

FOOD ALLERGIES

FOR THE CACFP

Participant's Workbook

Food Allergies for the CACFP

Participant's Workbook

Time: 4 hours

PROJECT COORDINATOR

Heather Burkhead-Goins
Liz Dixon

EXECUTIVE DIRECTOR

Aleshia Hall-Campbell, PhD, MPH



INSTITUTE OF CHILD NUTRITION

The University of Mississippi

This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture, Food and Nutrition Service through an agreement with the Institute of Child Nutrition at the University of Mississippi. The content of this publication does not necessarily reflect the view or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

1. Mail: USDA Food and Nutrition Service, 1320 Braddock Place, Room 334 Alexandria, VA 22314; or
2. Email: FNCSIVILRIGHTSCOMPLAINTS@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

The University of Mississippi is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA Employer.

Except as provided below, the text and information in this document may be used freely for non-profit or educational purposes with no cost to the participant for the training, provided the following citation is included. Incorporating these materials into other websites, textbooks, or selling them is not permitted.

Suggested Reference Citation:

Institute of Child Nutrition. (2026). *Food allergies for the CACFP*. University, MS: Author.

The photographs and images in this document may be owned by third parties and used by the University of Mississippi under a licensing agreement. The university cannot, therefore, grant permission to use these images. Please contact helpdesk@theicn.org for more information.

©2026, Institute of Child Nutrition, The University of Mississippi, School of Applied Sciences

05/13/2026

TABLE OF CONTENTS

INTRODUCTION	9
TRAINING OBJECTIVES	10
KEY TERMS	11
LESSON 1: ALL ABOUT FOOD ALLERGIES.....	13
LESSON 2: READING LABELS FOR ALLERGENS	27
LESSON 3: AVOIDING CROSS-CONTACT	45
LESSON 4: ACCOMMODATING CHILDREN WITH FOOD ALLERGIES	57
APPENDIX	67
REFERENCES	79



INTRODUCTION

According to the Centers for Disease Control and Prevention (CDC) *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*, food allergies are a growing food safety and public health concern. The CDC estimates that in the United States, 5.8% of children between the ages of 0-5 years old have food allergies, about 1 in every 20 children. Children under age 5 years had higher rates of reported food allergies compared with children 5 to 17 years of age. Of those children under five years of age, 8% have multiple allergies.

An estimated 5–15% of all food allergic reactions occur in early learning and child care centers, with an estimated one-third of all food allergic reactions being amongst children who reacted for the first time or amongst children whom staff were unaware had a diagnosed food allergy.

Section 112 of the Food and Drug Administration (FDA) *Food Safety Modernization Act (FSMA)*, Food Allergy and Anaphylaxis Management, provides guidance on voluntary food allergy and anaphylaxis management for early childhood education programs. The CDC published the *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* in 2013 to respond to FSMA expectations.

As explained in USDA's *Policy Memo on Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program*, the food safety program applies to all settings in child care where food is stored, prepared, and served as part of USDA's child nutrition programs, including the cafeteria, classrooms, and other settings.

According to the USDA's guidance, any food allergy or intolerance could be considered a disability. Program operators are required to make substitutions to meals for children when the substitution is due to a disability and when supported by a medical statement provided by a State-licensed healthcare professional or registered dietitian.

Allergic reactions can be life-threatening and have far-reaching effects on children and their families. Child nutrition staff should follow plans to prevent an allergic reaction and respond to a food allergy emergency.

TRAINING OBJECTIVES

1. Evaluate the impact that an allergic reaction incident may have on a child nutrition program.
2. Describe a food allergy, its symptoms, and treatment methods.
3. Identify the nine major food allergens.
4. Distinguish between food allergy and food intolerance.
5. Demonstrate how to find the nine major food allergens in the ingredient statement on the food label.
6. Describe how to read the ingredient statement on a food label to find allergens that are 1) not among the nine major food allergens, 2) in bulk items, or 3) in USDA Foods.
7. Describe the procedures for reading ingredient statements.
8. Define cross-contact.
9. Examine how cross-contact may occur in a child nutrition program.
10. Develop strategies for preventing cross-contact.
11. Describe methods for accommodating and supporting children with food allergies.
12. Determine strategies to manage food prepared and served outside the kitchen.

KEY TERMS

KEY TERMS	DEFINITION
504 Plan	A written document that contains the services to be provided to a child with a disability to comply with provisions in Section 504 of the <i>Rehabilitation Act</i> (1973)
Allergen	A usually harmless food protein that can trigger an immune response in a person and cause an allergic reaction
Allergic reaction	The immune system reacts abnormally to a usually harmless substance
<i>Americans with Disabilities Act</i> (1990) (ADA)	A Federal civil rights law that prohibits discrimination and ensures equal opportunity for Americans with disabilities
Anaphylaxis	A serious allergic reaction with rapid onset that may cause difficulty breathing and death
Celiac disease	An autoimmune disorder that affects the small intestine that is triggered by eating gluten and managed with a strict gluten-free diet
Cross-contact	A process that occurs when an allergen is accidentally transferred from a food containing an allergen to a food or surface that does not contain an allergen
Cross-contamination	A process that occurs when microorganisms from different sources contaminate food during preparation or storage
Epinephrine	A medicine (adrenaline) used to treat a serious allergic reaction
<i>Family Educational Rights and Privacy Act</i> (1974) (FERPA)	A Federal program that protects the privacy of information entered into a child's record
<i>Food Allergy Safety, Treatment, Education, and Research Act</i> (2021) (FASTER)	A Federal law establishing sesame as the ninth major food allergen in the United States. Law requires that sesame be listed on food labels in plain language, like the other major allergens. The law became effective on January 1, 2023.
<i>Food Allergen Labeling and Consumer Protection Act</i> (2004) (FALCPA)	A labeling law mandates labels of foods containing the eight major allergens disclose the allergen in plain language *The <i>FASTER</i> Act added sesame as the ninth major allergen.
Food allergy	An immune system reaction that happens when the body mistakenly reacts to the protein of a food or ingredient as if it were harmful. The food protein that causes the reaction is called an allergen.

KEY TERMS	DEFINITION
Food allergy management plan	A program-wide plan designed to reduce the risk of exposure to food allergens and procedures for food allergy emergencies
Food intolerance	An abnormal response to eating a certain food; not life-threatening and does not involve the body's immune system
Gluten	A protein found primarily in wheat, barley, and rye; can sometimes be found in oats from cross-pollination or cross-contact in processing facilities
Gluten intolerance	A form of food intolerance that can cause digestive problems or other varying symptoms after eating gluten
<i>Health Insurance Portability and Accountability Act (1996) (HIPAA)</i>	A Federal program that requires all medical records in any form to be kept confidential
Individualized Education Plan (IEP)	A written document that contains the program of special education provided to a child with a disability; to comply with provisions found in Part B of the <i>Individuals with Disabilities Education Act 2006</i> (IDEA)
Individualized Family Services Plan (IFSP)	A written document that outlines the early intervention services that a child or family will receive
Individualized Healthcare Plan (IHP)	A written document that outlines the requirements of child healthcare services; developed by the facility nurse, healthcare professional, or consultant contracted by the program
<i>Individuals with Disabilities Education Act (IDEA) (1975, 2006)</i>	A Federal law that requires a free and appropriate public education be provided for children with disabilities
Lactose intolerance	A food intolerance that causes digestive problems after eating or drinking lactose; individuals with lactose intolerance do not produce enough lactase enzymes in the small intestines
Phenylketonuria (PKU)	A rare condition in which a person cannot properly break down the amino acid phenylalanine
<i>Rehabilitation Act of 1973</i>	A Federal law that prohibits discrimination against qualified persons with disabilities
State licensed healthcare professional	An individual who is authorized to write medical prescriptions under State law

LESSON 1: ALL ABOUT FOOD ALLERGIES

Objectives:

1. Evaluate the impact that an allergic reaction incident may have on a child nutrition program.
2. Describe a food allergy, its symptoms, and treatment methods.
3. Identify the nine major food allergens.
4. Distinguish between food allergy and food intolerance.

REFLECTION AND IMPACT

Instructions: Take 1 minute to reflect on the *Caitlin Remembered* video.

FEEL *How do I feel about what I just watched?*

THINK *What are the most important ideas I have heard from the group reflections?*

DO *How can I use this reflection knowledge? What will I do differently in the future?*

FOOD ALLERGY FACT SHEET

What is a food allergy?

A food allergy is when the body mistakenly reacts to the protein of a food or ingredient as if it were harmful. The food protein that causes the reaction is called an allergen.

What are the symptoms of an allergic reaction?

Knowing the symptoms of an allergic reaction can save a child's life. One or more allergic symptoms can occur and can be mild to severe. Symptoms can happen within a few minutes or up to a few hours after consuming the allergen. Children can display different symptoms, even if they have the same allergy (e.g., one child with a peanut allergy may have trouble breathing when exposed to peanuts, while another child with a peanut allergy may develop hives after consuming it). Each time a child has a reaction, the symptoms may be different.

MILD SYMPTOMS	SEVERE SYMPTOMS
<ul style="list-style-type: none"> • <u>Gut</u>: mild nausea or discomfort (stomach pain, abdominal cramping) • <u>Mouth</u>: itchy; odd taste; slight, dry cough • <u>Nose</u>: itchy, runny nose; sneezing; congestion • <u>Skin</u>: a few hives (reddish, swollen, itchy areas on the skin), mild itch (sometimes in the ear canal) 	<ul style="list-style-type: none"> • <u>Body</u>: lightheadedness, fainting or loss of consciousness, anaphylaxis • <u>Gut</u>: repetitive vomiting or severe diarrhea • <u>Heart</u>: pale, turning blue, faint, weak or “thready” pulse, dizziness, chest pain, drop in blood pressure • <u>Lung</u>: shortness of breath, wheezing, repetitive cough, difficulty breathing • <u>Mouth</u>: significant swelling of the tongue or lips • <u>Psychological</u>: feeling something bad is about to happen, sense of impending doom, anxiety, confusion, feeling weak • <u>Skin</u>: many hives over the body, widespread redness, eczema • <u>Throat</u>: tight, hoarse, trouble breathing or swallowing, swelling

What are the treatment methods for an allergic reaction?

Treatment for an allergic reaction for a **child** will be determined by the State licensed healthcare professional and written in the emergency care section of the **child's** food allergy plan. A State licensed healthcare professional is an individual authorized to write medical prescriptions under State law. Include specific State rules and licensing regulations about how **child** nutrition professionals can administer medicines in the food allergy plan. Follow the **child's** individual food allergy emergency care plan when responding to an allergic reaction. **Child** nutrition staff cannot provide treatment outside of what is written in the plan. Treatments for an allergic reaction may include:

- Epinephrine (administered by an epinephrine auto-injector or nasal spray)
- Antihistamine
- Inhaler (bronchodilator)

How might a child describe an allergic reaction?

- This food is too spicy.
- My tongue or mouth is hot (or burning, tingling, itching, etc.).
- My tongue or mouth feels full (or heavy or funny).
- It feels like something is poking my tongue.
- My tongue feels like there is hair on it.
- It feels like there is a bump on the back of my tongue (throat).
- There's something stuck in my throat (or a frog in my throat).
- My throat feels thick.
- My lips feel tight.
- It feels like there are bugs in there. (to describe itchy ears)
- My eyes are burning (or itchy).
- My skin feels itchy.
- My stomach (or tummy) hurts.
- My chest is tight.
- Something is wrong.
- Something bad is happening.

What are some nonverbal signs of an allergic reaction?

- Putting their hands in their mouths
- Pulling or scratching at their tongues
- Slurring their words
- Their voices may change (e.g., become hoarse or squeaky)

What is anaphylaxis?

Anaphylaxis is a severe allergic reaction with a rapid onset that may cause difficulty breathing and death. It may disrupt breathing and blood circulation. An anaphylactic reaction usually occurs within minutes of exposure to an allergen, but in some rare instances, it can occur a couple of hours later.

Symptoms of anaphylaxis include:

- Difficulty breathing, constriction of airways, tightness of the throat, hoarse voice
- Drop in blood pressure (e.g., pale, weak pulse, confusion, dizziness, fainting, weakness, loss of consciousness)
- Feeling of doom
- Gastrointestinal symptoms (e.g., abdominal pain, nausea, vomiting, diarrhea, cramping)
- Rapid pulse, cardiac arrest
- Shock (i.e., drop in blood pressure and narrowing of airways)
- Skin symptoms (e.g., hives, swelling)
- Swollen lips

How to avoid an allergic reaction?

Total avoidance of allergen food protein

Sources:

- Centers for Disease Control and Prevention. (2020). *Voluntary guidelines for managing food allergies in schools and early care and education programs*. www.cdc.gov/healthyyouth/foodallergies/
- Food Allergy Research and Education. (n.d.). *Anaphylaxis*. <https://www.foodallergy.org/resources/anaphylaxis>
- Food Allergy Research and Education. (n.d.). *Food allergy 101*. <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-101>
- Food Allergy Research & Education. (n.d.). *Food allergy diagnosis and testing*. <https://www.foodallergy.org/research-innovation/accelerating-innovation/food-allergy-diagnosis>
- Food Allergy Research and Education. (n.d.). *How to read food labels*. <https://www.foodallergy.org/life-with-food-allergies/living-well-everyday/how-to-read-food-labels>
- Food Allergy Research and Education. (n.d.). *Recognizing and treating reaction symptoms*. <https://www.foodallergy.org/resources/recognizing-and-treating-reaction-symptoms>
- Food Allergy Research and Education. (2017). *Recognizing and responding to a reaction*. <https://www.foodallergy.org/resources/recognizing-and-responding-reaction>
- Food Allergy Research and Education. (2020, May). *Food allergy and anaphylaxis emergency care plan*. <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan>
- Mayo Clinic. (2019, November 2). *Food allergy*. <https://www.mayoclinic.org/diseases-conditions/food-allergy/symptoms-causes/syc-20355095>
- U.S. Department of Health and Human Services, National Institutes of Health. (2018, October 29).

- Food allergy*. <https://www.niaid.nih.gov/diseases-conditions/food-allergy>
- U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Allergy and Infectious Diseases. (2018, October 24). *Guidelines for clinicians and patients for diagnosis and management of food allergy in the United States*. <https://www.niaid.nih.gov/diseases-conditions/guidelines-clinicians-and-patients-food-allergy>
- U.S. Food and Drug Administration. (2022, February 17). *Food allergies*. <https://www.fda.gov/food/food-labeling-nutrition/food-allergies>
- U.S. Food and Drug Administration. (2024, August 9). *FDA approves first nasal spray for treatment of anaphylaxis*. <https://www.fda.gov/news-events/press-announcements/fda-approves-first-nasal-spray-treatment-anaphylaxis>

FOOD ALLERGY EMERGENCY

Instructions: Answer the questions for your program's food allergy management plan. If you do not know the answer, check "Research" to remind yourself to find out the answer when you get back to your program.

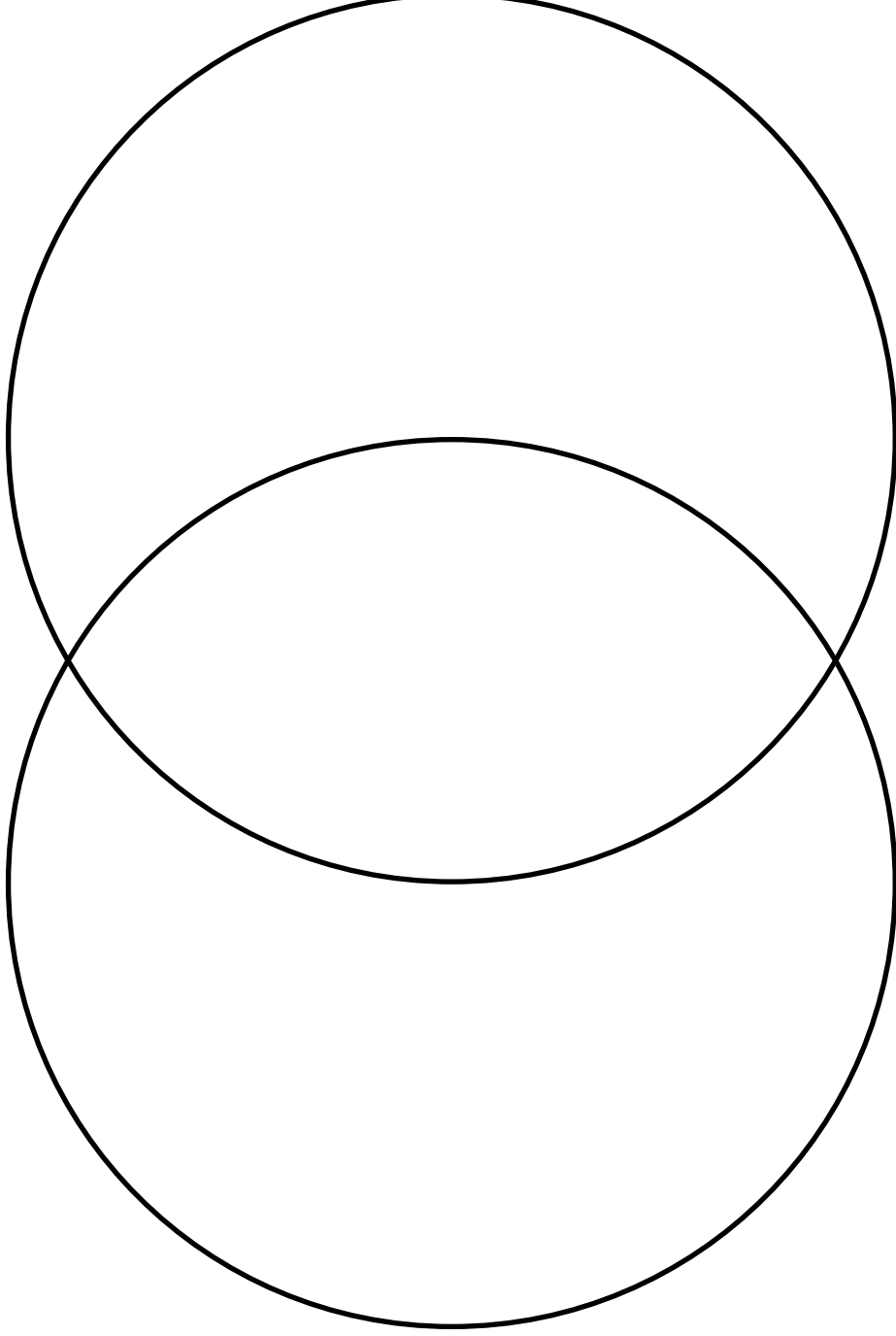
QUESTIONS	ANSWERS	RESEARCH
Emergency Reaction		
When a child has an allergic reaction, what do you do first? Who do you contact?		
Who can administer epinephrine? Do you need to be trained to administer an auto-injector or nasal spray? Who is trained in your child nutrition programs?		
Epinephrine Auto-Injector or Nasal Spray		
What is the policy for a child with a known life-threatening food allergy for carrying an auto-injector or nasal spray as age appropriate?		
Where is the child's auto-injector or nasal spray? Is it secure but in an accessible location in case of a reaction?		
What if the child has a first-time allergic reaction and no prescription auto-injector or nasal spray is available? Who do you contact?		
Responding to an Emergency		
Is all staff trained on how to respond to an emergency? Do substitutes know how to respond? Part-time staff? Volunteers?		
Do the phones near you get an outside line to call 911?		
Will local EMS have epinephrine available for use when they arrive?		

Nine Major Allergens

<p>MILK</p>	<p>EGGS</p>
 	 
<p>WHEAT</p>	<p>PEANUTS</p>
 	 
<p>TREE NUTS (e.g., walnuts, almonds, cashews, pistachios, and pecans)</p>	<p>SOY</p>
 	 
<p>FISH</p>	<p>CRUSTACEAN SHELLFISH (e.g., crab, lobster, and shrimp)</p>
 	 
<p>SESAME</p>	
 	

FOOD ALLERGIES VS FOOD INTOLERANCES

Food Allergy Both Food Intolerance



WORD LIST

- Possibly life threatening
- Generally, is not life threatening
- Can cause anaphylaxis
- Involves the digestive system with the exception of celiac disease which involves the digestive and immune system
- Involves the immune system
- Symptoms: nausea, diarrhea, and/or vomiting
- May be able to ingest some versions of the food such as yogurt for lactose intolerance
- Requires total avoidance of the known allergen
 - Touch
 - Eat
 - Smell
- Requires meal modification
- Requires epinephrine for treatment
- Child nutrition programs may be required to make reasonable accommodations if there is a diagnosed disability
- Rapid onset

LESSON 2: READING LABELS FOR ALLERGENS

Objectives:

1. Demonstrate how to find the nine major food allergens in the ingredient statement on the food label.
2. Describe how to find allergens in the ingredient statement on the food label that are not among the nine major, are in bulk items, or are in USDA Foods.
3. Describe the procedures for reading ingredient statements.

READING INGREDIENT STATEMENTS FOR FOOD ALLERGENS

Food Allergen Labeling

Although there are over 170 foods that can cause food allergies, nine major food allergens account for 90% of all food-allergic reactions in the United States.

The *Food Allergen Labeling and Consumer Protection Act of 2004* (FALCPA) is a Federal law that became effective in January 2006. It mandates that manufacturers identify any of the eight major food allergens in plain language on the food label.

In 2021, the *Food Allergy Safety, Treatment, Education, and Research Act* (FASTER) was passed into law. This law added sesame as the ninth major allergen in the U.S. This law took effect in January 2023 and required food manufacturers to list sesame in the ingredient statement like the other major allergens.

NINE MAJOR ALLERGENS

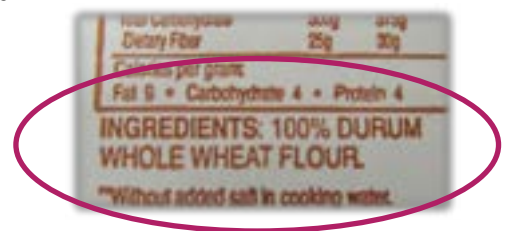
Crustacean shellfish*	Milk	Soy
Egg	Peanuts	Tree nuts
Fish	Sesame	Wheat

*Mollusk shellfish are not considered a major allergen by *FALCPA*, so all the ingredient information for mollusks may not be on the label.

FALCPA specifies where and how allergen information is presented in the ingredient list on the food label. The food ingredient **MUST** be written in one of three ways.

1. Written as the **common or usual name** of the major food allergen

- Example: “wheat flour”



2. **In parenthesis**, following the ingredient that is not the common name

- Example: “cream (milk)”

INGREDIENTS: CHICKEN STOCK, WATER, MODIFIED FOOD STARCH, WHEAT FLOUR, CHICKEN MEAT, CREAM (MILK), CONTAINS LESS THAN 2% OF: VEGETABLE OIL, CARROT JUICE CONCENTRATE, SALT, POTASSIUM CHLORIDE, FLAVORING, SOY PROTEIN CONCENTRATE, DEHYDRATED MECHANICALLY SEPARATED CHICKEN, YEAST EXTRACT, CHICKEN FAT, DISODIUM GUANYLATE, DISODIUM INOSINATE, SPICE, BETA CAROTENE FOR COLOR, SODIUM PHOSPHATE, SOY PROTEIN ISOLATE, MIXED TRIGLYCERIDES, LACTIC ACID, CELERY EXTRACT, DEHYDRATED CHICKEN, ONION EXTRACT.

3. Listed after the ingredient statement in a **“Contains” statement**

- Example: “Contains: wheat and soy”



Advisory Statements

Advisory statements are NOT covered in the *Food Allergen Labeling and Consumer Protection Act*, so the wording varies widely from manufacturer to manufacturer. Some common types of advisory statements are the “May Contain,” “Made on Equipment,” and “Processed in Facilities” statements. According to the Food Allergy Research & Education (FARE) organization, products labeled with an advisory statement are unsafe for people with known food allergies.

“May Contain”

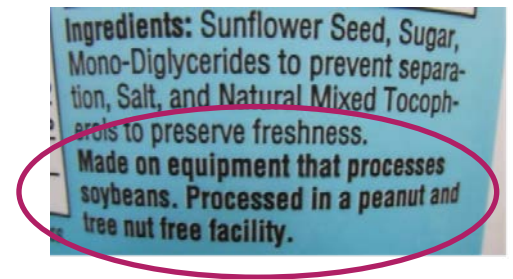
- Example: “May contain traces of peanuts”

“Made on Equipment”

- Example: “Made on equipment that makes products containing eggs and tree nuts”

“Processed in Facilities”

- Example: “Processed in facilities that also process wheat”



Reading Ingredient Statements

Ingredient statements should be read when the product is received since suppliers may make product substitutions, formulas may change, or vendors may change. Carefully check all labels every time. Do not rely on specifications, fact sheets, or the last shipment. Read the label each time the product is received. Contact the food manufacturer if you have any questions or are uncertain about the food item.

Holding Labels

The Centers for Disease Control and Prevention (CDC) recommends keeping all food labels of all food products served for 24 hours as a precaution, so the label is available in case someone has an allergic reaction. Unlike a foodborne illness outbreak, where the outbreak can occur days after a food is served, an allergic reaction will generally happen on the day of service. If the food will be served as leftovers or reused in another recipe, keep the label until all the product is either consumed or disposed of. Some ideas for managing food labels include keeping a label library, keeping the actual label, and scanning or taking a picture of the label. Contact your State agency or sponsoring organization for specific retention guidelines for your program.

Sources:

- 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/healthyyouth/foodallergies/>
- Food Allergy Research and Education. (n.d.). *How to read food labels*. <https://www.foodallergy.org/life-with-food-allergies/living-well-everyday/how-to-read-food-labels>
- U.S. Food and Drug Administration. (2022, March 7). *Food allergen labeling and consumer protection act of 2004 (FALCPA)*. <https://www.fda.gov/Food/GuidanceRegulation/GuidanceDocuments-RegulatoryInformation/Allergens/ucm106187.htm>
- U.S. Library of Congress. (2021, April 23). *Summary: S.578 — FASTER Act of 2021*. <https://www.congress.gov/bill/117th-congress/senate-bill/578?q=%7B%22search%22%3A%5B%22S.+578%22%5D%7D&s=1&r=1>

HIDE AND SEEK LABEL READING

Instructions: Read the assigned label ingredient statement on the wall and the **FARE Tips for Avoiding Your Allergen** handout. With your group, answer the activity questions for that label. Discuss the answers and your observations on label reading within your group. We will also discuss the answers as a class.

QUESTIONS FOR LABEL A	ANSWERS
Which allergens are listed in Label A?	
Does the product label meet the allergen requirements of the labeling law?	

LABEL A

INGREDIENTS: CULTURED PASTEURIZED SKIM MILK, MILK, WHEY PROTEIN CONCENTRATE, SALT, WHEY, NATURAL FLAVOR, XANTHAN GUM, LOCUST BEAN GUM, GUAR GUM, VITAMIN A PALMITATE, SORBIC ACID AND CARBON DIOXIDE (TO MAINTAIN FRESHNESS).

CONTAINS: MILK

QUESTIONS FOR LABEL B	ANSWERS
Which ingredients in the statement cause the manufacturer to label the product: CONTAINS MILK?	
Can a child known to have a wheat allergy have this product?	
*Calcium stearoyl lactylate does not contain milk protein and is safe for those with milk allergies to consume. This shows the importance of looking up unknown ingredients.	

LABEL B

INGREDIENTS: SALT, MONOSODIUM GLUTAMATE, MALTODEXTRIN, GARLIC, ONION, PARSLEY, SPICE, CARRAGEENAN, CALCIUM STEAROYL LACTYLATE, PARTIALLY HYDROGENATED CANOLA OIL, BUTTERMILK PRODUCT, TURMERIC (COLOR).

CONTAINS: MILK

QUESTIONS FOR LABEL C	ANSWERS
Would you prepare and serve this product to a child with an egg allergy?	
Does this statement meet the requirements of the <u>labeling law</u> for wheat?	

LABEL C

Ingredients: Durum flour & semolina blend, fiber, niacin, iron (ferrous sulfate), thiamin mononitrate, riboflavin, folic acid.

Allergy Information: has flour ingredients and is manufactured in a facility that uses eggs.

QUESTIONS FOR LABEL D	ANSWERS
Can this product be served to a child with a known peanut allergy?	
Can this product be served to a child with known egg, wheat, and soy allergies?	

QUESTIONS FOR LABEL E	ANSWERS
How many of the nine (9) major allergens are in this product? List the allergens.	
Can this product be served to a child with shellfish allergies?	

QUESTIONS FOR LABEL F	ANSWERS
Which allergen is listed in the ingredient statement but not in the “Contains” statement?	
Would the missing information in the “Contains” statement be enough for the product to be recalled?	

LABEL D

Ingredients: Sunflower Seed, Sugar, Mono-Diglycerides to prevent separation, Salt, and Natural Mixed Tocopherols to preserve freshness. Made on equipment that processes soybeans. Processed in a peanut and tree-nut-free facility.

LABEL E

INGREDIENTS: WATER, DISTILLED VINEGAR, VEGETABLE OIL (SOYBEAN AND/OR CANOLA), CIDER VINEGAR, ROMANO CHEESE (CULTURED MILK, SALT, ENZYMES), SUGAR, GARLIC*, SESAME SEEDS, EXTRA VIRGIN OLIVE OIL, CONTAINS LESS THAN 2% OF: OMEGA 3 [FISH OIL AND FISH GELATIN (CONTAINS TILAPIA, SARDINE, AND ANCHOVY)], ANCHOVY (FISH), LEMON JUICE CONCENTRATE, SPICE, SALT, FERMENTED WHEAT PROTEIN, YEAST EXTRACT, MALTODEXTRIN, XANTHAN GUM, PROPYLENE GLYCOL ALGINATE, POTASSIUM SORBATE, SODIUM BENZOATE AND CALCIUM DISODIUM EDTA AS PRESERVATIVES. *DRIED

LABEL F

BEEF, WATER, TEXTURED TOFU, EGGS, DEHYDRATED ONION, GARLIC, SPICES, BREAD CRUMBS, WHEY

CONTAINS: EGGS, MILK, AND WHEAT

SERVING SAFE FOOD TO CHILDREN WITH FOOD ALLERGIES (SAMPLE SOP)

PURPOSE: To serve safe and nutritious meals to children with food allergies.

SCOPE: This procedure applies to child nutrition employees involved in preparing and serving food to children with food allergies.

KEY WORDS: Allergies, Cleaning, Cross-Contact, Handwashing

INSTRUCTIONS:

1. Follow the policies and procedures of your child nutrition operation and program.
2. Use your receiving procedures.
 - Check all ingredient labels each time a food is purchased.
 - Date each food item when received.
3. Store food items that contain allergens in a separate location from the non-allergenic items.
4. Keep ingredient labels for a minimum of 24 hours after serving the product.
5. Prevent cross-contact during food preparation.
 - Wash hands before preparing food.
 - Wear single-use gloves.
 - Use a clean apron when preparing allergen-free food.
 - Wash, rinse, and sanitize all cookware before and after each use.
 - Wash, rinse, and sanitize food contact surfaces.
 - Designate an allergy-free zone in the kitchen. When working with multiple food allergies, set up procedures to prevent cross-contact within the allergy-free zone.
 - Prepare food items that do not contain allergens first. Label and store the allergen-free items separately.
 - Use a clean, sanitized cutting board when preparing food.
 - Use clean potholders and oven mitts for allergen-free foods to prevent cross-contact.
6. Prevent cross-contact during meal service.
 - Set aside food for children with food allergies before the food is set out.
 - Use dedicated serving utensils and gloves for allergen-free foods.
 - Label items correctly and clearly, so that items containing food allergens are easily recognizable.
 - Ensure that tables, high chairs, and chairs are cleaned and sanitized before and after each meal and when needed.
7. Follow your program's procedures for identifying children with food allergies.

SERVING SAFE FOOD TO CHILDREN WITH FOOD ALLERGIES, CONTINUED (SAMPLE SOP)

MONITORING:

A child nutrition employee continually monitors receiving, preparation, and serving areas to assess whether food allergy procedures are being followed.

CORRECTIVE ACTION:

1. Retrain any child nutrition employee found not following the procedures in this SOP.
2. Refrain from serving any food to a child with a food allergy if there is any question as to whether or not an allergen might be present in that particular food.
3. Activate the emergency action plan immediately if a child with the potential for anaphylaxis consumes a food allergen.

VERIFICATION AND RECORD KEEPING:

The child nutrition manager will observe program staff to ensure they are following these procedures and taking all necessary corrective actions. Keep a list of corrective actions

DATE IMPLEMENTED: _____ BY: _____

DATE REVIEWED: _____ BY: _____

DATE REVISED: _____ BY: _____

Adapted from: Institute of Child Nutrition. (2016). *Serving safe food to students with food allergies*. University, MS: Author.

HANDLING A FOOD RECALL (SAMPLE SOP)

PURPOSE: To prevent foodborne illness and food allergic reaction in the event of a product recall.

SCOPE: This procedure applies to child nutrition employees who prepare or serve food.

KEY WORDS: Food Recalls

INSTRUCTIONS:

1. Train child nutrition employees on using the procedures in this SOP.
2. Follow State or local health department requirements.
3. Review the food recall notice and specific instructions identified in the notice.
4. Communicate the food recall notice to feeding sites.
5. Hold the recalled product using the following steps:
 - Physically separate the product, including any open containers, leftover product, and food items in current production that contain the recalled product.
 - If an item is suspected of containing the recalled product, but label information is unavailable, follow the program's procedure for disposal.
6. Mark recalled products "Do Not Use" and "Do Not Discard." Inform the entire staff not to use the product.
7. Do not destroy any USDA Foods without official written notification from the State Distributing Agency, USDA Food Safety Inspection Services (FSIS), or State or local health department.
8. Inform the program's public relations coordinator of the recalled product.
9. Identify and record whether any of the product was received in the program, locate the food recall product, and verify that the food items bear the product identification code(s) and production date(s) listed in the recall notice.
10. Obtain accurate inventory counts of the recalled products, including the amount in inventory and the amount used.
11. Account for all recalled products by verifying inventory counts against records of food received.

MONITORING:

Child nutrition employees and the child nutrition manager will visually observe that program sites have segregated and secured all recalled products.

HANDLING A FOOD RECALL, CONTINUED

(SAMPLE SOP)

CORRECTIVE ACTION:

1. Retrain any child nutrition employee found not following the procedures in this SOP.
2. Determine if the recalled product is to be returned and to whom, or destroyed and by whom.
3. Notify feeding site staff of procedures, dates, and other specific directions to be followed for collecting or destroying the recalled product.
4. Consolidate the recalled product as quickly as possible, but no later than 30 days after the recall notification.
5. Conform to the recall notice using the following steps:
 - a. Report quantity and site where the product is located to the manufacturer, distributor, or State agency for collection. The quantity and location of the affected USDA Foods must be submitted to the State Distributing Agency within 10 calendar days of the recall.
 - b. Obtain the necessary documents from the State Distributing Agency for USDA Foods. Submit necessary documentation for reimbursement of food costs.
 - c. Complete and maintain all required documentation related to the recall, including:
 - Recall notice
 - Records of how food product was returned or destroyed
 - Reimbursable costs
 - Public notice and media communications
 - Correspondence to and from the public health department and State agency

VERIFICATION AND RECORD KEEPING

Child nutrition employees will record the name of the contaminated food, date, time, and the reason why the food was discarded on the Damaged or Discarded Product Log. The child nutrition manager will verify that appropriate corrective actions are being taken by reviewing, initialing, and dating the Damaged or Discarded Product Log each day. Maintain the Damaged or Discarded Product Logs for a minimum of 1 year.

DATE IMPLEMENTED: _____ BY: _____

DATE REVIEWED: _____ BY: _____

DATE REVISED: _____ BY: _____

Adapted from: Institute of Child Nutrition. (2016). *Responding to a food recall*. University, MS: Author.

TIPS FOR RECOGNIZING FOOD ALLERGIES IN BULK ITEMS AND USDA FOODS

- Obtain the ingredient statement for the bulk product and identify known allergens; retain the labeling on bulk packages.
- Use your Standard Operating Procedure for how bulk products will be handled.
 - Determine the number of bulk lots mixed in one storage container.
 - Ensure that the food product added has the same ingredient statement.
 - Prevent cross-contact from utensils and scoops. (For example, do not use the flour scoop to scoop sugar.)
 - Clean the bulk storage container thoroughly to remove allergen residue before using the container for a different product.
- If there is any doubt about the bulk product ingredients, contact the manufacturer.
- **Always** read USDA Foods product labels for allergens; product brands may change throughout the program year. Do not rely on USDA Foods Fact Sheets.
- Build time in the work schedule to read food labels.

Source: Institute of Child Nutrition. (2017). *Food safety fact sheets: Cleaning and sanitizing food contact surfaces*. www.theicn.org/foodsafety

READING FOOD LABELS

Instructions: Answer the questions for your program's food allergy management plan. If you do not know the answer, check "Research" to remind yourself to find out the answer when you get back to your program.

QUESTIONS	ANSWERS	RESEARCH
Procedures for Reading Food Labels		
Who reads labels for food allergens?		
If that person is out, who takes on that responsibility?		
Could substitutes read the labels?		
How often do you read labels for allergens?		
Storing Food Labels		
Do you keep food labels?		
How long?		
What do you do if you cannot find the food label?		
How do you find ingredient information for food items where the labels are printed on the case that is thrown away after stocking the shelves?		
Where are food labels stored?		
Procedures for Changes in Food Labels		
What would you do if a substitute product contains a food allergen, the product recipe has changed to contain an allergen, or the product now has an advisory statement?		
What is your chain of command for communicating that a food label now contains a food allergen?		
Who do you tell if you realize that you made a mistake reading a food label and it actually does contain a food allergen?		

QUESTIONS	ANSWERS	RESEARCH
Communicating Food Allergy Information		
How does your child nutrition program share information about a food allergy on menu items?		
How do you communicate with a parent or guardian requesting additional food allergy information?		
How do you communicate with other employees, such as teachers or aides, requesting additional food allergy information?		
If you cannot answer the question, who do you tell that person to contact?		

TIPS FOR MANAGING FOOD LABELS

READING FOOD LABELS

- Check all labels carefully every time.
 - Read the label each time the product is received.
 - Suppliers may make product substitutions.
 - Formulas may change.
 - Vendors could change.
 - Read labels before preparing food.
- Build time into the schedule for this procedure.
- Do not rely on specifications, fact sheets, or the last shipment.

STORING FOOD LABELS

- The CDC's *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs* recommends keeping all labels for 24 hours for all food products served.
 - This is a precaution, so the label is available if someone has an allergic reaction.
 - Unlike a foodborne illness outbreak, where the outbreak can occur days after a food is served, an allergic reaction will happen on the day of service.
- If food is served as leftovers or reused in another recipe, the label should be kept until all the product is either consumed or disposed of.
- Methods for maintaining the label:
 - Keep a label library.
 - Keep the actual label in a designated spot for service that day.
 - Scan or photograph the label.

CHANGES IN FOOD LABELS

- Knowing the chain of command for communicating that a food product now contains a food allergen can prevent an allergic reaction.
- Every child nutrition program should have a food allergy management plan.
 - Clearly outline the chain of command.
 - Detail what actions employees should take if a food label is misread and contains a food allergen.
 - Contact your director.

COMMUNICATING FOOD ALLERGIES

- Methods for communicating:
 - Electronic records can help share information on the program's website.
 - Prepare handouts.
 - Provide training for your staff, parents, or guardians.
- If you communicate the program's food allergy management plan, families will understand what is being done to protect their children.
 - It is an important priority of the child nutrition program.
 - Precautions are being taken to keep children safe.
 - You have an emergency action plan if something unexpected occurs.

Sources:

Centers for Disease Control and Prevention. (2013). *Voluntary guidelines for managing food allergies in schools and early care and education programs*. www.cdc.gov/healthyyouth/foodallergies/

Food Allergy Research and Education. (n.d.). *How to read food labels*. <https://www.foodallergy.org/life-with-food-allergies/living-well-everyday/how-to-read-food-labels>

U.S. Department of Agriculture, Food and Nutrition Service. (2017, July 25). *Accommodating children with disabilities in the school meal programs – Guidance for school food service professionals*. <https://www.fns.usda.gov/2017-edition-accommodating-children-disabilities-school-meal-programs>

LESSON 3: AVOIDING CROSS-CONTACT

Objectives:

1. Define cross-contact.
2. Examine how cross-contact may occur in a child nutrition program.
3. Develop strategies for preventing cross-contact.

CLEANING AND SANITIZING FACT SHEET

Introduction

Cleaning and sanitizing are a crucial prerequisite for food safety in any child nutrition program. Child nutrition employees who follow proper cleaning and sanitizing practices reduce the risk of cross-contamination, which can lead to foodborne illness, and cross-contact, which can contribute to an allergic reaction.

Here Are the Facts

Research conducted by the U.S. Food and Drug Administration shows that contaminated equipment is a risk factor for food safety. Cleaning and sanitizing are areas in which many food service operations did not follow appropriate practices.

Application

Clean and sanitize work surfaces, equipment, and other food contact surfaces using proper procedures.

- Follow State and local health department requirements.
- Follow the manufacturer's instructions regarding the use and cleaning of equipment.
- Follow the manufacturer's instructions regarding using chemicals for cleaning and sanitizing food contact surfaces.
- Refer to the Safety Data Sheet (SDS) provided by the manufacturer if you have questions about using specific chemicals.
- Wash, rinse, and sanitize food contact surfaces of sinks, tables, utensils, thermometers, carts, and equipment:
 - Before each use
 - Between uses when preparing different types of raw animal foods such as eggs, fish, meat, and poultry
 - Between uses when preparing ready-to-eat foods and raw animal foods such as eggs, fish, meat, and poultry
 - Any time contamination occurs or is suspected
 - After food with a food allergen has been prepared and before preparing an allergen-free food
- Wash, rinse, and sanitize food contact surfaces using the following procedures:
 - Wash the surface with a detergent solution to clean it.
 - Rinse the surface with clean water to remove debris and detergent.
 - Sanitize the surface using a sanitizing solution mixed at the concentration specified on the manufacturer's label.

- Allow items to air-dry.

Take corrective action to make sure that cleaning and sanitizing are properly done.

- Wash, rinse, and sanitize dirty food contact surfaces.
- Sanitize food contact surfaces if it cannot be determined if they have been sanitized properly.
- Discard food that comes into contact with food contact surfaces that have not been cleaned and sanitized correctly.

Remember, follow State or local health department requirements.

METHODS FOR AVOIDING CROSS-CONTACT

Cross-contact occurs when an allergen is accidentally transferred from a food containing an allergen to a food or surface that does not have the allergen.

Example of Cross-Contact

Using a knife to spread peanut butter for peanut butter and jelly sandwiches, and then using the same knife to cut a turkey sandwich without cleaning and sanitizing between uses



Potential Sources of Cross-Contact

- The food mixes during handling and preparation.
- Improper handwashing allows allergens to remain on hands.
- Improper cleaning allows allergens to remain on food contact surfaces such as food preparation tables.
- Shared equipment, utensils, cutting boards, and counters are not properly cleaned between uses.
- Cooking food splatters into an allergen-free food.
- Steam from cooking foods like shellfish and fish gets into an allergen-free food.

How to Avoid Cross-Contact

Storage

- Have shelves in the dry storage, refrigerator, and freezer that are only for allergen-free foods. A best practice is to use the top shelf so nothing can fall on the food (e.g., wheat flour falling on brown rice flour).

Preparation

- Follow SOPs for handwashing, cleaning, and sanitizing.
- Wash hands before preparing allergy-free foods.
- Wear single-use gloves.
- Use a clean apron, potholders, and oven mitts when preparing allergy-free foods to prevent cross-contact.
- Wash, rinse, and sanitize all utensils, equipment, and food contact surfaces before and after each use.
- Use color-coded or designated utensils, equipment, etc., that are for specific allergen-free foods if possible.
- Prepare food items that do not contain allergens first.
- Cover, label, and store the allergy-free items separately. Sticker or color-code-wrapped food to make all staff aware that the food is allergen-free.



- Designate an allergy-free zone in the kitchen if possible. When working with multiple food allergies, set up procedures to prevent cross-contact within the allergy-free zone.

Serving

- Develop and implement a handwashing routine for children to wash their hands before and after each meal.
- Designate an allergen-free table for children and a high chair for infants. Ensure the seats and tabletops are washed, rinsed, and sanitized between meals. Also, children with food allergies cannot be forced to eat at this table.
- Take extra care with serving utensils and serving containers to prevent cross-contact. Replace any utensils and food suspected of cross-contact. Shared utensils and spills have a greater risk of cross-contact.
- For family style dining, if you have a child with a food allergy or intolerance, there is a risk of cross-contact during meal service with the serving spoons and tongs. It may be safer to have their full meal pre-plated to ensure that cross-contact does not occur.
- For additional guidance on family style meal service, see USDA's *CACFP Family Style Meal Service Operator Booklet*.
- Make sure to monitor children during eating so they do not share food.

AVOIDING CROSS-CONTACT CASE STUDIES

Instructions: Review your assigned problem. As a group, write out a solution(s) to prevent cross-contact from happening.

PROBLEM		SOLUTION
A	A knife used to spread peanut butter may also be dipped in the jelly jar, tainting the jelly with peanut protein.	
B	You prepare an allergen (e.g., chopping walnuts on a cutting board) and then another food (e.g., slicing tomatoes) without proper cleaning.	
C	Ingredients from an allergenic food may splatter, splash, or spill into the allergy-free food when making a catering platter.	
D	You know that a child has a severe peanut allergy. You observe that another child in the dining room has a handful of peanuts and is laughing with friends and pointing at the boy with the peanut allergy.	
E	Allergy-free foods may come in contact with an allergen in storage, such as the refrigerator or dry storage.	
F	Kitchens may slice various meats and cheeses on shared equipment. Meats could contain allergenic ingredients such as milk, soy, wheat, or nuts.	
G	Shared utensils and spills have a greater risk of cross-contact.	
H	Your facility does family style dining and there is a child with multiple food allergies.	

Sources:








Food Allergy Research & Education. (2024, May). *Prevent cross-contact*. <https://www.foodallergy.org/resources/cross-contact-poster-set-eng>

Institute of Child Nutrition. (2022, March 1). *Family child care food allergy fact sheet – Avoiding cross-contact*. www.theicn.org/foodsafety

Institute of Child Nutrition. (2017). *Serving safe food to students with food allergies (Sample SOP)*. www.theicn.org/foodsafety

PREVENTING CROSS-CONTACT PLAN

Instructions: For your program kitchen, write situations where cross-contact can occur during the flow of the food process. Then, write what procedures your program uses to prevent that situation of cross-contact. If you have any questions you need to research, write at the bottom.

	CROSS-CONTACT OCCURS	PROCEDURE FOR AVOIDING IT
Receive 		
Store 		
Prepare 		
Cook 		
Hold 		
Serve 		
Store 		

Research:

BEST PRACTICES FOR CROSS-CONTACT SCENARIOS

Instructions: Read the scenario assigned by the trainer. From the scenario, identify the hazard, discuss how your program addresses this hazard, and create a best practice to share with the class for preventing this hazard.

Scenario name (receiving, storing, etc.):

What is the hazard(s) in this scenario [physical (ex. hair in food), chemical (ex. spray sanitizer near uncovered food), or bacteria (ex. raw meat dripping in to fresh lettuce)]?

How does your child nutrition program address this hazard?

What are some best practices for preventing this situation of cross-contact?

LESSON 4: ACCOMMODATING CHILDREN WITH FOOD ALLERGIES

Objectives:

1. Describe methods for accommodating and supporting children with food allergies.
2. Determine strategies to manage food prepared and served outside the child nutrition program.

LAWS RELATED TO DISABILITIES AND PRIVACY

FEDERAL LAWS	
Law	How It Relates to Child Nutrition
Rehabilitation Act of 1973	Prohibits discrimination against qualified persons with disabilities in programs or activities of any agency of the Federal government's executive branch or any organization receiving Federal financial assistance 504 Plan derived from this law
Individuals with Disabilities Education Act (IDEA) 1975, Part B 2006	Works to protect and provide early intervention services to infants and toddlers with developmental delays or specific health conditions. Part B of IDEA addresses services for children from ages 3 to 21. In some states, Part C regulates services for children from birth to three years old. Requires a free and appropriate public education be provided for children with disabilities ages 3–21 IFSP derived from this law
Americans with Disabilities Act (ADA) 1990 and 2008 Amendments	Broadens and extends civil rights protection for approximately 50 million Americans with disabilities All food allergies and intolerances have the potential to be considered disabilities Major life activities examples include (but are not limited to) caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working Major bodily function examples include (but are not limited to) functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions
The Health Insurance Portability & Accountability Act (HIPAA) 1996	Requires all medical records disclosed to be kept confidential Gives patients the right to control how health information is used
Family Educational Rights and Privacy Act (FERPA) 1974	Protects the privacy of health information entered into a child's record

Source: USDA. (2017). *Modifications to accommodate disabilities in the Child and Adult Care Food Program and Summer Food Service Program*. <https://www.fns.usda.gov/cn/modifications-accommodate-disabilities-cacfp-and-sfsp>

ROLES OF CHILD NUTRITION STAFF IN FOOD ALLERGY MANAGEMENT

Some of the ways you do your part for the food allergy team are to:

- Create an environment where children with food allergies will be safe.
- Read food labels carefully.
- Communicate and share the ingredient statement information with program staff, parents or guardians, and children.
- Prevent cross-contact with potential food allergens by following food safety SOPs.
- Follow the food allergy management plan set by the child nutrition program.
- Ensure a safe environment by reporting any discrimination or bullying.
- Have a system in place to identify children with food allergies without compromising privacy or confidentiality rights.
- Make meal modifications for children with food allergies according to their individual allergy plans.
- Know the emergency response protocol to respond to an allergic reaction incident.
- Train all your staff, including substitutes, on food allergies.
- Attend professional development on food allergies.

REDUCE THE RISK

Instructions: For your assigned scenario, work in a group to determine how to safely provide food from an outside source to a child with known life-threatening food allergies. Record the actions you would take to provide for the child on the chart paper. Select a spokesperson from your group to share how you would provide for the child.

GROUP	SCENARIO	ACTIONS TO PROVIDE
A	Xander has a wheat allergy. His preschool class has breakfast served in the classroom. Pre-made omelets with cheese sauce are on the menu. The cheese sauce contains wheat.	
B	Ashlee is going on a field trip. The children will get lunch from a local restaurant that serves fried fish. Ashlee is allergic to fish.	
C	Chris is allergic to wheat and soy. You are serving food from a local Mexican restaurant to celebrate Cinco de Mayo.	
D	Jasmine has a history of anaphylaxis in response to milk. Jasmine goes to the afterschool program, where snacks are prepared by the program staff and served by the program staff. Snacks from donations are served, too.	
E	Rachel is scratching at her throat and tells her teacher, "My throat is sore." The teacher notices that Rachel is flushed and developing hives. Rachel has no history of a food allergy.	

FOOD ALLERGY RESOURCES

Manuals

- Centers for Disease Control and Prevention. (2013). *Voluntary guidelines for managing food allergies in schools and early care and education programs*. www.cdc.gov/healthyyouth/foodallergies/
- Food Allergy Research & Education. (2020). *Your food allergy field guide*. <https://www.foodallergy.org/resources/field-guide-english>
- U.S. Department of Agriculture, Food and Nutrition Service. (2023, April 7). *Policy Memorandum on modifications to accommodate disabilities in the Child and Adult Care Food Program and Summer Food Service Program*. <https://www.fns.usda.gov/cn/modifications-accommodate-disabilities-cacfp-and-sfsp>

Website Resources

Centers for Disease Control and Prevention

<http://www.cdc.gov/healthyyouth/foodallergies/>

Food Allergy Research and Education (FARE)

<http://www.foodallergy.org/>

Institute of Child Nutrition

www.theicn.org/foodsafety

- Adult Day Care Food Allergy Fact Sheets
- Child Care Center Food Allergy Fact Sheets
- Family Child Care Food Allergy Fact Sheets

CACFP Food Safety Toolkit: <https://theicn.org/icn-resources-a-z/cacfp-food-safety-toolkit/>

United States Department of Agriculture, Food and Nutrition Service

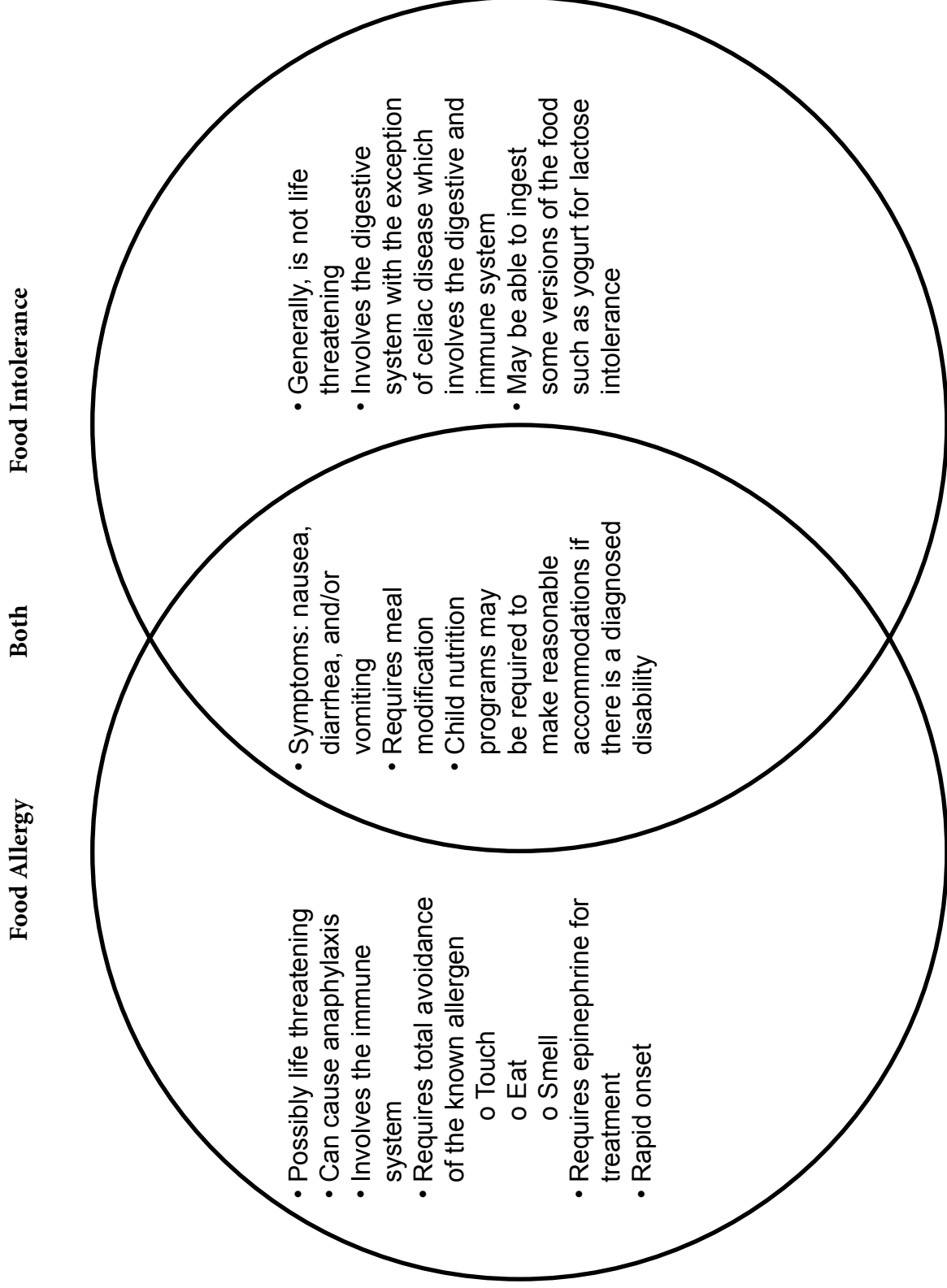
<https://www.fns.usda.gov/ofs/food-safety>

- USDA Foods Database: <https://www.fns.usda.gov/usda-fis/usda-foods-database>

APPENDIX

FOOD ALLERGIES VS FOOD INTOLERANCES

ANSWER KEY



HIDE AND SEEK LABEL READING ANSWERS

Instructions: Read the assigned label ingredient statement on the wall and the **FARE Tips for Avoiding Your Allergen** handout. With your group, answer the activity questions for that label. Discuss the answers and your observations on label reading within your group. We will also discuss the answers as a class.

QUESTIONS FOR LABEL A	ANSWERS
Which allergens are listed in Label A?	Milk
Does the product label meet the allergen requirements of the labeling law?	Yes

QUESTIONS FOR LABEL B	ANSWERS
Which ingredients in the statement cause the manufacturer to label the product: CONTAINS MILK?	Buttermilk*
Can a child known to have a wheat allergy have this product?	Yes
*Calcium stearoyl lactylate does not contain milk protein and is safe for those with milk allergies to consume. This shows the importance of looking up unknown ingredients.	

QUESTIONS FOR LABEL C	ANSWERS
Would you prepare and serve this product to a child with an egg allergy?	No, there is a risk of cross-contact with eggs.
Does this statement meet the requirements of the <u>labeling law</u> for wheat?	No, durum and semolina are types of wheat, but the label only says flour. The wheat allergen should be declared in a “Contains” statement, in parenthesis, or by the usual name.

LABEL A

INGREDIENTS: CULTURED PASTEURIZED SKIM MILK, MILK, WHEY PROTEIN CONCENTRATE, SALT, WHEY, NATURAL FLAVOR, XANTHAN GUM, LOCUST BEAN GUM, GUAR GUM, VITAMIN A PALMITATE, SORBIC ACID AND CARBON DIOXIDE (TO MAINTAIN FRESHNESS).

CONTAINS: MILK

LABEL B

INGREDIENTS: SALT, MONOSODIUM GLUTAMATE, MALTODEXTRIN, GARLIC, ONION, PARSLEY, SPICE, CARRAGEENAN, CALCIUM STEAROYL LACTYLATE, PARTIALLY HYDROGENATED CANOLA OIL, **BUTTERMILK PRODUCT**, TURMERIC (COLOR).

CONTAINS: MILK

LABEL C

Ingredients: **Durum flour & semolina blend**, fiber, niacin, iron (ferrous sulfate), thiamin mononitrate, riboflavin, folic acid.

Allergy Information: has flour ingredients and is **manufactured in a facility that uses eggs.**

QUESTIONS FOR LABEL D	ANSWERS
Can this product be served to a child with a known peanut allergy?	Yes, it is stated that it is made in a peanut and tree-nut-free facility.
Can this product be served to a child with known egg, wheat, and soy allergies?	No, there is a risk of cross-contact with soy.

QUESTIONS FOR LABEL E	ANSWERS
How many of the nine (9) major allergens are in this product? List the allergens.	5: Soy, milk, fish, sesame, wheat
Can this product be served to a child with shellfish allergies?	Yes

QUESTIONS FOR LABEL F	ANSWERS
Which allergen is listed in the ingredient statement but not in the “Contains” statement?	Tofu, which is soy
Would the missing information in the “Contains” statement be enough for the product to be recalled?	Yes, it is one of the major nine and is required to be declared.

LABEL D

Ingredients: Sunflower Seed, Sugar, Mono-Diglycerides to prevent separation, Salt, and Natural Mixed Tocopherols to preserve freshness.
 Made on equipment that processes soybeans. Processed in a peanut and tree-nut-free facility.

LABEL E

INGREDIENTS: WATER, DISTILLED VINEGAR, VEGETABLE OIL (SOYBEAN AND/OR CANOLA), CIDER VINEGAR, ROMANO CHEESE (CULTURED MILK, SALT, ENZYMES), SUGAR, GARLIC*, SESAME SEEDS, EXTRA VIRGIN OLIVE OIL, CONTAINS LESS THAN 2% OF: OMEGA 3 [FISH OIL AND FISH GELATIN (CONTAINS TILAPIA, SARDINE, AND ANCHOVY)], ANCHOVY (FISH), LEMON JUICE CONCENTRATE, SPICE, SALT, FERMENTED WHEAT PROTEIN, YEAST EXTRACT, MALTODEXTRIN, XANTHAN GUM, PROPYLENE GLYCOL ALGINATE, POTASSIUM SORBATE, SODIUM BENZOATE AND CALCIUM DISODIUM EDTA AS PRESERVATIVES. *DRIED

LABEL F

BEEF, WATER, TEXTURED TOFU, EGGS, DEHYDRATED ONION, GARLIC, SPICES, BREAD CRUMBS, WHEY
 CONTAINS: EGGS, MILK, AND WHEAT

AVOIDING CROSS-CONTACT CASE STUDIES

ANSWER KEY

Instructions: Review your assigned problem. As a group, write out a solution(s) to prevent cross-contact from happening.

PROBLEM		SOLUTION
A	A knife used to spread peanut butter may also be dipped in the jelly jar, tainting the jelly with peanut protein.	<ul style="list-style-type: none"> • Keep a separate jelly jar for the child with allergies. Use a clean spoon to put jelly on the bread. • Put jelly on first using a separate spoon.
B	You prepare an allergen (e.g., chopping walnuts on a cutting board) and then another food (e.g., slicing tomatoes) without proper cleaning.	<ul style="list-style-type: none"> • Make allergen-free food first—wash, rinse, sanitize, and air-dry the foodservice equipment, including the cooking area. • Use color-coded cutting boards designated for specific food items.
C	Ingredients from an allergenic food may splatter, splash, or spill into the allergy-free food when making a catering platter.	Prepare the allergen-free foods first; cover and remove them from the preparation area before preparing other foods.
D	You know that a child has a severe peanut allergy. You observe that another child in the dining room has a handful of peanuts and is laughing with friends and pointing at the boy with the peanut allergy.	Go to the child with the peanut allergy and escort him from the dining room. Make sure you know where his epinephrine auto-injector or nasal spray is located. Tell the director about the situation and sit in on the meeting with the children.
E	Allergy-free foods may come in contact with an allergen in storage, such as the refrigerator or dry storage.	Designate a separate shelf in the refrigerator and dry storage area for allergen-free foods. This shelf should be above the shelf that may store foods with potential allergens. Consider using stickers to identify “safe” foods. Discard anything suspected of cross-contact, or do not use it for a child with allergies.

PROBLEM		SOLUTION
F	Kitchens may slice various meats and cheeses on shared equipment. Meats could contain allergenic ingredients such as milk, soy, wheat, or nuts.	<ul style="list-style-type: none"> ● Make sure staff are following Standard Operating Procedures to clean equipment. ● Slice allergen-free food first.
G	Shared utensils and spills have a greater risk of cross-contact.	Have the child nutrition manager keep the allergen-free food separate to prevent cross-contact.
H	Your facility does family style dining and there is a child with multiple food allergies.	<ul style="list-style-type: none"> ● Wrap, cover, and label allergen-free food for the child. ● Serve child with food allergy first. ● Have child sit next to teacher during meal service to prevent grabbing or sharing food.

Sources:

Food Allergy Research & Education. (2024, May). *Prevent cross-contact*. <https://www.foodallergy.org/resources/cross-contact-poster-set-eng>

Institute of Child Nutrition. (2022, March 1). *Family child care food allergy fact sheet – Avoiding cross-contact*. www.theicn.org/foodsafety

Institute of Child Nutrition. (2017). *Serving safe food to students with food allergies (Sample SOP)*. www.theicn.org/foodsafety

BEST PRACTICES FOR CROSS-CONTACT SCENARIOS POTENTIAL ANSWERS

Receiving

- Scenario: When receiving dry goods, you arrive home from the grocery store and notice a bag of flour has spilled over the trunk of your vehicle. The flour is on the canned goods that were in the same bag.
- Hazard: There is a possibility of flour getting into the canned goods when opened if not cleaned.
- Best Practice: Thoroughly wash cans with soap and water before using.

Storing

- Scenario: The designated allergen-free food shelf has an allergen-containing food on it.
- Hazard: There is a chance of allergen getting into allergen-free food.
- Best practice: Check to ensure that the allergen-free items are in secure packaging. Discard any allergen-free food that may have come in contact with the allergen.

Preparing

- Scenario: The cans of fruit cocktail pulled for lunch are covered in flour.
- Hazard: Flour can get into the fruit cocktail when the can is opened.
- Best practice: Thoroughly wash cans with soap and water before using.

Cooking

- Scenario: The pan used to bake fish sticks is used for baking skinless chicken breasts without cleaning in between.
- Hazard: Fish proteins may still be present on the pan and cross-contact with chicken.
- Best practice: Mark the chicken breasts in accordance with your program's food allergy management plan, stating that they are not safe to serve to children with fish allergies.

Serving

- Scenario: While serving food, you realize you have used the fish stick tongs to serve French fries.
- Hazard: Fish protein may be present on the tongs. The French fries may now have fish proteins in them.

- Best practice: Replace both tongs with washed, rinsed, and sanitized tongs. Replace French fries with a fresh batch.

Holding

- Scenario: The remaining burgers are moved to the same pan to place in the hot-holding cabinet between meals. Burgers containing soy are placed on one side of the pan, and soy-free burgers are on the other.
- Hazard: Cross-contact may have occurred between soy burgers and beef burgers.
- Best practice: Mark the burgers in accordance with your program's food allergy management plan that they are not safe to serve to children with soy allergies.

REDUCE THE RISK POSSIBLE ANSWERS

Instructions: For your assigned scenario, work in a group to determine how to safely provide food from an outside source to a child with known life-threatening food allergies. Record the actions you would take to provide for the child on the chart paper. Select a spokesperson from your group to share how you would provide for the child.

GROUP	SCENARIO	ACTIONS TO PROVIDE
A	Xander has a wheat allergy. His preschool class has breakfast served in the classroom. Pre-made omelets with cheese sauce are on the menu. The cheese sauce contains wheat.	Determine an appropriate substitute for Xander that does not contain wheat. Prepare the substitute so that cross-contact does not occur. Wrap, label, and separate Xander's food to prevent cross-contact.
B	Ashlee is going on a field trip. The children will get lunch from a local restaurant that serves fried fish. Ashlee is allergic to fish.	Provide an appropriate substitution, such as a homemade meal. Alternatively, review the restaurant menu to identify the items that should be avoided.
C	Chris is allergic to wheat and soy. You are serving food from a local Mexican restaurant to celebrate Cinco de Mayo.	Obtain a copy of the restaurant's menu and speak to the restaurant manager about what allergens are in the foods. Make some wheat and soy-free menu options. Assist the child in selecting wheat and soy-free menu choices. Have servers serve the food to prevent cross-contact from utensils, or if the risk is too great, make a plate for the child when the food arrives; keep food separate and in a warmer.
D	Jasmine has a history of anaphylaxis in response to milk. Jasmine goes to the afterschool program, where snacks are prepared by the program staff and served by the program staff. Snacks from donations are served, too.	Train afterschool staff to manage food allergies. Ensure donations come with ingredient statements to look for allergens. Train the children in the afterschool program on the importance of no food sharing. Be sure Jasmine's auto-injector is available during the afterschool program. Have an SOP for managing food allergies for the afterschool program.
E	Rachel is scratching at her throat and tells her teacher, "My throat is sore." The teacher notices that Rachel is flushed and developing hives. Rachel has no history of a food allergy.	Follow the emergency food allergy action plan. Immediately call 911 for emergency medical services to come to the facility; tell them an allergic reaction is suspected and to bring epinephrine. Notify parents or guardians. Notify the director of the situation.

REFERENCES

- American Academy of Asthma, Allergy, and Immunology. (n.d.). *Food intolerance defined*. <https://www.aaaai.org/Tools-for-the-Public/Allergy,-Asthma-Immunology-Glossary/Food-Intolerance-Defined>
- American Academy of Allergy Asthma and Immunology. (2020, August 12). *Anaphylaxis*. <https://www.aaaai.org/conditions-and-treatments/library/allergy-library/anaphylaxis>
- Boyce, J.A., Assa'ad, A., Burks, A.W., et al. (2010, December). Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel. *Journal of Allergy and Clinical Immunology*. 126(6), S1-S58. <https://doi.org/10.1016/j.jaci.2010.10.007>
- Celiac Disease Foundation. (n.d.). *What is celiac disease?* <https://celiac.org/about-celiac-disease/what-is-celiac-disease/>
- Centers for Disease Control and Prevention. (2013). *Voluntary guidelines for managing food allergies in schools and early care and education programs*. www.cdc.gov/healthyyouth/foodallergies/
- Food Allergy & Anaphylaxis Connection Team. (n.d.). *How to prevent cross-contact and accidental environmental exposure*. <https://www.foodallergyawareness.org/food-allergy-and-anaphylaxis/cross-contact/cross-contact/>
- Food Allergy Research & Education. (n.d.). *Anaphylaxis*. <https://www.foodallergy.org/resources/anaphylaxis>
- Food Allergy Research & Education. (n.d.). *Cleaning methods*. <https://www.foodallergy.org/resources/cleaning-methods>
- Food Allergy Research and Education. (n.d.). *Facts and statistics*. <https://www.foodallergy.org/resources/facts-and-statistics>
- Food Allergy Research and Education. (n.d.). *Food allergy 101*. <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-101>
- Food Allergy Research & Education. (n.d.). *Food allergy diagnosis and testing*. <https://www.foodallergy.org/research-innovation/accelerating-innovation/food-allergy-diagnosis>
- Food Allergy Research and Education. (n.d.). *How to read a food label*. <https://www.foodallergy.org/life-with-food-allergies/living-well-everyday/how-to-read-food-labels>
- Food Allergy Research & Education. (n.d.). *Other food allergens*. <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens/other-food-allergens>
- Food Allergy Research and Education. (n.d.). *Recognizing and treating reaction symptoms*. <https://www.foodallergy.org/resources/recognizing-and-treating-reaction-symptoms>
- Food Allergy Research and Education. (n.d.). *Public access to epinephrine*. <https://www.foodallergy.org/our-initiatives/advocacy/know-your-rights/public-access-epinephrine>
- Food Allergy Research and Education. (2017). *Recognizing and responding to a reaction*. <https://www.foodallergy.org/resources/recognizing-and-responding-reaction>
- Food Allergy Research and Education. (2019). *Food allergy facts and statistics for the U.S.* <https://www.foodallergy.org/resources/food-allergy-facts-and-statistics-us>
- Food Allergy Research and Education. (2019). *How a child might describe a reaction*. <https://www.foodallergy.org/resources/how-child-might-describe-reaction>
- Food Allergy Research and Education. (2020, May). *Food allergy & anaphylaxis emergency care plan*. <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/food-allergy-anaphylaxis-emergency-care-plan>
- Food Allergy Research & Education. (2020). *Prevent cross-contact*. <https://www.foodallergy.org/resources/cross-contact-poster-set-eng>

- Food Allergy Research and Education. (2020, November). *Tips for avoiding your allergen*. <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens/tips-avoiding-your-allergen>
- Food Allergy Research & Education. (2020). *Your guide to food allergy*. <https://www.foodallergy.org/resources/field-guide-english>
- Food Safety Magazine. (2020, March 17). *A look back at 2019 food recalls*. <https://www.food-safety.com/articles/6487-a-look-back-at-2019-food-recalls>
- Gupta, R.S., Warren, C.M., Smith, B.M., et al. (2019, January 4). Prevalence and Severity of Food Allergies Among US Adults. *JAMA Network Open*. 2(1), e185630. doi:10.1001/jamanetworkopen.2018.5630
- Institute of Child Nutrition. (2016). *Cleaning and sanitizing food contact surface* [sample SOP]. <https://www.theicn.org/foodsafety>
- Institute of Child Nutrition. (2017). *Food safety fact sheets: Cleaning and sanitizing food contact surfaces*. <https://www.theicn.org/foodsafety>
- Institute of Child Nutrition. (2017). *Serving safe food to students with food allergies*. <https://www.theicn.org/foodsafety>
- Institute of Child Nutrition. (2019, October 22). *Food allergies for school nutrition managers and staff*. <https://www.theicn.org/foodsafety>
- Institute of Child Nutrition. (2019). *Food allergies in school nutrition programs – General food allergies* [online course]. <https://theicn.org/elearning>
- Institute of Child Nutrition. (2020). *Food allergies in school nutrition programs – Accommodating food allergies in school nutrition programs* [online course]. <https://theicn.org/elearning>
- Institute of Child Nutrition. (2020). *Food allergies in school nutrition programs – Avoiding cross-contact* [online course]. <https://www.theicn.org/elearning>
- Institute of Child Nutrition. (2020). *Food allergies in school nutrition programs – Reading food labels* [online course]. <https://www.theicn.org/elearning>
- Kristen D. Jackson, LaJeana D. Howie, and Lara J. Akinbami. (2013, May). *Trends in allergic conditions among children: United States, 1997–2011*. <http://www.cdc.gov/nchs/data/databriefs/db121.pdf>
- Mayo Clinic. (2019, November 2). *Food allergy*. <https://www.mayoclinic.org/diseases-conditions/food-allergy/symptoms-causes/syc-20355095>
- Mayo Clinic. (2022, April 21). *Food allergy vs. food intolerance: What's the difference?* <https://www.mayoclinic.org/diseases-conditions/food-allergy/expert-answers/food-allergy/faq-20058538>
- Michelsen-Huisman, A.D., van Os-Medendorp, H., Blom, W.M., et al. (2018, July 13). Accidental allergic reactions in food allergy: Causes related to products and patient's management. *Allergy (Copenhagen)*. 73(12), 2377-2381. <https://doi.org/10.1111/all.13560>
- National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Food and Nutrition Board; Committee on Food Allergies: Global Burden, Causes, Treatment, Prevention, and Public Policy; Oria MP, Stallings VA, editors. (2016). *Managing food allergies in retail, food service, schools, higher education, and travel settings. Finding a path to safety in food allergy: Assessment of the global burden, causes, prevention, management, and public policy*. <https://www.ncbi.nlm.nih.gov/books/NBK435953/>
- National Institute of Allergy and Infectious Diseases. (2022, September 14). *Food allergy*. <https://www.niaid.nih.gov/diseases-conditions/food-allergy>
- Perry, T.T., Conover-Walker, M.K., Pomés, A., Chapman, M.D., & Wood R.A. (2004, May 1). Distribution of peanut allergen in the environment. *Journal of Allergy and Clinical Immunology*. 113(5). 976-976. <https://doi.org/10.1016/j.jaci.2004.02.035>

- Santos MJL, Merrill KA, Ben-Shoshan M, Gerdt JD, Giesbrecht D, Lavine E, Prentice S, Upton J, Protudjer JLP. (2023, July 6). Food allergy education and management in early learning and childcare centres: A scoping review on current practices and gaps. *Children (Basel)*. 10(7):1175. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10377763/>
- Sauer, K. & Center of Excellence for Food Safety Research in Child Nutrition Programs (Producers). (2017). *Caitlin Remembered* [video file]. <http://cnsafefood.k-state.edu/resources/videos.html>
- Sicherer S.H., Furlong T.J., DeSimone J., and Sampson H.A. (2001, April). The U.S. peanut and tree nut allergy registry: Characteristics of reactions in schools and day care. *Journal of Pediatrics*. 138(4), 560-565. <https://doi.org/10.1067/mpd.2001.111821>
- Sicherer, S.H., & Sampson, H.A. (2018, January). Food allergy: A review and update on epidemiology, pathogenesis, diagnosis, prevention, and management. *Journal of Allergy and Clinical Immunology*. 141(1), 41-58. <https://doi.org/10.1016/j.jaci.2017.11.003>
- Tang, M.L.K., & Mullins, R.J. (2017, March 5). Food allergy: is prevalence increasing?: *Internal Medicine Journal*. 47(3):256-261. <https://doi.org/10.1111/imj.13362>
- Understood for All. (n.d.). *What is an IFSP?* <https://www.understood.org/en/articles/ifsp-what-it-is-and-how-it-works>
- U.S. Department of Agriculture, Food and Nutrition Service. (2023, April 7). *Policy Memorandum on modifications to accommodate disabilities in the Child and Adult Care Food Program and Summer Food Service Program*. <https://www.fns.usda.gov/cn/modifications-accommodate-disabilities-cacfp-and-sfsp>
- U.S. Department of Agriculture, Food and Nutrition Service. (2024, May 6). *Implementation timeline for updated nutrition requirements in CACFP & SFSP*. <https://www.fns.usda.gov/cn/school-nutrition-standards-updates/implementation-timeline-cacfp-sfsp>
- U.S. Department of Health and Human Services, Head Start Early Childhood Learning & Knowledge Center. (2023, July 18). *Individualized family service plans (IFSPs) tips*. <https://eclkc.ohs.acf.hhs.gov/publication/individualized-family-service-plans-ifsp-tips>
- U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Allergy and Infectious Diseases. (2011, May). *Guidelines for the diagnosis and management of food allergy in the United States: Summary for patients, families, and caregivers*. <https://www.niaid.nih.gov/sites/default/files/faguidelinespatient.pdf>
- U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Allergy and Infectious Diseases. (2018, October 24). *Guidelines for clinicians and patients for diagnosis and management of food allergy in the United States*. <https://www.niaid.nih.gov/diseases-conditions/guidelines-clinicians-and-patients-food-allergy>
- U.S. Department of Health and Human Services, National Institutes of Health. (2018, October 29). *Food allergy*. <https://www.niaid.nih.gov/diseases-conditions/food-allergy>
- U.S. Food and Drug Administration. (2009). *FDA report on the occurrence of foodborne illness risk factors in selected institutional foodservice, restaurant, and retail food store facility types*. http://www.foodprotect.org/issues/packets/2012Packet/attachments/I_024_b.pdf
- U.S. Food and Drug Administration. (2022, January 31). *FASTER Act video for food industry and other stakeholders*. <https://www.fda.gov/food/cfsan-constituent-updates/faster-act-video-food-industry-and-other-stakeholders>
- U.S. Food and Drug Administration. (2022, February 17). *Food allergies*. <https://www.fda.gov/food/food-labeling-nutrition/food-allergies>
- U.S. Food and Drug Administration. (2022, December 28). *2022 Food code*. <https://www.fda.gov/food/fda-food-code/food-code-2022>

- U.S. Food and Drug Administration. (2022, March 7). *Food allergen labeling and consumer protection act of 2004* (FALCPA). <https://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/Allergens/ucm106187.htm>
- U.S. Food and Drug Administration. (2022, June 9). *FDA Food Safety Modernization Act (FSMA)*. <https://www.fda.gov/food/guidanceregulation/fsma/>
- U.S. Food and Drug Administration. (2022, June 23). *Food allergies: What you need to know*. <https://www.fda.gov/food/buy-store-serve-safe-food/food-allergies-what-you-need-know>
- U.S. Food and Drug Administration. (2024, August 9). *FDA approves first nasal spray for treatment of anaphylaxis*. <https://www.fda.gov/news-events/press-announcements/fda-approves-first-nasal-spray-treatment-anaphylaxis>
- U.S. Library of Congress. (2021, April 23). *Summary: S.578 — FASTER Act of 2021*. <https://www.congress.gov/bill/117th-congress/senate-bill/578?q=%7B%22search%22%3A%5B%22S.+578%22%5D%7D&s=1&r=1>
- Venter, C. (2012, November 11). Food hypersensitivity: Diagnosing and managing food allergies and intolerances. *Journal of Allergy*. 576017. <https://doi.org/10.1155/2012/576017>



The University of Mississippi
School of Applied Sciences
800-321-3054
www.theicn.org