In the United States, approximately 5.6 million children have a food allergy and 6% of children experience an allergic reaction before age 4. In 2013, the Centers for Disease Control and Prevention (CDC) published voluntary guidelines to assist schools and early childhood education programs in food allergy management. A translational gap continues to exist with most schools opting for allergen-specific bans, instead of evidenced-based strategies. However, allergen-bans are difficult to enforce, not evidence-based, and may lead to a false sense of security.

Underutilized online resources should be promoted to improve childcare centers’ compliance with food allergy guidelines, existing legislation, and evidence-based recommendations.

Purpose Statement
To identify opportunities to use evidence-based strategies in food allergy management through an innovative healthcare delivery of food allergy guidelines for childcare administrators

Methods
Sample: 3 Newark childcare administrators (female, aged 41–50, 5+ years of administrator experience)
Recruitment: convenience sample using publicly available email addresses of licensed childcare administrators in Newark, New Jersey (NJ)
Study Design: descriptive, cross-sectional
Data Collection: participants acknowledged informed consent and completed a 20-question survey before the virtual presentation
Outcomes Measured: childcare administrators’ current compliance with food allergy management
Data Analysis: descriptive and inferential statistics
Intervention: food allergy guidelines virtually presented to Newark childcare administrators using the CDC’s ‘The Role of School Administrators’
Feedback: systematically provided via email to each participant based on their individual responses to the survey questions
Incentive: All participants received a $10 e-gift card

Results
Responding childcare administrators in Newark, NJ reported high compliance with the CDC’s food allergy guidelines at their childcare centers
As demonstrated by the above figure, the represented Newark childcare centers were 100% compliant with 15 out of 17 CDC recommendations
However, they were only 33.3% compliant in teaching all children, parents, and their families about food allergies

Limitations
Low response rate: 2% (3/155)
Relied on self-reported compliance from childcare administrators
The COVID-19 pandemic, which a) redirected health concerns in childcare away from food allergies, b) closed many childcare centers across the country, and c) limited in-person recruitment and project implementation

Discussion & Implications
Childcare centers in urban areas may need to revise their food allergy education to include children, parents, and their families, in addition to staff members
Systematically-provided feedback to childcare administrators can address identified opportunities for improvement as a result of this innovative healthcare delivery of food allergy guidelines
Improving childcare centers’ compliance with food allergy guidelines can reduce allergic reaction occurrences and improve children’s overall safety in childcare
Decreasing allergic reaction occurrences can reduce costs associated with hospitalization and epinephrine administration
Using the electronically-adapted CDC checklist, childcare centers can ensure adherence to federal and state laws, such as a) the School Access to Emergency Epinephrine Act of 2013, b) Section 504 of the Rehabilitation Act of 1973, and c) mandatory staff training as required by NJ state law

Future Research
Generalizability of this study’s findings is cautioned due to the small sample size, self-reported outcomes, and the current global climate of the COVID-19 pandemic
Future projects should focus on educating children, parents, and families, and assessing the effectiveness of food allergy guidelines in promoting the physical and psychological wellbeing of food allergic children

Contact Information & References
Deanna Bova: drb203@sn.rutgers.edu
For more information about this DNP project, including references, please scan the QR-code: