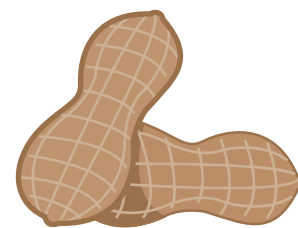


Child Care Center Food Allergy Fact Sheet

PEANUT ALLERGY

What Is Peanut Allergy?

A potentially life-threatening immune system reaction to the proteins in peanuts, peanut allergy is the most common and dangerous food allergy in children under 18 years of age. Peanut allergy accounts for the greatest incidence of anaphylaxis and the largest number of allergy-related deaths. Only about 20% of children with a peanut allergy outgrow it.



Avoiding Peanuts

A child with a peanut allergy cannot eat peanuts or peanut products. Casual skin contact with peanuts or breathing in peanut proteins can also trigger a reaction in some children. Although peanuts grow underground and belong to the legume plant family (which includes beans, peas, lentils, and soybeans), their proteins are similar to those of tree nuts (such as almonds, pistachios, and walnuts). Therefore, children with peanut allergies should also avoid tree nuts.

Peanuts are often processed in the same facility as other food products. As a result, *cross-contact* can occur. Cross-contact is when one food allergen comes into contact with another food, transferring the allergens to the new food. A product that is labeled as being produced in a facility with peanuts should not be consumed by a child with a peanut allergy.

If you have a child with a peanut allergy in your care, you need to be aware of foods and products that may contain peanuts to prevent a reaction. This includes foods in your menu as well as foods and products that staff and children may bring into the center. The following tables list common names for peanuts, peanut-based products, and dishes, foods, and products that may contain peanuts. It is important to read all food labels to check for peanuts and products produced in a facility with peanuts.

Peanuts and Peanut-Based Products

- Artificial nuts
- Beer nuts
- Groundnuts
- Goobers
- Mandelonas (peanuts soaked in almond flavoring)
- Mixed nuts
- Nut meat
- Nut pieces
- Peanuts
- Peanut butter
- Peanut flour
- Peanut oil (arachis oil)*
- Powdered peanut butter
- Peanut protein hydrolysate

*Highly refined peanut oil is not required to be labeled as an allergen.

Dishes, Foods, and Products That May Contain Peanuts*

- Baked goods
- Breading
- Candies, candy bars, chocolates
- Cookies
- Breakfast/cereal bars
- Breakfast cereals
- Chili (thickened with peanut butter)
- Egg rolls
- Enchilada sauce (thickened with peanut butter)
- Energy/protein bars
- Frozen yogurt and ice cream
- Glazes and marinades
- Granola bars
- Gravies
- Flavored coffees and creamers
- Flavoring syrups
- Gluten-free products
- Hydrolyzed plant protein
- Hydrolyzed vegetable protein
- Lupin/lupine (lupin and peanuts belong to the legume family; known cross-reactivity)
- Nougat
- Pesto
- Potato pancakes
- Pudding
- Salad dressing
- Sauces (such as chili sauce, hot sauce, mole sauce, spaghetti sauce)
- Specialty pizzas
- Trail mix

Reading Food Labels

Foods regulated by the U.S. Food and Drug Administration (FDA) are required to follow the *Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA)*. FALCPA requires food manufacturers to list the nine* major allergens and ingredients containing those allergens on the ingredient list of a food label in one of three ways:

- 1) Using their common or usual name **“Peanuts”**
- 2) Providing the common or usual name of an allergen in parentheses after a lesser-known name of an allergenic ingredient **“Peanut butter (Roasted Peanuts, Salt)”**
- 3) Using a “Contains” statement following or next to the ingredient list **“Contains Peanuts”**

Food labels often contain an *advisory statement* following the ingredients list. This statement is NOT mandatory nor regulated in terms of the wording that should be used. Examples include:

“May contain peanuts.”

“Manufactured on equipment that also processes peanuts.”

Foods with an advisory statement should be avoided as the product may contain a trace amount of a particular allergen due to cross-contact. However, the absence of an advisory statement does not mean that the product has had no cross-contact with a specific allergen.



Food labels may also claim the product is free from a particular allergen. These claims are not regulated, and the product may be made in a facility where the allergen is present.

Food Label Example

The following ingredient list is for granola. Notice how peanut allergens are listed. Many, but not all, food manufacturers will include a “Contains” statement to be extra clear about the allergens present in their foods. However, this is not required if the allergens are listed with their usual, common names. Always read the ingredients list!

Ingredients: Whole Grain Oats, Honey, **Peanut Butter (Peanuts)**, **Peanuts**, Expeller Pressed Sunflower Oil, Brown Rice, Cane Sugar, Oat Bran, **Peanut Flour**, Sea Salt.

Contains: Peanuts.

May Contain Soy and Tree Nuts.

All child care staff should be trained to read food labels and recognize food allergens. Ingredients and manufacturing processes change over time, so staff should carefully read labels for potential allergens every time a product is purchased. If there is uncertainty about whether a food product contains a specific allergen, contact the manufacturer for clarification.

The Centers for Disease Control and Prevention (2013) recommends keeping labels of every product served to a child with food allergies for a minimum of 24 hours or as required by your State or local authority. If a product is kept as leftovers, be sure to keep the label for 24 hours after it is completely used or discarded.

*The *FASTER Act of 2021* declared sesame as the 9th major allergen. Food manufacturers are not required to list sesame and ingredients containing sesame on the ingredient list of a food label until January 1, 2023.

Menu Modifications

A medical statement from a state-licensed healthcare professional is required when substitutions or modifications for a child with a food allergy are outside the meal pattern. Refer to the *Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program* memo on the USDA website (<https://www.fns.usda.gov/cn/modifications-accommodate-disabilities-cacfp-and-sfsp>) for more information.

When planning a menu for a child with a peanut allergy, consider your current menu items to determine if you can create a reimbursable meal or snack free of peanut. Meals and snacks that meet meal pattern requirements do not require a medical statement. This approach minimizes the need to make menu substitutions or prepare special recipes and reduces the burden on both providers and participants.

The following table lists safe alternatives to common menu items that contain peanut:

Menu Items & Condiments That May Contain Peanut*	Possible Substitutes*†
Breakfast cereals	Breakfast cereals without peanuts
Mixed dishes containing peanuts or peanut butter	Mixed dishes without peanuts or peanut butter
Peanut butter	Almond butter, cashew nut butter, sesame seed butter, soy nut butter, sunflower seed butter

*All meals claimed for reimbursement must meet the CACFP meal pattern requirements. Please visit <https://www.fns.usda.gov/cacfp/meals-and-snacks> for more information.†Always review the food label to verify ingredients. Contact the manufacturer if there is uncertainty about whether a food product contains peanuts.

Follow your center's policies for handling food allergies. It is recommended to have a written care plan developed by the parents and the child's health care provider if the child has a known food allergy. The written care plan should include the steps to follow if the child has a reaction. Consider posting lists of allergens around the center, particularly in food preparation areas. Staff who deal directly with food preparation, meal service, and/or children need to be informed of whom in the center has allergic concerns. This communication should be handled with discretion to protect the privacy of affected children.

Food Allergy Symptoms

An allergic reaction can be mild or severe. Symptoms of an allergic reaction can occur within minutes or a few hours of exposure to a food allergen. A child may experience different symptoms each time they have an allergic reaction. A history of mild reactions does not predict the severity of future reactions.

It may be difficult to determine when an infant or very young child is having an allergic reaction. They most likely do not understand what they are experiencing and may not have the language skills to tell you. Recognizing personality changes or when a child is looking unwell can offer important clues. Verbal children may say things like, "my mouth feels funny" or "my tongue is itchy."

Common Symptoms of an Allergic Reaction

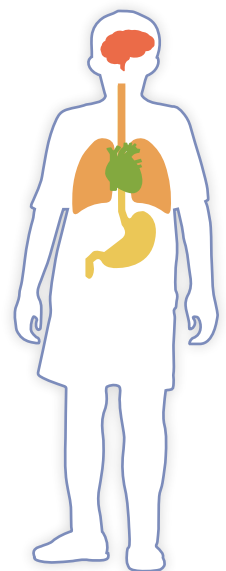
Body System	Symptoms
Skin	Hives, swelling (face, lips, tongue), itching, warmth, redness
Respiratory (breathing)	Coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, trouble swallowing, hoarse voice, nasal congestion, or hay fever-like symptoms (sneezing; runny or itchy nose; red, itchy, or watery eyes)
Gastrointestinal (stomach)	Nausea, stomach pain or cramps, vomiting, diarrhea
Cardiovascular (heart)	Dizziness/light-headedness, pale/blue color, weak pulse, fainting, shock, loss of consciousness
Neurological (brain)	Anxiety, sense of "impending doom" (feeling that something really bad is about to happen), confusion, headache

A *mild reaction* is generally considered one bodily response to an allergen that does not impact breathing or blood pressure, such as localized hives, hay fever, or mild nausea.

A *severe reaction* is called **anaphylaxis**. It is potentially life-threatening and generally includes severe symptoms affecting two or more body systems. The most dangerous symptoms of anaphylaxis include **trouble breathing** (caused by swelling of the airways) and a **drop in blood pressure** (causing dizziness, light-headedness, feeling faint or weak, or passing out). A drop in blood pressure without other symptoms may also indicate anaphylaxis. Anaphylaxis can occur without hives.

Follow your center's emergency medical plans for responding to allergic reactions and your state's specific rules and regulations for child care providers when administering medications. Anaphylaxis **MUST** be treated promptly with **an injection of epinephrine** followed by **calling 911**.

Once an allergic reaction begins, there is no way to predict if it will remain a mild, isolated response or become severe. Document and communicate with the necessary staff and the child's parents or guardians about their symptoms. Closely monitor the child for the next few hours in case the reaction intensifies. Be prepared to seek emergency care if needed.



Common Symptoms of an Allergic Reaction in Children Under 2 Years of Age

- Noticeable change in the sound of their cry
- Drooling
- Spitting up food or drink after feeding
- Uncontrolled passing of stool or urine
- Behavioral changes
 - o Irritability
 - o Unexpectedly becoming very sleepy or difficult to wake up
 - o Suddenly appearing very frightened
 - o Emotionally upset
 - o Wanting to be held or comforted

References

- Centers for Disease Control and Prevention. (2013). *Voluntary guidelines for managing food allergies in schools and early care and education programs*. https://www.cdc.gov/healthyschools/foodallergies/pdf/20_316712-A_FA_guide_508tag.pdf
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- U.S. Food and Drug Administration. (2018). *Food allergen labeling and consumer protection act of 2004 (FALCPA)*. <https://www.fda.gov/food/food-allergensgluten-free-guidance-documents-regulatory-information/food-allergen-labeling-and-consumer-protection-act-2004-falcpa>

For More Information

Centers for Disease Control and Prevention
<https://www.cdc.gov/healthyschools/foodallergies/index.htm>

Food Allergy Research & Education
<https://www.foodallergy.org>

Institute of Child Nutrition
<https://www.theicn.org/foodsafety>

U.S. Food and Drug Administration
<https://www.fda.gov/food/food-labeling-nutrition/food-allergies>

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<https://www.fns.usda.gov/cr/fns-nondiscrimination-statement>

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