

Zero to Five Wellness Policy White Paper

**Urban Environmental Policy Institute
Farm To Preschool Program**

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Executive Summary

With obesity rates increasing rapidly in preschool children, now is the time to consider critical changes that will support intervention to address **wellness** for 0-5 year populations in Los Angeles. The Urban and Environmental Policy Institute's Farm to Preschool Program (UEPI, F2P) at Occidental College conducted research assessing the need for a comprehensive preschool wellness policy across Los Angeles city and county. The Farm to Preschool Program aims to change the paradigm of poor nutrition in preschool settings while supporting local food economies, schools and families in the creation of a healthier future for the growing children of Los Angeles County. This white paper informs how access to healthy, locally produced food is critical for age 0-5 preschool populations. Research identified existing wellness policies that have been implemented in California and across the United States vis-à-vis journal article reviews, government documents and news publications as well organization websites. Research concludes that although wellness policies exist, dense language and lack of implementation hinder development. This is particularly visible in low-income communities and communities of color that already face health and educational disenfranchisement. It is recommended that best practices identified in this report serve as basis for establishing a more equitable universal wellness policy to be carried out by child care centers and home child care settings alike in the city and county of Los Angeles, California. By mandating sites to create comprehensive wellness policies, while following the lead of existing change such as Michelle Obama's Let's Move Childcare Campaign (Government) the health of our children can be reprioritized.

Background and Trends

Understanding links between poverty and health. Obesity has more than doubled in the past 30 years. In a national conversation hosted by TEDMED called the Great Challenge, leaders and scholars in the field of education teamed up to discuss reduction in childhood obesity while taking comments and questions from social media platforms. (TedMed) The conversation identified common issues, such as lack of access to healthy food. Some communities in Los Angeles are faced with a critical wellness epidemic, particularly low-income and communities of color. Children in these areas have easier access to cheap energy dense foods that result in poor health. Furthermore, children and families are often unaware of environmentally sustainable practices, such as choosing fresh local food. The current trend for food procurement in educational settings has been to supply young children with cheap energy dense food that will impact health later on in life. Childhood obesity increases risks for poor health as an adult including type II diabetes, hypertension, and cancer. When these risks are scaled to a larger picture they effect entire communities, and enforce a serious public health issue. Further, obesity

is not the only concern. Children consuming poor quality food, whether overweight or not, lose essential nutrients necessary for brain development and growth. Malnutrition can result in behavioral and cognitive challenges that are easier prevented than treated. Because the effects of malnutrition are more visible in low income and communities of color, they inform more politicized issues such as institutional racism. These communities grow up at risk of lower cognitive performance, and academic success is impacted on a large scale when children over generations continue to rely on poor quality food as a source of nutrition. Anxiety, depression and trouble focusing can result from poor nutrition, and influence academic performance that collectively lead to larger scale social issues. These impacts can influence entire economies.

Local food economies have been affected by consumer reliance on mass produced food making it difficult for small and medium scale farmers to survive. California's infrastructural reliance on water and petroleum for large scale farm production and distribution is not only expensive, it is a potential mark on the state's sustainability record. Furthermore, reliance on mass produced food takes away local customs and cultures that celebrate local growing practices and eating traditions. This is particularly apparent in institutional settings such as childcare that imbricate local culture and customs. It is culturally irrelevant to serve one standard food model across the entire country and would be beneficial to consider food procurement on a more local scale. Food procurement addresses a number of infrastructural standards for distributing and serving food that capitalize on choices offered in Los Angeles County institutional settings.¹ Food procurement especially when involving young children is in need of a shift to more equitable models so it is not surprising that educators, researchers and communities are coming together to intervene in support of food procurement models on a local scale. However, local change cannot be made without a nationally supported wellness policy. In 2014 a national telephone survey of 1,013 adults showed that 87% are for universal preschool models. (KPCC)With such momentum to extend public education to early childcare, it is important to consider a wellness policy that fosters long-term development nationally while supporting the health and culture of local communities.

Need for a Zero to Five Comprehensive Wellness Policy. It is imperative that all childcare centers and family childcare homes are subject to unified regulations regarding wellness policies in order to bring equitable levels of health and wellbeing to children in the region. Disparities in early childhood education, specifically with regards to nutrition, may have detrimental long-term effects on the overall health of children. A 2006 study found that nationally almost half of children ages 0-5 whom have a working mother are cared for in either

¹ Robles, B., Wood, M., Kimmons, J., Kuo, T., Comparison of Nutrition Standards and Other Recommended Procurement Practices for Improving Institutional Food Offerings in Los Angeles County 2010-2012, American Society for Nutrition, Adv. Nutr. 4: 191-202, (2013); doi: 10.3945/an.112.003.285

child care centers or family childcare homes. Among these children approximately eighty percent spend an average of forty hours a week in their respective care settings.² Specifically in Los Angeles County, a 2008 study by the California Food Policy Advocates, WIC, and the Child Care Food Program Roundtable found that among children under the age of five, almost forty percent spend the majority of their day in childcare.³ Children whom spend significant portions of their days in child care receive the majority of daily nutritional intake in these centers or homes. Consequently, care settings influence the development of consumption patterns that may significantly impact lifetime eating in either a healthy or unhealthy manner.⁴ The aforementioned 2008 study found that when comparing children ages two to four-and-a-half, those whom were overweight during this age period were five times more likely to be overweight at age twelve than those children whom were not overweight at an early age.⁵ Furthermore, it was determined that children whom are overweight by age one are three times as likely to be obese at age three years.⁶ Overweight and obese youth are at a much greater risk for suffering obesity as adults that is associated with severe medical conditions such as chronic heart conditions and type II diabetes.⁷ Medications for these illnesses cost money for a household, as well as quality of life. Childcare centers and homebased childcare can provide a feasible solution to this alarming public health issue. The implementation of a comprehensive wellness policy in all child-care settings has the potential to significantly reduce and reverse childhood overweight and obesity rates and related health disparities among children ages 0-5 by providing equal access to quality health education and nutritious local food supplies.

Discussion:

Review of Existing Policies. The Child Nutrition and Women, Infants and Children (WIC) Reauthorization Act of 2004 required that all local education agencies (LEA) participating in nationally sponsored school meal programs develop and implement a school wellness policy no later than June 30, 2006.⁸ Policies were to be drafted publicly for each LEA through the collaborative efforts of parents, student body, school board and administration, and representatives from the school food authority. The purpose of developing and implementing these wellness policies are to provide each school setting with goals for nutrition education,

² Mary Story et al., "The Role of Child Care Settings in Obesity Prevention," *The Future of Children* 16, no. 1 (2006): 145, http://www.futureofchildren.org/futureofchildren/publications/docs/16_01_07.pdf.

³ California Food Policy Advocates et al., *It's 12 O'clock...What Are Our Preschoolers Eating For Lunch?* (Los Angeles: July 2008), 1

⁴ Ibid.

⁵ Ibid., 5.

⁶ Alan M. Lake, MD, "Pediatric Obesity: Preventive Measures in Early Childhood," *Journal of Parenteral and Enteral Nutrition* 36, no. 1 (2012): 76S-77S. doi: 10.1177/0148607111423915.

⁷ California Food Policy Advocates, *It's 12 O'clock...*, 5.

⁸ *Section 204 of Public Law 108-265- June 30, 2004: Child Nutrition and WIC Reauthorization Act of 2004* (2004), 1-2. <http://www.californiahealthykids.org/articles/npauthorization.pdf>

physical activity and nutrition guidelines to promote student wellbeing.⁹ A research study published by the American School Health Association in 2012 found that within schools that have implemented wellness policies there has been a down shift in the availability of high-fat foods, candy and sugar-sweetened beverages. Concurrently, there has been an increase in availability of fresh produce and lower-fat options, changing the existing choice availability paradigm.¹⁰ Reports from school districts, which have implemented wellness policies demonstrate a general perception that foods offered in schools are now healthier.¹¹ The same study found, however, that the effectiveness of wellness policies couldn't be measured at a national level due to variability in language, implementation and the monitoring of policies across school districts.¹² Furthermore, the Reauthorization Act applies only to those U.S. schools that offer kindergarten through twelfth grade and educational facilities participating in the National School Lunch Program (NSLP), School Breakfast Program (SBP), Special Milk Program (SMP), and Summer Food Service Program (SFSP).¹³ Clearly the Reauthorization Act is evidence that national regulation of childhood nutrition and physical activity is slightly improving; however, the Act does not seek to address the importance of developing and implementing comprehensive nutrition wellness policies in early childcare center and home based care settings, engaging children in healthy food choices from preschool. This simple shift has ability to impact not only children and providers, but families as well. Children's food cravings will influence purchasing patterns at home towards the selection of local nutritious food options over energy-dense processed food.

Although not included in the 2004 Reauthorization Act, the Child and Adult Care Food Program (CACFP) administered by the Department of Agriculture's Food and Nutrition Service provides a means by which the nutritional value of food served in all forms of early child care settings might be monitored and improved. Established as a permanent national program in 1978, CACFP supplies federal funds in the form of reimbursements to providers offering meals and snacks to children in child care settings.¹⁴ These settings include: licensed child care homes, child care centers, Head Start programs, after-school programs and homeless shelters.¹⁵ Reimbursement rates are pre-determined by tiers correlated with income level. Whereas rates for childcare centers are provided on a child-by-child basis, in-home care centers are provided

⁹ *The Child Nutrition and WIC Reauthorization Act of 2004 Public Law 108-265* (2004), 37.

http://www.schoolnutrition.org/uploadedfiles_old/schoolnutrition.org/child_nutrition/government_affairs/reauthorization/crsanalysisicnr.pdf

¹⁰ Marlene B. Schwartz, PhD et al., "Strength and Comprehensiveness of District School Wellness Policies Predict Policy Implementation at the School Level," *Journal of School Health* 82, no. 6 (2012): 262-263.

http://www.yaleruddcenter.org/resources/upload/docs/what/communities/WellnessPolicyImplementation_JOSH_6.12.pdf.

¹¹ *Ibid.*

¹² *Ibid.*, 263.

¹³ Joyce Maalouf, "Nutrition Environment and Practices in Twenty-Four Child-Care Centers in Georgia" (PhD diss., Georgia State University, 2011), 17.

¹⁴ United States Department of Agriculture (USDA) Food and Nutrition Service, Child and Adult Care Food Program, last modified May 8, 2012, <http://www.fns.usda.gov/cnd/care/history.htm>.

¹⁵ Mary Story et al., "The Role of Child Care Settings in Obesity Prevention," 147.

reimbursement on a home-by-home basis which takes into account income levels of the surrounding neighborhood.¹⁶ Receiving federal reimbursement from CACFP is contingent upon care providers adapting meal patterns which meet approved national dietary guidelines.¹⁷ Specifically in the state of California, the California Community Care Licensing and CACFP stipulate that licensed child care facilities must meet nutrition standards advised by the United States Department of Agriculture (USDA) in their preparation of snacks and meals served on site.¹⁸ Nevertheless, certain child care providers, such as family child care homes and unlicensed centers, are exempt from such regulation. Providers offering out-of-home care whom are enrolled in CACFP are subject to following the meal pattern and other nutrition regulations, however, those whom are not enrolled or do not seek reimbursement for meals or snacks are exempt.¹⁹ The Los Angeles County Wellness Policy was put in effect in 2009 and sought to reduce discrepancies in regulation of nutrition standards among childcare centers and child care homes.

On December 1, 2009 Chief Executive Officer William T. Fujioka submitted to the Honorable Board of Supervisors of Los Angeles the *Request to Approve A Child Wellness Policy for Los Angeles County*. The request took effect the same day.²⁰ The purpose of the Los Angeles County Child Wellness Policy (No. 3.116) is to guarantee that child care centers and home child care facilities adhere to relevant nutrition and physical activity guidelines while providing up-to-date information on best practices nutritional and physical activity and current regulations making them readily available to care providers, staff and parents.²¹ The policy was developed through collaborative efforts of a child wellness workgroup convened by the Chief Executive Office. This workgroup included representatives from the following city departments and agencies: the Departments of Public Health (DPH), Children and Family Services (DCFS), Probation, Health Services, Mental Health, Parks and Recreation (Parks), and the Los Angeles County Office of Education (LACOE), the Commission for Children and Families, the Education Coordinating Council, First 5 LA, the Child Care Policy Roundtable, the Children's Council of Los Angeles County (Council), the Association of Community Human Service Agencies and the Juvenile Court.²² While working to develop a comprehensive wellness policy, the child wellness workgroup drew upon projects currently implemented by several agencies collaborating on the effort, such as the Department of Public Health initiative to monitor child care program adherence to CACFP guidelines, and the First 5 LA programs which target zero to five

¹⁶ California Food Policy Advocates, *It's 12 O'clock...*, 8.

¹⁷ 111th Congress, *Public Law 111-296* (Washington, D.C.: December 13, 2010), 43.
<http://www.gpo.gov/fdsys/pkg/PLAW-111publ296/pdf/PLAW-111publ296.pdf>

¹⁸ California Food Policy Advocates, *It's 12 O'clock...*, 10.

¹⁹ *Ibid.*

²⁰ William T. Fujioka Chief Executive Officer, *Request to Approve a Child Wellness Policy for Los Angeles County* (Los Angeles: County of Los Angeles Chief Executive Office, December 2009), 1.

<http://file.lacounty.gov/bos/supdocs/52268.pdf>.

²¹ *Ibid.*

²² Fujioka Chief Executive Officer, *Request to Approve a Child Wellness Policy for Los Angeles County*, 1.

populations.²³ Departments responsible for carrying out the policy include: the Los Angeles County Chief Executive Office, the Department of Public Health, the Department of Children and Family Services, the Department of Health Services, the Department of Mental Health, the Probation Department and the Department of Parks and Recreation.²⁴ The Los Angeles County Child Wellness Policy calls for nutrition training and program curriculum utilized by the aforementioned county department as well as parents (guardians), child care providers, community partners and contractors to be age-appropriate, aligned with current national guidelines and easily accessible for all collaborative partners via online sites.²⁵ This policy stipulates compliance with nutrition guidelines published by the Centers for Disease Control and Prevention and the American Academy of Pediatrics as well as the use of contract monitoring services in program evaluation.²⁶ Progress on the promotion of wellness policies within child care settings of all forms has continued to be made at the national level, as evidenced by the Healthy, Hunger-Free Kids Act of 2010.²⁷

Passed by Congress on December 13, 2010 the *Health, Hunger-Free Kids Act of 2010*, specifically addresses the need for developing, putting into practice, and monitoring wellness goals within all forms of child care settings under sub-section B.²⁸ Section 222, titled *Interagency Coordination to Promote Health and Wellness in Child Care Licensing*, puts forth the suggestion that State licensing agencies incorporate nutrition and wellness policies as a requirement to ensure that child care settings, center or home based, provide meals and snacks compliant with national nutritional guidelines.²⁹ The following section, *Study on Nutrition and Wellness Quality of Child Care Settings*, calls for a national study of all forms of child care settings to examine compliance with national nutrition guidelines so as to identify barriers which prevent successful implementation of these guidelines as well as provider participation in CACFP.³⁰ The incorporation of accessible language on wellness policies into national law is imperative for raising awareness around the issue of equitable childhood access to nutritious, age-appropriate foods and snacks in all forms of child care settings.

Best Practices. The process of developing and fully implementing comprehensive wellness policies among center and home based child care settings persists through collaborative efforts at the local, regional and national level, while informative best practices continue to be identified. Included among these are the following:

Incorporation of New and Culturally Appropriate Foods in Menus

²³ Ibid., 1-2.

²⁴ Ibid., 7.

²⁵ Ibid., 6-7.

²⁶ Ibid., 4.

²⁷ 111th Congress, *Public Law 111-296*, Section 222-223.

²⁸ Ibid.

²⁹ Ibid., Section 222.

³⁰ Ibid., Section 223.

Children exposed to a wide variety of foods from an early age are likely to develop more healthful food habits.³¹ Providing options that are also culturally appropriate support psychological well being of children by celebrating food connected to social value. When meals and snacks provided in care centers and home-based care are respectful of the cultural, religious and ethnic diversity of the children, the gap between community and institution is more mindfully bridged.³² A representational study of diverse food in childcare settings in Los Angeles found that of participants, approximately eighty percent have begun to incorporate new foods on their menus, with half including them frequently.³³ By offering a wide variety of foods inclusive of both new and culturally relevant selections, care centers and home based care support the growth of children capable of making better food choices in the future.

Non-Food Alternatives for Special Occasions, Non-Food Rewards

According to the U.S. Department of Agriculture those schools participating in national school meal programs must prohibit the use of withholding meals as a form of punishment for children.³⁴ A 2008 study of California child care settings found that eighty five percent of participating sites never or very infrequently used food as a means to reward children's behavior.³⁵ Rather, the majority of sites reported the use of healthy food options or non-food rewards.³⁶ Examples of non-food items might include but are not limited to: gratitude, stickers, markers or other drawing materials, a coloring book, a short story, or the opportunity to take on a new responsibility or assist the teacher with an activity. Efforts are underway to promote the use of healthy alternatives rather than sweet or over processed foods when celebrating special occasions such as a holiday or birthday.³⁷ By engaging children at a young age with healthy options during times of celebration, parents and families in attendance will have further opportunities to support these practices in their home.

Accurate Portions and Provider Engagement during Meal Time

It is important that providers consider the limited appetites and selective behavior of toddlers and preschoolers when planning, preparing and serving meals and snacks.³⁸ In particular, children between the ages of two and five years are more likely to resist new food items until they have been exposed on multiple occasions to the meal or snack, sometimes up to fifteen times.³⁹

³¹ American Academy of Pediatrics, et al., *Preventing Childhood Obesity in Early Care and Education Programs* (National Resource Center for Health and Safety in Child Care and Early Education, 2010), 12.

³² National Alliance for Nutrition and Activity, *Model Local School Wellness Policies on Physical Activity and Nutrition* (March 2005), 8.

³³ California Food Policy Advocates et al., *It's 12 O'clock...*, 21.

³⁴ Yale Rudd Center for Food Policy and Obesity, *Constructive Classroom Rewards: Promoting Good Habits While Protecting Children's Health* (Washington D.C.), 2.

³⁵ California Food Policy Advocates, et al. *It's 12 O'clock...* 21.

³⁶ Ibid.

³⁷ American Academy of Pediatrics, et al., *Preventing Childhood Obesity*, 45.

³⁸ Ibid., 38.

³⁹ Ibid., 46.

Ensuring that children are not required to consume a specific amount of food but rather that they are provided accurate portion sizes of nutritious foods is key to establishing optimal eating patterns.⁴⁰ Additionally, studies demonstrate that overall meal quality is higher in sites where providers and staff offer nutrition education during meal times while consuming the same foods as those prepared for the children.⁴¹

Policies on Food Brought from Home

It is increasingly common that restrictions or complete bans are placed on food brought from home for children attending child care, both in center and home based care settings. This is particularly true for unhealthy foods and sugary beverages such as candy and soda.⁴² No universal regulation exists on allowing or discouraging food brought from home; however, it is within the power of local licensing jurisdictions to rule that no foods may be brought from home.⁴³ It is recommended that child care providers and staff work with the parent(s) or guardian(s) of children to develop a comprehensive policy so as to guarantee all children are receiving adequate, proper nutrition without highlighting particular children's dietary needs.⁴⁴

Routine Nutrition and Health Education Training for Staff and Families

Although caregivers are required to meet nutrition education standards, there is a need for more frequent trainings to be offered to staff other than primary providers as well as parents/guardians.⁴⁵ It is crucial that all individuals engaged in providing childcare have access to the same resources and information on health and nutrition education so as to promote childhood wellness to the greatest extent possible. It is just as critical to provide opportunities for parents/guardians to engage with the same or similar material. Transparent and accessible education for staff and families is invaluable for actualizing healthy nutritious food habits, and can have a greater impact even outside the care center.

Nutrition Education as a Lived Experience

It is imperative that providers and caregivers promote children's engagement with their food from the earliest age possible. In encouraging children to observe what they are served, to discuss the physical aspects of what they are eating, providers create a welcome learning environment in which children are able to develop essential communication and social skills.⁴⁶ Nutrition education should not however be limited merely to mealtimes, snack times or designated health education periods. Instead, it is most effective when incorporated into all areas

⁴⁰ Ibid., 38.

⁴¹ California Food Policy Advocates, et al., *It's 12 O'clock...*, 25.

⁴² Ibid., 21.

⁴³ American Academy of Pediatrics, et al., *Preventing Childhood Obesity*, 45.

⁴⁴ California Food Policy Advocates, et al. *It's 12 O'clock...*, 45.

⁴⁵ Ibid., 22.

⁴⁶ American Academy of Pediatrics, et al., *Preventing Childhood Obesity*, 46.

of the curricula and accompanied with hands on experience.⁴⁷ Using courses such as math, science and art to promote fruits and vegetables and to discuss their health benefits provides children an additional opportunity to develop skill sets pertaining to health knowledge and behavioral practices otherwise unattainable. Incorporating lessons on basic environmental concepts and sustainability can further shift the paradigm placing a much needed emphasis on ecological and agricultural systems that are life sustaining. Hosting field trips to local farms or markets and other related activities further encourage children to engage with nutrition education, incentivizing the development of healthy patterns of behavior.⁴⁸

School Gardens

On-site gardens provide a perfect opportunity for engaging children ages 0-5 in experiential learning that fosters greater appreciation for healthy living from an early age. Gardens offer care providers a means by which to participate in and relay essential health and nutrition education to children outside of a classroom setting as well as establish a space for deeper learning opportunities about nature, which is often a challenge in urban settings. Intergenerational participation between young children and adults in the establishment of a school garden builds confidence and positive relationships. As a ripple effect of building a garden, other activities such as compost collecting, worm bin building, and seed saving and sprouting skills coexist, and encourage understanding of ecosystems on-site. Children can begin to comprehend rhythms of nature by planting, harvesting and consuming food grown in an on-site garden. Further, there are opportunities to engage parents and local community in the process. Through hands on lessons as well as shared care and maintenance children establish a deeper connection to earth and community.⁴⁹ Learning about nutrition education in the garden provides children a means to develop knowledge and social skills necessary as they grow and mature.⁵⁰

Recommendations and Implementation. The Farm to Preschool Program developed by the Urban and Environmental Policy Institute (UEPI) at Occidental College encompasses the aforementioned best practices that underlie a comprehensive wellness policy. This program offers a way to ensure that the 0-5 population of Los Angeles County has equal access to essential health education about locally produced nutrient rich foods through a multi-faceted approach. The approach includes implementation of on-site school gardens and a two-year curriculum. Part of the process in developing and initiating a comprehensive preschool wellness

⁴⁷ National Alliance for Nutrition and Activity, *Model Local School Wellness Policies on Physical Activity and Nutrition*, 12 & 13.

⁴⁸ Ibid.

⁴⁹ California School Gardens Network, "Overview of Current Research Supporting Garden-Based Learning," *Research Database*, Last updated 2013, <http://www.csgn.org/sites/csgn.org/files/Research%20Supports%20Garden-Based%20Learning.pdf>

⁵⁰ National Alliance for Nutrition and Activity, *Model Local School Wellness Policies on Physical Activity and Nutrition*, 13.

policy operating in Los Angeles County that is appropriate for use in both child care centers and home based child care lies both at the local and national level. It is recommended that the Farm to Preschool Program serve as a model and that its widespread adoption be promoted to facilitate that ability of child care settings being capable to meet standards put forth in a future comprehensive policy. The Farm to Preschool Program aims to continue leading efforts in changing the paradigm of poor nutrition habits and lack of available age-appropriate education while supporting child care providers, working families and local food economies in the creation of healthier, more engaged educational settings for the future leaders of Los Angeles.

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