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Supporting Infants and Toddlers Through Federal Relief and the American Rescue Plan

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Introduction

Today's infants and toddlers have lived virtually their entire lives during a pandemic, shaping every aspect of their growth and wellbeing. The pandemic has impacted them directly, through individual experiences such as delayed screenings for developmental issues and reduced social interactions, and because they live in families that have faced increased hunger and housing insecurity.¹ These young children have also been indirectly affected through the circumstances of other members of their households, including increased parental stress, illness, and job loss.² Simply put, COVID has remade their entire world during a critical, formative period. Moreover, the long-overdue racial reckoning we faced in 2020—which exacerbated the pervasive, systemic racism that has plagued our nation for centuries—has only heightened the harms for infants and toddlers of color and their families.

Two years into the pandemic and one year after the passage of the American Rescue Plan Act (ARPA),³ this brief examines how decision makers implementing ARPA have used COVID relief funding and policy opportunities to lay the groundwork for longer-term, transformative change by equitably supporting infants, toddlers, and their families in a range of ways. We also offer guidance for how decision makers can leverage ARPA across myriad programs to support these children and families now and into the future.

Infants and Toddlers in the Pandemic

While it is too soon to know the full, long-term impacts of the pandemic on infants, toddlers, and their families, early research has indicated concerns about delays in the cognitive and motor skills of infants and toddlers being raised during the pandemic.⁴ Researchers have found that infants born during COVID are more likely than those born before the pandemic to have reduced social and physical development, regardless of whether they were exposed to the disease in utero.⁵ These effects have been particularly pronounced for boys in all families and infants in families with low incomes.⁶ Fewer interactions in early childhood settings have reduced language skills for COVID-era infants and toddlers,⁷ though it's important to note the most common types of masks do not seem to have had a large impact on language processing for infants.⁸ These and other research findings underscore the urgency of centering infants, toddlers, and their families in public policy to ensure these COVID-induced harms are not permanent.

All infants, toddlers, and their families are grappling with the effects of the pandemic. However, existing systemic racial inequities, which the pandemic made much worse, mean that COVID has especially harmed infants and toddlers of color.⁹ Even before the pandemic, inadequate wages and public supports meant that young children of color disproportionately lived in poverty, with Indigenous and Black infants and toddlers three times as likely, and Latinx infants and toddlers twice as likely, as their white peers to live in poverty.¹⁰ More than a quarter of parents with infants and toddlers did not have enough to eat,¹¹ and families of color were especially likely to be food insecure.¹² Mothers of infants and toddlers—disproportionately Black and Latina mothers—were especially likely to work in jobs that pay low wages due to the double bind of racism and sexism.¹³ Black and Latina mothers were also faced with the frequent “double shift” of paid work and caregiving and are often less able to turn to a contingency plan for child care.¹⁴ COVID, which has particularly harmed communities of color, has only exacerbated these inequities¹⁵—and research

has shown that infants and toddlers in families with low incomes are falling the farthest behind.¹⁶

To fully support infants, toddlers, and their families, we must use comprehensive, bold supports to address both immediate harms caused by COVID and long-standing inequities that date back over centuries. We must make robust investments in the range of programs that infants, toddlers, and their families need to thrive such as early care and education, nutrition, housing, paid leave, quality jobs, health care—including mental health care, and more.¹⁷ And we must do this with racial equity at the center, because without understanding the historic, widespread impacts of race, racism, class, and gender inequity on the wellbeing of infants, toddlers, and their families, it is impossible to ensure policies sufficiently support all who are impacted by them.

Centering Equity in Supporting Infants, Toddlers, and Their Families

The nation's care infrastructure and available economic supports do not equitably serve children of color,¹⁸ and the COVID pandemic has only worsened these inequities. We will never achieve equity in implementation without a commitment to centering the voices and needs of communities of color¹⁹ throughout the process. As decision makers work together with these communities, they must consider equity principles,²⁰ which include:

- Creating space for communities to not only take part in policy conversations, but also lead those conversations
- Identifying an informed plan of action to connect with communities that are poorly engaged through existing access points and connectors
- Assessing existing policies, programs, and practices for inequities and barriers
- Improving data collection and analysis to ensure it is representative
- Ensuring all future policies and programs have been thoroughly informed through equitable community engagement

When states prioritize procedures and policies that align with these evidence-based needs and equity principles, all infants, toddlers, and their families—regardless of race, income, disability, and other factors—will have the necessary support to grow and thrive.

Infants, toddlers, and their families require a range of supports to thrive. Our analysis below is not a comprehensive list of how the American Rescue Plan can support infants, toddlers, and their families. Rather, it provides five examples of how decision makers can consider these families in their policy decisions across myriad programs to help create healthy families that are economically thriving and have access to affordable, high-quality early education services.

1. Extend Postpartum Health Coverage

One critical way in which states can use ARPA policy changes to support infants, toddlers, and their families is to extend postpartum coverage for pregnant people²¹ from 60 days to 12 months. Under ARPA, states could begin such coverage April 1, 2022, and it would last for five years.²²

Extended postpartum coverage supports not only new parents, who face mortality and morbidity risks throughout the first year after birth, but also their infants and toddlers. Research shows that when parents have health coverage, children are more likely to be covered as well.²³ Additionally, a lack of coverage for parents' health needs, such as postpartum depression, can affect children as well, increasing behavioral concerns and harming development.²⁴

This extension is essential to advance racial equity because people of color, who are more often in jobs paying low wages or impacted by discriminatory immigration policies, are especially likely to lack private insurance coverage.²⁵ This means Medicaid is an especially important support for pregnant people of color, covering 65 percent of births for Black mothers and 59 percent of births for Hispanic mothers, compared to 42 percent of births overall.²⁶ Yet, despite Medicaid's important support, rates of uninsurance among postpartum Hispanic and Indigenous people are particularly high,²⁷ and mothers of color are especially likely to experience adverse consequences such as depression, cardiomyopathy, and death postpartum.²⁸

States should file a Medicaid State Plan Amendment (SPA) to extend postpartum coverage for 12 months after birth. This is an important step for all states, even if postpartum people are eligible through another Medicaid pathway or through an existing waiver, as these avenues of coverage may not have the full suite of supports needed or cover the full 12-month period.²⁹ Notably, states that have not expanded Medicaid under the Affordable Care Act—and where postpartum people are especially likely to lack coverage compared to their counterparts in expansion states—should extend postpartum coverage.³⁰ States should also collect data on the impacts of these extensions, stratified by race, gender identity, disability, and other key factors to ensure equity.³¹



Postpartum Coverage for Immigrant and Mixed-Status Families

A quarter of U.S. children under age 6 live in mixed-status households.³² To support infants and toddlers in immigrant communities, states should include immigrant and mixed-status families in their pregnancy and postpartum supports. Seventeen states provide prenatal care to pregnant people who are otherwise ineligible for such care through Medicaid or the Children’s Health Insurance Program (CHIP) due to their immigration status through CHIP’s “unborn child” option.³³ Unfortunately, this option does not provide postpartum care to the new parent. However, the federal Centers for Medicare and Medicaid Services have approved requests from states to use CHIP funds for a health services initiative (HSI) to provide postpartum care to those new parents whose coverage through the “unborn child” option ends at the child’s birth.³⁴ As states extend postpartum coverage under ARPA, they should also pursue extended postpartum coverage options under CHIP to ensure that all new parents, regardless of immigration status, are eligible for postpartum care.

To encourage enrollment, states should dedicate funding to outreach efforts and prioritize outreach to communities of color, including by providing information in a range of languages and through trusted messengers. States can dedicate administrative funding to these outreach efforts and build in automatic notifications.³⁵ Additionally, once participants are enrolled, states can work to ensure they are aware of the full range of services and support their attendance at all visits. Washington, D.C., has been a leader in community outreach regarding Medicaid postpartum expansion. D.C. has created a diverse Maternal Health Advisory Group composed of medical and policy professionals, including doulas and mental health specialists, who are engaging regularly with the public regarding Medicaid postpartum expansion and other critical maternal health topics.³⁶

Currently, 26 states have extended or applied to extend coverage through either waivers or SPA amendments, including 19 states that had previously expanded Medicaid under the ACA and 7 non-expansion states.³⁷ Unfortunately five of these states have not taken full advantage of the ARPA extension, placing limits on length of coverage or, in the case of Missouri, range of coverage.³⁸

While the ARPA policy changes cover extended postpartum coverage for five years, taking advantage of this opportunity helps to lay the foundation for long-term changes that will equitably support infants, toddlers, and their families, and Congress should ultimately require all states to provide 12-month postpartum coverage and make it a permanent feature of Medicaid.

2. Expand Child Tax Credit Eligibility

Economic policies such as cash assistance and tax credits are an important mechanism to support infants, toddlers, and their families. Tax credits—the Child Tax Credit (CTC) in particular—can support families with young children by supplementing their incomes and offsetting stressors related to living in poverty.³⁹ Families with infants and toddlers are most likely to be economically

insecure due to factors such as high child care costs, food insecurity, substandard housing, and income volatility,⁴⁰ and the CTC increases a family's income and improves their conditions. ARPA made the CTC available to families in six monthly installments from July 2021 through December 2021, with the remaining half of the credit available when families file their 2021 tax return. ARPA expanded the CTC eligibility to children up to 17 years old as well as increased the credit's maximum amount to \$3,000 per child for older children and \$3,600 for children under the age of 6.⁴¹

The credit phases out beginning with heads of households making \$112,500 and married couples making \$150,000. The 6th CTC payment in December 2021 kept 3.7 million children out of poverty and reached an overall 61.2 million children, which was an increase of 2 million children since the initial rollout of 59.3 million children in July 2021.⁴² Expansions to the CTC make the credit accessible to families who previously needed \$2,500 in earned income to be eligible. This change disproportionately benefits Black and Hispanic children, who were more likely to be denied the full credit under prior law due to having too little in income to qualify.⁴³ The CTC's expansion is critical as it contributed to the reduction of child poverty rates,⁴⁴ especially for infants and toddlers whose poverty rate of 15.7 percent was higher than that of children of other age groups.⁴⁵ For children of color, the CTC expansion passed under ARPA reduced poverty rates significantly. Notably, researchers estimated that rates would reduce by 33.7 percent for Asian American and Pacific Islander children; 46.8 percent for Black children; 44.6 percent for Hispanic children; 49.4 percent for multi-racial identifying children; and 43.5 percent for Native American children.⁴⁶ Providing this income on a monthly basis (rather than in an annual payment as part of a tax refund) allowed families to use the CTC to afford monthly costs like rent, utilities, and bills.

Many studies—including the Census Bureau's Household Pulse survey—examined how CTC monthly payments affected families found that the payments positively impacted families' overall wellbeing. The National Child Tax Credit Survey asked parents from a nationally representative sample questions about the payments—tax filing behavior, receipt of the monthly CTC payments, how the monthly payments have impacted their family, and how families are hearing about the CTC.⁴⁷ Parents in the study reported that the payments allowed their families to afford “essentials like food, rent and basic household expenses,” and some families used their payments for “school-related expenses in August and September as school began,” as well as toward child care.⁴⁸ Families recounted that “the additional money has reduced my financial stress overall,” and some specifically mentioned how the CTC payments affected their perceptions of the government caring about their family's health and wellbeing, as well as how the CTC made it easier for them to engage in paid work or to work more hours and “buy more or higher quality food.”^{49,50}

Though ARPA only expanded the CTC for tax year 2021, there are still important steps to take in 2022 so families can receive their full benefits. Families can claim the remaining half of their CTC payment when they file their 2021 taxes this spring. In addition, families with infants born in 2021 who did not receive monthly payments last year are eligible for their full credit when they file. Families that chose to opt out of monthly payments in 2021 can claim the full CTC benefit when they file their taxes this spring. Puerto Rican families are also newly eligible to receive the entire credit when they file.

Given these circumstances, states have an important role to play in ensuring families claim tax credits and doing so in a way that increases equity. States should provide plain-language

information to families regarding their benefits and offer it in a range of languages. States should also help families receive Volunteer Income Tax Assistance (VITA) assistance if they are eligible. Another best practice for states is to partner with trusted messengers in communities to reach out to parents and providers on eligibility and enrollment. For example, the 2021 National Child Tax Credit Survey reported that it was less common to hear about the CTC from health clinics, libraries, or churches and places of worship.⁵¹ Therefore, states should consider partnerships with these entities for getting the word out about this benefit while it is still available. States and localities should also use social media platforms to distribute information about claiming the CTC and provide information about CTC eligibility on state agency websites. These outreach materials should include information addressing misconceptions and fears that parents and caregivers may have about accessing the CTC.

As noted, thus far these expansions are only for tax year 2021. Congress should permanently expand the CTC passed under ARPA. Federal legislation currently passed in the U.S. House of Representatives—but stalled in the Senate—includes an extension of the CTC beyond the 2021 tax year to make the credit a permanently available benefit for families with the lowest incomes.⁵² This extension would greatly benefit families, particularly in Black and Latinx communities. However, the only way for this to happen is for Congress to act.

3. Support Home Visiting

Even before birth, the health of infants has already been influenced by the wellbeing of their parents. In fact, research shows that strong relationships with caregivers in their first years set infants and toddlers on the path for healthy development, helping them cope with stress, support curiosity, and feel safe and secure.⁵³ Because of this, the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program is an essential support for infants, toddlers, and their families.

MIECHV provides voluntary, home-based services to families that are expecting or have young children. It is aimed at reaching pregnant people and parents who face greater barriers to positive maternal and child health outcomes. Its services can extend postpartum to the infant, and families with infants under one year of age are a priority population.⁵⁴ With its various evidence-based models, the home visiting system is crucial in ensuring that all infants, toddlers, and their families—regardless of income and other factors—have positive outcomes through its emphasis on developing healthy parenting skills and building positive parent-child relationships.

Due to rampant inequity in our country's health, education, and other systems that determine access to resources, investing in MIECHV is a critical strategy for centering equity and prioritizing directly impacted infants and toddlers of color. As noted in the discussion of postpartum Medicaid expansion, mortality rates are alarmingly high among postpartum parents and infants of color. Home visiting programs can ameliorate this harm through effective, culturally responsive interventions;⁵⁵ however only a small share of potential beneficiaries are served by evidence-based models.⁵⁶ Among those served, 60 percent are white while 25 percent are Black, 3 percent are Asian, 3 percent are Native American, and less than 1 percent are Native Hawaiian or Pacific Islander.⁵⁷ Hispanic or Latino recipients, who can be of any racial group, are 29 percent of those served.⁵⁸ Increasing the number of families of color served, recruiting a diverse workforce, and offering culturally responsive supports for all families of color are all essential.⁵⁹

ARPA made a critical investment in home visiting by including \$150 million for MIECHV, of which around \$121 million has been released to state programs. Program recipients of MIECHV at the time ARPA was passed are eligible for this funding, which can be used to support a variety of facets of the program.⁶⁰ States are still in the process of implementing MIECHV ARPA funds, with several planning to provide emergency supports, diapers, and food or gift cards for groceries. Additionally, some states are supporting staff through bonuses and/or hazard pay. For example, Iowa's MIECHV program has already used ARPA funding to provide home visitors with one round of a retention incentive and is poised to disburse another in the near future.⁶¹ Given home visitors' low salaries, such payments support staff retention, which in turn increases the likelihood families remain enrolled in the program, leading to long-term benefits for infants, toddlers, and their parents. Because of limited MIECHV funding overall, the reach of the program does not come close to meeting families' needs. ARPA resources should help the program expand to more families and better support the needs of families currently enrolled in the program. Decision makers also should leverage these funds to increase equity, for example by ensuring expansions are supportive of communities of color and providing trainings that include culturally relevant best practices to support diverse families.⁶²

This fall, the MIECHV program is up for Congressional reauthorization. Parents, infants, and toddlers across the country benefit significantly from home visiting, and it is vital that home visiting is reauthorized. But Congress must do more. To fully realize the tremendous benefits MIECHV can offer families, the program needs increased funding over the next five years to reach more families and better support the workforce. To create a reality where all families thrive, Congress must increase home visiting investments in meaningful and sustainable ways.

4. Strengthen Early Head Start

ARPA has supported infants, toddlers, and their families by providing \$1 billion in funding for Head Start, Early Head Start, and Early Head Start-Child Care Partnerships. Programs can use this funding, which came on top of earlier COVID relief,⁶³ to support grantees through the end of March 2023.⁶⁴ Per the federal Office of Head Start, grantees can use the ARPA funding to help meet a range of needs for families, employees, and programs. This includes enrolling families, providing additional weeks of services, supporting mental health, providing job training, hiring staff, and providing transportation and food for children.⁶⁵

Investing in Early Head Start (EHS) is an essential way to support infants, toddlers, and their families.⁶⁶ EHS explicitly takes a "two-generation" approach—directly supporting both children under age three living in poverty and their parents—by providing a full suite of services such as developmental screenings, child care, parenting supports, job training, mental health supports, and more. It also provides benefits to people who are pregnant, offering essential supports even before their child is born. This holistic program has paid dividends for children, families, and communities, increasing families' economic security and wellbeing, and having positive effects on children's development.⁶⁷

Investing in EHS is also a critical means of advancing racial equity. Black and multi-racial infants and toddlers and their families are particularly likely to be supported by EHS.⁶⁸ Additionally, the very structure of EHS supports increased equity. All too often, directly impacted people's expertise is ignored or tokenized in public policy. However, when Civil Rights leaders founded

Head Start in the 1960s⁶⁹ (which was later expanded in the mid 1990s to include EHS), parents were seen as critical partners in their child's care and education. Today every EHS program has a parent policy council to ensure parents are centered in decision making—a pioneering model that is finally gaining traction in other programs.⁷⁰

ARPA funding has helped grantees to both support ongoing needs and make investments that will bolster programs during the long term. For example, the Baldwin Park Unified School District Early Childhood Education Program in California has used ARPA funding to provide healthy meals to children in EHS.⁷¹ The program also used the funding to support medical professionals providing telehealth well-child exams, which helped to detect any early concerns and led to additional preventative visits to support long-term health outcomes.⁷² EHS Programs in Beaver and Fayette County in Pennsylvania used ARPA funding to upgrade facilities to support long-term health and support staff through trainings on diversity, equity, and inclusion, and trauma-informed care, which will pay long-term dividends for children and families.⁷³ In New Albany, Indiana, the EHS program used ARPA funding to relocate to a more public transit-friendly location, setting a foundation to better serve the community for years to come.⁷⁴

While ARPA and other COVID relief funds directed at EHS have been essential to support infants, toddlers, and their families during the pandemic, EHS needs substantial and transformative investments to realize its full promise. Fewer than 1 in 10⁷⁵ eligible children currently receive EHS services, leaving millions of infants, toddlers, and their families behind.

5. Improve Child Care

At the onset of the pandemic, and for many decades prior, our nation has endured a decades-long child care crisis among families, providers, and communities. The field has been stricken with the realities of poverty-level wages for providers caring for children as young as the infant-toddler years and a system where families are paying unaffordable sums for care.⁷⁶ Due to shutdowns and stay-at-home orders to combat the pandemic, the child care crisis was exacerbated through closures, low enrollment, and job loss for providers. Over 350,000 child care jobs disappeared as a result of the pandemic, and 1 in 8 of those jobs hadn't returned 1 year into the pandemic.⁷⁷ Even for families that have been able to work or attend school from home, care for infants and toddlers remains critical. To provide necessary relief and recovery, Congress passed a series of three economic recovery packages that included allocations for child care through the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act, the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA), and culminating in the American Rescue Plan Act (ARPA) that provide the largest sums to child care systems.

One of the largest ARPA investments for programs that significantly impact infants and toddlers was the \$39 billion allocated to child care. ARPA provides relief funds specifically to support child care and early education opportunities for children, including infants and toddlers, through expanded child care assistance for families and stabilization grants to the child care and early education sector.⁷⁸ The stabilization grants provide almost \$24 billion to states and territories until September 30, 2023. Funds go to state lead child care agencies through the federal Child Care Development Fund (CCDF), and 90 percent of the funds must be sub-granted to child care providers to support operating costs. ARPA offers a unique opportunity to support infants and toddlers as well as the providers who care for them in various settings.

Across settings, support for infants and toddlers also includes opportunities to advance equity through the child care stabilization grants. The May 10, 2021, stabilization grant guidance offers strategies for states to design the grants in ways that begin to address systemic inequities⁷⁹ by supporting families with infants and toddlers, particularly immigrant families and families of color. These considerations include:

- providing mental health services to children and providers, especially those most affected by the pandemic;
- designing accessible and inclusive grant application processes to attract diverse providers from various settings such as home-based or center-based care or family, friend, and neighbor providers;
- simplifying applications and supporting the true cost of care;
- improving data systems to identify ongoing needs among families and providers;
- setting grant amounts that reflect adequate compensation to address pay inequities; and
- funding supply-building activities so that families receive the care they need.⁸⁰

The guidance for ARPA stabilization grants allows states to support the development of infants and toddlers through child care assistance, EHS, and early intervention programs⁸¹ that promote high-quality opportunities. High-quality settings are especially important for infants and toddlers who are the least likely to have access to care, while also supporting parents going to school and work knowing their child(ren) are in a safe, reliable place.⁸²

ARPA stabilization grant guidance encourages lead child care agencies to use the 10 percent administrative portion of funding to build capacity, especially in communities deemed 'underserved.'⁸³ The set-aside funding provides resources to gather information about infants and toddlers, the providers families are choosing, and the geographic areas that lack adequate child care options. Lead agencies can also choose to prioritize home-based and family, friend, and neighbor (FFN) care in disbursing stabilization grants. Infants and toddlers are more likely to receive care in these settings than older children who have more access to school and center-based care.

The stabilization grants also provide the ability to build supply to create more child care slots for infants and toddlers. In-home providers who have previously received CCDF subsidies are eligible for stabilization grants, and this could greatly support infants and toddlers and provide families with more choices.

The investment in ARPA also included \$15 billion in supplemental Child Care and Development Block Grant (CCDBG) dollars that can be used by states through September 2024 for any purpose allowable under the federal CCDBG law.⁸⁴ Guidance from the federal Administration for Children and Families (ACF) encouraged states to use this opportunity to promote equity and strengthen the foundation of state child care programs. ACF officials *strongly* recommend that states prioritize raising payment rates, increasing workforce compensation, and taking other steps to support children's developmental needs, expand choices for parents, and increase access for families. In addition, ACF encouraged states to use the funds for supply-building activities and stabilizing strategies like contracts, including for infant and toddler care.

States have used ARPA child care funds to assist providers in several important ways to support equity.⁸⁵ Priorities have included:

- advancing workforce equity in states such as Connecticut, Georgia, and Maine;
- reducing barriers to access and eligibility in California, Illinois, Hawaii, Virginia, New Mexico, and more;
- providing revenue stability for providers in states like New Mexico and Maine; and
- supporting home-based child care providers in Louisiana and Mississippi.

Maine helped stabilize revenue for providers including those who care for infants and toddlers—a priority because the cost of care for infants and toddlers can often be more costly than for other age groups⁸⁶—by using relief funds to begin basing reimbursements on enrollment rather than attendance.⁸⁷ The state will use this calculation for at least two-and-a-half years. This change means that providers will receive increased, steady funds that will better stabilize the system.⁸⁸

Conclusion

From postpartum care to early education, from health care to financial support, ARPA provides necessary relief and the opportunity to build a support system that promotes the health and wellbeing of infants and toddlers and their families. As decision makers continue to plan for their COVID relief efforts, they must develop and implement policies and programs that center young children and their families, especially families of color. By choosing their efforts wisely, decision makers can seize this opportunity to strengthen an equitable, sustainable foundation that will benefit infants and toddlers well beyond the end of the pandemic. While we need long-term change to transform our nation's supports for young children and their families, ARPA has served as an essential step along the continuum to bold, transformed, equitable systems. All children and families deserve the chance to grow and thrive by having their needs met holistically, and now is the moment to start making that a reality.

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