MARCH 2022

TRAUMA-INFORMED CARE FOR SUPPORTING YOUNG CHILDREN IN LOW-INCOME FAMILIES

A RESEARCH BRIEF SERIES

WRITTEN BY:

Yi Wang, Ph.D.

Illinois Workforce and Education Research Collaborative (IWERC)
Discovery Partners Institute
University of Illinois System

IWERC

DPI

PART OF THE UNIVERSITY OF ILLINOIS SYSTEM

Suggested Citation:

Wang, Y. (2022). *Trauma-Informed Care for Supporting Young Children in Low-Income Families*. Chicago, IL: Illinois Workforce and Education Research Collaborative (IWERC), Discovery Partners Institute, University of Illinois. Retrieved from https://dpi.uillinois.edu/applied-research/iwerc/current-projects/trauma-informed/.

External Review:

This report was reviewed by scholars and practitioners to ensure that its contents were both rigorous and applicable to educators and policymakers with varying levels of background knowledge. The reviewers of this report included:

- Jo Anderson (Consortium for Educational Change)
- Lynn Burdick (University of Illinois Urbana-Champaign)
- Mia Chudzik (University of Illinois Urbana-Champaign)
- Maia Connors, Ph.D. (Start Early)
- Catherine Corr, Ph.D. (University of Illinois Urbana-Champaign)
- John Easton, Ph.D. (UChicago Consortium on School Research)
- Kerry Heckman, MSW, LICSW (Therapist in private practice)
- Elliot Regenstein (Foresight Law & Policy)
- Alexandra Richmond (University of Illinois Urbana-Champaign)
- Grace Sawyer (University of Illinois Urbana-Champaign)

We deeply thank these reviewers for their time and expertise.

Last revised: 3/4/2022

EXECUTIVE SUMMARY

The goal of this brief is to provide research-based information on trauma-informed care (TIC) with young children, with a focus on young children in low-income families. This brief provides educators, administrators, and policymakers with information about the challenges faced by young children from low-income families in general and during COVID-19. It then provides an overview of TIC for those working in settings that reach such children, including home visiting and early childhood education and care.

Background

As young children's brains are developing, they are sensitive to the environment around them. All young children (0-5) were affected by the disruptive environments caused by the COVID-19 pandemic. But young children in families with lower income have experienced even more difficulties. First, young children in low-income families were more concentrated in Illinois areas with higher COVID-19 cases. Second, families with low income were more likely to experience job loss and economic strain during the pandemic. Young children in low-income families were thus affected by the pandemic in two ways: (1) directly, through personal experiences with illness, school closure, disruption in activities, and so forth, and (2) indirectly, through changes in their parents' resources and caregiving practices caused by economic strain. Note that "parent" in this brief is defined as a primary caregiver for children, including but not restricted to biological, adoptive, step, or foster parents, and any adult who takes care of a child's most basic needs. Although the word "caregiver" is often used in this inclusive way, we do not use it in this brief to avoid confusion with the common use of the term "caregivers" in reference to early childhood care providers.

Key Takeaways

In general, TIC can be utilized in home visiting and early childhood education and care (ECEC) settings to address the potential traumas experienced by young children in low-income families (including and beyond the pandemic). Four TIC strategies are common to both settings: training staff, partnering with parents, collaborating across systems, and being culturally sensitive. There are also specific strategies for each setting to support children and parents, as shown in the table below and detailed in the full report. Beyond these strategies, it is critical to support early childhood workers as well.

Trauma-Informed Care: Children and Families

- Staff training
- Partnering with parents
- Collaborating across systems
- Cultural sensitivity

Home Visiting Services

PARENTS

Supporting Parents

- Trauma screening
- Building a support system
- Connecting families to resources
- Prioritizing parental self-care

Promoting Positive Parenting Skills

- Sharing information about trauma
- Improving parenting skills
- Coaching how to respond to children's concerns in an age-appropriate way

Helping Parents to Empower Children

- Supporting children's acquisition of coping and self-regulation skills

Integrating Cultural Sensitivity in Services

CHILDREN

Trauma Screening

- Evaluating traumatic stresses
- Assessing needs

Helping with Situations where Children Exhibit Signs of Trauma

Being Coaches for Parents

Referring Children to Resources

ADMINISTRATORS

Maintaining A Strong and Stable Workforce

- Weighting caseloads
- Building a strong support system
- Retaining the same families that home visitors worked with during the pandemic on their caseload

Strengthening and Expanding Relationships with Community Organizations

Being Prepared for Re-Closures

- Learning from the experience of the past lockdowns
- Leveraging technology for future virtual services
- Preparing basic household items for families in need
- Training virtual home visiting skills

Early Childhood Education and Care

PARENTS

Supporting Parents Interested in Enrollment

Providing connections and tours

Connecting with other parents to hear about their experience

Collaborating with Parents to Support Child Psychological Wellbeing

Sharing with parents information regarding symptoms of stress

Constantly providing updates and sharing photos

CHILDREN

Facilitating A Smooth Transition

- Accommodating children's daily routines at home during the transition
- Familiarizing children with the ECEC setting with a parent companion
- Inviting children to bring a comfort item

Providing A Responsive, Sensitive, and Consistent Daily Routine

- (Re)connecting children with teachers and staff
- (Re)familiarizing children with daily routines and learning in person
- Helping infants and toddlers displaying signs of distress
- Supporting Children to Adapt to New Safety Routines
- Explaining the rationales for adopting these routines in a fun and engaging way

Supporting socio-emotional development while wearing face masks

- Empowering Toddlers
- Hearing their voices
- Nurturing autonomy

ADMINISTRATORS

Supporting Children during the Transition

- Smaller class sizes
- Teacher looping

Reducing or Eliminating Stigma Linked with COVID-19

- Adding guidelines to respect diversity in curricula and activities
- Setting protocols to maintain confidentiality about illness and quarantine

Emphasizing the Development of Socio-Emotional Skills in Curricula

- Teaching children to verbalize their feelings and resolve problems
- Adding yoga and mindfulness classes
- Increasing outdoor activities

Preparing for Inevitable Re-closures

- Training and supporting teachers in remote learning skills and practices
- Improving parent-teacher communication
- Strengthening support for parents with remote learning
- Being flexible about changing academic calendars according to different public health scenarios

FULL REPORT

Introduction

This research brief focuses on trauma-informed care (TIC) for supporting young children in low-income families. We focus on this population because young children in low-income families are more likely to have experienced the adversities of COVID-19. To help Illinois educators support this critical population, we present research-based information on:

- The traumatic impact of COVID-19 on young children in low-income families, and
- TIC for working with young children in the settings of home visiting and early childhood education and care (ECEC).

This brief is intended for educators, case workers, educational institutions, policymakers, and others whose work affects the lives of young children in low-income families.

Illinois Children in Low-Income Families During the Pandemic

Young children in low-income families are at higher risk of experiencing trauma during the pandemic. Brain development is most sensitive to environmental conditions during the first 8 years after birth.[1] The pandemic disrupts the safe and stable environment in which young children live, hampering their ability to achieve crucial developmental milestones.[2] The spread of COVID-19 variants causes extra stress for families with young children because of the unavailability of vaccines for children under 5 (and, until very recently, children under 12). Parents are forced to make tough decisions, weighing risks to health with childcare needs. Being economically underprivileged worsens this situation, as parents with low income are more likely to be unemployed, have less flexibility to work from home, and lack paid leave, which imposes higher risks on physical and mental well-being.[3-8] Further, parents of higher economic means can choose more expensive—and safer—childcare and education services, such as a nanny

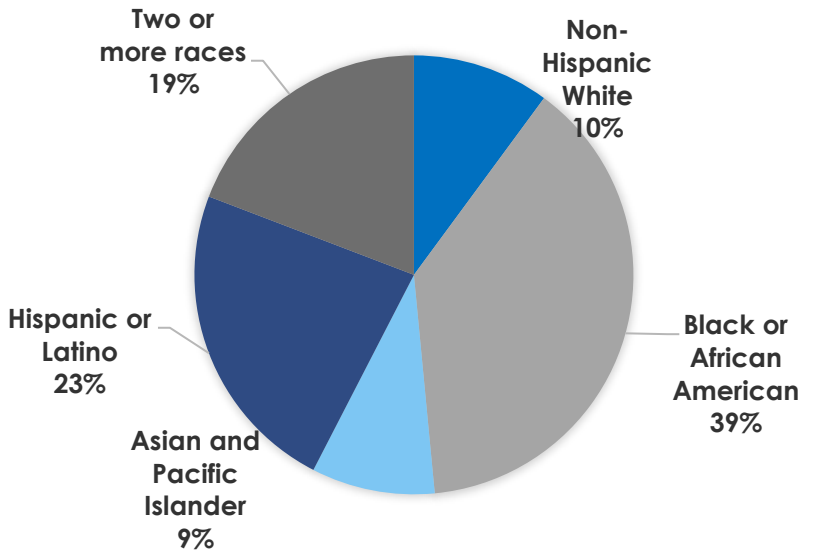

Figure 1. Racial Demographics of Children Younger than 6 Years Old in Low-income Families in Illinois Based on the U.S. Census Bureau (2019)

at home and home schooling.[9,10] Parents with fewer economic resources have fewer choices.

In 2019, 18% of Illinois' young children (153,921 children) lived in families with incomes below the official poverty thresholds.[11] As shown in Figure 1, a large proportion of these children were Black (39%) or Hispanic or Latino (23%).[12] Geographically, the southern part of Illinois had higher poverty rates (see Figure 2).[13] This geographic distribution of poverty among young children mirrors the distribution of Illinois COVID-19 cases per capita (see Figure 3). This indicates that young children in concentrated poverty were more likely to be affected by COVID-19.[14]

On June 11, 2021, Illinois moved to the final phase of reopening from COVID-19—restoring all sectors of the economy. However, the ongoing and accumulating effects of traumatic conditions remain. In addition, emergent variants such as Delta and Omicron suggest that the pandemic itself will be with us for some time, as will the resultant school closures and other changes to institutions on which children and their parents rely. As Illinois continues to

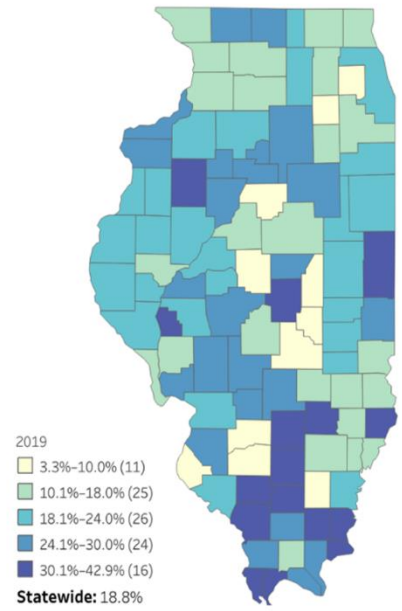

Figure 2. Percentage of Children Younger than 6 Years Old under Federal Poverty Line in Illinois (2019).

Source: Illinois Early Childhood Asset Map (IECAM) [15]

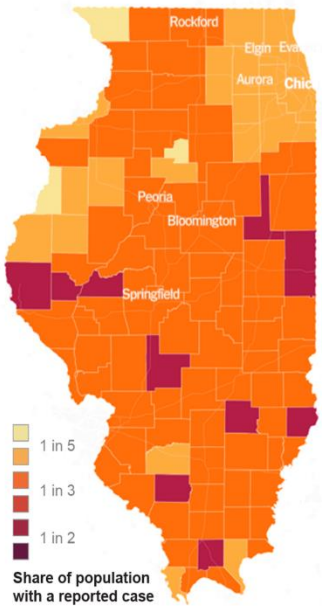

Figure 3. Cases per Capita of COVID-19 by County in Illinois (by 2022).

Source: The New York Times [16]

recover from the pandemic, those who work with young children will be expected to respond to trauma. Research-based evidence of how COVID-19 affects child psychological well-being—along with actionable guidelines for early childhood social service and education professionals—is essential. Despite a growing body of research suggesting the adoption of TIC in home visiting services and online learning during the pandemic, few have focused on the application of TIC during the post-pandemic recovery and beyond. This research brief aims to support early childhood educators and policymakers as they work with young children in low-income families both now and in the future.

COVID-19 and Potentially Traumatic Events

A large body of evidence has shown that children have been traumatized by COVID-19—particularly those of younger ages and from low-income households. [17-23] In this brief, traumatic events that COVID-19 might cause for young children in low-income families are examined through two pathways: the direct impact of COVID-19 on children and the indirect impact of COVID-19 through its effects on parents. These pathways are illustrated in Figure 4.

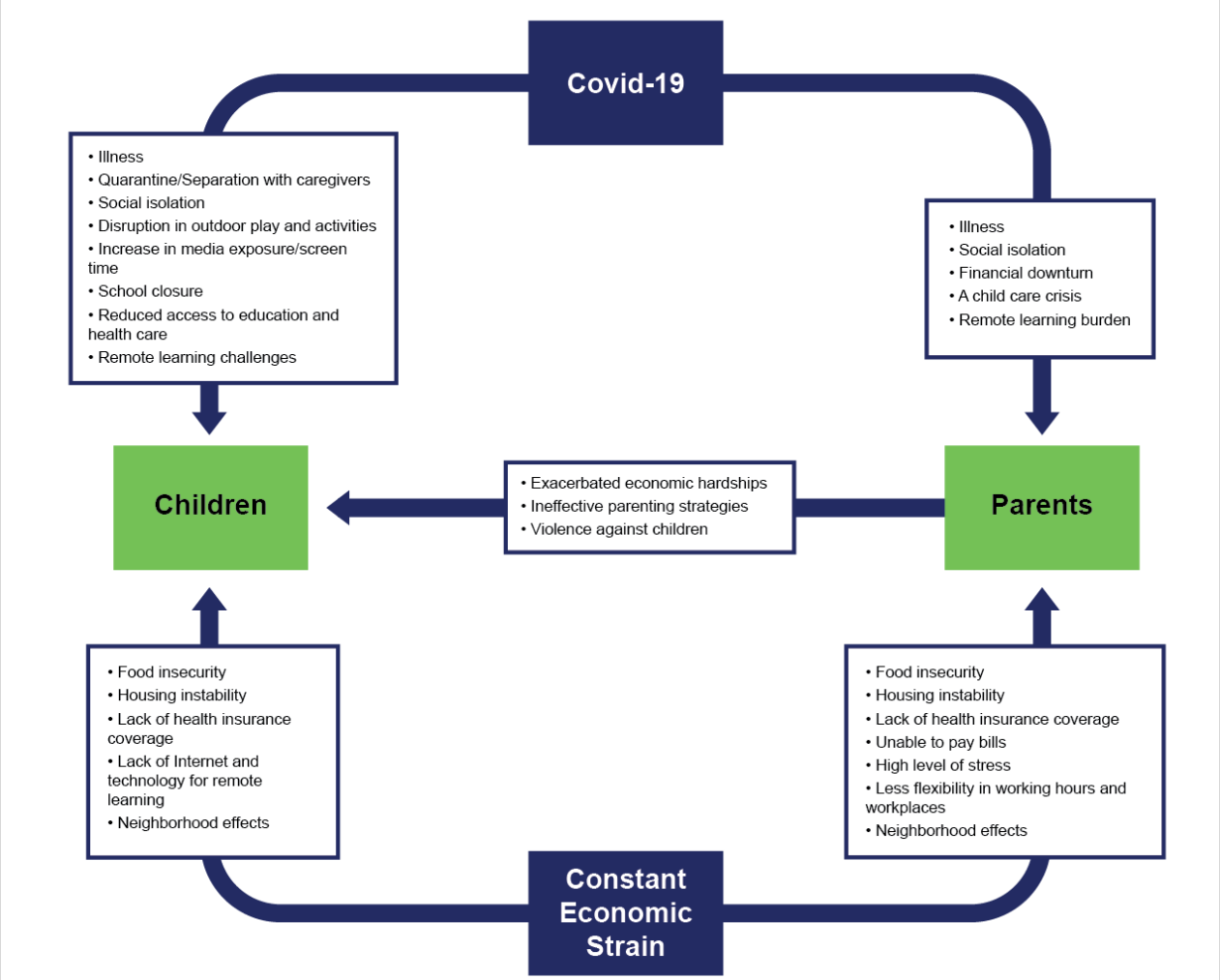

Figure 4. Potential Direct and Indirect Pathways of COVID-19 Causing Traumatic Events for Young Children in Low-Income Families

Direct Effects of COVID-19 on Young Children in Low-income families. The pandemic is potentially harmful to children's physical and psychological well-being in a direct way. The illness itself imposes great risks for mental health problems. By February, 2022, there were 677,267 COVID-19 cases involving children in Illinois, which is around 22% of the total child population in Illinois.[24] After schools reopened in September 2021, both infection cases and hospitalizations among Illinois children increased, with hospitalizations skyrocketing.[25] Specifically, the confirmed COVID-19 hospitalizations among Illinoisan children were five times higher in September than those in July 2021.[25] Even though children infected with COVID-19 are less likely to develop serious conditions compared to adults,[26,27] some children do have severe symptoms, such as multisystem inflammatory syndrome.[28] Incidence of severe symptoms like multisystem inflammatory syndrome are highest among young children.[28]

Research also shows that poverty is a strong predictor for COVID-19 infection and death rates, indicating that children in low-income families have a higher possibility of contraction and suffering from the consequences.[14] Being sick and experiencing separation from parents (due to quarantine and hospitalization) can cause psychiatric disorders (e.g., acute stress disorder and adjustment disorder) and psychological problems (e.g., anxiety, distraction, fear, and attachment issues).[17,20,21,29] This separation hurts young children more because the emotional bonds between children and their parents are typically stronger during early years of childhood.[30]

"This separation hurts young children more because the emotional bonds between children and their parents are typically stronger during early years of childhood."

Social isolation came with the stay-at-home order, adding another layer of traumatic experience for children.[31] The stay-at-home order in Illinois started on March 21, 2020, restricting Illinoisians' movement except for essential activities. This order compromised children's opportunities and abilities to play with their peers,[32] who are a crucial part of healthy physical and mental development. The lockdown also led to excessive screen time, as parents used the screen time to survive in the early days of the pandemic. A survey collecting information from 1,500 U.S. families shows that children's average screen time was twice as high (i.e., 6 hours per day) during the pandemic as it was before the pandemic.[33] Although younger children tended to have less screen time compared to their older peers,[32] young children from low-income families were more likely to be exposed to longer screen time because their parents had less flexibility to interact with them during working hours. Research shows that low-income kindergarteners spent 6.6 hours daily on media use during the first 2 months of the pandemic.[34] Screen time has

been essential for remote learning and social networking during the pandemic.[35] However, excessive screen time can cause health and mental health issues, such as raising anxiety and depression and disrupting sleep patterns among children.[6,36-38]

The statewide school closure—which was announced in Illinois on March 13, 2020—disturbed children's daily routines and reduced their access to quality food, physical and mental health services, and peer support.[39,40] These hardships were more pronounced among low-income children, because they relied more on school for healthy food and health support.[3,4,6-8,41-44] Another challenge related to school closure was remote learning. The absence of facial expressions, body language, hands-on and play-based activities,[45] and interaction with peers in remote learning could have caused disruption in children's socio-emotional development.[46,47] Lacking economic resources further exacerbated this adversity due to a lack of sustained Internet and technology for remote learning.[3,4,6-8,41,42,44]

Indirect Effects of COVID-19 through Parents. COVID-19 also adversely affects children through the indirect pathway of imposing strain on parents. The economic crisis caused by the pandemic is harmful for both children's physical and psychological well-being due to rising family financial instability. For instance, the unemployment rate in Illinois skyrocketed from 3.7% in March to 16.5% in April 2020,[48] leading to more children living with unemployed parents and suffering from economic hardships, such as food insecurity, housing instability, and limited access to health care.[49] Children from lower-income families were hurt the most by the financial downturn caused by the pandemic. A Pew Research Center survey shows that almost half of lower-income adults had trouble paying bills and one third experienced food insecurity and housing instability, rates twice as high as among all adults.[50] Early childhood exposure to adversities like food insecurity and housing instability is linked to impaired socio-emotional development and mental health.[51,52]

Another pathway through which the pandemic negatively affects children is by influencing parenting. Parents have been experiencing more stress and mental health problems, triggered by economic insecurity, a childcare crisis, remote learning burden, and social isolation. [19,29,44,53-55] According to a survey of a nationally representative group of 500 U.S. parents, 78% reported spending 2 more hours a day involved in children's learning activities daily after school closures, with 25% reporting spending 4 more hours a day.[56] A large proportion (i.e., 40%-60%) of parents stated that the biggest challenge was balancing responsibilities between work and parenting.[53] These challenges were detrimental to parental mental health, leading to depression, anxiety, and burnout, particularly among low-income families, who already struggled with chronic stress (e.g., food insecurity, housing expenses, neighborhood effects, and lack of medical care) before the pandemic.[54,55,57] Parents of young children were more likely to report worse mental health compared to their counterparts with older children,[55] likely

because at younger ages, the attachment is stronger between children and their parents and more attention and patience are needed from parents.

High levels of stress compromise parenting quality, leading to lower levels of parental warmth and responsiveness, more frequent use of harsh discipline, and increased violence against children.[54,58-60] Despite a rise in child maltreatment incidences revealed in survey data, a decline in the number of referrals to child protective services was documented. The number of calls to the Illinois Department of Children and Family Services child abuse hotline was cut by half during the pandemic, and a majority of the reporters were children who reported on their own behalf.[61] The inconsistency in child maltreatment incidences and child protective service referrals indicates that many child abuse cases were hidden, likely because teachers and health care workers—who are among the largest sources of child abuse reports—were absent due to school closures and lockdowns.[2,4,8,62-66] Without adequate intervention and protection, children who experienced violence during the pandemic were at higher risk of mental health problems. The hidden cases of child maltreatment can be most problematic among young children, because child maltreatment incidence is highest among them[67] and they are the least likely to report or verbally describe what happened to them at this young age.[61]Being economically underprivileged further exacerbates this situation, as poverty is a risk factor for child maltreatment rates and fatalities. [67,68]

TIC: Children and Parents

Unhealed trauma has profound impacts on learning and on behavioral, physical, and mental development.[69] TIC can play a significant role in reducing the harm of trauma and building resilience and coping skills. This research brief proposes TIC in the settings of home visiting and ECEC, because these are the most immediate environments in which young children are generally found.[70] The goal of this brief is to give Illinois educators, administrators, and policymakers a quick-yet-rigorous understanding of TIC in home visiting and ECEC. We hope this brief provides an accessible introduction to a complex topic, while inspiring immediate practice and encouraging readers to explore further in other scholarly materials. We provide specific examples for educators and administrators in the early childhood space to help build a concrete understanding, while acknowledging that these examples may not be relevant for all contexts. The following recommended strategies can work for all young children, but specific attention should be placed on those from low-income families because they might need more intensive support due to the high possibility of experiencing potentially traumatic events during the pandemic.

Four components in TIC can be shared across the settings of home visiting and ECEC. First, all staff members in these settings—including but not limited to home visitors (e.g., social workers and nurses) and ECEC professionals—should receive **staff training** on TIC. The components of TIC staff trainings are explicated in the IWERC's introductory

brief *Trauma-Informed Care in Illinois Education Settings: An Introduction to a Research Brief Series*, [71] and they include understanding, recognizing, and responding to trauma, and preventing re-traumatization. Second, **partnering with parents** is a crucial part of TIC, because parents are some of the most important people affecting child development and well-being. Third, **collaborating across systems**, including pediatrics, mental health, child welfare, and food banks, can help better meet children's and families' needs.[72-74] Fourth, because children's and families' cultural beliefs and values are influential for their mental well-being, TIC should be infused with **cultural sensitivity**.[73]

TIC approaches for children and families in the settings of home visiting and ECEC are illustrated in Figure 5. Specifics regarding implementation in each setting are discussed in the following sections.

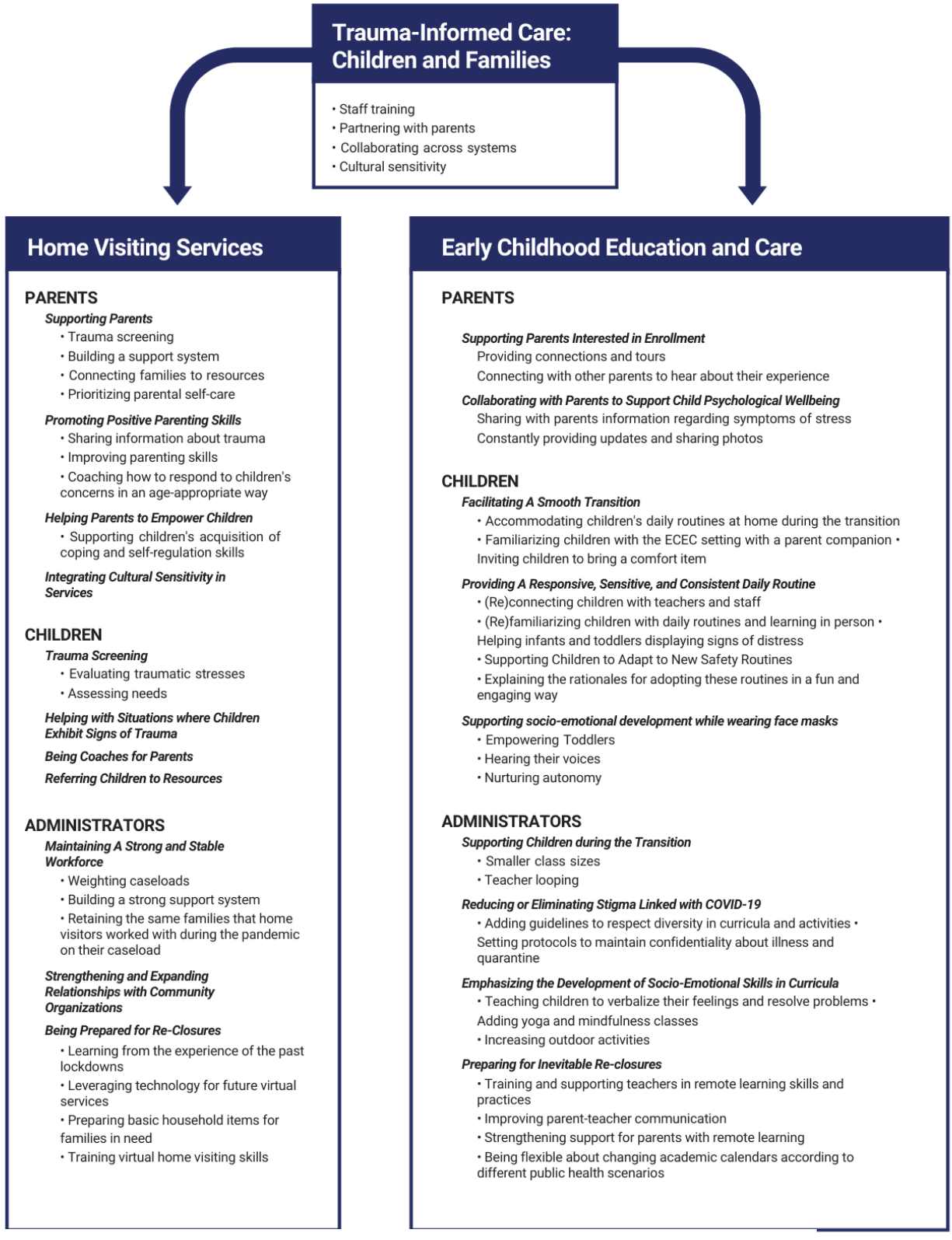

Figure 5. TIC for Children and Families

Home Visiting Services

Early childhood home visiting services aim to promote the health and cognitive development of infants and toddlers, prevent child maltreatment, help parents achieve self-sufficiency, and strengthen family functioning. During the pandemic, 94% of home visitors in Illinois delivered services through phone and 82% did so through video.[75] Tele-conferencing of home visiting comes with challenges:

- It is difficult to observe the home environment through video and impossible to help with situations where children cry or scream a lot, act fearful, or eat poorly (e.g., not having sufficient nutrition).[76]
- Trauma and stress can be overlooked.
- Support might be insufficient in virtual home visiting during the pandemic.

TIC during the post-pandemic recovery period (and beyond) must especially aim to help children and families recover from traumatic experiences.

Parents

A strong emphasis of home visiting services should be placed on supporting parents. Supporting parents is a fundamental goal of any home visiting service, but there are specific ways such support can be implemented to address trauma. *Trauma screening* (by trained professionals) is a crucial step in understanding the challenges parents face, their mental health status, and their needs.[74] Screening can also raise the awareness of trauma exposure and symptoms, which is an essential element in preventing re-traumatization.[77] While screening for traumatic experiences during the pandemic, home visitors should identify families' strengths. Based on this identification, a strengths-based approach could be used to help families in developing mutual understanding and *building a support system*.[78,79] *Connecting families to resources* (e.g., mental health professionals, job training, food banks, and domestic violence resources) is also essential to support families with different needs. For instance, a referral for mental health professionals can be made based on the screening results. *Prioritizing parental self-care* (e.g., nutrition, sleep, and exercise) should be emphasized as well for those with high levels of stress, because stress can compromise parents' capacities to care for children.[6,19,54,80,81] Self-care can be difficult for low-income parents due to systemic problems, such as time strain in the face of multiple jobs and lack of low-cost nutritious foods. While these systemic issues are beyond the control of the home visiting professionals, in addition to providing suggestions of self-care, home visitors could have an empathic understanding of the experience of parents and work with parents together to develop self-care strategies. For instance, home visitors could discuss with parents the self-care strategies that help them to calm down and destress, such as listening to music, dancing, and reducing the time spent on social media.

Promoting positive parenting skills to support children's mental health is another essential element in TIC for home visiting services.[79] Positive parenting—being sensitive and responsive, providing warmth and care, and practicing effective communication—will tremendously affect children's mental health.[82] The first step in promoting positive parenting skills is *sharing information about trauma (e.g., prevalence and impact*) in children and helping to identify signs of trauma in children's behaviors.[83] Supporting parents in *improving parenting skills*, such as being a good listener and validating their children's feelings, plays a key role in cultivating a sense of security and empowerment among children.[78,79] *Coaching how to respond to children's concerns in an age-appropriate way*, such as explaining the safety of different activities to children with a calm voice and comforting children when they are stressed about going outside, is an indispensable part of TIC for home visiting services as well.[78,79,84,85]

Home visitors should also help parents to empower children through *supporting children's acquisition of coping and self-regulation skills*.[73,78] The "capability of controlling or directing one's attention, thoughts, emotions, and actions" (or self-regulation skills), is a fundamental component in child mental health development.[86,87] Because young children learn these skills largely from their parents, home visitors could support parents to promote their self-regulation skills through cultivating calmness (e.g., deep breaths), helping with identifying stressors, and coaching how to manage stress (e.g., having a "time out" and asking for support from families or friends).[88,89] In addition, helping parents to build a safe, stable, and predictable environment and routine is essential in nurturing children's sense of security, which is a key condition in learning how to regulate behaviors and emotions.[89]

Integrating cultural sensitivity in services is another key element in TIC, because cultural factors are influential in terms of experience, interpretation, vulnerability, expression, and coping strategies for trauma.[91] It is important for home visitors to have cultural awareness and responsiveness while helping families and children recover from the trauma.[91] For instance, a discussion of how the pandemic has affected a family in the context of this family's cultural background and understanding a family's preference of support can provide useful information for home visitors in offering culturally sensitive services.[92]

Children

Trauma screening should also focus on children. For children of a very young age who are unable to verbally express their emotions and feelings clearly, home visitors can help parents in *evaluating traumatic stresses* among children and *assessing needs* through children's behaviors. In terms of children who can express themselves clearly, trauma screening should also involve direct communication with these children, encouraging them to share feelings and recognize their strengths.[73,78,93]

Home visitors could get involved in helping with situations where children exhibit signs of trauma, such as those identified in Substance Abuse and Mental Health Services Administration, which include "fearing separation from parents or caregivers, crying/screaming a lot, eating poorly and losing weight, and having nightmares".[94] They should also persist in being coaches for parents on how to respond to these situations with sensitivity and care. For example, instead of disciplining (e.g., physically punishing, blaming, and yelling at) a child when acting out, home visitors could coach parents to: (a) calm down; (b) think about the emotion and stress behind the behaviors (e.g., whether the child feels anxious, upset, and/or overwhelmed); and (c) explore the needs of the child through communication (e.g., whether the child needs a break, attention, and/or to be held).[95]

Referring children to resources, such as pediatrics and mental health professionals, is also critical in supporting children's mental health.

Administrators

One priority for home visiting programs is maintaining a strong and stable workforce because children and families experiencing trauma benefit the most from stable services.[96] To achieve this goal, *weighting caseloads* based on the intensity of a family's needs is important. *Building a strong support system* (e.g., supervisors, peers, and mental health services) for home visitors is also essential for preventing burnout.[96] A stable service could also be achieved through *retaining the same families that home visitors worked with during the pandemic on their caseload.* This consistency ensures home visitors know well the challenges and experiences families went through during the pandemic and guarantees stable care for the families.

Home visiting programs should also work on strengthening and expanding relationships with community organizations to better accommodate families' diverse needs after the pandemic, such as job hunting and training, childcare, and mental health services. In addition, collaboration with agencies to actively pursue new funding sources will enable home visiting programs to reach more families that need support.

Unfortunately, the most recent Omicron variant illustrates that home visiting programs must make being prepared for re-closures a consistent practice. Despite a large

proportion of the U.S. population being fully vaccinated, the rapid virus mutation and emergence of COVID-19 variants lead to great uncertainty.[97] One initial step that programs can take is *learning from the experience of past lockdowns.* Based on a survey of 322 home visitors and supervisors on the impact of COVID-19 on home visiting programs in Illinois, the top challenges of scheduling and conducting home visiting during lockdowns were insufficient time for families and lack of technology and connection equipment (e.g., limited data plans on phones, lack of computers, and unstable internet connections).[70] The most urgent needs for families involved in home visiting programs were diapers, wipes, disinfecting products, and food or formula.[75] As such, home visiting programs can prepare by *leveraging technology for future virtual services*.[96] For instance, access to the internet, data plans, devices, and technology support should be provided to connect families with online services. *Preparing basic household items for families in need*, such as diapers, food, and disinfecting products, is also essential. Most importantly, home visitors should receive *training in virtual home visiting skills*. Whether or not re-closures come to pass, these preparations will likely enhance the ability to respond to future emergencies or disruptions.

Early Childhood Education and Care (ECEC)

ECEC, including programs such as preschool, Head Start, pre-kindergarten, and day care, aims to cultivate learning habits and develop intellectual, physical, emotional, and social skills to help children to get ready for school.[98] The pandemic led to abrupt declines in ECEC enrollment, even after ECEC programs reopened after initial closures.[23,80,81,99] For instance, the U.S. preschool enrollments for the 3- and 4-year-old populations dropped from 51% and 71% before the pandemic to 39% and 54%, respectively, in December 2020.[100] Only 1 in 5 licensed childcare centers in Illinois operated at or above 80% capacity in August 2020.[99] Despite the reopening, many parents of young children decided to delay enrollment in ECEC programs due to their

concerns about COVID-19 variants and the unavailability of vaccines for young children.[9,10]

In addition to traumatic experiences during the pandemic, children returning to or attending ECEC programs are confronted with new challenges, such as anxiety about separation from parents, adapting to in-person learning and new safety routines (e.g., wearing masks and social distancing), and fear of COVID-19 infection.[101] Parents with children returning to or attending ECEC programs also experienced stress and anxiety. For instance, choosing ECEC is hard, and this difficulty is particularly pronounced among parents with children born just before or during the pandemic. Because tours and information sessions for ECEC programs have sometimes switched to virtual, parents may find it hard to get enough information (such as observing the interactions between teachers and children) by visiting the site to make a decision regarding enrollment. It is important for ECEC professionals to adopt TIC in daily education and care activities, reassure parents and children about the safety of enrollment, welcome children and their families, and facilitate a smooth transition. [102]

Parents

In supporting parents interested in enrollment, ECEC professionals should be *providing connections and tours*. Besides introducing the programs, these connections and tours should enable parents to talk with the teachers and include information about COVID-19 prevention protocols. As some parents may prefer to hear from peers, ECEC professionals should support parents in *connecting with other parents to hear about their experience*.[103]

ECEC professionals should consistently be collaborating with parents to support child psychological well-being. This includes *sharing with parents information regarding symptoms of stress* among children and ways to support child psychological well-being.[104] *Constantly providing updates and sharing photos* within a secure online platform, with a focus on children's activities, routines, emotions, and individual progress, is also beneficial for engaging parents in supporting children's mental health development. A strengths-based approach can emphasize settings in which children are having success and enjoying instruction (e.g., reaching milestones, making progress in learning, and having fun during activities), along with settings and factors that seem to result in changes in behavior or indications of distress (e.g., acting fearful or crying and screaming a lot) in the children. This may help parents and ECEC professionals identify opportunities to support children. Effective communication between parents and teachers is also an important way to ease stress and anxiety for both parents and teachers.[105]

Children

Facilitating a smooth transition requires ECEC professionals to work on *accommodating children's daily routines at home during the transition*.[104] *Familiarizing children with the ECEC setting with a parent companion* is another strategy for reassuring children.[106] *Inviting children to bring a comfort item* (e.g., toys or a picture of the family) also can ease their anxiety and stress during the transition. Teacher turnover could be a problem in promoting this consistency. More on this issue can be found in the section for *ECEC Program Administrators*.

Providing a responsive, sensitive, and consistent daily routine is fundamental in helping children gain a sense of safety, which is also beneficial for building a stable and trusting relationship.[107] ECEC professionals should be patient in *(re)connecting children with teachers and staff members* and *(re)familiarizing children with daily routines and learning in person*. This can be difficult, because some children might have been at home for several months and separation from their parents can be difficult.[79,108] For instance, children may be behind on social and/or communicational skills, such as asking to go to the bathroom, waiting their turn to speak, and taking school assessments. It is important for ECEC professionals to understand that it takes extra time, support, patience, and skills to help children to be adapted to these skills. In *helping infants and toddlers displaying signs of distress* (e.g., crying, being anxious, showing aggressive behaviors), ECEC professionals should provide responsive and sensitive care. For instance, understanding the emotional needs (e.g., overwhelmed, anxious, and/or upset) behind these behaviors and accommodating these needs (e.g., through listening) are essential in TIC to supporting the psychological well-being of children.

> ***"Understanding the emotional needs behind these [distressing] behaviors and accommodating these needs are essential in TIC to supporting the psychological well-being of children."***

Supporting children to adapt to new safety routines is another important element for the ECEC setting. New safety policies and routines to protect children and staff members from contracting COVID-19, such as wearing face masks, washing hands, and social distancing, have been adopted in ECEC programs. Although these new routines and policies are crucial to protecting children against contracting COVID-19, they impose significant challenges for socio-emotional learning and could potentially affect children's mental health. For instance, facial expressions—an indispensable element for young children to read emotion and social information, develop social skills, and regulate their behaviors accordingly—are hidden behind masks.[109] ECEC professionals can create

activities *explaining the rationales for adopting these routines in a fun and engaging way* and help children to get used to them through repetition and practice in a playful way.[83] For instance, an ECEC program that conducts daily health screenings like checking the temperature of children could include toy thermometers in play areas to help children become familiar with the process. To aid in *supporting socio-emotional development while wearing face masks*, ECEC professionals can (a) adopt transparent face masks; (b) teach children the signs of emotions expressed by other facial parts (e.g., eyes, eyebrows, and crinkles); (c) help them practice the skills of decoding emotions through a "guess my emotion" game; and (d) encourage outdoor activities.[110,111]

Traumatic experiences can be detrimental to children by making them feel powerless. ECEC can help with empowering toddlers by *hearing their voices* (e.g., feelings, feedback, and expectations) and involving them in selecting daily activities (e.g., songs, books, toys, and games).[110] *Nurturing autonomy* is crucial in reducing the negative impact of trauma, because children will realize that they have the potential to influence their environment, thus building confidence and a sense of security.

Administrators

To better support children during the transition to an in-person learning and care environment, ECEC programs should consider *smaller class sizes* and *teacher looping* (i.e., retaining children with the same teacher).[112] Smaller class sizes enable children to receive more individualized attention, whereas teacher looping makes it easier for children to build relationships with teachers who they already know.

Reducing or eliminating stigma linked with COVID-19 is also an indispensable part of TIC in an ECEC setting. The first step is *adding guidelines to respect diversity in curricula and activities*. ECEC programs should also embrace activities to protect children, particularly those who identify as Asian American or Pacific Islanders, from stigma and racism related to COVID-19.[113,114] For instance, ECEC programs' curricula could include a session that teaches children accurate information about COVID-19 (e.g., the virus does not distinguish by race, ethnicity, and nationality).[114,115] Discussion about COVID-19 frontline "heroes" from different cultural backgrounds is also helpful to nurture compassion and reduce stigma.[104] ECEC programs should also engage in *setting protocols to maintain confidentiality about illness and quarantine,* which will protect children who are infected or have parents infected with COVID-19 from stigma and anxiety and avoid re-traumatizing.[116]

Emphasizing the development of socio-emotional skills in curricula, such as *teaching children to verbalize their feelings and resolve problems*, *adding yoga and mindfulness classes*, and *increasing outdoor activities*, should be considered program-wide.[117]

Similar to home visiting programs, ECEC should also make preparing for inevitable re-closures (from COVID-19 or future emergencies) a consistent practice. These preparations include *training and supporting teachers in remote learning skills and practices*, *improving parent-teacher communication,* *strengthening support for parents with remote learning*, and *being flexible about changing academic calendars according to different public health scenarios*.[104]

TIC: Early Childhood Social Service and Educational Professionals

The impact of COVID-19 is not exclusive to children and their families, but also affects early childhood social service and education professionals, including home visitors (e.g., social workers and nurses), educators, and other staff members. Early childhood social services and educational professionals are more likely to experience burnout, secondary trauma, and high turnover, due to low wages, heavy workload, and limited support.[118,119] Reopening has caused new challenges and stress, such as adapting to new safety routines and supporting children during the transition. In addition to these challenges, early childhood social service and education professionals might also have experienced trauma and stress during the pandemic. The accumulated stress is not only detrimental to the well-being of early childhood social service and educational professionals, but also might adversely affect children's learning motivation and psychological well-being.[120,121] To support early childhood social service and education professionals, it is important for policymakers to consider making structural changes, such as raising wage and extending benefits (e.g., paid leave and health care insurance coverage). In addition, TIC is indispensable in promoting the psychological well-being of early childhood social service and education professionals.

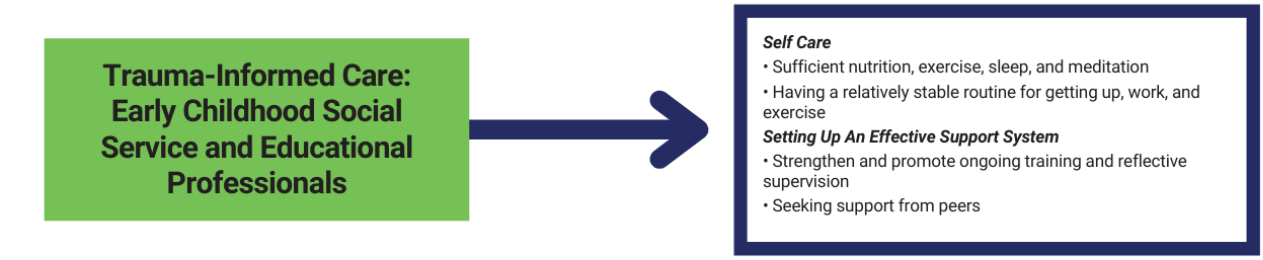

Figure 6. TIC for Early Childhood Social Service and Educational Professionals

Self-care is the essence of TIC for early childhood social service and education professionals.[73,107,122] It is important to prioritize self-care before helping others. *Sufficient nutrition, exercise, sleep, and meditation* are key elements in promoting physical and mental self-care.[73,107,122] *Having a relatively stable daily routine for getting up, going to work, and exercising* is beneficial to reduce stress and cope with changes.[123]

Setting up an effective support system for early childhood social service and educational professionals is also essential. The support system should *strengthen and promote ongoing training and reflective supervision* (e.g., collaborative reflection in experiences and feelings between home visitors and supervisors).[124] *Seeking support from peers*, talking about feelings, and discussing teaching strategies also can help cultivate resilience to cope with stress.[70]

Conclusion

COVID-19 has changed the way we live. The impact of this pandemic has taken a toll on every person. Young children in low-income families could benefit from targeted support. Application of TIC in the young children's ecological environment, such as the settings of home visiting and ECEC, can play a crucial role in supporting and empowering young children in low-income families during the pandemic recovery period. COVID-19 is not a singular trauma, but rather an ongoing and recurring series of traumatic experiences—both direct and indirect—for many children for a long time. The essential elements of TIC are to help children to feel safe and supported and to instill hope and build resilience.

Note on Methodology

To identify the research for this brief, four search engines were used to screen peer-reviewed articles on the trauma experience of children and families, impact of trauma on child development, and importance of TIC in supporting child psychological well-being. These four engines were Google Scholar, PubMed, Scopus, and ISI Web of Science. Groups of search keywords included: (a) COVID-19, pandemic, and coronavirus; (b) children, early age, and young children; (c) low-income and economic disadvantage; (d) trauma, stress, and psychological well-being; (e) child development; (f) parenting; (g) home visiting, and ECEC; and (h) trauma-informed care. Recommendations for TIC are provided based on information from agencies and organizations devoted to promoting psychological, physical, educational, and behavioral development of children. These agencies and organizations include the Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute for Early Education Research, American Academy of Pediatrics, National Child Traumatic Stress Network, and Trauma and Learning Policy Initiative.

References

1. Duncan, G. J., Magnuson, K., & Votruba-Drzal, E. (2014). *Boosting Family Income to Promote Child Development* (Vol. 24, Issue 1). https://about.jstor.org/terms

2. Agrawal, N., & Kelley, M. (2020). Child Abuse in Times of Crises: Lessons Learned. *Clinical Pediatric Emergency Medicine*, *21*(3). https://doi.org/10.1016/j.cpem.2020.100801

3. Chatterjee, S. S., Barikar C, M., & Mukherjee, A. (2020). Impact of COVID-19 pandemic on pre-existing mental health problems. In *Asian Journal of Psychiatry* (Vol. 51). Elsevier B.V. https://doi.org/10.1016/j.ajp.2020.102071

4. Clemens, V., Deschamps, P., Fegert, J. M., Anagnostopoulos, D., Bailey, S., Doyle, M., Eliez, S., Hansen, A. S., Hebebrand, J., Hillegers, M., Jacobs, B., Karwautz, A., Kiss, E., Kotsis, K., Kumperscak, H. G., Pejovic-Milovancevic, M., Christensen, A. M. R., Raynaud, J. P., Westerinen, H., & Visnapuu-Bernadt, P. (2020). Potential effects of "social" distancing measures and school lockdown on child and adolescent mental health. In *European Child and Adolescent Psychiatry* (Vol. 29, Issue 6, pp. 739–742). Springer. https://doi.org/10.1007/s00787-020-01549-w

5. Fortuna, L. R., Tolou-Shams, M., Robles-Ramamurthy, B., & Porche, M. v. (2020). Inequity and the Disproportionate Impact of COVID-19 on Communities of Color in the United States: The Need for a Trauma-Informed Social Justice Response. *Psychological Trauma: Theory, Research, Practice, and Policy*. https://doi.org/10.1037/tra0000889

6. Proulx, K., Lenzi-Weisbecker, R., Hatch, R., Hackett, K., Omoeva, C., Cavallera, V., Daelmans, B., & Dua, T. (n.d.). *Responsive caregiving, opportunities for early learning, and children's safety and security during COVID-19: A rapid review*. https://doi.org/10.1101/2021.02.10.21251507

7. *OECD, 2020*. (n.d.).

8. Witt, A., Ordóñez, A., Martin, A., Vitiello, B., & Fegert, J. M. (2020). Child and adolescent mental health service provision and research during the Covid-19 pandemic: Challenges, opportunities, and a call for submissions. In *Child and Adolescent Psychiatry and Mental Health* (Vol. 14, Issue 1). BioMed Central Ltd. https://doi.org/10.1186/s13034-020-00324-8

9. Eggleston, C., & Fields, J. (n.d.). *Census Bureau's Household Pulse Survey Shows Significant Increase in Homeschooling Rates in Fall 2020*. Retrieved January 12, 2022, from https://www.census.gov/library/stories/2021/03/homeschooling-on-the-rise-during-covid-19-pandemic.html

10. Halaschak, Z. (n.d.). *Nanny wages soar thanks to pandemic labor shortage*. Retrieved January 12, 2022, from https://www.yahoo.com/now/nanny-wages-soar-thanks-pandemic-100100246.html?guccounter=1

11. U.S. Census. (n.d.). *Poverty Status in the Past 12 Months by Age*. Retrieved January 12, 2022, from https://data.census.gov/cedsci/table?q=B17&g=0400000US17&d=ACS%201-Year%20Estimates%20Detailed%20Tables&tid=ACSDT1Y2019.B17020

12. Kids Count. (n.d.). *Children in poverty (100%) by age group and race and ethnicity | KIDS COUNT Data Center*. Retrieved January 12, 2022, from https://datacenter.kidscount.org/data/tables/8447-children-in-poverty-100-by-age-group-and-race-and-ethnicity#detailed/1/any/false/1729,37,871,870,573,869,36,133,35,16/2757,4087,3654,3301,2322,3307,2664|17,18,140/17079,17080

13. IECAM. (n.d.). *Poverty Levels: Children Age 5 and Under by Federal Poverty Level | IECAM*. Retrieved January 12, 2022, from https://iecam.illinois.edu/browse/data/poverty-levels-children-age-5-and-under-by-federal-poverty-level

14. Jung, J., Manley, J., & Shrestha, V. (2021). Coronavirus infections and deaths by poverty status: The effects of social distancing. *Journal of Economic Behavior and Organization*, *182*, 311–330. https://doi.org/10.1016/j.jebo.2020.12.019

15. *Poverty Levels: Children Age 5 and Under by Federal Poverty Level | IECAM*. (n.d.). Retrieved February 17, 2022, from https://iecam.illinois.edu/browse/data/poverty-levels-children-age-5-and-under-by-federal-poverty-level

16. The New York Times. (n.d.). *COVID-19 Data in the United States*. Retrieved February 17, 2022, from https://www.nytimes.com/interactive/2021/us/illinois-covid-cases.html

17. Imran, N., Aamer, I., Sharif, M. I., Bodla, Z. H., & Naveed, S. (2020). Psychological burden of quarantine in children and adolescents: A rapid systematic review and proposed solutions. *Pakistan Journal of Medical Sciences*, *36*(5), 1106–1116. https://doi.org/10.12669/pjms.36.5.3088

18. Jiao, W. Y., Wang, L. N., Liu, J., Fang, S. F., Jiao, F. Y., Pettoello-Mantovani, M., & Somekh, E. (2020). Behavioral and Emotional Disorders in Children during the COVID-19 Epidemic. In *Journal of Pediatrics* (Vol. 221, pp. 264-266.e1). Mosby Inc. https://doi.org/10.1016/j.jpeds.2020.03.013

19. Johnson, M., Skjerdingstad, N., Ebrahimi, O., Hoffart, A., & Johnson, S. U. (n.d.). *Parenting in a pandemic: parental distress during COVID-19 lockdown*.

20. Liu, J. J., Bao, Y., Huang, X., Shi, J., & Lu, L. (2020). Mental health considerations for children quarantined because of COVID-19. *The Lancet Child & Adolescent Health*, *4*(5), 347–349. https://doi.org/10.1016/S2352-4642(20)30096-1

21. Sprang, G., & Silman, M. (2013). Posttraumatic stress disorder in parents and youth after health-related disasters. *Disaster Medicine and Public Health Preparedness*, *7*(1), 105–110. https://doi.org/10.1017/dmp.2013.22

22. Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health*, *17*(5). https://doi.org/10.3390/ijerph17051729

23. Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., McIntyre, R. S., Choo, F. N., Tran, B., Ho, R., Sharma, V. K., & Ho, C. (2020). A longitudinal study on the mental health of general population during the COVID-19 epidemic in China. *Brain, Behavior, and Immunity*, *87*, 40–48. https://doi.org/10.1016/j.bbi.2020.04.028

24. *Children and COVID-19: State Data Report Version: 1/6/22*. (n.d.).

25. Mahr, J., & Cullotta, K. A. (n.d.). *COVID-19 and Illinois schools: New data trends - Chicago Tribune*. Retrieved January 13, 2022, from https://www.chicagotribune.com/coronavirus/ct-youth-covid-infections-rising-20210913-on7sf3bqpfg3dmohcsfnojggvu-story.html

26. Ludvigsson, J. F. (2020). Systematic review of COVID-19 in children shows milder cases and a better prognosis than adults. *1088 | Acta Paediatrica*, *109*, 1088–1095. https://doi.org/10.1111/apa.15270

27. Zimmermann, P., & Curtis, N. (2021). Why is COVID-19 less severe in children? A review of the proposed mechanisms underlying the age-related difference in severity of SARS-CoV-2 infections. *Arch Dis Child*, *106*, 429–439. https://doi.org/10.1136/archdischild-2020-320338

28. Payne, A. B., Gilani, Z., Godfred-Cato, S., Belay, E. D., Feldstein, L. R., Patel, M. M., Randolph, A. G., Newhams, M., Thomas, D., Magleby, R., Hsu, K., Burns, M., Dufort, E., Maxted, A., Pietrowski, M., Longenberger, A., Bidol, S., Henderson, J., Sosa, L., … Cholette, J. M. (2021). Incidence of Multisystem Inflammatory Syndrome in Children Among US Persons Infected With SARS-CoV-2. *JAMA Network Open*, *4*(6), e2116420–e2116420. https://doi.org/10.1001/JAMANETWORKOPEN.2021.16420

29. Cui, Y., Li, Y., & Zheng, Y. (2020). Mental health services for children in China during the COVID-19 pandemic: results of an expert-based national survey among child and adolescent psychiatric

hospitals. In *European Child and Adolescent Psychiatry* (Vol. 29, Issue 6, pp. 743-748). Springer. https://doi.org/10.1007/s00787-020-01548-x

30. Bretherton, I. (1992). The Origins of Attachment Theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, *28*(5), 759-775.

31. Elizabeth Loades, M., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., Linney, C., Niamh McManus, M., Borwick, C., & Crawley, E. (2020). Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *J Am Acad Child Adolesc Psychiatry*, *59*(11), 1218-1239. https://doi.org/10.1016/j.jaac.2020.05.009

32. Moore, S. A., Faulkner, G., Rhodes, R. E., Brussoni, M., Chulak-Bozzer, T., Ferguson, L. J., Mitra, R., O'Reilly, N., Spence, J. C., Vanderloo, L. M., & Tremblay, M. S. (2020). Impact of the COVID-19 virus outbreak on movement and play behaviours of Canadian children and youth: A national survey. *International Journal of Behavioral Nutrition and Physical Activity*, *17*(1). https://doi.org/10.1186/s12966-020-00987-8

33. Parentstogether Foundation. (n.d.). *Survey Shows Parents Alarmed as Kids' Screen Time Skyrockets During COVID-19 Crisis - ParentsTogether*. Retrieved January 13, 2022, from https://parents-together.org/survey-shows-parents-alarmed-as-kids-screen-time-skyrockets-during-covid-19-crisis/?mod=article_inline

34. Dore, R. A., Purtell, K. M., & Justice, L. M. (2021). *Media Use Among Kindergarteners From Low-Income Households During the COVID-19 Shutdown*. www.jdbp.org

35. Korhonen, L. (2021). The good, the bad and the ugly of children´s screen time during the COVID-19 pandemic. In *Acta Paediatrica, International Journal of Paediatrics* (Vol. 110, Issue 10, pp. 2671-2672). John Wiley and Sons Inc. https://doi.org/10.1111/apa.16012

36. Hamilton1, J. L., Nesi2, J., & Choukas-Bradley4, S. (n.d.). *Teens and social media during the COVID-19 pandemic: Staying socially connected while physically distant*.

37. Pandya, A., & Lodha, P. (2021). Social Connectedness, Excessive Screen Time During COVID-19 and Mental Health: A Review of Current Evidence. *Frontiers in Human Dynamics*, *0*, 45. https://doi.org/10.3389/FHUMD.2021.684137

38. Sharma, V., Reina Ortiz, M., & Sharma, N. (2020). Risk and Protective Factors for Adolescent and Young Adult Mental Health Within the Context of COVID-19: A Perspective From Nepal. *The Journal of Adolescent Health*, *67*(1), 135. https://doi.org/10.1016/J.JADOHEALTH.2020.04.006

39. Merscham, C., van Leeuwen, J. M., & McGuire, M. (2009). Mental health and substance abuse indicators among homeless youth in Denver, Colorado. *Child Welfare*, *88*(2), 93-110. https://europepmc.org/article/med/19777794

40. Singh, S., Roy, D., Sinha, K., Parveen, S., Sharma, G., & Joshi, G. (2020). Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. In *Psychiatry Research* (Vol. 293). Elsevier Ireland Ltd. https://doi.org/10.1016/j.psychres.2020.113429

41. Crawley, E., Loades, M., Feder, G., Logan, S., Redwood, S., & Macleod, J. (2020). Wider collateral damage to children in the UK because of the social distancing measures designed to reduce the impact of COVID-19 in adults. *BMJ Paediatrics Open*, *4*(1). https://doi.org/10.1136/BMJPO-2020-000701

42. Golberstein, E., Wen, H., & Miller, B. F. (2020). Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents. In *JAMA Pediatrics* (Vol. 174, Issue 9, pp. 819-820). American Medical Association. https://doi.org/10.1001/jamapediatrics.2020.1456

43. Hawrilenko, M., Kroshus, E., Tandon, P., & Christakis, D. (2021). The Association Between School Closures and Child Mental Health During COVID-19. *JAMA Network Open*, *4*(9), e2124092-e2124092. https://doi.org/10.1001/JAMANETWORKOPEN.2021.24092

44. Phelps, C., & Sperry, L. L. (2020). Children and the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*, S73-S75. https://doi.org/10.1037/tra0000861

45. Tolleson, A. M., Tone, E. B., Schroth, E. A., & Robbins, M. M. (2016). Mother and Child Facial Expression Labeling Skill Relates to Mutual Responsiveness During Emotional Conversations. *Journal of Nonverbal Behavior*, *40*, 205-219. https://doi.org/10.1007/s10919-016-0232-1

46. Bauerlein, V. (n.d.). *Remote Kindergarten During Covid-19 'Could Impact This Generation of Kids for Their Lifetime' - WSJ*. Retrieved January 13, 2022, from https://www.wsj.com/articles/remote-kindergarten-during-covid-19-could-impact-this-generation-of-kids-for-their-lifetime-11620552653

47. Vanbuskirk, S. (2021). *The Impact of Distance Learning on Kids Part of Back-to-School Planning Guide*. https://www.verywellfamily.com/

48. *Bureau of Labor Statistics Data*. (n.d.). Retrieved January 13, 2022, from https://data.bls.gov/timeseries/LASST170000000000003?amp%253bdata_tool=XGtable&output_view=data&include_graphs=true

49. Edwards, D. S. (2021). Just Out of Reach? Unrestrained Supply, Constrained Demand, and Access to Effective Schools in and Around Detroit. *Educational Evaluation and Policy Analysis*. https://doi.org/10.3102/0162373721996738

50. Parker, K., Minkin, R., & Bennett, J. (n.d.). *Economic Fallout From COVID-19 Continues To Hit Lower-Income Americans the Hardest | Pew Research Center*. Retrieved January 13, 2022, from https://www.pewresearch.org/social-trends/2020/09/24/economic-fallout-from-covid-19-continues-to-hit-lower-income-americans-the-hardest/

51. Hatem, C., Lee, C. Y., Zhao, X., Reesor-Oyer, L., Lopez, T., & Hernandez, D. C. (2020). Food insecurity and housing instability during early childhood as predictors of adolescent mental health. *Journal of Family Psychology*, *34*(6), 721-730. https://doi.org/10.1037/FAM0000651

52. Johnson, A. D., & Markowitz, A. J. (2017). *Associations Between Household Food Insecurity in Early Childhood and Children's Kindergarten Skills*. https://doi.org/10.1111/cdev.12764

53. Garbe, A., ogurlu, U., Logan, N., & Cook, P. (2020). Parents' Experiences with Remote Education during COVID-19 School Closures. *American Journal of Qualitative Research*, *4*(3). https://doi.org/10.29333/ajqr/8471

54. Lee, S. J., Ward, K. P., Chang, O. D., & Downing, K. M. (2021). Parenting activities and the transition to home-based education during the COVID-19 pandemic. *Children and Youth Services Review*, *122*. https://doi.org/10.1016/j.childyouth.2020.105585

55. Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., Letterie, M., & Davis, M. M. (2020). Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey. *Pediatrics*, *146*(4), e2020016824. https://doi.org/10.1542/peds.2020-016824

56. BIC. (2020). *BIC Survey Finds Back-to-School Costs Nearly Double While Parents Spend More than Two Additional Hours On Homework Help Per Day Amid Global Health Crisis* . www.bicworld.com

57. Michigan State University. (2021). *Pandemic causes increased mental health strain on low-income families*. https://msutoday.msu.edu/news/2021/pandemic-causes-increased-mental-health-strain-low-income-families

58. Conrad-Hiebner, A., & Byram, E. (n.d.). *The Temporal Impact of Economic Insecurity on Child Maltreatment: A Systematic Review*. https://doi.org/10.1177/1524838018756122

59. Kelly, J., & Morgan, T. (2020). *Coronavirus: Domestic abuse calls up 25% since lockdown, charity says* . https://www.bbc.com/news/uk-52157620

60. Roos, L. E., Salisbury, M., Penner-Goeke, L., Cameron, E. E., Protudjer, J. L. P., Giuliano, R., Afifi, T. O., & Reynolds, K. (2021). Supporting families to protect child health: Parenting quality and household needs during the COVID-19 pandemic. *PLoS ONE*, *16*(5 May). https://doi.org/10.1371/journal.pone.0251720

61. Potter, C. (2021). *The Illinois Child Welfare System: Under Stress, Confronting COVID-19*. https://www.chicagomaroon.com/article/2021/4/6/illinois-child-welfare-system-stress-confronting-covid-19/

62. Cappa, C., & Jijon, I. (2021). COVID-19 and violence against children: A review of early studies. *Child Abuse and Neglect*, *116*. https://doi.org/10.1016/j.chiabu.2021.105053

63. Cuartas, J., McCoy, D. C., Grogan-Kaylor A., & Gershoff, E. (2020). Physical Punishment as a Predictor of Early Cognitive Development: Evidence From Econometric Approaches. *Developmental Psychology*. https://doi.org/10.1037/dev0001114.supp

64. Green, P. G. (n.d.). *Risks to children and young people during covid-19 pandemic*. https://doi.org/10.1136/bmj.m1669

65. Kovler, M. L., Ziegfeld, S., Ryan, L. M., Goldstein, M. A., Gardner, R., Garcia, A. v., & Nasr, I. W. (2021). Increased proportion of physical child abuse injuries at a level I pediatric trauma center during the Covid-19 pandemic. *Child Abuse and Neglect*, *116*. https://doi.org/10.1016/j.chiabu.2020.104756

66. Peterman, A., Potts, A., O'donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & van Gelder, N. (2020). *Pandemics and Violence Against Women and Children*. www.cgdev.org

67. U.S. Department of Health & Human Services. (2021). *Child Maltreatment 2019 | The Administration for Children and Families*. https://www.acf.hhs.gov/cb/report/child-maltreatment-2019

68. Farrell, C. A., Fleegler, E. W., Monuteaux, M. C., Wilson, C. R., Christian, C. W., & Lee, L. K. (2017). Community poverty and child abuse fatalities in the United States. *Pediatrics*, *139*(5). https://doi.org/10.1542/peds.2016-1616

69. Lubit, R., Rovine, D., Defrancisci, L., & Eth, S. (n.d.). *Impact of Trauma on Children*.

70. Bronfenbrenner, U. (n.d.). *Ecological systems theory*.

71. Bates, M. (2022). *Trauma-Informed Care in Illinois Education Settings: An Introduction to a Research Brief Series.* . https://dpi.uillinois.edu/applied-research/iwerc/current-projects/trauma-informed/

72. Choi, K. R., Records, K., Low, L. K., Alhusen, J. L., Kenner, C., Bloch, J. R., Premji, S. S., Hannan, J., Anderson, C. M., Yeo, S., & Cynthia Logsdon, M. (2020). Promotion of Maternal-Infant Mental Health and Trauma-Informed Care During the COVID-19 Pandemic. *JOGNN - Journal of Obstetric, Gynecologic, and Neonatal Nursing*, *49*(5), 409–415. https://doi.org/10.1016/j.jogn.2020.07.004

73. Halladay Goldman, J., Danna, L., Maze, J. W., Pickens, I. B., & Ake III, G. S. (2020). *Trauma-Informed School Strategies during COVID-19*. www.NCTSN.org

74. Morrison, C., Sparr, M. , &, & Ramsook, S. (2020). *Implementing Trauma-Informed Approaches in Home Visiting*.

75. Association of State and Tribal Home Visiting Initiatives. (2020). *Home Visiting Through Coronavirus*.

76. Hefyan, M. (2020). *Conducting Home Visits Without Visiting Homes* . https://www.mdrc.org/publication/conducting-home-visits-without-visiting-homes

77. Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services*. http://store.samhsa.gov.

78. Lester, P., Mogil, C., Saltzman, W., Woodward, K., Nash, W., Leskin, G., Bursch, B., Green, S., Pynoos, R., & Beardslee, W. (2011). Families Overcoming Under Stress: Implementing Family-Centered Prevention for Military Families Facing Wartime Deployments and Combat Operational Stress. *Military Medicine*, *176*(1), 19-25. https://doi.org/10.7205/MILMED-D-10-00122

79. Dalton, L., Rapa, E., & Stein, A. (2020). Protecting the psychological health of children through effective communication about COVID-19. *The Lancet Child & Adolescent Health*, *4*(5), 346-347. https://doi.org/10.1016/S2352-4642(20)30097-3

80. Karki, U., Dhonju, G., & Kunwar, A. R. (2020). Parenting during the COVID-19 pandemic. *Journal of the Nepal Medical Association*, *58*(231), 957-959. https://doi.org/10.31729/jnma.5319

81. Williams, K., Ruiz, F., Hernandez, F., & Hancock, M. (2021). Home visiting: A lifeline for families during the COVID-19 pandemic. *Archives of Psychiatric Nursing*, *35*(1), 129. https://doi.org/10.1016/J.APNU.2020.10.013

82. Khaleque, A. (2012). Perceived Parental Warmth, and Children's Psychological Adjustment, and Personality Dispositions: A Meta-analysis. *Article in Journal of Child and Family Studies*. https://doi.org/10.1007/s10826-012-9579-z

83. Bartlett, J. D., & Smith, S. (2019). The role of early care and education in addressing early childhood trauma. *American Journal of Community Psychology*, *64*(3-4), 359-372. https://doi.org/10.1002/ajcp.12380

84. Hudnut-Beumler, J., Smith, A., & Scholer, S. J. (2018). How to Convince Parents to Stop Spanking Their Children. *Clinical Pediatrics*, *57*(2), 129-136. https://doi.org/10.1177/0009922817693298

85. Landry, S. H., Smith, K. E., Swank, P. R., & Guttentag, C. (n.d.). *A Responsive Parenting Intervention: The Optimal Timing Across Early Childhood For Impacting Maternal Behaviors And Child Outcomes*. https://doi.org/10.1037/a0013030

86. Howard, S. J., & Williams, K. E. (2018). Early self-regulation, early self-regulatory change, and their longitudinal relations to adolescents' academic, health, and mental well-being outcomes. *Journal of Developmental and Behavioral Pediatrics*, *39*(6), 489-496. https://doi.org/10.1097/DBP.0000000000000578

87. McClelland, M. M., & Cameron, C. E. (2012). Self-Regulation Early Childhood: Improving Conceptual Clarity and Developing Ecologically Valid Measures. *Child Development Perspectives*, *6*(2), 136-142. https://doi.org/10.1111/j.1750-8606.2011.00191.x

88. Pahigiannis, K., Rosanbalm, K., & Murray, D. (2019). *Supporting the Development of Self-Regulation in Young Children: Tips for Practitioners Working with Families in Home Settings*.

89. Rosanbalm, K. D., & Murray, D. W. (2017). *Promoting Self-Regulation in the First Five Years: A Practice Brief*. http://developingchild.harvard.edu/science/key-concepts/brain-architecture/

90. Health Care Toolbox. (n.d.). *Culturally-Sensitive Trauma-Informed Care*. Retrieved January 13, 2022, from https://www.healthcaretoolbox.org/culturally-sensitive-trauma-informed-care

91. The National Child Traumatic Stress Network. (n.d.). *Culture and trauma introduction*. Retrieved January 13, 2022, from https://www.nctsn.org/trauma-informed-care/culture-and-trauma/introduction

92. Administration for Children and Families. (n.d.). *Curriculum consumer report.*

93. Substance Abuse and Mental Health Services Administration. (2021). *Recognizing and Treating Child Traumatic Stress* . https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress

94. *Recognizing and Treating Child Traumatic Stress | SAMHSA*. (2022). https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress#signs

95. Mader, J. (2021). *We know how to help young kids cope with the trauma of the last year – but will we do it?* . https://hechingerreport.org/we-know-how-to-help-young-kids-cope-with-the-trauma-of-the-last-year-but-will-we-do-it/?utm_source=The+Hechinger+Report&utm_campaign=8f94592603-EMAIL_CAMPAIGN_2021_10_26_05_09&utm_medium=email&utm_term=0_d3ee4c3e04-8f94592603-322923160

96. Wilson, A., Briggs, S. J., Carter, M., Ulmen, K., Kazi, A., & Lucy, J. (2020). *Future Directions for Home Visiting in Texas*.

97. Kissler, S. M., Tedijanto, C., Goldstein, E., Grad, Y. H., & Lipsitch, M. (n.d.). *Projecting the transmission dynamics of SARS-CoV-2 through the postpandemic period*. Retrieved January 13, 2022, from https://www.science.org

98. United Nation Educational, S. and C. O. (n.d.). *Early childhood care and education*. Retrieved January 13, 2022, from https://en.unesco.org/themes/early-childhood-care-and-education

99. Burke, C. W. (2020). *Illinois child care centers report enrollment declines as pandemic wears on* . https://chicago.chalkbeat.org/2020/11/19/21575902/illinois-child-care-centers-report-enrollment-declines-as-pandemic-wears-on

100. Weiland, C., Greenberg, E., Bassok, D., Markowitz, A., Rosada, P. G., Luetmer, G., Abenavoli, R., Gomez, C., Johnson, A., Jones-Harden, B., Maier, M., Mccormick, M., Morris, P., Nores, M., Phillips, D., Snow, C., Calderon, M., Dunn, T., Franko, M., … Taylor, A. (2021). *HISTORIC CRISIS, HISTORIC OPPORTUNITY: USING EVIDENCE TO MITIGATE THE EFFECTS OF THE COVID-19 CRISIS ON YOUNG CHILDREN AND EARLY CARE AND EDUCATION PROGRAMS POLICY PARTNERS Education, and former Early Learning System*.

101. Barnett, W. S., & Jung, K. (2021). *Seven Impacts of the Pandemic on Young Children and their Parents: Initial Findings from NIEER's December 2020 Preschool Learning Activities Survey*. https://nieer.org/research-report/seven-impacts-of-the-pandemic-on-young-children-and-their-parents-initial-findings-from-nieers-december-2020-preschool-learning-activities-survey

102. Espinoza, C. (2021). *Welcoming Families with a Trauma-Informed Approach*. https://qualitystartla.org/welcoming-families-with-a-trauma-informed-approach/

103. Center for Disease Control and Prevention. (n.d.). *COVID-19 pandemic: Helping young children and parents transition back to school*. Retrieved January 13, 2022, from https://www.cdc.gov/childrensmentalhealth/features/COVID-19-helping-children-transition-back-to-school.html#ref

104. UNICEF. (n.d.). *Guidance on Reopening Early Childhood Education Settings | UNICEF*. Retrieved January 17, 2022, from https://www.unicef.org/documents/guidance-on-reopening-early-childhood-education-settings

105. King, J. (2021). *Maintaining Parent-Teacher Connectedness During the Pandemic*. https://www.bloomz.com/blog/parent-teacher-connectedness-during-the-pandemic

106. U.S. Department of Health & human Services. (n.d.). *Transition Tips for Reopening Infant/Toddler Programs*. Retrieved January 17, 2022, from https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/transition-tips-reopening-infanttoddler-programs

107. Center for Pyramid Model Innovations, N. (n.d.). *Re-Connecting and Building Relationships with Infants*.

108. Halladay Goldman, J., Danna, L., Maze, J. W., Pickens, I. B., & Ake III, G. S. (n.d.). *Trauma-Informed School Strategies during COVID-19*. www.NCTSN.org

109. Todd, R. M., Lewis, M. D., Meusel, L.-A., & Zelazo, P. D. (2008). The time course of social-emotional processing in early childhood: ERP responses to facial affect and personal familiarity in a Go-Nogo task. *Neuropsychologia*, *46*, 595–613. https://doi.org/10.1016/j.neuropsychologia.2007.10.011

110. Todd, R. (n.d.). *Bringing a Trauma-Informed Lens to Early Childhood Education*. 2021. Retrieved January 17, 2022, from https://www.edutopia.org/article/bringing-trauma-informed-lens-early-childhood-education

111. Bulfone, T. C., Malekinejad, M., Rutherford, G. W., & Razani, N. (2021). Outdoor Transmission of SARS-CoV-2 and Other Respiratory Viruses: A Systematic Review. In *Journal of Infectious Diseases* (Vol. 223, Issue 4, pp. 550–561). Oxford University Press. https://doi.org/10.1093/infdis/jiaa742

112. Frazier, H. (n.d.). *Continuity of Care as a Trauma-Informed Strategy – The Institute Blog*. 2020. Retrieved January 17, 2022, from https://earlychildhoodny.org/blog/continuity-of-care-as-a-trauma-informed-strategy/

113. *School Safety and Crisis School Safety and Crisis 1 A resource from the National Association of School Psychologists | www Countering Coronavirus Stigma and Racism Tips for Teachers and Other Educators*. (2015). https://www.kacla.org/

114. Bagcchi, S. (2020). Stigma during the COVID-19 pandemic. *The Lancet. Infectious Diseases*, *20*(7), 782. https://doi.org/10.1016/S1473-3099(20)30498-9

115. *School Safety and Crisis School Safety and Crisis 1 A resource from the National Association of School Psychologists | www Countering Coronavirus Stigma and Racism Tips for Teachers and Other Educators*. (2015). https://www.kacla.org/

116. New York City Department of Education Division of Early Childhood Education. (2020). *Health and safety guidance*. www.nyc.gov/nycwell.

117. Mader, J. (2021). *We know how to help young kids cope with the trauma of the last year – but will we do it?* . https://hechingerreport.org/we-know-how-to-help-young-kids-cope-with-the-trauma-of-the-last-year-but-will-we-do-it/?utm_source=The+Hechinger+Report&utm_campaign=8f94592603-EMAIL_CAMPAIGN_2021_10_26_05_09&utm_medium=email&utm_term=0_d3ee4c3e04-8f94592603-322923160

118. Gill, S., Greenberg, M., Moon, C., & Margraf, P. (2008). Home Visitor Competence, Burnout, Support, and Client Engagement. *Http://Dx.Doi.Org/10.1300/J137v15n01_02*, *15*(1), 23–44. https://doi.org/10.1300/J137V15N01_02

119. Grant, A. A., Jeon, L., & Buettner, C. K. (2019). Relating early childhood teachers' working conditions and well-being to their turnover intentions. *Https://Doi.Org/10.1080/01443410.2018.1543856*, *39*(3), 294–312. https://doi.org/10.1080/01443410.2018.1543856

120. Jeon, L., Buettner, C. K., Grant, A. A., & Lang, S. N. (2019). Early childhood teachers' stress and children's social, emotional, and behavioral functioning. *Journal of Applied Developmental Psychology*, *61*, 21–32. https://doi.org/10.1016/j.appdev.2018.02.002

121. Pakarinen, E., Kiuru, N., Lerkkanen, M. K., Poikkeus, A. M., Siekkinen, M., & Nurmi, J. E. (2010). Classroom organization and teacher stress predict learning motivation in kindergarten children. *European Journal of Psychology of Education*, *25*(3), 281–300. https://doi.org/10.1007/s10212-010-0025-6

122. Allise Penning, B. M., Shimpi Driscoll, P., & Leigh, K. (n.d.). *Self-Care and Burnout in Early Childhood Educators*.

123. Gunn, J. (n.d.). *Self Care for Teachers Who Educate Traumatized Students*. Retrieved January 17, 2022, from https://resilienteducator.com/classroom-resources/self-care-for-teachers/

124. NHVRC. (2020). *Mental Health and Well-Being Among Home Visitors: Stressors, Supports, and Service Implications*.