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Submitted electronically

U.S. Citizenship and Immigration Services (USCIS)
Department of Homeland Security (DHS)
5900 Capital Gateway Drive
Camp Springs, MD 20746

RE: DHS Notice titled "Public Charge Ground of Inadmissibility," Docket No. USCIS-2025-0304, 90 Fed. Reg. 52168 (Nov. 19, 2025)

I. Introduction

ZERO TO THREE appreciates the opportunity to comment on the U.S. Department of Homeland Security's (DHS or Department) proposed rule to rescind regulations promulgated in 2022 regarding the public charge ground of inadmissibility to the United States (U.S.) under section 212(a)(4) of the Immigration and Nationality Act (INA). We strongly oppose the changes in this proposed rule, because they will harm the well-being of infants, toddlers, and families, both immigrant and citizen alike. We urge DHS to withdraw the proposed rule in recognition of this potential for grave harm.

Founded more than 40 years ago, ZERO TO THREE is a national nonprofit organization whose mission is to ensure that all babies have a strong start in life. We translate the science of early childhood development into useful knowledge and strategies for parents, practitioners, and policymakers. We work to make sure that infants and toddlers benefit from the family and community connections critical to their well-being and healthy development. Our comments are based on the research on early childhood development that points to the ingredients all babies need to thrive.

Based on years of research and rooted in deep knowledge of child development, we believe that rescinding the current regulations relating to public charge determinations, particularly without replacing them with detailed regulatory guidance, poses the threat of great harm to the health, well-being, and economic security of a substantial number of infants, toddlers, pregnant women, and families in the U.S. The proposed rule would remove regulatory clarity regarding which public programs could be considered in making a public charge determination. It would also strike the definition containing a prohibition on considering program participation by lawfully entitled family members, such as children. Particularly taken together, these changes would create a chaotic and fearful situation for families seeking to care for their children.

As the Notice states, DHS expects the proposed rule to lead to a reduction in transfer payments from the government to individuals. In other words, the Notice explicitly expects the proposed rule would have a chilling effect on immigrant families, making them less likely to access funding for food, health care, and other supports infants across the country will at some point need for a strong, healthy start. This chilling effect would force an unconscionable and stark choice on families: ensure their children are able to thrive through accessing programs to which they are legally entitled, or forgo those same benefits in

hope of preserving a path to legal opportunities to work and reside in the U.S. This chilling effect risks preventing children—including U.S. citizen children—from receiving access to the health and nutrition supports they need for strong physical and neural development, just as it will undermine parents' ability to maintain the well-being they need to care for their children. This short-sighted policy change would undermine not only the futures of these young children, but that of the nation.

In previous comments to this Administration, ZERO TO THREE has laid out a "Framework for Babies," consisting of six principles ZERO TO THREE urges policymakers to consider in any proposed regulatory or policy changes to ensure policies address the needs of infants and toddlers.[1] These include: transparency and engagement; using the science of child development to guide policy; prioritizing the well-being of young children; strengthening the family to support the child; the need for knowledge, skills, and training to work with children; and the need to ease the burden of policies on individuals and families, not just systems. Unfortunately, the implications of the proposed regulatory changes on determination of admissibility related to public charge—changes that would affect many infants and toddlers—are inconsistent with many of these principles, and the impacts of this proposal risk setting back the growth and development of young children nationwide.

II. Creation of Widespread Uncertainty

The Notice rescinds the current regulations addressing public charge determinations, which in turn were based on decades of historical guidance and practice. They were designed to promote consistency among immigration officials' decisions and clarity for families. By simply striking this regulatory framework while noting only the possibility of future "appropriate policy and interpretive tools," the proposed rule would lead to a system of chaos, uncertainty, and fear for families seeking an admissibility determination. Contrary to the principle of transparency, the Notice further states that more detailed guidance will not move through the regulatory process, and the public may not have the opportunity to comment—and, therefore, that the guidance's impacts on young children and families may not be considered. In order to fully understand and evaluate the potential impacts of policy changes, we urge that any subsequent changes in policy proceed through the standard notice-and-comment process. Only through robust information gathering and rigorous consideration of varied information can the Department ensure regulations and their implementation function as intended, and that any unintended consequences of regulatory activity are thoroughly evaluated prior to implementation.

The proposed rule would remove current regulatory requirements, which were designed to promote consistency in decision-making and clarity for individuals about what would be considered in a public charge determination. The current rule makes clear that public charge determinations should look at public cash assistance that directly support subsistence, a definition that gives families clarity and can be consistently interpreted by immigration officials. In contrast, under the proposed rule, individual immigration officials would have complete discretion over who and what circumstances might predict use of public benefits that would lead to a person becoming a public charge, allowing for widely differing—and even arbitrary—decisions, the infusion of individual biases, and potential discrimination.

[1] ZERO TO THREE (2025), *Public Comment RE: HHS Notice titled "Request for Information (RFI): Ensuring Lawful Regulation and Unleashing Innovation to Make America Healthy Again," Docket AHRQ-2025-0001, 90 Fed. Reg. 20478 (May 14, 2025)*, https://www.regulations.gov/comment/AHRQ-2025-0001-0788.

Even the most well-intentioned immigration officials are not experts in the full range of public programs intended to provide supplemental support for infants, toddlers, and those who care for them, including how such programs support different aspects of child development and familial self-sufficiency. It strains credulity that Congress intended for individual immigration officers to have complete discretion over legal determinations, without clear, consistent guidance from DHS.

Of particular concern, the proposed rule would remove regulatory limitations on the types of public benefit programs and time frames within which they are used that would be considered in the public charge determination. This absence of guardrails will leave that consideration wide open and families and individuals in a situation of having to arbitrarily guess as to what programs their children or other eligible family members could participate in without jeopardizing future prospects. There are multitudes of programs that *might* be considered a "public benefit" or "public resource," terms the Notice uses without clear definitions. Further, there is no guidance on which programs would not be considered in a public charge determination, or whether utilization of programs by even citizen children could be used to deny a parent admissibility. Consequently, families would not know if use of programs by other family members who are eligible for them would be disqualifying nor which programs might be on the list in the future. For example, would enrolling a citizen child in Medicaid or the Supplemental Nutrition Assistance Program (SNAP) jeopardize the parent's chances of obtaining a green card? And even if it would, what would be the implications of using federally funded programs without direct financial assistance to families, such as going to a Community Health Center, visiting a food pantry or diaper bank, or sending a child to an early learning program such as Head Start/Early Head Start? Many of these programs set infants and families up for long-term success or are intended to address time-limited emergencies, and deterring parents from accessing food support or child care could even undermine parents' ability to work.

We are further concerned about the connections made in the Notice to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and particularly its definition of "federal public benefits." Notably, certain federal agencies have recently proposed expanding their interpretation of which programs should be considered "federal public benefits" under PRWORA, and ZERO TO THREE has separately provided comments to the U.S. Department of Health and Human Services (HHS) expressing concerns with this change and its likely negative impact on infants and toddlers.[2]

PRWORA was enacted separately from the INA's public charge provision, for wholly separate purposes, and the programs contemplated under both the original and updated interpretations of "federal public benefits" under PRWORA are significantly broader than means-tested programs like Temporary Assistance for Needy Families (TANF). For instance, HHS's 1998 guidance considered many forms of public health coverage to fall under this definition, while the 2025 proposed guidance incorporated yet more health care programs and even early learning opportunities such as Head Start. Many of these services are essential to the time-limited, developmental needs of young children and their long-term success. Such programs do not speak to families' self-sufficiency, except that some of them help prepare

[2] ZERO TO THREE (2025), *HHS Public Comment Notice titled "Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA); Interpretation of "Federal Public Benefit" (Aug. 8, 2025),* https://www.regulations.gov/comment/AHRQ-2025-0002-5139.

or enable parents to work, and should not be thought of as a sign of dependency on the federal government. Further, by pointing to a statutory term whose own regulatory definition is in flux, the Notice only adds to the confusion facing families over which programs they may access without adverse immigration ramifications for themselves or their children. In addition, unlike the 2019 Rule, this Notice does not clearly state that any policy changes will be only forward-looking and that immigration officers will be directed not to consider any benefits received during periods where stated policy was that use of those benefits would not have adverse consequences for immigration decisions. Thus, the fear about current participation in programs begins with the filing of the proposal and even before.

Families would be frozen in fear and likely forego the very benefits that would help meet their basic needs, including the needs of U.S. citizen children, and that help ensure those children have the strong start vital to their future. In fact, the Notice itself contemplates this response from families, estimating the amount of savings from families who disenroll or forgo benefits will be $9 billion a year. Including this estimate is well founded, as the chilling effect of the public charge provision on families' access to programs they and their children need was felt even before the 2019 Public Charge rule was promulgated and continued after it was replaced by the current rule.[3] The chilling effect of this Notice is likely to be even greater. A recent Kaiser Family Foundation (KFF) survey of immigrant families found an increased share of adults who had avoided applying for a public program to help with food, housing, or health care because of potential attention to a family member's immigration status, including a substantial number of parents.[4] When infants and toddlers don't receive the supports they need for healthy development, the effects can be lifelong, undermining young children's ability to become self-sufficient adults.

We discuss below both the impacts of fear and deprivation on the mental health of families and young children and the implications of young children and pregnant women going without vital services and the basics of life, including health care, food, and housing. This analysis is rooted in the science of early development, which we firmly believe should guide any policymaking with the potential to impact very young children and their families.

III. Family Stress Impacts Young Children and Can Undermine Healthy Brain Development

Given the current tight restrictions on immigrants' access to public programs, the brunt of the impact of this proposed rule will fall on U.S. citizen children and pregnant women. There are 5.2 million children under age 5 in the U.S. who live with at least one immigrant parent of any status. More than 9 out of 10 (91.1%) of these children are U.S. citizens.[5] It is likely that roughly a quarter of these young children have

[3] Haley, J.M., Kenney, G.M., Bernstein, H., & Gonzalez, D. (2020), *One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019*, Urban Institute, https://www.urban.org/research/publication/one-five-adults-immigrant-families-children-reported-chilling-effects-public-benefit-receipt-2019; Gonzalez, D., Bernstein, H., Karpman, M., & Kenney, G.M. (2024), *Mixed-Status Families and Immigrant Families with Children Continued Avoiding Safety Net Programs in 2023*, Urban Institute, https://www.urban.org/sites/default/files/2024-08/Mixed-Status-Families-and-Immigrant-Families-with-Children-Continued-Avoiding-Safety-Net-Programs-in-2023.pdf.

[4] Pillai, D., Artiga, S, Pillai, A., et al. (2025), *KFF/New York Times 2025 Survey of Immigrants: Health and Health Care Experiences During the Second Trump Administration*, KFF, https://www.kff.org/report-section/kff-new-york-times-2025-survey-of-immigrants-health-and-health-care-experiences-during-the-second-trump-administration.

[5] Migration Policy Institute (n.d.), *Children in U S Immigrant Families*, https://www.migrationpolicy.org/programs/data-hub/children-immigrant-families.

an undocumented parent.[6] These children do not exist on their own but, rather, develop within the context of families who nurture them and strive to meet their needs to grow up healthy. What happens in the parent's life and the family as a whole spills over even to the youngest children. When immigration policies create fear and uncertainty for the parent and lead to material hardship for the family, the child's emotional and physical well-being is affected.[7] As such, the policies in the Notice run counter to the principles that are so important to young children's developmental trajectory, including the science of early development, prioritizing young children's needs, and strengthening families' ability to nurture their children.

Babies' relationships with parents and other close caregivers play important roles in shaping their mental health, which in turn is integral to molding the architecture of their rapidly developing brains and setting the stage for other aspects of development, such as language and cognitive development. Positive, supportive relationships can also buffer young children from the impact of adverse experiences and can mean the difference between positive and negative outcomes in school and life. When parents are unable to provide such a buffer, young children become more vulnerable to developmental harm.

The research is clear that the mental health of young children is inextricably tied to the well-being of their parents and primary caregivers.[8] When a parent experiences feelings of distress, helplessness or depression, it can impact the parent-child relationship and in turn the young child's development. Constant fear and worry about immigration status, the ability to meet their children's needs, and familial stability in the context of increased enforcement actions can lead to emotional distress that interferes with babies' ability to form the strong neural foundations that support all later learning.[9] These experiences of chronic, unrelenting stress can undermine the caregiver's well-being, the relationship with the baby, and the baby's own healthy development and learning by altering the developing brain's stress response system.[10]

Evidence suggests that this cascade of stress is happening in real time for immigrants. The KFF survey found that 40% of immigrant adults report experiencing negative health impacts related to immigration worries, including increased stress, anxiety, problems sleeping or eating, and deteriorating health conditions.[11] This stress is being passed on to children. Almost one in five immigrant parents report impacts on their child's well-being, including problems with sleeping, eating, or behavior.[12] In babies, these types of behaviors are how they communicate that they are stressed and their well-being is being compromised.

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[6] Richwine, J., & Camarota, S.A. (n.d.), *Births to Illegal Immigrants and Long-Term Temporary Visitors, Preliminary Estimates*, Center for Immigration Studies, https://cis.org/Richwine/Births-Illegal-Immigrants-and-LongTerm-Temporary-Visitors.
[7] Perreira, K.M., & Ornelas, I.J. (2011), *The Physical and Psychological Well-being of Immigrant Children*, The Future of Children, 21(1), 195.
[8] Farewell, C. V., Melnick, E., & Leiferman, J. (2021), *Maternal Mental Health and Early Childhood Development: Exploring Critical Periods and Unique Sources of Support*, *Infant Mental Health Journal*, 42(4), 603–615.
[9] Trisi, D. & Herrera, G. (2018), *Administration Actions Against Immigrant Families Harming Children Through Increased Fear, Loss of Needed Assistance*, Center on Budget and Policy Priorities, https://www.cbpp.org/research/poverty-and-inequality/administration-actions-against-immigrant-families-harming-children.
[10] National Scientific Council on the Developing Child (2014), *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper No. 3.*
[11] Pillai, D., Artiga, S., Pillai, A., et al. (2025), *KFF/New York Times 2025 Survey of Immigrants: Health and Health Care Experiences During the Second Trump Administration*, KFF, https://www.kff.org/report-section/kff-new-york-times-2025-survey-of-immigrants-health-and-health-care-experiences-during-the-second-trump-administration.
[12] Ibid.

IV. Material Hardship Undermines Early Development and Adds to Family Stress

The unbounded interpretation of what constitutes a risk for becoming a public charge invoked by the proposed rule is assumed to and will undoubtedly create a chilling effect on immigrant families' use of many public programs, and will negatively affect state and local economies and businesses. The proposed rule does not specify what programs would be considered in a public charge determination. Families may therefore feel the need to avoid any publicly funded program, and particularly any that relies on income to determine eligibility, including those that meet basic needs. "Doing without" leads to substantial material hardship and begins a chain reaction of increased family stress, increased child emotional distress, and increased risk of developmental harm.[13] The receipt of basic needs support can provide an essential buffer to help families through tough times and get back on their feet. For example, the first two years following birth are when many low-income mothers begin accessing benefits like SNAP for themselves and their children, during an especially economically volatile period for families.[14] Households with children are more likely than other groups to have short SNAP spells and to have better employment and earnings outcomes following exit.[15] By leading parents with young children to forego essentials, this policy actually runs the risk of undermining families' economic self-sufficiency.

Beyond the cash subsistence included in the public charge determination under current regulations, many public programs help families meet basic or material needs, such as housing or health care. In the past, these benefits have been recognized as supplemental. They are clearly intended to supplement work, since children in families with incomes greater than three times the federal poverty line are eligible for Medicaid and CHIP. To consider use of those services as dependency would reflect what one judge called an "absolutist sense of self-sufficiency that no person in a modern society could satisfy."[16] It would encompass both immigrant and native-born individuals and families, even as the majority of participants in such programs are working and use these benefits to supplement wages inadequate to meet basic needs.

The proposed rule's revocation of the current regulatory definition of public charge that expressly prohibits considering lawful public program participation by family members creates very real concerns that the Administration intends to expand scrutiny to applicants' family members. This revocation with no clear justification adds to immigrants' confusion about the dangers of seeking lawful benefits for their children. Again, the vast majority of infants and toddlers in immigrant families are themselves U.S. citizens, entitled to benefits such as health care and nutrition. The proposed rule itself, much less a final version, will likely lead to disenrollment, or forgone enrollment, in public programs not only for immigrants but also citizens living in mixed status households. These disenrollments should not be mere abstract numbers. As one judge noted in 2020, "The importance of the chilling effect is not the number of disenrollments in the abstract, but the collateral consequences of such disenrollments."[17]

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[13] Liu, S., Zalewski, M., Lengua, L., Gunnar, M. R., Giuliani, N., & Fisher, P. A. (2022), *Material Hardship Level and Unpredictability in Relation to U.S. Households' Family Interactions and Emotional Well-Being: Insights From the COVID-19 Pandemic*, *Social Science & Medicine*, 307, 115173.
[14] Heflin, C., Rothbart, M. W., & Mackenzie-Liu, M. (2022), *Below the Tip of the Iceberg: Examining Early Childhood Participation in SNAP and TANF From Birth to Age Six*, *Population Research and Policy Review*, 41(2), 729–755.
[15] Gagliardi, J., Hall, L. A., & Passarella, L. (2023), *Characteristics & Outcomes of Exiting SNAP Households in Maryland: 2010–2020*, University of Maryland School of Social Work.
[16] Cook County., Illinois v. Wolf, 962 F.3d 208, 232 (7th Cir., 2020).
[17] Ibid.

What is the impact of a reduced receipt of benefits and the accompanying material hardship on these young children's foundational development? The answer will depend on the particular programs that families may hesitate to access. In the absence of a defined list of programs, our comment discusses four key areas for babies' healthy growth and development: health, nutrition, housing, and programs that support early development and learning.

Health and Access to Medicaid:

ZERO TO THREE is particularly concerned about the possibility of Medicaid and the Children's Health Insurance Program (CHIP), as well as other health-related programs, being considered in the determination of public charge inadmissibility. Starting prenatally, health care supports the healthy development of young children, improving birth outcomes, providing preventive care, addressing illnesses, and detecting health and developmental issues early, when they are easier and less expensive to address. When such issues are not detected, the result can be developmental delays, lack of success in school, lifelong health and mental health problems, potential involvement with the criminal justice system, overall shorter lifespans, and reduced economic attainment. Medicaid access for young children can lead to better health in childhood and better health and employment outcomes as adults.[18] Our nation needs these young children to grow up to be self-sufficient, productive adults who contribute to the economy, abilities that are more difficult to obtain when a child does not have a healthy start in life.

The unparalleled rate of development in the first three years, when more than 1 million new neural connections are made each second, calls for readily accessible care to ensure this development is on track. Congress has expressly recognized the essential role of health care in the early years, including for lawfully present non-citizens, by giving states the option to cover lawfully residing children and pregnant women under Medicaid and CHIP during their first five years in the United States. Such health care is essential, leading to better birth outcomes and helping ensure parents are healthy enough to care for their children.[19] To discourage children and pregnant women from accessing such essential care is at odds with other policies enacted by Congress.

Many other publicly funded programs also support early physical and mental health. For example, Certified Community Behavioral Health Clinics (CCBHCs) provide mental health screening, diagnosis, and treatment to an estimated three million people, regardless of age, including crisis care. CCBHCs are a place where the entire family—from infants to parents—can go to receive mental health services. CCBHCs were also recently proposed for inclusion under PRWORA's "federal public benefits" definition by HHS. The possibility that these mental health funding streams could be considered in a public charge determination will mean that families may avoid seeking care in a mental health or substance use crisis, leaving young children and their caregivers at risk. Similarly, Community Health Centers are a critical part of health care infrastructure and foundational care providers for nearly 1.4 million babies and toddlers under age three each year. When confusion about eligibility and immigration policy deters even

[18] Georgetown Center for Children and Families (n.d.), *Medicaid Matters for Young Children and Their Families*, https://ccf.georgetown.edu/2023/05/10/medicaid-matters-for-young-children-and-their-families/; Pesek, W., Cole, P., DiLauro, E., & Lister, J. (2017), *America's Babies Need Affordable Health Care: The Impact of Medicaid Restructuring on Young Children*, ZERO TO THREE, https://www.zerotothree.org/resource/the-impact-of-medicaid-restructuring-on-young-children/.

[19] Swartz, J. J., Hainmueller, J., Lawrence, D., & Rodriguez, M. I. (2017), *Expanding Prenatal Care to Unauthorized Immigrant Women and the Effects on Infant Health*, *Obstetrics & Gynecology*, 130(5), 938–945.

immigrant families whose members are eligible for services from bringing their babies to well-child or sick visits, their physical health, mental health, and development can be undermined. Families with more limited access to care will continue to have health care needs, which may result in increased Emergency Department utilization and costs in uncompensated care as health conditions go unaddressed for too long. The prospect of including health programs in a determination of admissibility based on public charge raised by the Notice will result in worsened maternal and infant health outcomes and higher costs for America's health care system, communities, and states.

Nutrition Programs:

The uncertainty of the proposed rule may deter families from seeking food and nutritional assistance vital to their young children's development. Access to healthy food is vital during the prenatal period and the first years in life to ensure babies have the nutrition needed to fuel healthy growth and development. A lack of sufficient nutritious food is associated with serious health, behavioral, and cognitive deficits in young children. Even mild levels of household hunger may result in developmental deficits, because of the sensitivity of the rapidly developing brain. Infants who experience hunger are more likely to perform poorly on tests of cognitive development.[20]

Given examples cited in the Notice and the history of the 2019 Rule, it seems likely that SNAP and possibly the Supplemental Food Program for Women, Infants, and Children (WIC) could now be considered in public charge determinations. SNAP and WIC have been important bulwarks against the developmental harms of hunger. Research shows that children in immigrant families who received an additional year of SNAP in their first five years saw improvements to parent-reported health in later childhood. This increased access also reduced the likelihood of diagnosis with ADD/ADHD, developmental delays, or learning disorders.[21] Following improvements to the WIC food package in 2009, research has shown program participation increases dietary quality, and improves birth outcomes and early growth and cognitive development.[22] Reducing access of young children and pregnant women to healthy nutrition would not only be harmful to these individuals, but counterproductive to the goals of enhanced self-sufficiency.

Access to Shelter:

Housing assistance was another form of public support contemplated as a consideration in public charge determinations in the 2019 Rule. Yet, for young children, housing is a very basic need to promote healthy development, and losing housing security can lead to severe developmental consequences. Lacking a stable home creates greater risk of hunger and poor health outcomes, such as developmental delays, behavioral problems, and difficulty maintaining a healthy weight.[23] When children experience poverty and crowded housing, often the result of being pushed out of a family's own housing, there is an

[20] Cole, P., Trexberg, K., & Schaffner, M. (2023), *State of Babies Yearbook 2023*, ZERO TO THREE, https://stateofbabies.org/.
[21] East, C. N. (2020), *The Effect of Food Stamps on Children's Health: Evidence From Immigrants' Changing Eligibility*, *Journal of Human Resources*, 55(2), 387–427.
[22] Hamad, R., Collin, D. F., Baer, R. J., & Jelliffe-Pawlowski, L. L. (2019), *Association of Revised WIC Food Package with Perinatal and Birth Outcomes: A Quasi-Experimental Study*, *JAMA Pediatrics*, 173(9), 845–852; Guan, A., Hamad, R., Batra, A., Bush, N. R., Tylavsky, F. A., & LeWinn, K. Z. (2021), *The Revised WIC Food Package and Child Development: A Quasi-Experimental Study*, *Pediatrics*, 147(2), e20201853.
[23] ZERO TO THREE (2023), *State of Babies Yearbook 2023*, https://stateofbabies.org/.

increased likelihood of early mortality.[24] Federal programs can help. One study found that infants and toddlers who lived in households receiving housing subsidies were much less likely to have growth delays compared to similar children whose households did not receive subsidies.[25] Children in families receiving housing vouchers also have been found to have higher earnings into adulthood and a lower chance of incarceration.[26]

Support for Early Development and Learning:

Many other publicly funded programs support young children's early development and learning, such as parenting support, prevention of child abuse and neglect, formal early care and learning, and services for babies with developmental delays and disabilities. The Notice gives no indication of whether or which of these programs might be included in a family's public charge determination. However, given the explicit connection the Notice makes to PRWORA and the recent proposals to expand the interpretation of federal public benefits under PRWORA, we are concerned that this Notice appears to contemplate considering families' use of programs that support aspects of child development in public charge determinations. Such consideration would be deeply inconsistent with the intent of the public charge provision, as these services are supportive, nurture long-term self-sufficiency among children, and support family self-sufficiency by enabling parents to work.

Key examples of such programs include:

- *Early Head Start (EHS) and Head Start* provide holistic support for early development and learning for the child in the context of the family, through health, educational, social, and other services. Rigorous research has found that EHS has positive effects on infant-toddler cognitive, social, emotional, and language development, as well as on parents' ability to support their children's development, particularly improving how fathers interact with and relate to their children.[27] Notably, Head Start has been shown to have positive effects on language skills that were stronger for dual-language learners.[28] Because many participants in Head Start have reached adulthood, research shows the program increased educational attainment and reduced involvement in crime and delinquency.[29]

[24] National Institutes of Health (2022), *Risk of Premature Death in Adulthood Influenced by Patterns of Early Childhood Adversity*, https://www.nih.gov/news-events/news-releases/risk-premature-death-adulthood-influenced-patterns-early-childhood-adversity.
[25] Myers, A., Cutts, D., Frank, D. A., et al. (2005), *Subsidized Housing and Children's Nutritional Status: Data from a Multisite Surveillance Study*, *Archives of Pediatrics & Adolescent Medicine*, 159(6), 551–556.
[26] Andersson, F., Haltiwanger, J. C., Kutzbach, M. J., Palloni, G. E., Pollakowski, H. O., & Weinberg, D. H. (2018), *Childhood Housing and Adult Earnings: A Between-Siblings Analysis of Housing Vouchers and Public Housing*, NBER Working Paper No. 22721, originally issued October 2016, revised September 2018.
[27] Love, J., & Vogel, C. (2016), *Early Head Start*, in *The SAGE Encyclopedia of Contemporary Early Childhood Education* (Vol. 3, pp. 488–491), SAGE Publications, Inc.
[28] Puma, M., Bell, S., Cook, R., Heid, C., Shapiro, G., Broene, P., Jenkins, F., et al. (2010), *Head Start Impact Study: Final Report*, Administration for Children & Families; Feller, A., Grindal, T., Miratrix, L., & Page, L. C. (2016), *Compared to What? Variation in the Impacts of Early Childhood Education by Alternative Care Type*, *Annals of Applied Statistics*, 10(3), 1245–1285, and Morris, P. A., Connors, M., Friedman-Krauss, A., McCoy, D. C., Weiland, C., Feller, A., Page, L., Bloom, H., & Yoshikawa, H. (2018), *New Findings on Impact Variation From the Head Start Impact Study: Informing the Scale-Up of Early Childhood Programs*, *AERA Open*, 4(2), 2332858418769287.
[29] Bailey, M. J., Sun, S., & Timpe, B. (2021), *Prep School for Poor Kids: The Long-Run Impacts of Head Start on Human Capital and Economic Self-Sufficiency*, *American Economic Review*, 111(12), 3963–4001; Carneiro, P., & Ginja, R. (2014), *Long-Term Impacts of Compensatory Preschool on Health and Behavior: Evidence From Head Start*, *American Economic Journal: Economic Policy*, 6(4), 135–173, and Deming, D. (2009), *Early Childhood Intervention and Life-Cycle Skill Development: Evidence From Head Start*, *American Economic Journal: Applied Economics*, 1(3), 111–134.

- *Maternal, Infant, and Early Childhood Home Visiting (MIECHV)* builds on decades of research on approaches to providing child development and supportive services in participants' homes. MIECHV funds evidence-based models, which have strong research to support their impacts. Evaluation of the large scale-up through MIECHV showed the approaches used had positive impacts on child social and emotional development in their home context, parenting, both parent well-being and reduced conflict and violence in the home, and family economic well-being.[30]
- *Family First Preventive Services (Family First) under Title IV-E of the Social Security Act* represents another policy built on the use of evidence-based programs. It allows states to use funds from a funding stream that traditionally funded only out-of-home placements to try and prevent the family situations that led to children's removal. For infants and toddlers, separation from their families is in and of itself a traumatic experience, and babies placed in foster care have high rates of emotional disturbance such as attachment disorders, developmental delays, and need for infant and early childhood mental health services.[31] Family First allows states to use proven approaches that include home visiting, mental health and substance use treatments, and other prevention-oriented services to prevent deeper involvement in a child welfare system ill-equipped to meet the developmental needs of babies.

The possibility that these programs—and seemingly any governmental program intended to support the well-being of an infant or toddler or their family—could be considered as part of a public charge determination, with relevance determined in the sole discretion of an unidentified future immigration official and potential future interpretive tools from the Department, leaves immigrant parents in an impossible position. In this period of uncertainty, they must make wrenching decisions about whether to jeopardize their chances of attaining a green card or let their children go without services that could support their development. Indeed, 30% of Latino families with young children recently reported that they would avoid signing children up for school or early childhood programs because of the current Administration's immigration enforcement actions.[32] By signaling that these and other essential supportive services may undermine families' admission eligibility, this Notice risks that families will increasingly avoid enrolling their young children in programs that could keep their development on track, prepare them for school and work, and avoid costly special education or child welfare involvement.

5. Conclusion

The proposed rule places young children's emotional and physical health and development at grave risk. By rescinding the current regulations and not replacing them with detailed guidance, but promising sub-regulatory guidance at a later date, the proposed rule further removes transparency to decisions vital for

[30] Portilla, X. A., Faucetta, K., Saunders, K., & Taub, A. (2025), *Beyond the Early Years: Long-Term Effects of Home Visiting on Mothers, Families, and Children*, MDRC.
[31] Doyle, C., & Cicchetti, D. (2017), *From the Cradle to the Grave: The Effect of Adverse Caregiving Environments on Attachment and Relationships Throughout the Lifespan*, *Clinical Psychology*, 24(2), 203–217; Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2006), *Fostering Secure Attachment in Infants in Maltreating Families Through Preventive Interventions*, *Development and Psychopathology*, 18(3), 623–649; Casanueva, C., Harris, S., Carr, C., Burfeind, C., & Smith, K. (2017), *Final Evaluation Report of the Quality Improvement Center for Research-Based Infant–Toddler Court Teams*, ZERO TO THREE, https://www.zerotothree.org/wp-content/uploads/2022/04/Full-Report-Final-Evaluation-Report-of-the-Quality-Improvement-Center-for-Research-Based-Infant-Toddler-Court-Teams.pdf.
[32] Abriendo Puertas/Opening Doors (2025), *National Latino Family Report 2025: Aspiration in Uncertain Times, https://nationalsurvey.ap-od.org/2025-report/*.

children's futures. This proposal runs counter to decades of knowledge on healthy physical and cognitive development, and would in fact increase emotional distress and material hardship and undermine self-sufficiency for both parents and young children, many of them citizens, whose brains are developing faster than at any other time of life.[33] Such policies undermine the basics infants and toddlers need to thrive, as well as the families who are central to supporting a child's development and are responsible for children's material well-being.

Over a quarter of children in the U.S. live in immigrant families, forming the bedrock of the economic future of our nation.[34] Their early experiences set the trajectory of their lives—whether one that is strong and grounded in consistent care and relationships, or one that is marked by deprivation, distress, and hardship. To deprive young children of that healthy start would be to deprive the country of a potential population and workforce that makes our nation strong.

We urge DHS to retract this proposed rule. For any future rulemaking, we further urge DHS to consider how proposed changes to regulation or sub-regulatory guidance would affect the development of young children and their families, using the principles outlined above in ZERO TO THREE's "Framework for Babies" to provide a strong start in life for our nation's future workers, innovators, and leaders.

[33] National Academies of Sciences, Engineering, and Medicine, (2019), *Vibrant and Healthy Kids: Aligning Science, Practice, and Policy,* The National Academies Press.
[34] Migration Policy Institute (n.d.), *Children in U.S. Immigrant Families*, https://www.migrationpolicy.org/programs/data-hub/children-immigrant-families.