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Federal and State Efforts to Improve Care for Infants and Toddlers

Jane Knitzer

SUMMARY

Can government help mothers and fathers manage their economic and parenting responsibilities? Should it try? This article examines how federal and state governments currently act as partners with the parents of four million babies who are born each year in the United States. Viewing public policy as a tool that expresses the priorities of society, this article summarizes the leading ways that policy touches the lives of infants and toddlers—from the tax code to mandates for family leave, to cash benefits and subsidies, to funding for direct service programs. Several conclusions emerge from this detailed catalog:

- Significant federal policies focus on the economics of family life, helping low-income families meet their children's basic physical needs and allowing affluent families to shelter income for their children's benefit.
- Far less policy attention addresses the challenges that parents face as caregivers trying to ensure that their infants are safe, nurtured, and encouraged each day.
- Child care, despite its importance for children's development, is seen by policymakers primarily as a service that enables parents to work. Opportunities to promote child development through high-quality care, therefore, go untapped.
- Some states have creatively combined federal and state resources to provide new services for infants and caregivers, expand successful programs, and build linkages across programs and agencies.

The author stresses the importance of maximizing the benefits of current federal policies that reduce the harm of child poverty, and urges policymakers to embed a developmental perspective in new state and federal programs and policies that touch the lives of infants, toddlers, and their families.

Jane Knitzer, Ed.D., is deputy director of the National Center for Children in Poverty at the Mailman School of Public Health at Columbia University.

Just under four million babies are born in America each year.[1] Parents of these very young children face two central tasks: providing economic security for their children, and providing care that is nurturing and appropriately stimulating to get their infants and toddlers off to a good start in life. This article examines the role that government can play in helping parents meet these two fundamental tasks. The first section explores issues related to public policy for children and families, and the special importance of policies for infants and toddlers. The second section provides an overview of current federal and state policies that affect families with infants and toddlers, highlighting both their strengths and limitations. The final section explores some of the implications for the future.

Overall, this article suggests that current public policies, particularly federal policies, play a vital role in helping families to provide basic supports for themselves and their children. Low-income families, especially, are often targets of policy attention. Much less attention, however, is focused on helping parents and other caregivers give their children the emotional support and stimulation that research suggests can make a vital difference as babies grow.

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About Public Policy: Definitions and Issues

Public policy is a tool that enables American society to set priorities. Some policies, such as those related to taxation, affect virtually everyone in one way or another. Other policies are targeted to special groups, such as individuals with disabilities, children in foster care, or low-income families who need help paying their energy bills. Many public programs created by legislative or other policy action are "means tested," that is, they provide resources or benefits, such as cash assistance or subsidies for child care and health care, to individuals or families who meet specified income criteria. In other instances, funds may be allocated through grant mechanisms or formulas to state, local, or nonprofit agencies to develop services such as early childhood programs or family resource centers. Some programs providing direct or indirect benefits to individuals or families are known as "entitlements." This means that anyone meeting the eligibility criteria must be served. Most programs, however, receive limited funding so that even some eligible individuals go without assistance.

In addition to channeling resources, policies can also be used to shape and reshape social and legal expectations. For example, when Congress enacted what is now known as the Individuals with Disabilities Education Act (IDEA) in 1975, it established the principle that disabled children can benefit from, and are entitled to, an education. A more recent example may be found in the Educate America Act (EAA) of 1994, which set forth the expectation that "every child shall enter school ready to learn" and established a National Education Goals Panel to provide leadership regarding the law's implementation.[2]

Federal policies and dollars largely shape the policy context for children and families, but there is much that states can do to influence the well-being of young children. Today, three patterns are visible in how states craft public policies for young children. First, states make choices about how to implement federal policies, for example, by setting more or less generous eligibility criteria. Second, a number of states use state dollars to expand federal program models, such as Head Start. Third, states also craft unique policies that are tailored to the state's particular demographics, political context, and historical patterns. The result is that across the 50 states, there is considerable variation in both the levels

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of investment in children and families, and the kinds of programs and policies that are supported.[3,4]

Historical Tensions and Changing Perceptions

Public policy on behalf of children and families has evolved slowly and with considerable tension about two issues: (1) where to draw the boundaries between public and private responsibility for raising children, and (2) where to draw the boundaries between federal and state responsibility.

The most enduring debate has been about the appropriate role for government with respect to children. Americans tend to view child rearing as primarily a private responsibility, and to consider government intervention acceptable only if families cannot meet their responsibility to the children. Consistent with this view, public policies for children have focused on poor children whose families cannot afford basic care for them, or on children whose families actively place them at risk of harm through maltreatment.[5] This country lacks the deeply embedded tradition that exists in many European countries of using public policy to promote the healthy development of all children.[6]

The second set of tensions that surfaces in dialogues about public policy for young children relates to the boundaries between state and federal responsibility. In the early twentieth century, this issue triggered fierce debates as states resisted the effort to enact national child labor laws.[7] Other legislation benefitting children passed during the 1960s and 1970s, when support for an activist federal role was widespread and the federal government adopted a prescriptive stance toward the states.[8] For instance, federal child welfare and special education legislation established rights and protections for children that states are still obligated to honor. Today, much greater value is placed on federal legislation that transfers decision-making authority to the states. This process, called *devolution*, is increasing the state-by-state variation in the implementation of federal programs.

One other tension has to do with how federal policies are perceived. Public skepticism toward a federal role reflects the belief that federal policies are uniform and top-down, allowing for little flexibility or local discretion. (See the article by Sylvester in this journal issue.) While this is true of some policies, it seldom characterizes federal programs that fund services. Polls indicate that parents and the public want programs that are locally designed, responsive to community needs, and based in caring relationships. In fact, public policies play a crucial role in supporting such local service programs, but that role is often invisible. For example, a mother who takes a general education development (GED) course through a neighborhood center may not realize that the center is funded with both federal and state dollars. Parents whose children have developmental disabilities may not know that the local early intervention program that they value so highly owes its existence to the framework (funds and mandates) set forth in a federal program known as the Part C Early Intervention Program of IDEA.

In sum, when Americans think of child and family policy, many share a concern that government will take over the role of parents. The nation has not benefitted from a vision of child rearing as a compact in which parents and society both have a stake and responsibilities, although public support has grown for specific policies, such as child care and children's health insurance. Ultimately, a more nuanced view of government action as a complement to the efforts of parents is necessary for children, particularly the youngest and most vulnerable.

Why Public Policies for Infants and Toddlers Matter

There are two reasons why public policy for infants and toddlers matters. The first is that scientific knowledge about the significance of early development provides a compelling rationale for public investment in infants and toddlers. Data paint a clear picture of opportunities to promote positive early development and of the costs of failing to support development. Seldom has there been such a body of rich and textured information about what can be gained by paying attention to emerging science, and what can be lost by ignoring it.[9-11] (See the article by Thompson in this journal issue.)

Every family that pays taxes (some low-income families do not) and has a child receives a tax deduction for that child, which amounted to $500 per child in 2000.

The second reason why public policies for infants and toddlers matter is that parenting infants and toddlers in the current economic and demographic context is very challenging. Work is the norm for women. One-third of families involve only one custodial parent, and even women with very young children are working. This means that meeting the dual parenting responsibilities of providing economic security and nurturing can be fraught with difficulty. This is true even for the most resourceful and resource-rich families; the panic of a mother whose baby will not nurse knows no income boundaries. But it is even more true for families without material resources: for instance, a parent who faces an empty cupboard at the end of the month, one who works odd shifts and cannot afford child care, or a low-income father raising his toddler alone. For families like these, public policy is not a distant, unfathomable abstraction, but a direct force that affects real lives and real options. Public policy determines whether a public health nurse can assist the new mother, and whether there will be food for the empty cupboard, a subsidy to pay for child care, or parenting support for the struggling father.

Caution is of course in order, and grandiose claims for public policy are to be avoided. There is much that public policies cannot do. How well babies fare depends greatly upon the quality of the caregiving they receive from parents and others. But well-designed and well-implemented public policies can provide resources and support that enable parents to do their best as both economic providers and nurturers.

Public Policies to Promote Family Economic Security

Family economic security sets a powerful context for child development and family well-being. Poverty is increasingly recognized as the most pervasive risk factor facing children, with research suggesting that infants and adolescents are especially vulnerable to its negative impacts.[12] From a policy perspective, the operational definition of poverty is set by the federal government. In 1999, the federal poverty threshold for a family of three was $13,861, and $16,895 for a family of four.[13] By this definition, 18% of all children under age six are growing up in poverty, (8% in extreme poverty, that is, in families with incomes under 50% of the poverty level). Altogether, 41% of all young children are in families with incomes under 200% of the poverty level.[14]

To buffer the damaging effects of poverty on child development, parents rely on two types of government policies. The first type involves efforts to increase family income through tax policies, welfare payments, or wage supplements. The second involves efforts to ensure that poor families have access to the "basics"—food, health, and shelter.[3] Table 1 provides information about the purpose and funding of selected federal programs that promote family economic security by increasing family income. Table 2 provides information about selected federal programs that help families meet the basic needs of their children.

Policies to Enhance Family Income

Caring for infants and toddlers costs a lot of money; for instance, they need cribs, diapers, and frequent trips to the doctor (which are complex if there are transportation problems, other young children, or disabilities in the family). Disposable income makes the mechanics doable, while the absence of income creates stress for parents. Public policies from the tax code to welfare rules directly affect how much cash a family has. Table 1 highlights four major federal programs: one affecting all families with children, the others targeting families in specific circumstances.

Tax Policies

Basic tax policies are set at the federal level and implemented by the Internal Revenue Service. As currently structured, every family that pays taxes (some low-income families do not) and has a child receives a tax deduction for that child, which amounted to $500 per child in 2000.[15,16] Families adopting children, including infants, also receive a tax deduction. Alternatives exist that would provide a more generous tax benefit for children, such as a children's allowance, a significantly higher deduction, or a child tax credit that would be

Table 1

Major Federal Programs to Increase Family Income

Program Name	Purpose	Eligibility Criteria	Funding Levels/Revenue Loss F=Federal/S=State	Number Served
Child Tax Exemption	Provides child tax credit of $500 per qualifying child under age 17.	Families who pay taxes and have children.	Not available	Not available
Earned Income Tax Credit (EITC)	Provides tax credit for low-wage working families. The credit increases as earnings go up.	Families who have children[1] and earn just over $30,000.	The total amount of the credit in 1997 was $30.4 billion, of which $24.4 billion was refunded to the taxpayers. The average credit per family was $1,567.	In 1997: 19.3 million families received the credit.
Temporary Assistance to Needy Families (TANF)	Provides cash assistance to families transitioning to work.	Low-income parents with eligibility thresholds set by states.	In 1999, total of $21.7 billion: F = $11.3 billion S = $10.4 billion	In 1999: On average, 2.6 million families served each month, including 5 million children.
Child Support Enforcement	Ensures children receive child support payments from absent parents.	Mandatory participation for all TANF recipients; optional for all others.	In 1998, states spent $3.6 billion to collect $14.3 billion in child support ($2.6 billion from parents of children on TANF, $11.6 billion from others).	In 1998: 948,000 paternities were established. In 1997: 6.6 million absent parents were located.

[1]About 97% of the EITC credits go to working families with children. There is a small program for credits to families without children.

Source: Committee on Ways and Means, U.S. House of Representatives. *2000 green book: Background material and data on programs within the jurisdiction of the Committee on Ways and Means.* Washington, DC: U.S. Government Printing Office, 2000. Specific information is available on the Child Tax Exemption on pp. 828–29; on EITC in Table 13-14 on p. 813; on TANF in Table 7-16 on p. 406–7, and Table 7-4 on p. 378; and on Child Support Enforcement in Table 8-10 on pp. 538–39, Table 8-20 on p. 558–59, and Table 8-9 on p. 529.

refundable for those who owe no tax. Such policies have been debated, but there has never been sufficient support to enact them.

States also develop their own tax policies. Nine states, for example, do not impose any income tax at all. The states that do have income tax policies vary in their treatment of low-income families. Twenty-two states exempt families living below the poverty level from paying income taxes, while 20 states impose taxes on them. Four of the 20 states even tax families with incomes below 50% of the poverty level.[3]

A very important innovation to the federal tax code is the Earned Income Tax Credit (EITC), first enacted in 1975 and significantly expanded in 1993. The EITC seeks to bolster the incomes of low-income, working families. It is targeted to low-wage workers whose earnings are under a specific threshold (just over $30,000 in 2000).[17] If a family's credit exceeds its tax liability, the family receives a refund that can offset its taxes and supplement its wages. The EITC program, unlike many federal policies, is structured so that there is a built-in incentive to increase earnings. Basically, the more money a family earns while remaining eligible, the higher the credit it receives. In 2000, the EITC reached 18 million low- and moderate-income working families (it is not known how many of those families had infants and toddlers).[18]

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Research shows that the EITC is a highly effective child poverty reduction strategy. One study found that it helped to lift more than 4 million families out of poverty, including 2.4 million children.[19] Another analysis found that in 1996, the EITC reduced young child poverty by about one-quarter.[20] The program has been especially effective in promoting work force participation among single parents. Building on the federal model, 12 states have created their own Earned Income Tax Credit programs. Ten of those programs, paralleling the federal program, offer a refundable tax credit.[3] A recent analysis by the National Center for Children in Poverty suggests that if all the states had refundable earned income credits between 25% and 50% of the federal EITC, it would lift between one-half and one million children out of poverty.[17]

TANF

The Temporary Assistance to Needy Families (TANF) program targets the smallest group of low-income families—those with virtually no income. TANF is the latest version of America's welfare program, which replaced the Aid to Families with Dependent Children program (AFDC) in 1996. TANF gives a monthly cash assistance benefit to eligible families. The size of the benefit is set by states, with the maximum annual benefit ranging from $1,968 in Alabama to $11,076 in Alaska.[3] TANF requires that even parents of very young children work as a condition for receiving cash assistance.

The work requirement that is central to the TANF program marks a significant departure from the AFDC program. Historically, mothers of children under age three were exempted from any work requirements on the premise that mothers needed to be home with their children. The premise of TANF is that mothers, regardless of the age of their children, should work. In fiscal year (FY) 1999, close to one-third of families receiving TANF had children under age three, 12% had infants, and 21% had children between ages one and two.[21] The federal TANF regulations permit states to exempt mothers of infants and toddlers from work requirements for up to one year. As of 1999, 23 states had adopted one-year exemptions—5 states had exemptions longer than one year, 4 states exempted parents for up to six months, while 12 states had a three-month exemption. The remaining states had no exemption criteria.[22] There has, unfortunately, been very little research on what these requirements mean to families in real-life terms. One study found that mothers return to work early regardless of the length of the work exemption.[23,24] Informal reports also suggest that the pressure on new mothers to work is having a chilling effect on their willingness to participate in home visiting and other family support programs.[25]

The fact that welfare policy now requires mothers of infants to work no doubt reflects the demographic reality that, across all income groups, 61% of mothers of infants

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and toddlers are working.[14] But for poor, single mothers of infants, work often means low-wage jobs, irregular hours, no benefits, and child care of questionable quality. Whether this policy shift will be beneficial or harmful in the long run (in the absence of a major effort to address the quality of infant-toddler child care) remains to be seen. (See the article by Phillips and Adams in this journal issue.) This is an issue crying out for careful scrutiny through both policy and developmental research.

Child Support Enforcement

Approximately 30% of children in America live in single-parent families. The vast majority of these families are headed by women, although the percentage of single fathers is increasing.[26] Since 1975, the federal government has steadily increased efforts to see that noncustodial parents pay child support, through child support enforcement policies (referred to as Title IV-D of the Social Security Act).[27] Success has been mixed. In 1998, only 60% of the 11.9 million single-headed households eligible for child support payments even had a support award from the court. Of these, only 22% received the amount to which they were entitled.[28] Although it has been estimated that potentially $51 billion could be collected in child support payments, only $16 billion is actually collected. Largely as a result of the federal child support enforcement program, however, collections on behalf of never-married mothers have increased from 4% in 1976 to 18% in 1997.[28]

Of particular significance for parents of infants and toddlers are recent concerted efforts to reach out to new fathers to establish paternity (without which child support enforcement efforts cannot proceed). In 1999, close to 950,000 paternities were established. Mothers who receive TANF payments are required to name the fathers of their children. Sometimes, such requirements can be used as a catalyst for outreach programs that help unmarried fathers connect with and nurture their babies.[26]

Family and Medical Leave Act

The Family and Medical Leave Act (FMLA), enacted in 1993, sets forth expectations for employers but, as currently structured, does not provide any direct economic benefits to families. (See the article by Asher and Lenhoff in this journal issue.) The law requires public agencies and businesses with more than 50 employees to offer unpaid family leaves of up to 12 weeks to parents of newborns, those who are adopting children, and those who must care for an ill family member. Not surprisingly, relatively few new parents have taken advantage of the FMLA, since doing so requires a certain level of affluence. (See the article by Friedman in this journal issue.) But the law does signal a new attention to the problems that families face in balancing work and family life in general, and it acknowledges the importance of early nurturing in particular.

Policies to Provide Access to Basic Supports

Poor families with very young children benefit greatly from government income support programs, but they also rely heavily on federal policies that address their basic needs for food, shelter, and health care. These programs have a special significance for babies, toddlers, and their parents, since poor health and nutritional deficiencies are especially threatening for children during the first three years of life. Babies who lack adequate nutrition, homeless infants and toddlers, and young children who lack health care all suffer in the short term, and they often experience long-term consequences. (See the article by Thompson in this journal issue.)[9] Moreover, this is also a crucial time for the baby's primary caregivers to be well-nourished and in good health. Table 2 highlights selected federal programs that help families access these basic supports.

Food Stamps

The basic federal program for families without sufficient resources to buy nutritionally adequate food is the food stamp program. Through it, recipients receive coupons that can be redeemed for most groceries in food stores. Its reach is broad. In 1999, the program served some 18.2 million people in 7.7 million households, at a cost of $21.2 billion. This number represents a decrease of more than nine million households since 1994, a matter of some concern.[28,29] There is no information on how many families with infants and toddlers receive food stamps. Only six states enroll 75% or more of the estimated population of eligible young children.[3]

Table 2

Major Federal Basic Support Programs

Program Name	Purpose	Eligibility Criteria	Funding Levels/ Revenue Loss F=Federal/S=State	Number Served
Medicaid	An entitlement program to provide health insurance to low-income individuals.	All low-income individuals. All children under age six with family income at or below 133% of poverty level.	In 1998: F = $117 billion (all ages)[1] S = $87.6 (all ages)	In 1998: 18.3 million children (all ages), including 4.6 million children under age six (49% of those eligible)
State Child Health Insurance Program (SCHIP)	Formula grants to states for insurance for low-income children.	States establish criteria, may cover up to 200% of poverty level and in some instances more.	In 1998: F = $4.2 billion alotted S = N/A	In 1999: 2.0 million children (all ages)
Food Stamps	Coupons to allow families to provide nutritionally adequate low-cost diet.	Family income at or below 130% of poverty level. Must be working or in training to receive food stamps for over 3 to 6 months in any 36 months.	In 1999: F = $19.3 billion S = $1.9 billion	In 1999: 19.3 million individuals
Women, Infants, and Children (WIC)	Food assistance, nutrition-risk screening, nutrition education, referrals for low-income women and their young children.	Family incomes at or below 185% of poverty level. Nutritional risk. Women who are pregnant or post-partum; children under age five.	In 1999: F = $4.0 billion	In 1999: 1.9 million infants 1.7 million women 3.7 million children (ages 1 to 5)
Housing Assistance	Public housing and rental subsidies to reduce housing costs and improve housing quality for low-income families.	Programs vary, but generally: Income at or below 50% of local median income level. Housing costs more than one-half of family income. Living in substandard housing.	In 1999: F = $53 billion	In 1999 to 2000: 5.2 million households

[1]In 1998, children were 45% of all Medicaid beneficiaries but accounted for only 14% of Medicaid expenditures. The average per capita expenditure was $1,117 for children and $10,243 for the elderly. For the 16 million children in foster care, the average expenditure was $3,583.

Source: Committee on Ways and Means, U.S. House of Representatives. *2000 green book: Background material and data on programs within the jurisdiction of the Committee on Ways and Means.* Washington, DC: U.S. Government Printing Office, 2000. Specific information is available on Medicaid in Table 15-13 on p. 912, and Table 15-16 on p. 915; on SCHIP in Table 15-28 on pp. 939–41, and Table 15-27 on p. 934; on food stamps in Table 15-4 on p. 870, and Table 15-11 on pp.891; on WIC in Table 15-36 on p. 961; and on Housing Assistance in Table 15-23 on pp. 953–54, and in Table 15-30 on pp. 948–50.

WIC

Recognizing the special importance of adequate nutrition for pregnant women, infants, and young children, the federal government established the Special Supplemental Nutritional Program for Women, Infants, and Children (WIC). Funded in FY 1999 at about $4 billion, WIC targets low-income pregnant, breast-feeding, and postpartum women, and infants and children up to age five, providing nutritional supplements, coupons that can be used to buy specific foods, and nutritional education to

The Medicaid program has been a very important source of health care for low-income children, at a relatively low cost of about $1,117 per child per year.

women and children determined to be at nutritional risk.[28] Evidence suggests that children enrolled in WIC benefit nutritionally and are more likely to have access to health care and up-to-date immunizations.[30] Even so, only 11 states supplement the federal WIC dollars with state resources.[3,31]

Health Care

Since 1965, the Medicaid program has provided government-funded health insurance to low-income young children, including babies and toddlers. Medicaid is an entitlement program (which means that anyone meeting eligibility requirements must be served). In 1998, Medicaid served about five million children, or 61% of all young poor children from birth to age five, and 24% of all young children. The program pays the medical costs for about one-third of all U.S. births[32] and serves about 40% of all infants in the country.[33] Through a provision known as early and periodic screening, diagnosis, and treatment (EPSDT), Medicaid pays for a complete package of basic health services needed by children. For infants and toddlers, this package includes well-baby visits on a schedule that meets pediatric standards, plus screening for elevated lead levels at ages one and two. The Medicaid program has been a very important source of health care for low-income children, at a relatively low cost of about $1,117 per child per year. The child health component of Medicaid represents between 14% and 15% of the program's total expenditures.[28]

Many children still remain without health insurance so, in 1997, Congress created the State Child Health Insurance Program (SCHIP), funded at $40 billion between 1998 and 2007.[28] SCHIP gives states the option of expanding health coverage to children in families with incomes up to or above 200% of the poverty level. In contrast to the comprehensive pediatric care required by Medicaid, SCHIP requires only well-baby and well-child care and immunizations.[32] SCHIP is not an entitlement program, but it has had a powerful effect in expanding access to health care. As of January 1, 2000, some 20 states covered children under age six at 200% of the poverty level, and 13 states set the eligibility cutoff even higher.[3] By 2000, more than three million children had been enrolled.[34]

Having health insurance is also important for parents of infants and toddlers, both because of the health risks of pregnancy and because a serious parental illness in infancy can disrupt a relationship at a crucial time. However, the picture is not as promising for parents as it is for children. SCHIP provides no coverage for parents, and Medicaid coverage is limited. Only two states cover parents with incomes up to 200% of the poverty level, 10 states cover parents with incomes up to the poverty level, and 18 states cover parents only in very poor families (those with incomes at 50% of the poverty level).[3] A few states and jurisdictions (including Florida, Rhode Island, and San Francisco) extend coverage to child care providers as a way to reduce turnover and improve child care quality. (See the article by Levine and Smith in this journal issue.)

Summary

The policies highlighted in this section define America's current agenda to reduce child poverty. As Tables 1 and 2 show, they affect the lives of millions of children and families. What they do not do, however, is address emerging developmental knowledge about what children need to thrive. Only the FMLA explicitly addresses work/family challenges, albeit not income challenges, and none of these policies seeks to promote healthy parent-child relationships. That is left entirely to parents. Most reflect the traditional paradigm of offering government intervention as a last resort. Whether this is the right approach for the twenty-first century, in a society in which fully 41% of young children live in families earning under 200% of the poverty level, remains a central, unaddressed question.

The Special Challenge of Child Care Policy

From a policy perspective, child care is primarily viewed as a basic support that enables parents to work. In a society in which 61% of women with children under age three are employed (as are even more women whose children are older), child care is indeed a basic necessity. (See the article by Phillips and Adams in this journal

Table 3

Major Federal Child Care Programs

Program Name	Purpose	Eligibility Criteria	Funding Levels/ Revenue Loss F=Federal/S=State	Number Served
Dependent Care Tax Credit	Tax credit for child care expenses (up to $2,400 for one child, $4,800 for two children).	Families who pay taxes and have children under age 13.	In 2000, estimated: $2.2 billion in revenue loss	In 1997: 5.8 million claims were made, averaging $425 per family
Child Care Development Fund (CCDF)	Child care subsidies for low-income families.[1]	Families who are working or in training, with incomes at or below 85% of state median income level. Children in protective child care.	In 1998: F = $3.5 billion S = 1.7 billion	In 1998: 1.5 million children served, or an estimated 15% of those eligible
Temporary Assistance to Needy Families (TANF)	States can transfer up to 30% of TANF to CCDF, to subsidize child care for families receiving or leaving TANF.	Needy children as determined by the state.	In 1999: F = $16.5 billion S = $1.14 billion in fund transfers	Not available
Child and Adult Care Food Program (CACFP)	Subsidies for meals and snacks served in Head Start, child care, after-school programs, and shelters.	Children under age 12 in centers, age 18 in after-school settings, age 16 if migrant, and any age if special needs.	In 1999: F = $1.6 billion	In 1999: 2.6 million children

[1]States must use at least 70% of total entitlement funds for child care services for TANF families or families at risk of welfare dependency. No less than 4% of all funds must be used for child care quality-improvement activities (that is, consumer education, activities to increase parental choice, and efforts to improve the quality and availability of child care).

Source: Committee on Ways and Means, U.S. House of Representatives, *2000 green book: Background material and data on programs within the jurisdiction of the Committee on Ways and Means.* Washington, DC: U.S. Government Printing Office, 2000. Specific information is available in Table 9-15 on pp. 600–1; on Dependent Care Tax Credit in Table 13-15 on p. 816; on CCDF in Table 9-26 on p. 621; and on CACFP on p. 962.

issue.) But, in fact, child care should be viewed as much more than just a basic support to parents. Today's infants and toddlers spend unprecedented amounts of time in child care settings. An analysis of data from 12 states, for instance, found that 39% of infants and toddlers with employed mothers are in child care centers or family child care homes, for an average of 25 hours a week.[35] For these infants and toddlers, child care should be an opportunity to promote the kinds of nurturing early experiences that research indicates are so important for later development.[9] Public investments in child care are important not just to support parental employment, but to advance public policy goals, such as school readiness and sound early nurturing. For the most part, however, child care policies do not focus on early nurturing.

Current federal child care policies (highlighted in Table 3) focus primarily on the cost and availability of child care. The policies aim to make care more affordable to families primarily through two basic strategies: tax cred-

Despite large increases in spending for child care over the past few years, the vast majority of children who are potentially eligible do not receive subsidies.

its for the more affluent and child care subsidies for low-income families. In addition, the Child and Adult Care Food Program (not discussed in this text) reimburses the cost of food served to children in child care settings.

Child Care Tax Policies

The federal dependent care tax credit allows families with children under age 13 to claim a credit against their federal taxes for the cost of child care. The credit can go up to $2,400 for one child and $4,800 for two or more, depending upon the family income and actual child care expenses. (The benefit levels were set in 1981 and are not indexed for inflation.) It is estimated that, in 1997, this credit cost the federal government $2.5 billion in lost revenue.[36] The federal credit is not refundable, so it is of no help to low-income families who do not owe taxes, although it is an important benefit for middle- and upper-income groups. Most states have also built dependent care tax credits into their income tax laws,[37] but only eight states have made them refundable, with maximum benefits ranging from $288 to $1,400 for families with the lowest incomes.[38]

Child Care Subsidies

For low-income families, child care policy takes the form of making subsidies available to cover all or part of the costs of care for families transitioning from or trying to stay off of welfare. The federal child care subsidy program, known as the Child Care Development Fund (CCDF), was funded at $3.5 billion in FY 1998. States added an estimated $1.7 billion in funding for child care subsidies.[28] In 1998, close to 17% of the CCDF caseload was comprised of children under age two, and 28% were children under age three. The implementation of the child care subsidy system is complex, with considerable variation in state policies about who is eligible, how much families must pay, and the type of care that can be reimbursed.[39] States are permitted to enroll children in families earning up to 85% of the state's median income. However, despite large increases in spending for child care over the past few years, the vast majority of children who are potentially eligible do not receive subsidies. Nationally, it is estimated that only 12% (about 1.7 million children) out of the estimated 14.7 million eligible children receive child care assistance. Enrollment varies considerably by state, from a low of 3% in the District of Columbia to a high of 25% in West Virginia.[40]

As suggested earlier, efforts to use child care policies to promote early nurturing and appropriate stimulation are limited. States must use at least 4% of their total federal allocation for efforts to improve the quality of care and provide consumer education. However, a recent study of state policies suggests that these funds most often go to small projects, not to implement a strategic state plan to improve child care quality.[39] In 1998, Congress earmarked $50 million of the CCDF pool of dollars for strategies to increase the supply and improve the quality of care explicitly for infants and toddlers. There has been, however, no systematic accounting of how these funds have been used.

Summary

The policy picture is clear. Child care policy is indeed a special case, but it remains largely outside of the policy debate about how to promote the well-being of young children and ensure that they enter school ready to learn. A recent report noted that child care and early learning are two sides of the same coin,[41] but policymakers have yet to integrate this perspective in existing approaches.

Policies to Promote Nurturing Care and Early Development

All infants and toddlers require nurturing and appropriate stimulation from their parents and other caregivers, but some face very special challenges as they navigate the crucial early years. Some challenges are related to family issues, such as poverty, substance abuse, domestic violence, and depression.[42] Sometimes, the problems are related to the babies themselves, if they are born with special health challenges or disabilities. Even though the child care policies just highlighted reflect little explicit attention to promoting nurturing, healthy relationships and positive stimulation, the federal government does invest in some developmental programs for infants and toddlers that are based on promoting healthy early relationships. Three such programs are described here and outlined in Table 4 (Early Head Start; Even Start, which

Table 4

Major Federal Early Care and Family Support Programs

Program Name	Purpose	Eligibility Criteria	Funding Levels/ Revenue Loss F=Federal/S=State	Number Served
Early Head Start (EHS)	Head Start programs develop social competence, learning, health, and nutrition in low-income children birth to age five, and provide family support. EHS serves those under age three.	90% of children served live in families with incomes at or below the poverty level. 10% of children served have special needs/disabilities.	In 2000: F = $5.3 billion for Head Start (of that, $421 million goes to EHS)	In 2000: 857,664 children attended Head Start (including 45,100 infants and toddlers in EHS)
Even Start	Provides family literacy programs integrating early childhood education, adult literacy, basic education, and parenting education.	Low-income, low-literacy families with children under age seven.	In 1999: F = $137 million (including $2 million for Native American and migrant families)	Not available
Early Intervention for Infants and Toddlers	Promotes development and remediates problems among infants and toddlers with identified disabilities. (Also called Part C of IDEA.)	Children with developmental disabilities with specific criteria set by states.	Not available	In 1998: 188,000 infants and toddlers with special needs

Source: Information on Early Head Start is available online at the Head Start Bureau's Web site: http//www2.acf.dhhs.gov/programs/hsb/about/fact2001.htm. Information on Even Start is available online at the U.S. Department of Education's Web site: http//web99.ed.gov/GTEP/Program2.nsf. Information on Early Intervention comes from the U.S. Department of Education. 22nd annual report to Congress on the implementation of the Individuals with Disabilities Education Act. Available online at http://www.ed.gov/offices/OSERS/OSEP/OSEP2000AnlRpt/.

is a family literacy program; and the Early Intervention Program for Infants and Toddlers with Disabilities).[43] Finally, a brief mention is made of current child welfare policies because they affect so many high-risk young children.

Early Head Start

In 1994, in response to compelling research that early experiences and relationships affect how the brain grows and set the framework for development (see the article by Thompson in this journal issue),[44] Congress took a dramatic step toward recognizing the importance of positive early experiences for infants, toddlers, and their families. They created the Early Head Start (EHS) program to serve pregnant women and children under age three in poor families. Built on the defining principles of Head Start (which primarily serves four-year-olds), the goals of EHS are to promote child development and enhance family efforts to nurture and educate their children. EHS adopts a deliberate two-generation strategy that supports both babies and their parents through individualized child development and family support services. The program is also charged to work with those who provide child care to children enrolled in EHS. (See the article by Fenichel and Mann in this journal issue.)

Since 1994, the program has grown rapidly, serving an estimated 45,000 families in 2000 with an allocation of more than $400 million (about 10% of current funding for Head Start). In addition, six states supplement the federal funds for EHS to expand the numbers of infants, toddlers, and families served—a pattern which is likely to increase.[3] An evaluation report, released in January 2001, found that after a year or more of program services, two-year-old EHS children performed significantly better than a control group on measures of cognitive, language, and social-emotional development; and their parents scored higher on measures of home environment, parenting behavior, and knowledge of infant-toddler development. EHS parents were also more likely to attend school or have jobs, and they experienced less stress and family conflict.[45] These findings show that by taking a comprehensive, family-focused approach, it is possible to improve outcomes for a population at risk of poor emotional, social, and cognitive development.

Even Start

The Even Start Family Literacy Program, first enacted in 1989, is part of comprehensive legislation known as the Elementary and Secondary Education Act. Targeting community-based organizations, it provides funding for an approach to family literacy that combines early childhood education, adult literacy or adult basic education, and parenting education. Families with children from birth to age eight are eligible for enrollment. Although the funding level for this program is far less than the funding for the basic support programs highlighted in Table 1, the program is of interest because it requires attention to child development, parent-child development, and adult development. It also provides one funding stream to pay for its varied services.[46] The exact look of these program components is determined locally, but, like EHS, Even Start programs are both comprehensive and two-generational. Many other programs must find different funding sources to integrate these foci.

Early Intervention

The federal early intervention program for infants and toddlers was enacted in 1986 as part of the federal special education law (IDEA). Like EHS, this program was also a response to research findings. In this case, studies showed that the sooner intervention services begin for children with developmental delays, the higher the level of functioning that can be achieved. By 1998, some 186,000 children from birth to age three (1.6% of the total population of all children in that age group) were being served by this program.[11,47]

This groundbreaking program requires a "family service plan" for each baby or toddler with identified developmental delays or disabilities. (For children over age three, the focus is on the child rather than the family.) The program is designed to ensure that eligible young children

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receive a multidisciplinary assessment of their disabilities and then referrals to needed occupational, physical, communication, or other therapies. It also aims to see that parents and, in some states, other caregivers receive help in learning how to deal with the problems facing the child. State and community-level parent councils provide leadership to the program, overseeing the development of a multidisciplinary system of early intervention services. However, as currently implemented, most local programs do not directly address problems in early emotional development and relationships.[48]

Child Welfare Services

Each year, more than 150,000 children under age five are placed in foster care by court order because their parents have seriously abused or neglected them, are in jail, or are otherwise unavailable. Over the past decade, infants accounted for one in five admissions to foster care, and they now represent about 30% of all children in care. Infants also make up the largest single group of victims of substantiated child maltreatment, some of whom receive child welfare services in their own home.[49] Whether they are in foster care or receiving family support services in their own homes, these infants and toddlers are a particularly vulnerable population, already deeply affected by parental problems that pose a grave risk to their emotional health.[50]

For the most part, children affected by maltreatment are cared for by the nation's basic child welfare programs. One of these programs pays the cost of foster care for children (Title IV-E). Another provides incentives to promote the adoption of children in foster care who cannot be returned to their own parents (the Adoption Assistance Program). In addition, several programs support an array of services to children and families primarily in their own homes. Altogether, funding for child welfare services is more than $4 billion, and it is expected to rise sharply.[28]

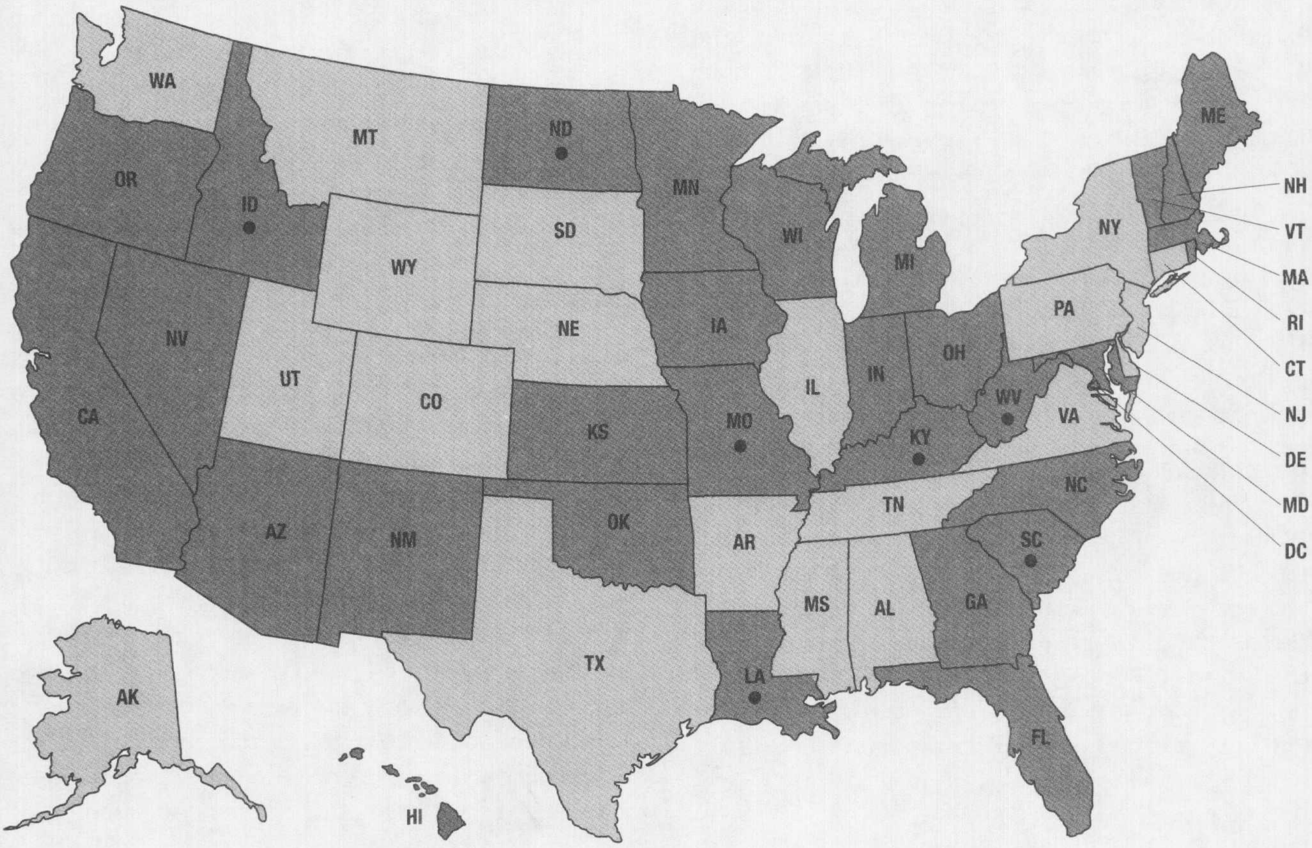
Although children who have been involved with protective services can receive subsidized child care, despite their vulnerability, there are no special child welfare incentives to address the developmental needs of the youngest children. Indeed, in most communities, despite the presence of an early intervention program, these children are seldom referred for developmental screenings or assessments through the early intervention program previously described.[9,51]

State Efforts to Promote Early Nurturing

The past few years have seen growing state policy action to support parents and promote child development.

Figure 1

States Funding Child Development and Family Support Programs for Infants and Toddlers in FY 2000



KEY: ■ States funding programs that specifically target infants and toddlers (31 states)
■ States not funding programs that specifically target infants and toddlers (20 states)
● States that did not report programs for infants and toddlers in *Map and Track 1998*, but have since added such programs (7 states)

Source: Cauthen, N.K., Knitzer, J., and Ripple, C. *Map and track: State initiatives for young children and families.* New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University, 2000. Reprinted with permission.

Joining federal- and state-controlled resources is a powerful strategy that challenges the perception that federal dollars mean federal control.

Many of these efforts focus particularly on four-year-olds. For instance, the 2000 edition of *Map and Track*, a biennial report issued by the National Center for Children in Poverty,[3] found that 75% of the state funds used for young children were targeted to preschoolers. Attention to the well-being of infants and toddlers is increasing, however. Although, in 2000, the total funding ($226 million) for infants and toddlers was only 8% of the reported state child development and family support expenditures, that amount represented an increase of 109% since 1998. As Figure 1 shows, 31 states now fund one or more child development and family support programs for children under age three. Seven states added programs between 1998 and 2000.

Four examples of state approaches that promote early nurturing are highlighted here to illustrate how states can (1) maximize the use of federal policy and resources to achieve state goals, (2) provide training statewide for infant and toddler caregivers, (3) increase the impact of home visiting programs and plan strategically for new infant and toddler initiatives, and (4) use a network of family support programs as a hub for a diverse array of services that enhance parenting during the early years. Other articles in this journal issue also describe innovative state approaches (see especially the articles by Levine and Smith, and by Bodenhorn and Kelch). The examples here are drawn from the latest edition of *Map and Track*.[3]

Supplementing Federal Programs

Kansas is one of six states that supplements the federal EHS program with either TANF dollars, state dollars, or revenues derived from sources, such as lotteries. In Kansas, the state has chosen to allocate $5 million from its share of the federal TANF block grant to expand EHS to serve an additional 525 infants, toddlers, and families.[52] For the children enrolled in EHS, Kansas also provides a "seamless" system of full-day, full-year services from birth to age four. State funding bridges the gap in coverage that exists for three-year-olds who are usually too old for EHS and too young for Head Start. This linked system can serve only a small number of eligible children, but it marks the state's recognition of the importance of promoting continuity of care for infants, toddlers, and preschoolers in a deliberate, strategic way. Joining federal- and state-controlled resources is a powerful strategy that challenges the perception that federal dollars mean federal control. The Kansas example highlights how federal dollars are being used to implement the state's priorities and vision.

Improving Infant and Toddler Child Care

California's Program for Infant and Toddler Caregivers (PITC) is a child care training initiative that has been ongoing for a decade. The Child Development Division of the Department of Education currently partners with WestEd, a national training organization that produces a video curriculum for infant and toddler caregivers, to build community capacity to increase the supply and quality of infant-toddler care. The program invests in regional training coordinators certified by WestEd to work with local communities. The training coordinators mobilize local infant/toddler program administrators, family resource staff, local child care resource and referral staff, and others to promote infant-toddler care across the state. The aim is to design local strategies to recruit and train new infant-toddler care providers, improve the quality of infant-toddler care, and promote the inclusion of special needs children in child care programs.[53]

Building Home Visiting Networks

Notwithstanding research that suggests some caution in expectations about home visiting programs,[54] many states are investing resources in this strategy. In Massachusetts, state leaders hope to create a more family-friendly service delivery system. They are linking the state's early screening program, called FIRST Steps, with three targeted, voluntary home visiting programs that are now funded at more than $12 million. Families identified as needing additional help during the FIRST Steps screening are referred to the appropriate home visiting program in their own community. Each program serves a slightly different population: one program targets first-time teen parents, another serves families in 16 high-risk communities, and a third assists low-income families who are not eligible for Medicaid. In FY 2000, the state also invested $6.4 million in a fourth infant-toddler program focused on family literacy. That pro-

Although developmental research findings are beginning to be integrated into public policies, investments in children's early development pale in comparison to the investments in the family economic security programs.

gram is open to all. It uses community volunteers to provide literacy and family support activities to any family that is expecting or has a baby under age three.

The proliferation of small home visiting programs has raised concerns among state officials across the country and among families, who sometimes report receiving uncoordinated help from multiple home visitors. Massachusetts is one of the few states that has taken explicit steps to try to rationalize the service delivery system. In addition, Massachusetts has also created a broader public-private partnership, known as the Executive Summit on Infants and Toddlers, to map existing services for infants and toddlers and develop a strategic plan to promote high-quality services for the future. Key partners include the State Executive Office of Health and Human Services (representing public health, child care, education, and Head Start), higher education institutions, community providers, legislators, foundations, and public and private advocacy organizations. The summit has been a catalyst for cross-system training across the state and is developing a plan to increase the supply of infant-toddler child care.

Creating a System of Supports

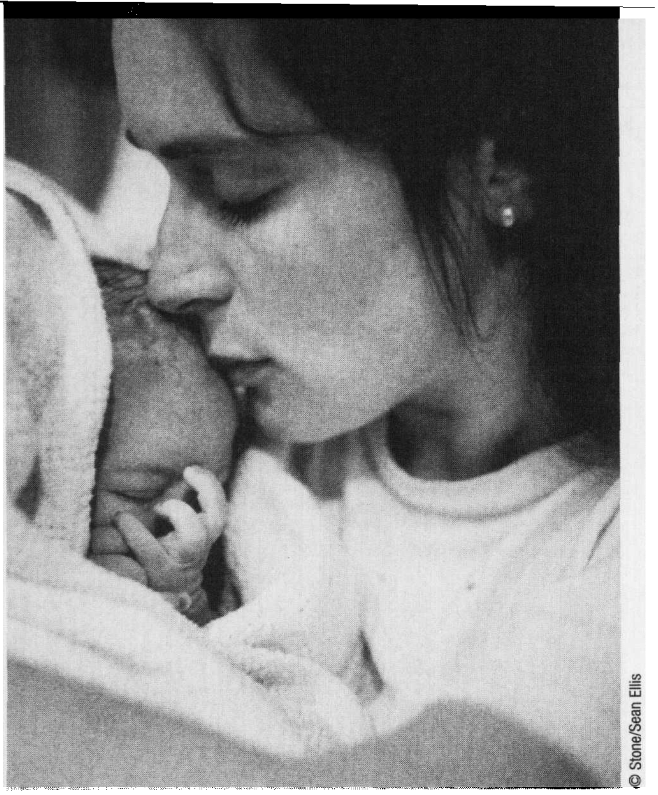
Over the past several years, Vermont has also made a sustained effort to strengthen its policies to infants and toddlers. At the core of the Vermont approach is a network of Parent-Child Centers designed to promote nurturing early relationships for infants, toddlers, and their families. In addition, the state has developed regional early childhood planning councils across the state, linked to a statewide outreach team. The state has also developed strategies to meet the special needs of families on TANF, as well as those affected by substance abuse, domestic violence, and other factors that put their babies at risk of poor developmental outcomes. For example, caseworkers for Vermont's TANF program are stationed on site at the Parent-Child Centers and receive the same training on developmental issues as does the center staff. Most recently, the state has strengthened its capacity to assist caregivers, families, and children with early childhood mental health issues. For instance, the state funds mental health consultants in child care centers, informal parent support groups facilitated by mental health professionals, and clinical supervision for child care workers.[55] The state has also taken steps to address another problem reported across the country—the use of home visitors who do not have the skills to meet the needs of the most troubled families. To that end, through a memorandum of agreement with the state Health Department, mental health professionals now take over contact with the highest-risk families seen in the home visiting program.

Summary

The previously mentioned examples highlight three important themes. First, states are just beginning to explore opportunities to use federal programs, such as EHS and the early intervention program, to benefit very young children. Second, states are using their own funds to design a range of program approaches to meet the needs of those who care for infants and toddlers (that is, first-time parents, high-risk parents, and child care providers). Third, some states are beginning to focus on "system development" issues and are looking beyond individual programs. Some states seek to link staff who work with infants and toddlers to ongoing training and information about best practices. Other states focus on helping families do better at parenting, even in the face of work pressures. These efforts at strategic planning on behalf of the states' youngest residents are still new; children, regardless of age, do not get the strategic attention that economic development or land use does, but it is a start.

Toward the Future

America is in its infancy in developing explicit policies to promote the well-being of infants and toddlers, but there is much to build on. Millions of infants, toddlers, and their families already benefit greatly from the existing network of public policies, particularly federal policies related to family economic security. Without these



policies, the extent and consequences of child poverty would be far more significant for children of all ages. But the efforts largely focus on very low-income families. Only through the EITC has America begun to develop an agenda to insure that working families have livable incomes. Moreover, although developmental research findings are beginning to be integrated into public policies, investments in children's early development pale in comparison to the investments in the family economic security programs. Given research showing the importance of the earliest years and demonstrating how environments and caregiving by parents and others affect development, more can and must be done. The following are areas where new policy initiatives could make a significant difference.

(1) Reduce state-by-state differences in basic supports available to families. Over many years, the federal government has put in place a potentially powerful network of supports for children and families. But recent analyses make it clear that there are very significant state-by-state differences in whether families with the same needs and incomes can access benefits. This suggests that within each state, there is a need to ensure federal benefits are being used to the fullest extent.

(2) Strengthen child care policies to better address early nurturing relationships and development. The challenge of child care is a difficult one. America does not seem to be prepared to make the investment it would take to ensure that every child is in a high-quality child care setting. Perhaps at the very least, this society might start with ensuring that every infant, toddler, and family who wishes it has access to a high-quality program comparable to EHS. That program now serves nearly 50,000 lucky young children, but countless other families would enroll their children in EHS or similar programs if they could. The concepts embedded in EHS resonate with families across the income spectrum; both affluent and low-income families need help with early parenting.[56] Society ignores these needs at its own peril.

(3) Create economic support policies to give parents across the income spectrum meaningful parental leave policies, with income supports that make choice possible. The pressures on new parents to work are great, whether the parents are welfare recipients or hold high-paying jobs. A critical agenda for the future is finding new ways to balance work and family life for families with children of all ages. Special urgency attends the need to solve the challenges of early parenting and work.

(4) Increase the resources available to provide intensive supports to the most vulnerable young children and families in all types of settings—including homeless shelters, foster care, child care, and substance abuse treatment programs. There is too much knowledge about the impacts of exposure to such risks to ignore. Systematic efforts must embed attention to the developmental needs of the most vulnerable children within existing policies that affect them or their parents.

This article has argued that there is a need to focus a new kind of policy attention on infants, toddlers, and their families, by integrating science with common sense and conscience. The existing policy framework is important, but it is now time to adopt a more nuanced approach to policy development. Society sets priorities through the allocation of public resources. America has long had a social contract with those who have worked and with the disabled. In view of emerging developmental knowledge, the time has come for a social contract that promotes the well-being of America's children and, particularly, its youngest. Across class and race, these children will face risks, challenges, and opportunities undreamed of by earlier generations. The benefits of existing federal policies for babies and their families must be maximized, and a developmental perspective must be embedded into new state and federal policies that affect the lives of so many young children.

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