



ZERO TO THREE
Early connections last a lifetime

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

March 18, 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:

We are heartened by the swift action congress has taken to address the COVID-19 pandemic and encourage the House and Senate to take additional steps to address infants and toddlers. The Families First Coronavirus Response Act (FFCRA) was an important accomplishment that will provide critical supplemental resources to address this pandemic and represents a down payment on what American families and the economy needs 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 as well as 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.

While the policies included in FFCRA begin the process of stabilizing life during the pandemic, many of its provisions do not go far enough to fully support today's families with infants and toddlers. As the [*State of Babies Yearbook: 2019*](#) showed, these families already are disproportionately low-income (45% of infants and toddlers live in low-income families). Babies experience high rates of food insecurity as well as living in crowded housing. The impacts of the current crisis will hit them and their families particularly hard. The following policy proposals are crafted to ensure the safety and well-being of all families, especially those with infants and toddlers, most susceptible to the COVID-19 public health and economic contagion. Specifically:

Provide robust, flexible funding for the Child Care and Development Fund (CCDF). Concerns about the child care system are shifting, as the situation in the entire country shifts, and that makes recommendations for the most important needs harder to pinpoint. More child care providers are closing, but some are being encouraged to stay open, especially in light of the child care needs of health care workers, first responders, and other essential workers. Others may remain open simply because of their own financial needs or their desire to support the families they serve. We believe child care

providers should have the freedom to close with the assurance that they will get support such as that outlined below to help them stay afloat and re-open on the other side of this public health emergency.

This fluid situation indicates Congress should provide states with substantial flexible funding, some of which can be used in the context of the CCDBG subsidy/quality improvement structure. However, we believe that some funding should be in an emergency fund that could be used for other needs to keep the already fragile child care system viable as well as be a conduit to efficiently meet parents' and caregivers' needs. It is critical to maintain existing safeguards for children for additional funds provided through CCDF administrators, including maintaining key licensing requirements around adult-child ratios, group sizes, and health and safety training. Funds should allow child care administrators to take the steps they deem necessary to ensure the immediate and long-term stability of the child care system, including providers who may not participate in CCDF. The following policies should serve as a baseline for child care sustainability in any recovery package:

Enable activities to keep the child care system afloat and assist parents:

- Support direct assistance to providers based on enrollment, not attendance;
- Provide payments or grants to providers and workers in the case of closures related to COVID-19, including back-up care;
- Provide payments to programs to continue to serve children when parents or caregivers are temporarily unable to make co-payments or pay tuition;
- Cover the cost of substitute educators; and
- Provide assistance in providing additional trainings, supplies, and services to keep child care facilities safe and sanitary to prevent further spread of the virus.

Reaching providers outside the CCDF system: Some segments of the child care system, such as some family child care and FFN providers, are not so easily supported in the normal functioning of state child care agencies. State agencies could use an emergency fund to make grants to child care providers as small businesses or provide flexible funding to local entities such as Resource and Referral Agencies or Family Child Care Networks to reach out to 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.

Provide direct payments to low- and moderate-income individuals with additional payments for families with children. Access to cash for daily needs will become increasingly difficult as businesses close and working hours are reduced as a part of this ongoing crisis. Food, formula, diapers, and other resources that babies need are already scarce and present new, immediate dangers to low income families.

As Congress weighs options for additional economic stimulus, we urge you to consider the broader impact of providing direct payments to middle and lower-income households. Such a policy will not only provide these families with the financial resources they need to survive, but also would have an economic stimulus effect because those dollars flow rapidly into the consumer market. To be successful, however, these programs must be sufficiently funded, broadly implemented, and deployed rapidly. Specifically:

- Provide direct assistance of \$2,000 to individuals earning up to \$85,000, and each person, including dependent children, in families earning up to \$170,000; and

- Provide for the automatic continuation of payments on a quarterly basis as the public health emergency continues or unemployment continues to rise.

While there are various systems by which direct assistance to individuals and families might be administered, it is imperative that the most overburdened and under-resourced families, including those without federal income tax liability, are not left behind as they have been in past stimulus legislation. Congress should take steps to ensure this direct assistance can be provided through multiple funding streams, including the tax filing system, Social Security and SSI, the Veterans Administration, and electronic benefit transfer systems to ensure no family is left behind and to maximize the stimulus effects of the assistance.

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. 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 does well to address the many immediate needs of families caused by the COVID-19 but also does well to look to the future. The implementation of a progressive paid family and medical leave strategy will create a framework that supports workers in the face of future crises, whether they be national or personal.

Provide measures to safeguard housing security for the duration of the public health emergency. Safe and stable housing is a basic necessity for everyone, but it is particularly critical that young children and their families remain secure in their housing. Stable housing supports family well-being and lowers stress levels, setting the stage for nurturing parenting. While the FFCRA provided paid leave provisions for some workers, there are still many families that will remain unprotected and therefore financially insecure, at risk of falling into homelessness, or housing insecurity.

When babies have the security and predictability of safe places, they are better able to sleep, eat, crawl, play, and develop bonds with caregivers. However, many low-income families struggle with housing costs, causing them to move frequently, live in crowded conditions, or even experience homelessness, all of which deprive their young children of the stable environment they need to thrive. Policies in support of housing security must be designed to keep the most at-risk Americans secure. Specifically:

- Make \$1 billion in additional McKinney-Vento funds available to help local communities minimize the number of people living in homeless encampments, and significant additional resources for the Disaster Housing Assistance Program are needed to quickly get people into affordable homes; and

- Implement and immediate moratorium on foreclosures and evictions, in combination with temporary rental assistance, and legal support for families at risk of losing their homes.

Provide protections for immigrant families in order to ensure they are able to prioritize their own, and their families' health. All babies and toddlers need safety, good nutrition, and health care in order to have strong physical health. When babies have access to resources that provide safe, stable housing, access to quality, affordable health care, and good nutrition, the neural connections in their brains are strengthened, forming a strong foundation for healthy development. Conversely, when babies do not get what their growing brains need to thrive, they do not develop as they should, leading to life-long developmental, educational, social, and health challenges.

In light of the current COVID-19 health pandemic babies and toddlers in immigrant families are at particular risk of shouldering this burden. While longstanding policies restrict immigration enforcement actions in certain “sensitive locations,” including health care facilities, there have been several high-profile reports of enforcement actions in health care settings that have caused many immigrants to avoid treatment. If families fear the public health system, it will undermine their own health, and the health of our nation. To this end the Department of Homeland Security (DHS) should:

- Immediately issue public statements assuring immigrants that accessing health care services will not put them at risk of immigration enforcement;
- Ensure that immigration enforcement actions do not take place at or near health clinics, hospitals, or other places where individuals may be receiving health services related to the coronavirus; and
- Ensure adequate screening and medical attention for those working in and being held in detention facilities.

Additionally, Congress should pass the Protecting Sensitive Locations Act (H.R. 1101) to expand and improve upon the existing sensitive locations policy. Finally, those families residing in close living quarters (e.g. mental health facilities, prisons, jails, immigration detention centers, shelters for people experiencing homelessness, nursing homes, and other institutions) are particularly vulnerable to contracting the virus. DHS should ensure adequate screening and medical attention for those working in and being held in detention facilities.

Provide increased funding for Title IV-B and Child Abuse Prevention and Treatment Act (CAPTA) state grants and increase Title IVE FMAP to enhance the child welfare system's ability to respond to the needs of children and families under its supervision. Child welfare work 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. Child welfare and child protective service agencies need enhanced funding to ensure the safety and wellbeing of children and families. To this end we recommend Congress provide:

- \$250 million through Title IV-B of the Social Security Act for foster parents, kin providers, and residential facilities to ensure health measures and protections and to support enhanced capacity if foster family placements are lost due to the virus; and
- \$500 million in emergency funds for CAPTA state grants 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.

- FMAP for Title IV-E foster care should be raised commensurate with any increase to Medicaid FMAP.

Provide expanded funding to provide 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. 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 of necessity it will need to look different. To this end, we recommend Congress provide:

- Flexible funding to support outreach to families, including an additional \$500 million in funding for Title II of CAPTA, Community-Based Child Abuse Prevention, to assist with family support services through 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 in addressing the potential increase in family stress due to a range of social changes.
- Allow Medicaid funding to be used for family support and child development services provided in primary care settings, such as [HealthySteps](#), including through telehealth.
- Expand funding for infant-early childhood mental health services, such as through the National Child Traumatic Stress Network, and tele-behavioral health programs for children and families to support families and caregivers as young children exhibit indications of stress as they are affected by the tension their trusted adults are experiencing.

Provide additional funding for the Head Start and Early Head Start Programs. Currently, Administration for Children and Families (ACF) and the Office of Head Start have released guidance to all Head Start and Early Head Start agencies and delegate agencies as to what programmatic flexibilities they have when affected by disasters. The flexibility provided by this guidance will become increasingly important as the bounds of COVID-19 grow and will facilitate more eligible families to access the various nutrition, health, and mental health support services offered by programs, even if programs themselves are required to close to mitigate the spread of the disease.

These new options, however, rely on an expectation that grantees can seek out and apply for available national, state, and local disaster recovery funding. 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. Head Start and Early Head Start can be an effective disaster mitigation tool for low-income families, both now and once the crisis passes if more families are pushed into poverty by economic dislocation. We recommend that Congress provide additional funding to these programs to ensure this center of strength for families in the most precarious financial situation remains strong. At a minimum, additional funding should cover the costs of additional cleaning supplies needed to keep programs that stay open sanitary, and of additional substitute teachers.

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 the families with whom they work in the safest way possible to protect their own health and that of

their clients. 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 would allow these funds to be used to support home visitors not employed within the MIECHV program. The funds could be used for:

- Allowing telehealth visits, including for clinicians providing mental health consultation;
- Providing 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 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. 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 emergency grant program that would enable diaper banks across the country to substantially increase their disaster response and support the families across the country whose lives have been upended by the COVID-19 outbreak.
- One avenue to channel such funds to states would be to include it in an emergency fund for CCDF administrators, who could then quickly distribute funds to diaper banks and even to child care programs that remain open.

We hope that you will act quickly to address the needs of infants and toddlers. We consider FFCRA to be a tremendous first step 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.

Sincerely,

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