



**Building Back  
Better for  
Babies and  
Toddlers:  
A Transition  
Plan to Lay  
the Foundation  
for America's  
Future**



**ZERO to THREE**  
Early connections last a lifetime

**November, 2020**

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## Overview

As the Biden Administration prepares to take office, it faces a choice that will profoundly affect the trajectory of our youngest children: Recover what we had before, inequities included, or build a stronger foundation for future generations into the American bedrock. Continuing on our current path, made even steeper by the continuing pandemic, would squander the potential of an entire generation, jeopardizing our nation's future security and prosperity.

**Very young children are at risk of carrying the pandemic's indelible imprint throughout their lives if we do not act now to make their potential our priority.** COVID-19 is shaping the early experiences of 12 million infants and toddlers in the United States. ZERO TO THREE's [State of Babies Yearbook 2020](#) revealed that before the current crisis, many young children already lacked opportunities to help them reach their potential. The pandemic, falling more heavily on people of color, also forcefully exposed that our national policies have fundamentally ignored the family's role as the basic social and economic unit of our society. As a nation, we have simply stood on the sidelines as families juggle jobs and babies, scramble to meet basic needs, at the same time try to nurture and prepare the children who will be our future workers, innovators, and leaders.

The science is clear: Early experiences matter—a lot. A child's brain grows faster during its first three years than at any other time, with more than a million new brain connections forming each second. Brains are built from the bottom up: Early connections are the foundation for all later learning, rising like a scaffold with each new skill. The strength of these connections will shape a child's future success in school and life. Early adversities, often beginning prenatally, literally get under the skin, changing brains and bodies for a lifetime.

**Early childhood policies must be built as brains are built: from the bottom up. That means starting with babies, providing robust maternal support and prenatal care, then ensuring babies and toddlers have all the ingredients for strong development.** Ensuring strong development for our infants and toddlers must be the first thought, not an afterthought. By the time they enter preschool, many young children will already be behind. We cannot afford to make our babies and toddlers wait for quality support for early development and learning. Policies to ensure a strong foundation must start prenatally and adopt equitable approaches to health care, parenting support, economic security, and early care and learning.

Our nation will reap the rewards of such policies now and in the future. When families have what they need to thrive our economy works. When policies embody equity—ensuring access to populations previously hampered by color, national origin, or family income—all children have opportunities to flourish and our society is strengthened.

**ZERO TO THREE's transition recommendations comprise a “baby agenda” with strong connections to President-Elect Biden's own policy proposals.** Assembling the pieces into a cohesive infant-toddler policy plan is critical because all aspects of early development are inextricably intertwined. These recommendations provide a holistic view of the various policies that support babies while providing a crosswalk between these recommendations and the Biden platform. An urgent issue is the material hardships and emotional distress many babies and families are enduring in the pandemic, and the “Five Critical Needs for Babies” section lays out our COVID-19 recommendations. What follows is a way to build on the administration's pandemic response to lay a strong foundation for babies and families as they grow into the future as well as an enumerated list of policy specifics to achieve these goals.

**This agenda includes:**

- **COVID-19 relief policies, organized around five critical needs for babies and families**

- **Summary of key policies to build for the future and ensure all babies and families can thrive**
- **Crosswalk from our “baby agenda” to President-Elect Biden’s proposals showing the connection of policies critical to laying the foundation the youngest among us**
- **Detailed profiles of recommendations for issues important to infants, toddlers, and families**

## Policies to Respond to COVID-19: Five Critical Needs for Babies

Supporting families hard hit by the pandemic and left to fend for themselves for months, as well as securing the well-being of their young children, must be the top priority for the new administration and Congress. What families have experienced with the COVID-19 pandemic is akin to an earthquake: a sudden, unexpected episode that disrupts everyone without prejudice. But what sometimes accompanies an earthquake is a tsunami that spreads across the ocean and disproportionately affects those that cannot make it to higher ground. Some effects, like going without clean diapers or facing hunger, are immediate—the earthquake. Other effects form the tsunami surging toward us, bringing longer-term but no less detrimental effects, including the loss of strong early learning opportunities that hamper parents from returning to work and unrelenting stress that can undermine social-emotional development and affect babies’ future learning and success. Early in the pandemic, ZERO TO THREE identified [Five Critical Needs for Babies](#) that have yet to be addressed as families continue to endure material hardships and emotional distress.

### Critical Area 1: Stabilizing and Supporting Child Care and Early Learning

Early care and learning programs are critical to young children’s development, family resilience, and essential for the economy to reopen. With the system on the brink of collapse, permanent loss of providers will jeopardize both early learning opportunities and economic resilience for years.

- \$57 billion to stabilize and support the child care sector through the crisis.
- \$11.2 billion through FY 2021 to cover additional COVID-19 related costs, increased comprehensive services, and rising need for Early Head Start/Head Start programs.
- \$500 million increase for Part C of IDEA for early intervention to keep development on track.

### Critical Area 2: Boosting Families’ Economic Security

Ensuring economic security for families with infants and toddlers is critical to help the families hardest hit by the pandemic’s economic devastation, which has disproportionately affected people of color and particularly families who were already struggling in jobs that pay low wages. These are families where a large proportion of infants and toddlers live. Babies’ rapidly developing brains and bodies need strong economic and emotional supports to thrive. With an uncertain economic situation ahead, increased financial support and permanent federal paid sick, family, and medical leave benefits for all workers will help stabilize families and the economy.

- Extend the \$600 Pandemic Unemployment Compensation (PUC) for the duration of the COVID-19 pandemic.

- Provide an additional round of economic effect payments of \$1,200 per family member, up to \$6,000 per household.
- Permanently enact paid family and medical leave insurance for all workers, including emergency paid family and medical leave and emergency paid sick days in a public health emergency.
- Permanently ensure workers can accrue 7 paid sick days.

### Critical Area 3: Supporting Strong Families

Strong, well-supported families are critical for nurturing positive early development, yet many families with young children, including grandparents caring for babies, are isolated at home, often under great economic strain and cut off from support networks. From previous disasters, we know family supports can increase resilience and prevent harm that can have lasting effects.

- \$1 billion increase for prevention services to go out quickly through Title II of Child Abuse Prevention and Treatment Act (CAPTA) Community-Based Child Abuse Prevention state grants.
- \$1.5 billion in emergency spending for the Maternal and Child Health Block Grant.
- \$100 million for emergency uses to state administrators and Tribal grantees in Maternal, Infant, and Early Childhood Home Visiting (MIECHV).
- \$500 million in emergency funds for CAPTA state grants for enhanced child protective services.
- \$1 billion increase to enhance family child welfare services through Title IV-B, Part 2, the MaryLee Allen Promoting Safe and Stable Families Program (PSSF).

### Critical Area 4: Supporting Strong Social-Emotional Health

Slowing economic recovery and dwindling financial supports inexorably increases the stress on caregivers and young children. Babies can and do experience mental health problems, especially when exposed to chronic stress and trauma. Experience with previous disasters showed that infants and toddlers can experience long-term effects if their trusted adults are not able to support and nurture them. The crucial adult capacity to provide nurturing care may be affected by illness, stress, fear, and mental health conditions that are intensified and possibly going untreated during this time. The pandemic has made abundantly clear that we lack the infrastructure and means to address the mental health needs of young children that, we know from previous disasters, will arise.

- \$50 million in emergency funding to the National Child Traumatic Stress Network.
- An increase of \$25 million in funding for the SAMHSA administered Infant and Early Childhood Mental Health Grant Program.
- \$25 million to establish a federal clinical workforce development program, the Infant and Early Childhood Mental Health Clinical Leadership Program.

### Critical Area 5: Meeting Basic Needs

Two in five families with young children are experiencing material hardships during the recent stages of the pandemic and economic downturn. These include food insecurity and housing instability—conditions

that [State of Babies Yearbook 2020](#) shows families with infants and toddlers were experiencing before the pandemic. Babies have special needs for diaper supplies that families who are short on cash may be hard pressed to provide.

- \$100 billion in funding for emergency rental assistance.
- Federal eviction moratorium extension for at least 12 months.
- 15% boost to the SNAP maximum benefit & increase minimum monthly SNAP benefit to \$30.
- \$200 million in funding for procurement and local distribution of diapers for families in need.

## Key Policies to Build for the Future and Ensure All Babies and Families Thrive

### Good Health

**Transforming Pediatric Care to Support Early Development:** Pediatric primary care is a universal touchpoint that reaches almost every baby, toddler, and young child in the nation. ZERO TO THREE's [HealthySteps](#) program pioneered transforming the pediatric setting into a family-centered support by adding a child development specialist to the primary care team, driving better developmental trajectories and outcomes for young children and parents. This policy aligns with the Biden priority to invest in our children at birth, particularly the goal of providing early childhood development support to families in the pediatrician's office. [Crosswalks to: [The Biden Plan for Educators, Students, and Our Future](#)]

**Help in building children's social-emotional foundations:** How young children feel about themselves and relate to others is at the core of all learning and development. As COVID-19 has revealed, our nation lacks the infrastructure and means to promote and address the strong mental health needs of young children. All early childhood settings, such as child care and home visiting, need the support of infant and early childhood mental health (IECMH) professionals to provide guidance on promoting positive social-emotional development and address behavioral health concerns. The United States is lacking a well-trained and compensated infant and early childhood mental workforce to address the effects of trauma and other adverse early childhood experiences (ACES). The development of IECMH Centers of Excellence and clinical leadership programs will directly address that concern. Similarly, the science of early childhood mental health needs to be applied consistently with the widespread use of developmentally appropriate practices and tools. Promoting the use of developmentally appropriate assessment instruments and the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) to assess and diagnose mental health disorders in young children will help fill that gap. [Crosswalks to: [The Biden Plan for Educators, Students, and Our Future](#)]

### Strong Families

**Time to bond with babies and care for families:** Early relationships shape how a baby learns and views the world. Forming secure relationships takes care, consistency, and above all, time. Only 14% of workers have access to paid family leave after a child is born, adopted, or newly fostered, leaving parents with the difficult choice of returning to work far too quickly or forgoing wages for an extended period of time—potentially even risking job loss. America needs a *national* paid family and medical leave policy that both ensures parents can afford time off to care for a new baby or newly adopted child and enables workers to take paid leave to care for themselves or family members in times of serious medical need.

The pandemic showed the dangers of not having the supportive family policies that are guaranteed by almost all other industrialized nations. As it became clear that COVID-19 would cause workers to stay home, schools to cancel classes, and child care providers to shut down, the absence of longer-term paid family and medical leave policies represented a glaring hole in the family and employer safety net. [Crosswalks to: [The Biden Agenda for Women](#)]

**An equitable economic base:** Building a strong economy requires a range of policies that bolster family economic security when children are young and their development is most sensitive to economic want. Families need a minimum wage of \$15 per hour; a universal child allowance, such as a young child tax credit; and new approaches such as “baby bonds” to help close the racial wealth gap. [Crosswalks to: [The Biden Agenda for Women](#) and [A Tale of Two Tax Policies](#)]

**Communities that reinforce family strengths:** Families need support in creating protective factors that buffer babies and young children from intolerable stresses that can derail their development. We spend billions separating families and placing children into foster care, perpetuating institutionalized racism and inequities, while investing almost nothing in prevention. We need to “go big” with a robust new funding stream to help communities design strategies and implement services so every family has a place to turn for support. From an equity standpoint, it is critical that we enable communities to select strategies that their residents want and are comfortable with. Strategies that communities could knit together include:

- ***Embedding child development specialists in pediatric care:*** Described under “Good Health,” this innovative approach can help communities establish ongoing access to parenting supports and holistic care in a location parents trust. [Crosswalks to: [The Biden Plan for Educators, Students, and Our Future](#)]
- ***Evidence-based home visiting:*** This approach would support families and early development in familiar surroundings. Funding for the Maternal, Infant, and Early Childhood Home Visiting program should be expanded and home visiting promoted within a comprehensive and coordinated system of high-quality, affordable early care and education, health and mental health, and family support services for families with young children. [Crosswalks to: [The Biden Plan for Educators, Students, and Our Future](#)]
- ***Family support networks and resource centers:*** Sometimes families want a welcoming neighborhood site to find services and opportunities. There are more than 3,000 family support and strengthening organizations around the country that use physical locations in neighborhoods to meet this need with programs reflective of, and responsive to, community interest and cultures. [Crosswalks to: [The Biden Plan for Educators, Students, and Our Future](#)]

### **Transform child welfare into a family-focused, trauma-informed “child well-being system”:**

Transforming the child welfare system by applying the science of early childhood development and adopting trauma informed policies and practices can help courts and communities keep families intact and thriving. The Strengthening America’s Families Act would build on promising work by judicially led community teams that are spreading across the country. [Crosswalks to: [The Biden Plan for Strengthening America’s Commitment to Justice](#)]

## Positive Early Learning Experiences

**A world-class early care and learning system:** As the economic downturn pushes more families with infants and toddler into or near poverty, the proven two-generational approach of Early Head Start (EHS) will be needed more than ever to help families get on the right track. Even before the pandemic, working parents of infants and toddlers typically faced a shortage of quality available child care providers in their neighborhoods and a staggering price tag if care was available. Early care and learning programs play a

key role in shaping a baby’s or young child’s development. Children and families who are overburdened and underresourced benefit from comprehensive programs with qualified early educators. Families need:

- Full funding for EHS to reach all eligible infants and toddlers as well as significantly more pregnant women: This should be a prime goal to address the needs of the most underresourced families, particularly families disconnected from the workforce. Expanding EHS should be combined with promoting a birth-to-five continuum of the comprehensive services most beneficial for children and families. [Crosswalks to: [The Biden Plan for Mobilizing American Talent and Heart to Create a 21st Century Caregiving and Education Workforce](#)]
- Comprehensive high-quality child care system that ensures affordability and family options, requirements that build quality, and a highly skilled, appropriately compensated workforce. With a robust funding stream, states should be encouraged to invest in EHS services for babies in underresourced families. [Crosswalks to: [The Biden Plan for Mobilizing American Talent and Heart to Create a 21st Century Caregiving and Education Workforce](#); [Joe Biden’s Roadmap to Reopening Schools Safely](#); and, [The Biden Plan for Educators, Students, and Our Future](#)]
- The expansion of early intervention services, a critical component for ensuring very young children are on track developmentally. Factors ranging from high preterm birthrates to housing and food insecurity to multiple adverse experiences mean that many children are at risk for developmental delays. Without early intervention, we cannot ensure that they will reach their potential and be successful in school. [Crosswalks to: [The Biden Plan for Educators, Students, and Our Future](#)]

## ZERO TO THREE and Biden Campaign Proposals Crosswalk

ZERO TO THREE Policy Framework	ZERO TO THREE Policy	Biden Administration Policy Proposal	Biden’s Bold Idea
<b>GOOD HEALTH</b>			
<b>Transforming Pediatric Care to Support Early Development</b>	Provide early childhood development support in all pediatrician’s offices using approaches such as HealthySteps	Provide early childhood development support in all pediatrician’s offices	<a href="#">K-12 education</a>
<b>Building Capacity to Support Infant and Early Childhood Mental Health</b>	Create infant and early childhood mental health (IECMH) centers of excellence around the country to develop best practices but also aid in workforce development  Expand the use of DC:0-5 to aid in developmentally appropriate assessments and diagnosis of mental health conditions in young children	Double the number of psychologists, counselors, nurses, social workers, and other health professionals in schools to get mental health professionals in schools	<a href="#">K-12 education</a>
<b>Extending Medicaid Coverage for Mothers and Babies</b>	Extend Medicaid 12 months post-partum; cover babies until age 3; allocate % of funding to prevention	Expand ACA eligibility	<a href="#">Health Care</a>
<b>STRONG FAMILIES</b>			
<b>Economic Security: Paid Family and Medical Leave and Other Workforce Policies</b>	<ul style="list-style-type: none"> <li>• Expand emergency paid leave and sick days for one year</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 12 weeks of paid family leave for all workers</li> <li>• Up to seven days of paid sick leave</li> </ul>	<a href="#">Biden Agenda for Women</a>



# BUILDING BACK BETTER FOR BABIES AND TODDLERS

	<ul style="list-style-type: none"> <li>National permanent paid family and medical leave policy—up to 12 weeks</li> <li>Seven days of paid sick leave</li> <li>Fair and flexible work schedules for all workers</li> <li>Protections for pregnant workers to prevent discrimination and ensure reasonable accommodations</li> </ul>	<ul style="list-style-type: none"> <li>Fair and flexible work schedules for all workers</li> </ul>	
<b>Economic Security: Tax and Wage Policies</b>	Create Young Child Tax Credit; expand EITC; increase minimum wage to \$15/hour; create “Baby Bonds”	Increase CTC for children <6 to \$3,600/child; minimum wage of \$15/hour; expand child care tax credit for low/middle income families by \$8k	<a href="#">Tax Policy</a> , <a href="#">Agenda for women</a> , <a href="#">Small businesses</a>
<b>COVID-19: Economic Security</b>	Extend COVID crisis unemployment insurance; continue direct payments to families	Extend COVID Crisis Unemployment Insurance	<a href="#">Economic recovery for working families</a>
<b>Family Strengthening: Community Strengthening and Support</b>	Create a robust funding stream for communities to develop prevention systems for strengthening families using strategies such as child development specialists in pediatric care, home visiting, and family resource centers	No corresponding proposal, but proposes expanded access to home visiting services and child development support in pediatric care	<a href="#">K-12 education</a>
<b>Family Strengthening: Transforming Child Welfare for Infants and Toddlers</b>	Implement a family-focused, trauma-informed child wellbeing system through: <ul style="list-style-type: none"> <li>Supporting Strengthening America’s Families Act, to promote community systems change by expanding Infant Toddler Court Teams</li> <li>Encourage comprehensive approaches in the Families First Prevention Services Act national clearinghouse by incorporating a more expansive set of programs similar to other clearinghouses</li> </ul>	No corresponding proposal, but consistent with proposals to coordinate services and focus on prevention through: <ul style="list-style-type: none"> <li>\$20 billion competitive grant program to spur states to shift from incarceration to prevention</li> <li>Get people who should be supported with social services – instead of in our prisons – connected to the help they need</li> <li>Expanding mental health services</li> <li>A commitment to preventing the need for juvenile justice</li> </ul>	<a href="#">Strengthening America’s Commitment to Justice</a>
<b>Babies at the Border: Supporting Immigrant Families</b>	<ul style="list-style-type: none"> <li>Reverse policies that separate children from their parents at the border</li> <li>Reverse and permanently revoke Public Charge rule</li> <li>Provide immediate voluntary access to IECMH services to young children separated from their families or held in detention</li> </ul>	<ul style="list-style-type: none"> <li>Reverse policies that separate children from their parents at the border</li> <li>End prolonged detention and reinvest in case management program</li> <li>Protect Dreamers and their families</li> </ul>	<a href="#">Immigration plan</a>

<p><b>Babies on the Homefront: Supporting Military and Veteran Families</b></p>	<ul style="list-style-type: none"> <li>• Provide training for child and family service professionals on early childhood development and the effects of trauma, grief, and loss on very young children</li> <li>• Increase access to high quality child care</li> <li>• Expand Military Student Identifier (MSI) and Every Student Succeeds Act to early care and education programs nationwide</li> <li>• Expand New Parent Support and New Parent Support</li> <li>• Establish an Office of Family Support and Assistance in the VA</li> </ul>	<ul style="list-style-type: none"> <li>• Provide resources for military spouses, caregivers, and survivors</li> <li>• Prioritize support for military children</li> <li>• Fully fund installation-based child care facilities and expand awareness of the DOD fee assistance program</li> <li>• Create and disseminate training tools that empower military-connected parents to better advocate for their children</li> <li>• Expand the MSI to all military-connected children, children of veterans, and children of deceased service members or veterans</li> </ul>	<p><a href="#">Biden plan for military families</a></p>
<p><b>POSITIVE EARLY LEARNING EXPERIENCES</b></p>			
<p><b>Expanding Early Head Start as a Beacon of Hope</b></p>	<p>Provide funding for Early Head Start to serve all eligible children and significantly more pregnant women, preserving its mission of supporting the early development of infants and toddlers with the greatest challenges, starting prenatally</p>	<ul style="list-style-type: none"> <li>• Provide Early Head Start options for families</li> <li>• Double the number of Early Head Start-Child Care Partnerships</li> </ul>	<p><a href="#">21<sup>st</sup> century caregiving and education workforce</a></p>
<p><b>Ensuring Quality and Affordable Child Care for All</b></p>	<ul style="list-style-type: none"> <li>• COVID-19: Provide immediate financial relief to states for child care providers</li> <li>• Comprehensive approach for equitable access to high-quality, affordable child care</li> <li>• Preserve health and safety regulations for child care facilities</li> <li>• Fund infrastructure building to produce highly qualified infant-toddler teachers</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19: Immediately provide relief to states including direct care and child care services</li> <li>• Ensure access to high-quality, affordable child care</li> <li>• Build safe, energy-efficient, developmentally appropriate child care facilities</li> <li>• Treat caregivers and early childhood educators with respect and dignity</li> <li>• \$8k refundable tax credit to help pay for child care; tax credits for informal caregivers</li> </ul>	<p><a href="#">21<sup>st</sup> century caregiving and education workforce</a></p> <p><a href="#">Reopening schools safely</a></p> <p><a href="#">K-12 education</a></p> <p><a href="#">Infrastructure</a></p>
<p><b>Advancing Early Intervention Reform</b></p>	<p>Increase funding for Part C of IDEA with federal eligibility standards that include at-risk children.</p>	<p>Fully fund IDEA</p>	<p><a href="#">K-12 education</a></p>
<p><b>2020 CENSUS</b></p>			
<p><b>Ensuring an Accurate Count of Young Children in the Census</b></p>	<p>Investigate the quality of data provided through the 2020 Census; extend the deadline for data processing; halt Citizen Voting Age Population (CVAP) data</p>	<p>N/A</p>	<p>N/A</p>

## Key Staffing to Recognize the Importance of Early Childhood

The next four years will be critical to the infants, toddlers, and young children whose futures the Biden Administration will shape through its actions. We believe the Administration should recognize the importance of the early years by appointing leaders with demonstrated knowledge and expertise in infant toddler development and the systems, policies and programs that impact them to key positions in United States Departments of Health and Human Services (ACF, ACYF, CMMS, HRSA, OHS, OCC, Children's Bureau, SAMHSA) Education, and Labor. In addition, it is essential that a new senior-level position be created in the Domestic Policy Council (DPC) focused on exclusively on early childhood, with a portfolio in keeping with a more holistic view of early childhood development. Early development involves interrelated domains. "Learning" is not something that takes place only in formal early education settings but occurs through young children's experiences wherever they are. For infants and toddlers, many of whom are not in formal settings, parents and other close caregivers are the primary influencers of their development and need support in taking on this role that may come from their primary pediatric care setting, a community-based resource, early care provider or a home visitor. This DPC position should show strong leadership to coordinate a bold agenda on child care and early learning programs, which we fully support. It also should be responsible for, or involved in, decisions related to other policies and programs that serve young children and particularly babies. These should include infant and early childhood mental health, maternal and child health, family support and strengthening, and child welfare. To facilitate and promote the effectiveness of this position's work, the DPC should foster cross-cutting relationships among federal staff responsible for all areas that touch on young children.

We also note that within and across Departments, different agencies and programs hold pieces of the infant, toddler, and young child agenda and may even be tackling the same problems from different perspectives. We urge the Administration to create strong connections between and among such agencies as, for example, the Health Resources and Services Administration/Bureau of Maternal and Child Health and the Administration for Children and Families, with its Early Childhood Development programs and child welfare programs in the Children's Bureau. Linkages between the Department of Health and Human Services and the Department of Education around early childhood programs should be revived and strengthened. Given the impact of housing stability on infant-toddler development, the Department of Housing and Urban Development should have strong connections with HHS agencies focused on supporting families.

Finally, we urge the Administration to strengthen the Office of Children's Health Protection (OCHP) within the Environmental Protection Agency. In the past few years, regulatory actions have weakened or foregone several protections important to prenatal and infant development. We urge the Administration to reverse these decisions. Going forward, a strong OCHP should be charged with ensuring that the science around the impact of mercury, lead, and other chemicals on the developing brain and body, as well as pregnant women, should be a major factor in regulatory decisions.

## About ZERO TO THREE

ZERO TO THREE works to ensure that babies and toddlers benefit from the early connections that are critical to their well-being and development. Founded in 1977 by leading researchers and clinicians in diverse disciplines focused on child development, ZERO TO THREE's mission is to ensure that all babies and toddlers have a strong start in life. We envision a society that has the knowledge and will to support all infants and toddlers in reaching their full potential. ZERO TO THREE has advanced the proven power of nurturing relationships by translating the science of early childhood into helpful resources, practical tools, and responsive policies for millions of parents, professionals, and policymakers.

## Key Resources

- [The ZERO TO THREE Website](#)
- Recommendations on [Five Critical Needs for Babies in COVID-19](#)
- [Building for the Future: Strong Policies for Babies and Families After COVID-19](#)
- [State of Babies Yearbook 2020](#)
- [HealthySteps](#), promoting the health, well-being, and school readiness of babies and toddlers in pediatric care
- [National Infant-Toddler Court Program](#), in partnership with HRSA/MCHB
- [Infant and Early Childhood Mental Health](#)
- [Babies at the Border](#)
- [Military and Veteran Families Support](#)

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## APPENDIX: Detailed Recommendations for an Agenda to Support Young Children From Birth

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## Recommendations by Agency

Note: Some issue discussions include recommendations for more than one agency

### *Department of Health and Human Services*

#### **Administration for Children and Families (ACF)**

- Family Strengthening: Transforming Child Welfare for Infants and Toddlers (Children's Bureau—CB)
- Babies at the Border: Supporting Immigrant Families (Office of Refugee Resettlement—ORR)
- Expanding Early Head Start as a Beacon of Hope (Office of Head Start—OHS)
- Ensuring Quality and Affordable Child Care for All (Office of Child Care—OCC)

#### **Centers for Medicare & Medicaid Services (CMS)**

- Transforming Pediatric Care to Support Early Development
- Building Capacity to Support Infant and Early Childhood Mental Health
- Extending Medicaid Coverage for Mothers and Babies

#### **Health Resources and Services Administration (HRSA)**

- Transforming Pediatric Care to Support Early Development
- Building Capacity to Support Infant and Early Childhood Mental Health
- Family Strengthening: Community Strengthening and Support
- Family Strengthening: Transforming Child Welfare for Infants and Toddlers

#### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

- Transforming Pediatric Care to Support Early Development
- Building Capacity to Support Infant and Early Childhood Mental Health

### *Department of Commerce—Bureau of the Census*

- Ensuring an Accurate Count of Young Children in the Census

### *Department of Defense (DOD)*

- Babies on the Homefront: Supporting Military and Veteran Families

### *Department of Education (DEd)*

- Advancing Early Intervention Reform (Office of Special Education Programs—OSEP)

### *Department of Homeland Security (DHS)*

- Babies at the Border: Supporting Immigrant Families

### *Department of Labor (DOL)*

- Economic Security: Paid Family and Medical Leave and Other Workforce Policies

*Department of the Treasury (Treasury)*

- Economic Security: Tax and Wage Policies

*Department of Veterans Affairs (VA)*

- Babies on the Homefront: Supporting Military and Veteran Families

**Recommendations to Support Good Health**

One of the next administration’s highest priorities must be to meaningfully support health and well-being through robust investments in health promotion and prevention. The most effective way to make wide-reaching and long-lasting change is to start at birth. We can begin by transforming a trusted system to address the unmet needs of our nation’s babies, toddlers, and their families: pediatric primary care.

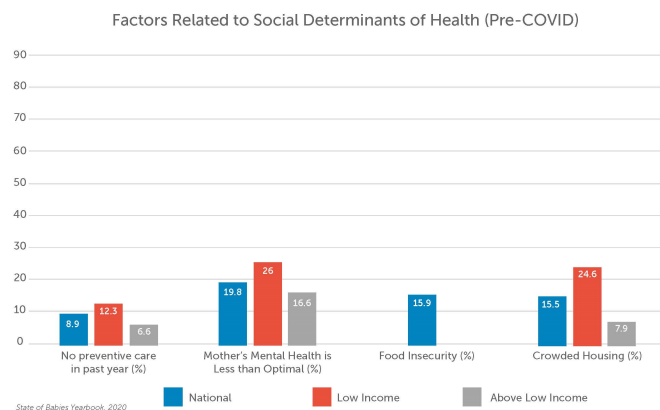
ZERO TO THREE sees two major areas where the Biden Administration could fill essential gaps in ensuring babies’ overall health and development: (1) leveraging the health system as a near-universal touchpoint to support parents and caregivers in nurturing their children’s development and (2) creating the infrastructure to promote early behavioral health—i.e., infant and early childhood mental health—that is foundational to children’s cognitive development and later relationships

*Transforming Pediatric Care to Support Early Development*

Crosswalks to:	The Biden Plan for Educators, Students, and Our Future/Investing in All Children from Birth
Agencies:	HRSA, CMS, SAMHSA

The key to getting children off to a good start is reaching them early, yet infants and toddlers are the hardest to reach when many are not in organized programs. The solution: primary care. Most parents bring their children to at least one well-child visit, with 91% of children under 3 years old having received a well-child checkup in the past year. This is the touchpoint where, as a nation, we must invest resources and work to ensure that every child has a strong start in life and every caregiver has the means and tools to support their healthy development. This mission requires going beyond physical health—though life-saving vaccines are more important now than ever—to work with families to comprehensively support the social-emotional and behavioral health of the youngest members of our society.

Our current structure places immense pressure on pediatricians as the front-line defender of children’s health and well-being, but in a 15-minute well-child visit pediatricians cannot, and should not be expected to, shoulder this responsibility alone. The optimal pediatric primary care team would include a child development specialist, tasked with working with young children and their caregivers together. The Biden agenda recognizes this imperative and pledges to, “provide early childhood development support to families [at]...the pediatrician’s office. These experts, as part of the primary care team, will help identify whether children are reaching development milestones, help connect families to additional services...and answer parents’ questions



regarding child development so every child in the U.S. is placed on the path to succeed once they start kindergarten.” This is not an untested idea: HealthySteps, a program of ZERO TO THREE, has successfully used this approach in primary care practices for 25 years and is now in 170 sites in 23 states, the District of Columbia, and Puerto Rico. The benefits, both societal and economic, are far reaching. Healthier families mean more productive workers; healthier children mean fewer days of work and school missed; strong early development means children are ready for school and life.

The next administration can put forth a robust budget that comprehensively funds pediatric preventive care and can ultimately transform how we care for children in this country. The Biden K–12 agenda describes using the approach embodied in the HealthySteps model in Federally Qualified Health Centers (FQHC) and pediatric practices with high percentages of Medicaid and CHIP patients. ZERO TO THREE has extensive data and experience on implementing this approach within these exact settings. The Administration can draw on this experience. FQHCs are the logical place to start, given the high proportion of children in families with low income served in these facilities and CMS’ ability to shape the care they provide.

The following specific policies would guide the Administration toward developing robust pediatric primary prevention agenda, through the Health Resources and Services Administration (HRSA) and the Centers on Medicare and Medicaid (CMS). Although the Biden Administration can use multiple policy levers to achieve these goals, direct grant programs and CMS guidance are the best first steps to support implementation and broad adoption. Key to this transformation is the availability of funds to support initial program implementation and technical assistance as well as mechanisms for reimbursement to continuously fund service delivery. Primarily, HRSA can use its existing 330 grant authority to incentivize the use of the model in a greater number of practices, particularly FQHCs and FQHC lookalikes, which will require an expanded appropriation. To immediately help states trying to adopt this approach in pediatric care by reimbursing for its component services, CMS can also provide clear guidance on allowable services for reimbursement. As the enhanced pediatric primary care becomes the standard of care, working through CMS, the administration can further expand the use of the model by increasing the OPPS rate, which will incentivize providers to implement HealthySteps, without requiring grants. Although grant programs and CMS guidance are the most direct and effective routes to scaling up this approach, because so many agencies touch children’s health, several other areas are rife with opportunities to support the transformation of pediatric primary care. As enhanced pediatric primary care becomes the standard of care, the Biden Administration can pursue broader policy changes and legislative agendas to facilitate wider adoption and support sustainability.

### **HRSA: Support primary care-based developmental support through existing and new direct grant programs**

- Use the existing HRSA 330 grant authority to offer more funding to FQHCs to provide more support to young children and families.
  - Under the current statute, many FQHCs could apply for Section 330 grants if the communities they serve have specific risk factors, like being at risk for homelessness or residents of public housing. HRSA could also broaden the statutorily defined groups to include FQHCs serving young children, or other specific risk factors including child welfare-involved families, teen parents, or caregivers with a history of trauma. For FQHCs that are awarded these grants, it is possible that the cost of a child development specialist would, in time, be considered part of their operating costs, and would then be absorbed when the PPS rate is adjusted.
- Support authorizing legislation and include funding in the FY 2022 budget to provide additional funding to HRSA for grants:
  - To FQHCs that provide enhanced pediatric care through competitive grant programs.



- To FQHCs and lookalikes to expand the care team to include a child development specialist.

HRSA can provide guidance within Title V's 30/30/10 requirement on specific programs or services that can be used to fulfill Title V's prevention requirement, including HealthySteps or similar programs. This guidance, particularly with an increase in the MCHB block grant, could enable states to allocate funds to achieving President-Elect Biden's vision of staffing pediatric practices with a child development specialist.

### **SAMHSA: Increase funding for Project LAUNCH**

- FY 2022 Budget—Increase funding for Project LAUNCH would enable more states, territories, and tribes to implement evidence-based programs to achieve the stated goals of promoting the wellness of young children by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. Furthermore, SAMHSA could offer guidance on how states and localities have successfully used evidence-based strategies, like HealthySteps, to build more effective early childhood systems, providing a roadmap for new grantees.

### **CMS: Use guidance to states on allowable services to promote reimbursement policies to facilitate more widespread adoption of embedded child development specialists**

Pediatric practices and health systems provide many services to young children and families, but they are not reimbursed because the state lacks clear guidance from CMS on whether the service will draw down federal Medicaid match. This ambiguity leaves states and providers struggling to offer services that help ensure appropriate development and social-emotional health. Clarifying reimbursement for such services would enable pediatric practices and health systems to effectively implement approaches such as HealthySteps. Without changing any regulations, CMS can offer "Dear State Medicaid Director" letters to provide guidance and clarity to states around permissible services that states can provide and draw down federal match. These letters can include guidance on:

- Critical screening and referrals for caregivers in the pediatric setting to reach more families.
- Comprehensively reimbursing screening and care coordination, including care coordination services for young children and their caregivers.
- Reimbursement for behavioral health services provided to children without requiring a diagnosis.
- Reimbursement for education and nonmedical services provided by a nonphysician provider or a community health worker.

Acknowledging that states can receive reimbursement for these services will allow pediatric practices to bring in sufficient revenue to support a child development specialist, as articulated in the Biden K–12 agenda.

### **CMS: Expand adoption by increasing the Outpatient Prospective Payment System (OPPS) Rate to Fund Enhanced Pediatric Primary Care in FQHCs**

- Direct CMS to increase funding for FQHCs in FY 2022 OPPS rulemaking that provide enhanced pediatric care through competitive grant programs or by increasing the PPS rate for FQHCs that meet a certain designation. Much like the patient-centered medical home (PCMH) designation, FQHCs that have behavioral health integration or a child development specialist as a member of the care team could receive additional payments to support their comprehensive primary care.

- Direct CMS to include reimbursement for child development specialists for FQHCs—as well as lookalikes in FY 2022 OPPI rulemaking.

### **CMS: Fund Child Development Specialists at all Community Health Centers through the Center for Medicare and Medicaid Innovation (CMMI) Center**

- Build on the work CMMI has done with the Integrated Care for Kids Model and release competitive grants focused on ensuring that there is an early childhood development expert in every community health center.
- Direct CMMI to review a minimum number of Medicaid proposals.

### *Building Capacity to Support Infant and Early Childhood Mental Health*

Crosswalks to:	The Biden Plan for Educators, Students, and Our Future (addresses only Mental Health in Schools)
Agencies:	HRSA, CMS, SAMHSA

Early social-emotional development—in other words, infant and early childhood mental health (IECMH)—is the foundation from which all learning stems. The first three years are the period of life in which strong mental health can be actively promoted in all child-serving settings, from the pediatrician’s office to child care. Yet, babies can and do experience mental health problems, especially when exposed to chronic stress and trauma. Early problems can be prevented when properly identified and treated. However, this requires a highly skilled and adequately funded interdisciplinary clinical workforce.

Although we need to be prepared to address the mental health needs of our babies and toddlers to ensure they have a strong foundation for future development, the unfortunate truth is that we lack the national structure for providing foundational mental health services to the youngest children. Even finding conduits for federal funding to expand services can be challenging. To be clear, as policymakers increasingly create requirements for “trauma-informed care” in child and family programs, such requirements cannot be met for young children and their families without the IECMH workforce to support informing other child-serving professionals and to assess, diagnose, and treat young children as necessary.

In its weekly survey of the experiences of families with young children related to the pandemic, the University of Oregon’s Rapid Assessment of Pandemic Impact in Early Childhood (RAPID-EC) Project finds that increased rates of material hardship compounded with worry associated with loss of income, employment, and child care have resulted in an increase in caregiver distress over time, which in turn contributes to increased child emotional distress. Higher rates of parental stress, anxiety, and depression are known to negatively affect strong emotional development in young children. Yet, as indicated in the State of Babies Yearbook 2020, even prior to the pandemic one in five mothers of infants and toddlers report having less than optimal mental health.

The Biden plan on K–12 education proposes to enhance mental health services in schools. What is also needed is to fill the gaps for younger children, starting when mental health begins—at birth and even before. Because IECMH capacity and infrastructure are not well developed, a more comprehensive policy agenda is required. The following recommendations would build these capabilities by expanding the clinical workforce, increasing access to reimbursement for IECMH services, promoting use of developmentally appropriate tools for assessment and diagnosis, and expanding systemic approaches to building IECMH capacity in states and infusing IECMH into child-serving settings.

## Expand the IECMH clinical workforce

- FY 2022 Budget: Include \$50 million in funding and work with Congress to authorize the establishment of the Infant and Early Childhood Mental Health Clinical Leadership Program, a federal clinical workforce development program to establish a national network of university-based Centers of Excellence to advance training and research in IECMH. Centers would provide scholarships, stipends, rapidly increase the number of mental health professionals with IECMH knowledge and skills nationwide. This approach was included in the Resilience Investment, Support, and Expansion from Trauma Act of 2019 (116th – S. 1770).
- Support legislation to authorize a loan repayment program for mental health professionals to relieve workforce shortages, such as reflected in the Mental Health Professionals Workforce Shortage Loan Repayment Act of 2019 (116th – H.R. 2431).

## Promote the use of developmentally appropriate tools and surveys that include very young children

- CMS: Direct CMS to issue a bulletin on the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) and guidance for developmentally appropriate assessment and diagnosis.
- CDC: Support the authorization of CDC's Learn the Signs, Act Early Program with its expansion to include focus on mental, behavioral, and developmental disorders across childhood. Authorization would improve early identification of autism and other developmental disabilities and mental health disorders among children 0 to 5 years old so these children and their families can secure the services and support they need.
- HRSA (*FY 2022 Budget*): increase funding for the National Survey of Children's Health (NSCH) to ensure it includes at least 100,000 children to be sufficiently robust to examine the health, mental health, and family status of young children at the state level, disaggregated by race and ethnicity, income, and urbanicity.

## Expand systems-building capacity and multigenerational access to services

- SAMHSA (*FY 2022 Budget*): Increase to \$50 million the funding for SAMHSA-administered Infant and Early Childhood Mental Health Grant Program. The grant program was created by the Helping Families in Mental Health Crisis Act of 2016 to better integrate infant and early childhood mental health into state systems, including child-serving settings. Current funding level only provides a handful of grants.
- NIMH: *FY 2022 Budget*: Increase funding for the National Institute of Mental Health to conduct or support research on perinatal and infant and early childhood mental health.
- HRSA: *FY 2022 Budget*:
  - Increase funding for HRSA's Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program. Maternal mental health conditions are the most common complications of pregnancy and childbirth.
  - Increase funding for HRSA's Pediatric Mental Health Care Access Program.

- Direct CMS to establish the diagnosis and procedure codes for behavioral health prevention visits. Consideration can be made to mirror the American Academy of Pediatrics' well-child visit schedule for developing a behavioral health prevention visit schedule.

### *Extend Medicaid Coverage for Mothers and Babies*

In addition to building capacity and infrastructure to deliver developmental and mental health services to infants and toddlers as well as their mothers, several steps could greatly increase access to the coverage and specific services families need. Removing barriers to immigrant families, extending coverage for mothers and young children, and prioritizing prevention all would recognize the foundational role of health in development.

- Reverse and permanently revoke the public charge rule that forces immigrants to choose between accessing federal benefits and either entering the country or changing their status while in this country, thus negatively affecting access to Medicaid for millions of children in immigrant families.
- Support legislation to mandate Medicaid coverage for women through 12 months postpartum as envisioned in the Helping MOMs Act (116th – H.R. 4996).
- Support legislation to mandate Medicaid coverage for all children until the age of three.
- Support legislation that would require a certain percentage of Medicaid funding to be used for health promotion and prevention. This could be structured similarly to the medical loss ratio (MLR) provisions in the ACA with prevention requirements in place of administrative caps.

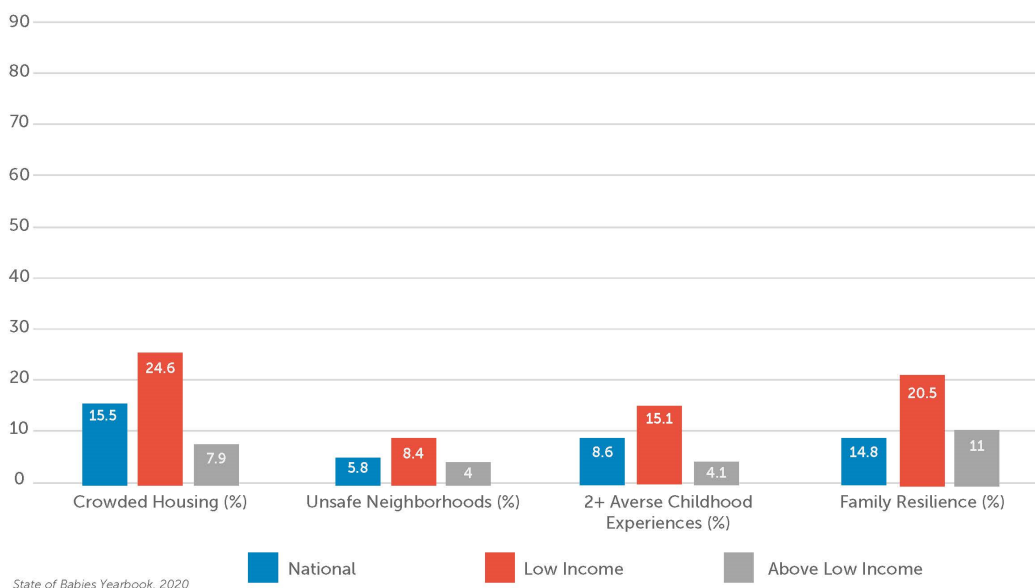
### **Recommendations for Supporting Strong Families**

Young children develop in the context of their families, where stability and supportive relationships best nurture their growth. Family stability is secured by having enough income to meet family needs; time to nurture family bonds and provide caregiving; safe neighborhoods where children can grow and play; and the ability to meet basic needs such as stable housing, food and nutrition, and even diaper supplies. As the State of Babies Yearbook 2020 illustrated, many babies and toddlers live in families that were unable to meet all these needs even before COVID-19 reshaped their environments. Many families with babies already experienced high rates of crowded housing and food insecurity. Children in families lacking economic security have higher rates of adverse experiences in their young lives than those in families with higher income.

Strong, stable families are the bulwark between young children and adverse conditions that can threaten development. Chronic, unrelenting stress experienced in early childhood—such as that caused by extreme poverty, repeated abuse or prolonged neglect, or severe maternal depression—can be toxic to the developing brain and may lead to problems with self-regulation, lags in cognitive and social-emotional development, and chronic health problems in adulthood. However, caring relationships with trusted caregivers can buffer babies' exposure to adverse events and mitigate long-term negative effects. The lack of permanent policies to assure economic security, paid time off, or support in meeting families' psycho-social and material needs, has left many American families without resources to cope with an extreme crisis such as the one they are currently enduring.

Within ZERO TO THREE’s policy framework, Strong Families encompasses two areas: (1) Supports to promote economic security and (2) supports for strengthening the ability of parents or other caregivers to nurture their young children’s development. We identify several key policies to ensure economic security, including Paid Family and Medical Leave as a critical centerpiece. However, because we tend as a society to stand aside and watch from the sidelines as families tackle the tough but rewarding job of raising children, we particularly urge attention to new proposals for family strengthening to ensure every family has supports to build protective factors for their young children. We present proposals for families seeking community supports, in the child welfare system, in military and veteran families, and in immigrant families.

Environmental Factors Affecting Babies and Families



## Economic Security

Crosswalks to:	The Biden Agenda for Women; A Tale of Two Tax Policies; Joe Biden’s Jobs and Economic Recovery Plan for Working Families
Agencies:	Department of the Treasury; Department of Labor

The record unemployment rates of the last year and the resulting collapse of economic security for millions of families has led to significant material hardship, even among those with moderate incomes. Families of color, who were more likely to have low income before the pandemic, have been disproportionately affected. Many families, some for the first time, are experiencing difficulty paying for basic needs like utilities, housing, and food, which causes emotional stress for parents and babies alike. For infants and toddlers, whose early experiences are laying the foundation for all their future development, the effects of these economic stressors could be devastating and lasting.

Even before the pandemic, economic insecurity was a fact of life for many young children. Two in five babies and toddlers lived in families with income below or near poverty. A third of Black infants and toddlers lived in outright poverty. Our *State of Babies Yearbook 2020* showed that infants and toddlers in families with low income were three times more likely to live in crowded housing, three and a half times as likely to have multiple adverse early experiences, and twice as likely to live in unsafe neighborhoods as

young children in families above low income. We cannot expect our babies to flourish without durable policies to promote their families' economic security.

Assistance through direct stimulus support and expanded unemployment benefits in the CARES Act has long since expired and must be renewed. However, the Biden Administration should champion more durable solutions for workers in jobs with low wages, many of whom are women of color and often have young children. Policies must be specifically targeted to families with young children. Equally critical, workers must have access to a national policy ensuring comprehensive, paid time away from their workplaces so they may care for their families, whether because of a new addition or medical need or because the challenges of the times require it, without fear of retribution from their employer.

We urge the Biden Administration to work with Congress to ensure the American people have the material support and access to benefits they need to survive the continuing economic challenges posed by this still-raging pandemic. Beyond emergency stimulus, the administration also has the opportunity to ensure that these efforts are not focused on recovery alone, but rather lead to a more equitable, resilient future, in which all families with young children have the solid economic foundation they need to weather future crises.

### **Paid Family and Medical Leave and Other Workforce Policies**

Crosswalks to:	The Biden Agenda for Women
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#### *COVID-19 Policies*

- Direct the Department of Labor to reverse regulations that restrict use of emergency paid leave benefits, in order to close exemption loopholes, expand the definition of caregiving, allow the benefit to be used for school closures, and allow the leave to be used for non-dependents.
- Direct the Department of Labor to extend emergency paid family and sick leave provisions created by FFCRA through December 31, 2021 and expand it to all workers. Currently the benefit only accommodates workers employed by companies with under 50 employees, which leaves many without access to paid leave. Similarly, the benefit is set to expire at the end of 2020 although it is clear that the pandemic will continue into the next year.

#### *Durable Policies*

- Support legislation for comprehensive, federally funded, paid family and medical leave that is envisioned in the FAMILY Act (116th – S. 463), which:
  - Is cost effective for workers, employers, and the government;
  - Is accessible to all working people and reflects a modern definition of “family”;
  - Includes a minimum of 12 weeks of paid leave;
  - Covers equally the full range of personal medical and family caregiving needs; and
  - Prevents employers from retaliating against workers for taking leave.
- Support legislation to expand the FFCRA leave benefits to all workers through the end of the COVID-19 pandemic.

- Support legislation to eliminate loopholes in the Federal Employee Paid Leave Act (FEPLA) that exempt certain federal workers, such as postal workers and air traffic controllers, from accessing the benefit.
- Support legislation, as envisioned in the Healthy Families Act (116th – S. 840), to permanently provide a paid and unpaid sick days benefit for workers to address their own health needs or those of their families.
- Support legislation, as envisioned in the Pregnant Workers Fairness Act (116th – H.R. 2694), to stop employers from discriminating against pregnant workers as well as requiring them to make reasonable accommodations for these workers during their pregnancy, childbirth, or to address any related medical conditions.
- Support legislation as envisioned in the Schedules that Work Act of 2019 (116th – H.R. 5004) that protects workers' rights to a consistent schedule, creates incentives for employers to offer predictable and stable scheduling practices, and guarantees workers the right to rest between shifts.

### Tax and Wage Policies

- Support the passage of a young child tax credit as envisioned by the Young Child Tax Credit Act (114th – H.R. 4693), which would increase the CTC for children under 6 years old to \$3,600 child per year.
- Devise better outreach to families to file for the Earned Income Tax Credit (EITC). Currently, 15% of EITC dollars go unclaimed. Groups likely to leave these dollars unclaimed include some with substantial numbers of infants and toddlers, including families in rural areas, grandparents caring for children, and families not proficient in English. Supporting legislation to create a Childless Worker Earned Income Tax Credit, enhance the value of the EITC and expand it to childless adults under 25 helps potential future parents increase labor force participation, reduce poverty among young adults without children, and ultimately increase family stability when babies are born, including reducing the number of babies born into poverty.
- Support legislation to raise the minimum wage to \$15 per hour and adjust it for inflation to ensure that the minimum wage continues to reflect a living wage over time without needing further congressional action.

### Closing the Wealth Gap

- Support legislation to create Baby Bonds, as envisioned in the American Opportunity Accounts Act (116th). These accounts would receive annual contributions from a fund established by the treasury until the child has reached 18 years of age with the goal of creating generational wealth in populations where it is least likely to exist. These funds may be used for education expenses or the purchase of a home.

### *Family Strengthening*

Families with young children faced a range of challenges even before the pandemic. Many lacked basic material needs and parenting support to relieve the stress that hampers their ability to build protective factors for their children. Parenting support is key: Parents or other close caregivers are the primary molders of their children's early development, but often are not supported as they take on this important role. Such services have only increased in importance in the wake of the pandemic. Although research shows that emotional support can provide a strong buffer against the effects of stress in children and families, families report having less of this support than they did prior to the pandemic. The lack of

supports allows these stressors to spiral and until they undermine early development. For some families, these stressors burst into view in this child welfare system, where infants and toddlers are the age group most likely to have substantiated reports of abuse or neglect and constitute a third of all children entering foster care.

The United States' approach to interacting with the families raising young children who will determine the nation's future is upside down. Communities rarely have an identifiable entry point for families to access coordinated services that could build on their strengths, help address their needs, and prevent problems before they metastasize. Instead when families reach the point when they cannot cope, we do have an entry point—Child Protective Services, the gateway to the child welfare system. Once there, families are often pulled apart and their children placed in foster care. It is a system of institutionalized racism, as Black, Native, and in some states Latinx children are disproportionately represented.

We urge bold action on a cohesive effort to support families from the start, building on their strengths, to promote equity of opportunity in their ability to parent and thrive. We need to create a continuum of supports for families from primary prevention all the way to child welfare involvement that incorporate the following principles: treat families with respect, recognize and address intergenerational trauma, orient policies and practices around early developmental science, and ensure equity and services rooted in the culture of their communities.

Our recommendations also address two groups of families who need special attention. One is military and veteran families, many of whom have young children. The other is immigrant families and particularly young children whose families bring them to the United States to ensure they have the opportunity to thrive.

### Community Strengthening and Support

Crosswalks to:	The Biden Plan for Educators, Students, and Our Future
Agencies:	HRSA

A community system should ensure the ability to meet a comprehensive set of family needs and equity in providing access to services. Existing federal funding streams have generally focused on one aspect of such a family support system, such as home visiting, or have come from a child abuse prevention or child welfare perspective—not the frame through which parents and caregivers want to be perceived. Although the prevention of child abuse and neglect and family dissolution is of paramount importance, supports that start upstream should have broader goals, including overall family well-being and strong early childhood development. A family-strengthening frame conveys supporting families in a comprehensive way as they nurture the children who represent our future.

**ZERO TO THREE recommends that the Biden Administration work with Congress to establish a substantial new funding stream to enable communities to build broad systems tailored to community needs.** These systems and the services accessible through them would give parents and caregivers a clear path support for nurturing children and providing for their families' needs—what is commonly described as a “prevention” system. This funding would flow through states to communities to enhance or assemble an array of approaches that together ensure every family can access support for parenting, positive child development, and family services. Approaches could include family resource centers, home visiting, primary care-based child development support (such as HealthySteps), and Web-based hubs. The key is weaving together the supports to give broad-based access for families, but also to ensure service provision through bundling services or strong ability to refer. Above all, families must be able to identify and access entry points for the support they need. Although the funding proposed could be used both for systems building and core services, some approaches or services, such as home visiting or pediatric-based developmental services, may be supported by other funding streams as well. In such



cases the community-level funding would serve to knit them together to ensure the broadest possible coverage for families.

These community systems should:

- Collaborate and integrate funding to create a network of services.
- Involve parents and other caregivers, such as grandparents, in devising a system of supports.
- Emphasize supporting parents' and other caregivers' strengths in a respectful, holistic, and individualized way and work with them to build protective factors for their children.
- Promote racial equity and economic justice.
- Ensure families can access this support system through identifiable entry points, which could be a family resource center, a primary care office, a Web-based family portal, a centralized intake point, or other means.
- Provide families directly or through established community relationships the services needed to support their children's development, meet basic needs, promote economic security, and support their own emotional well-being.
- Ensure that services are trauma-informed and adult and early childhood mental health services are part of the comprehensive community approach.

We recommend this funding stream be housed in the Bureau of Maternal and Child Health with HRSA, which is already oriented toward systems-building and promoting prevention by building on family strengths and well-being. MCHB's promotion of health and wellness, support for maternal and early childhood mental health, and knitting together systems is well established through efforts such as Early Childhood Comprehensive Systems work and would foster a strengths-based approach to working with families. However, MCHB should be charged with working closely with other federal agencies, particularly the Administration for Children and Families and its child abuse prevention initiatives under the Community Based Child Abuse Prevention program.

*Steps to develop this policy include:*

- Direct MCHB to collaborate with other HHS agencies (including ACF and SAMHSA) and other Departments (such as Education, Housing and Urban Development, and Agriculture) to inventory ongoing initiatives that are promoting or demonstrating state and community systems building to support families as well as individual programs that could be linked at the community level to increase collective effect.
- Establish a collaborative cross-agency body, led by MCHB, to support state and local family strengthening systems-building efforts and develop cross-agency collaboration plans to centralize—and make public—information about such efforts.
- *FY 2022 budget:* \$2 billion in new funding for a proposed program within HRSA/Maternal and Child Health Bureau to enable communities to build broad prevention services systems tailored to community needs to give parents and caregivers a clear path support for nurturing children and providing for their families' needs.
- *FY 2022 budget:* \$400 million for MIECHV.

## Transforming Child Welfare for Infants and Toddlers

Crosswalks to:	The Biden Agenda for Strengthening America’s Commitment to Justice (Prevention and Coordinating services)
Agencies:	HRSA, ACF (Children’s Bureau)

Even with a robust family strengthening system, some young children will continue to enter the child welfare system. The stakes for them could not be higher. Their rapid brain development makes them particularly susceptible to the ill-effects of maltreatment and trauma, including cognitive delays and social-emotional impairment. The current child welfare system was not devised to support the unique needs of babies or their caretakers, with limited ability to address early childhood development and the multi-generational trauma families often experience. In addition, an emphasis on crisis removal of children makes the system ill-suited to provide babies and toddlers with the stability and nurturing relationships they need for a strong start in life. Many states and communities do not have the support structures in place to ensure strong early development and address family trauma through coordinating a broad array of family resources to ensure safe and loving environments for young children.

The Family First Prevention Services Act allows funding under Title IV-E of the Social Security Act to be used for specific services to prevent removal of children and placement in foster care. Those services must be approved by the Prevention Services Clearinghouse established by HHS. However, neither Family First nor the Clearinghouse support funding of comprehensive approaches that provide a science-based framework for changing child welfare policy and practice in order to use evidence-based interventions more effectively. The Clearinghouse currently has approved a relatively discrete number of interventions few of which are appropriate for infants and toddlers in a child welfare setting. The Clearinghouse could draw on other child welfare-related clearinghouses to expand the options for states to use Family First funds more effectively for families with very young children.

To help states better serve families with very young children in the child welfare system, a framework for infants and toddlers is embedded in bipartisan legislation introduced in the 116th Congress. The Strengthening America’s Families Act (SAFA) would seed efforts to transform child welfare policy and practice for infants, toddlers, and families. SAFA would support Infant-Toddler Court Teams (ITCT) that use the science of early childhood development and a deep understanding of trauma to offer a collaborative and cost-effective model to work with babies and children at risk for, or affected by, maltreatment. ITCTs effectively support child health and well-being, build on families’ strengths to enable them to support their own children, and prevent recurrence of maltreatment. To underscore the transformational nature of this approach, SAFA places administration in the Bureau of Maternal and Child Health within the Health Resources and Services Administration, building on its comprehensive approach to supporting families and an existing initiative, the Infant-Toddler Court Program.

*To improve outcomes for babies and families in the child welfare system, the Biden Administration should:*

- Direct the Administration for Children, Youth and Families (ACYF) to correct an unnecessary constriction of new spending authority under the Family First Prevention Services Act, which allows funding under Title IV-E of the Social Security Act. ACYF should ensure states can use Family First funds for more comprehensive, holistic approaches to serving young children and families by revising the Prevention Services Clearinghouse to include broader approaches and programs approved by other similar bodies.
- Support legislation to authorize and expand the Maternal and Child Health Bureau’s initiative to seed transformational child welfare practices in states and communities as envisioned in the bipartisan Strengthening America’s Families Act (116th – H.R. 7868).

- *FY 2022 Budget:* Increase funding for the infant toddler court program to \$50 million.

## *Babies at the Border: Protecting Immigrant Families*

Crosswalks to:	The Biden Agenda for Securing Our Values as a Nation of Immigrants
Agencies:	DHS, ORR

The previous administration’s immigration practices—particularly at our southern border—placed many young children at grave risk for permanent emotional harm. Any vestiges of these policies must be immediately reversed and any harm remedied. Clearly, immediate steps must be taken to reunite the remaining 666 children separated from their parents at the height of the separation policy. However, even after that policy ceased, young children were still separated, and some ended up in early childhood group facilities, which are unsuitable for children that age. It is unclear whether and how many young children are still in the custody of either Customs and Border Protection or the Office of Refugee Resettlement.

Any young child who has experienced family separation or detention is likely to need mental health support. There is a common misperception that babies are too young to be affected by the events around them. In truth, at the very foundation of babies’ development, intense trauma almost inevitably creates physiological damage to their brains and emotional damage that they will carry into the future—particularly if their needs are not met appropriately and immediately. Subjecting young children to detention, often combined with separation from trusted adults and unhealthy living conditions, is tantamount to child abuse and could lead to lifelong harm. When children are put in situations like those we have seen at the border, stress hormones flood their brains, disrupting their neurological circuitry in ways that profoundly affect their short- and long-term physical and emotional health, and their ability to form relationships and learn.

*To protect the well-being of babies at the border, we recommend the Biden Administration:*

- Permanently revoke policies that separate children from their parents at the border and work to reunite families separated at the border.
- Issue an Executive Order clarifying that it is the policy of the United States not to separate migrant children from their families at the border
- Reverse and permanently revoke the public charge rule that forces immigrants to choose between accessing federal benefits and either entering the country or changing their status while in this country, which negatively affects millions of children in immigrant families.
- Determine how many young children are currently in the custody of the Office of Refugee Resettlement, including in early childhood group homes, and expedite reunification with their parents or other appropriate parties.
- Direct the Office of Refugee Resettlement to ensure the needs of infants and toddlers in their care are a top priority, including providing immediate voluntary IECMH assessments and services to young children separated from their families or held in detention as well as offering such services to any young child that has been in those situations.
- Direct the Office of Refugee Resettlement to develop standards of care—including addressing IECMH needs—for young children who come into their custody in the future.

- Direct the Department of Homeland Security to institute policies through which immigrant families are released into the community including through tested community-based case management programs.
- Direct the Department of Homeland Security to withdraw regulations related to the Flores Settlement Agreement, which were struck down by the Court, and to promulgate new regulations that embody the protections contained in that agreement.

### *Babies on the Homefront: Support for Military and Veteran Families*

Crosswalks to:	The Biden Plan to Support our Veterans and The Biden Plan to Serve our Military Families
Agencies:	DoD, VA

When parents serve in the military, their young children do as well. Thirty-eight percent—almost two in five—of the 1.7 million children in Department of Defense (DoD) families are under age 5. Young children in military families face unique stresses that might not be typical for other families. Many military families experience ongoing anxiety and tension, which at times can be significantly emotional and uncertain for everyone in the family—even babies and toddlers. In particular, deployments and homecomings of military family members can create a highly emotional situation that affects every family member—even those who may be too young to clearly communicate their emotions. For infants and toddlers, the separation or frequent changes often associated with being part of a military family can have a significant effect on their ongoing development.

As babies and toddlers experience the world through the relationships they have with trusted adults in their lives, children in this age range are highly dependent on their relationships with family members and the contextual influences that are present in the environment surrounding them. Because of the rate at which children’s brains are developing between the ages of 0 and 3, the relationships and experiences they have during those first few years are of critical importance. Military families with babies and toddlers should have access to strong support systems that will help them navigate the unique stressors that come with being in the military and raising very young children. Although some informational materials and services are available to military families with young children, many installations do not have the staffing required to support offering such services to all families. Progress has been made with the current pilot of HealthySteps taking place in six medical facilities; however, more needs to be done.

Active duty military families include over 450,000 children under five. As combat operations have wound down, the young faces of military service members continue to become the faces of a new population of veterans. Unlike in active duty families, the number of children in veteran families is unknown. But given that about half of active duty enlisted personnel are under age 26 and 70% are age 30 or under, it is likely that many either are or will become parents. In many cases, their parenting will be affected by their military experiences such as injuries or residual mental health issues. Although DoD provides active duty families with support services, health care, and high-quality child care, similar services are not always available to families when a Service member transitions to civilian life. In recent years, a range of supports have been provided for caregivers providing care to an injured veteran. However, these families no longer have child care benefits, which can create abrupt transitions for both working parents who must seek new sources of care and assistance and for young children moving to a new arrangement. Moreover, families may not have access to IECMH services if young children are affected by family stressors stemming from injuries or other trauma remaining from military service.

*To promote the healthy development of our babies on the home front, the Biden Administration should:*

Direct the Department of Defense to implement the recommendations in the report of the National Academy of Sciences, Engineering, and Medicine on [Strengthening the Military Family Readiness System for a Changing American Society](#), including a focus on increasing research focused on infants and toddlers in military families on the effects of deployments, separations, reunifications, trauma, grief, and loss on babies and toddlers.

Direct the Department of Defense to provide additional training for early care and education providers, family support personnel, and mental health and medical professionals on early childhood development and in particular, the effects of trauma, grief, and loss on very young children.

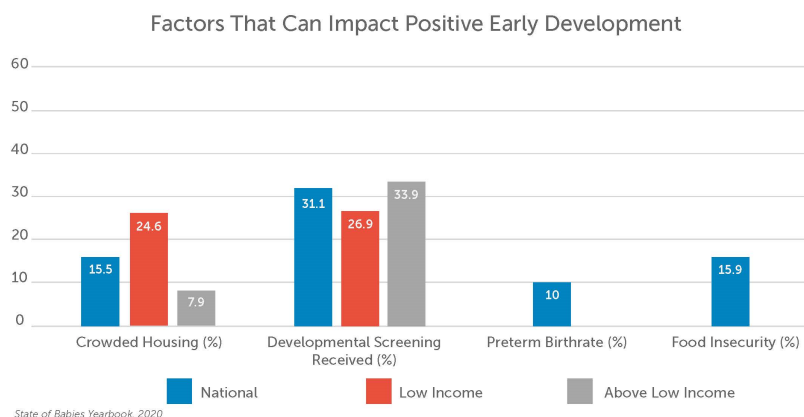
- Support legislation to expand the Military Student Identifier (MSI) and the “Every Student Succeeds Act” to early care education programs nationwide to ensure that caregivers of babies and toddlers also understand the unique challenges that military connected families face allowing caregivers to better support children in military families.
- Increase access to high-quality child care for families connected to the military. Child care in particular has been emphasized as being critical in keeping military personnel focused on their missions and free of stress.
- Direct the Department of Defense to create a program to provide transitional child care for service members as they exit the military. Such a program would ensure continuity for children and families where possible and help veteran families make a smoother transition to civilian life.
- Examine Paid Family and Medical Leave as it relates to families connected to the military. Some, but not all, states have passed PFML policies that include provisions for military families. A national PFML policy should include provisions to address the needs of families connected to the military (including nonmilitary family members) as they face unique challenges around deployments, trainings, and frequent moves.
- Establish an Office of Family Support and Assistance in the Department of Veterans Affairs (VA) and fund services for families related to transitioning to civilian life and the effects of a veteran’s mental health needs and/or physical injuries on family members, especially very young children.
- *FY 2022 Budget:* Provide additional funds for the Department of Defense to conduct research focused on infants and toddlers in military families on the effects of deployments, separations, reunifications, trauma, grief, and loss on babies and toddlers.
- *FY 2022 Budget:* Increase funding for supports such as the New Parent Support and for implementing HealthySteps on more military bases throughout the nation to continue to support the implementation of HealthySteps across the DoD. The FY 2022 budget would build on the initial three-site investment in 2017, and the four sites added in response to Congressional Mandate tied to National Defense Authorization Act (NDAA) Fiscal Year (FY) 2019, Section 578. HealthySteps currently reaches approximately 20,000 children 0–3 across six HealthySteps sites on military bases in the United States.

## Recommendations to Support Positive Early Learning Experiences

Child care and other early learning supports are a key foundation on which the remainder of our economy rests—not only for working parents today, but also in the future, as children’s earliest experiences lay the foundation for all their future development and learning. The ongoing pandemic has caused further devastation in a child care system that was already failing to meet the needs of families, providers, and children. Other systems such as Early Head Start/Head Start and Early Intervention also faced challenges in continuing their vital services for young children with the highest need.

For far too long, our child care system has been subsidized largely by unaffordable fees and tuition rates for families, and unlivable wages and benefits for the early educators caring for children. COVID-19 has revealed just how unsustainable and broken this system was. High unemployment rates and parental uncertainty have reduced providers’ income sources while at the same time, necessary health and safety measures such as reduced group sizes and safety equipment have increased the cost of providing care. Disruptions in child care because of the pandemic have had a domino effect on families as closures require them to seek out alternatives and higher costs for available care place affordable care further out of reach. Although more than half of families surveyed in the RAPID-EC Project used some form of nonparental child care prior to the pandemic, that number had dropped to 20% as more than 60% of child care centers shut down. Some centers would reopen, but many struggle to remain open with the increased costs of implementing public health measures, insufficient federal aid, and lower revenue because of operating at limited capacity.

The current situation is untenable for parents, providers, children, and our broader economy, and it is both unlikely and undesirable to simply return to the still fundamentally flawed system that existed before COVID-19. This affords the next administration and Congress an incredible opportunity to develop a legacy of a “21<sup>st</sup> Century System of Caregiving and Education” that will both create scientifically proven developmental opportunities for all children, support parents’ abilities to work and provide for their families, ensure equitable salaries and benefits for early educators, who are disproportionately women of color, and generate lasting economic gains for both current and future generations.



### Expanding Early Head Start as a Beacon of Hope

Crosswalks to:	The Biden Plan for Mobilizing American Talent and Heart to Create a 21 <sup>st</sup> Century Caregiving and Education Workforce
Agencies:	ACF/OHS

Early Head Start (EHS) has set a high bar for infant-toddler developmental services and should be the standard for infant-toddler care as we look to more robust funding for early childhood services. The need for EHS has been made even more clear by the pandemic. Even before this crisis, the *State of Babies*

*Yearbook 2020* showed the challenges for babies in families with low income. They are more likely to live in crowded housing and unsafe neighborhoods and experience more adversity, and less likely to receive preventive health care. As we consider bold steps in building the systems we need for the future, expanding EHS to all eligible infants and toddlers as well as a significant number of pregnant women would represent a commitment to providing babies and families facing the greatest challenges a robust opportunity to start off strong and reach their potential. It also would be an approach to instill greater equity in early childhood education, with EHS's strong track record of serving and improving outcomes for children and families of color.

Current funding levels restricted EHS to only serving 10% of income-eligible infants and toddlers in 2019. Yet, the need for family outreach and strong early development services will only grow if more families are plunged into poverty in the current economic downturn: EHS is a support that could help them navigate their way out. In particular, the program should increase its focus on and efforts to recruit and serve pregnant women. Mothers who enroll during pregnancy gain more in emotionally supporting their children than mothers who enroll later, and their children demonstrate stronger effects on their social-emotional and cognitive development at age 3. However, only 6,000 pregnant women are enrolled in the program.

At the end of this crisis and its long denouement, EHS will still be standing and will need to be more of a beacon of hope than ever. We strongly believe that in accordance with its mission, EHS must continue to provide its child development and family support services to families with very low income, who often may be disconnected from the workforce. It is critical that EHS maintain and expand its ability to serve pregnant women and babies whose families who are not in the workforce and therefore are likely to be in deep poverty. We recognize that the Biden plan calls for doubling the Early Head Start Child Care Partnerships, which have been a valuable experiment in what it takes to improve child care quality. However, we strongly caution against using the Partnerships as the only way of expanding EHS. To do so would mean, in effect, using a work test to qualify for EHS services, distorting EHS's critical child development and two-generational mission. EHS should be fully funded to meet the needs of all eligible babies and families. To truly improve child care, states themselves need to invest in infant-toddler child care with quality commensurate to EHS.

As child care faces rebuilding, Early Head Start could play an important role in ensuring quality services for working families and especially for parents who have lost employment and are working their way back. States could look to the Early Head Start model as they undertake the task of building high-quality programs in a post-COVID world, especially if supply for infants and toddlers must be rebuilt from scratch as providers experience great challenges in staying afloat. States have a long way to go in building in quality for babies. The *State of Babies Yearbook: 2020* found that few states set quality standards for infant-toddler care that approach those in EHS. State investment in EHS could create a core of quality programs, especially if federal child care funding grows significantly. Moreover, if there is a short-term shift in the care parents choose for infants and toddlers with the novel coronavirus still circulating, states could consider a variation on the EHS home-based service model if they are looking to support quality in family, friend, and neighbor care. EHS could bring its strong focus on providing knowledge of supporting early childhood development to enhance informal care.

*The Biden Administration should:*

- *COVID-19 Response:* No less than \$11.2 billion available through FY 2021 for Head Start and EHS to support pandemic relief funding and promote the expansion of services to meet increasing need because of the economic downturn.
- *FY 2022 budget:* Sustain a funding increase of \$11.2 billion for Head Start and EHS and include substantial increase in expansion funding for EHS as a down payment on full funding to reach all eligible infants and toddlers as well as significantly more pregnant women, ultimately reaching an estimated \$31 billion.

- Direct the Office of Head Start (OHS) to conduct a study of barriers to converting Head Start slots to EHS slots and encourage programs to convert where appropriate for community needs, providing any technical assistance programs required.
- Direct OHS to emphasize and develop strategies to reach more pregnant women and incorporate those strategies into regranting and expansion processes.
- Direct OHS to assess the future course of Early Head Start-Child Care Partnerships, especially if new funding becomes available to states for child care, to better leverage states to both invest in the approach and raise their standards for infant-toddler care to better align with EHS.
- Direct OHS, and seek funding from Congress if necessary, to fund new research to assess how EHS is benefiting families and children as it implements the new Head Start Program Performance Standards.

### *Ensuring Quality and Affordable Child Care for All*

Crosswalks to:	The Biden Plan for Mobilizing American Talent and Heart to Create a 21 <sup>st</sup> Century Caregiving and Education Workforce
Agencies:	ACF/OCC

Child care is an essential service that needs to build a bridge from the current pandemic situation to a truly supportive system that meets children and family’s needs. Robust support will be needed to allow programs to operate safely, compensate for likely under enrollment and continue to sustain those that are unable to reopen until demand becomes more normal. As the federal government and states guide this process, their work should promote the concept of child care as a system of providers as opposed to a system of subsidies for a few families, a concept that began to take hold when the need to sustain all providers through the pandemic-induced shutdowns became clear. Processes adopted as states implemented emergency care, such as moving to more contracts to pay for programs and slots, should become ingrained as we look toward a system that intentionally rebuilds child care to meet community needs. States and communities must be particularly attentive to ensuring that child care programs that serve the most underresourced and overburdened families, many of whom are families of color, have the resources to reopen. States should also be sensitive to the range of family preferences in types of care and increase the availability of mechanisms, such as staffed family child care networks, resource and referral agencies, and Infant-Toddler Specialist networks that can support home-based providers. Many programs may need financial and technical assistance to purchase cleaning supplies and equipment and adhere to CDC guidelines.

As the child care system rebuilds following the COVID-19 crisis, it cannot go back to what it was—a system that was unsupported and unappreciated for the important work it did, with a reliance on parent fees and near-poverty wages for providers. Instead, we must envision what it can be with a broader recognition that child care is a public good and a key foundation on which to rest a strong economy that works for all. We envision robust public funding for a system of high-quality programs and providers accessible to all families, built on principles that will ensure it serves the needs of the current and future workforce.

*The Biden Administration should:*

- Issue an Executive Order within 90 days tasking agencies to identify administrative changes or new administrative actions to stabilize child care programs, improve job quality for early educators, and support families’ diverse child care and early learning needs within 90 days.



- A nonexclusive list of agencies that should be included in the EO include the Departments of Health and Human Services, Education, Labor, Housing and Urban Development, Homeland Security, and Defense, as well as the Small Business Administration.
  - Administrative actions should include regulations, guidance, monitoring and data collection, research projects, and grantmaking opportunities.
- Direct the Office of Child Care to issue CCDBG guidance or regulatory enforcement mechanisms to require or incentivize states to adopt reforms that support increased stability for child care providers and families, expand quality options available for families, and advance equity, including:
  - Paying providers based on enrollment and the actual cost of providing high-quality care rather than paying based on attendance and relying on market rate surveys.
  - Encouraging the use of grants and contracts to expand access to quality child care in underserved communities or communities with high concentrations of families with low incomes.
- Support comprehensive legislation to ensure all families have access to high-quality child care and early learning opportunities beginning at birth. This legislation should be aligned with the following four key principles:
  - Quality: All children can receive high-quality care.
  - Equity and Access: Families have equitable access to the high-quality child care setting that best meets their needs.
  - Affordability: Families can secure the financial support they need to afford high-quality child care.
  - Workforce Support: Early childhood professionals in all settings can receive the support, resources, and compensation they need to provide high-quality care and support their own families.
- Encourage states to delink families' child care authorizations from their work or education schedules to provide maximum flexibility to meet the child's developmental needs and the needs of parents with unpredictable or changing schedules.
- *FY 2022 Budget:* Include no less than \$57 billion for CCDBG in FY2022 to both build in and sustain pandemic relief funding and lay a stronger foundation for the Biden Administration's vision for a comprehensive "21st Century System of Caregiving and Education."

### *Advancing Early Intervention Reform*

Crosswalks to:	The Biden Plan for Mobilizing American Talent and Heart to Create a 21 <sup>st</sup> Century Caregiving and Education Workforce
Agencies:	DEd

For babies and toddlers, being on track with their developmental milestones is the measurement of how their cognitive, physical, and social-emotional development is proceeding. Over the past several decades, policymakers have emphasized "school readiness" as a primary goal for young children, often talking

about children who “fall behind.” Yet, they often overlook the critical link of the system that seeks to ensure that babies and toddlers who have, or are at risk for, developmental delays or disabilities are being supported in moving forward developmentally. When development does not proceed as expected, early identification is crucial to obtaining services, known as Early Intervention (EI), that can help development get on track. Timely intervention can improve development in areas of identified delay and in some cases prevent the need for costly special education services when a child enters school.

When eligibility for services is determined, some children with developmental delays identified in an evaluation may not meet the criteria for services set by individual states, even though they could benefit. Medicaid and private health insurance generally follow state EI eligibility requirements, so when children are not eligible, their parents must pay for services out of pocket. In many cases, these young children may not receive services at all. Even children found to meet the eligibility criteria may end up not receiving services for reasons that can include lack of communication on referrals or shortages of EI providers because of funding constraints, especially in or near low-income neighborhoods. Some research suggests that children of color are less likely to receive early intervention services, further exacerbating the gap in strong developmental support. As the *State of Babies Yearbook 2020* shows, many infants and toddlers have circumstances that increase their developmental risk, including: families with low income, preterm birth, food insecurity, and crowded housing, to name a few. Only a handful of states include young children considered to be at risk for significant disabilities in their eligibility criteria to avoid preventable delays.

Currently, federal funding through Part C of the Individuals with Disabilities Education Act (IDEA) gives states a relatively modest amount of funding to be used as “glue money” to help states plan, coordinate, and implement their systems. The system of developmental screening and early intervention is a critical component of our early care and learning system for infants and toddlers but often is not recognized as such. The federal funding structure for EI services should enable states to fully meet the developmental needs of infants and toddlers.

- *FY 2022 Budget:* Request no less than \$1.23 billion for IDEA Part C to expand early intervention services for infants and toddlers with or at risk of developing diagnosable developmental disabilities or delays, building toward an investment of \$1.73 billion by FY2024.
- Direct the Office of Special Education Programs to issue guidance to expand access to needed services for babies and toddlers at risk of developmental delays or disability. The guidance should strongly encourage states to make at-risk children eligible for Part C services.
- Support legislation to federally mandate universal eligibility criteria for IDEA Part C across states, including the inclusion of children who are defined as at risk of developmental delays or diagnosable disability conditions.
- Support legislation to mandate Medicaid across all states to reimburse for early intervention services and supports.
- Support legislation to adequately fund and require family navigators, peer support specialists, or community health workers to partner with parents in navigating the service delivery system.
- Provide additional training and technical assistance to support programs in expanding the services they offer families to ensure increased needs related to COVID-19, including mental health and well-being needs, are being met.

## Ensuring an Accurate Count of Young Children in the 2020 Census

The 2020 Decennial Census has faced several challenges that have likely affected the final count. With a condensed timeline to collect data because of COVID-19 as well as a shortened timeline to process the data, the accuracy of the data has been put in question. From previous Censuses, we know the population most likely to be missed is the same group of children most likely to live in poverty, experience homelessness, and live under stress. Overlooking and undercounting young children has serious consequences.

Inaccurate Census data could result in a decade or more of inadequate funding for key programs serving babies and their families across the nation. Many of the programs and services that have been proven to be effective in helping families meet their basic needs in terms of good health, strong families, and positive early learning experiences are funded based on Census data. These include Head Start and EHS; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the Child Care and Development Block Grant (CCDBG). An accurate count of the youngest members of our nation will ensure they have the support needed to thrive.

*To ensure the most accurate count in the 2020 Census, the Biden Administration should:*

- Investigate the quality of the data produced and take any feasible steps to improve its quality. Because of the condensed period provided by the previous administration to process the data produced from the 2020 Census period of self-response and nonresponse follow-up (NRFU), the accuracy of the data is in question. We are also particularly concerned that the administrative data used to complete the Census for nonresponders will not have information on babies born in 2020, thereby exacerbating an undercount of very young children.
- Work with Congress to retroactively extend the deadline to process Census data from December 31, 2020 to April 30, 2021.
- Work with Congress to retroactively extend the deadline for redistricting data from April 1, 2021 to August 2021 or later as Census Bureau career staff deem necessary for accurate data.
- Halt the processing, production, and use of Citizen Voting Age Population (CVAP) data.
- Meet with all federal agencies that rely on Census data to allocate federal funds to ensure they are aware of any specific challenges.
- Revise the funding database to improve the quality of the data used to allocate federal funds.