

NUTRITION, FOOD SAFETY AND ALLERGEN MANAGEMENT POLICY

Contents

1	NQS	2
2	National Regulations	2
3	EYLF	2
4	Aim	2
5	Related Policies	3
6	Implementation - promoting healthy habits and awareness towards nutrition	3
7	Implementation - provision of Nutritious and Safe Food and Beverages	4
8	Allergy Management	5
9	Preparation and Food Hygiene Procedure	10
10	Food Safety, Storage, Temperature Control	10
11	Food Transportation	12
12	Cooking Experiences with Children	13
13	Managing food as part of celebrations	13
14	Returning Bottles to Families	14
15	Emergency Supply	14
16	Breastfeeding and Breast Milk	14
17	Breast Milk Procedure	15
18	Educators who Breastfeed at the Service	15
19	Safe Storage, Heating and Feeding of Babies Bottles	16
20	Sources	17
21	Review	17
22	Appendix 1 – Storage of Breast Milk	18
23	Version Control Table	18

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.

Kids' Uni Staff and Educators will:

- 6.1 Develop awareness of health and nutrition so that they can educate children in this area.
- 6.2 Ensure mealtimes are 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 mealtimes as learning opportunities for children to learn about and explore food and nutrition.
- 6.4 Ensure children are not force fed. We will encourage food curiosity and exploration through conversations and exposure; however, children will not be required to eat foods they do not like, or more than they want to eat. Additionally, we will respect children as naturally intuitive eaters, with the ability to recognise their own level of hunger or fullness. We will allow children to eat as much as they need from what is provided, even if it is more than what would be expected. We will talk to children about feelings of fullness and hunger to support their increasing ability to articulate their needs.
- 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 mealtimes.
- 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 families, 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. Seek to work with families to develop cultural awareness around food preferences and celebrations. 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 mealtimes.
- 6.21 Provide age and developmentally appropriately utensils and furniture for mealtimes.
- 6.22 Encourage and support breastfeeding and appropriate introduction of solid foods.

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 mealtimes or children who are hungry are provided with foods at periods other than mealtimes 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 families 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 reduced fat 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 (*Munch and Move Birth to Five Years Resource Manual, NSW Ministry of Health 2014*).
- 7.15 All children will be directly supervised during mealtimes.
- 7.16 Encourage and support breastfeeding (see section 16)

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 'Allergy 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 mealtimes. 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 families to address all special dietary requirements for children. The Nominated Supervisor will seek medical information from families about any known allergies or intolerances. If a child has an allergy, a parent must provide the service with an ASCIA Action plan and any other relevant written information from a dietician or medical practitioner. For children with intolerances or food preferences, written documentation must be completed by the family.

- 8.5 We will work collaboratively with families with young children to ensure they have opportunity to introduce foods at home, before they are provided to children at the service. Educators will communicate with families about which foods they have introduced at home, and the same foods will be provided to young children until they are eating all foods on our menu.
- 8.6 If a child has allergies the Nominated Supervisor will ask the families to complete the “*Food Allergy and Medical Notification*” Form 005, along with supporting documentation and provide an ASCIA Action plan.
- i. The ASCIA Action 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.
 - ii. The Nominated Supervisor will work with the family to develop an individual risk minimisation plan, based on the information provided in the ASCIA Action Plan.
 - iii. The ASCIA Action Plan and supporting documentation should be kept on the child’s enrolment file and be displayed in the service, in an area where all educators can easily access it, near a telephone.
 - iv. 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 Action plan should be taken on the excursion.
 - v. Families are required to provide the medication identified in the ASCIA Action Plan
 - vi. Families are required to provide updates to the ASCIA Action Plan according to the review date on their ASCIA Action Plan, when medication is replaced or if treatment changes are made. The documentation will be updated at the service in line with any changes to the action plan.
 - vii. Regardless of family requests, we will not provide children with their allergen at any time, including in baked goods. This is in line with recommendations from the NSW Anaphylaxis Education Program within the Department of Allergy and Immunology.
- 8.7 Special diets due to religious beliefs or parental preference will be respected and catered for.
- 8.8 Educators are aware of the seriousness of allergy and anaphylaxis and undertake the steps that need to be taken to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for allergy and anaphylaxis:
- i. The service will ensure that all permanent educators have completed first aid and allergy/anaphylaxis management training.
 - ii. The service will ensure that all permanent educators in all services, whether they have a child diagnosed with allergies, undertakes training in the administration of the adrenaline auto-injection device annually and cardio- pulmonary resuscitation every 12 months. New staff will complete ASCIA online training as part of their induction when they are employed at the service.

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

Step	Actions Required
1	Nominated supervisor is notified of a new or change to the child’s Allergy/Food preference by a family. This is to be documented on Form 5 “Food Allergy Notification Form”
2	<ul style="list-style-type: none"> • Nominated Supervisor will review Section 1 & 2 of Food Allergy Notification Form. Ensure Section 3 is completed for all children with allergies or medical conditions. Provide Form 21 and 22 to parent/carer and communicate they have five working days to return completed forms along with ASCIA action plan and supply medication or care will be suspended (fees still charged) until all completed information received by Nominated Supervisor Form 21 – Administration of Authorised medication Form 22 – Risk Minimisation Plan (Record the date it is to be returned)

3	<p>Parent/carer to complete section 4 of Food Allergy Notification Form confirming that they have updated Hubworks or authorise service to make changes. and section 5 – declaration.</p> <p>It is important that all documentation and information on the child’s Hubworks enrolment form are consistent with each other.</p>
4	<p>For food allergies or medical conditions, the Nominated Supervisor will complete Section 6 detailing the date of meeting with family and cooks. This is to include a discussion of items used which normally used in our menus. If a family offers suggestions of alternate brands or products, these will be recorded on the Food Allergy Notification Form.</p> <p>For children with allergies or anaphylaxis, we will not provide products which say ‘may contain’ their allergen on the label, unless their family has specified, they have used that product at home, and confirm it is a safe alternative.</p>
5	Form 21 and 22 returned
6	Director to review both forms to ensure they have been completed correctly and align with the ASCIA action plan.
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, added to trolleys, and each red medical conditions folder
9	The “Allergen & Dietary Requirement Check” Form 53 is updated with child’s name, Allergy, or food preference information. This is then printed and provided to Cooks. This form is used by cooks and educators to ensure appropriate checks are conducted prior to and at mealtimes.
10	The Medical Conditions Summary sheet (form 61) to be updated if required, 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 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 administration staff. • 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. •

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 children with an ACSIA action plan are served with RED crockery.
 - e. Ensure those with food preferences 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 entering the classroom with the trolley, one educator reads “Allergen and Dietary Requirement Check” Form 53 checks the allergy column/chart for the allergy information to confirm that there are alternate meals for children who required them.
 2. Once at the meal area with the trolley, two educators are to conduct the following checks:
 - a. Check that the meal or the alternate meal is suitable for the child based on the allergy information.
 - b. Confirm that the meal in their hand is being given to the correct child.
 - c. Both educators initial the section of the form to acknowledge that they have completed the checks
 3. Ensure that only permanent team members serve food to children. Casual staff are not permitted to serve food to children; however they can assist with feeding children once a permanent educator has provided the meal. If a casual educator is working a block of time at one service, the nominated supervisor may grant permission for the casual to serve food. This is at the Nominated Supervisor’s discretion.
 4. If the information is incomplete or an educator is unsure about the meal being provided, they must contact the kitchen or Nominated Supervisor to check.
 5. Educators will familiarise themselves with all information regarding special dietary needs, by consulting Allergy Summary Chart (form 54) in each playroom, on food trolleys and in the kitchen. These will be updated as required. All educators are informed of updates/changes as they occur.
 6. If 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”.
 7. 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.
 8. Educators will follow all requirements of the ASCIA action plan and Risk Minimisation plan for each child.
 9. Should an educator become aware of a child eating/drinking a product which should be avoided they must immediately notify the Nominated Supervisor.
 10. 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 Nominated Supervisor 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 families 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 along with ensuring a ASCIA action plan is provided to the service if applicable.
 - c. Update all information on the Allergy Summary chart Form 54
 - d. Update the “Allergen and Dietary Requirement check” Form 53
 - e. Ensure ASCIA Action plans are displayed in each classroom, and a copy is placed in each medical conditions folders, in the Kitchen and the child’s red medication bag
 - f. Medical conditions summary form 61 updated with approved medication, dosage, expiry, and renewal date for action plan
 - g. Have the “Staff communication & sign off sheet” (Form 42) completed with all the above.
 - h. 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 Nominated Supervisor once a new staff member has settled into the service.
 - i. Ensure that 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. Two Educators are required to conduct lunch box checks to ensure that nuts are not present. This will occur at mealtimes. Educators will sign off on the “Daily lunch box check”. If nuts are detected the educator will remove and send home the allergen or dispose, as appropriate. The educator will seek to provide a suitable alternative and advise the child’s family of this outcome through appropriate communication methods (Discussion on departure, phone call, email, Kinderloop message.)
 - c. Remind children about not sharing food. Children will be directly supervised by Educators at mealtimes to ensure that this is supported. A child with Anaphylaxis will be seated directly with and Educator.
 - d. Ensure children are washing hands before and after meals.
 - e. Children with Allergies/Anaphylaxis will be provided with a separate safe and inclusive space to store their lunch box and drink bottle to reduce opportunity for cross contamination.

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 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. Ensuring all staff have completed the Food Handling Basics course with NSW Food Authority. Kitchen staff, Nominated Supervisors and Second in Charge staff are required to hold a Food Safety Supervisor certificate.

- ii. Educating children and families in food safety through role modelling, information sharing and clear guidelines in relevant policies.
- 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 and cooks 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. Perform a risk assessment to ensure that if participating children have allergies, their allergens are not used in the cooking experience.
 - 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.
 - v. Participating in garden to plate experiences.

13 Managing food as part of celebrations

Our organisation recognises the importance of celebrations in fostering a sense of community and enhancing children's connection to family, peers and educators. To create a safe and inclusive environment, we will focus on creating rituals and celebrations which focus on non-food related activities at these events.

- 13.1 At Kids' Uni CBD, North and South, we cannot accept food brought from home to protect all children attending our services. This policy helps us manage food safety effectively. The only exception is baby formula.
- 13.2 Families will be informed of this policy during the enrolment process and through regular updates throughout the year.
- 13.3 Birthdays are important milestones for children and families. Educators will collaborate with children to create special birthday rituals that celebrate the birthday child with their peers and educators. From January 2025, we will not allow birthday cakes at our services to ensure the safety and inclusion of all children.

- 13.4 Events planned by the service may include food as part of the celebration. Any food served will be planned and prepared in consultation with the service Nominated Supervisor to align with allergy management protocols and healthy food guidelines. Safety considerations must be addressed during the planning process. This includes assessing potential choking hazards (especially for babies and toddlers), ensuring all allergies are considered (for both children and educators), adhering to safe food handling practices, and meeting hygiene standards (e.g., using tongs, providing separate plates for each child, and ensuring handwashing).
- 13.5 Families and educators will be reminded that all services operate as “Allergy Aware” prior to any celebrations involving food.
- 13.6 As part of our commitment to working in partnership with families, we will be mindful of the rights of families 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 Families

All bottles will be rinsed but not sterilised after use and ensure all bottles, will be returned to the families at the end of each day whether used or not. Families 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 family supplies breast milk, then the Nominated Supervisor will contact the parent to have an alternative milk source approved.
- 15.3 Families/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

At Kids' Uni, we acknowledge and respect that some staff and families may prefer to use the terms body feeding or chest feeding. For the purposes of this policy, we will use the terms breastmilk and breast feeding.

Our services will encourage and support breastfeeding:

- 16.1 Informing families that our services support breastfeeding at first contact or at orientation and asking if families would like to continue offering their infant breastmilk while in care.
- 16.2 Providing a suitable place within the service where parents can breastfeed their infants or express breastmilk. This place may include a comfortable chair, a change table and nearby access to hand washing facilities.
- 16.3 Providing refrigerator space for breastfeeding parents to store their expressed breastmilk.
- 16.4 Developing a documented feeding plan for breastfed infants in consultation with family members. The plan will include arrangements for what the service should do if the service does not have enough expressed breastmilk to meet the infant’s needs.
- 16.5 Ensuring the safe handling of breastmilk and infant formula during transportation, storage, thawing, warming, preparation and bottle feeding.
- 16.6 Offering cooled pre-boiled water as an additional drink from around six months of age, in consultation with families.

- 16.7 Supporting the transition to infant formula where breastfeeding is discontinued before 12 months of age.

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 degrees 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 parents 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 Staff who Breastfeed at the Service

- 18.1 The service also recognises the importance and benefits of breastfeeding and that many staff will return to work before they wish to wean their children. Requests for allowances for staff members to continue breastfeeding once they have returned to work at the service will be

treated respectfully and reasonably and all efforts will be made to support the staff member in their choice to continue breastfeeding their child.

- 18.2 On return to work from parental leave, staff members may seek to change their work arrangements. The returning staff member will have a meeting with the Nominated Supervisor/Head of Early Education to discuss an arrangement which suits the staff member, the Nominated Supervisor and effective of operation of the service. The service will provide Lactation Breaks for the staff member 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 staff to breastfeed or express milk.
- 18.4 If arrangements have been made for the staff member's child to come to the service to breastfed and needs their nappy changed, the staff member can use the service's nappy changing area, providing the relevant policies and procedures are followed.
- 18.5 When a staff member is in the process of breastfeeding their child or expressing milk, educator to child ratios and effective supervision must be maintained. Nominated Supervisor and 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 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 Families 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 always inaccessible to children.
 - 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 Families/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. Some children may not want to be held, if the child is over one year old, they may feed independently, as long as an educator is sitting beside them at all times.

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 Families/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
- [Feedback from Allergen Management Training with NSW Anaphylaxis Education Program – Department of Allergy and Immunology](#)

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'
17	September 2024	September 2026	Louise Windisch – Head of Early Education	Edited to have clearer wording throughout Add information about respecting children's intuitive eating habits Amended allergen management practices in line with recommendations from NSW Anaphylaxis Education Program – Department of Allergy and Immunology: <ul style="list-style-type: none"> - Treating allergy and anaphylaxis management equally. Change allergy management to red plates. All intolerances and food preferences- green plates. - Introducing clearer guidelines when parent requests differ from ASCIA action plan