RISK ASSESSMENT: Safer Feeding V1 **Date: July 2026**	
SITE: Breakfast, after school and holiday clubs	ASSESSMENT BY: Laura Hughes

All staff are required to follow this safer feeding risk assessment at all times, and the setting manager must be informed immediately of any breach of this risk assessment.

Failure to comply may result in disciplinary action, or the implementation of the capability process in line with Wise Owls Childcare procedures.

Risk assessment description	This Safer Feeding Risk Assessment outlines the potential hazards associated with children eating and drinking at Wise Owls Childcare, and the control measures in place to minimise the risks. It aims to ensure mealtimes are safe, well-supervised, developmentally appropriate and inclusive for every child in our care, while reducing the risk of choking, allergic reaction and cross-contamination. This Safer Feeding Risk Assessment will be accessible for anyone supporting mealtimes including permanent staff, temporary or agency staff, placement workers and visitors. Any responsible person that witnesses or is involved in an incident or near miss relating to the hazards outlined in this risk assessment [or any other situation they judge to present a risk] should calmly and professionally intervene where a child is at immediate risk. They must report the incident to the setting manager as soon as possible without compromising staff deployment or supervision, or at the earliest safe opportunity. In the absence of the manager, the deputy manager or responsible person present must be informed. All serious feeding incidents and notifiable near misses must be reported to the company Operations Director by the setting manager, deputy manager or responsible person present. Please refer to the External Authority Reporting Guide [Child Protection] for full external reporting guidance.

wise owls childcare

High Medium Low

Section 1 – Baseline Control Measures			
WHAT IS THR HAZARD	**WHO IS AT RISK**	**RISK FACTOR HIGH, MEDIUM OR LOW**	**CONTROL MEASURES**
General mealtime risks [applies to all safer feeding hazards]	Children		▪ Staff deployed and statutory child: staff ratios maintained at all times during feeding ▪ At least one paediatric first aider present and readily available during all feeding times ▪ Staff actively supervise children while eating and remain positioned where all children are visible ▪ The preferred arrangement is for a paediatric first aider to be seated facing the children at each table during mealtimes. Where this is not possible, staff should ensure appropriate paediatric first aid cover is available within the room and maintain vigilant supervision at all times ▪ Staff must not leave the table during mealtimes unless supervision has been clearly handed over to another staff member to maintain ratios, staffing requirements, qualifications and first aid cover

			▪ Nominate a designated person/s to move around during mealtimes and all other staff to remain seated with the children, ensuring supervision is maintained during feeding ▪ Staff sit with children at their level ▪ Calm, structured mealtime routines followed ▪ All staff handling food must complete up-to-date food health and hygiene training ▪ Staff minimise distractions and avoid multitasking during mealtimes ▪ First aid equipment and emergency medication accessible during mealtimes ▪ All risk assessments and Individual Health Care Plans (IHCP) to be accessible during mealtimes ▪ Medical bags must be accessible during mealtimes but kept out of children's reach. The paediatric first aider should retain possession of the bag and hand it over to another qualified first aider if they need to leave the area, ensuring communication and continuous supervision ▪ Any individual responsible for children during mealtimes who witnesses or is involved in an incident or near miss relating to the hazards outlined above, or any other situation believed to present risk, must calmly and professionally intervene if a child is at immediate risk. The incident must be reported to the setting manager at the earliest safe opportunity. In the manager's absence, the deputy manager or responsible person on duty must be informed

			▪ All supporting hard copy and digital documentation will be retained in accordance with company record retention procedures ▪ Staff must not use iPads during mealtimes to minimise distractions and maintain continuous active supervision of children

Section 2 – Choking and Swallowing Hazards			
WHAT IS THE HAZARD	**WHO IS AT RISK**	**RISK FACTOR HIGH, MEDIUM OR LOW**	**CONTROL MEASURES**
Sudden choking on food or drink	Children		▪ Food must be cut into small, manageable pieces appropriate for age and stage of child [under 5s] ▪ Avoid high-risk foods for children under 5 ▪ Ensure all children are seated upright and supported during feeding, following the 90/90/90 rule to support safe swallowing, breathing and reduce choking risk ▪ Children must remain seated when eating ▪ For children under 5, staff will sit with and face the children while eating. For children aged 5 and over, a member of staff will supervise at the table or from a position where all children can be clearly observed

			▪ Designated eating areas used for mealtimes ▪ Mealtime routines followed consistently to encourage calm eating habits ▪ Staff to receive training on recognising the signs of choking during their induction and subsequently every 12 months after, or following a choking incident or near miss
Over-filling mouth/eating too quickly	Children		▪ Age-appropriate portion sizes served ▪ Children encouraged to chew thoroughly and eat slowly ▪ Staff gently remind children not to rush eating ▪ Calm environment maintained during feeding
Consumption of bones, stones, shells, foreign objects	Children		▪ Serve age-appropriate, deboned/deshelled foods ▪ Use reputable suppliers and check food packaging ▪ Staff trained to recognise the signs of choking and high-risk foods to avoid
Talking, laughing or crying while eating	Children		▪ Staff encourage calm conversation [avoiding communication when a child has food in their mouth] and discourage shouting or rough play ▪ Any child showing signs of distress during mealtime will be supported using calm reassurance and appropriate comfort measures before they are encouraged to resume eating ▪ Staff will model calm and safe eating behaviours and will intervene promptly and calmly if unsafe or risky eating behaviours are observed

Drowsiness/falling asleep when eating	Children		▪ Staff to intervene immediately if a child shows signs of drowsiness during eating [i.e. head dropping, slowed chewing, reduced responsiveness] and stop further food intake ▪ Child to be transferred to a designated sleep area [in line with safer sleep procedures] ensuring continuous supervision of all other children is maintained
Prolonged periods of sitting at mealtimes	Children		▪ Children will only be seated for mealtimes once food is ready to be served ▪ Where children need to be kept clear of food delivery routes, they will be engaged in calm, structured activities nearby under supervision until seating for mealtimes begins ▪ Clear communication will be maintained between kitchen and room staff where necessary to ensure safe and timely coordination of food delivery and seating ▪ If service delays occur, staff will provide reassurance and continue to engage children in calm activities to prevent distress and anticipatory behaviours [e.g. rushing or unsafe eating behaviours] ▪ Children will be seated and served in small, managed groups where appropriate to reduce waiting time ▪ Staff will monitor children for signs of tiredness, frustration, or over-excitement and adjust seating/serving order accordingly ▪ Mealtimes will be structured to ensure food is served promptly once children are seated

Children walking, standing or running with food	Children		▪ Preferred location for food and drink consumption is in designated eating areas. Alternative locations [i.e. outdoor picnics] are permitted following risk assessments ▪ Staff ensure children are seated before serving food ▪ Staff intervene immediately and safely if a child moves from their seated position during mealtimes
Children putting non-food items in mouth	Children		▪ Environment kept free from small hazards ▪ Ensure toys and resources are age and stage appropriate ▪ Ensure toys and resources across the setting have the correct compliance markings
Children with swallowing difficulties [dysphagia]	Children		▪ Individual Healthcare Plans followed ▪ Food texture and consistency adapted according to parent and SALT guidance [speech and language therapy] ▪ Close front facing supervision of child and within arm's reach ▪ Slow feeding pace encouraged with small mouthfuls ▪ Staff monitor for signals of choking or aspiration ▪ Staff remain alert and ready to respond to coughing or distress immediately

Section 3 – Food Safety and Hygiene			
WHAT IS THR HAZARD	**WHO IS AT RISK**	**RISK FACTOR HIGH, MEDIUM OR LOW**	**CONTROL MEASURES**
Spoiled or contaminated food	Children		▪ Food stored at correct temperatures [fridge 0–5°C, freezer -18°C] ▪ Daily fridge temperature checks recorded ▪ Daily freezer temperature checks recorded ▪ Food expiry dates monitored and food discarded if expired or deteriorating ▪ Delivered food inspected for spoilage
Cross contamination during food preparation and serving • Raw and cooked meat • Allergens	Children		▪ Separate utensils and chopping boards used for raw & cooked meat and allergens ▪ Colour-coded chopping boards used ▪ Chopping board colour code displayed in food preparation area ▪ Work surfaces sanitised before and after use, and between exposure to raw meats and allergens ▪ Raw meat stored below ready-to-eat foods in fridge ▪ High-touch surfaces and tables sanitised between food service ▪ Allergen and dietary alternative meals prepared before regular meals ▪ Staff preparing meals to wash hands after handling raw meat and/or allergens as needed
Safe storage of catered food	Children		▪ Food temperatures will be checked at the point of service to ensure food is 63°C or above, in line with hot holding requirements

			▪ Staff will follow mealtime routines to ensure meals are served promptly and safely
Inadequate fridge/freezer storage, hygiene and maintenance	Children Staff		▪ Fridge and freezer temperatures monitored daily and recorded to ensure they remain within safe limits [fridge: 0-5°C freezer: -18°C] ▪ Any faults, damage or temperature concerns reported to management immediately and monitored with discontinued use if suspected immediate risk ▪ High risk food that has not been stored at the correct temperature will be disposed of ▪ Fridge and freezers will be kept closed as much as possible to maintain safe internal temperature ▪ Fridge and freezers must not be overloaded ▪ All opened food must be labelled with clear dates to ensure safe stock rotation ▪ Regular fridge and freezer checks and cleaning to remove old or unsafe food ▪ Freezers to be emptied and defrosted annually and further as required ▪ Electrical safety checks including PAT testing to be completed annually by the school
Dishwasher hygiene and maintenance	Children Staff		▪ Dishwasher is used for cleaning all reusable feeding equipment [i.e. plates, cups, utensils] ▪ Dishwasher is operated at the correct temperature [minimum 60°C wash] to effectively remove bacteria

			▪ Staff check that items are visibly clean after each cycle; any items not fully clean rewashed ▪ Dishwasher is not overloaded ▪ Items are rinsed of excess food before loading to prevent blockage and ensure effective cleaning ▪ Separate compartments used correctly for detergent and rinse aid; levels checked regularly and replenished as required ▪ Dishwasher is cleaned and maintained in line with manufacturer guidance ▪ Only appropriate, food-safe dishwasher detergents and cleaning products are used and stored safely out of reach of children ▪ Clean items are removed with clean hands and stored in a clean, dry, designated area to prevent contamination ▪ Dishwasher is checked for faults [i.e. poor drainage, low temperature] and any issues reported to the school ▪ In the event of dishwasher failure, all items for the dishwasher to be handwashed using hot, soapy water
Waste disposal • Food waste • General waste • Recycling	Children Staff		▪ Separate waste streams are followed where applicable [i.e. general waste, recycling, food waste in line with setting procedures] ▪ Food waste is not left in food preparation or serving areas after meals have finished ▪ Spillages involving waste are cleaned immediately

			▪ Clear separation is maintained between clean feeding areas and waste disposal areas to prevent cross-contamination ▪ Waste bins are lidded and foot-operated where possible to minimise hand contact and reduce contamination ▪ Waste bin lids are kept closed when not in use ▪ Food waste is removed from eating areas promptly after mealtimes to reduce hygiene risks and prevent pests ▪ Waste bins are lidded, emptied regularly and not overfilled to reduce contamination, odours and pest attraction ▪ Bins are kept away from food preparation areas and children's play spaces where possible ▪ Waste is never left within reach of unsupervised children ▪ Waste from rooms used by children is removed promptly and stored securely until collection ▪ External waste and recycling areas are clean, secure and inaccessible to children ▪ Waste bins are cleaned and disinfected regularly ▪ Staff wash hands thoroughly after handling waste ▪ Any overflowing bins, missed collections or signs of pests are investigated and reported to management immediately who will report to the school caretaker ▪ Food waste is never reused, re-served or stored once removed from a plate

Poor food hygiene	Children Staff		▪ Staff and children must wash hands with antibacterial hand soap before food handling and eating ▪ Tables must be cleared and sanitised before and after mealtimes and between courses as needed ▪ Food preparation equipment cleaned according to manufacturer guidance ▪ Staff receive refresher training on level 2 food hygiene and allergen awareness every 3 years
Poor personal hygiene	Children		▪ Staff and children wash hands with antibacterial hand soap before eating and handling food, and after toileting, nose wiping and outdoor play ▪ Staff supervise and support effective hand washing ▪ Staff to encourage independence, but support children in cleaning their hands and faces after eating where needed ▪ Staff handling food tie hair back and maintain good personal hygiene ▪ Cuts and sores covered with blue waterproof dressings when handling and serving food ▪ Staff will not handle food if unwell [48-hour exclusion for sickness/diarrhoea in line with company policy] ▪ Children discouraged from sharing utensils, cups or food and supervised closely to mitigate risk ▪ Designated handwashing facilities stocked with soap and hand dryers

Food dropped and re-eaten	Children		▪ Food dropped on the floor disposed of immediately ▪ Staff supervise children to prevent food being picked up from floor ▪ Floors cleaned immediately after mealtimes
Section 4 – Allergies, Dietary Requirements and Medical Needs			
WHAT IS THR HAZARD	**WHO IS AT RISK**	**RISK FACTOR HIGH, MEDIUM OR LOW**	**CONTROL MEASURES**
Food allergies and dietary requirements	Children		▪ Detailed dietary information collected upon registration ▪ Allergy information available for all children and checked daily ▪ Individual Healthcare Plans must be completed, followed and shared with all relevant personnel including permanent staff, temporary or agency staff, placement workers and visitors ▪ Individual risk assessments must be completed, followed and shared with all relevant personnel including permanent staff, temporary or agency staff, placement workers and visitors ▪ Strict no food sharing policy ▪ Emergency medication accessible ▪ Allergy and medical toolkit processes followed
Unidentified or poorly communicated food	Children		▪ Individual risk assessments and care plans must be kept up to date and shared with all relevant personnel

allergies and dietary requirements			▪ Work closely with parents/carers to maintain accurate and up-to-date allergy and dietary information. Ensure parents update details via their online registration ▪ All personnel, including cover and agency staff, must be informed of children's allergies and dietary needs before working in the club and read relevant risk assessments and care plans ▪ Club mangers must ensure kitchen staff and keyworkers are informed of any changes to allergies or dietary needs. In the absence of the manager, the deputy manager or responsible person present must notify the kitchen staff and keyworkers.
Medication side effects affecting eating	Children		▪ Medication forms and care plans must be completed, read, and signed by all relevant personnel ▪ Staff monitor children during feeding for any behavioural changes linked to medication and record observations ▪ Parents informed of changes in eating behaviour ▪ Portion sizes adjusted if appetite is reduced

Section 5 – Burns, Cuts and Physical Hazards			
WHAT IS THE HAZARD	**WHO IS AT RISK**	**RISK FACTOR HIGH, MEDIUM OR LOW**	**CONTROL MEASURES**

Hot food and drink causing burns and scalds	Children		▪ Food is allowed to cool to a safe temperature before children eat to prevent burns and scalds ▪ Hot equipment kept out of reach of children ▪ Staff model safe handling of hot items and remind children of hot surfaces
Broken or damaged crockery and cutlery	Children Staff		▪ Crockery and tableware checked for damage before use ▪ Damaged or unsafe items removed immediately
Inappropriate cutlery for age and stage of child	Children Staff		▪ Age-appropriate cutlery used ▪ Staff supervise use of cutlery during mealtimes ▪ Children guided on how to hold and use cutlery safely ▪ Cutlery distributed when children are seated and ready to eat only ▪ Cutlery stored securely and out of reach of children when not in use ▪ Cutlery checked regularly for damage and wear, and removed immediately if unsafe
Unsafe drinking cups	Children		▪ Avoid glass or ceramic cups for children ▪ Open cups not filled full ▪ Staff to model safe drinking practice ▪ Staff to check cups for damage before use

Section 6 – Environment and Furniture Safety			
WHAT IS THE HAZARD	**WHO IS AT RISK**	**RISK FACTOR**	**CONTROL MEASURES**

		HIGH, MEDIUM OR LOW	
Poor seating and posture	Children		▪ Chair and table heights must be appropriate for the child's age and stage of development ▪ Staff must support children with educational needs who may require help maintaining an upright seated position ▪ Furniture must be checked regularly for condition and suitability ▪ Eating areas must be kept clear, and chairs must be stable on level ground ▪ Children must be discouraged from swinging on chairs
Tables or chairs tipping	Children Staff		▪ Furniture must be visually checked daily for damage or instability ▪ Tables and chairs must be positioned on flat, stable flooring
Crowded eating areas	Children		▪ Tables must be spaced to allow safe movement ▪ Walkways must be kept clear ▪ Mealtimes should be staggered where required to ensure safe seating capacity ▪ Additional tables must be used where necessary to safely accommodate all children
Poor lighting	Children		▪ Eating areas must be kept well-lit to ensure safe visibility ▪ Faulty lighting must be reported and replaced promptly ▪ Additional lighting must be sourced where needed

Slips, trips and falls	Children Staff		▪ Floors must be kept dry, and spillages cleaned immediately ▪ Flooring must be maintained in an even, safe condition ▪ Eating areas must be adequately lit ▪ Children must be encouraged to walk when indoors ▪ Walkways must be kept clear and free from clutter