

# Child Care Center Food Allergy Fact Sheet

## WHEAT ALLERGY

### What Is Wheat Allergy?

Wheat allergy is a potentially life-threatening immune system reaction to one or more of the proteins found in wheat. It is often confused with other conditions and diseases related to cereal grains (such as gluten intolerance and celiac disease). Unlike an allergy, these conditions and diseases are not immediately life-threatening. Wheat allergy is more common in young children than it is in adults. The majority of children with a wheat allergy outgrow it.



### Avoiding Wheat

A child with a wheat allergy cannot eat products that contain wheat in any form. Some proteins in wheat are also found in other grains. Barley, oats, and rye may also need to be avoided.

If you have a child with a wheat allergy in your care, you need to be aware of foods and products that may contain wheat 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 varieties and forms of wheat, wheat ingredients, wheat flours, wheat flour-based products, and dishes, foods, and products that may contain wheat. It is important to read all food labels to check for wheat ingredients.

### Common Varieties and Forms of Wheat

- |            |           |           |             |
|------------|-----------|-----------|-------------|
| • Bulgur   | • Einkorn | • Farro   | • Semolina  |
| • Couscous | • Emmer   | • Freekeh | • Spelt     |
| • Durum    | • Farina  | • Kamut   | • Triticale |

### Wheat Ingredients

- |                            |                  |                         |                       |
|----------------------------|------------------|-------------------------|-----------------------|
| • Hydrolyzed wheat protein | • Wheat germ oil | • Wheat protein isolate | • Wheatgrass          |
| • Wheat bran               | • Wheat gluten   | • Wheat sprouts         | • Whole wheat berries |
| • Wheat germ               | • Wheat malt     | • Wheat starch          |                       |

### Wheat Flours

- |               |                |               |                |
|---------------|----------------|---------------|----------------|
| • All-purpose | • High-gluten  | • Pastry      | • Steel ground |
| • Enriched    | • High-protein | • Self-rising | • Stone ground |
| • Graham      | • Instant      | • Soft wheat  | • Whole wheat  |

### Wheat Flour-Based Products

- |                            |                            |                            |           |
|----------------------------|----------------------------|----------------------------|-----------|
| • Bagels                   | • Cereals (some varieties) | • Matzah/matzo/matzoh      | • Rolls   |
| • Baked goods              | • Chips and pretzels       | • Muffins                  | • Waffles |
| • Baking mixes             | • Crackers/cracker meal    | • Pancakes                 |           |
| • Bread and bread products | • Donuts                   | • Pasta and pasta products |           |
| • Cakes, cookies, pies     | • Flour tortillas          | • Pastries                 |           |

## Dishes, Foods, and Products That May Contain Wheat

- Beverages (such as root beer and powder-based drink mixes)
- Breaded meat, poultry, and fish
- Candy/chocolate
- Condiments/sauces (barbeque sauces, glazes, ketchup, marinades, marinara, mustard, salad dressings, soy sauce, Worcestershire sauce, vinegar)
- Glucose syrup
- Gravies and sauces
- Ice cream
- Meat and poultry packaged with broth
- Processed meats (hot dogs, luncheon meats; meat, poultry, or fish with fillers)
- Pudding
- Seitan (vegetarian meat substitute)
- Starch (gelatinized, modified, vegetable)
- Stir-fried dishes
- Surimi seafood
- Vegan “chicken” products
- Vegan meat substitutes
- Yogurt

## Reading Food Labels

Foods regulated by the U.S. Food and Drug Administration (FDA) must 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 **“Durum Wheat”**
- 2) Providing the common or usual name of an allergen in parentheses after a lesser-known name of an allergenic ingredient **“Enriched Durum Flour (Durum Wheat, Niacin, Iron, Thiamin, Riboflavin, Folic Acid)”**
- 3) Using a “Contains” statement following or next to the ingredient list **“Contains Wheat”**

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 wheat.”**

**“Manufactured on equipment that also processes wheat.”**

Foods with an advisory statement should be avoided as the product may contain a trace amount of a particular allergen due to *cross-contact*. Cross-contact is when a food allergen comes into contact with another food, transferring the 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 soy sauce—a versatile ingredient used in many recipes. Notice how soybeans and wheat 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:** Water, **Soybeans, Wheat**, Salt, Lactic Acid, Sodium Benzoate: Less than 1/10 of 1% as a Preservative.

**Contains: Soy and Wheat.**

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 on using medical statements.

Children on a wheat-free diet can eat a wide variety of foods, but the grain source must be something other than wheat. When planning a wheat-free diet, look for alternate grains such as amaranth, corn, quinoa, rice, and tapioca. When planning a menu for a child with a wheat allergy, consider your current menu items to determine if you can create a reimbursable meal or snack free of wheat. 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 wheat:

Menu Items & Condiments That May Contain Wheat*	Possible Substitutes*†
Bread, bagels, biscuits, muffins, pancakes, waffles and other wheat flour-based products	Bread products made with a non-wheat flour (such as almond flour, amaranth flour, buckwheat flour, chickpea flour, corn meal, oat flour, potato starch, rice flour, tapioca flour), corn tortillas
Breaded products (such as chicken nuggets or fish sticks)	Non-breaded products (such as grilled chicken patties)
Breakfast cereals	Oatmeal, cream of rice, puffed rice, or other cereals made from corn, oats, or rice to which no wheat has been added
Crackers, pretzels	Corn chips
Meatloaf and meatballs	100% beef, pork, poultry, fish or shellfish; beans, peas, or legumes
Mixed dishes containing soups, bread crumbs, or sauces thickened with flour or starch	Mixed dishes without wheat derivatives
Pasta	Rice, rice noodles, other non-wheat pasta <sup>‡</sup> , polenta <sup>‡</sup>
Processed meats	“All meat” hot dogs or luncheon meats prepared without wheat flour fillers or wheat derivatives
Salad dressings, soy sauce	Condiments without wheat derivatives
Vegetable or legume soups	Vegetable or legume soups without wheat derivatives
Yogurt, cottage cheese	Yogurt or cottage cheese without wheat derivatives; milk

\*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 wheat.

## Baking Substitutions

Special recipes must be used when making substitutions for wheat flour because all grains do not have the same properties. When baking from scratch, a combination of wheat-free flours usually provides the best outcome. Some breads made with non-wheat flours are available on the commercial market. However, because bread can contain blends of different types of flour, read labels carefully to ensure that wheat flour is not an ingredient.

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
  - Irritability
  - Unexpectedly becoming very sleepy or difficult to wake up
  - Suddenly appearing very frightened
  - Emotionally upset
  - 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](https://www.cdc.gov/healthyschools/foodallergies/pdf/20_316712-A_FA_guide_508tag.pdf)
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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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