Legislative Recommendations for Infants and Toddlers During the COVID-19 Pandemic

ZERO TO THREE
Early connections last a lifetime

April 3, 2020

The Honorable Mitch McConnell
Senate Majority Leader
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Chuck Schumer
Senate Minority Leader
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin McCarthy
House Minority Leader
2468 Rayburn House Office Building
Washington, DC 20515

Dear Leader McConnell, Speaker Pelosi, Ranking Member Schumer, and Leader McCarthy:

I am writing to call your attention to the urgent needs of our youngest children, our babies, who can experience profound and long-term developmental effects from catastrophic events such as the current pandemic. Supporting families and securing the well-being of infants and toddlers—our future workers—must be the top priority as Congress looks to address the needs that still remain.

We are heartened by the swift action Congress has taken to address the COVID-19 pandemic. The *Families First Coronavirus Response Act* (FFCRA) and the *Coronavirus Aid, Relief, and Economic Security Act (CARES)* were important accomplishments that will provide critical supplemental resources to address this pandemic and represent a down payment on what American families and the economy need to weather this public health event. We strongly urge the House and Senate to finish the job by taking up additional legislation that contains crucial support for families struggling with both the public health and the extended economic disruptions of COVID-19.

ZERO TO THREE is a national non-profit organization that translates the science of early childhood development into useful knowledge and strategies for parents, practitioners, and policymakers. We work to ensure that babies and toddlers benefit from the family and community connections critical to their well-being and healthy development.

What families have experienced with the COVID-19 pandemic is akin to an earthquake: a sudden, unexpected episode, that disrupts everyone without prejudice. But what sometimes accompanies an earthquake is a tsunami that spreads across the ocean and disproportionately impacts those that cannot make it to higher ground. The policies and appropriations included in FFCRA and CARES are part of a necessary first response to the COVID-19 earthquake. What we need now are durable public policy solutions that will continue disaster response efforts but also raise up American families in the face of the looming economic tsunami. We fundamentally believe that we must meet the urgent needs of babies and families struggling with the current situation even as we prepare for a dramatically different post-COVID-19 economy, which will also require a reimagined workforce to get Americans back to work

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faster. The federal government has seen fit to spend an unprecedented amount of taxpayer dollars. We must be planning for recouping what we spend in recovery through a new era of global competitiveness. This includes ensuring that young children have a place to go when their parents go back to work, that future pandemics may be avoided by allowing all workers to take a sick day without fear of losing their jobs, that our overstrained health and mental health systems are rebuilt stronger, and that our social and medical safety nets are strong.

Research suggests and families report in real time that the impacts of the current crisis are hitting your youngest constituents and their families particularly hard. In addition to developing the following policy proposals, ZERO TO THREE has asked our national network to share their stories about how the COVID-19 pandemic has impacted their families and their lives. The following policy proposals are crafted to ensure the safety and well-being of families, especially those with infants and toddlers, most susceptible to the COVID-19 public health and economic contagion.

Some of the impacts, like going without clean diapers or formula or feeling the sting of child abuse, are immediate. Some are like the tsunami surging toward us bringing longer-term, but no less detrimental effects, including a loss of strong early learning opportunities that could prevent parents from returning to work and undermined social-emotional development that could affect babies' future learning and success. All of these impacts are preventable. Congress needs to respond now to five critical needs of babies to protect them during the COVID-19 pandemic and ensure their continued strong development as some semblance of normal life returns.

CRITICAL AREA 1: SUSTAIN CHILD CARE AND OTHER EARLY LEARNING SUPPORTS

The first three years of a baby's life are the time of fastest brain development. Ensuring that babies have positive early learning opportunities and support to meet their families' needs is a critical part of assuring a strong future for them and our country. With more than 60 percent of mothers of infants and toddlers in the workforce, child care and early learning providers play a critical role in supporting this development. These professionals also enable parents to work. Despite the key role child care providers are playing in supporting other essential industries during this crisis, the child care system as a whole is at risk of collapse due to the economic impacts of COVID-19. If this happens, we will not be able to restart the economy when the time comes. Similarly, other early learning services are also playing key roles in meeting the needs of the youngest children–as well as the families hardest hit–by the economic and social fallout from this crisis. These services are important factors in supporting family resilience and keeping child development on track.

Child care and other early learning supports are a key foundation on which the remainder of our economy rests. If we fail to provide significant support for them now, we will significantly hamper our ability to recover from the current economic and public health crisis as well as unnecessarily constrain the potential of our future workforce.

Provide robust, flexible funding for the child care system. As the ripple effects of the coronavirus are felt throughout the economy, the child care system has been hit incredibly hard. Many child care providers are closing as the families they serve are losing work, or in the service of public health. Others

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are being asked to stay open to serve essential workers at the frontlines of this crisis, putting themselves and their families at risk to provide an essential service that benefits us all. The providers remaining open during this challenging time deserve special support to ensure they can provide safe, quality care to other essential workers; but providers that are being forced to close due to this crisis need significant assistance as well, particularly as child care will be a foundational necessity for any future economic recovery. In many parts of the country families already had a difficult time finding affordable high-quality child care. This crisis will only exacerbate that situation. Tess, a mom from Oregon City, OR who already struggles to afford child care shared this concern:

"Our state is now only working on child care for those on the front-lines. This is good and bad all at the same time. With so many facilities closed I worry about how many will be able to reopen once things stabilize and how expensive they will become so they can get back to a normal state."

The $3.5 billion in supplemental funding the CARES Act provided to CCDBG was an important first step in supporting child care during this crisis, but far more support is needed to meet the multitude of challenges that the system is currently facing. To continue to support the viability of providers offering essential care now, and to ensure the broader child care system remains available to those returning to work once this crisis passes, Congress should provide at least $50 billion in total dedicated funding to child care as part of the fourth stimulus passage. These funds should be flexible enough to address the specific needs of individual communities and providers, while also maintaining critical existing safeguards for children being served, including key licensing requirements around adult-child ratios, group sizes, and health and safety training. The following policies should serve as a baseline for child care sustainability in any recovery package:

- Paying providers to cover ongoing operating costs while they are closed for public health reasons, or open but with reduced enrollment to serve children of essential workers;
- Providing essential duty pay for child care workers in programs that are remaining open during the crisis;
- Providing materials, resources, training, and other public health supports regarding health and safety practices;
- Eliminating copayments or tuition for families during this public health and economic crisis while ensuring that providers are still paid;
- Funding and paying substitute educators where needed and available;
- Purchasing materials for providers that cannot afford or find supplies;
- Providing virtual learning opportunities when appropriate and mental health supports for families; and
- Helping child care providers navigate small business loan and unemployment insurance (especially the new Pandemic Unemployment Assistance) application processes.

Reaching providers outside the CCDF system: Not all providers participate in the CCDF subsidy program, but are a vital part of the child care infrastructure that enables parents to go to work. In addition, some segments of the child care system, such as some family child care and family, friend, and neighbor providers, are not so easily supported in the normal functioning of state child care agencies. Emergency funds should be made available for grants to these child care providers as well, or to pump money down to the local level, through early childhood councils or entities such as Resource and Referral Agencies

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and Staffed Family Child Care Networks to quickly and efficiently reach home-based providers to help them stay afloat and support them, for example, with cleaning supplies or financial support to meet their own basic needs. They, too, will be sorely needed when millions of parents head back to work.

Provide additional funding for comprehensive support Head Start programs provide and expand Early Head Start. Head Start and Early Head Start programs are on the frontlines of outreach to families most vulnerable to the economic and social impact of the pandemic and its aftermath. The Office of Head Start released guidance on programmatic flexibilities they have when affected by disasters. The flexibility provided by this guidance will become increasingly important as COVID-19 proliferates and will help more eligible families access the comprehensive support services offered by programs, especially referral to essential nutrition, health, and mental health services, even if programs themselves are required to close to mitigate the spread of the disease. Fatimah, an Early Head Start mom from Dover, DE is experiencing this firsthand:

"Due to COVID-19, my employer shut down. I am unable to collect unemployment benefits because I had not completed the probationary period. The fear of running out of food, not being able to pay utilities has made our lives more complex as days progress. Having to depend upon state assistance (TANF) for cash isn't really enough to make it past the first week of the month. Praying that this pandemic will pass soon, so that I am able to get back to work to be self-sufficient for my family."

Specifically, we recommend:

- $1 billion to expand Early Head Start programs to reach more economically distressed families as the pandemic subsides; and
- $250 million for programs that need additional funding to support the flexible options for providing services, which would be most welcome by their now socially distanced, and therefore isolated, families.

Considering the breadth of the pandemic, it is likely that these recovery funds will be stretched thin and that, without additional federal funds being made available, the impact of this new flexibility for Head Start and Early Head Start grantees will be muted. While the CARES Act provided increased funds for Head Start, the bulk of those funds were directed toward summer programs primarily needed by preschool Head Start and the remainder will be needed for cleaning and other pandemic-related maintenance. Most important, the economic impact of the pandemic will surely increase the number of babies and toddlers in poverty, with families reeling and struggling to get back on their feet. Early Head Start can be an effective disaster mitigation tool for low-income families with infants and toddlers, both now and particularly once the crisis passes. We recommend that Congress seize this opportunity to provide an additional $1 billion to expand Early Head Start and include that funding in base grants, with a commitment to continue this investment in regular appropriations cycles, to ensure this center of strength for more families in the most precarious financial situation.

Increase funds for Early Intervention through Part C of the Individuals with Disabilities Education Act (IDEA). Infants and toddlers with developmental delays and disabilities continue to need early intervention services throughout this crisis to ensure their development stays on track. In addition, Part C could see an uptick in children needing and qualifying for early intervention services as a result of disruptions in their early care and learning programs. The early interventionist serves as a support for

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the family as well, so that continued services through a virtual platform mean another contact with a family that may be isolated as well as therapy for their baby or toddler. Such contact is important, because children with disabilities are at higher risk for child maltreatment. Ada, who works in Early Intervention in Takoma Park, MD describes a key resource families need:

"I work as a 'Child Development Specialist,' [and] one resource that our families will benefit from, will be to have access to technology during this times of crisis. Some of them have only their phones."

We recommend an additional $500 million for Part C of IDEA to cover the costs of items related to the virtual delivery of services, but also to respond to already occurring cuts in state and local budgets, which often cover early intervention costs. In addition, some of the innovative approaches states are using with virtual tele-intervention may not be reimbursed by existing funding sources like insurance or Medicaid, and additional federal funds could ensure that babies and toddlers can continue to receive these critical developmental services. Finally, the need of infants and toddlers to be evaluated and receive services does not pause because of the pandemic. States and local programs are working every day to accept new referrals, evaluate and assess children, and work with their families to provide services as best they can virtually.

CRITICAL AREA 2: ENSURE ECONOMIC SECURITY

The COVID-19 pandemic has created unprecedented challenges for families and businesses alike. Ensuring economic security through permanent, federally insured paid sick, family, and medical leave benefits for all workers will provide reciprocal stability for employers who will be better prepared to manage the diversity of personal challenges that workers may face.

Improve paid family leave and paid sick days provisions of FFCRA. Many workers do not have access to paid sick days or may rely on those days for other family needs. FFCRA only provides paid sick days and paid family leave to those employed by organizations with fewer than 500 employees. This limitation leaves millions of workers without access to these critical benefits which creates new and even more unsafe situations for these families. Cate from Norfolk shares this story:

"I am a hospital (inpatient critical care) worker and a military wife. I have no sick leave or paid time off available, and I have three kids. School is cancelled for at least 2 weeks. This is insane. We can, and must, do better."

Specifically, we urge Congress to pass the PAID Leave Act, which would:

- Provide all U.S. workers with 14 emergency paid sick days in the event of a public health emergency, including the current coronavirus crisis;
- Provide workers with 12 weeks emergency paid family and medical leave;
- Permanently ensure workers can accrue 7 paid sick days; and
- Permanently enact a paid family and medical leave insurance for all workers.

The PAID Leave Act addresses the many immediate needs of families caused by the COVID-19 but also draws an important path to the future. The implementation of a progressive paid family and medical

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leave strategy will create a framework that supports workers in the face of future crises, whether they be national or personal.

CRITICAL AREA 3: SUPPORT STRONG FAMILIES

Young children develop in the context of their families, where stability and supportive relationships best nurture their growth. Nurturing and responsive relationships offer both immediate and long-term benefits, fostering trust, positive social-emotional development, and the capacity to form strong relationships in the future. A disaster such as the pandemic strains the conditions for this crucial support. Parents become stressed by their own concerns about health and the inability to meet pressing economic needs. Young children sense this stress and may act out their own anxieties in ways that parents may interpret as misbehavior, increasing parental stress even more and sometimes leading to harsh treatment that may become abusive. We know from previous disasters that providing support for families with young children to increase their resilience and prevent harm that can have lasting effects is a key intervention to prevent and mitigate the pandemic's harmful social impact.

Provide expanded prevention funding to provide greater outreach and virtual support to parents and other caregivers isolated in this crisis. Many parents and caregivers of young children will be isolated at home, under great stress, and unable to receive in-person support or treatment they may normally rely on. Confinement, social isolation, and inability to use familiar coping mechanisms and parenting strategies like taking personal space, visiting with family, or going to the playground, may exacerbate the impact of these stressors. Unfortunately, such unbearable stress levels can lead to a greater risk of child abuse. Now is the time to take the steps to prevent this terrible outcome for young children and their families. It is critically important in this unprecedented time to find ways for parents and caregivers to stay connected with support networks. Service delivery organizations are making great efforts to continue their work, but out of necessity it will need to look different. Amanda from Redding, CA speaks to this need:

"I am in desperate need of community support. I really relied on support persons in the community. I am currently isolated to my home with my 18- month old daughter. I have no one to check on me or anyone to talk to."

To this end, we recommend Congress:

- Provide an additional $1 billion in funding for Title II of CAPTA, Community-Based Child Abuse Prevention, to quickly channel flexible funding for supporting outreach to families, to the local level to augment preventive family support services through methods appropriate to the community. Mechanisms could include family resource and support centers, programs such as HealthySteps (child development specialists embedded in primary care practices), early childhood and maternal mental health providers, home visitors, and other services to address the increase in family stress due to calamitous social changes and prevent child abuse; and
- Allow providers working remotely to use federal dollars to purchase and implement pre-paid mobile devices and data allotments for the families they are serving.

Provide emergency funds to support home visitors. Home visitors are a key support to families with young children and never more so than in times of great stress. Home visitors need to be able to support

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the families with whom they work in the safest way possible to protect their own health and that of their clients. A parent from Chicopee, MA described what it means to miss her home visitor:

"I have very little support from family and don't have many friends I can count on. My home visitors can't come to my home, and they haven't been able to set up a system where they can at least video chat or Facetime with my children to help me through whatever problem I can't figure out on my own. I just pray things get better because I need them. My kids need them."

We recommend channeling $100 million for emergency uses to state administrators and Tribal grantees in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, but allow these funds to be used to support home visitors not employed within the MIECHV program. The funds could be used for:

- Supporting telehealth visits, including for clinicians providing mental health consultation;
- Providing staff as well as families with technological equipment to do such visits;
- Paying home visitors even if they are unable to make visits;
- Providing hazard pay to those who do still go into homes; and
- Other uses that help home visitors continue to provide supportive services to families.

Provide increased funding for Title IV-B and Child Abuse Prevention and Treatment Act (CAPTA) state grants and increase Title IV-E FMAP to enhance the child welfare system's ability to respond to the needs of children and families under its supervision. Unfortunately, some children will experience abuse and neglect and many more are already in the child welfare system and in need of continued services. Our goal must be to do everything we can to protect their well-being and safety, working to ensure they have a safe and stable home. Child welfare work for children who have experienced abuse and neglect is heavily dependent on contact between caseworkers and families, made immensely more difficult by the need for social distancing. Foster parents and kin providers also will face challenges and may become unable to care for children. Finally, biological parents working hard to reunify with their children are missing crucial moments of contact. These complexities are highlighted by a child welfare caseworker from Florida:

"One father reported that he has been struggling because supervised visits with his son are on hold. He has had some communication with his son over the phone but wishes he could have an in-person visit. He is using his sober supports to help cope with the situation."

Child welfare and child protective service agencies need enhanced funding to ensure the safety and well-being of children and families. To this end, we recommend Congress provide:

- Increased funding to Title IV-B, Part 2, the MaryLee Allen Promoting Safe and Stable Families Program (PSSF) by $1 billion to help eliminate the need for out-of-home placements, both to protect children and to prevent the child welfare system from being overwhelmed by the crisis. PSSF is a critical funding source for stabilizing families, supporting foster parents, and other prevention efforts for states during times of crisis; and
- $500 million in emergency funds for CAPTA state grants to assist in worker safety and workforce needs in terms of protections and health practices and the need for new or expanded encryption technologies and equipment for both workers and families for virtual meetings and other methods of home visits and investigation; and

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- FMAP for Title IV-E foster care should be raised commensurate with any increase to Medicaid FMAP and should be applied to the new Title IV-E Prevention Services program.

In addition, we have heard from many family support providers, infant-early childhood mental health specialists, child welfare workers, and home visitors in the field that, in the face of the pandemic, they have moved operations online in an emergency capacity. While this is useful as a stopgap measure, many families do not have access to broadband internet and may be reliant on mobile devices with costly and finite data plans. As Congress considers new funding for national broadband infrastructure, we implore Congress to prioritize child welfare and family service providers access to broadband infrastructure funds as they become available.

CRITICAL AREA 4: SUPPORT STRONG SOCIAL-EMOTIONAL HEALTH

A baby's social-emotional development is the bedrock on which all later learning and relationships build. Young children are exquisitely sensitive to the emotional state of the adults around them, who are their source of security and own emotional well-being. We know from previous disasters such as Hurricanes Katrina and Sandy that infants and toddlers can experience long-term effects if their trusted adults are not able to support and nurture them. In the current context, this critical adult capacity to provide nurturing care may be impacted by illness, stress, fear, and mental health conditions that are intensified and possibly going untreated during this time, intimate partner violence, and other factors, and children may receive less focused caregiving time due to caregiver work demands and absence of child care and other family and community supports that are typically available. We must be prepared to address the mental health needs of our babies and toddlers to ensure they have a strong foundation for future development.

Expand funding for infant and early childhood mental health services. Many parents and caregivers of young children will be isolated at home, under great stress, and unable to receive in-person support or treatment they may normally rely on. A mother in Maryland shared this concern:

"My 2-year-old is upset by the sudden change in routines, separation from extended family and friends, and our stress. She isn't sleeping well, is having accidents again, is crying much more than usual, and is very clingy and nervous to be away from me. Her distress is adding to our challenge of managing work and child care."

We know that babies can and do experience mental health problems, especially when exposed to chronic stress and trauma. Early problems can be prevented when properly identified and treated. However, this requires a highly skilled and adequately funded interdisciplinary clinical workforce. At this moment, we are facing a critical nationwide shortage of mental health clinicians with the specialized training to provide mental health services to very young children. We were unable to meet the need for assessment, diagnosis, and treatment services for the 0-5 population before this pandemic, and the current situation playing out across the country will undoubtedly severely exacerbate this shortage. We understand that our mental health system needs to be bracing and preparing for a wave of increased needs nationwide, and it is essential that we invest in the infrastructure of our early childhood mental health system so we can address mental health concerns as early as possible, before they worsen and become more challenging and expensive to address. Providers in primary care, early intervention, home visiting, and child care will likely also be seeing and managing unprecedented levels of mental health

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concerns in the children they serve and will also need support from specialists to enable them to meet needs in their setting. Mental health providers are making great efforts to continue their work in the current landscape but need support to meet the needs of their communities. To this end, we recommend Congress:

- Allow Medicaid funding to be used for family support, child development, and infant and early childhood mental health services provided in primary care settings, such as HealthySteps, including through telephone conversations as well as telehealth delivered or virtual mental health consultation;
- Allow health and behavioral health providers working remotely to use federal dollars to purchase and implement pre-paid mobile devices and data allotments for the families they are serving;
- Establish a federal clinical workforce development program, the Infant and Early Childhood Mental Health Clinical Leadership Program (IECMH-CLP), to establish and fund centers of excellence to provide graduate, post-graduate, and mid-career interdisciplinary training including emergency response and trauma-focused training to address the dire workforce shortage and increase the number of mental health clinicians with specialized training to meet the needs of young children; and
- Provide funding to infant and early childhood mental health specialists, including centers of excellence established through the IECMH-CLP and National Child Traumatic Stress Network sites, to support mobilization of infant and early childhood mental health services including expanding access to tele-behavioral health services for young children and families and providing mental health consultation to professionals serving young children.

We know children are vulnerable during times of unprecedented challenges and parents need support to maintain healthy relationships, manage their stress, and respond appropriately to manifestations of child stress. It is critically important in this unprecedented time to ensure that parents, caregivers, and young children have access to developmentally appropriate, specialized behavioral health services.

CRITICAL AREA 5: MEET BASIC NEEDS FOR HEALTH AND WELL-BEING

Prior to the outbreak, far too many families with young children living in poverty were already lacking the financial stability to consistently access nutritious food, diapers and wipes, stable housing, health care, and all of the resources needed to support a young child's healthy development. This public health crisis exacerbates these needs and as the spread of COVID-19 has grown, the vulnerabilities within our system have only become clearer. We must comprehensively address the gaps in our system and ensure that families are able to meet their most basic needs during and after this unprecedented time.

Provide funding to meet families' diaper needs. Prior to the recent outbreak, one in three American families with young children reported experiencing diaper need. Given the current economic fallout from the pandemic, even more families will be challenged to afford and secure diapers for their babies. With reports of diaper shortages in stores across the nation, the number of families struggling to obtain diapers is rising. Jamie from Gillette, WY speaks to this:

"My kid can potty train when his wipes and pull ups run out, but there are moms that have young kids who have no way to get diapers and wipes if or when they run out. Formula is running out in my town. There needs to be some effort to change the situation, otherwise babies will not get what they need."

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Diapers are one of the most basic needs for families with babies and very young children and without enough, infants and toddlers are at risk of serious health conditions such as skin infections, open sores, and urinary tract infections – all of which might require medical attention. With an already overburdened health care system, preventative measures must be taken to avoid unnecessary hospital and emergency room visits. To meet the needs of families unable to secure diapers for their children, we recommend Congress:

- Provide $200 million in funding to support the procurement and distribution of diapers at a local level to get diapers to families most in need; and
- Make purchasing diapers an allowable use of funds [during the pandemic and its aftermath] in any human services program that currently does not allow that use, such as WIC, child care, and MIECHV.

Funding to address family nutrition needs. SNAP plays a critical role in addressing childhood hunger and food insecurity in communities across the country and is the first line of defense against hunger for the majority of low-income infants, toddlers, and their families. Emily from Oakland, CA shares her firsthand account of worrying about food insecurity and her ability to meet her families' basic needs:

"I've lost all my income for the duration of the shelter in place order. We have a toddler and I'm not sure how we'll get groceries and essentials, much less pay rent and bills. Due to allergies and dietary restrictions, food pantries and free school lunches aren't helpful."

As more families inevitably fall closer towards the poverty line, or deeper into poverty, more families will rely on SNAP to meet their basic needs. SNAP is proven to be effective in reducing food insecurity by helping families with low income afford healthy foods and providing information about nutrition, leading to stronger physical and emotional health. Given the anticipated economic downturn, greater investments in SNAP are needed. To that end, we recommend Congress provide:

- A 15 percent boost to the SNAP maximum benefit;
- An increase in the minimum monthly SNAP benefit to $30.

Babies can't wait! We urge you to act quickly to address the needs of infants and toddlers. We consider FFCRA and CARES to be tremendous first steps but do believe that much more must be done for infants, toddlers, and families that will address their immediate needs as well as infuse critical resources into communities that will likely be the hardest hit by the pandemic-related economic contraction.

COVID-19 has become a global event that will redefine our understanding of disaster preparedness. We have already experienced resource shortages and panic. Market contractions and public program instability will be felt most intensely by low-income families, particularly those with very young children. The House and Senate have the opportunity to provide needed stability to these families as well as the many others that be impacted by the pandemic. The work Congress does today will set the stage for lasting improvements to our disaster preparedness infrastructure as well as the social programs that protect our country's most overburdened and under-resourced children and families.

ZERO TO THREE is standing by as resource to Congress as it devises this critical legislation.

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Sincerely,
Myra Jones-Taylor Ph.D.
Chief Policy Officer
ZERO TO THREE

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