WHY REGULATE BEVERAGES IN CHILDCARE?  
Beverages are a key dietary determinant of weight status in children. (1) With nearly one in four preschool-aged children overweight or obese (2), it is clear that too many children are entering school at an unhealthy weight and with unhealthy dietary habits. In 2008, a California study of licensed childcare beverages found a substantial need for improvement. (3)

WHAT IS THE CALIFORNIA HEALTHY BEVERAGES LAW?  
In January 2012, a new California law (AB 2084) went into effect, requiring all licensed childcare centers and family day care homes to comply with healthy beverages standards. This is the most comprehensive statewide childcare beverage legislation in the country.

HOW WAS THE LAW EVALUATED?  
Researchers at UC Berkeley’s Atkins Center for Weight and Health, California Food Policy Advocates, and Samuels & Associates evaluated the impact of the Healthy Beverages in Child Care law.  
- The evaluation was based on two surveys of beverages provided by randomly selected licensed childcare providers before (2008; n=429) and after (2012, n=435) the law went into effect.  
- In-depth interviews (n=18) with providers and licensing officials, and observations at select childcare sites (n=4) were conducted in 2012 to identify barriers to and facilitators of compliance with the law.

WHAT DID THE RESEARCH SHOW?  

**Statewide Survey**
- Providers who knew about the new law generally supported its goals.  
- Only 60% of childcare providers knew about the beverage standards.  
- Beverage options in childcare improved from 2008 to 2012.  
- There was a significant decrease in the proportion of sites serving whole milk and a significant increase in sites having drinking water easily available for self-serve indoors and outdoors, and providing water at all meals and snacks.

- A significantly smaller proportion of sites provided 100% juice more than once per day. There was also a trend (though not statistically significant) toward a smaller proportion of sites serving sugar-sweetened beverages.  
- Greater compliance with the new beverage standards was reported by sites participating in the Child and Adult Care Food Program (CACFP) compared to non-participants. CACFP sites were also subject to the 2010 Healthy, Hunger-Free Kids Act requirements that water be available at all times and that only 1% or non-fat milk be served to children over two years of age.  
- Few barriers to compliance with serving healthy beverages were reported by childcare providers.  
- Facilitators to serving healthy beverages most often reported by childcare providers included: having a healthy beverages policy in place and providing information to families.

Need for Healthy Beverages Law:  
On any given day, 84% of 2-5 year old U.S. children drink sugary drinks, the equivalent of 11% of their total energy intake. (4)
IMPLICATIONS OF CALIFORNIA’S HEALTHY BEVERAGES IN CHILD CARE LAW

More Childcare Sites Serve Water

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easily available for self-serve</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Always provide with meals &amp; snacks</td>
<td>60%</td>
<td>* 80%</td>
</tr>
</tbody>
</table>

"The childcare setting is a critical piece to... trying to head off the obesity epidemic. Beverages are low hanging fruit."

Improved Types of Milk Usually Served

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole milk</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Non-fat milk</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>Flavored milk</td>
<td>5%</td>
<td>7%</td>
</tr>
</tbody>
</table>

"You can make a strong statement of nutrition in a policy, but if it doesn’t have implementation, enforcement & support for the providers, it may not translate in changing the food environment for children."

In-depth Interviews and Site Observations

- Stakeholders’ main concern was how the law would be enforced and by whom, and what the consequences would be for non-compliance. Another reported challenge involved the cost and availability of healthy beverages.
- Poor communication of new standards, confusion between the California law and other beverage standards, lack of provider education/understanding, and parental values and habits were reported as additional challenges in implementing the Healthy Beverages in Child Care law.
- To overcome challenges, the majority of solutions centered on the need to provide education to providers, parents and children.
- Stakeholders were unanimous that the Healthy Beverages in Child Care law was the right thing to do and were confident that, with the appropriate support, childcare providers, children and their families could implement and support the policy.

“We teach them that water is good for their bodies - young children need to learn this because they don’t drink enough water. Introduce at a young age & it will become a lifetime habit.”
**WHAT ARE THE POLICY IMPLICATIONS OF THE LAW AND THE STUDY OF THE LAW’S APPLICATION?**

1. **Make tap water easily available and accessible to children in child care throughout the day**, including on the table at meals and snacks; tap water should be the default thirst quencher. (Note: Unfiltered tap water should not be used in communities where it has been deemed unsafe for drinking.)

2. **Use the research findings on the impact of California’s Healthy Beverages in Child Care law to inform federal guidance** on CACFP meal pattern changes and help shape other state and local efforts to adopt healthy beverages legislation.

3. **Include healthy beverage recommendations in childcare nutrition guidance and resources** issued by USDA, state licensing and monitoring authorities, and by childcare partner organizations and childcare facilities; make these available to providers, parents and children.

4. **Require nutrition training, including a unit on healthy beverages and the benefits of tap water**, as a condition of licensure and as a criterion for quality rating for childcare facilities. Ensure opportunities for childcare providers to meet this training requirement at no or minimal cost so that cost is not a barrier to provider participation and compliance.

5. **Include healthy beverage standards in staff and parent handbooks** and require that all beverages brought from home – for meal and snack times and for celebrations – adhere to these healthy standards. Staff should adhere to the same healthy beverage standards while on duty.

**REFERENCES**


**Authors:**

Lorrene Ritchie, PhD, RD, Sushma Sharma, PhD - Atkins Center for Weight and Health, University of California at Berkeley

Ellen Braff-Guajardo, JD, MEd - California Food Policy Associates

Sallie Yoshida, DrPH, RD - The Sarah Samuels Center for Public Health Research & Evaluation (formerly Samuels & Associates)

**Acknowledgements:**

Thanks to the Robert Wood Johnson Foundation Healthy Eating Research Program for funding this project, to the California Department of Social Service and Department of Education for providing statewide lists of childcare, and to childcare providers and stakeholders who participated in the study.