



BUILDING FOR THE FUTURE:

Strong Policies for Babies and Families
After COVID-19



ZERO TO THREE
Early connections last a lifetime

Table of Contents

3 INTRODUCTION

GOOD HEALTH

- 8 *State of Babies Yearbook: 2020 findings on Good Health*
- 9 What COVID-19 revealed about health in America
- 12 Building Good Health for the Future: Policy recommendations

STRONG FAMILIES

- 17 *State of Babies Yearbook: 2020 findings on Strong Families*
- 18 What COVID-19 revealed about support for families in America
- 24 Building Strong Families for the Future: Policy recommendations

POSITIVE EARLY LEARNING EXPERIENCES

- 34 *State of Babies Yearbook: 2020 findings on Early Learning Experiences*
- 36 What COVID-19 revealed about early learning experiences in America
- 39 Building Positive Early Learning Experiences for the Future: Policy recommendations

Introduction

The experience of the pandemic has laid bare what families already knew: Our systems for supporting the health and well-being of families — especially those with young children — are threadbare to practically nonexistent. ZERO TO THREE's *State of Babies Yearbook: 2020* revealed that even before the earthquake of COVID-19 shook the world, families with young children faced challenges that especially put at risk the strong development of babies of color and those in families with low income.ⁱ Now as the crisis continues, the inadequate response to supporting young children and families in a time of immense social and economic stress creates the risk that the experience of the pandemic will be indelibly imprinted on our youngest children, who may carry its effects throughout their lives.

The pandemic is not the only crisis our nation has faced. As the country struggled to respond to the pandemic's impacts, another earthquake struck. The unconscionable death of George Floyd, a Black Minneapolis resident, at the hands of the police was one in a long line of murders of Black men, women, and children in a manifestation of deep-seated racism. Floyd's death riveted the nation's attention on the need for change, raising hope that it created a moment for justice to take root. The resulting pain, anger, and anguish led to a resurgent protest movement that swept the nation, demanding policing reforms and investments in communities of color to bring about racial, social, and economic reforms.

Like tectonic plates slipping and sliding, these events altered the landscape for babies and families. They crystalized the fact that the *Yearbook's* inclusion of data on the racial/ethnic and income disparities for babies is not just a way to tell a more complete story of America's babies — it is the story. The data illustrate how injustice, starting before birth, keeps our babies and our country from achieving their strongest future. Changing that picture and addressing the underlying causes of racial and economic injustice is the task before us.

What families have experienced with the pandemic is indeed akin to an earthquake: a sudden, unexpected upheaval that is destructive and shakes to the core. But what sometimes follows



an earthquake is a tsunami that spreads across the ocean and disproportionately impacts those who cannot make it to higher ground. As the pandemic wears on, we see the devastating toll: more than 200,000 dead; millions unemployed (with workers at the lowest rungs of the wage ladder hit disproportionately hard); child care programs, frequently on precarious footing in the best of times, closing and despairing of ever reopening; and millions of families isolated at home, struggling financially as their stress increased from the pandemic's beginning and has remained at a high level. As we look more closely, we see the disproportionate

Introduction

effects on children and families of color, not just in the disturbing infection and death rates, but in the fallout from the economic implosion.

We did not need a crystal ball to predict these impacts. The *State of Babies Yearbook* has revealed early warning signs that babies and families are particularly vulnerable to disastrous events that bring economic and other causes of stress. The 2020 edition, with its closer look at equity in outcomes, shows even more clearly the vulnerability of babies of color and those in families with low income to crises that threaten economic security, access to food, housing stability, medical care, and mental health — the very conditions the pandemic spawned.

As the COVID-19 pandemic spread, even strong public support systems needed emergency provisions to deliver necessary services to families in crisis. Key systems, however, did not exist or were not strong or well-developed enough to cope with immense dislocation. Some services were provided in a scattered fashion because the policies and foresight to ensure widespread, systematic delivery simply did not exist. This lack of infrastructure has hampered our response to this pandemic and needlessly intensified the health, social, economic, and emotional impacts of COVID-19 on children and families, even when we knew how to mitigate their implications. The lessons of the past were not prioritized to calibrate the response to the unique needs of babies and families and those policy failures will be felt for generations. We can and must do better.

Getting the response right matters because the babies who are experiencing the pandemic are at risk of carrying its imprint on their development throughout their lives. The first three years are a period of rapid brain development, when the brain develops 1 million neural connections every second. Babies' relationships with trusted caregivers, usually their parents, are critical to this development. Young children are extraordinarily sensitive to their caregivers' mental well-being as well as the stability and security of their surroundings. The prolonged stress adults are feeling,

economic deprivation and increasing material hardship in meeting basic needs, such as food and shelter, mean young children's development is being shaped by conditions that if unaddressed could undermine this crucial foundation for all later learning and relationships.

The policies and appropriations included in the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid Relief and Economic Security Act (CARES) were part of a much-needed first response to the COVID-19 earthquake. **What we need now are durable public policy solutions that will continue disaster response efforts, but also raise up families in the face of the economic tsunami and beyond.** We fundamentally believe that our nation must meet the urgent needs of babies and families struggling with the current situation even as we prepare for a dramatically different post-COVID-19 economy, which will also

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require a reimagined workforce to get Americans back to work faster. The federal government has seen fit to spend an unprecedented amount of taxpayer dollars and more spending will be needed to ensure the recovery does not leave some families stranded.

We must be planning for recouping what we spend in recovery through a new era of global competitiveness. Our plans must meet head on the underlying racism and broad economic divide that is undermining our babies' and our nation's future. It is here that the policy agenda

Introduction

for COVID-19 recovery, the agenda for promoting social justice and the *State of Babies Yearbook: 2020* converge. These multi-faceted agendas meet urgent goals, ensuring that economic security for all people is a top priority; that young children have nurturing places for their care and development when their parents go back to work; that future pandemics may be mitigated in part by allowing all workers to take sick days without fear of losing their jobs; that losing employment does not mean losing health insurance; that our overstrained health and mental health systems are rebuilt stronger; and that our social and medical safety nets are tightly woven. They also mean reforming police tactics that visit violence on communities of color and instead investing in jobs and wealth creation, addressing the health needs of mothers and infants, and ensuring that babies are not growing up in neighborhoods permeated by fear of what the future holds.

As we look toward containing the virus and economic recovery, the policy direction is clear. We must not simply try to get back to the old normal. As the *State of Babies Yearbook: 2020* shows, particularly for babies and their families, the status quo before was unacceptable. We must build for the future, establishing strong systems that support all children, families, and individuals; examine how policies benefit some, marginalize others and seek corrections; consider who has the power to shape the futures of babies, families and communities, and relocate that power so it is proximate to those it affects. By doing so, we will arrive at policies that promote racial equity and seek to eliminate barriers to success as we prepare our future workers, innovators, and leaders for the challenges they will meet as they grow to adulthood. In the process, we will make response and resilience, even in a crisis such as COVID-19, both less chaotic and more oriented to the needs of all of society.

This policy report brings together the landscape for babies and families before the pandemic, as revealed in the *State of Babies Yearbook: 2020*, observations on how they have been faring during the pandemic and economic upheaval, and the



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policy gaps that left families of color and with low income particularly vulnerable. As we began writing this report, we did not expect that the pandemic would continue to grip the country, and as it went into production, Congress had not acted to address the ongoing critical needs due to the pandemic. We, therefore, reference key policies needed to bridge the pandemic. We then outline a set of policies needed to provide a strong future for our babies, families and our nation.

Policies to Build a Strong Future for Babies and Families

GOOD HEALTH

Policies to bridge the pandemic:

- Extend Medicaid coverage to immigrant women and to 12 months postpartum.
- Channel funds to support the mental health needs of young children and their families.

Policies to build good health for the future:

- **Health insurance coverage for all.** A health care system available to all adults and children is vital to moving beyond this crisis and toward a nation that prioritizes the health of its people.
- **Improved maternal health care.** As we tackle broad systemic and institutional changes, a few simple policy solutions can begin to address disparities and improve maternal health, such as extending Medicaid coverage to 12 months postpartum and covering innovations such as doulas.
- **Transforming pediatric care to become the gateway to comprehensive family-centered care and developmental support.** Create a structure and payment mechanism that incorporates evidence-based interventions, supports multi-generational care and addresses social determinants of health.
- **Strengthened mental health services essential for babies and families.** Promote an expanded specialized infant and early childhood mental health workforce and access to infant and early childhood mental health and perinatal mental health services.

STRONG FAMILIES

Policies to bridge the pandemic:

- Renew enhanced federal pandemic unemployment coverage of \$600 per week and more direct payments to families.
- Invest \$1 billion to support community agencies in outreach to families experiencing great economic and social stress to promote family strengths and prevent abuse and neglect.
- Provide \$100 billion in rental assistance to cover back rent and ward off eviction to be combined with an extended and expanded eviction and foreclosure moratorium.
- Expand food and nutrition benefits as food insecurity mounts in households with children.

Policies to build strong families for the future:

- **Economic security policies foundational to strengthening families with young children.** Create long-term solutions such as a \$15 federal minimum wage, enhanced and increased "take-up" of federal and state Earned Income Tax Credits, a child allowance through a Young Child Tax Credit and "Baby Bonds" to help close the wealth gap, starting at birth.
- **Family-oriented workplace policies.** Enact permanent national paid family and medical leave, paid sick days and fair work schedules policies as equitable ways to support all families.

Introduction

- **Enhanced support for basic needs.** Provide greater ongoing investments to food programs, housing assistance and essentials such as diapers to help families create stable environments for their young children.
- **Community systems to strengthen families and support parents.** Create a substantial new funding stream to enable communities to build broad systems using strategies — such as home visiting, family resource centers and pediatric-based parenting and development support — to give parents and caregivers a clear path of support for nurturing children and meeting their families' needs.
- **Equitable child welfare policies for infants and toddlers and their families.** Promote state policies and local approaches, such as Safe Babies Court Team™, to promote better outcomes for babies and families, including enhancing court oversight and collaborative problem-solving, ensuring health equity, strengthening and supporting families and embedding early childhood development principles in child welfare systems and practices.

POSITIVE EARLY LEARNING EXPERIENCES

Policies to bridge the pandemic:

- Provide \$57 billion to stabilize the child care system.
- Provide \$20 billion through FY 2022 for Head Start and Early Head Start to meet sanitation, personnel costs, and infrastructure needs.
- Provide \$500 million to support Early Intervention services.

Policies to build positive early learning experiences for the future:

- **Expansion of Early Head Start as a beacon of hope.** Expand Early Head Start, through both federal and state investment, to reach all eligible infants and toddlers while prioritizing enrolling significantly more pregnant women.
- **A comprehensive high-quality child care system for all working families.** Recognition that child care is a public good and a key foundation on which a strong economy that works for all rests requires a system of publicly-funded, high-quality child care, accessible to all and built on principles that will ensure it serves the needs of both the current and future workforce.
- **Expansion of Early Intervention (EI) as an essential part of the early care and learning system.** The federal funding structure for EI services should enable states to fully meet the developmental needs of infants and toddlers, including developmental screening and follow-up; helping families navigate the system; expanding the EI workforce and ensuring adequate reimbursement; ensuring coverage for more children who are at risk or could benefit from services; and incorporating more infant and early childhood mental health expertise and services.

Detailed discussions of COVID-19 Relief policies can be found in briefs outlining [Five Critical Needs For Babies in COVID-19](#).



Good Health

State of Babies Yearbook: 2020 shows that before COVID-19:

Health insurance coverage, the beginning of good health, was uneven for low-income parents; and many children were not enrolled in available coverage:

- 37 states have adopted Medicaid expansion; median Medicaid eligibility for pregnant women is 200% FPL.
- 5.4% of infants and toddlers in families with low income are uninsured:
 - Black babies have the lowest uninsured rate (3.7%); White babies are most likely to be uninsured (5.9%); Hispanic babies fall in between (5.0%).
 - Rural babies (7%) have the highest uninsured rate and are more likely to be uninsured than those in urban areas (5.1%).

Babies in families with low income and babies of color were less likely to receive preventive health services:

- Overall, 91.1% of infants and toddlers had a preventive medical care visit within the past year:
 - Babies in families with low income (87.7%) had significantly lower rates than babies in families above low income (93.4%).
 - Babies of color are much less likely to have well-child visits than White infants and toddlers, who had a rate of 94.9%, compared with 87% for Black infants and toddlers, and 83.7% of Hispanic infants and toddlers.
- 70.4% overall receive recommended vaccinations by ages 19-35 months, but only 64.7% in families with low income vs. 76.7% in families above low income. The rate for Black children (66.5%) is significantly lower than white children (71.5%).

Mothers and babies of color, especially Black mothers and babies, face huge health disparities that emerge even before birth and put babies at a disadvantage as they are just starting out:

- Black women are more than twice as likely as White women to receive late or no prenatal care and have a maternal mortality rate more than three times that of White women (40.8% vs. 13.2%).
- Infant mortality is twice as high for Black infants as for White or Hispanic infants; Black women have a preterm birthrate 55% higher than White women; Black women have babies with low birthweight at twice the rate of White women and almost twice that of Hispanic women.

Maternal mental health varies by income:

- One in five mothers rate their mental health as less than optimal. Mothers with low income (25%) are more likely to report less than optimal mental health than mothers with above low income (16.6%).
- 37 states require, recommend or allow maternal depression screening during well-child visits.
- Medicaid covers social-emotional screening for babies in 43 states; IECMH services at home in 49 states, in medical settings in 46 states and in early childhood education settings in 34 states.

Good health is the basic starting point for thriving families. For babies, good physical and mental health provides the foundation to develop physically, cognitively, emotionally, and socially. Access to good nutrition and affordable maternal, pediatric, and family health care are essential to ensure that babies receive the nourishment and care they need for a strong start in life. Parental health affects babies' health, both in the perinatal period and beyond. Yet, the *State of Babies Yearbook: 2020* and accompanying brief on maternal and infant health disparities clearly signal the barriers to appropriate health care for women and babies of color.

Parents' access to health insurance helps their children get covered as well, as they become more familiar with insurance systems and become better advocates for their children. States that adopted Medicaid expansion have seen a greater decline in uninsured low-income children, although *State of Babies* shows the rate is still too high. Insured parents, particularly those now covered by Medicaid, have access to much-needed health care, including medical services, substance abuse treatment, and mental health services, which help provide a safe and nurturing home for their children. Still, low-income adults in 13 states still do not have access to Medicaid and most health insurance still comes through an employer.

As the pandemic hit and waves of unemployment followed, the consequences of an employer-based approach to health insurance became all too clear. But other aspects of health care were affected as well, collateral damage to which babies and families of color were most vulnerable.

What COVID-19 revealed:

When we look at the maternal and infant health disparities in the *Yearbook* and accompanying brief on maternal and infant health disparities, it was not surprising that a health crisis like COVID-19 would disproportionately affect people of color. We now know that Black and Latinx people are disproportionately likely to become infected and die from COVID-19. Black people die at a rate nearly twice as high as their share of the population.ⁱⁱ Reasons include an array of interlocking contributing factors: lack of access to health care (often stemming from being in low-paying jobs that are less likely to provide insurance), a greater

likelihood of underlying conditions and a greater likelihood of working in jobs considered to be essential while most of the country is shut down.

Babies also have been affected. They cannot put their birth and development on hold. Meeting their health needs has become more complicated even as their environments have become more stressful. Problems for young children and their parents include:

Difficulties surrounding prenatal care and giving birth:

The problems of pregnant women having to give birth alone, with partners or supporters such as doulas shut out of delivery rooms, were among the first signs of collateral effects in a health system overwhelmed by COVID-19. Women needing prenatal care also faced obstacles as obstetrical care providers moved to creative approaches, including telehealth visits, self-monitoring, and curbside monitoring. These moves mean women with low income are more likely to be disadvantaged as they seek care, because they are less likely to have or

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afford the equipment for some of these strategies. In addition, women with low income and women of color are more likely to have underlying conditions that make their pregnancies high-risk and to have difficulty accessing care even pre-COVID, further reducing their likelihood of receiving adequate care in the pandemic.

Recently, another concern for pregnant women has emerged, heightening the urgency for ensuring access to prenatal care. Although subject to limitations, recent data from the Centers for Disease Control and Prevention suggests there could be higher risks among pregnant women for hospitalization. Even considering missing data, women of color appear to be disproportionately affected. Hispanic women account for 23 percent of births annuallyⁱⁱⁱ but comprise 44 percent of pregnant women infected with COVID-19 whose race or ethnicity is known.^{iv} Once hospitalized, pregnant women are more likely to be placed in intensive care than non-pregnant women, although they do not have higher mortality rates.^v While more research is needed, these findings indicate that pregnant women need regular prenatal care and the ability to limit contact

with others, including paid family leave and fair workplace supports.

As an immediate response, states could exercise several options to expand Medicaid coverage for pregnant women, such as including immigrant women who have not met the five-year residency requirement, and extending coverage past the required 60 days postpartum, ideally up to 12 months.^{vi}

Drop in accessing preventive care for children:

Fewer infants, toddlers, and young children may be getting the care they need to stay healthy. As the *State of Babies Yearbook: 2020* showed, rates of preventive care before COVID-19 were already lower for Black children and children in families with low income. According to reports early in the pandemic, fewer families with young children were seeing their primary care practitioners, and vaccination rates and well-child visits were dropping.^{vii} Boston Medical, with a caseload that is 90 percent low-income children, saw an 80 percent drop in March and April.^{viii} By August, one study drawing cases from COVID-19 hotspots found that although health visits were rebounding overall, visits for infants and toddlers were still more than 30 percent below their pre-pandemic levels.^{ix} Childhood vaccination rates have come up from their low early in the pandemic but still are well below pre-pandemic levels.^x This preventive care lag could leave young children at risk for other serious diseases.

The resulting toll on pediatric care could create access problems post-COVID, as providers face closing their doors for good.^{xi} This crisis could be particularly acute for young children, where 44 percent are covered by Medicaid and the Children's Health Insurance Program (CHIP).^{xii} Few pediatric and other primary care practices were initially able to access the CARES Provider Relief Fund meant to stabilize health providers. That funding originally bypassed providers who have a large proportion of Medicaid patients, but are not involved in COVID-19 care.^{xiii} These shifts could create severe problems for populations of young children already below the national average in



receiving preventive medical services. Ultimately the Department of Health and Human Services agreed to provide payments to Medicaid and CHIP providers, such as those who care for many of the nation’s babies.^{xiv} However, the continued lag in visits could be joined by a new problem if states cut Medicaid reimbursements in the face of budget shortfalls.

Greater stress and trauma:

Concerns about the mental health of babies as well as parents mounted as the pandemic’s effects broadened: Many families had to shelter at home as businesses and child care shut down; some parents had to continue working in jobs where they might be exposed to coronavirus; and rampant unemployment increased economic tensions — all conditions that elevate family stress to which babies are exquisitely attuned. We know that babies can and do experience mental health problems, especially when exposed to chronic stress and trauma. Such problems were apparent after disasters such as Hurricanes Katrina and Sandy, and indications are that the pandemic is creating similar concerns. The Rapid EC Project, a groundbreaking effort which is surveying families with young children during the pandemic and providing much-needed current information on how they are faring, shows stress and anxiety

levels rising in families with young children, creating risk of trauma and social-emotional problems. In late April, 68 percent of parents reported elevated stress and a third reported recent increases in their young children’s behaviors that indicated stress or anxiety. Almost half of these families reported a drop in family income.^{xv} As the pandemic continued, the survey chronicled how mounting material hardship set off a chain reaction of parental stress and high child anxiety, leaving families without emotional support if networks began to fray.^{xvi} The Yearbook shows that states frequently allow Medicaid coverage for screening for maternal depression and social-emotional screening and treatment for young children. However, the infrastructure for actually delivering prevention and treatment to very young children is not well-developed and not easily ramped up in a crisis. At this moment, our country faces a critical nationwide shortage of mental health clinicians with the specialized training to provide mental health services to very young children. We were unable to meet the need for developmentally appropriate assessment, diagnosis, and treatment services for the prenatal-to-five population before this pandemic, and the current situation playing out across the country will undoubtedly severely exacerbate this shortage.

Building Good Health for the Future

Health Insurance for All

Insurance coverage is the gateway to accessing quality health care. Primary care is particularly important as the preventive nature can identify risks for costly illnesses and serve as a referral pathway for mental and behavioral health services. This country has never implemented universal coverage even though it would improve the health of the population and constitutes a fiscally prudent policy. Our current approach to health insurance, which depends heavily on employer-based insurance and excludes many adults from public coverage through Medicaid, has been a disaster waiting to happen. This disaster came to pass when COVID-19 — a public health emergency — shut down the economy, leaving millions of adults unemployed and many of those without access to alternative coverage, especially in states without Medicaid expansion. Building a health care system available to all adults and children is vital to moving beyond this crisis and toward a nation that prioritizes the health of its people.

The current structure of employer-based health insurance is problematic in myriad ways. Most obviously: When people lose their jobs, they often lose coverage. Employer coverage also leaves many families with low income even further behind. Many shift workers and members of the gig economy do not qualify for employer health coverage, forcing them to spend more money out-of-pocket for medical care. Insurance

coverage increases access to health care and positive outcomes. Children's health and well-being relies on having healthy caregivers; insurance coverage improves access to health care and outcomes and improves the financial stability of the entire family.

Perhaps even more critically, insured parents are more likely to insure their children. Medicaid covers almost half of births in this country, and Medicaid and CHIP insure about one in three children, but the rate of uninsured children is on the rise after years of decline. Young children more than anyone need access to preventive care. The cost to care for children is minuscule compared to the financial and societal costs of forgoing prevention, which may expose children to serious health, mental health and behavioral health issues down the road. In our existing health care system, the true way to bend the cost curve is to provide key services to young children and their families.

Medicaid covers almost half of births in this country, and Medicaid and CHIP insure about one in three children, but the rate of uninsured children is on the rise after years of decline. Young children more than anyone need access to preventive care.

With many newly unemployed caregivers enrolling in Medicaid, it is essential to support the program, which in many ways is the primary health safety net in this country. In the absence of creating a robust foundation to provide equitable and quality health care, the safety net must be protected.

Comprehensive Health Care Through Maternal and Child Health Care Systems

Maternal Health Care:

Maternal health is inextricably tied to that of babies. Maternal morbidity and mortality are on the rise in this country, and it is an area where stark and pervasive racial and ethnic disparities exist, as the 2020 Yearbook and maternal and infant health disparities brief showed. While broad systemic and institutional changes are necessary to reverse this trend, a few simple policy solutions can begin to address disparities and improve maternal health and wellness. We focus on Medicaid because it covers almost half of all births and provides a federal lever to improve access and quality of care. A more complete discussion of disparities in maternal and infant health, the role of racism, and detailed recommendations is found in [Maternal and Infant Health Inequities Emerge Even Before Birth](#).^{xvii} The first step is to improve access to postpartum care by extending Medicaid coverage to 12 months postpartum. Congress should mandate this change, which would ensure that one-year is the minimum coverage period after giving birth across the nation. Currently, states can choose to expand Medicaid eligibility past 60 days postpartum one of two ways, although only a few have adopted such a policy: they can use state-only dollars, or they can submit a Section 1115 Waiver to the Centers for Medicare and Medicaid Services (CMS). At a minimum, Congress could ease the process by which states can extend coverage by eliminating the Waiver requirement. This would allow states to extend coverage, protecting mothers during this critical time period, while lessening the federal administrative burden.

Other steps to decreasing maternal morbidity and mortality focus on providing better care. Medicaid can also pay for interventions and supports (doulas, for example) that have shown promise in improving both health outcomes and equity. State Medicaid infrastructure and delivery systems, in close partnership with public health agencies, are well-positioned to encourage promising, innovative practices while monitoring quality and specifying the qualifications and requirements necessary for providers. Paid Family and Medical Leave, discussed below in the Strong Families section, is also a key policy for promoting the health of mothers and babies.

Transforming Pediatric Care:

Primary care, the source of preventive medicine for young children and the sentinel for threats to their healthy development, will need to go through a rebuilding period as the pandemic subsides. Families that have foregone preventive care, including vaccines, for their young children will have to catch up. Primary care practices, particularly those that serve families with low income, may be struggling or closed. Because Black infants and toddlers and those in families with low income already had lower rates for preventive care, their families will need even more outreach. To bridge across the continuing pandemic to a stage of rebuilding, the Department of Health and Human Services (HHS) should ensure pediatric health practitioners have continued access to supports, especially those serving children in families with low income, and promote intensive outreach to connect families with care.

Rebuilding should seize the opportunity created by the critical role of pediatric providers as the only system in the entire country that reaches almost all young children, especially infants and toddlers, creating a unique positive connection to families, their young children and their communities.

Good Health: Policies to Build for the Future

Rebuilding should seize the opportunity created by the critical role of pediatric providers as the only system in the entire country that reaches almost all young children, especially infants and toddlers, creating a unique positive connection to families, their young children and their communities. These providers can be the sentinels for early warnings that families need more support, screening for mental health issues, developmental problems and the stressors that can adversely affect children's development, including the social determinants of health.

As we rebuild pediatric care, we can create a structure and payment mechanism that incorporates evidence-based interventions, supports multi-generational care and gives babies the best chance to thrive. This structure should provide:

- A central medical home for all babies and toddlers, connecting to parents even before birth, with an expanded care team to identify and address areas outside of the traditional pediatric scope.
- Support for parents in nurturing their children's development through anticipatory guidance and dyadic observation.
- Screening for developmental problems and pathways to referrals and follow-ups.
- Screening, referrals, and treatment when appropriate for babies' social-emotional development and the mental health of parents and caregivers, including maternal depression, past and current trauma, and substance use disorder.
- Screening and referrals for the social determinants of health, including nutrition needs and shortfalls, housing, income, and material needs such as diapers.
- Payment for specific screening and services provided to caregivers in the pediatric setting such as social determinants of health screening and lactation consultation.

Models for such primary care hubs already exist. Pediatric medical homes are not a new concept but one that could be expanded as our system of care is rebuilt stronger.



Good Health: Policies to Build for the Future



HealthySteps © 2020 ZERO TO THREE

One such model incorporating child development and family support is [HealthySteps](#) which embeds a developmental or infant-early childhood mental health specialist in a primary care practice. Families' needs can be met according to the level of care their individual situations require. The value of such a model became clear during the pandemic, showing that when a systemic approach is already in place, families have somewhere to turn. Although some pediatric practices closed and health care staff were laid off, many HealthySteps sites carried on — ensuring that the pediatric primary care team did not miss opportunities to address ongoing or new family needs such as sudden job loss and food insecurity. HealthySteps' work was particularly important because their families represent many of the populations hardest hit by this pandemic, as it disproportionately has harmed those already most burdened by poverty, inequity, and systemic racism. HealthySteps' embedded attunement to mental health needs of children and caregivers as well as risks of child abuse has and will continue to enable specialists to address these hidden impacts of the pandemic now and into the future.

For many caregivers, particularly those who have experienced sudden job loss and subsequent health insurance loss, the pediatric primary care setting becomes their de facto point of care.

Pediatric providers are not typically trained to address needs of the entire family, nor do they have the time to. For enhanced primary care models like HealthySteps, expanding the care team to include a child development expert enables the practice to focus on the child, the caregiver and the child-caregiver dyad. Just as babies do not go to the doctor by themselves, they do not live in isolation. Creating a pediatric setting with an acute focus on parental need can help ensure that babies and toddlers have food and stable housing, and that their families are in the best position to offer them a strong start in life.

Although the value of these models is not in question, there is no systematic way to support enhanced pediatric primary care. There are no dedicated funding streams nor initiatives to create payment models or incentive team-based care focus on Medicaid — moves that would bring immediate cost savings to the government. While these models are particularly impactful for families in low-income

communities, they are harder to sustain in practices serving predominately Medicaid beneficiaries. We need a deliberate interruption to this pattern of making care hardest to access for those who need it most.

Strengthened Mental Health Services Essential for Babies and Families

Two steps to stronger mental health services for young children and families include expanding the specialized infant and early childhood mental health workforce and providing widespread access to infant and early childhood mental health and perinatal mental health services.

Early mental health problems can be prevented when properly identified and treated. Achieving this goal requires a highly skilled and adequately funded multidisciplinary clinical workforce that can provide individual as well as dyadic care for babies and caregivers together. While 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 in a crisis such as a pandemic can be challenging. As experts worried about the hidden impacts of the COVID-19 disaster, one thing became clear in efforts to increase funding in federal relief packages to provide rapid support to families with young children experiencing elevated stress levels: Our nation's severe lack of attention to systematically promoting strong infant and early childhood mental health (IECMH) and detection and treatment of concerns in young children meant there was no simple way to get help to families and communities likely to be hardest hit.

The social-emotional development of infants and toddlers is foundational to all learning and relationships throughout their lives. Strong mental health is nurtured and promoted in all settings where babies are found — at home with parents or close caregivers, in early care and learning, by home visitors,

in pediatric practices, and in child welfare settings. Infusing into these settings the awareness and ability to support such development and refer when necessary requires a systematic approach to IECMH services provided by a cadre of well-trained IECMH clinical specialists. Such a system would promote strong social-emotional development with overall guidance and support for parents, caregivers, and child-serving professionals, and provide diagnosis and treatment where needed.

This system would include:

- Establishing a federal clinical workforce development program, the Infant and Early Childhood Mental Health Clinical Leadership Program (IECMH-CLP). This program builds on the bipartisan, bicameral "RISE from Trauma Act" (H.R. 3180/S. 1770) and would establish and fund centers of excellence to provide graduate, post-graduate, and mid-career interdisciplinary training. This would include emergency response and trauma-focused training to address the dire workforce shortage and increase the number of mental health clinicians with specialized training to meet the needs of young children more permanently.
- Expanding existing IECMH grants with an increased focus on state and local systems building.
- Promoting widespread adoption of DC:0-5, the diagnostic classification system for young children, and ensure reimbursement for diagnosis and treatment resulting from this tool.
- Ensuring adequate reimbursement for developmentally appropriate mental health therapies for infants and toddlers with their caregivers through Medicaid and private insurance.
- Establishing early childhood mental health consultation for all child-serving settings, including early intervention, child care, child welfare, primary care, and home visiting.
- Ensuring parity for infant and early childhood mental health coverage, including dyadic services.



Strong Families

State of Babies Yearbook: 2020 shows that before COVID-19:

Many families with infants and toddlers lacked economic security:

- One in five babies lived in poverty but Black infants and toddlers are more than three times more likely to live in poverty as White infants and toddlers; Hispanic infants and toddlers are more than twice as likely to live in poverty as White infants and toddlers.
- Only 22% of families with infants and toddlers below the federal poverty line receive cash assistance through Temporary Assistance for Needy Families (TANF), the only federal source of such assistance. Individual states range from 2.7% to 88.2%.
- For working families, 30 states supplement the federal Earned Income Tax Credit but only six supplement the federal Child Tax Credit.

Babies in families with low income were surrounded by less secure environments. They are:

- **Three times more likely to live in crowded housing:** Overall, 15.5% of infants and toddlers live in crowded housing but 24.6% of children in families with low income do so, compared with 7.9% of those in above low income households. Hispanic babies are the most likely to live in crowded housing, almost four times as likely as White babies. Black babies are twice as likely as White babies to live in crowded housing.
- **Twice as likely to live in unsafe neighborhoods:** Overall, 5.8% of infants and toddlers live in unsafe neighborhoods; 8.4% of young children in families with low income are growing up in such an environment compared with 4% of those in families above low income.
- **Significantly less likely to live in families who say they are resilient:** Families with low income are significantly less likely to say their family is able to bounce back from adverse events (79% compared with 89%).
- **Three and a half times as likely to have two or more adverse child experiences:** 15.1% of infants and toddlers in families with low income compared with 4.1% in families above low income.

Too many babies live with food insecurity: 16% of households with infants and toddlers experience low or very low food security.

Maltreatment rates for babies are high and disparities are apparent:

- **Maltreatment rate for all infants and toddlers:** 15.9 per 1,000 babies.
- **Black infants in toddlers stay in foster care longer:** One in five infants and toddlers remain in foster care for more than a year but 23.4% of Black infants and toddlers do so, compared with 18.7% of White infants and toddlers.

Supportive policies are not widespread:

Eleven states provide paid sick time and nine states provide paid family leave. Home visiting reaches few potential beneficiaries — only 1.9% are served.

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 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.**

What COVID-19 revealed:

It was not surprising that the seismic shift of the pandemic and the aftershocks to the economy hit certain families particularly hard. It was not surprising that the percentage of households with young children who became food insecure would more than double the high "normal" rate in a crisis that caused thousands of cars to line up at food pantries. Given their economic situation pre-COVID, it was tragically predictable that families of color would be particularly hard-pressed to weather the crisis — in paying monthly housing costs, dealing with job loss, or being on the front lines of exposure to the novel coronavirus as an

essential worker. And given that as a nation we place little emphasis on building family strengths, it is not surprising that many families with young children, struggling to cope with the anxiety of isolation and economic deprivation, found few hands outstretched to support them.

Some of the ways they were affected include:

Economic Security:

Two in five infants and toddlers already lived in families whose economic security was precarious before COVID-19. The pandemic rattled this already shaky foundation even more.

Lack of Paid Time Off:

As the pandemic took hold in the U.S., the first shock was closure of schools and then businesses. Families needed to stay home and care for children, themselves or ill family members. In the absence of a national paid family leave or paid sick days policy, many were left without means of financial support. Some had to make difficult choices for their children's care because they simply could not do without a paycheck and were unable to take the time off to meet those family needs. FFCRA created emergency paid sick days and paid family and medical leave policies for dependent children on the fly; but their implementation fell short in a policy vacuum in states inexperienced with such policies. Surveys showed that many workers were unaware of the emergency provisions for paid sick days and paid family and medical leave in FFCRA. Many businesses were unenthusiastic about using the provisions

even though costs were reimbursable from the federal government. Further, these policies only included dependent children and did nothing for parents that may have a dependent adult child living with a disability or those that needed to care for aging parents. A survey by The New York Times found that nearly half of Americans had heard very little or nothing about these provisions and just 13 percent said they had heard a lot.^{xviii} A survey of small businesses found mixed reviews of whether the policies were beneficial or not. Disturbingly, the prospect of having to provide paid leave contributed to decisions to lay off or furlough workers in a substantial number of businesses.^{xix} A new wave of need came with the start of the school year as an estimated 62 percent of children are attending online, increasing parents' need to have time to support their children's learning.^{xx} However, new guidance from the Department of Labor prohibits use of FFCRA paid leave if the school provides both in-person and remote learning options and parents chooses distance learning for their child.^{xxi}

Economic Aftershock:

As the aftershock of the shutdown rolled through the economy, families were financially devastated. More than 40 million people lost their jobs in April and May at the height of the pandemic and more than 50 million jobless claims were filed over the course of the crisis. Job losses have been disproportionately concentrated in low-wage jobs, the end of the income scale where many families with babies and toddlers are found. A Federal Reserve survey found that 39 percent of people in households with income below \$40,000 reported losing their jobs in March.^{xxii} While some job loss due to furloughs has been temporary, unemployment due to permanent job loss is increasing.^{xxiii} With the economy down over 11 million jobs since the onset of the pandemic, businesses are pessimistic about hiring for the remainder of the year, with only one in five businesses in one survey saying they expected to increase their payroll.^{xxiv}

Disparities have also been apparent in families' ability to work from home and access paid leave: Parents with higher income, defined as at or above 250% of the Federal Poverty Line, were

twice as likely to be able to work remotely than those with incomes below that level. A similar disparity was found between White working parents and Hispanic working parents, while Black working parents had less ability to work from home than Hispanic parents. Finally, the study showed that higher income and White parents had greater access to paid leave than lower income and Hispanic parents.^{xxv}

While it seemed inevitable that many more people would be plunged into poverty, the lifeline provided through enhanced unemployment benefits for workers and one-time recovery benefits for

Research suggests that the CARES income benefits may have kept families afloat and poverty at bay – at least for the short term.



individuals and families in the CARES Act appears to have protected some families for a time. Monthly income data shows that the percentage of children under age 18 living in families with income below the poverty line increased by 22 percent between February and May, while 18 million children, an increase of 43 percent, were found to be living in families with no income.^{xxvi} However, research suggests that the CARES income benefits may have kept families afloat and poverty at bay – at least for the short term. Before the CARES Act went into effect, one study estimated that child poverty could increase by 7 percentage points.^{xxvii} The same researchers using April unemployment data now suggest that the actual increase could be only a fraction of that amount.^{xxviii} For infants and toddlers, projections estimate that the increase in poverty would have been slightly more than 3 percentage points but the benefits could have the effect of slightly reducing poverty.^{xxix}

These enhanced benefits were time limited, however. The federal supplement to unemployment benefits of \$600 per week, so instrumental in lifting families out of poverty, ended in July. While



the Unemployment Insurance benefits might move households above poverty level on an annual basis, many households could face a steep drop in income for the remainder of the year, depending on the pace of economic recovery. The expiration of enhanced UI benefits coincided with the end of housing-related moratoria at the end of July, creating the possibility of a steep cliff for families who used these supports. While the CDC issued a new temporary moratorium on evictions, the cliff still looms when the moratorium expires without new financial assistance. Moreover, many people could not receive any of these benefits, including more than 5 million children and spouses who are citizens or legal residents but live in immigrant families with some undocumented members.^{xxx} Avoiding outright poverty does not mean families are not experiencing hardship, especially with food insecurity deepening and SNAP applications rising.

The fact remains that, as the *State of Babies Yearbook: 2020* shows all too well, poverty rates for infants and toddlers are higher than rates for the population overall and any increase would likely be higher for young children. (We note that the study of the impact of CARES benefits on poverty uses the Supplemental Poverty Measure while the *Yearbook* uses the Federal Poverty Level, which differ.) The poverty rates in the *Yearbook*

for children of color — particularly for the more than a third of Black infants and toddlers in poverty pre-COVID — are arguably catastrophic. Overall, the economic impacts of the pandemic are likely to fall particularly hard on families with babies, with so many of these families at the lower end of the income scale before COVID-19. The likelihood of hardship is especially so for the more than half of all babies who are children of color.

Basic Needs and Material Hardship:

With incomes plummeting or disappearing entirely, families' ability to meet basic needs also has shrunk. Many families with infants and toddlers were no strangers to food insecurity or precarious housing situations even before the pandemic. As the pandemic progressed, families with low income who had young children, as well as some families with moderate income, reported facing material hardships as Black and Latinx families disproportionately experienced difficulty paying for utilities, housing, and food.^{xxxii}

Food Insecurity:

Early in the crisis, signals that people were facing hunger came in the form of lines at food pantries, in some cases thousands of cars long. SNAP was designed to expand in economic downturns. While national data are not available, states have reported increases in applications in March and April, sometimes double the number during the same months of the previous year.^{xxxii} Food insecurity grew alarmingly fast: Data from early in May showed that more than two in five households with children under age 12 were food insecure.^{xxxxiii} This percentage is more than double the already concerning rate for infants and toddlers in the *State of Babies Yearbook: 2020*. While there is evidence that food insecurity is falling, data specific to very young children is not available.

The federal response to COVID-19 has included:

- Additional SNAP benefits, allowing expanded benefits (adopted by every state) up to the maximum amount during the pandemic emergency. Increased flexibility in benefit administration should help prepare for increased applications in states.

- Child nutrition programs were also given more flexibility, including the ability to continue to provide meals to children whose child care programs are closed, and providing meal benefits electronically.
- Expanded funding for Supplemental Nutrition Assistance for Women, Infants, and Children (WIC), which already provided benefits to half the babies in the country. One problem encountered by WIC recipients was the lack of availability of formula brands on the allowed list. FFCRA provided USDA the authority to relax the physical presence requirement for WIC certifications and waive additional regulatory barriers to service delivery. Through FFCRA, state WIC agencies can submit waiver requests to USDA, flexibilities that were extended through the duration of the COVID-19 public health emergency.

Because the federal nutrition programs are nationwide, they have been able to adapt to the unusual circumstances created by the need for social distancing, such as payments through electronic benefits and "grab and go" meal service.

Housing:

The pre-COVID housing situation of many families living with low income and families of color with babies predicted that housing stability and the specter of homelessness as people lost jobs was inevitably going to be part of the crisis. At the end of August, over 20 percent of households with children reported being behind on last month's rent — a rate nearly twice that for households without children. And an alarming 34 percent of households said they had no or slight confidence they could make the next month's payment.^{xxxiv} While the temporary eviction moratorium in the CARES Act and more recently the action implemented by the CDC have been a critical support for families, those alone are not enough. Another short-lived eviction moratorium without being paired with emergency rental assistance will leave families facing a mountain of back rent, utilities, and costly fees associated with missed or late rent payments. Tenants already owe nearly \$25 billion



As the pandemic exploded into a dual health and economic crisis, the high likelihood of increased stress among families isolated at home was borne out by available data.

in back rent and could owe as much as \$70 billion by the end of 2020^{xxxv} — a debt that households already struggling to make ends meet will likely be unable to pay off.

Diaper need:

During the pandemic, diaper banks have reported an increase in families unable to find or afford diapers for their babies and toddlers.^{xxxvi} Diaper banks have reported having to cancel diaper drives, volunteer events, and fundraisers — further limiting the supply of diapers that communities rely on, just as more families than ever are turning to diaper banks for help. Even prior to the pandemic, nearly one in three American families with young children reported experiencing diaper

Strong Families

need. Some research suggests these needs may be particularly acute for grandparents raising a young child, as almost one in ten infants and toddlers live in grandparent-led households.^{xxxvii} Help meeting the tangible need to secure diapers for their young children could reduce parental stress. Such stress is likely to be heightened in the pandemic as in previous disasters.

Family Support:

As the pandemic exploded into a dual health and economic crisis, the high likelihood of increased stress among families isolated at home was borne out by available data. As noted above, the Rapid-EC survey shows that parental stress levels, particularly for parents caring for a young child with a disability, rose significantly and remained at a high level throughout April. Stress was particularly apparent in families under economic duress. So, perhaps the most concerning indicator is one that has dropped: States report that child abuse reports have dropped significantly, in some places by half. Reports of domestic violence, which often involves children as well, are up in many places. Many young children are not being seen in the usual places (primary care offices and child care) just as older children, usually seen at school, are now equally invisible. The expectation is that more children will be found to have experienced physical and sexual abuse as families emerge from isolation.

The most effective response — although seemingly not widely recognized by policymakers — was not to stand by and wait for the reopening of society, but rather for communities to reach out to families proactively, particularly those already experiencing stressors. Yet, the lack of investment prior to the pandemic in a cohesive, comprehensive family support system nationally and in many communities, coupled with the lack of funding to expand such activities in the COVID-19 response, meant little infrastructure was in place to organize rapid response outreach and support families' psycho-social and tangible needs during the pandemic.

Those programs that were already in place for providing systemic support were able to do such outreach, including:

- **Head Start/Early Head Start:** Even when programs closed, staff remained connected to families, providing online classes, meals, diapers, and help accessing other services. With more families in poverty as a result of the economic upheaval, the program could become a strong support for families to find their footing once again.
- **HealthySteps:** As outlined above, HealthySteps specialists remained in contact with their families, assisting with basic needs and providing mental health support.
- **Family Resource Centers (FRC):** Throughout the pandemic, 3,000 FRC's across the country have continued to operate and have worked not only to stay in touch with their families but also to assess community needs and systemic challenges. They have provided a range of services such as regular check-ins via virtual home visits to combat social isolation, online activities and play groups, and distribution of basic needs items such as food and diaper supplies. State government and private support channeled through FRC's have recognized and leveraged the reach they have in communities.^{xxxviii}





- **Home visiting:** Home visitors have worked to adapt to social distancing from the families they usually support in the home, moving to virtual “telehealth” type visits, working with state and federal regulators to facilitate this adaptation.

Federal COVID-19 response bills have provided little support for these types of programs, although regulatory agencies have allowed some programs more flexibility in working with families. Head Start received a \$750 million emergency allocation but two-thirds of that amount was designated for summer programs. The remainder was intended mainly for cleaning supplies and equipment.

Child welfare systems scramble to protect children:

Efforts to ensure safety and promote permanency for thousands of children in the child welfare system were disrupted by the shut-downs due to the pandemic. State child welfare agencies and courts scrambled to figure out how to carry out their work, with child welfare agencies staying open and workers continuing to go into the field — often without adequate Personal Protective Equipment (PPE) — and most courts shutting down, at least initially, until the mechanism to hold virtual hearings could be considered. Child welfare agencies have also used virtual meetings with families to try and ensure safety for children.

For many families, reunification efforts ground to a halt as families could not see their children or access the services needed to achieve reunification. Technology for virtual visits was often a barrier. And there were areas of the United States without access to the internet.

ZERO TO THREE’s [Infant-Toddler Court Program](#) sites immediately launched efforts to stay in touch with and continue to support families with infants and toddlers in their program. While programs successfully turned to virtual check-ins and Family Team Meetings, families often did not have adequate equipment or internet access to conduct sustained visits. For families with babies in foster care, conducting meaningful virtual visits with very young children required a lot of creativity. Many visits were arranged during a routine daily activity,

ZERO TO THREE’s Infant-Toddler Court Program sites immediately launched efforts to stay in touch with and continue to support families with infants and toddlers in their program.

such as bath time or story time, to help the parents feel a part of these everyday moments. A cross-agency letter from HHS encouraging creative community-level collaboration to engage and support families cited infant-toddler court programs as potential partners in working with families with complex needs and safety risks.^{xxxix}

The looming concern is that children isolated in high-stress homes may face harsh treatment. Child welfare agencies are bracing for a rapid increase in child abuse reports as the economy reopens and families return to places where children are more visible. Adding to the concerns are proposals for cutting state budgets for human services due to increased costs in addressing the pandemic and severe drops in revenue.

Building Strong Families for the Future



The conditions for families pre-COVID, as well as the additional strains created by the pandemic, demand a robust set of policies that ensure families can meet their basic needs and nurture their children. Navigating an economy where even in the best of times many families with young children and especially families of color are left behind; where overburdened and under-resourced families know excessive stress; and where supports *may be available* when a family is reported to Child Protective Services, but are hard to come by before reaching that point, means that as a nation we are not shoring up our greatest strength now and in the future. Families are our basic economic and social unit as well as the incubators of our future workers and leaders. They need support in carrying out these important roles.

Creating Economic Security Policies Foundational to Strong Families

Ensuring adequate income is basic to creating the environment in which young children thrive.

The timing of poverty and its accompanying challenges matter. Research indicates that adequate income in the early years can boost positive development, with long term impacts on adult earnings.^{xl} The benefits of higher incomes can be seen in the impacts of tax credits on earnings for families with low income, such as improved maternal and infant health outcomes.^{xli} Because the economic impact of the pandemic continues, immediate action is needed to restore the robust

federal unemployment benefit and direct payments that have helped families with babies stave off poverty. In rebuilding the economy, ensuring families with young children can meet their needs is the best way to ensure a strong economic future for our country.

Too many children live in families at the lowest end of the income spectrum, often because their parents have jobs that pay too little to meet their families' basic needs. This fact is a problem of our economy and its wage structure, not our workers. Workers in low-wage jobs are disproportionately women and those in the lowest paid jobs are disproportionately women of color. The jobs they hold affect their families in ways that go beyond the size of their paychecks. They are less likely to be covered by or able to afford family and medical leave or to have paid sick days. Many workers in jobs paying low wages have unpredictable work

schedules that impede having a stable child care arrangement, especially if that work is during nontraditional hours.

Work alone may not be enough to lift a family out of poverty or help them reach economic security. The federal minimum wage yields only \$15,080 in annual income. That is not enough to lift even a two-person family out of poverty. Most industrialized nations help families achieve these goals through social benefits, cash and in-kind. While the U.S. does provide such benefits as a percentage of GDP, our country is next to the lowest for overall benefits, and at the bottom for cash benefits.^{xlii}

Cash enables families to provide for basic needs: It pays for diapers to keep a baby dry and healthy, a tank of gas or bus fare to get to a job, and household supplies for daily life. Cash can be the difference between a family remaining stable or tipping over into homelessness and dire need. Yet, over time, cash assistance in the U.S has been whittled away. The only federal program providing direct assistance, the Temporary Assistance for Needy Families (TANF), reaches a little more than one in five families with an infant or toddler living in poverty, as shown in the *State of Babies Yearbook: 2020*. States determine the amount of their TANF funds used for cash assistance, resulting in wide disparities of families in poverty reached — from a high of 88.2% of families with babies in poverty to a low of 2.7%. Research suggests racial bias in state decisions about how they use TANF funds, particularly for cash assistance, has created inequities that play a role in the poverty gap between Black and White children, a gap that promoting equity in assistance policies could help reduce.^{xliii}

Another disparity in families' economic situations affects their children's long-term outcomes. Families of color particularly experience not just an income gap but a "wealth gap" or a difference in families' assets such as savings accounts or home equity. The median Black family has about one-tenth the wealth of the median White family (\$17,600 compared with \$171,000), the cumulative effect of structural racism that has led to lower

Families of color particularly experience not just an income gap but a "wealth gap" or a difference in families' assets such as savings accounts or home equity.



earnings, fewer opportunities to accumulate assets through home ownership and savings, and less access to tax benefits.^{xliv} The lack of wealth impacts the ability of families to access opportunities for their children as they grow up, including enriching activities and higher education. As noted below, it can even impede their ability to take time off with their babies or an ill family member.

Build a more equitable economic system

A variety of policies could help build an economic system that would ensure families have enough income to make ends meet and nurture their children. These include:

Ensuring a minimum wage of \$15 per hour:

Many babies live in families where parents or caregivers work full-time or more than one job and still fall into the low-income category; some of these families remain below the federal poverty line despite their work effort. Estimates show that increasing the federal minimum wage to \$15 per hour by 2025 would lift wages of 33 million workers, almost two-thirds of them women.^{xlv} Over 40 percent of working single mothers of children of all ages would benefit from an increase of this magnitude. According to the *Yearbook*, one in five babies lives with a single parent. However, increasing the minimum wage is only a start for families with young children. Because increasing the minimum wage is a broad mechanism covering many workers who are not parents, it has been noted that families benefit most when minimum wage increases are accompanied by family-oriented tax credits that

enable families to keep more of their earnings or even to receive additional income in the form of refundable credits.^{xlvi}

Increasing federal and state Earned Income Tax Credit (EITC):

The EITC is a potent tool in reducing poverty among families with the lowest income. The federal EITC has been shown to improve maternal health and infant health. The extra boost the state EITC provides can have beneficial effects linked in research to a reduction in infants with low birthweight.^{xlvii} Promoting its adoption in more states would add to families' economic security and well-being. One improvement in the federal EITC would be to promote more families filing for it. Currently, 15 percent 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.^{xlviii}

Creating a child allowance by enhancing the federal Child Tax Credit (CTC) for young children:

A child allowance created through an enhanced CTC that includes a young child tax credit would be the surest way to boost the incomes of families with infants and toddlers. Such a policy would benefit the youngest children when the level of family income matters most. The current federal CTC does not provide a larger amount for young children and is only partially refundable. Parents with low income who owe little or no federal income tax can receive a refund up to 15 percent of their earnings above \$2,500. Families earning less than \$2,500 per year are not eligible for the credit. For those who do qualify but do not have much tax liability, it is not fully refundable. The CTC phases out at a relatively high income — \$200,000 for a single parent and \$400,000 for married parents filing jointly, income levels where few infants and toddlers are found. The federal CTC does reach many children — including 94 percent of infants and toddlers. However, the lack of full refundability means the families with babies in the



lowest income quintile, who could most benefit from an income boost, receive a benefit that is about half that received by families with babies in the top income quintile.^{xlix}

Proposals to direct more income specifically at families with young children, such as the American Family Act (AFA), would provide a child allowance for all families with children by increasing the maximum amount of the credit from \$2,000 to \$3,000 and making it fully refundable. Most important for babies, families with children under 6 would receive a Young Child Tax Credit providing a larger amount, \$3,600 per child. State CTC's can boost the power of the federal credit even more: A combination of a higher minimum wage and family tax credits can lift a family relying on a minimum wage income well above the poverty line. This proposal would create a more equitable distribution of tax benefits, providing twice the benefit to Black and Latinx families as the Tax Cuts and Jobs Act.^l Most important, by providing a mechanism for sending families the benefit throughout the tax year, the AFA would overcome one of the chief drawbacks to providing income boosts through tax credits, which arrive as a lump sum in the following tax year.

Helping close the wealth gap with “Baby Bonds”:

The goal of baby bonds — essentially a child development account set up at birth — is to give every family the ability to build wealth for their children. An account would be set up for every newborn meeting established eligibility criterion based on family wealth. The account, which must be sufficient to result in a nest egg at a meaningful level, would be managed and invested by the federal government until the child turns 18.ⁱⁱ These accounts are especially important for children of color whose families, for historical reasons related to structural racism, have not had the ability to accumulate wealth. They provide a key to opportunities like college or home ownership that can enhance a child’s future. We recognize that other structural changes, beyond the scope of this paper, will be needed to truly close the wealth gap. We focus on this approach because it is specifically intended to help assure that the possibilities of a strong future are not closed off as babies grow to adulthood.

Ensure all families can access paid time off

Paid Family and Medical Leave is an essential policy to promote equity for young children and families and improve outcomes for babies and parents. Considering the concerning findings in the *State of Babies Yearbook: 2020* and the accompanying brief on disparities in birth outcomes, the argument for paid leave is bolstered by its strong association with reduced infant and post-neonatal mortality rates. Researchers conservatively estimate that providing 12 weeks of job-protected paid leave in the United States would result in nearly 600 fewer infant and post-neonatal deaths per year.ⁱⁱⁱ Returning to work early complicates the mother’s recovery, a key concern for Black women who have much higher rates of mortality and morbidity than White women. Lack of paid leave takes away important time for bonding and can impede breastfeeding. Historical barriers created by discriminatory policies prevent many families of color from building

wealth that could enhance their ability to cope with family events requiring time off from work or even taking advantage of unpaid leave. Paid leave policies can increase the equity in accessing time off for families. For example, California’s paid leave program has enabled Black women to increase the time off for maternity leave so that it is on par with that taken by White women.ⁱⁱⁱ

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.



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. The early days of the pandemic brought confusion and concern for workers facing an abrupt need to become caregivers but there was no clear way to reach this balance and no national underpinning for paid leave or job security to protect them. While current permanent paid leave proposals do not contemplate urgent needs during a pandemic (but should go forward), having a basic set of paid leave and job protections in place make those programs easier to expand in the case of unprecedented events. As noted above, workers were often unaware of these benefits and businesses were wary of them. Both of those situations might have been far different with a national policy in place for benefits that workers would already know about and employers would be accustomed to providing.



Paid Family and Medical Leave:

The U.S. needs a foundational federal baseline to ensure job-protected paid time off for growing families and caring for their own health or that of a relative. Such a policy must be a comprehensive national paid family and medical leave insurance program such as the [Family and Medical Insurance Leave Act](#) currently proposed in Congress, which embodies the following core principles:

- Accessibility for all working people.
- A meaningful length of leave — at least 12 weeks.
- Coverage for the full range of medical and family caregiving needs established in the Family and Medical Leave Act.
- Affordability and cost-effectiveness for workers, employers and the government.
- Inclusivity in its definition of “family.”
- Protections against employer retaliation when workers utilize their right to take leave.

Paid Sick Days:

Workers need short-term paid time off to address their own medical needs or those of a family member, access to preventive care, and for dependent adults without worrying about their job security or a loss of income. Parents of infants and toddlers particularly need time to meet their children’s needs as well as tend to their own health and well-being. Babies need seven well-child visits in the first year alone plus the inevitable trips to the doctor for colds and other illnesses. Babies in families of color or with low income have lower rates of accessing preventive health care, which parents’ access to paid time off could improve. The Healthy Families Act would allow workers to earn seven days of paid sick leave a year to use when they are ill, to care for a sick family member, or to obtain preventive care. It would also help workers who are trying to address the impacts of domestic violence, stalking, or sexual assault.

Fair Work Schedules:

Workers in low-wage jobs, who are disproportionately women and women of color, often face unpredictable work schedules and have little input regarding how their work is scheduled. Black women and Latinas are less likely to receive even a week’s notice of shift times than White women.^{liv} Such unpredictability takes a toll on young children who could benefit most from a stable, high-quality child care arrangement. In these situations, parents of young children may have to scramble for child care, especially when scheduled to work during non-traditional hours. The lack of predictable care arrangements can be especially unsettling for young children, impacting their emotional and behavioral health, and cognitive development.^{lv} A national policy that promotes fair and stable work schedules should protect workers’ rights to request schedule changes due to other work, training, and family circumstances such as child care needs, among others. These policies would help promote predictable and stable schedules in occupations such as food service or the hospitality sector, where workers are particularly vulnerable to abrupt changes to schedules or hours worked, and guarantee workers the right to have a minimum period of rest between shifts.

Supporting Families in Meeting their Basic Needs

Helping families meet basic needs such as food and shelter boosts child development by directly providing essential ingredients for healthy growth as well as alleviating some of the pressure from the low-wage jobs available to many parents. Additional stress can bring harmful and enduring effects when families and caregivers are not able to meet their own basic needs or those of their children. Prior to COVID-19, many families with young children were struggling on the edge of a financial cliff. Now, the economic impacts of COVID-19 have been particularly pervasive in households already living with low income, as they fight to keep food on the table and a safe and secure roof over their heads. More than ever, greater investments in supports to help families meet basic needs is critical to recovering from COVID-19 and building a stronger future. Several key policies would help families meet their basic needs.

More robust investments in the Supplemental Nutrition Assistance Program (SNAP):

SNAP plays a critical role in addressing childhood hunger and food insecurity in communities across the country and is the first line of defense against hunger for the majority of infants, toddlers and families living with low income. Food insecurity was far too common among families with young children prior to the pandemic and research shows that infants who experience food insecurity are more likely to have insecure attachment relationships and perform poorly on tests of cognitive development.^{lv} Nutrition programs like SNAP are proven to be effective in reducing food insecurity by helping families with low income afford healthy foods and providing information about nutrition, leading to stronger physical and emotional health. An increase to both the minimum and maximum benefits in SNAP is needed in any upcoming economic relief package. Such increases are overdue and should be extended post-COVID in order to meet the current and future needs of families. Further, harsh work requirements for the utilization

of SNAP must not be imposed. Instead Congress should focus on increasing meaningful investments in SNAP to reach more families.

Strengthening the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):

WIC provides healthy foods, nutrition education, breastfeeding support, and referrals to health care and social services for millions of families living with low income. WIC plays a crucial role in improving lifetime health for women and young children. In particular, research has found statistically significant declines in the prevalence of obesity among 2- to 4-year-olds.^{lvii} The economic impacts of COVID-19 can be seen in WIC programs across the country with numerous reports of states experiencing increased caseloads. The economic stimulus relief packages have provided temporary additional funding to support the increased caseload while also temporarily increasing flexibility for state waivers.

Investments in Housing Assistance:

Families living with low income should have affordable, safe, and stable housing. Babies reap particular developmental benefits from having a place to call home. Stable housing supports

Prior to COVID-19, many families with young children were struggling on the edge of a financial cliff. Now, the economic impacts of COVID-19 have been particularly pervasive in households already living with low income, as they fight to keep food on the table and a safe and secure roof over their heads. More than ever, greater investments in supports to help families meet basic needs is critical to recovering from COVID-19 and building a stronger future.

family well-being and lowers stress levels, setting the stage for nurturing parenting. When babies have the security and predictability of safe places, they are better able to sleep, eat, crawl, play, and develop strong bonds with caregivers. However, many families struggle with housing costs, causing them to move frequently, live in crowded housing, unsafe neighborhoods, or even experience homelessness — all of which deprive their young children of a stable environment they need to thrive.

Federal housing assistance continues to fall short of the overall need and the number of households with children receiving rental assistance has declined over time. Before COVID-19, almost 5 million households received rental assistance or homelessness aid, yet only about one in four households with children who likely qualify for rental assistance received aid.

Congress should: Immediately provide \$100 billion in emergency rental assistance to be combined with an extended and expanded federal eviction and foreclosure moratorium for 12 months to carry families through the pandemic; bridge the gap between rents and income for the most overburdened and under resourced households through increased investments in rental assistance, including a new subset of "Opportunity Vouchers" designed for families with young children to expand access to safe neighborhoods with strong schools, better employment prospects, and other opportunities; expand the stock of housing affordable to households with low income; and, stabilize households by providing emergency assistance to avert housing instability and homelessness.

A New Direction in Supporting Families

Promote Community Approaches to Strengthening Families

The COVID-19 crisis brought into sharp relief the need for a broad policy to provide systemic support to strengthening America's families in

a proactive way, one that recognizes the family within the context of communities. ZERO TO THREE has long supported efforts to build such community supports. Our current systems-building initiative, Supporting Babies and Families Together, which has grown from the Safe Babies Court Team™ work, describes the need this way:

Young children's healthy development is directly impacted by the social and physical environment in which their families live and whether that environment provides the necessary supports that enable parents to provide nurturing care. Known as the social determinants of health, these environmental factors are economic stability, food security, and housing; education and employment pathways; social supports and social cohesion; physical and mental health and access to quality health care; and a safe home, neighborhood, and community environment. We are driven by the vision that every child and family, in every community, experiences the social and environmental conditions that promote early childhood developmental health and empower families to flourish.^{lviii}

A community system should ensure the ability to meet a comprehensive set of needs, according to family needs and wishes, and equity in providing access to services. Parenting support is a critical feature because parents or other close caregivers are the primary molders of their children's early development. Yet, they are often not supported as they take on this important role. As noted above, bits and pieces of such a system exist in some communities, helping respond to the pandemic crisis in real time.

Understanding the need for such an intentional policy direction with its own robust funding stream requires examining the primary approach to supporting families our country has always used. Too often, families can only hope to receive services that could hold them together if they become involved with Child Protective Services (CPS), which means their families are often pulled



apart and their children placed in foster care.

Even here, service provision is spotty, especially for families with children remaining at home or in the delicate time after reunification.

Crucially, for children of color, the child welfare system is the place where historical racism, once manifested in the separation of enslaved family members and placement of Native children in Indian boarding schools, echoes from out of home placements. Racial disparities are glaringly apparent, as Black and American Indian children are placed in foster care at rates disproportionate to their share of the population.^{lx} The State of Babies Yearbook: 2020 shows that once in the system, Black infants and toddlers are more likely than White infants and toddlers to remain in out of home placements for more than a year. This pattern holds true in many states where data were available, including similar outcomes for Hispanic children in some cases.

Rarely is there an entry point for families to access coordinated services before they reach the CPS gateway to the child welfare system.

Federal funding streams have generally focused

on one aspect of such a system, such as home visiting through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, or have come from a child abuse prevention perspective, such as the Community-Based Child Abuse Prevention Services, where funding falls far short of the level needed to meet a systems-building goal. The Family First Prevention Services Act, which allows entitlement funding to be used for selected services to prevent children from entering foster care, has spurred some thinking in states about the need to push toward services that prevent child welfare involvement in the first place. But its frame is still the child welfare system. While 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 that is framed as such. We believe a family strengthening approach should not be viewed as simply a way to keep families out of the child welfare system, although that is a desired outcome. Rather, it should be the means of supporting families in a comprehensive way as they nurture the children who represent our future.

New Initiative to Build Community Systems for Families:

ZERO TO THREE proposes a substantial new funding stream to enable communities to build broad systems tailored to community needs to give parents and caregivers a clear path of support for nurturing children and providing for their families' needs. This funding stream should be housed in a federal agency oriented toward systems building and focusing on family strengths and well-being. We note the experience of the Bureau of Maternal and Child Health within HHS, where the orientation toward promotion of health and wellness, support for maternal and early childhood mental health, and knitting together systems is well established and would foster a strengths-based approach to working with families. Any family strengthening approach should involve collaboration among multiple federal agencies and initiatives, including child abuse prevention efforts within the Administration for Children and Families, also within HHS.

Robust funding would be provided to states to enhance or assemble an array of approaches within communities that together ensure every family can access support for parenting, positive child development, and family services. Approaches might include family resource centers, home visiting, primary care-based support, and web-based hubs. The key is weaving together the supports that give broad-based access for families. Some of these services, such as home visiting, may have other funding supports 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 this 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, web-based family portal, 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 services are trauma-informed and the adult and early childhood mental health system is part of the comprehensive community approach.

Examples of such systems do exist. ZERO TO THREE's Infant-Toddler Court Program builds community collaborations that include the same array of services families need to become strong



supporters of their children's well-being *without* entering the child welfare system. HealthySteps is part of an initiative in Guilford County, partnering with Family Connects, Help Me Grow, and Nurse Family Partnership to create an extensive network of support for families with young children across the county. Among many examples of family resources centers, the Alabama Network of Family Resource Centers is a statewide approach to providing broad family strengthening services in communities, connecting nonprofit agencies and programs around the state that offer services ranging from parenting support to family economic success activities.

Make Child Welfare the End of a Continuum Promoting Equity and Strong Families

Family and child well-being exist on a continuum with different levels of need for support. For families who need more intensive supports and interventions to protect their children's safety and well-being, we must work to build a child welfare system that is equally concerned with building on family strengths and promoting healthy child



development. Infants and toddlers, with their rapidly developing brains, are at grave risk for developmental harm when they experience maltreatment, leading to social-emotional as well as cognitive delays. A recent survey of state child welfare practices for infants and toddlers found that most states do not have policies in place that promote the positive, healthy development of the young children in their care.^{lx} Sound practice calls for an increasing intensity of services for babies and families who enter the child welfare system, first to prevent foster care placement and then to provide services to both families and children placed in foster care to promote reunification. More intensive services would include assessments of adult family members' needs; mental health and substance use treatment (including mental health services for parents and young children together); and health services, particularly for women's health needs.

ZERO TO THREE's Infant-Toddler Court Program, which uses the Safe Babies Court Team approach, works with states and communities to instill developmentally oriented policies and best practices in courts and communities. The approach also emphasizes and successfully promotes racial equity and social justice for young children of color and their families.^{lx} The policies

and practices that are the underpinnings of the infant-toddler court approach could be adopted in a more widespread manner by states to meet the urgent needs of infants and toddlers and strengthen their families.

Child Welfare Framework for Babies and Families

ZERO TO THREE is developing a state policy framework to promote better outcomes for babies and families. It comprises:

- **Enhanced court oversight and collaborative problem-solving**, including expedited hearings and case reviews to be attuned with the rapid development of infants and toddlers; regular family team meetings to support expediting family services; and facilitate problem-solving.
- **Ensuring health equity** through expedited screening and assessment to ensure that child and family needs are systematically and fully identified as early as possible in the case process; and that referrals are made in a highly individualized way to address specific needs with effective services and interventions.
- **Strengthening and supporting families** through frequent, quality family time (visitation) between infants and toddlers in foster care and their parents; high-quality legal services to children and to parents of infants and toddlers in foster care; and peer support or mentors to parents of infants and toddler in the child welfare system.
- **Embedding early childhood development principles into child welfare systems and practice** through training to support individuals that work with infant-toddler cases; case consultations and reviews to ensure best practice in child development; and support from infant mental health specialists. In addition, states should be required to collect data on infant-toddler health, development, and well-being by race and ethnicity, and monitor key indicators.



Positive Early Learning Experiences

State of Babies Yearbook: 2020 shows that before COVID-19:

As a nation, we are not doing enough to ensure that infants and toddlers are getting the developmental support they need to reach their potential.

Parents need more support on how to support babies' language development:

- Overall, 37.8% of parents report reading to their infants/toddlers every day.
 - Parents with low income (28.9%) are much less likely to report reading every day than parents with above low income (43.9%).
- More parents (57.6%) report singing songs or telling stories to their infants/toddlers every day.
 - Parents with low income are less likely to report talking and singing than parents with above low income (49.9% vs. 62.9%).

Child care is unaffordable for many families and quality of infant-toddler care isn't ensured:

- Cost of care, as a percentage of state median income for a single parent, ranges from 24.6% to 89.1%.
- Direct assistance for paying for care is totally inadequate.
 - Only 13 states place income eligibility level for child care subsidy above 200% of the federal poverty line (about \$52,400 for a family of four).
 - Only 4.2% of infants/toddlers with family incomes equal to or below 150% of State Median Income are receiving a child care subsidy.
- State center-based child care licensing standards do not ensure basic quality for infants and toddlers.
- While 35 states meet Early Head Start standards for adult-child ratios (1:4) for infants, only 12 states do so for infants and younger toddlers and only two states meet the standard for all children under 3.
 - Only six states require infant-toddler teachers to have a Child Development Associate credential or equivalent; the vast majority (45 states) require only a high school diploma or equivalent, although 30 states have an infant-toddler professional credential.

Early Head Start helps improve parenting and child outcomes but only reaches 7% of income-eligible children.

Early Intervention and Prevention Services — Developmental screening is already low:

- Only 31.1% of infants and toddlers, ages 9 through 35 months, received a developmental screening using a parent-completed tool in the past year.
 - Children in families with low income are less likely to be screened than those in families with above low income (26.9% vs. 33.9%).
- Percent of eligible infants and toddlers required to have an initial IFSP meeting who had the meeting within 45 days ranged from 82% to 100%—11 states exceeded 95%.

Positive Early Learning Experiences

The quality of babies' early learning experiences has a lasting effect on their preparedness for lifelong learning and success. Overall, as a nation we are not emphasizing the ways early development is supported — through strong relationships and interactions with trusted adults — or the importance of monitoring and providing services to ensure their foundational development is on track. Too often, we hear about an "achievement gap" when children of color and those whose families have low income reach elementary school. But what they clearly experience is an "opportunity gap" that begins before birth and is glaringly apparent in our nation's early care and learning system.

Before the COVID-19 pandemic, the child care and other early learning opportunities for infants and toddlers fell far short of what children and families need. As shown on the previous page, the *State of Babies Yearbook: 2020* found gaps that indicate babies are not receiving support for early language development, especially in families with low income. This finding suggests parents face barriers to spending time with their babies, such as work demands and high stress. They also may not be receiving messages about the importance of language and the interactions that nurture its development. Despite indications that many infants and toddlers have environmental conditions that can undermine development, less than a third of infants and toddlers receive developmental screening. Only five states provide early intervention services to children in circumstances that place them at high risk for developmental delays. Only 4.2 percent of infants and toddlers in low- to moderate-income families receive direct financial assistance to access child care. The vast majority of states set minimum quality requirements for infant-toddler child care too low to ensure babies have the opportunities for one-on-one interactions with skilled caregivers they need to grow socially, emotionally, and cognitively. While Early Head Start has strong standards and proven benefits, only a handful of babies and toddlers benefit from its comprehensive support for parenting and early development.

Positive early learning experiences could be a potent force for promoting equity in opportunity for very young children of color to secure the strong foundation for later success. Yet, research indicates they are likely to lack equitable access to



high-quality formal early care and learning experiences. The higher proportion of children of color in families with low income, coupled with the overall inadequacy of direct child care assistance, limits options for child care. While Head Start has its roots in the Civil Rights Movement, Early Head Start has very limited capacity. Inequities do not end with access. Racism and implicit bias can await children who do secure a place in a program. The higher likelihood of children of color, especially Black boys, to be expelled from preschool has been well documented.^{lxii} While much of the data focuses on 3- and 4-year-olds, toddlers also have been suspended or expelled from early childhood programs. Some of these expulsions may be the result of environmental or other stresses manifesting in challenging behaviors. Yet, research also suggests that implicit bias

plays a role, with teachers more likely to look at Black children, and especially boys, for misbehavior even when such behaviors are not present.^{lxiii}

What COVID-19 revealed:

The fragile, underfunded early care and learning system in the United States was buffeted from many directions by the COVID-19 crisis. Stable federal funding and clear direction made Head Start and Early Head Start programs the exception. Child care programs and providers are small businesses with an already precarious financial structure based mostly on parent payments and their own low wages, so interruption of services meant an interruption in income. Child care also is an essential service, yet providers' health and safety are not always considered. Some providers of early intervention services scrambled to keep their connection via telehealth with the babies and toddlers whose development they support. Yet, as well-child care visits dropped, concerns rose that the already low rate of developmental screening, especially for children in families with low income, would drop further and miss a key window on developmental needs.

As the economy opens up, policymakers are beginning to grasp the essential role of child care in achieving that goal. Yet, the child care system may not be able to respond without significant support. With no additional federal support materializing as the summer wore on, it remained questionable if the full import of the need was understood. As we talk of building back — and delays in support to weather the pandemic increase the challenges of that task — we must use the lessons from this period to recognize that child care, like public schools, is a public good and must be funded accordingly, with a vision to create a robust early care and learning system that supports the development of all children.

Early Head Start

Assured funding and clear direction from the federal level provided stability for Head Start and Early Head Start (EHS) programs during the pandemic. The majority of facilities were closed

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for several months but because their funding continued, programs were still able to pay all their staff. They, in turn, remained in touch with families to provide some of Head Start's signature comprehensive services. In addition to virtual classes or check-ins with families, Head Start/Early Head Start helped with meals, either grab-and-go or dropped off at homes; packages of materials and instructions for activities; and items and service connections to meet basic needs, including diapers for infants and toddlers.^{lxiv} Even while closed — or especially because they were closed — program staff worked to meet families' needs to reduce the isolation.

Reopening does not come without costs. An estimated \$20 billion through FY 2022 in additional funding is needed to operate safely and pay for additional staffing to accommodate social distancing and perform roles such as escorting children to classrooms, which parents can no longer do; equipment, not only for protection but also for unexpected items such as additional refrigerators to hold individually packaged lunches instead of food to be served family-style; and cleaning, including expanded janitorial staff and overtime to perform deeper cleaning and sanitize toys and other equipment.^{lxv}

As we look to the future, if poverty rates rise as unemployment remains high and federal supplements to unemployment insurance are not restored, Early Head Start services could be a key to helping families with babies and toddlers recover. An Early Head Start worker responding to ZERO TO THREE's story bank noted that many families previously not eligible for services would

Positive Early Learning Experiences

now meet the below poverty income criterion, pointing out that Early Head Start was a good platform to help support them as they find their footing again.

Child Care

Child care, with its precarious funding structure, was a different story. As the implications of the pandemic became clear and schools closed, child care providers were left with uncertainty about whether and how to stay open. With the economy largely shut down, more parents were at home and did not need child care. Other parents were fearful of sending their children to child care, and providers were concerned about their own exposure. A few states began closing child care and other services, while others gave providers the option of remaining open. But in all states essential workers still needed care. What resulted was a wide range of situations: at first many programs closed but some remained open; some parents paid but others did not or could not; child care workers performed essential work but often were not protected with equipment or additional compensation; some states used the relatively small amount of federal emergency funds to

support an entire system while others paid mainly for essential workers and in some cases held onto the money in case no more help arrived. Months into the pandemic, the situation is still mixed, both for parents and providers.

These situations further stressed the already fragile economics on which child care operates and created grave doubts about sustaining the system as the economy reopens. Monthly surveys by the National Association for the Education of Young Children (NAEYC) have tracked the grim struggles of the child care sector:

- A March survey in the early stages of the pandemic found nearly half of child care providers said they would not be able to survive a closure of more than 30 days without public support.^{lxvi}
- By the April survey, nearly half of respondents were closed and the 85 percent of those remaining open were operating at less than half of their enrollment capacity.^{lxvii}
- By July, only about 1 in 5 programs were still closed, but about 40 percent of survey respondents said they would almost certainly have to close permanently without further assistance. The reasons: 86 percent of those open were operating considerably under full enrollment, on average, at one-third of capacity; 70 percent had incurred additional expenses for staff, supplies and protective equipment.^{lxviii}

Other studies looked at the potential losses as well as what it would take to preserve this fragile, but essential system. An estimated 49 percent of the nation's child care supply (4.5 million slots) could be lost without adequate support.^{lxix} An estimated \$9.6 billion a month would be needed to sustain child care providers through the pandemic, provide child care for essential workers, and provide proper cleaning supplies and protective equipment.^{lxix}

Some help did come but not nearly enough. The CARES Act included \$3.5 billion in emergency child care funding. Child care providers are small businesses. About half of those responding to



Positive Early Learning Experiences

an NAEYC survey had applied for the Paycheck Protection Program's forgivable loans. Many were still waiting to hear about getting a loan, but family child care programs were experiencing a higher rate of denials.^{bxxi} Some early childhood staff have applied for and received Unemployment Insurance benefits as programs faced layoffs.

While public awareness of child care's essential role in supporting economic activity has grown, child care faces an uncertain pathway back as the economy reopens. The landscape after several months of shutdown is radically changed. As the NAEYC survey shows, some providers may not be able to reopen, and news accounts chronicle well-established child care programs shutting their doors for good. While many providers have reopened, they face the challenges of providing care dictated by the need for vigilance regarding the still-circulating novel coronavirus: smaller group sizes, social distancing, and increased cleaning costs. Most providers who reopen are coping with under-enrollment and slow growth due to smaller classes, and fewer children returning because of continued high unemployment or parents' concerns about putting their children back in group settings. These factors mean the economics of providing child care simply do not add up. As the new school year started and many schools continue with remote learning, the scramble for school-age care places more pressure on child care capacity, with implications for maintaining the capacity to serve infants and toddlers when older children are less expensive to serve and require less close contact.

Early Intervention

Early intervention specialists are a key source of support for families with infants and toddlers with developmental delays or disabilities. As noted above, the Rapid-EC Survey reported that in April, **parents of children with disabilities reported much higher stress levels than other parents and were more likely to report that their children have behavioral issues. These reports underscore the importance to families of staying connected with their early intervention specialists.** Over time, these specialists have been increasingly



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able to do telehealth visits but such visits may be more difficult for some children with certain disabilities. As with other services, technology can be an issue for families. Reimbursements by insurance for services provided digitally also has raised concerns, although Medicaid has been flexible. Some experts have been concerned that more children needing services may be missed because they are not being screened and referred for evaluation during well-child visits, which have dropped during the pandemic, or in child care if they are not attending. Finally, connections to screening, especially social-emotional screening, is particularly important because more children may need services as a result of the trauma they have experienced.



Building Strong Early Learning Experiences for the Future

Expanding Early Head Start as a Beacon of Hope

The need for Early Head Start has been made even more clear by the pandemic. Even before the pandemic, the *State of Babies Yearbook: 2020* showed the challenges for babies in families with low income, who are more likely to live in crowded housing and unsafe neighborhoods and to 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, a major expansion of Early Head Start to serve all eligible infants and toddlers while prioritizing enrolling significantly more pregnant women would represent a commitment to providing the 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 Early Head Start's strong track record of serving and improving outcomes for children and families of color.

Funding limitations mean Early Head Start is only able to serve 7 percent of income-eligible infants and toddlers. ZERO TO THREE renews its call for expanded investment in Early Head Start, both through increased federal investment and the direction of more state resources to comprehensive infant-toddler programs meeting Early Head Start standards, to reach more pregnant women, serve all income-eligible infants and toddlers, and

expand services for children at greatest need of quality developmental services, such as those who are experiencing homelessness or are in the child welfare system.

Where Early Head Start and Head Start programs were in place during the pandemic, they enabled participating families to remain supported and continue to guide their babies' development throughout the pandemic. **The need for family outreach and strong early development services will only grow if more families are plunged into poverty; Early Head Start 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

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supporting their children than mothers who enroll later, and their children demonstrate stronger impacts on their social-emotional and cognitive development at age 3. However, only 6,000 pregnant women are enrolled in the program.

While Head Start and Early Head Start require at least \$20 billion through FY 2022 to bridge the needs created by the pandemic, at the end of this crisis and its long denouement they will still be standing and will need to be more of a beacon than ever. We strongly believe that in accordance with its mission, Early Head Start must continue to provide its child development and family support services to very low-income families independent of their employment status. It is critical that it maintain and expand its ability to serve pregnant women and babies whose families who are disconnected from the workforce and therefore are likely to be in deep poverty.

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 must be built from scratch as providers cannot reopen or experience great challenges in doing so. The *State of Babies Yearbook: 2020* found that few states set quality standards for infant-toddler care that approach those in Early Head Start. State investment in Early Head Start 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 Early Head Start home-based service model if they are looking to support quality in family, friend, and neighbor care. Early Head Start could bring its strong focus on providing knowledge of supporting early childhood development to enhance informal care.

Creating a Comprehensive High-Quality Child Care System

Child care programs operate under incredibly thin financial margins in the best of times, reflected in the unconscionably low wages of the early care and education workforce. In this new, constrained environment, most programs are unlikely to be able to make their finances work and will need continued support to remain viable until the day when they can return to full enrollment. More families with very young children are likely to move toward home-based care through family child care homes, family, friend, and neighbor care, or care in their own homes. Such a trend would create new needs to support the quality of care in a variety of settings. At the same time, center-based and larger family child care programs will be critical to any economic recovery as the pandemic recedes and families need a broad array of options to meet their child care needs and return to the workforce. Thus, existing programs that cannot make the fragile economics of the post-COVID world work again will need financial support to make it through and avoid losing programs that are the most expensive and complex to stand up again.



We look forward to the day when the economy stabilizes. But as the pandemic rolls on, the country and our policymakers face these critical questions: Do we have the will to build back stronger and fill even larger gaps in quality child care options for young children and families? Or, will we send families back to the days of scrambling for whatever arrangement they can find, even if those arrangements require compromising their children's health, safety, and strong development?

Multiple efforts at re-envisioning the child care system are underway as we look to the next phase of the pandemic and beyond, with many details and perspectives to consider. As ZERO TO THREE joins in those efforts, we offer several considerations.

Bridging the pandemic:

Child care is an essential service that needs support to bridge from the current pandemic situation to the point where we can build the system children and families need. Accordingly, ZERO TO THREE calls for \$57 billion in funding to stabilize the child care system. This support will be needed to allow programs to operate safely, provide support for likely under enrollment and continue to sustain programs 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 under resourced 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**



Do we have the will to build back stronger and fill even larger gaps in quality child care options for young children and families?

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.

These activities will need increased federal financial support. Even so, some number of providers are likely to be lost, as some already have been, creating additional challenges for rebuilding the system to attain the array of options and support families and providers need and deserve.

Child care for the future:

A substantial investment will be needed to create the child care system that meets the needs of both families and children whose development must be supported. 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.** These principles, which were developed by a broad coalition of early childhood experts and stakeholders, including ZERO TO THREE, are:

- Quality — All children receive high-quality child care.
- Access — Families can access the high-quality child care setting that best meets their needs.
- Affordability — Families get the financial support they need to afford high-quality child care.
- Workforce — 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.

The COVID-19 pandemic decimated an already fragile child care system, revealing key cracks in this crucial foundation of our economy that a lack of public investment and support allowed to fester for years. However, it also provided a stark reminder to policymakers of the important role child care plays in ensuring that every other facet of the economy can function. Moving forward, policymakers must provide the public support necessary to create a truly strong system guided by the principles above that can serve as a strong foundation for our future in good times and in crisis.

Expanding and Emphasizing Early Intervention (EI) as an Essential Part of the Early Care and Learning System

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. In the first three years, infants and toddlers learn many things: how to trust and respond to special adults; how to roll over; sit up independently; crawl, stand, walk; how to think and reason; and how to use language to communicate with caregivers and peers. **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.

Developmental screening is the first step in identifying and addressing problems, yet the State of Babies Yearbook: 2020 shows that few infants and toddlers receive screening and low-income children have lower screening rates.



The path to receive EI services is rarely smooth. With multiple steps in the process that starts with identifying a suspected concern or vulnerability and ends with eligible babies receiving services appropriate for an infant or toddler, there are many opportunities for things to go awry.^{bxii} Developmental screening is the first step in identifying and addressing problems, yet the State of Babies Yearbook: 2020 shows that few infants and toddlers receive screening and low-income children have lower screening rates. Screening is only the gateway to a full evaluation and eligibility determination for the state EI program, a system that can be difficult to navigate. Parents may be confused by explanations about their babies’ development, un receptive to services or just plain baffled by the process. Part C of the Individuals with Disabilities

Education Act provides some federal funding to states for EI and is intended to help coordinate the various parts and processes but provides relatively small amounts of funding. Services are financed largely by Medicaid, state funds, and private insurance.

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. Because EI services are often covered by Medicaid or private health insurance, which generally follow state eligibility requirements, their parents must pay for these services out of pocket. More likely, they do not receive services. Even eligible children may not receive services for reasons that can include lack of communication on referrals and shortage 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.^{bxxiii, bxxiv} As the Yearbook 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. Federal funding through Part C of the Individuals with Disabilities Education Act 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 by:

- Establishing a system of developmental screening for all young children.
- Ensuring outreach to parents to ensure their understanding of their babies’ early development and how to best support it.
- Helping families navigate the system of EI services with warm handoffs and case management.
- Expanding the EI workforce and ensuring adequate reimbursement for services.
- Covering children for whom prenatal and birth experiences or early environment place them at risk for developmental delays or disabilities.
- Expanding services to children whose delays or disabilities do not meet current eligibility criteria but could benefit from early intervention services.
- Expanding the incorporation of infant and early childhood mental health expertise and services into early intervention as appropriate and investing in the training and development of the workforce needed to support this expansion.

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ABOUT ZERO TO THREE:

ZERO TO THREE works to ensure all infants and toddlers benefit from the family and community connections critical to their well-being and development. Since 1977, the organization has advanced the proven power of nurturing relationships by transforming the science of early childhood into helpful resources, practical tools and responsive policies for millions of parents, professionals, and policymakers.

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