

117TH CONGRESS  
1ST SESSION

# H. R. 2973

To amend the Public Health Service Act to improve the health and well-being of maltreated infants and toddlers through the implementation of infant-toddler court teams within States, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 4, 2021

Ms. DELAURO (for herself, Mr. BILIRAKIS, Mrs. HAYES, Mr. COOPER, Ms. NORTON, Mr. SUOZZI, Mr. RUTHERFORD, and Mr. SAN NICOLAS) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to improve the health and well-being of maltreated infants and toddlers through the implementation of infant-toddler court teams within States, 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 “Strengthening Amer-  
5       ica’s Families Act of 2021”.

1 **SEC. 2. INFANT-TODDLER COURT TEAMS FOR CHILDREN**  
 2 **EXPERIENCING OR AT RISK OF MALTREAT-**  
 3 **MENT.**

4 Part Q of title III of the Public Health Service Act  
 5 (42 U.S.C. 280h et seq.) is amended by adding at the end  
 6 the following:

7 **“SEC. 330Z–3. INFANT-TODDLER COURT TEAMS FOR CHIL-**  
 8 **DREN EXPERIENCING OR AT RISK OF MAL-**  
 9 **TREATMENT.**

10 “(a) CONTINUATION AND EXPANSION OF INFANT-  
 11 TODDLER COURT PROGRAM.—

12 “(1) CONTINUATION AND EXPANSION OF PRO-  
 13 GRAM.—The Secretary, acting through the Adminis-  
 14 trator of the Health Resources and Services Admin-  
 15 istration—

16 “(A) shall continue in effect the Infant-  
 17 Toddler Court Program; and

18 “(B) may, beginning with fiscal year 2022,  
 19 carry out such program on a national basis.

20 “(2) INFANT-TODDLER COURT PROGRAM DE-  
 21 FINED.—For purposes of paragraph (1), the term  
 22 ‘Infant-Toddler Court Program’ refers to the pro-  
 23 gram carried out pursuant to section 501(a)(2) of  
 24 the Social Security Act that is designed—

25 “(A) to support research-based infant-tod-  
 26 dler court teams for purposes of changing child

welfare practices to improve well-being for infants, toddlers, and their families, including efforts to build on, and continue the work of, sites established through the Quality Improvement Center for Research-Based Infant-Toddler Court Teams initiative funded by the Administration for Children and Families; and

“(B) to provide training and technical assistance in support of infant-toddler court teams’ efforts across the United States.

“(b) GRANTS TO STATES FOR IMPLEMENTATION OF  
INFANT-TODDLER COURT TEAMS.—

“(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, may make grants to States for purposes of seeding the establishment of, or stabilizing and enhancing existing, infant-toddler court teams for children experiencing or at risk of maltreatment.

“(2) USE OF FUNDS.—A State receiving a grant under this subsection may only use funds received through the grant to—

“(A) designate a State lead agency as a focal point for statewide planning administration and coordination—

1 “(i) to identify sites and leadership  
2 for, and establish, enhance, or stabilize,  
3 local community infant-toddler court  
4 teams; and

5 “(ii) to promote collaboration among  
6 State and local systems that address the  
7 needs of—

8 “(I) infants and toddlers and  
9 their families within the child welfare  
10 system; and

11 “(II) individuals in need of pre-  
12 ventive family strengthening services  
13 to facilitate the provision of local serv-  
14 ices;

15 “(B) provide funding to the sites identified  
16 under subparagraph (A)(i) to establish, en-  
17 hance, or stabilize local community infant-tod-  
18 dler court teams that meet the criteria specified  
19 in paragraph (8); and

20 “(C) ensure that local community court  
21 team projects—

22 “(i) provide for improved communica-  
23 tion and coordination among the courts,  
24 child welfare agencies, and related child-  
25 serving organizations—

1 “(I) to share information and ex-  
2 pedite appropriate high-quality serv-  
3 ices for young children and their fami-  
4 lies in the child welfare system; and

5 “(II) to prevent recurrence of  
6 maltreatment, promote timely perma-  
7 nency, and provide a community  
8 structure to help prevent entry into  
9 the child welfare system;

10 “(ii) protect young children in the  
11 child welfare system and at risk of enter-  
12 ing the child welfare system from further  
13 maltreatment and developmental harm and  
14 address the damage already done; and

15 “(iii) identify and address the struc-  
16 tural issues in the child welfare system  
17 that are harmful to infants and toddler de-  
18 velopment and impede the ability to  
19 strengthen and stabilize families.

20 “(3) TERM OF GRANT.—A grant under this  
21 subsection shall be for a term of not less than 3  
22 years and may be renewed for a single term not to  
23 exceed 8 years.

24 “(4) APPLICATION PROCESS.—

1           “(A) IN GENERAL.—A State seeking a  
2           grant under this subsection shall submit an ap-  
3           plication to the Secretary at such time, in such  
4           manner, and containing such information as the  
5           Secretary may require, including—

6                   “(i) the information specified in para-  
7                   graph (5); and

8                   “(ii) a plan for the establishment or  
9                   enhancement and ongoing support of local  
10                  community infant-toddler court teams in  
11                  the State.

12           “(B) LEAD STATE AGENCY.—The Gov-  
13           ernor of a State submitting an application  
14           under subparagraph (A) shall designate an ap-  
15           propriate State lead agency, such as the State  
16           Court Improvement Program or the State agen-  
17           cy that administers child welfare services, with  
18           the ability to carry out the activities specified in  
19           paragraph (2).

20           “(5) APPLICATION CONTENTS.—The informa-  
21           tion specified in this paragraph is—

22                   “(A) a description of how the State lead  
23                   agency designated pursuant to paragraph  
24                   (4)(B) will implement infant-toddler court team  
25                   projects that meet the criteria specified in para-

graph (2)(C) and the communities in which local community infant-toddler court teams will be established, enhanced, or stabilized;

“(B) an assurance that the State lead agency will consult with representatives of State agencies providing services to infants, toddlers, and families, the State and local judiciary, and local communities and stakeholders, to develop a comprehensive plan for implementing infant-toddler court teams in the State, that includes a plan for determining how the court team structure and approach will inform and support building a family strengthening continuum, which may include using the infant-toddler court team structure in implementing prevention and family services and programs under section 471(e) of the Social Security Act (42 U.S.C. 671(e)); and

“(C) a certification that any infant-toddler court team established, enhanced, or implemented using funds received through the grant meet the criteria specified in paragraph (8).

“(6) CONTINUUM REQUIREMENTS.—The continuum referred to in paragraph (5)(B) shall—

1           “(A) seek to ensure that children and their  
2 families, particularly families with histories of  
3 trauma and adversity, receive effective, timely  
4 services that strengthen protective factors;

5           “(B) begin as early as possible before fam-  
6 ilies encounter the child welfare system—

7               “(i) to provide comprehensive sup-  
8 portive community services to families with  
9 very young children in need of such serv-  
10 ices; and

11               “(ii) to emphasize the social deter-  
12 minants of health to strengthen families  
13 and prevent abuse and neglect;

14           “(C) for young children with substantiated  
15 cases of maltreatment, including those whose  
16 families have been placed in an alternative or  
17 differential response program, include a com-  
18 prehensive approach to stabilizing and strength-  
19 ening families and preventing children from  
20 being placed in foster care that provides serv-  
21 ices and supports focused on in-home parent  
22 education and specialized programs that ad-  
23 dress the risk factors for removal of infants and  
24 toddlers from the home; and



1           “(D) use the community structure com-  
2           bined with the judicial oversight within the in-  
3           fant-toddler court team to improve outcomes for  
4           infants and toddlers who have been placed in  
5           foster care and their families through working  
6           with communities to ensure that—

7                   “(i) parents receive intensive services  
8                   and supports, including mental health and  
9                   substance use disorder treatment, to in-  
10                  crease the likelihood of reunification; and

11                  “(ii) young children receive intensive  
12                  interventions that will address their devel-  
13                  opmental needs and heal the trauma of  
14                  abuse, neglect, domestic violence, and sepa-  
15                  ration from their caregiver and family.

16           “(7) CONDITIONS.—A State selected to receive  
17           a grant under this subsection, shall, as a condition  
18           on receipt of such grant—

19                   “(A) agree to work with the National In-  
20                   fant-Toddler Court Team Resource Center es-  
21                   tablished under subsection (c) to design or en-  
22                   hance and implement local infant-toddler court  
23                   teams, including supporting data collection and  
24                   continuous quality improvement;

1           “(B) provide information to the National  
2           Infant-Toddler Court Team Resource Center on  
3           the plan developed pursuant to paragraph  
4           (5)(B), including the development of a con-  
5           tinuum of family strengthening services that  
6           meets the conditions specified in paragraph (6);

7           “(C) commit to building sustainability into  
8           the State lead agency function and the plan re-  
9           ferred to in subparagraph (B); and

10          “(D) ensure that any infant-toddler court  
11          team established, enhanced, or implemented  
12          using funds received through the grant meets  
13          the criteria specified in paragraph (8).

14          “(8) LOCAL COMMUNITY INFANT-TODDLER  
15          COURT TEAM CRITERIA.—The criteria specified in  
16          this paragraph with respect to a local community in-  
17          fant-toddler court team established, enhanced, or im-  
18          plemented using funds received through the grant  
19          are that the team—

20               “(A) organizes and promotes collaboration,  
21               with leadership from judges and the heads of  
22               child welfare agencies, among community stake-  
23               holders and service providers to address the  
24               needs of families with infants and toddlers,  
25               through implementing trauma-informed prac-

1 tices for infants and toddlers and their families  
2 in the child welfare system and for creating a  
3 community structure that can provide a con-  
4 tinuum of services;

5 “(B) works to strengthen families to pre-  
6 vent foster care placement, promote timely per-  
7 manency, prevent recurrence of maltreatment,  
8 and promote positive early development;

9 “(C) is coordinated through a local com-  
10 munity coordinator;

11 “(D) is composed of community stake-  
12 holders that include legal and child welfare pro-  
13 fessionals involved with families of infants and  
14 toddlers and community service providers  
15 that—

16 “(i) have experience solving problems  
17 and filling gaps at the community systems  
18 level, including with respect to evidence-  
19 based interventions appropriate for infants  
20 and toddlers and their families;

21 “(ii) receive training on the science of  
22 early childhood development, the impact of  
23 trauma, and the implications for child wel-  
24 fare and family strengthening practice;

1           “(iii) work to build a community  
2 structure for strengthening families across  
3 sectors, including work support, education,  
4 health (including mental health), and social  
5 supports;

6           “(iv) undergo a period of preparation  
7 and training before taking families into the  
8 infant-toddler court program;

9           “(v) provide a team of professionals  
10 that provides support to an individual fam-  
11 ily to ensure the needs of individual chil-  
12 dren within such family and such family as  
13 a whole are met;

14           “(vi) focus on infants and toddlers  
15 under the court’s jurisdiction or under in-  
16 home supervision; and

17           “(vii) as resources and team structure  
18 permit, work with families of infants and  
19 toddlers outside the child welfare system to  
20 provide preventive services to strengthen  
21 families of young children and avoid child  
22 welfare involvement;

23           “(E) supports parents’ strengths and  
24 needs in a compassionate, respectful, holistic,  
25 and individualized way;

1           “(F) prevents children from entering and  
2           reentering the child welfare system;

3           “(G) addresses community service gaps  
4           and disparities using evidence-based strategies;

5           “(H) commits to working toward sustain-  
6           ability for the infant-toddler court team pro-  
7           gram;

8           “(I) removes barriers to racial equity and  
9           social justice, and prevents disparate outcomes  
10          for racial and ethnic minorities, Tribes, and les-  
11          bian, gay, bisexual, transgender, and queer indi-  
12          viduals;

13          “(J) integrates family support services to  
14          meet family needs in a comprehensive way, in-  
15          cluding—

16               “(i) developmentally appropriate evi-  
17               dence-based interventions for very young  
18               children and their families, including devel-  
19               opmental screening, early intervention  
20               services, high-quality early care and learn-  
21               ing programs such as Early Head Start,  
22               and multigenerational mental health treat-  
23               ment focused on the child-caregiver rela-  
24               tionship; and

1                   “(ii) assessments of parents’ needs,  
2                   including past trauma, high-quality health  
3                   services, including mental health services,  
4                   for parents, including prenatal and post-  
5                   natal care, screening for depression, well-  
6                   woman care, mental health treatment, and  
7                   evidence-based substance use disorder  
8                   treatment;

9                   “(K) infuses a trauma-informed approach  
10                  in the delivery of family support services that  
11                  supports children, families, and professionals  
12                  across systems of care;

13                  “(L) provides for a continuum of parenting  
14                  interventions and mental health and substances  
15                  use prevention and treatment services con-  
16                  sistent with paragraph (7);

17                  “(M) uses continuous quality improvement  
18                  practices, including collecting project data ele-  
19                  ments established by the National Infant-Tod-  
20                  dler Court Team Resource Center under sub-  
21                  section (c) for case management and assessing  
22                  progress; and

23                  “(N) where placement of an infant or tod-  
24                  dler in foster care is necessary, uses—

1 “(i) concurrent planning upon removal  
2 and limits the number of placements;

3 “(ii) mentoring and coparenting be-  
4 tween birth and foster parents and kin  
5 caregivers and supports;

6 “(iii) preremoval conferences and  
7 monthly family team meetings to ensure  
8 support for family and child from the be-  
9 ginning as well as timely action and serv-  
10 ices to address child and family needs; and

11 “(iv) frequent, quality family time  
12 interaction or visitation in settings where  
13 families normally interact and coaches to  
14 support parent-child interactions.

15 “(c) NATIONAL INFANT-TODDLER COURT TEAM RE-  
16 SOURCE CENTER GRANT.—

17 “(1) GRANT AUTHORIZED.—The Secretary shall  
18 award to an eligible entity a grant to establish a na-  
19 tional center to carry out the activities specified in  
20 paragraph (3) to serve as a resource for infant-tod-  
21 dler court teams (to be known as and referred to in  
22 this section as the ‘National Infant-Toddler Court  
23 Team Resource Center’). The term of a grant under  
24 this subsection shall be for not less than 3 years, re-  
25 newable for up to 8 years.

1           “(2) ELIGIBLE ENTITIES.—An entity is eligible  
2           to receive a grant under this subsection if the entity  
3           is a national early childhood development organiza-  
4           tion with—

5                   “(A) recognized experience as a training  
6                   organization in infant-toddler development, in-  
7                   fant-early childhood mental health, and other  
8                   related topics;

9                   “(B) experience working in collaboration  
10                  with, and providing training to, court officials,  
11                  child welfare agencies, attorneys, guardians,  
12                  court-appointed special advocates, and other in-  
13                  dividuals and community organizations pro-  
14                  viding services to infants and toddlers in the  
15                  child welfare system, including—

16                          “(i) specific expertise in educating  
17                          judges, attorneys, child welfare staff, and  
18                          community service providers about the im-  
19                          pacts of child maltreatment and trauma on  
20                          early development and family functioning;  
21                          and

22                          “(ii) experience in incorporating the  
23                          expertise described in clause (i) into the  
24                          court and child-family service systems to  
25                          promote change in the way courts and



1 communities address cases involving mal-  
2 treated infants and toddlers and support  
3 other families with infants and toddlers in  
4 need of family strengthening services;

5 “(C) the capacity to carry out the activities  
6 of the National Infant-Toddler Court Team Re-  
7 source Center;

8 “(D) a proven ability to provide training  
9 and technical assistance, collect data and sup-  
10 port its use for continuous quality improvement  
11 and evaluation, and other tasks; and

12 “(E) a demonstrated ability to bring the  
13 collective impact of other national organizations  
14 together to address the needs of infants and  
15 toddlers that touch the child welfare system or  
16 are in need of preventive services to strengthen  
17 families and avoid the child welfare system.

18 “(3) ACTIVITIES OF NATIONAL INFANT-TOD-  
19 DLER COURT TEAM RESOURCE CENTER.—The Na-  
20 tional Infant-Toddler Court Team Resource Center  
21 shall carry out the following activities:

22 “(A) Provide technical assistance to States  
23 and communities with infant-toddler court  
24 teams receiving funding under subsection (a)  
25 established through the Infant-Toddler Court

1 Program, or through other means in building  
2 the systemic team structure to identify and ad-  
3 dress the needs of at-risk children and families  
4 before maltreatment occurs.

5 “(B) Provide technical assistance and  
6 training to States and local jurisdictions—

7 “(i) in selecting sites, coordinating  
8 systems, planning, and implementing, en-  
9 hancing, or stabilizing evidence-based in-  
10 fant-toddler court teams, including embed-  
11 ding a child development approach to pro-  
12 mote the healthy development and mitigate  
13 trauma of infants and toddlers experi-  
14 encing or at risk of experiencing maltreat-  
15 ment and their families, so that such court  
16 teams meet the criteria specified in sub-  
17 section (b)(7); and

18 “(ii) in determining how to use the  
19 court team community structure to inform  
20 and support the continuum of family  
21 strengthening services described in para-  
22 graph (6).

23 “(C) Develop materials to guide judges in  
24 the decision-making process regarding infants  
25 and toddlers, and train members of local infant-

1 toddler court teams and others in the commu-  
2 nity regarding the appropriate care of infants  
3 and toddlers, including the importance of—

4 “(i) understanding early brain devel-  
5 opment, the impact of abuse and neglect  
6 and placement in foster care, and the need  
7 for preventing such occurrences;

8 “(ii) the social determinants of health;

9 “(iii) placement stability and caregiver  
10 continuity for very young children;

11 “(iv) supporting the parent-child rela-  
12 tionship;

13 “(v) comprehensive services for chil-  
14 dren and parents to reduce the recurrence  
15 of abuse and neglect;

16 “(vi) comprehensive services to mon-  
17 itor and improve the health, development,  
18 and well-being of infants and toddlers in  
19 foster care or in in-home placements;

20 “(vii) for children placed in foster  
21 care, timely permanent placement frequent  
22 parent-child visitation, and concurrent  
23 planning; and

24 “(viii) implementing a comprehensive  
25 service delivery plan addressing the needs

1 of children and parents at the proximate  
2 time of a child’s removal from the care of  
3 the child’s biological parents.

4 “(D) Provide information to States, com-  
5 munities, and courts around the United States  
6 seeking to adopt an infant-toddler court team  
7 approach grounded in the science of early child-  
8 hood development, including information related  
9 to—

10 “(i) the incorporation of knowledge  
11 about infant and toddler development into  
12 the resolution of cases by judges with ju-  
13 risdiction over children in foster care and  
14 by child welfare agencies overseeing chil-  
15 dren under in-home supervision; and

16 “(ii) methods to change State and  
17 local government systems to better address  
18 the needs of infants and toddlers in the  
19 child welfare system and their families.

20 “(E) Coordinate and facilitate peer learn-  
21 ing opportunities for judges, community coordi-  
22 nators, and other personnel through commu-  
23 nities of practice, learning communities, con-  
24 ferences, and other means.

1           “(F) Ensure local infant-toddler court  
2 teams collect and report data specified under  
3 subparagraph (H) and provide technical assist-  
4 ance in—

5           “(i) ensuring quality data collection  
6 and reporting; and

7           “(ii) using the data collected for case  
8 and site monitoring, to establish a contin-  
9 uous quality improvement process to iden-  
10 tify areas that need strengthening, to de-  
11 velop a plan for such improvements, and to  
12 monitor progress.

13           “(G) Provide technical assistance to States  
14 and communities—

15           “(i) in evidence-based methods to  
16 change policies and practices to better ad-  
17 dress the needs of infants and toddlers ex-  
18 perienceing maltreatment and their families  
19 as well as infants, toddlers, and families in  
20 need of services to strengthen families and  
21 prevent the likelihood of entry into the  
22 child welfare system; and

23           “(ii) through onsite implementation  
24 assistance to local infant-toddler court  
25 teams tailored to the needs of each unique

1 jurisdiction, using a process of assessing  
2 and building on community strengths.

3 “(H) Define key metrics and collect data  
4 from local infant-toddler court teams related to  
5 the operation and outcomes of the projects sup-  
6 ported by States receiving a grant under sub-  
7 section (b) and other existing infant-toddler  
8 court team sites on elements that include—

9 “(i) data on child and parent demo-  
10 graphics and relevant family history;

11 “(ii) adult health care services, includ-  
12 ing prenatal and postnatal care, depression  
13 screening, mental health services, sub-  
14 stance use treatment, and well-woman  
15 care;

16 “(iii) child services, including multi-  
17 generational mental health treatment fo-  
18 cused on the relationship, developmental  
19 screening, early intervention services, well-  
20 child care and medical homes, and early  
21 childhood education;

22 “(iv) family engagement activities,  
23 such as family team meetings and court  
24 hearings;

1                   “(v) family well-being, including  
2 health equity and health insurance;

3                   “(vi) court practices, such as fre-  
4 quency of hearings, family team meetings,  
5 and stakeholder meetings; and

6                   “(vii) foster care practices that sup-  
7 port development and stable relationships,  
8 including placement type, visitation fre-  
9 quency, and permanency outcomes and  
10 timeliness, with an emphasis on reunifica-  
11 tion.

12                  “(I) Compile such data annually and re-  
13 port to the Secretary together with information  
14 from State planning processes reported under  
15 subsection (b)(7)(B).

16                  “(J) In developing data elements under  
17 subparagraph (H), consult with the organiza-  
18 tion awarded a contract under paragraph (4).

19                  “(4) EVALUATION.—The National Infant-Tod-  
20 dler Court Team Resource Center shall enter into a  
21 contract with an organization experienced in con-  
22 ducting a child welfare national evaluation over the  
23 course of the grant period of the effectiveness of  
24 local evidence-based infant-toddler court teams sup-  
25 ported by States receiving a grant under subsection

1 (b) as well as other infant-toddler court team sites  
2 that may participate in such evaluation in—

3 “(A) linking children and families to ap-  
4 propriate services and supports that prevent  
5 foster care placements, expedite permanency  
6 where placements occur, and strengthen fami-  
7 lies in improving family well-being and support  
8 for positive child development;

9 “(B) preventing, or reducing the recur-  
10 rence of, abuse and neglect;

11 “(C) promoting access to timely, high-qual-  
12 ity primary health care and oral health care in  
13 a medical home for children and parents;

14 “(D) promoting quality parent education,  
15 mentoring, and coaching to strengthen par-  
16 enting skills;

17 “(E) promoting timely assessment, referral  
18 to, and receipt of, mental health treatment and  
19 substance use treatment for parents of infants  
20 and toddlers;

21 “(F) promoting timely permanent place-  
22 ments of maltreated infants and toddlers; and

23 “(G) reducing costs through system im-  
24 provements.

25 “(d) DEFINITIONS.—In this section:



1           “(1) The term ‘child welfare system’ includes  
2           all services and supports provided through a State’s  
3           child welfare system.

4           “(2) The term ‘State’ means each State of the  
5           United States, the District of Columbia, each terri-  
6           tory or possession of the United States, and each  
7           federally recognized Indian Tribe (as defined in sec-  
8           tion 4 of the Indian Self-Determination and Edu-  
9           cation Assistance Act (25 U.S.C. 5304)).

10          “(e) AUTHORIZATION OF APPROPRIATIONS.—

11           “(1) IN GENERAL.—There are authorized to be  
12           appropriated to carry out this section, \$25,000,000  
13           for each of fiscal years 2022, 2023, 2024, and 2025.

14           “(2) RESERVATION OF FUNDS.—Of the  
15           amounts made available under paragraph (1) for a  
16           fiscal year, the Secretary shall reserve—

17           “(A) in the case of a fiscal year in which  
18           the amount made available under paragraph (1)  
19           does not exceed \$15,000,000, not less than  
20           \$5,000,000 for the National Infant-Toddler  
21           Court Team Resource Center established pursu-  
22           ant to subsection (c); and

23           “(B) in the case of a fiscal year in which  
24           the amount made available under paragraph (1)  
25           equals or exceeds \$15,000,000 but does not ex-

1           ceed \$25,000,000, not less than \$7,000,000 for  
2           such Center.”.

3 **SEC. 3. REPORTS TO CONGRESS.**

4           Not later than 3 years after the date of the enact-  
5   ment of this Act, and not later than 5 years after such  
6   date of enactment, the Secretary shall submit to Congress  
7   a report addressing the implementation and effectiveness  
8   of the infant-toddler court teams pursuant to section  
9   330Z–3 of the Public Health Service Act, as added by sec-  
10   tion 2, including—

11           (1) a compilation of the data on local commu-  
12   nity infant-toddler court teams included in the an-  
13   nual report from the National Infant-Toddler Court  
14   Team Resource Center established pursuant to such  
15   section; and

16           (2) interim or final results from the national  
17   evaluation of infant-toddler court teams conducted  
18   under such section.

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