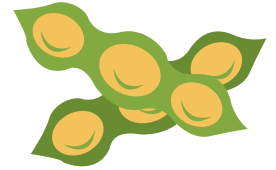


Child Care Center Food Allergy Fact Sheet

SOY ALLERGY

What Is Soy Allergy?

Soy allergy is a potentially life-threatening immune system reaction to the proteins in soybeans. A soy allergy can develop at any age, but it more commonly develops in infants and young children. Most children with a soy allergy outgrow it by late childhood.



Avoiding Soy

A child with a soy allergy cannot consume soybeans or any foods that might contain soy as an ingredient. Soybeans belong to the legume plant family, which includes beans, peas, lentils, and peanuts. Fortunately, an allergy to soy does not mean there is a greater chance of having an allergy to another legume. Soybeans are not a major food in the United States, but soy is a versatile ingredient used as a filler, binder, or flavoring in many processed foods.

If you have a child with a soy allergy in your care, you need to be aware of foods and products that may contain soy 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 the most common soybean products, ingredients, and dishes, foods, and products that may contain soy. It is important to read all food labels to check for soy ingredients to avoid accidental exposure.

Soybeans and Soybean Products

- | | | | |
|--------------------------------------|----------------------|---|---|
| • Doenjang (fermented soybean paste) | • Soy cheese | • Soya bean | • Tamari (soy sauce variety) |
| • Edamame (fresh soybeans) | • Soy grits | • Soybean | • Tempeh |
| • Kinako (roasted soybean flour) | • Soy ice cream | • Soybean curd | • Teriyaki sauce |
| • Koya dofu (freeze-dried tofu) | • Soy infant formula | • Soybean flour | • Tofu/bean curd |
| • Miso (fermented soybean paste) | • Soy meat | • Soybean granules | • Yaki-dofu (grilled tofu) |
| • Natto (fermented soybeans) | • Soy milk | • Soybean grits | • Yuba (tofu skin) |
| • Okara (soy pulp) | • Soy nut butter | • Soybean oil* (cold-pressed, expelled, extruded) | |
| • Shoyu (soy sauce variety) | • Soy nuts | • Soybean paste | *Highly refined soybean oil is not required to be labeled as an allergen. |
| • Soy burgers | • Soy sauce | • Soybean sprouts | |
| | • Soy yogurt | | |

Soybean Ingredients

- | | | | |
|------------------------------|----------------|----------------------------|------------------------------------|
| • Hydrolyzed soy protein | • Soy albumin | • Soy protein concentrate | • Textured soy protein (TSP) |
| • Monosodium glutamate (MSG) | • Soy fiber | • Soy protein isolate | • Textured vegetable protein (TVP) |
| • Soy | • Soy lecithin | • Supro® | |
| • Soya | • Soy protein | • Textured soy flour (TSF) | |

Dishes, Foods, and Products That May Contain Soy

- | | | | |
|--|--------------------------------------|--|------------------------|
| • Artificial flavoring | • Fish or oyster sauce | • Mono- and diglycerides | • Vegetable oil |
| • Baked goods (breads, cakes, cookies, crackers) | • Hydrolyzed vegetable protein (HVP) | • Natural flavoring | • Vegetable shortening |
| • Breakfast/cereal/energy/granola/protein bars | • Infant formula | • Prepared sauces and gravies | • Vegetable starch |
| • Canned goods (broths, soups, tuna, meats) | • Lecithin | • Processed meats (deli and luncheon meats; hot dogs; meat, poultry, or fish with fillers) | • Worcestershire sauce |
| • Cereals | • Low-fat peanut butter | • Salad dressings | |
| | • Mayonnaise | • Vegetable gum | |
| | • Meat or chicken substitutes | | |

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)*. In 2021, the *Food Allergy Safety, Treatment, Education, and Research Act (FASTER)* was passed into law. This act adds sesame as the ninth major allergen. This law took effect on January 1, 2023. *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 **“Soy”** or **“Soybeans”**
- 2) Providing the common or usual name of an allergen in parentheses after a lesser-known name of an allergenic ingredient **“Soymilk Powder (Soybeans)”**
- 3) Using a “Contains” statement following or next to the ingredient list **“Contains Soy”** or **“Contains Soybeans”**

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 soy.”

“Manufactured on equipment that also processes soy.”

Avoid foods with an advisory statement as the product may contain a trace amount of a particular allergen due to *cross-contact*. Cross-contact is when one food allergen comes into contact with another food, transferring its allergens to the new food. The absence of an advisory statement does not mean that the product has had no cross-contact with a particular 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 chicken nuggets. Notice how soy and egg are listed. Many 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: Chicken, Water, **Isolated Soy Protein, Dried Whole Egg**, Sugar, Reduced Sodium Sea Salt (Sea Salt, Potassium Chloride, Rice Flour), Sodium Phosphates, White Pepper, Onion Powder. PREDUSTED WITH: Modified Corn Starch, Yellow Corn Flour, Salt, Leavening (Sodium Aluminum Phosphate, Sodium Bicarbonate), Dextrose. Predust set in Vegetable Oil.

Contains: Soy and Egg.

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 particular allergen, contact the manufacturer for clarification.

The Centers for Disease Control and Prevention 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.

Menu Modifications

A medical statement from a State licensed healthcare professional or registered dietitian is required when meal modifications for a child with a food allergy are outside of the meal pattern. A State licensed healthcare professional is defined as an individual authorized to write medical prescriptions under State law. Registered dietitians can write meal modifications for children with food-related disabilities even if they are not State licensed. All CACFP operations are required to implement the registered dietitian rule by October 1, 2025. 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 on using medical statements.

When planning a menu for a child with a soy allergy, consider your current menu items to determine if you can create a reimbursable meal or snack free of soy. Meals and snacks that meet meal pattern requirements do not require a medical statement. This approach minimizes the need to make meal modifications 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 soy:

| Menu Items & Condiments That May Contain Soy* | Possible Substitutes*† |
|---|--|
| Breakfast cereals | Breakfast cereals without soy |
| Canned fish, canned meats | 100% beef, pork, poultry, fish or shellfish; beans, peas or legumes |
| Mixed dishes containing soy sauce, tofu, or other soy-based ingredients | Mixed dishes without soy |
| Processed meats | 100% beef, pork, poultry, fish or shellfish; beans, peas or legumes |
| Salad dressings and sauces (such as soy sauce) | Ketchup, mustard, and salad dressings and sauces that do not contain soy |
| Vegetable or legume soups | Vegetable or legume soups without soy |

*All meals and snacks 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 soy.

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

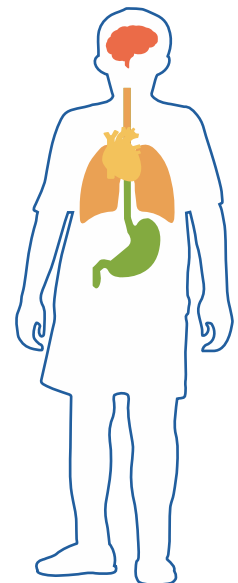
| Body System | Symptoms |
|----------------------------|--|
| Skin | Hives, swelling (face, lips, tongue), itching, warmth, redness |
| Respiratory (breathing) | Coughing, wheezing, shortness of breath, chest pain or tightness, throat tightness, trouble swallowing, hoarse voice, nasal congestion, or 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 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
 - Irritability
 - Unexpectedly becoming very sleepy or difficult to wake up
 - Suddenly appearing very frightened
 - Emotionally upset
 - Wanting to be held or comforted

References

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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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