

115TH CONGRESS
1ST SESSION

H. R. 3291

To amend title XIX of the Social Security Act to provide for a State option to provide for maternal, infant, and early childhood home visiting programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 18, 2017

Mr. RYAN of Ohio (for himself and Mr. BEN RAY LUJÁN of New Mexico) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide for a State option to provide for maternal, infant, and early childhood home visiting programs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Alleviating Adverse
5 Childhood Experiences Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Adverse childhood experiences include emo-
2 tional and physical neglect and abuse, sexual abuse,
3 intimate partner violence, household substance
4 abuse, household mental illness, parental separation
5 or divorce, and having an incarcerated household
6 member.

7 (2) Findings from the adverse childhood experi-
8 ences study conducted by the Centers for Disease
9 Control and Prevention have shown that adverse
10 childhood experiences predispose children toward
11 negative trajectories from infancy into adulthood.

12 (3) As the number of adverse childhood experi-
13 ences increases so does the risk for myocardial in-
14 farction, asthma, mental distress, depression, smok-
15 ing, disability, unemployment, lowered educational
16 attainment, opioid abuse, coronary heart disease,
17 stroke, and diabetes.

18 (4) According to the Centers for Disease Con-
19 trol and Prevention, adults who had been exposed to
20 more than one adverse childhood experience were
21 significantly more likely to be unemployed, to be liv-
22 ing in poverty, and not to have graduated high
23 school than adults who had not experienced an ad-
24 verse childhood experience.

1 (5) The Centers for Disease Control and Pre-
2 vention also found that just one year of confirmed
3 cases of child maltreatment costs \$124,000,000,000
4 over the lifetime of the traumatized children. These
5 include increases in childhood health care costs,
6 adult medical costs, productivity losses, child welfare
7 costs, criminal justice costs, and special education
8 costs.

9 (6) Home visiting programs, pediatric-based
10 services and informed, evidence-based approaches
11 have been proven to prevent and mitigate the nega-
12 tive effects of adverse childhood experiences on chil-
13 dren and families.

14 (7) Participants in the Nurse-Family Partner-
15 ship's home visiting program have shown a 48 per-
16 cent reduction in State-verified reports of child
17 abuse and neglect by age 15, a 67 percent reduction
18 in behavioral and emotional problems by age 6, and
19 a 59 percent reduction in arrests by age 15 among
20 many other improved child health and development
21 outcomes compared to counterparts in a control
22 group.

23 (8) Participants in the Nurse-Family Partner-
24 ship's programs have also shown increased self-suffi-
25 ciency by family members (and less utilization of

1 Federal programs), generating a \$12,300 savings in
2 the supplemental nutrition assistance program under
3 the Food and Nutrition Act of 2008 (7 U.S.C. 2011
4 et seq.) and savings of \$11,511 (valued with respect
5 to 2006) under the temporary assistance for needy
6 families program under title IV of the Social Secu-
7 rity Act (42 U.S.C. 601 et seq.) with respect to chil-
8 dren between the ages of 0 through 12.

9 (9) HealthySteps, an interdisciplinary pediatric
10 primary care model has been shown to increase child
11 safety, on time vaccinations, age-appropriate paren-
12 tal engagement, school readiness, and connections to
13 community resources.

14 (10) Several States finance part of their home
15 visiting programs through the Medicaid program
16 under title XIX of the Social Security Act (42
17 U.S.C. 1396 et seq.), but such program could be uti-
18 lized to support more eligible families. One study
19 showed that if all eligible children and families were
20 enrolled in evidence-based programs, States could
21 save up to \$2,400,000,000 combined and the Fed-
22 eral Government could save up to \$813,000,000 over
23 10 years.

24 (11) Pediatric-based settings that incorporate
25 developmentally oriented services such as promoting

1 early reading, connection to community-based serv-
 2 ices, positive parent-child interaction, and guidance
 3 on behavior management have shown to increase
 4 participation in well-child visits and are associated
 5 with high levels of parent satisfaction.

6 (12) Families participating in the Healthy
 7 Families America home visiting program have seen
 8 impacts within one year or less, including a 48 per-
 9 cent reduction in babies born with low birth weight
 10 and increased healthy parent behaviors, such as a 41
 11 percent reduction in alcohol use. Mothers partici-
 12 pating in such program were more than five times
 13 as likely to continue their education.

14 **SEC. 3. STATE OPTION TO PROVIDE FOR MATERNAL, IN-**
 15 **FANT, AND EARLY CHILDHOOD HOME VIS-**
 16 **ITING PROGRAMS.**

17 Title XIX of the Social Security Act (42 U.S.C. 1396
 18 et seq.) is amended by adding at the end the following
 19 new section:

20 **“SEC. 1948. STATE OPTION TO PROVIDE FOR MATERNAL, IN-**
 21 **FANT, AND EARLY CHILDHOOD HOME VIS-**
 22 **ITING PROGRAMS.**

23 “(a) IN GENERAL.—Notwithstanding section
 24 1902(a)(1) (relating to statewideness), section
 25 1902(a)(10)(B) (relating to comparability), and any other

1 provision of this title for which the Secretary determines
 2 it is necessary to waive in order to implement this section,
 3 beginning on January 1, 2018, a State, at its option as
 4 a State plan amendment, may provide for medical assist-
 5 ance under this title to eligible families through services
 6 furnished under early childhood home visitation programs
 7 or pediatric-based services that satisfy the requirements
 8 of subsection (b) in order to promote improvements in ma-
 9 ternal and prenatal health, infant health, child health and
 10 development, parenting related to child development out-
 11 comes, school readiness, and the socioeconomic status of
 12 such families, and reductions in child abuse, neglect, and
 13 injuries.

14 “(b) PROGRAM REQUIREMENTS.—The requirements
 15 of this subsection for an early childhood home visitation
 16 program conducted pursuant to this section are as follows:

17 “(1) QUANTIFIABLE, MEASURABLE IMPROVE-
 18 MENT IN BENCHMARK AREAS.—

19 “(A) IN GENERAL.—The early childhood
 20 home visitation program establishes, subject to
 21 the approval of the State, quantifiable, measur-
 22 able 3- and 5-year benchmarks for dem-
 23 onstrating that the program results in improve-
 24 ments for the eligible families participating in
 25 the program in each of the following areas:

1 “(i) Improved maternal and newborn
2 health.

3 “(ii) Prevention of child injuries, child
4 abuse, neglect, or maltreatment, and re-
5 duction of emergency department visits.

6 “(iii) Improvement in school readiness
7 and achievement.

8 “(iv) Reduction in crime or domestic
9 violence.

10 “(v) Improvements in family economic
11 self-sufficiency.

12 “(vi) Improvements in the coordina-
13 tion and referrals for other community re-
14 sources and supports.

15 “(B) DEMONSTRATION OF IMPROVEMENTS
16 AFTER 3 YEARS.—

17 “(i) REPORT TO THE SECRETARY.—
18 Not later than 30 days after the end of the
19 3rd year in which the State conducts the
20 program, the State submits to the Sec-
21 retary a report demonstrating improve-
22 ment in at least 4 of the areas specified in
23 subparagraph (A).

24 “(ii) TECHNICAL ASSISTANCE.—

1 “(I) IN GENERAL.—The Sec-
2 retary shall provide a State required
3 to develop and implement an improve-
4 ment plan under clause (ii) with tech-
5 nical assistance to develop and imple-
6 ment the plan. The Secretary may
7 provide the technical assistance di-
8 rectly or through grants, contracts, or
9 cooperative agreements.

10 “(II) ADVISORY PANEL.—The
11 Secretary shall establish an advisory
12 panel for purposes of obtaining rec-
13 ommendations regarding the technical
14 assistance provided to States in ac-
15 cordance with subclause (I).

16 “(iii) NO IMPROVEMENT OR FAILURE
17 TO SUBMIT REPORT.—If the Secretary de-
18 termines after a period of time specified by
19 the Secretary that a State has failed to
20 demonstrate any improvement in the areas
21 specified in subparagraph (A), or if the
22 Secretary determines that a State has
23 failed to submit the report required under
24 clause (i), the Secretary shall withdraw ap-

1 proval of the State plan amendment in-
2 volved.

3 “(C) FINAL REPORT.—Not later than De-
4 cember 31, 2022, the State shall submit a re-
5 port to the Secretary demonstrating improve-
6 ments (if any) in each of the areas specified in
7 subparagraph (A).

8 “(2) IMPROVEMENTS IN OUTCOMES FOR INDIVIDUAL FAMILIES.—
9

10 “(A) IN GENERAL.—The program is de-
11 signed, with respect to an eligible family partici-
12 pating in the program, to result in the partici-
13 pant outcomes described in subparagraph (B)
14 that the State identifies on the basis of an indi-
15 vidualized assessment of the family, are rel-
16 evant for that family.

17 “(B) PARTICIPANT OUTCOMES.—The par-
18 ticipant outcomes described in this subpara-
19 graph are the following:

20 “(i) Improvements in prenatal, mater-
21 nal, and newborn health, including im-
22 proved pregnancy outcomes.

23 “(ii) Improvements in child health
24 and development, including the prevention
25 of child injuries and maltreatment and im-

1 improvements in cognitive, language, social-
2 emotional, and physical developmental indi-
3 cators.

4 “(iii) Improvements in parenting
5 skills.

6 “(iv) Improvements in school readi-
7 ness and child academic achievement.

8 “(v) Reductions in crime or domestic
9 violence.

10 “(vi) Improvements in family eco-
11 nomic self-sufficiency.

12 “(vii) Improvements in the coordina-
13 tion of referrals for, and the provision of,
14 other community resources and supports
15 for eligible families, consistent with State
16 child welfare agency training.

17 “(3) CORE COMPONENTS.—The program in-
18 cludes the following core components:

19 “(A) SERVICE DELIVERY MODEL OR MOD-
20 ELS.—

21 “(i) IN GENERAL.—Subject to clause
22 (ii), the program is conducted using one or
23 more of the service delivery models de-
24 scribed in item (aa) or (bb) of subclause

1 (I) or in subclause (II) selected by the
2 State:

3 “(I) The model conforms to a
4 clear consistent home visitation model
5 that has been in existence for at least
6 3 years and is research-based, ground-
7 ed in relevant empirically-based
8 knowledge, linked to program deter-
9 mined outcomes, associated with a na-
10 tional organization or institution of
11 higher education that has comprehen-
12 sive home visitation program stand-
13 ards that ensure high quality service
14 delivery and continuous program qual-
15 ity improvement, and has dem-
16 onstrated significant (and in the case
17 of the service delivery model described
18 in item (aa), sustained) positive out-
19 comes, as described in the benchmark
20 areas specified in paragraph (1)(A)
21 and the participant outcomes de-
22 scribed in paragraph (2)(B), when
23 evaluated using well-designed and rig-
24 orous—

1 “(aa) randomized controlled
2 research designs, and the evalua-
3 tion results have been published
4 in a peer-reviewed journal; or

5 “(bb) quasi-experimental re-
6 search designs.

7 “(II) The model conforms to a
8 promising and new approach to
9 achieving the benchmark areas speci-
10 fied in paragraph (1)(A) and the par-
11 ticipant outcomes described in para-
12 graph (2)(B), has been developed or
13 identified by a national organization
14 or institution of higher education, and
15 will be evaluated through well-de-
16 signed and rigorous process.

17 “(ii) MAJORITY OF GRANT FUNDS
18 USED FOR EVIDENCE-BASED MODELS.—A
19 State may not use more than 25 percent of
20 the amounts paid to the State for a fiscal
21 year under section 1903(a) for purposes of
22 conducting a program described in sub-
23 section (a) using the service delivery model
24 described in clause (i)(II).

1 “(iii) CRITERIA FOR EVIDENCE OF EF-
2 FECTIVENESS OF MODELS.—The Secretary
3 shall establish criteria for evidence of effec-
4 tiveness of the service delivery models and
5 shall ensure that the process for estab-
6 lishing the criteria is transparent and pro-
7 vides the opportunity for public comment.

8 “(B) ADDITIONAL REQUIREMENTS.—

9 “(i) The program adheres to a clear,
10 consistent model that satisfies the require-
11 ments of being grounded in empirically-
12 based knowledge related to home visiting
13 and linked to the benchmark areas speci-
14 fied in paragraph (1)(A) and the partici-
15 pant outcomes described in paragraph
16 (2)(B) related to the purposes of the pro-
17 gram.

18 “(ii) The program employs well-
19 trained and competent staff, as dem-
20 onstrated by education or training, such as
21 nurses, social workers, educators, child de-
22 velopment specialists, or other well-trained
23 and competent staff, and provides ongoing
24 and specific training on the model being
25 delivered.

1 “(iii) The program maintains high
2 quality supervision to establish home vis-
3 itor competencies.

4 “(iv) The program demonstrates
5 strong organizational capacity to imple-
6 ment the activities involved.

7 “(v) The program establishes appro-
8 priate linkages and referral networks to
9 other community resources and supports
10 for eligible families.

11 “(vi) The program monitors the fidel-
12 ity of program implementation to ensure
13 that services are delivered pursuant to the
14 specified model.

15 “(4) PRIORITY FOR SERVING HIGH-RISK POPU-
16 LATIONS.—The State gives priority to providing
17 services under the program to the following:

18 “(A) Eligible families who reside in com-
19 munities in need of such services, as identified
20 in the statewide needs assessment required
21 under subsection (d)(1)(A).

22 “(B) Low-income eligible families.

23 “(C) Eligible families who are pregnant
24 women who have not attained age 21.

1 “(D) Eligible families that have a history
2 of child abuse or neglect or have had inter-
3 actions with child welfare services.

4 “(E) Eligible families that have a history
5 of substance abuse or need substance abuse
6 treatment.

7 “(F) Eligible families that have users of
8 tobacco products in the home.

9 “(G) Eligible families that are or have chil-
10 dren with low student achievement.

11 “(H) Eligible families with children with
12 developmental delays or disabilities.

13 “(I) Eligible families who, or that include
14 individuals who, are serving or formerly served
15 in the Armed Forces, including such families
16 that have members of the Armed Forces who
17 have had multiple deployments outside of the
18 United States.

19 “(c) STATE PLAN AMENDMENT REQUIREMENTS.—A
20 State seeking the approval of a State plan amendment
21 under this section shall submit the amendment to the Sec-
22 retary for approval, in such manner as the Secretary may
23 require. The State plan amendment shall include the fol-
24 lowing:

1 “(1) A description of the populations to be
2 served by the early childhood home visitation pro-
3 gram involved, including specific information regard-
4 ing how the program will serve high risk populations
5 described in subsection (b)(4).

6 “(2) An assurance that the State, in carrying
7 out the program, will give priority to serving low-in-
8 come eligible families and eligible families who reside
9 in at-risk communities identified in the statewide
10 needs assessment required under subsection
11 (d)(1)(A).

12 “(3) The service delivery model or models de-
13 scribed in subsection (b)(3)(A) that the State will
14 use under the program and the basis for the selec-
15 tion of the model or models.

16 “(4) A statement identifying how the selection
17 of the populations to be served and the service deliv-
18 ery model or models that the State will use under
19 the program for such populations is consistent with
20 the results of the statewide needs assessment con-
21 ducted under subsection (d).

22 “(5) The quantifiable, measurable benchmarks
23 established by the State to demonstrate that the
24 program contributes to improvements in the areas
25 specified in subsection (b)(1)(A).

1 “(6) An assurance that the State will obtain
2 and submit documentation or other appropriate evi-
3 dence from the organization or entity that developed
4 the service delivery model or models used under the
5 program to verify that the program is implemented
6 and services are delivered according to the model
7 specifications.

8 “(7) Assurances that the State will establish
9 procedures to ensure that—

10 “(A) the participation of each eligible fam-
11 ily in the program is voluntary; and

12 “(B) services are provided to an eligible
13 family in accordance with the individual assess-
14 ment for that family.

15 “(8) Assurances that the State will—

16 “(A) submit annual reports to the Sec-
17 retary regarding the program and activities car-
18 ried out under the program that include such
19 information and data as the Secretary shall re-
20 quire; and

21 “(B) participate in, and cooperate with,
22 data and information collection necessary for
23 the evaluation required under subsection (f)(2)
24 and other research and evaluation activities car-
25 ried out under subsection (h)(3).

1 “(9) A description of other State programs that
2 include home visitation services, including, if appli-
3 cable to the State, programs carried out under title
4 V with funds made available from allotments under
5 section 502(c), programs funded under title IV, title
6 II of the Child Abuse Prevention and Treatment Act
7 (relating to community-based grants for the preven-
8 tion of child abuse and neglect), and section 645A
9 of the Head Start Act (relating to Early Head Start
10 programs).

11 “(10) Other information as required by the Sec-
12 retary.

13 “(d) REQUIREMENT FOR ALL STATES TO ASSESS
14 STATEWIDE NEEDS AND IDENTIFY AT-RISK COMMU-
15 NITIES.—

16 “(1) IN GENERAL.—Not later than 6 months
17 after the date of the enactment of this section, each
18 State shall conduct a statewide needs assessment
19 (which shall be separate from the statewide needs
20 assessment required under section 505(a)) that iden-
21 tifies—

22 “(A) communities with concentrations of—

23 “(i) premature birth, low-birth weight
24 infants, and infant mortality, including in-
25 fant death due to neglect, or other indica-

1 tors of at-risk prenatal, maternal, newborn,
2 or child health;
3 “(ii) poverty;
4 “(iii) crime;
5 “(iv) domestic violence;
6 “(v) high rates of high-school drop-
7 outs;
8 “(vi) substance abuse;
9 “(vii) unemployment; or
10 “(viii) child maltreatment;
11 “(B) the quality and capacity of existing
12 programs or initiatives for early childhood home
13 visitation in the State including—
14 “(i) the number and types of individ-
15 uals and families who are receiving services
16 under such programs or initiatives;
17 “(ii) the gaps in early childhood home
18 visitation in the State; and
19 “(iii) the extent to which such pro-
20 grams or initiatives are meeting the needs
21 of eligible families described in subsection
22 (k)(2); and
23 “(C) the State’s capacity for providing
24 substance abuse treatment and counseling serv-

ices to individuals and families in need of such treatment or services.

“(2) COORDINATION WITH OTHER ASSESSMENTS.—In conducting the statewide needs assessment required under paragraph (1), the State shall coordinate with, and take into account, other appropriate needs assessments conducted by the State, as determined by the Secretary, including the needs assessment required under section 505(a) (both the most recently completed assessment and any such assessment in progress), the communitywide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act, and the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State required under section 205(3) of the Child Abuse Prevention and Treatment Act.

“(3) SUBMISSION TO THE SECRETARY.—Each State shall submit to the Secretary, in such form and manner as the Secretary shall require—

“(A) the results of the statewide needs assessment required under paragraph (1); and

1 “(B) a description of how the State in-
2 tends to address needs identified by the assess-
3 ment, particularly with respect to communities
4 identified under paragraph (1)(A), which may
5 include submitting a State plan amendment
6 with respect to an early childhood home visita-
7 tion program in accordance with the require-
8 ments of this section.

9 “(e) PAYMENTS.—

10 “(1) IN GENERAL.—Expenditures made with
11 respect to providing services described in subsection
12 (a) shall be treated as medical assistance for pur-
13 poses of section 1903(a).

14 “(2) MAINTENANCE OF EFFORT.—Amounts re-
15 ceived by a State under section 1903(a) for expendi-
16 tures with respect to providing the services described
17 in subsection (a) shall supplement, and not supplant,
18 funds from other sources for early childhood home
19 visitation programs or initiatives.

20 “(f) EVALUATION.—

21 “(1) INDEPENDENT, EXPERT ADVISORY
22 PANEL.—The Secretary, in accordance with sub-
23 section (g)(1)(A), shall appoint an independent advi-
24 sory panel consisting of experts in program evalua-

tion and research, education, and early childhood development—

“(A) to review, and make recommendations on, the design and plan for the evaluation required under paragraph (2) within 1 year after the date of enactment of this section;

“(B) to maintain and advise the Secretary regarding the progress of the evaluation; and

“(C) to comment, if the panel so desires, on the report submitted under paragraph (3).

“(2) AUTHORITY TO CONDUCT EVALUATION.—

On the basis of the recommendations of the advisory panel under paragraph (1), the Secretary shall, by grant, contract, or interagency agreement, conduct an evaluation of the statewide needs assessments submitted under subsection (d) and the grants made under subsection (h). The evaluation shall include—

“(A) an analysis, on a State-by-State basis, of the results of such assessments, including indicators of maternal and prenatal health and infant health and mortality, and State actions in response to the assessments; and

“(B) an assessment of—

1 “(i) the effect of early childhood home
2 visitation programs on child and parent
3 outcomes, including with respect to each of
4 the benchmark areas specified in sub-
5 section (b)(1)(A) and the participant out-
6 comes described in subsection (b)(2)(B);

7 “(ii) the effectiveness of such pro-
8 grams on different populations, including
9 the extent to which the ability of programs
10 to improve participant outcomes varies
11 across programs and populations; and

12 “(iii) the potential for the activities
13 conducted under such programs, if scaled
14 broadly, to improve health care practices,
15 eliminate health disparities, and improve
16 health care system quality, efficiencies, and
17 reduce costs.

18 “(3) REPORT.—Not later than March 31, 2020,
19 the Secretary shall submit a report to Congress on
20 the results of the evaluation conducted under para-
21 graph (2) and shall make the report publicly avail-
22 able.

23 “(g) INTRA-AGENCY COLLABORATION.—The Sec-
24 retary shall ensure that the Maternal and Child Health
25 Bureau and the Administration for Children and Families

1 collaborate with respect to carrying out this section, in-
2 cluding with respect to—

3 “(1) reviewing and analyzing the statewide
4 needs assessments required under subsection (d), the
5 awarding and oversight of grants awarded under
6 this section, the establishment of the advisory panels
7 required under subsections (b)(1)(B)(iii)(II) and
8 (f)(1), and the evaluation and report required under
9 subsection (f); and

10 “(2) consulting with other Federal agencies
11 with responsibility for administering or evaluating
12 programs that serve eligible families to coordinate
13 and collaborate with respect to research related to
14 such programs and families, including the Office of
15 the Assistant Secretary for Planning and Evaluation
16 of the Department of Health and Human Services,
17 the Centers for Disease Control and Prevention, the
18 National Institute of Child Health and Human De-
19 velopment of the National Institutes of Health, the
20 Office of Juvenile Justice and Delinquency Preven-
21 tion of the Department of Justice, and the Institute
22 of Education Sciences of the Department of Edu-
23 cation.

24 “(h) RESEARCH AND OTHER EVALUATION ACTIVI-
25 TIES.—

1 “(1) IN GENERAL.—The Secretary shall carry
2 out a continuous program of research and evaluation
3 activities in order to increase knowledge about the
4 implementation and effectiveness of home visiting
5 programs, using random assignment designs to the
6 maximum extent feasible. The Secretary may carry
7 out such activities directly, or through grants, coop-
8 erative agreements, or contracts.

9 “(2) REQUIREMENTS.—The Secretary shall en-
10 sure that—

11 “(A) evaluation of a specific program or
12 project is conducted by persons or individuals
13 not directly involved in the operation of such
14 program or project; and

15 “(B) the conduct of research and evalua-
16 tion activities includes consultation with inde-
17 pendent researchers, State officials, and devel-
18 opers and providers of home visiting programs
19 on topics including research design and admin-
20 istrative data matching.

21 “(3) REPORT AND RECOMMENDATION.—Not
22 later than December 31, 2020, the Secretary shall
23 submit a report to Congress regarding the programs
24 conducted with grants under this section. The report
25 required under this paragraph shall include—

1 “(A) information regarding the extent to
2 which States with a State plan amendment ap-
3 proved under this section demonstrated im-
4 provements in each of the areas specified in
5 subsection (b)(1)(A);

6 “(B) information regarding any technical
7 assistance provided under subsection
8 (b)(1)(B)(iii)(I), including the type of any such
9 assistance provided; and

10 “(C) recommendations for such legislative
11 or administrative action as the Secretary deter-
12 mines appropriate.

13 “(i) ELIGIBLE FAMILY DEFINED.—The term ‘eligible
14 family’ means—

15 “(1) a woman who is pregnant, and the father
16 of the child if the father is available; or

17 “(2) a parent or primary caregiver of a child,
18 including grandparents or other relatives of the
19 child, and foster parents, who are serving as the
20 child’s primary caregiver from birth to kindergarten
21 entry, and including a noncustodial parent who has
22 an ongoing relationship with, and at times provides
23 physical care for, the child.”.

○