



Version 1 | Mahi Tuatahi  
Effective Date | Whakamana tahito: April 2024 | Āpereira 2024  
Next Review | ā houanga arotake: April 2026 | Āpereira 2026  
Policy Owner | Rangatira Kaupapa Māhere: Chief Executive Officer  
Key Accountabilities | Ngā Takonga Tuatahi: Chief Operating Officer

### Introduction | Tīmatanga Kōrero

The purpose of this policy is to:

- To ensure that all food and drink provided for children by kindergartens and in home-based services is appropriate for their nutritional and developmental needs and supports the whānau and cultural values.
- To encourage and promote the healthy eating guidelines for parents/whānau who provide their children's food and drink.
- To provide advice on how to manage any risks associated with providing food in early childhood and home-based services including food that is provided by whānau for children to have while at kindergarten or in home-based care.

### Applies To | Ko Wai Whakahāngaitia

This policy applies to all He Whānau Manaaki o Tararua Free Kindergarten Association teachers and TONI educators.

### General Principles | Mātāpono Whānui

1. Kindergartens and home-based services that provide food for children will abide by the Licensing Criteria which prohibits providing certain foods and specifies how other foods must be prepared.
2. Kindergartens and home-based services that provide food will ensure that they avoid serving the food that has been identified by the Ministry of Health as high-risk food and is included in Appendix 2 of this policy.
3. Kindergartens and home-based services will provide information for whānau to let them know of the guidance that has been developed by the Ministry of Health, at enrolment, contained in the publication *'Reducing food – related choking for babies and young children at early learning services'*.
4. When parents/whānau provide food for their child at a kindergarten or home-based service, they are encouraged to follow the Ministry of Health's Guidelines for safe and healthy food and drink. Teachers and TONI educators will reach a shared understanding with parents/whānau, taking into consideration the socio-cultural background of each whānau.

5. On occasion and where appropriate to support the health and safety of a child, teachers and TONI educators may alter any food that is provided by whānau or provide an alternative option for the child. Senior Teachers and Visiting Teachers may be contacted for advice in these situations.
6. Drinking water will be available at all times for children to access independently.
7. Provide a safe physical environment for babies and children while they are eating including:
  - Children shall sit while eating and will be actively supervised at all times,
  - Have an appropriate ratio of adults to children at mealtimes,
  - Minimize distractions and encourage children to focus on eating,
  - Ensure there is a designated space where children can sit down to eat,
  - Encourage children to not talk with their mouths full,
  - Have children sit up straight when eating, do not allow walking, running or playing while children are eating,
  - Place food directly in front of child to prevent twisting or cause them to lose control of the food in their mouth,
  - Monitor the amount of food on a child's plate to avoid putting too much food in their mouth at one time,
  - All permanently appointed teachers, long-term relieving teachers and TONI educators will hold a current first aid certificate.
8. Kindergartens and home-based services must develop procedures that detail how they will supervise children while children are eating. These procedures must include supervision of rolling kai times where applicable.
9. Infant milk formula given to a child under the age of 12 months must be of a type approved by the child's parent. Infants under six months or children unable to drink independently must be held semi upright while being fed.
10. Food is prepared and shared in a hygienic environment.
11. Appropriate health and hygiene practices are adhered to in the cleaning of all food and drink utensils.
12. There will be no food or liquids given to children when they are in their beds.
13. Self-help skills in eating and drinking are encouraged.
14. Children are encouraged to follow health and safety routines before, during and after the consumption of food and drink.
15. Positive attitudes towards healthy food will be encouraged.
16. Kindergartens and home-based services will keep a register /record of food they provide, e.g. any baking experiences offered which will include a list of ingredients.
17. Teachers and TONI educators will uphold special dietary/health needs/cultural requirements of children.
18. Kindergartens and home-based services will develop written procedures specific for their service around the provision of food and drink including how they will supervise the consumption of both food and drink, including consideration of the following points:
  - the cleaning and management of infant formula and bottles
  - the process of active supervision during mealtimes
  - hygiene practices and storage of food.

19. Services will develop a written procedure for how birthdays, shared lunches and other celebrations will be managed. These procedures will ensure that whānau are aware of the expectations for any food and drink that is to be provided for celebrations.

### **Relevant Legislation and Regulations | *Whaitake Ture me Waeture***

Education (Early Childhood Services) Regulations 2008

Licensing Criteria for Home-based Education and Care Services 2008

Licensing Criteria for Early Childhood Education and Care Centres 2008

Ministry of Health Reducing food – related choking for babies and young children at early learning services.

### **Related Procedures or Processes and Documents | *Pākanga Tukanga me Pukapuka***

Appendices:

- Ministry of Health '*How to alter high-risk food to lower its choking risk*'
- Ministry of Health '*High Risk Food to Avoid*'

### **Policy Review Cycle | *Kaupapa Arotake Hurihanga***

This policy is to be reviewed every two years. Whānau Manaaki may amend or cancel this policy or introduce a new policy, as it considers it necessary within the current cycle of the policy. Any amendments will be considered by the policy Working Group and will need to be approved by the Senior Leadership Team and the Board. The policy will continue on the same review cycle.



**Prior to completing this form, we advise you to read through the Food and Drink Policy.**

*Keep the records of food served for 3 months.*

Food Register

Date	Food Given to Children (Ingredients or Menu)	Supplied by	Group	Child's Name



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Appendix One:

Ministry of Health Guidelines on How to alter high-risk food to lower its choking risk.

Food characteristics	Examples	Choking risk	Changes to reduce risk	
			1-3 years old	4-6 years old
<b>Small hard food</b>	Pieces of raw carrot, apple or celery	Difficult for young children to bite through and break down enough to swallow safely. Pieces can become stuck in children's airways.	Grate raw carrot, apple or celery, spiralise to create vegetable or fruit spirals, slice thinly using a mandolin.  Cook until soft and cut into strips (around 4–6 cm long) that can be picked up with one hand.	Prepare as for 1–3 years.  Raw or cooked vegetables or fruit cut into sticks (approx. 4–6 cm long) that can be picked up with one hand.
<b>Small round or oval food</b>	Fruit with stones and large seeds or large pips like watermelon.  Grapes, large berries, cherry tomatoes.  Raw green peas	Small round foods can lodge in children's airways	Remove stones and large seeds or large pips.  Quarter or finely chop grapes, berries and cherry tomatoes to an 8mm x 8mm size or smaller (about half the width of a standard dinner fork). Cook and squash with a fork.	Halve or quarter grapes, berries and cherry tomatoes.  Whole cooked green peas are acceptable.





## Food and Drink - Appendix 1:

<b>Food with skin on or leaves</b>	Chicken	Food skins are difficult to chew and can completely seal children's airways.	Remove skin from chicken.	
	Lettuce and other raw salad leaves, spinach, cabbage.		Finely slice or chop salad leaves, spinach and cabbage. Grate raw carrot, apple or celery, spiralise to create vegetable or fruit spirals, slice thinly using a mandolin.	
	Stone fruit (eg, plums, peaches, nectarines)		Cook until soft and cut into strips (around 4–6 cm long) that can be picked up with one hand.	Raw or cooked vegetables or fruit cut into sticks (around 4– 6 cm long) that can be picked up with one hand.
	Apples and pears			
	Tomatoes			
<b>Compressible foods</b>	Pieces of cooked meat	Can fit into the shape of the airway and get wedged tightly.	Cook meat until very tender.	Prepare as for 1–3 years; or offer thin strips of meat (around 4–6 cm long) that can be picked up with one hand or with a fork.
			Choose mince, shred or chop meat to 8mm x 8mm sized pieces.	
<b>Food with bones</b>	Fish Chicken nibbles	Small bones present a choking risk.	Remove all bones.	
<b>Thick pastes</b>	Nut or seed butter	Can fit to the shape of a child's airway or stick to side of airway.	Use smooth thick pastes sparingly, spreading thinly and evenly onto bread.	
<b>Fibrous or stringy food</b>	Raw pineapple	Fibres make it difficult for children to break up the food into smaller pieces.	Peel the skin or strong fibres off where possible.  Slice these foods thinly across the grain of fibres.	





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## Appendix Two:

### High Risk Food to Exclude

- Whole of pieces of nuts
- Large seeds, like pumpkin or sunflower seeds
- Hard or chewy sweets or lollies
- Crisps or chippies
- Hard rice crackers
- Dried Fruit
- Sausages, saveloys and cheerios
- Popcorn
- Marshmallows

