3.8 Safer Eating, Storage and Preparation Policy

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Table of Contents

3.8 Safer Eating, Storage and Preparation

Policy Statement

Miss B's Nursery is committed to providing a safe, positive and enjoyable eating experience for every child. Mealtimes are viewed as an important part of children's learning, wellbeing and development, where children develop healthy eating habits, independence, communication skills and social confidence.

The nursery recognises that eating and drinking can present significant risks, particularly for babies and young children. We therefore implement robust procedures to minimise the risk of choking whilst supporting children to safely develop their eating and drinking skills.

Miss B's Nursery also recognises the importance of maintaining high standards of food safety and hygiene when storing, reheating and serving food within the setting. Although the nursery does not prepare full meals on site, pre-prepared food may occasionally be stored in the refrigerator or reheated in the oven prior to being served. We source our food from 'Nursery Kitchen', an accredited food provider.

The nursery follows safe food handling procedures to minimise the risk of contamination, foodborne illness, or allergic reactions. All food-related activities are carried out in accordance with recognised food safety guidance and in a manner that protects the health and well-being of children and adults.

These procedures support children's rights under the **United Nations Convention on the Rights of the Child (UNCRC)**, including:

- **Article 3** – The best interests of the child must always be a primary consideration.
- **Article 6** – Children have the right to life, survival and development.
- **Article 24** – Children have the right to the highest attainable standard of health and safe nutrition.
- **Article 27** – Children have the right to a standard of living adequate for their development.

3.8.1 Storage of Food

Any food that requires refrigeration is stored in the staff kitchen refrigerator, which is not accessible to children.

Food safety procedures include:

- ensuring food is stored in **clean, sealed containers** or appropriately covered.
- clearly labelling food where necessary.
- storing cooked or ready-to-eat foods separately from raw foods (where applicable).
- discarding any food that is no longer safe to consume.

The refrigerator is maintained at **5°C or below** to ensure safe food storage. Temperatures are checked regularly by staff to ensure that they remain within safe limits.

The refrigerator and storage areas are cleaned routinely as part of the nursery's hygiene procedures.

3.8.2 Reheating Pre-Prepared Food from Nursery Kitchen

Where pre-prepared food needs to be reheated, this is done in the **kitchen oven**, which is restricted to staff use only.

The following safety procedures apply:

- Only staff members are permitted to operate cooking appliances.
- Food must be reheated thoroughly until **piping hot throughout** (using the sterilised food probe to check it is 82 degrees) before serving and determined by a food temperature probe.
- Food will only be reheated **once** and not reheated multiple times.
- Food is allowed to cool to a safe temperature before being served to children to prevent burns or scalds.

Hot food, trays and utensils are always kept well out of children's reach.

3.8.3 Allergy-Safe Food Handling

Miss B's Nursery recognises that some children may have allergies or dietary restrictions. The nursery, therefore, takes careful precautions to reduce the risk of allergen exposure.

Procedures include:

- recording children's allergies and dietary needs during registration.
- ensuring staff are aware of allergy information.
- checking ingredient information before serving food.
- Sharing ingredient information to parents before serving food.
- avoiding foods known to cause severe allergic reactions for children attending the nursery (for example, **nuts or nut products**).
- preventing cross-contamination by using clean utensils and preparation areas.
- Supervising children during snack and mealtimes to prevent food sharing.

Where a child has a severe allergy and requires emergency medication, such as an **EpiPen**, staff follow the child's individual healthcare plan.

Parents are encouraged to inform the nursery promptly of any changes to their child's dietary requirements.

These measures support children's rights to health and protection under **UNCRC Articles 3 and 24**.

3.8.4 Staff Food Hygiene Practices and Training

Miss B's Nursery ensures that staff involved in food preparation or handling understand safe hygiene practices.

Staff responsible for preparing or serving food are encouraged to undertake **appropriate food hygiene training**.

Good hygiene practices include:

- washing hands thoroughly before and after handling food.
- tying back long hair.
- wearing clean clothing or protective aprons where appropriate.
- using clean utensils and preparation surfaces.
- cleaning food preparation areas before and after use.

Staff also take care to prevent cross-contamination and remain aware of children's allergies and dietary needs when handling food.

Food safety procedures are reviewed periodically to ensure they remain effective and in line with current public health guidance

3.8.5 Safe Eating Procedures and Choking Prevention

At Miss B's Nursery, all food and drink are provided in a manner that is appropriate to each child's age, stage of development and individual needs. Safe eating is embedded into everyday practice and is considered a shared responsibility between practitioners, parents and management. Every member of staff understands that choking can occur quickly and without warning, and that careful supervision and preventative practice are the most effective ways of keeping children safe.

Food is never given to children whilst they are walking around the room, playing, climbing, lying down or engaging in physical activities. Practitioners recognise that eating whilst distracted or moving significantly increases the risk of choking and therefore ensure that children are settled before food is offered.

Throughout every meal and snack time, practitioners remain fully attentive to the children in their care and remain with them for the duration of the time while they eat. Mealtimes are never viewed as an opportunity to complete paperwork, prepare activities or undertake other tasks. Staff position themselves so that every child remains clearly visible and they are able to respond immediately should assistance be required. Ratios are maintained throughout the meal period, and staff are deployed in a way that ensures no child is left without direct supervision. There is at least one member of staff with a Paediatric First Aid certificate with the children, whilst they eat.

Children are never hurried during meals. Every child is given sufficient time to chew and swallow each mouthful before taking another bite. Practitioners understand that encouraging children to eat too quickly can increase the likelihood of choking and may also create negative associations with mealtimes. Instead, children are supported patiently and encouraged to enjoy their food at a pace that is comfortable for them.

The nursery promotes a calm, relaxed atmosphere during meals. Excessive noise, unnecessary movement and distractions are minimised to help children concentrate on eating safely. Practitioners model appropriate eating behaviours by sitting with children wherever possible, demonstrating good table manners and engaging children in calm conversation without encouraging them to speak whilst food is in their mouths.

3.8.6 Active Supervision

Active supervision is one of the most effective ways of preventing choking incidents. Practitioners are expected to maintain continuous awareness of every child throughout

meals and snacks. Active supervision involves far more than simply being present within the room; it requires practitioners to observe how each child is managing their food, identify any signs of difficulty and intervene promptly if necessary.

Staff continuously observe children for signs that they may be struggling to chew or swallow. These signs may include prolonged chewing, coughing, repeated gagging, holding food in the mouth, becoming distressed whilst eating or attempting to swallow large pieces of food. Any concerns are recorded and discussed with the Nursery Manager and the child's parents so that appropriate support can be implemented.

Children who are newly weaning, experiencing developmental delays, recovering from illness or who have identified feeding difficulties may require enhanced supervision. Individual risk assessments will be completed where necessary to ensure that additional safety measures are in place.

Practitioners understand the difference between gagging and choking. Gagging is a normal protective reflex during the development of eating skills, particularly when babies begin to explore different food textures. While gagging can appear alarming, practitioners remain calm, closely observe the child and only intervene if the child progresses to choking or becomes unable to recover independently. All staff receive paediatric first aid training that includes recognising and responding appropriately to both gagging and choking.

3.8.7 Safe Seating Arrangements

Children are always encouraged to eat whilst seated comfortably in furniture that is suitable for their size and developmental stage. Correct seating supports safe swallowing and reduces the likelihood of choking by ensuring that children remain in an upright position throughout the meal.

Babies who are able to sit independently may use highchairs that comply with current British Safety Standards. Older children sit at appropriately sized tables and chairs that allow them to place both feet securely on the floor or on a footrest where possible. Good posture promotes safe swallowing and allows children to concentrate on eating without unnecessary movement.

Highchairs are inspected before each use to ensure they are clean, stable and in good working order. Safety harnesses are checked regularly for signs of wear or damage and are fastened securely each time a child is seated. Highchairs are positioned away from hazards such as radiators, doors, trailing electrical cables and furniture that children could use to

push themselves over. They are never placed close enough to tables or worktops for children to push away or climb.

Practitioners remain within arm's reach of babies and younger toddlers who are seated in highchairs. Children are never left unattended, even for a few seconds. If a practitioner needs to leave the area, another member of staff assumes responsibility before they move away.
Children are removed from highchairs immediately after they have finished eating and are never left sitting unnecessarily for prolonged periods. Following each use, highchairs are cleaned and disinfected using approved cleaning products in accordance with the nursery's infection prevention procedures.

3.8.8 Safe Food Preparation

All food served within the nursery is prepared to minimise the risk of choking while remaining developmentally appropriate and nutritionally balanced. Staff responsible for preparing food understand that the texture, size and consistency of food must be adapted according to each child's individual stage of development rather than their age alone.
Food is always checked before serving to ensure it is at an appropriate temperature, free from bones, shells, fruit stones, pips, cocktail sticks, packaging or any other foreign objects that could present a hazard.

Children are gradually introduced to a wider variety of textures as their chewing skills develop. Progression is based upon careful observation of each child's abilities and discussions with parents rather than following a fixed timetable.

Practitioners understand that some children may require food to be mashed, finely chopped or modified for longer than others due to developmental differences or medical needs. These decisions are always made in partnership with parents and, where appropriate, healthcare professionals.

Certain foods are recognised nationally as presenting a higher choking risk for babies and young children. At Miss B's Nursery, these foods are only served after they have been prepared safely:

- **Grapes, cherries and cherry tomatoes** are always cut **lengthways into quarters** before being offered to any child under the age of five. They are never served whole, regardless of the child's apparent eating ability.

- **Blueberries** are gently **squashed** for younger children who are still developing chewing skills to reduce the risk of airway obstruction.
- **Sausages** are never cut into round slices, as this shape closely matches the size of a young child's airway. Instead, sausages are cut **lengthways** before being diced into small pieces appropriate to the child's developmental stage.
- Raw **carrots** are not offered as chunky sticks to younger children. Instead, they are **grated**, finely shredded or cooked until soft.
- **Apples** are served as **stewed fruit, grated apple or thin slices** depending on the child's stage of development.
- Hard fruits are only offered when ripe and soft enough to break apart easily during chewing.
- **Meat** is cooked until **tender** and **cut into very small** pieces.
- **Fish** is carefully checked for **bones** before serving.
- **Bread** rolls and crusty bread are cut into **manageable portions** and monitored carefully as doughy textures can sometimes be difficult for younger children to manage.
- Foods such as whole nuts, popcorn, marshmallows, chewing gum, boiled sweets, jelly cubes and whole olives are **not provided** by the nursery under any circumstances because they present an unacceptable choking risk for young children.

Families are asked not to include these foods in any packed lunches or celebration foods brought into the nursery, if applicable.

3.8.9 Promoting Safe Eating Skills

Developing safe eating habits is an important part of children's learning. Practitioners consistently model good eating behaviours and gently remind children to take small bites, chew thoroughly and swallow before taking another mouthful.

Children are encouraged to place their cutlery down between mouthfuls and to take regular drinks during meals. Practitioners avoid overfilling children's plates, as smaller portions

allow children to manage food more comfortably and reduce the temptation to place excessive amounts into their mouths.

As children's confidence develops, they are supported to use forks, spoons and open cups independently. Practitioners recognise that independence contributes to children's confidence and self-esteem, but understand that safety must always remain the priority. Children therefore receive individual support according to their stage of development.

Where children display behaviours that increase choking risks, such as overfilling their mouths, storing food in their cheeks, repeatedly standing up whilst eating or attempting to feed other children, practitioners intervene immediately in a calm and supportive manner. The behaviour is addressed through gentle guidance rather than punishment, helping children to develop safe eating habits over time.

3.8.10. Individual Risk Assessments

Some children require additional support to eat safely due to medical conditions, developmental delay, sensory processing differences or identified swallowing difficulties. Where this is the case, an **individual safer eating risk assessment** will be completed before the child attends nursery or immediately following identification of the concern.

Risk assessments will outline the child's required food textures, seating arrangements, supervision levels, specialist equipment, emergency procedures and any professional advice received from speech and language therapists, paediatricians, dietitians or other healthcare professionals.

These plans are reviewed regularly with parents and updated whenever the child's needs change. All practitioners working with the child are expected to familiarise themselves with the individual plan before providing care.

3.8.11 Choking Incidents

All choking incidents, including gagging episodes where intervention is required, will be recorded and reviewed by management. Records will be monitored termly and after any significant incident to identify trends, common factors, or recurring risks. Where concerns

are identified, appropriate actions will be implemented, monitored and reviewed to reduce the risk of future incidents and promote children's safety. This monitoring process forms part of Miss B's Nursery's wider safeguarding and health and safety arrangements in accordance with the statutory requirements of the EYFS.

3.8.12 Bottle Feeding

We work closely with parents before a baby starts attending the nursery to gain a detailed understanding of their current feeding routine. Information is gathered regarding the type of milk the baby receives, the quantity and frequency of feeds, preferred bottles and teats, feeding positions, winding routines and any medical advice that has been provided. This information forms part of the child's individual care plan and is reviewed regularly with parents as feeding patterns naturally change.
Parents are encouraged to provide as much information as possible regarding their baby's feeding preferences so that practitioners can offer a consistent experience between home and nursery. We recognise that feeding routines can be an important source of comfort and security for babies during their transition into nursery life. Parents are asked to supply their own formula in sealed, in date containers, due to the carrying preferences.

3.8.13 Breast Milk

Miss B's Nursery fully supports and promotes breastfeeding in line with NHS guidance. Parents who choose to provide expressed breast milk can be confident that it will be handled safely and respectfully throughout its storage, preparation and use.

Expressed breast milk must arrive at the nursery clearly labelled with the child's full name, the date on which it was expressed and any additional storage instructions provided by the parent. On arrival, practitioners immediately check the labelling before placing the milk into a designated refrigerator maintained between 0°C and 5°C.

Breast milk is stored separately from other foods wherever reasonably practicable to minimise the risk of contamination. Staff handling expressed breast milk follow strict hand hygiene procedures before and after each feed.

Breast milk is warmed only if requested by parents. It is never heated in a microwave due to the risk of creating dangerous hot spots that could burn a baby's mouth. Instead, bottles are gently warmed using approved bottle warming equipment or warm water before being

tested carefully on the inside of the practitioner's wrist to ensure they are at a safe feeding temperature.

Any unused breast milk remaining after a feed is discarded in accordance with NHS guidance and is never reheated or reused.

3.8.14 Infant Formula

Parents are asked to supply ready-to-feed formula or pre-measured formula feeds in accordance with the nursery's bottle preparation procedures. This reduces the risks associated with incorrect preparation and ensures consistency with home routines.

All bottles must be clearly labelled with the child's name before being stored appropriately. Practitioners prepare bottles following current NHS hygiene guidance. Hands are thoroughly washed before preparation, bottles are checked carefully for cleanliness and feeds are prepared immediately before use wherever possible.

Prepared formula is never left standing at room temperature for prolonged periods. Any unused formula remaining after a feed is discarded after one hour and is never reheated or offered again.
Staff recognise that milk provides an ideal environment for bacterial growth and therefore strict hygiene procedures are followed at all times.

3.8.15 Feeding Position

Babies are always bottle-fed whilst being held securely by a practitioner or whilst sitting in a developmentally appropriate upright position where close physical supervision is maintained.
Practitioners maintain eye contact, speak softly and respond sensitively to each baby's communication throughout the feed. Feeding is viewed as an opportunity to strengthen attachment, build trust and support emotional security.

Bottle propping is strictly prohibited within Miss B's Nursery. Bottle propping significantly increases the risks of choking, aspiration, ear infections and dental decay and is therefore not permitted under any circumstances.

Under no circumstances will a bottle be left in a cot, pram, buggy, bouncer, highchair or with an unattended baby.

Practitioners never encourage babies to finish a bottle if they indicate that they have had enough. Instead, feeding is responsive and based upon each baby's individual hunger and fullness cues.

3.8.16 Responsive Feeding

The nursery adopts a responsive feeding approach for all babies and young children. Responsive feeding recognises that children are naturally able to regulate their own appetite when adults respond appropriately to their hunger and satiety signals.

Practitioners carefully observe children's verbal and non-verbal communication throughout feeds and meals. Signs that a baby may still be hungry include opening their mouth, reaching for food, leaning forwards or showing continued interest in eating. Signs that a baby has had enough may include turning away, pushing food away, sealing their lips, becoming distracted or losing interest in the meal.
Practitioners respect these cues and never pressure children to eat more than they wish. Equally, children are not routinely encouraged to finish everything on their plate or bottle. We recognise that appetite naturally varies from day to day depending upon growth, activity levels, illness and developmental stages.

Our aim is to help children develop a healthy lifelong relationship with food by encouraging them to recognise and trust their own body's signals.

3.8.17 Introduction to Weaning

The nursery works in **close partnership with families** during the exciting transition from milk feeding to solid foods. We recognise that weaning is an important developmental milestone and that babies reach readiness at different times.

Current NHS guidance recommends introducing solid foods at around six months of age when babies demonstrate developmental readiness rather than simply reaching a particular birthday.

3: Safety & suitability of premises, environment and equipment

The nursery will only begin offering solid foods once **parents have confirmed that weaning** has started at home or have specifically requested that nursery supports this process. We will not introduce foods that have not already been tried at home.

Before solids are introduced, practitioners meet with parents to discuss the baby's current stage of development, feeding routine, foods already introduced, allergies, family preferences and the approach parents would like the nursery to follow.

Rather than relying solely upon age, practitioners understand that babies should demonstrate developmental readiness before progressing onto solid foods. These **developmental signs** include being **able to hold their head and neck steadily, sit upright with minimal support, coordinate their eyes, hands and mouth to pick up food and bring it to their mouth independently, and swallow food rather than automatically pushing it back out with their tongue**. Babies who do not yet demonstrate these developmental skills will continue to receive milk feeds until they are ready to progress. Practitioners regularly communicate with parents regarding developmental progress and any observations made within the nursery.

Where families choose to follow a **baby-led weaning approach**, practitioners fully support this whilst ensuring that robust safety procedures are maintained. Baby-led weaning allows babies to **feed themselves** from the outset using **appropriately prepared finger foods** rather than being spoon-fed purees. This approach supports the development of hand-eye coordination, oral motor skills, independence and self-regulation.

All foods offered during baby-led weaning are carefully prepared to minimise choking risks. Vegetables are cooked until soft enough to **squash easily between two fingers**, fruit is served ripe and appropriately cut, and foods are presented in shapes that babies can comfortably grasp whilst remaining safe.

Babies participating in baby-led weaning are always seated fully upright in suitable highchairs with appropriate support. Practitioners remain alongside them throughout the meal, observing carefully but allowing babies to explore food independently where it is safe to do so.
Staff understand that gagging is relatively common during baby-led weaning as babies learn to move food around their mouths. Practitioners remain calm, closely observe the baby and only intervene if choking occurs or the baby's airway becomes obstructed.

Where **spoon feeding** is preferred by families, practitioners adopt a gentle, responsive approach.
Babies are encouraged to participate actively in feeding by **opening their mouths voluntarily**, reaching for the spoon or attempting to hold feeding utensils themselves.
Practitioners **never** force food into a baby's mouth or continue feeding if the baby clearly indicates that they have had enough.

As babies become more confident, opportunities are provided for them to begin holding pre-loaded spoons, exploring finger foods and gradually developing independent feeding skills.
Practitioners understand that messy eating is an important part of learning and therefore allow babies to explore different textures using their hands whilst maintaining appropriate hygiene standards.

3.8.18 Texture Progression

Children progress through food textures gradually according to their individual developmental stage.
Initially, babies may receive smooth purees where appropriate. As oral motor skills strengthen, foods gradually become mashed, then lumpy, followed by finely chopped meals before progressing onto modified family foods.
Practitioners continually observe how confidently each child manages different textures. If a child experiences repeated gagging, prolonged chewing or difficulty managing a particular texture, practitioners will temporarily return to a more suitable stage while discussing observations with parents.
Children are never rushed through texture progression simply because they have reached a certain age. Developmental readiness always determines progression.

3.8.19 Introducing New Foods

The nursery actively promotes a varied and balanced diet by encouraging children to experience a wide range of healthy foods from different cultures and traditions, as supported by Nursery Kitchen.

New foods are introduced gradually so that practitioners can observe any reactions and support children to become familiar with new tastes and textures. However, during a child's weaning stages, new food will be introduced at home first. Open communication ensures consistency between home and nursery whilst allowing any concerns to be identified promptly.

The nursery recognises that repeated exposure is often required before children accept unfamiliar foods. Practitioners therefore offer gentle encouragement without applying pressure or creating anxiety around eating. Children are praised for exploring, touching, smelling and tasting foods, regardless of how much they eventually eat.

3.8.20 Food Allergies and Intolerances

Before a child begins attending the nursery, parents are required to complete detailed registration forms outlining any diagnosed allergies, food intolerances, medical conditions, previous allergic reactions and emergency treatment requirements. Parents are also asked to provide information regarding foods that have not yet been introduced during weaning.

If a child is awaiting allergy investigations or parents suspect that an allergy may be present, the nursery will work cautiously with the family and, where appropriate, seek written guidance from the child's healthcare professionals before introducing potentially allergenic foods.

Where a child has a diagnosed allergy, an Individual Healthcare Plan and a specific Safer Eating Risk Assessment will be completed before attendance. These documents clearly outline the child's allergens, symptoms of a mild or severe reaction, emergency procedures, medication requirements and any dietary adaptations required. All practitioners working with the child must familiarise themselves with these documents before assuming responsibility for their care.
All allergy information is reviewed regularly with parents and immediately updated whenever circumstances change.

3.8.21 Managing Allergens Safely

The nursery takes all reasonable steps to prevent accidental exposure to allergens.

Every member of staff understands that even very small amounts of an allergen may trigger a reaction in some children. Practitioners therefore remain vigilant during food preparation, serving and clearing away meals.
Children with allergies are never given food unless staff have positively confirmed that it is safe. Ingredients are checked carefully every time food is served, even if products have been used previously, as manufacturers may change recipes without notice.

Cross-contamination is taken seriously throughout the nursery. Separate utensils, chopping boards, preparation areas or serving equipment will be used whenever necessary to prevent allergen transfer. Surfaces are thoroughly cleaned before preparing meals for children with allergies, and practitioners wash their hands before handling food.

We also have a colour-coded system to ensure children with allergies and food preferences are identified. A list is kept in the kitchen with the children's names and pictures so their allergies can quickly be identified. Children with an allergy eat their food from a red plate/bowl. Children with a food preference eat their food from a yellow bowl/plate. All other children eat their food from a green bowl/plate.

3.8.22 Recognising Allergic Reactions

All staff receive training to recognise the signs and symptoms of allergic reactions. A mild allergic reaction may include redness of the skin, itching, hives, swelling around the lips or eyes, abdominal pain, vomiting or changes in behaviour.

More severe symptoms may include swelling of the tongue or throat, difficulty breathing, wheezing, persistent coughing, hoarse voice, collapse, loss of consciousness or signs of anaphylaxis.
If a child develops symptoms of an allergic reaction, practitioners act immediately in accordance with the child's healthcare plan. Emergency medication, including adrenaline auto-injectors where prescribed, will be administered only by trained members of staff.

An ambulance will always be called immediately whenever anaphylaxis is suspected, even if symptoms appear to improve following medication. Parents will be contacted without delay, and a full written record of the incident will be completed.

Following any allergic reaction, the Nursery Manager will undertake a thorough review to identify whether additional control measures are required to reduce future risks.

3.8.23 Special Diets

Miss B's Nursery welcomes children with a wide range of dietary requirements and is committed to ensuring that all children are able to participate fully in nursery life regardless of their nutritional needs.

Special diets may be required for medical, cultural, religious, ethical or personal reasons. Wherever possible, the nursery will accommodate these requirements in partnership with parents whilst ensuring that children's nutritional needs continue to be met.
Parents are encouraged to discuss any dietary requirements before their child starts attending. This allows the nursery to plan appropriate menus, ensure suitable alternatives are available and brief staff accordingly.

Children requiring modified diets will receive meals that are as similar as possible to those enjoyed by their peers so that they remain fully included during mealtimes.
No child will ever be made to feel different because of their dietary needs.

3.8.24 Food Brought into Nursery

To minimise risks associated with allergens, food safety and choking hazards, parents are asked not to bring food into the nursery unless this has been agreed in advance with the Nursery Manager.

The nursery reserves the right not to serve any food brought from home if it presents a choking risk, contains prohibited allergens where appropriate, has not been stored safely or is considered unsuitable for young children.

All food brought into the nursery, for example a birthday cake, must be in sealed, in-date packaging.

3.8.25 Cooking Activities

Cooking experiences form an important part of the nursery curriculum and support children's understanding of healthy lifestyles, mathematics, communication and language, science and cultural diversity. Before every cooking activity, practitioners complete an activity-specific risk assessment that considers allergies, choking hazards, hygiene, supervision and the suitability of ingredients for participating children.

Children are encouraged to wash their hands before handling food and are supported to develop good hygiene habits throughout the activity.

Any foods prepared by children are stored, cooked and served safely in accordance with food hygiene guidance. Practitioners ensure that raw ingredients such as eggs, meat or flour are

handled appropriately and that children do not consume foods that may present a health risk if uncooked.

Cooking activities are adapted where necessary to ensure that children with allergies or dietary requirements can participate safely alongside their peers.