



Prevention of and Response to Emergencies Due to Food and Allergic Reactions

This brief, one in a series of nine addressing health and safety requirements specified in the *Child Care and Development Block Grant Act of 2014*, provides an overview of the prevention of and response to food allergy reactions for center-based and home-based child care settings. Licensing administrators and Child Care and Development Fund Administrators may find the brief helpful as they begin to assess and consider future revisions to state standards for both licensed and license-exempt providers. It may also be of value to early childhood and school-age care and education programs and providers in understanding and improving the health and safety of their learning environments.

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New Federal Requirements

The *Child Care and Development Block Grant Act of 2014* includes provisions related to health and safety requirements for all providers that receive payment from the Child Care and Development Fund (CCDF).¹

(I) Health and Safety Requirements. - The plan shall include a certification that there are in effect within the State, under State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers that provide services for which assistance is made available under this subchapter. Such requirements

(i) shall relate to matters including health and safety topics consisting of

(IV) the prevention of and response to emergencies due to food and allergic reactions;

¹ The *Child Care and Development Block Grant Act of 2014* and section 418 of the Social Security Act (42 USC 618), as amended, provide the statutory authority for implementation of the CCDF program as designated by the Administration for Children and Families. Retrieved from <http://www.acf.hhs.gov/programs/occ/resource/ccdf-law>.

Food Allergy Facts

According to a study released in 2013 by the Centers for Disease Control and Prevention, food allergies among children increased approximately 50 percent between 1997 and 2011.² One in every 13 children (under 18 years of age) in the United States is affected by food allergies. That's roughly two in every classroom.³

A reaction to food can range from a mild response (such as an itchy mouth) to anaphylaxis, a severe and potentially deadly reaction.⁴ In the United States, the following eight foods or food groups account for 90 percent of serious allergic reactions: milk, eggs, fish, crustacean shellfish, wheat, soy, peanuts, and tree nuts.⁵ Strict avoidance of food allergens and early recognition and management of allergic reactions to food are important measures to prevent serious health consequences.⁶

Caring for Our Children Basics

Released in 2015 by the Administration for Children and Families (ACF), *Caring for Our Children Basics: Health and Safety Foundations for Early Care and Education* (CFOCB) represents the minimum health and safety standards experts believe should be in place where children are cared for outside their homes.⁷ CFOCB seeks to reduce conflicts and redundancies found in program standards linked to multiple funding streams. Though voluntary, ACF hopes CFOCB will be a helpful resource for States and other entities as they work to improve health and safety standards in licensing and quality rating and improvement systems. The following standard from CFOCB addresses caring for children with food allergies and includes preventative measures as well as required responses to emergencies.

4.2.0.10 Care for Children with Food Allergies

Each child with a food allergy should have a written care plan that includes:

- a) Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food;
- b) A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan should include specific symptoms that would indicate the need to administer one or more medications.

Based on the child's care plan and prior to caring for the child, caregivers/teachers should receive training for, demonstrate competence in, and implement measures for:

- a) Preventing exposure to the specific food(s) to which the child is allergic;
- b) Recognizing the symptoms of an allergic reaction;
- c) Treating allergic reactions.

² Jackson K. D., Howie, L. D., & Akinbami, L.J. (2013). *Trends in allergic conditions among children: United States, 1997–2011*. National Center for Health Statistics data brief. Atlanta: Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/nchs/products/databriefs/db121.htm>

³ Food Allergy Research & Education. (n.d.). Facts and statistics [Web page]. Retrieved from <http://www.foodallergy.org/facts-and-stats>

⁴ Food Allergy Research & Education. (n.d.). Facts and statistics [Web page]. Retrieved from <http://www.foodallergy.org/facts-and-stats>

⁵ Boyce J. A., Assa'ad A., Burks A. W., Jones, S. M., Sampson, H. A., Wood, R. A., . . . Schwanger, J. M. (2010). 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.

⁶ U.S. Food and Drug Administration, Center for Food Safety and Applied Nutrition. (2010). *Food allergies: What you need to know*. Retrieved from <http://www.fda.gov/downloads/Food/ResourcesForYou/Consumers/UCM220117.pdf>

⁷ Administration for Children and Families, U.S. Department of Health and Human Services. (2015). *Caring for our children basics: Health and safety foundations for early care and education*. Retrieved from <http://www.acf.hhs.gov/programs/eecd/caring-for-our-children-basics>

The written child care plan, a mobile phone, and the proper medications for appropriate treatment if the child develops an acute allergic reaction should be routinely carried on field trips or transport out of the early care and education setting.

The program should notify the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The program should contact the emergency medical services system immediately whenever epinephrine has been administered.

Each child's food allergies should be posted prominently in the classroom and/or wherever food is served with permission of the parent/guardian.

Caring for Our Children Standards

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd edition (CFOCB), is a collection of 686 national standards that represent best practices with respect to health and safety in early care and education settings. CFOCB can help programs and providers implement CFOCB, understand rationale, and move to higher levels of quality in health and safety. CFOCB is available at <http://cfoc.nrckids.org>.⁸

The following links to CFOCB pertain to the prevention of and response to food allergy reactions. The links go to the full text of the standard, with a rationale supported by research.

Standard 1.4.3.2: Topics Covered in First Aid Training

<http://cfoc.nrckids.org/StandardView/1.4.3.2>

Standard 3.5.0.1: Care Plan for Children with Special Health Care Needs

<http://cfoc.nrckids.org/StandardView/3.5.0.1>

Standard 4.2.0.2: Assessment and Planning of Nutrition for Individual Children

<http://cfoc.nrckids.org/StandardView/4.2.0.2>

Standard 4.2.0.8: Feeding Plans and Dietary Modifications

<http://cfoc.nrckids.org/StandardView/4.2.0.8>

Standard 4.2.0.10: Care for Children with Food Allergies

<http://cfoc.nrckids.org/StandardView/StdNum/4.2.0.10>

Standard 9.2.3.7: Information Sharing on Therapies and Treatments Needed

<http://cfoc.nrckids.org/StandardView/9.2.3.7>

⁸ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*, 3rd edition. Retrieved from <http://cfoc.nrckids.org/>

Standard 9.4.2.2: Pre-Admission Enrollment Information for Each Child

<http://cfoc.nrckids.org/StandardView/9.4.2.2>

The following links to two CFOC3 Appendices provide supplemental information regarding the prevention of and response to food allergy reactions in early care and education programs.

Appendix O: Care Plan for Children with Special Health Needs

<http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixO.pdf>

Appendix P: Situations that Require Medical Attention Right Away

<http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixP.pdf>

Examples of State Licensed Child Care Requirements

Licensing of center-based care and family child care homes is a process that establishes the minimum requirements necessary to protect the health and safety of children in care. State licensing requirements are regulatory requirements, including registration or certification requirements, that state law establishes as necessary for providers to legally operate and provide child care services.⁹ The following excerpts, related to the prevention of and response to food allergy reactions while in care, are from licensing requirements in Delaware, Florida, Georgia, and North Carolina. These examples do not include all States that have these requirements, but are meant to represent a range of approaches States have taken in their regulations. A document with links to all States' child care licensing regulations is available at <https://childcareta.acf.hhs.gov/resource/state-and-territory-licensing-agencies-and-regulations>.

Child Care Center Requirements

Delaware

DELACARE: Regulations for Early Care and Education and School-Age Centers (July 2015)

<http://kids.delaware.gov/occl/announcements/Center-Regulations-2015.pdf>

19. Child Files

A licensee shall have an on-site confidential file for each child at enrollment and an established procedure to ensure that information supplied by a parent/guardian is maintained and kept current and available to staff responsible for a particular child on a need-to-know basis. This file shall be available upon request for at least three months after disenrollment and shall include the following: ...information on any allergies, existing illnesses or injuries, previous serious illnesses or injuries, and all prescription and non-prescription medication

25. Orientation

A licensee shall document that all staff members, all substitutes, and volunteers working more than five days or 40 hours a year have been given an orientation training session before working with children.

⁹ Administration for Children and Families, U.S. Department of Health and Human Services. (2015). *Caring for our children basics: Health and safety foundations for early care and education*. Retrieved from <http://www.acf.hhs.gov/programs/eecd/caring-for-our-children-basics>

This includes...center policies on the following: ...prevention and response to emergencies due to food allergies;

61. Child Accident and Injury

B. In the event of a significant child medical event, such as a seizure, asthma attack, or severe allergic reaction, the parent/guardian shall be notified immediately after center staff have taken appropriate emergency action to assist the child, including contacting emergency medical services as needed.

63. Food, Water, and Nutrition

G. A licensee shall have and follow a written policy concerning food service that is provided to a parent/guardian at enrollment and when updated that includes:

iii. Procedures to address food allergies (for foods provided by the center or parents/guardians);

I. A licensee shall ensure that special, therapeutic diets are prepared and served by center staff only upon written instructions by a health care provider. If a parent/guardian requests a modification of basic meal patterns (see Appendix) due to a child's medical need such as food allergies or food intolerance, the parent/guardian shall provide the center with written documentation from the child's health care provider permitting the modification.

Florida

Chapter 65C-22: Child Care Standards (August 2013)

<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65C-22>

65C-22.005 Food and Nutrition.

(1) Nutrition.

(e) If a special diet is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet shall be maintained in the child's file and followed. If the custodial parent or legal guardian notifies the child care facility of any known food allergies, written documentation must be maintained in the child's file for as long as the child is in care. Special food restrictions must be shared with staff and must be posted in a conspicuous location.

65C-22.006 Record Keeping.

(c) There shall be signed statements from the custodial parents or legal guardian that the child care facility has provided them with the following information:

3. The child care facility's food and nutrition policies that includes language on food safety and food allergens.

(5) Summary of Records. In addition to the documentation outlined in subsections (1)-(4) above, the following is a list of records that shall be maintained at the facility, and that shall be available during the hours of operation for review by the licensing authority:

(l) Written documentation of known food allergies (if applicable). Must be maintained for as long as the child is in care as referenced in paragraph 65C-22.005(1)(e), F.A.C.

Family Child Care Home Requirements

Georgia

Rules For Family Child Care Learning Homes: Chapter 290-2-3 (January 2016)

<http://dec.al.ga.gov/documents/attachments/FCCLHRulesAndRegulations.pdf>

290-2-3-.08 Children's Records

(1) The Home shall maintain current and updated individual records on each Child in care. The Home shall maintain the records outlined herein while the Child is in care and for a period of one (1) year after such Child is no longer in care at the Family Child Care Learning Home. Such records shall include: ...

(f) Record of any allergies and other known medical problems;

North Carolina

Section .1700 Family Child Care Home Requirements (February 2016)

http://ncchildcare.nc.gov/PDF_forms/DCDEE_Rulebook.pdf

10A NCAC 09 .1705 Health and Training Requirements for Family Child Care Home Operators

(a) Prior to receiving a license, each family child care home operator shall:

(2) Complete within 12 months prior to applying for a license a basic first aid course that shall address principles for responding to emergencies, and techniques for handling common childhood injuries, accidents and illnesses such as choking, burns, fractures, bites and stings, wounds, scrapes, bruises, cuts and lacerations, poisoning, seizures, bleeding, allergic reactions, eye and nose injuries and sudden changes in body temperature.

10A NCAC 09 .1706 Nutrition Standards

(c) The food required by special diets for medical, religious or cultural reasons, may be provided by the operator or may be brought to the program by the parents. If the diet is prescribed by a health care professional, a statement signed by the health care professional shall be on file at the program and written instructions must be provided by the child's parent, health care professional or a licensed dietitian/nutritionist. If the diet is not prescribed by a health care professional, written instructions shall be provided by the child's parent and shall be on file at the program.

10A NCAC 09 .1720 Safety, Medication, and Sanitation Requirements

(6) A parent may give a caregiver standing authorization for up to six months to administer prescription or over-the-counter medication to a child, when needed, for chronic medical conditions and for allergic reactions. The authorization shall be in writing and shall contain:

(A) the child's name;

(B) the subject medical conditions or allergic reactions;

(C) the names of the authorized over-the-counter medications;

- (D) the criteria for the administration of the medication;
- (E) the amount and frequency of the dosages;
- (F) the manner in which the medication shall be administered;
- (G) the signature of the parent;
- (H) the date the authorization was signed by the parent; and
- (I) the length of time the authorization is valid, if less than six months.

(7) Upon completion of the Emergency Preparedness and Response in Child Care training, develop the Emergency Preparedness and Response Plan. ...

The Plan shall include the following:

(J) the location of the Ready to Go File. A Ready to Go File means a collection of information on children, additional caregivers and the facility, to utilize, if an evacuation occurs. The file shall include, but is not limited to, a copy of the Emergency Preparedness and Response Plan, contact information for individuals to pick-up children, each child's Application for Child Care, medication authorizations and instructions, any action plans for children with special health care needs, a list of any known food allergies of children and additional caregiver, additional caregiver contact information, Incident Report forms, an area map, and emergency telephone numbers.

10A NCAC 09 .1721 Requirements for Records

- (a) The operator shall maintain the following health records for each enrolled child, including his or her own preschool child(ren):
 - (3) a health and emergency information form provided by the Division that is completed and signed by a child's parent.
 - (D) any allergies or restrictions on the child's participation in activities with instructions from the child's parent or physician;

Examples of State License-Exempt Child Care Requirements

States have exemptions in law or regulation that define the types of center-based facilities and home-based providers that are not required to obtain a state license to operate legally.¹⁰ Most States allow exempt providers to receive CCDF funding. And while exempt providers are not subject to the regulatory requirements set forth by the licensing agency, the *Child Care and Development Block Grant Act of 2014* (CCDBG Act of 2014) requires States and Territories to have health and safety requirements in 10 different topic areas for all providers participating in the CCDF subsidy program, as well as preservice and ongoing training on those topics.¹¹ The following excerpts, taken from Arkansas and Arizona requirements for license-exempt programs, are examples of requirements supporting the prevention of and response to food allergy reactions. These examples do not include all States that have these requirements, but are meant to represent a range of approaches States have taken in establishing requirements for license-exempt programs.

¹⁰ National Center on Early Childhood Quality Assurance. (2015). *Monitoring license-exempt CCDF homes*. Retrieved from <https://childcareta.acf.hhs.gov/resource/monitoring-license-exempt-ccdf-homes>

¹¹ National Center on Early Childhood Quality Assurance. (2015). *Monitoring and supporting license-exempt care: Case studies*. Retrieved from <https://childcareta.acf.hhs.gov/resource/monitoring-and-supporting-license-exempt-care-case-studies>

Arkansas

Arkansas Department of Human Services, Division of Child Care and Early Childhood Education, Child Care Licensing Division (January 2015),

http://humanservices.arkansas.gov/dccece/licensing_docs/2014%20A4%20RCCFH%20Final%20Filing.pdf

602 Children's Records

3. Medical Records shall include: ...

c. Child's unusual food needs such as special formulas, diabetic diet, or food allergies

702 Infant & Toddler Nutrition Requirements

1. The routine use of baby food, bottles and formula shall be agreed upon by the caregiver and parent (Appendix B). Instructions regarding special needs for food, bottles and formula, such as food allergies, shall be obtained in writing from the parent and followed by the caregiver.

Arizona

Arizona Administrative Rules – Title 9, Chapter 3 Department of Health Services – Child Care Group Homes (September 2011)

<http://www.azdhs.gov/documents/licensing/childcare-facilities/rules/bccl-child-care-group-home-rules.pdf>

R9-3-302. Staff Training

A. Within 10 days after the starting date of employment or volunteer service, a certificate holder shall provide, and each staff member shall complete, training for new staff members that includes all of the following:

1. Names, ages, and developmental stages of enrolled children;

2. Health needs, nutritional requirements, any known allergies, and information about adaptive devices of enrolled children; ...

R9-3-407. General Food Service and Food Handling Standards

A. A certificate holder shall ensure that:

11. Each staff member is informed of a modified diet prescribed for an enrolled child by the child's parent, physician, physician assistant, or registered nurse practitioner;

12. The food served to an enrolled child is consistent with a modified diet prescribed for the child by the child's parent, physician, physician assistant, or registered nurse practitioner;

Additional Resources

- ◆ **Better Kid Care**, Penn State Extension, Penn State College of Agricultural Sciences.
<http://extension.psu.edu/youth/betterkidcare/early-care>

- ◆ **Caring for Children with Special Healthcare Needs (CSHCN) in Early Care and Education**, American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education.
http://cfoc.nrckids.org/StandardView/SpcCol/Children_with_Special_Needs
This document provides a compilation of standards from *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, third edition, that address the needs of this vulnerable population.
- ◆ **Food Allergies in Children**, Healthy Children.org, American Academy of Pediatrics.
<https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Food-Allergies-in-Children.aspx>
- ◆ **Food Allergy Self-Learning Module**, Healthy Child Care Pennsylvania, Early Childhood Education Linkage System.
<http://www.ecels-healthychildcarepa.org/professional-development-training/self-learning-modules/item/190-food-allergy-self-learning-module-2-hours>
- ◆ **Guidelines for the Diagnosis and Management of Food Allergy in the United States: Summary for Patients, Families, and Caregivers**, National Institute of Allergy and Infectious Diseases.
<http://www.niaid.nih.gov/topics/foodAllergy/clinical/Documents/FAguidelinesPatient.pdf>
- ◆ **Head Start Program Performance Standards**, U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start.
<http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspps/45-cfr-chapter-xiii/45-cfr-chap-xiii-eng.pdf>.
The Head Start Program Performance Standards include standards related to this topic in the following section:
 - Section 1308.20 Nutrition Services
- ◆ **Food Allergy: An Overview**, National Institute of Allergy and Infectious Diseases.
<http://www.niaid.nih.gov/topics/foodAllergy/Documents/foodallergy.pdf>
- ◆ **Reducing the Risk of Exposure to Food Allergens: Recommendations from the Centers for Disease Control and Prevention**, Food Allergy Research & Education.
<http://www.foodallergy.org/file/cdc-reducing-risk.pdf>
- ◆ **Virtual Early Education Center (VEEC): Room by Room Practices for Health and Safety**, National Center on Early Childhood Health and Wellness.
<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/health-services-management/program-planning/veec.html>
- ◆ **Virtual Lab School**, The Ohio State University in partnership with the Office of the Secretary of Defense and the National Institute of Food and Agriculture.
<https://www.virtuallabschool.org/about>
- ◆ **Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs**, Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services.
<http://www.foodallergy.org/document.doc?id=249>
This document includes a Food Allergy Management and Prevention Plan Checklist.

This document was developed with funds from Grant # 90TA0002-01-00 for the U.S Department of Health and Human Services, Administration for Children and Families, Office of Head Start, Office of Child Care, and Health Resources and Services Administration, by the National Center for Early Childhood Quality Assurance. This resource may be duplicated for noncommercial uses without permission.

The National Center on Early Childhood Quality Assurance (ECQA Center) supports State and community leaders and their partners in the planning and implementation of rigorous approaches to quality in all early care and education settings for children from birth to school age. The ECQA Center is funded by the U.S. Department of Health and Human Services, Administration for Children and Families.

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