information to be kept in enrolment record
	168	Education and care service must have policies and procedures

3 EYLF

LO3	Children recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity).
	Children are happy, healthy, safe and connected to others.
	Children show an increasing awareness of healthy lifestyles and good nutrition.
	Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community.
	Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.
	Educators engage children in experiences, conversations and routines that promote healthy lifestyles and good nutrition.
	Educators model and reinforce health, nutrition and personal hygiene practices with children.

4 Aim

- 4.1 Our service aims to promote healthy lifestyles, good nutrition and the wellbeing of all of children, educators and families. We also aim to support and provide adequately for children with food allergies, dietary requirements, restrictions, and specific cultural and religious practices.
- 4.2 The service has a responsibility to help children attending the service to develop good food habits and attitudes. By working with families and all educators, we will also positively influence each child's health and good nutrition at home.

5 Related Policies

The Kids' Uni Policies and Procedures apply to Kids' Uni North, Kids' Uni South, Kids Uni CBD, Kids Uni iC.

Inclusion Policy (CHI-ADM-POL-003)

Enrolment and Booking Policy (CHI-ADM-POL-022)

Immunisation and Diseases Policy (CHI-ADM-POL-033)

Incident, Injury, Trauma and Illness Policy (CHI-ADM-POL-034)

Medical Conditions Policy (CHI-ADM-POL-038)

Physical Activity Promotion Policy (CHI-ADM-POL-045)

Relationships with Children Policy (CHI-ADM-POL-050)

6 Implementation - promoting healthy habits and awareness towards nutrition

Kid's Staff and Educators will:

- 6.1 Develop awareness of health and nutrition so that they can educate children in this area.
- 6.2 Make meal times relaxed and pleasant and times to meet the needs of the children. Educators will engage children in a range of interesting experiences and conversations. Children will not be rushed to finish eating.
- 6.3 Recognise meal times as learning opportunities for children to learn about and explore food and nutrition.
- 6.4 Ensure children are not force fed, that is, required to eat food that they do not like or more than they want to eat.
- 6.5 Ensure that food is never used as a reward or bribe or to guide behaviour.
- 6.6 Encourage children to be independent and develop social skills at meal times.
- 6.7 Ensure that the physical environment at meals times is presented with care and respect to make meals an enjoyable experience.
- 6.8 Establish healthy eating habits for children by incorporating nutritional information into our program.
- 6.9 Talk to families about their child's food intake and voice any concerns about their child's feeding and / or nutrition.
- 6.10 Encourage parents, to the best of our ability, to continue our healthy eating message in their homes.
- 6.11 Present themselves as role models. This means maintaining good personal nutrition when present with children and enjoying healthy food with children.
- 6.12 Provide nutrition and food safety training opportunities for all staff including an awareness of cultural food habits.
- 6.13 Encourage children and families to contribute ideas for menu planning (*Kids Uni CBD, North and South only*).
- 6.14 Provide menu suggestions which complement and reflect the children's experiences within the program or their homes (*Kids Uni CBD, North and South only*)
- 6.15 Welcome families to share a meal with their child on occasion.

- 6.16 Recognise that holidays, festivals and religious celebrations of various cultures provide a valuable opportunity to include special occasion foods. Special occasions may be celebrated with culturally appropriate foods (*refer to Clause 13*)
- 6.17 Remind families to keep information about their child's preferences, habits, likes, dislikes, dietary requirements and restrictions up to date at the service.
- 6.18 Present food attractively to children so that it is appealing.
- 6.19 Feed babies individually if needed, although autonomy is also encouraged.
- 6.20 Encourage toddlers and young children to develop their sense of agency by feeding themselves independently and developing their social skills at meal times.
- 6.21 Provide age and developmentally appropriate utensils and furniture for meal times.
- 6.22 Seek to work with families to develop cultural awareness around food preferences and celebrations.

7 Implementation - provision of Nutritious and Safe Food and Beverages

We will follow current recommendations around nutrition for children when we are providing food. The Nominated Supervisor and Educators will:

- 7.1 Ensure children have access to, and are encouraged to access, safe drinking water at all times.
- 7.2 Ensure children are offered foods and beverages throughout the day that are appropriate to their nutritional and specific dietary requirements.
- 7.3 Offer safe foods and beverages based on written advice from families that is typically set-out in a child's Enrolment information. We will choose foods based on the individual needs of children whether they are based on likes, dislikes, growth and developmental needs, cultural, religious or health requirements. Families will be reminded to update this information regularly or as necessary (*Kids Uni CBD, North and South only*)
- 7.4 Ensure children who do not eat during routine meal times or children who are hungry are provided with foods at periods other than meal times or snack times.
- 7.5 Ensure food provided is consistent with the service's menu that is based on the Australian guidelines for provide healthy nutritious foods (*Kids Uni CBD, North and South only*)
- 7.6 Educators follow the guidelines for serving different types of food and the serving sizes in the Guidelines and may use the Australian Government "eat for health" calculator (*Kids Uni CBD, North and South only*) <http://www.eatforhealth.gov.au/eat-health-calculators>.
- 7.7 Families utilising Kids Uni iC will be encouraged to provide food using these Guidelines.
- 7.8 At Kids Uni CBD, North and South provide food that is hygienic by following the relevant policies and procedures set out in the Health, Hygiene and Cleaning Policy.
- 7.9 Ensure foods and beverages provided are safe for the child's age and developmental level and minimise the risk of choking. To reduce choking hazards children under 2 years will not be given raw apple, raw carrot, raw celery, dried fruits. Skin will be removed from all fruit and vegetables.
- 7.10 Provide a weekly menu of food and beverages that are based on the Australian Dietary Guidelines, that describes the food and beverages provided every day and ensures the provision of food and beverages is nutritious and adequate in quantity (*Kids Uni CBD, North and South only*)

- 7.11 The weekly menu is displayed in an accessible and prominent area for parents to view. We also display nutritional information for families and keep families regularly updated.
- 7.12 The weekly menu must accurately describe the food and beverages provided each day of the week.
- 7.13 Meals and snacks provided for the children will incorporate the five food groups. Daily minimum number of serves recommended during operating hours will be provided for each food group to assist in children's growth and development (*Kids Uni CBD, North and South only*).
- 7.14 Dairy products provided by Kids Uni will be full cream for children under 2 years and "lite" dairy products will be offered to children over 2 years. Low fat diets are not recommended for children under two years. Babies and young children grow very rapidly and need the fat supply in whole milk, cheese and yoghurt to provide the energy they need for growth and development. Reduced fat milk can be introduced after 2 years of age (*Nutrition Australia.org*)
- 7.15 All children will be directly supervised during meal times.
- 7.16 In line with recommendations from Munch and Move, we will not introduce high risk allergen foods (specifically eggs and fish), to children until they have been introduced at home.

8 Allergy Management

- 8.1 This outlines the Allergen Management Process implemented across all centres. The procedure detailed in the table below covers the day to day management of the planning, preparation and serving of food in our centres to reduce the risk of exposure to relevant allergens.
- 8.2 UOW Pulse Ltd Children's Services has a policy that no food or products containing nuts should be brought into the service by families, staff or visitors. Our services are 'Nut aware'. Nuts are not essential or staple foods like some other allergens such as dairy, wheat or eggs and can easily be eaten at home.

In addition, at our Kids Uni North, South and CBD services, we do not accept food brought in by families from home as we are not able to verify the contents of the food and it may be a safety risk for other children in the service.
- 8.3 Staff are not permitted to consume any food and/or drinks (apart from water) in the classrooms or play spaces that has not been prepared by Kids Uni Kitchen staff or organised in line with Clause 13 of this policy.

Staff at Kids Uni IC are permitted to role model healthy eating habits by eating their own food with the children at designated meal times. All food consumed with children must be nut free and healthy.
- 8.4 Upon orientation and enrolment, the Nominated Supervisor will work in consultation with the cook (*at Kids Uni CBD, North and South*) and parents to address all special dietary needs requirements. The Nominated Supervisor will seek medical information from parents about any known allergies. If a child has an allergy, which requires special dietary consideration, a parent must provide the centre with any written information from a dietician or medical practitioner.
- 8.5 In line with recommendations from *Munch and Move*, if a child has not yet been introduced to high allergen foods at home (fish and eggs) then we will not provide these foods in our services. Families will need to complete *Form 05 - Food Allergy and Medical Notification* and this information will be added to our allergy charts by the Director until the parent notifies the service that this food has been introduced and is safe for the child. No other forms or Medical Management Plan is needed in this situation.

- 8.6 If a child has allergies the Nominated Supervisor will ask the parents to complete the “Food Allergy and Medical Notification” Form 005, along with supporting documentation and provide a Medical Management Plan.
- The Medical Management Plan should include a photo of the child, what triggers the allergy, first aid needed and contact details of the doctor who has signed the plan.
 - The Medical Management Plan should be kept on the child’s enrolment file and also be displayed in the service, in an area where all educators can easily access it near a telephone.
 - A copy should also be kept where the child’s medication is stored. If the child is taken on an excursion, a copy of the management plan should be taken on the excursion.
 - Parents are required to provide the medication identified in the Medical Management Plan.
 - Parents are required to provide updates to the Medical management Plan annually or if treatment changes are made. The documentation will be updated at the service.
- 8.7 Special diets due to religious beliefs or parental preference will be respected.
- 8.8 Educators are aware of the seriousness of anaphylaxis and undertake the steps that need to be taken in order to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for anaphylaxis:
- The service will ensure that all permanent educators have completed first aid and anaphylaxis management training.
 - The service will ensure that all permanent educators in all services, whether or not they have a child diagnosed at risk of anaphylaxis, undertakes training in the administration of the adrenaline auto-injection device every 3 years and cardio- pulmonary resuscitation every 12 months.

This table outlines each step of the process in relation to allergen management within our services.

Step	Actions Required
1	Notified of a new or change to Allergy/Food preference which is to be documented on Form 5 “Food Allergy Notification Form”
2	<p>Director Review Section 1 & 2 of Form 5 and implement Section 3 based on information provided</p> <ul style="list-style-type: none"> Provide Form 21 and 22 to parent and communicate they have 5 working days to return completed forms along with action plan and supply medication or care will be suspended (fees still charged) until all completed information received by Director <p>Form 21 – Administration of Authorised medication Form 22 – Risk Minimisation Plan (Record the date it is to be returned)</p>
3	<p>Parent to complete section 4 of Form 5 confirming that they have updated Hubworks or authorise centre to make changes and sign the form as authorisation.</p> <p>Important that Form 5, Allergy Charts and Hubworks all say the same thing!</p>
4	<p>Director to complete Section 5 detailing date of meeting with parent and cooks. This is to include a discussion of items used in general menus and if specific foods are allowed by parents the name, brand etc needs to be recorded on the form so it can be added to allergy chart as an alternate food (<i>Kids Uni CBD, North and South only</i>)</p> <p>For Minor Food Allergy/Intolerance ask if products that are labelled “May Contain Traces” are permitted ?</p> <ul style="list-style-type: none"> Cooks and Director to sign off on this

5	Form 21 and 22 returned
6	Director to review both forms to ensure they have been completed correctly.
7	<p>If an Action plan has been provided for anaphylaxis, allergy, asthma, eczema etc you must check the plan for the following:</p> <ul style="list-style-type: none"> • Family/Emergency contact names and phone numbers completed • Action plan dated and signed by Medical practitioner • Medication and dosage clearly stated
8	Allergy Summary Chart Form 54 to be Updated , printed and provide to Cooks, trolleys, rooms and Director
9	The “Allergen & Dietary Requirement Check” Form 53 updated with child’s name, Allergy information printed and provided to Cooks, Trolleys, Rooms this form is used by cooks and educators to ensure appropriate checks are conducted prior to and at meal times.
10	The Medical Conditions Summary sheet to be updated, printed and provided to rooms, medical conditions folder and Directors. The name of authorised medication, dosage, expiry date and the review/renewal date for the action plan are to be included on the summary.
11	Action plan to be displayed in each room, medical conditions folder, individual child’s medication bag and kitchen.
12	<p>Communication to ALL Staff</p> <p>All staff with sign off on either Form 42 or on Kinderloop after reading the following:</p> <ul style="list-style-type: none"> • The Food Allergy & Medical Condition Notification Form 05, • The Administration of Authorised Medication Form 21 • The Risk Minimisation Plan Form 22 • The ASCIA Action Plan
13	<p>The Director to :-</p> <ul style="list-style-type: none"> • Complete the checklist on Form 005 and collate all documentation to provide with form 005 and give to Admin • Ensure all Staff read and sign form 42 and file • Add information about this child to next staff meeting Agenda if applicable • Have new permanent staff discuss and sign Form 35 – Staff Declaration Serving Food to children at one month probation meeting. • Ensure that appropriate training occurs, in line with the Medical Conditions policy, if a child is using an Anapen.

8.8 The role of the Kitchen in the process of allergen management includes *(Not Applicable for Kids Uni iC)*:

1. Each day the recipe is to be checked by physically reviewing the labels of all ingredients listed to ensure the allergy information on the recipe is correct and current.
2. Identify any children who will be in the service for occasional care.
3. As part of the Food preparation step complete “The Food Preparation Allergy Record” Form 52, this should include the:-
 - a. Name of the recipes along with the allergy information for that recipe
 - b. The name of each child, the room they are in and their relevant allergy
 - c. Plan accordingly to ensure the allergen requirements of these children are met
 - d. Ensure all anaphylaxis children are served with “RED” crockery
 - e. Ensure those with allergies are on “Green” crockery
 - f. All alternate meals need to be identified with the Child’s name.
4. Record on “Allergen and Dietary Requirement Check” Form 53 the details of the alternate meal provided where relevant and a check that you acknowledge the meal being provided is appropriate and suitable for each child

5. Conduct a second check to ensure the correct/ appropriate food has been placed on the trolley for the child and is labelled.
6. Every week copy the weeks "Allergen and Dietary Requirement Check" Form 53 for each room for each centre.

8.9 The role of the Educators in the process of allergen management includes:-

1. Prior to serving food read "Allergen and Dietary Requirement Check" Form 53 and conduct the following checks:-
 - a. Check the allergy column/chart for the allergy information for the child and then
 - b. Check that the meal or the alternate meal is suitable for the child based on the allergy information
 - c. Provided the correct meal to the correct child
 - d. Then initial the section of the form to acknowledge that you have completed a-c
2. Ensure that only permanent team members serve food to children. Casual staff and trainees are not permitted to serve food to children, however they can assist with feeding children once a permanent educator has provided the meal.
3. If the information is incomplete or an educator is unsure about anything they must contact the kitchen or Director to check.
4. Educators will familiarise themselves with all information regarding special dietary needs, by consulting special dietary charts in each playroom, staff room on food trolleys and in the kitchen. These will be updated as required. All educators are informed of updates/changes as they occur.
5. In the event that educators are providing food that is not pre-planned and not listed on the daily menu, or engaging children in a cooking experience, it is essential that two educators cross check the ingredients labels to ensure that the child's allergen is not present. Both Educators will sign off on the "Allergen and Dietary Requirement Check".
6. Children will be encouraged to wash their hands after eating food to minimise cross contamination or transfer of foods that other children are allergic too.
7. Educators will follow all requirements of the Risk Minimisation plan for each child.
8. Should an educator become aware of a child eating/drinking a product which should be avoided. Educators must immediately notify the Nominated Supervisor.
9. All permanent team members, including any new team members will sign off on Form 035 "Staff declaration providing meals to children"

8.10 The role of the Directors in the process of allergen management includes:-

1. Provide the relevant forms to family to complete
2. Organise and attend meeting with family and cooks
3. Record those foods elected by parents that can be offered as an alternate including brand name
4. Coordinate the following :-
 - a. Ensure the "Food Allergy & Medical Condition Notification Form" Form 5 is completed correctly
 - b. Review information on Form 5 and issue the "Administration of Authorised Medication" Form 21 and "Risk Minimisation Plan" Form 22 to be completed by family and medical practitioner
 - c. Update all information on the Allergy Summary chart Form 54
 - d. Update the "Allergen and Dietary Requirement check" Form 53
 - e. Ensure Action plans located in Medical conditions folders in rooms and Kitchen
 - f. Medical conditions summary updated with approved medication, dosage, expiry and renewal date for action plan

- g. Ensure that the Food Allergy & Medical Condition Checklist and Communication Plan Form 20 is completed
- h. Have the “Staff communication & sign off sheet” (Form 42) or sign off on Kinderloop completed with all of the above.
- i. All permanent team members, including any new team members sign off on Form 035 “Staff declaration providing meals to children” prior to serving meals. This can occur at the discretion of the Director once a new staff member has settled into the service.
- j. Ensure that trainees and casuals do not serve food from the trolleys.

5. Allergies and Special Dietary Needs are regularly discussed at staff meetings.

8.11 Kids Uni iC

1. Children attending Kids Uni iC children bring their own lunches, when children are bringing food from home educators will:
 - a. Provide information to families about safe foods to bring to the centre.
 - b. Educators are required to check children’s lunch boxes on arrival or as soon as practicable to ensure that nuts are not present. Educators will sign off on the “Daily lunch box check” form. In the event that nuts are detected the educator will remove and dispose of the allergen as appropriate. The educator will seek to provide a suitable alternative and advise the child’s family of this outcome through Kinderloop.
 - c. Educators are required to undertake a second check at meal time to verify the absence of nuts and sign off on Kinderloop via the Daily Activity – Daily Lunch Box Checks Tab
 - d. Remind children about not sharing food.
 - e. Ensure children are washing hands before and after meals.

9 Preparation and Food Hygiene Procedure

- 9.1 Our service will follow appropriate food preparation hygiene techniques to meet the requirements of the *Food Standards Australia New Zealand* such as:
 - i. Wash hands before food preparation.
 - ii. Hand washing procedure to be displayed above the hand washing sink.
 - iii. Hands to be washed in this sink ONLY by the person preparing food.
 - iv. Cleaning food preparation area before, during and after use.
 - v. Using colour-coded chopping boards in order to prevent cross contamination of raw food.
 - vi. Ensuring that individuals preparing food know, follow and adhere to the appropriate hygiene procedures. This includes:
 - a. Washing their hands
 - b. Keeping their personal hygiene at a high level. For example, tying their hair back or keeping it under a net
 - c. Not wearing jewellery (wedding band excluded)
 - d. Covering cuts with a bandaid and gloves and
 - e. Not changing nappies before preparing food.

- vii. Avoiding the contamination of one work area to another by using colour-coded wash cloths and having specific cleaning implements (for example gloves and scourers) for a specific area.
- viii. Avoiding the contamination of one work area to another by using the colour-coded wash cloths system and restricting the movement of contaminated items (such as gloves and cleaning implements) from one area to another.
- ix. Clean children's dining tables before serving food.
- x. Ensuring food is always served in a hygienic way using tongs and gloves.
- xi. Clean children's dining tables after meal times.
- xii. Each child will be provided with their own clean drinking and eating utensils at each mealtime. These utensils will be washed after each use. Educators will actively encourage and monitor children so they do not to use drinking or eating utensils which have been used by another child or dropped on the floor.
- xiii. Providing families with current and relevant information about food preparation and hygiene.
- xiv. Showing and discussing with children the need for food hygiene in both planned and spontaneous experiences.

10 Food Safety, Storage, Temperature Control

- 10.1 We will, to the best of our ability, educate and promote safe food handling and hygiene in the children and families by:
 - i. Provide food safety information from Safe Food Australia and NSW Food Authority.
 - ii. Encouraging parents to the best of our ability to continue our healthy eating message in their homes. This information will be provided upon enrolment and as new information becomes available.
 - iii. Encouraging educators to present themselves as role models. This means maintaining good personal nutrition and eating with the children at meal times.
 - iv. Providing nutrition and food safety training opportunities for all educators including an awareness of other cultures food habits.
- 10.2 The bacteria that commonly cause food poisoning grow rapidly between 5°C and 60°C, this is commonly referred to as the "temperature danger zone". To keep food safe:
 - i. All food for children brought from home (*Kids Uni iC only*) will be immediately placed in the refrigerator provided in the service. Children's food will be removed from insulated containers before placing in the refrigerator.
 - ii. Staff will inspect food items when first brought into the Service to ensure they are in good order, for example, not in damaged packing, within their used by date period and at a correct temperature.
 - ii. Don't leave perishable foods in the temperature danger zone for longer than 2 hours.
 - iii. Foods will be stored at the correct temperature depending on the product. Cold foods need to be stored at less than 5 degrees (C) and frozen foods at minus 18 degrees (C).

Keep cold food in a fridge until ready to cook or serve, eg if you are serving salads keep them in the fridge until ready to serve.

- iv. Keep hot food in an oven or on a stove, above 60°C until ready to serve.
- v. Refrigerate leftovers as soon as possible, within 2 hours. Food cools more quickly in smaller, shallow containers. If reheating leftovers, reheat to steaming hot.
- vi. Never defrost foods on the bench top. Foods should be defrosted overnight in the fridge.
- vii. Use a thermometer to make sure your fridge is below 5°C. Don't overload refrigerators, as this reduces cooling efficiency.
- viii. All foods (dry, cold and frozen) will be used by the FIFO rule (first in, first out). This will allow a rotation of food to make sure older stock is used first.
- ix. Store dry foods in sealed, air-tight containers.
- x. Any food removed from its original container must be stored in a container with the used by date of the food written on it. The ingredients must also be listed with the date it was opened.
- xi. Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.
- xii. Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.
- xiii. All foods are wrapped, covered, dated (used by date and date it entered the Service) and labelled.
- xiv. Store foods on shelves, never on the floor including play dough material.
- xv. Store raw and cooked foods separately. NEVER store raw foods on top of cooked foods as juices may drip down and contaminate the cooked food.
- xvi. Store food once it has sufficiently cooled down. Foods cool quicker in smaller, shallow containers.
- xvii. Fridges and freezers need to be cleaned regularly and fridge door seals checked to be in good repair.
- xviii. The operating temperature of the fridge and freezer need to be checked regularly and a record kept of this.

11 Food Transportation

When transporting food, all factors relating to food hygiene and safety will be considered, and precautions will be taken to prevent contamination and ensuring that food is maintained at appropriate temperatures to prevent the food being spoiled.

11.1 Protecting food from contamination will be achieved by:

- i. Using containers with lids or by applying plastic film over each container. These materials will be suitable for food contact to ensure that they do not contain any chemicals that could leach into the food.

- ii. Aluminium foil, plastic film and clean paper may be used and food will be completely covered.
- iii. Food already in packaging may not need additional coverage. However, if additional coverage is required the above will apply.

11.2 Temperature Control

- i.v. When potentially hazardous foods are being transported they will be kept at or below 5 degrees Celsius for cold food, or above 60 degrees Celsius for hot food.
- v. If the journey is short, insulated containers may be used to keep the food cold/hot. If the journey is longer, ice bricks or heat packs will be used to maintain temperature requirements.
- vi. Only pre-heated or pre-cooled good will be placed in insulated containers, which will have a lid to maintain temperatures.
- vii. Insulated containers will be kept clean and in good working conditions at all times, will only be used for food and will be kept away from other items such as chemicals or fuel.
- viii. Insulated containers will be filled as quickly as possible and closed as soon as they have been filled and kept closed until immediately before the food is needed or is placed in other temperature-controlled equipment at the destination.

11.3 The following will be considered when transporting food:

- ix. Containers of cool food will be placed in the coolest part of the vehicle.
- x. If the inside of the vehicle is air-conditioned, cold food may be transported better here rather than in the boot.
- xi. Vehicle will be kept clean and maintained at hygienic standards.
- xii. When food is being packed in the vehicle, cold foods will be collected last and immediately placed in insulated containers for transporting.
- xiii. Upon arrival at the destination, educators will immediately unload any hot or cold food and place it in an appropriate temperature controlled environment.
- xiv. All food will be served within two hours of it being cooked.

12 Cooking Experiences with Children

12.1 We sometimes include cooking experiences in our service's programming for the children. When these experiences are carried out, educators that are supervising will be vigilant to ensure food preparation remains a hygienic and safe experience.

12.2 Educators will take the following precautions when cooking with children:

- A permanent staff member needs to be present to oversee the experience.
- Make sure that all allergy procedures are followed in line with this policy.
- Make sure children wash and dry their hands before and after the cooking class.
- Always be aware of the dangers of heat.
- Tie up any long hair.
- To reduce the chances of germs being spread through food, it is recommended that children only prepare food that will be cooked afterwards—any germs in the food will

be destroyed when the food is cooked. However, if the food will not be cooked, this risk can be lowered if children only prepare food to eat themselves.

- If children have had vomiting or diarrhoea, they should not participate in cooking activities until they have been symptom-free for 48 hours. If the education and care service has recently had, or is currently experiencing, an outbreak of gastrointestinal disease, do not hold children's cooking activities, and check with your local public health unit before resuming cooking activities.

12.3 Examples of the type of activities children will participate in during cooking experiences include:

- i. Helping choose what to cook.
- ii. Measuring and weighing ingredients.
- iii. Stirring or mixing ingredients.
- iv. Setting the tables.

13 Managing food as part of celebrations

We want to strengthen relationships with children and families by providing the opportunity for children and /or educators to celebrate their birthdays /significant cultural days or celebrations at the service. As part of this we need to ensure that celebrations in the service are safe for all children.

13.1 Prior to engaging in any celebrations where food (*other than a birthday cake outlined in Clause 13.4*) is provided to children, educators must seek approval from the Nominated Supervisor.

13.2 At Kids Uni CBD, North and South we are not able to accept food brought in by families from home (*with the exception of Clause 1.4 in this policy*), in order to protect all children attending our services. We are not able to monitor external food safely. Baby formula is an exception to this clause.

13.3 Parents are to be advised of this policy at time of enrolment and through updates during the year.

13.4 If children are celebrating their birthday, families are welcome to bring in an ice cream cake. Ice cream cakes reduce the major allergy risks associated with most other cakes (eg. nuts). We request that families select ice cream cake that includes a list of ingredients and does not contain nuts. Families should discuss options with educators or the nominated supervisor. For children who have a dairy allergy, Kids Uni will supply an alternative. If a child with a dairy allergy is celebrating their birthday then they are welcome to bring along some soy ice cream for all children to share.

13.5 Parents and educators must be reminded that all services are "Allergy Aware" services prior to any such celebrations.

13.6 If a celebration with food is approved by the Nominated Supervisor, no unhealthy party foods are to be provided on these occasions (eg:- lollies, chips). Alternatives should be sourced eg:- dips, fruit platters, popcorn (for older children), sandwiches, rice paper rolls, veggie sticks, dried fruit.

13.7 It is imperative that safety issues are taken into account as part of the preliminary planning. eg. does the food constitute a choking hazard (especially for babies and toddlers); does it account for all allergies in the service (both children and or educators); does it meet safe food handling requirements; is it served in a way that ensures hygiene standards are met (tongs used; separate plate or bowl for every child rather than shared communal bowls); hands are washed etc.

- 13.8 As part of our commitment to working in partnership with families, we will be mindful of the rights of parents to introduce, or not introduce, various foods. Unhealthy foods are a particular area that requires sensitivity and respect for parent's wishes regarding their child/ren.

14 Returning Bottles to Parents

All bottles will be rinsed but not sterilised after use and ensure all bottles, will be returned to the parents at the end of each day whether used or not. Parents should complete their own sterilisation procedure. Breast milk will not be stored overnight by the service.

15 Emergency Supply

- 15.1 Services will stock full cream dairy milk for children's bottles.
- 15.2 If the mother supplies breast milk, then the Nominated Supervisor will contact the parent to have an alternative milk source approved.
- 15.3 Parents/Guardian will be responsible on enrolment to ensure that the details of their child/ren formula are kept up-to date including the strength and the type of formula their child/ren drink.
- 15.4 The Parent/Guardian also needs to inform the educators and other staff when their child/ren will begin the transition from alternative forms of milk to diluted milk to full-cream cow's milk.

16 Breastfeeding and Breast Milk

- 16.1 Healthy lifestyles and good nutrition for each child is paramount. As such, we encourage all families to continue breast feeding their child until at least 12 months in line with recommendations for recognised authorities.
- 16.2 We aim to work with families with children who are still being breastfed and provide a supportive environment by feeding children breast milk supplied by their families.
- 16.3 We will provide a supportive environment for mothers to breastfeed.

17 Breast Milk Procedure

- 17.1 Breast milk is a bodily fluid, as such, there is a need for educators to follow this procedure carefully to ensure that the correct breast milk is given to a child.
- 17.2 Breast milk that has been expressed should be brought to the service in a clean sterile container labelled with the date of expression and the child's name.
- 17.3 We encourage families to transport milk to the service in cooler bags and eskies; and then place it in the refrigerator or freezer immediately on arrival.
- 17.4 We will refrigerate the milk at 4 degree Celsius until it is required. If the breast milk is frozen it can be placed into the freezer.
- 17.5 When it is time for the child to be fed, the breast milk will be removed from the fridge or freezer and the label checked to ensure that it is for the correct child. This check will involve two educators. Both educators must record on the feeding record that they have verified that the correct breast milk is being given to the correct child by entering their initials onto the record.
- 17.6 Any unlabelled breast milk must be verified by the parent through a photo on kinderloop or a phone call. Unlabelled milk will not be fed to a child until it can be checked and verified by the parent. If there is any uncertainty the milk will not be fed to the child.
- 17.7 Breast milk will be warmed and/or thawed by standing the container/bottle in a container of warm water.

- 17.8 The milk will then be temperature tested by educators before being given to the child using a food thermometer (temperature should not be over 37 degrees Celsius).
- 17.9 If the service does not have enough breast milk from the family to meet the child's needs that day, individual families will be consulted on what the service should do in these circumstances.
- 17.10 To avoid any possible confusion, where possible we will avoid storing expressed breast milk at the service overnight. Families should remove any unused breast milk from the refrigerator or freezer when they collect their child each day.
- 17.11 A quiet, private space with a comfortable chair will be provided for mothers/women to breastfeed or express milk.
- 17.12 In the instance that a child is fed another child's breast milk, this will be treated as an accidental exposure to a bodily fluid.
 - The educator must report the incident to the Director and the Head of Early Education.
 - The parent must be contacted and advised to seek medical attention.
 - A report must be made to the Department of Education

18 Educators who Breastfeed at the Service

- 18.1 The service also recognises the importance and benefits of breastfeeding and that many women will return to work before they wish to wean their children. Requests for allowances to be made for educators to continue breastfeeding once they have returned to work at the service will be treated sympathetically and reasonably and all efforts will be made to support the educator in her choice to continue breastfeeding her child.
- 18.2 On return to work from parental leave, educators may seek to change their work arrangements. The returning staff member will have a meeting with the Nominated Supervisor/Head of Early Education to try and work out an arrangement which suits the educator, the Nominated Supervisor and also the running of the service. The service will provide Lactation Breaks for the educator to express milk or breastfeed their child. The Nominated Supervisor will be reasonably flexible as to when these occur.
- 18.3 A quiet, private space with a comfortable chair will be provided for women to breastfeed or express milk.
- 18.4 If arrangements have been made for the educator's child to come to the service to breastfeed and needs its nappy changed, the educator can use the service's nappy changing area as long as the relevant policies and procedures are followed.
- 18.5 When an educator is in the process of breastfeeding her child or expressing milk, educator to child ratios cannot be compromised. Educators will work to cover the Lactation Break as they would any other break.

19 Safe Storage, Heating and Feeding of Babies Bottles

- 19.1 For children under 2 years, breast milk, formula, milk or solid food will be fed by the educator in the prescribed quantities and at the times specified by the parent.
- 19.2 Parents must provide formula. The service will provide cow's milk, and dairy free alternatives.
- 19.3 Breastfeeding mothers are encouraged to feed their child at the centre.

- 19.4 Bottles and food will be labelled with the child's name and stored appropriately. Bottles are to be placed in the body of the fridge, not in the door of the fridge. The reason for this is that the temperature in the door panels is not as cold as that in the interior of the refrigerator.
- 19.5 Our service will use bottle warmers/hot water to heat Infant Formula/Cow's Milk/Breast Milk. We will not use microwaves because of uneven heating when a bottle is heated in the microwave.
 - i. The service will use the bottle warmer as per the manufacturer's instructions.
 - ii. Educators will ensure that bottle warmers are inaccessible to children at all times.
 - iii. Bottles will be warmed for less than 10 minutes.
- 19.6 The educator or other staff responsible for feeding a particular child will check to see that the name on the bottle being used correctly matches the name of the child he/she is to feed. If the child is being fed breastmilk then this will be checked by two educators, who will initial the feeding record to acknowledge that they have checked that the breast milk is clearly labelled and being given to the correct child.
- 19.7 If the service is preparing an emergency bottle using the service's formula, check to ensure that the formula is correctly made up for the child's age and review the Parents/Guardians' instructions.
- 19.8 Babies should be held when being fed with a bottle, never leave babies unattended to feed with bottles "propped-up" to them. Babies who are fed lying down are at a higher risk of choking and developing middle ear infections.

If an emergency arises and the educator or other staff are called away, another educator or other staff should continue to feed the child. If this is not possible, the educator or other staff must cover the teat and place the bottle in the fridge. If the feed is interrupted for more than a few minutes the bottle must be emptied and a new one made before continuing to feed the child.
- 19.9 Children must not share bottles. In order to avoid choking, or swapping of bottles and contamination, children should not be allowed to walk around with bottles.
- 19.10 Once milk has been heated, any unused portion must be discarded. **Under no circumstances will milk or breast milk be reheated for future use or be saved to take home.**
- 19.11 A record of food intake is to be available for Parents/Guardians to read at the end of each day and will include the amount of milk that the child has been fed.

20 Sources

- Education and Care Services National Regulations
- Early Years Learning Framework
- National Quality Standard
- Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood Dietary Guidelines for Children and Adolescents in Australia.
- Infant Feeding Guidelines
- Australian Dietary Guidelines
- Eat for health: Dept Health and Ageing and NHMRC
- Food Act
- Food Regulations
- NSW Food Authority
- Australian Breast Feeding Association Guidelines

- Munch and Move Resource Manual – Birth to Five
- Caring for Children –Birth to 5 years (Food, Nutrition and Learning Experiences)
- Best practice Guidelines for Management of anaphylaxis
https://www.allergyaware.org.au/images/cec/NAS_Best_Practice_Guidelines_CEC_April_2022.pdf

21 Review

This policy will be reviewed every 2 years and the review will include Management, Employees, Families and Interested Parties.

22 Appendix 1 – Storage of Breast Milk

Breastmilk status	Storage at room temperature (26°C or lower)	Storage in refrigerator (5°C or lower)	Storage in freezer
Freshly expressed into sterile container	6-8 hours If refrigeration is available store milk there	No more than 72 hours Store at back, where it is coldest	2 weeks in freezer compartment inside refrigerator (-15°C) 3 months in freezer section of refrigerator with separate door (-18°C) 6-12 months in deep freeze (-20°C)*
Previously frozen (thawed in refrigerator)	4 hours or less – that is, the next feeding	24 hours	Do not refreeze
Thawed outside refrigerator in warm water	For completion of feeding	4 hours or until next feeding	Do not refreeze
Infant has begun feeding	Only for completion of feeding Discard after feed	Discard	Discard

* Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature

Source: NHMRC (National Health and Medical Research Council), 2013, *Infant Feeding Guidelines*, National Health and Medical Research Council, Canberra

23 Version Control Table

Version Control	Date Released	Next Review	Approved By	Amendment
1	Feb 2012	Feb 2013	Michele Fowler Manager – Kids Uni	
2	Feb 2013	Feb 2014	Michele Fowler Manager – Kids Uni	Paragraph inserted re application of policies across all centres. Migrated into new QA format. This policy replaces the Children with Special Dietary Needs Policy, Nutrition Policy, and the Obesity Policy.
3	Dec 2013	Dec 2014	Michele Fowler Manager – Kids Uni	Minor updates provided by Centre Support to update dietary guidelines references and the eat for health calculator
4	Jun 2014	Jun 2016	Michele Fowler Manager – Kids Uni	Policy reviewed with no changes required. The review period changed to 2 years.
5	Mar 2016	Jun 2018	M. Gillmore – UniCentre Manager	Policy reviewed with a few minor editorial changes required.
6	Jul 2018	Jul 2020	Kellie Grose Children's Services Manager	Policy has been reviewed and updated to include our Food Safety program and our Allergen Management process. This has combined the 'Egg and Nut Aware Policy.
7	Nov 2018	Nov 2020	Kellie Grose - Children's Services Manager	Clarification around food being brought into the centre by families from home – bring into line with other Pulse Policies.
8	Jan 2019	Jan 2021	Kellie Grose - Children's Services Manager	Change to casual staff serving food. Only permanent staff can serve food.
9	Jul 2019	Jul 2021	Kellie Grose - Children's Services Manager	Added clause to cover additional food being supplied from the kitchen that is not on the menu.
10	November 2019	Jul 2021	Nicole Bray – Director Kids Uni iC	Updated to reflect name change to Kids Uni iC and provisions around the children providing their own food.
11	June 21	Jul 21	Nicole Bray – Director Kids Uni iC	Updated to reflect change of paper form to Kinderloop.
12	April 2022	April 2024	Kellie Grose - Children's Services Manager	Updated breast milk procedures to reflect NSW Health Munch and Move Resource Manual. Updated information on bottle feeding babies to emphasise that babies should be held. Updated information on the provision of developmentally appropriate and safe food to avoid choking. Added Appendix – Storage of Breast Milk
13	June 2022	June 2024	Kellie Grose - Children's Services Manager	Removed eggs from allergy aware policy following release of best practice guidelines for management of anaphylaxis. Added hand washing after meal times to reduce cross contamination of foods.
14	Feb 2023	Feb 2025	Kellie Grose - Children's Services Manager	Added additional precautions to cooking experiences (<i>a permanent staff member needs to be present and allergy procedures need to be followed</i>). Combined the 'Managing Food as part of celebrations' policy into this policy (Clause 13). Updated to reflect practices at Kids Uni iC where children bring their lunch from home. Updated Munch and Move recommendations – we will not introduce high allergen foods until they are introduced at home (Clause 8.5)
15	Mar 2023	Mar 2025	Kellie Grose - Children's Services Manager	Removed the need for services to keep an emergency supply of formula.
16	Aug 2023	Mar 2025	Kellie Grose – Head of Early Education	Amended Cl 13.4 because ingredients in ice creams cakes now all state 'may contain traces of nuts'