Childhood obesity is a serious health problem that has adverse and long-lasting consequences for individuals, families, and communities. The first years of life are critically important to a child’s health, well-being, and development.[[1]](#footnote-1) Obese children are more likely to become obese adults.[[2]](#footnote-2) [[3]](#footnote-3) [[4]](#footnote-4) Young children are consuming far more calories from sugar-sweetened beverages now than they did 30 years ago,[[5]](#footnote-5) and the consumption of these sugary drinks is strongly correlated with weight gain.[[6]](#footnote-6) In 2012, California Project LEAN, a program of the Public Health Institute convened nutrition experts to review existing beverage standards in order to inform the development of its food (i.e., breast milk) and beverage standards for children 0 to 5 years of age.

**Below are the required beverage standards for** (Name of agency)**, to be implemented on or before [Date], 201X.**

(Name of agency) leadership shall make the ultimate decision as to whether products to be offered and/or sold are consistent with the standards listed below.

***Access to free, safe drinking water***

Require that there is access to free, safe drinking water wherever beverages are offered and/or sold. It is recommended that safe tap water, rather than individual bottles of water, be offered. If safe tap water is not available, then it is recommended that large bottles and/or jugs of water are utilized.

***Beverage/Food Standards***

All beverages and food (i.e., breast milk) served to children 0-5 years of age in all of (Name of agency) facilities can only include:

**0-12 Months:**

* Breast milk (best option)
* Baby formula with iron

**12-23 Months:**

* Unflavored\* whole cow’s milk with no added sweeteners
* Water with no additives, including vitamins, minerals (e.g., electrolytes), stimulants (e.g., caffeine) and sweeteners

**2-5 years of age:**

* Unflavored\* non-fat or 1% cow’s milk with no added sweeteners
* Water with no additives, including vitamins, minerals (e.g., electrolytes), stimulants (e.g., caffeine) and sweeteners.

\*Unflavored milk means there can be no chocolate, strawberry, vanilla or other flavored milk and non-dairy milk alternatives offered or sold.

***Effective Times of the Standards***

The beverage standards above are in effect 24-hours a day, year-round.

***Current and Future Contracts***

Future procurement and/or contracts shall include a provision stipulating that all beverages to be purchased or provided will meet the (Name of agency) beverage standards outlined above. Current vendors will be contacted immediately to request transition to the aforementioned beverage standards.

***Implementation, Monitoring, and Enforcement***

To assist in the implementation, monitoring, and enforcement of the beverage standards, (Name of agency) leadership will designate an appropriate position within (Name of agency) to disseminate information and train (Name of agency) staff on the beverage standards to ensure compliance.

The designated position shall monitor compliance and address noncompliance, which may be discovered through inspections or other reports. Any vendor who (Name of agency) finds has failed to comply with the beverage standards shall be subject to a penalty to be assessed as follows:

* The first violation shall result in a fine paid by the vending machine operator of no less than $100;
* Subsequent violations shall result in a fine paid by the vending machine operator of no less than $500; and
* “Habitual violations,” which means five or more violations within a six-month period, shall result in a six-month prohibition on the sale of beverages by the vending machine operator within (Name of agency) and a fine of no less than $1,000.

The person responsible for ensuring implementation, monitoring, and enforcement will report to (Name of agency) leadership on the status of implementation every other year beginning in 201X. The report shall include: (1) an assessment of beverage compliance; (2) successes, challenges and barriers experienced in implementation; (3) recommendations for improvement of compliance; and (4) recommendations for revising and updating the beverage standards to reflect advancement in nutrition science, dietary data, and new product availability.

*Updated July 18, 2013*

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2. Biro FM, Wien M. Childhood obesity and adult morbidities. *Am J Clin Nutr.* May 2010; 91(5): 1499-1505. [↑](#footnote-ref-2)
3. Whitaker RC, Wright JA, Pepe MS, Seidek KD, Dietz WH. Predicting obesity in young adulthood from childhood and parental obesity. N Engl J Med 1997; 37(13): 869-873. [↑](#footnote-ref-3)
4. Serdula MK, Ivery D, Coates RJ, Freeman DS, Williamson DF, Byes T. Do obese children become obese adults? A review of the literature. *Prev Med* 1993; 22:167-177. [↑](#footnote-ref-4)
5. Popkin BM. 2010. Patterns of beverage use across the lifecycle. Phys & Behav 100:4-9. [↑](#footnote-ref-5)
6. Hu FB, Malik VS. 2010. Sugar-sweetened beverages and risk of obesity and type 2 diabetes: Epidemiologic evidence. Phys & Behav 100: 47-54. [↑](#footnote-ref-6)