

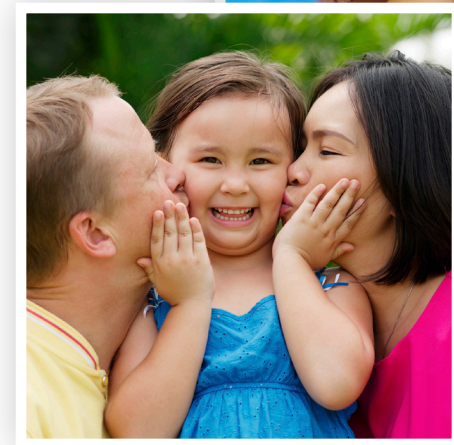
Infants and Toddlers in the Policy Picture: A Self-Assessment Toolkit for States



ZERO TO THREE
Early connections last a lifetime

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Suggested Process for Using the Self-Assessment Toolkit

This toolkit was developed to help state policy leaders assess the current status of services for infants, toddlers, and their families and set priorities for improvement. The toolkit is divided into sections focused on four goals of a state early childhood system: good health, strong families, positive early learning experiences, and collaboration and system building.

ZERO TO THREE recommends that a state agency, statewide organization, or planning group take leadership in providing the data for your state, with input from a wider group of stakeholders. The following is a recommended process for completing the full toolkit, but state leaders may also choose to use only those sections that meet your specific needs at a given time.

(1) Collect State Data and Policy and Program Information

For each section of the self-assessment toolkit, you will be prompted to provide data on current child outcomes as well as the programs and policies that the state has in place. Much of this information is readily available in existing resources, such as ZERO TO THREE's *State Baby Facts*. It may be necessary to reach out to staff across state agencies to answer some questions. The tool provides information to help you compare your state's status to national averages, as well as prompts to include comments and more in-depth data, when available. Once you have entered data for each section, you will have an opportunity to print a results page that you can share with others in your state.

(2) Seek Stakeholder Input

This toolkit will be most useful if completed with the involvement of a diverse group of individuals concerned with the needs of infants, toddlers, and their families. The agency or organization leading the process should develop a plan for seeking input from state and local agency staff administering various programs as well as from direct service providers. Thinking through who might have knowledge about each of the topics covered is a good way to make sure no key stakeholders have been left out. (A list of potential stakeholders compiled by ZERO TO THREE is available here: www.zerotothree.org/suggstakeholders)

Stakeholder Survey: The final set of questions in each section of the tool is intended to be used as a stakeholder survey. You can convene focus groups and use these questions as a discussion guide or enter these questions in a Web-based survey tool, such as SurveyMonkey. The full list of survey questions is also available in Excel format here (<http://www.zerotothree.org/satool2016>) and can be exported to a Web-based survey tool. It may also be helpful to share the data that you have already collected with stakeholders and seek additional input for the Comments sections. For example, individuals working at the local level may bring different perspectives in identifying gaps in program access or challenges in effectively implementing state policies.

Family Survey: Another important group of stakeholders are families in the state who are current or potential users of state services. ZERO TO THREE has developed a separate survey (<http://www.zerotothree.org/satool2016>) written specifically for this purpose, which state leaders can use to inform planning efforts.

(3) Use the Results

After completing the self-assessment tool, ZERO TO THREE recommends convening a group of state leaders to select a short list of priorities for state action in each of the four goal areas: good health, strong families, positive early learning experiences, and collaboration and system building. Participants can analyze areas where your state is lagging, compared to other states, as well as trends in stakeholder input. Participants may consider criteria for prioritizing select policy areas, including which changes would have the greatest impact for young children, as well as what is feasible in the current political and fiscal climates. Additional information on how to prioritize state policy strategies is available here: www.zerotothree.org/egprioritycriteria.

Once priorities are established, it is critical to develop an action plan with assigned responsibilities, a timeline, and measurable outcomes. These priorities will also need to be incorporated into relevant state plans that will be reviewed by an oversight group on a regular basis. The process could be completed over the course of several meetings or calls or through a more intensive day-long retreat.

To learn about some of the strategies states can consider to improve and better coordinate services for infants, toddlers, and their families, view ZERO TO THREE's recent publication, *A Place to Get Started: Innovation in State Infant and Toddler Policies* (http://www.zerotothree.org/public-policy/policy-toolkit/a_place_to_get_startedsinglesmar5.pdf) and online database of state initiatives, *Baby Matters: A Gateway to State Policies and Initiatives* (<http://policy.db.zerotothree.org/policyp/home.aspx>).

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About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at www.zerotothree.org/policy

Overview of Families With Infants and Toddlers in the State

This section can be completed by a state agency or statewide organization for better understanding of the demographics of infants and toddlers in the state. The information required is available in state databases as well as in the following sources:

- ZERO TO THREE (ZTT), *State Baby Facts* [50-State Profiles]: <http://www.zerotothree.org/public-policy/state-community-policy/infant-and-toddler-state-fact-sheets.html>
- National Center for Children in Poverty (NCCP), *Early Childhood State Profiles*: http://www.nccp.org/profiles/early_childhood.html
- The Annie E. Casey Foundation’s KIDS COUNT Data Center: <http://datacenter.kidscount.org/>

DEMOGRAPHIC	STATE	NATIONAL COMPARISON ¹	SUGGESTED SOURCE FOR STATE DATA
1. Total population under 3 years old		11,886,860	ZTT <i>State Baby Facts</i>
2. Percent of children less than 18 years old who are infants and toddlers		16%	ZTT <i>State Baby Facts</i>
3. Children less than 6 years old by race/ethnicity	White: Black: Hispanic: Asian: Other: American Indian:	White: 50% Black: 13% Hispanic: 26% Asian: 5% Other: 5% American Indian: 1% ²	NCCP <i>Early Childhood State Profiles</i>

¹ Source for all national data in this table, unless indicated otherwise: ZERO TO THREE, *State Baby Facts*, updated June 2015. Original sources available online at: www.zerotothree.org/public-policy/state-community-policy/baby-facts/related-docs/state-baby-facts-2015-references.pdf

² National Center for Children in Poverty, *Early Childhood Profiles*, updated August 2016. Available online at: www.nccp.org/profiles/early_childhood.html

DEMOGRAPHIC	STATE	NATIONAL COMPARISON ¹	SUGGESTED SOURCE FOR STATE DATA
4. Percent of births to foreign-born mothers		22% ³	KIDS COUNT Data
5. Percent of infants and toddlers who live in families that are poor or near-poor	poor near-poor	25% poor (at or below 100% of the federal poverty level [FPL]) 23% near-poor (100%-200% of the FPL)	ZTT State Baby Facts
6. Percent of infants and toddlers living with an unmarried parent		34%	ZTT State Baby Facts
7. Percent of mothers (of infants) who are in the labor force		62%	ZTT State Baby Facts
8. Percent of children less than 6 years old whose mothers have a high school education or less		33% ⁴	NCCP Early Childhood State Profiles

COMMENTS

³ Annie E. Casey Foundation, KIDS COUNT Data Center, available online at: <http://datacenter.kidscount.org/>

⁴ National Center for Children in Poverty, *United States Early Childhood Profile*, updated August 2016. Available online at: http://www.nccp.org/profiles/early_childhood.html

Good Health

Policies that promote good health for infants and toddlers, including children’s physical health, social–emotional health, and access to developmental screening, are critical in promoting long-term health and learning. For more information on state policy strategies to promote good health, additional ZERO TO THREE resources are available at: <http://www.zerotothree.org/public-policy/policy-toolkit/good-health-policy-toolkit.html>.

1. How are infants, toddlers, and their families doing?

This section can be completed by a state agency or statewide organization using the most recent data available from state data sources. The information required is available in state databases as well as in the following sources:

- ZERO TO THREE (ZTT), *State Baby Facts* [50 state profiles]: <http://www.zerotothree.org/public-policy/state-community-policy/infant-and-toddler-state-fact-sheets.html>
- The Annie E. Casey Foundation’s KIDS COUNT Data Center: <http://datacenter.kidscount.org/>
- The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*: <http://www.buildinitiative.org/Resources/50StateChartBook/50StateChartBookOverview.aspx>

It may be helpful to seek stakeholder input for the Comments section.

CHILD AND FAMILY DATA	STATE	NATIONAL COMPARISON ⁵	DISPARITIES ⁶ (Provide available data indicating any notable disparities by family income, race, ethnicity, or gender.)	COMMENTS (Provide any relevant information on state context or trends.)	SUGGESTED SOURCE FOR STATE DATA
1. Percent of babies born to mothers receiving early prenatal care		71%			ZTT State Baby Facts
2. Percent of babies born pre-term		11%			ZTT State Baby Facts
3. Percent of babies with low birthweight		8%			ZTT State Baby Facts
4. Percent of births covered by Medicaid		45%			ZTT State Baby Facts
5. Infant mortality rate		6 deaths per live 1,000 births ⁷			Kaiser Family Foundation State Health Facts
6. Percent of infants and toddlers with up-to-date immunizations		73% of 2-year-olds fully immunized			ZTT State Baby Facts
7. Percent of children less than 6 years old with no health insurance		6%			ZTT State Baby Facts

⁵ Source for all national data in this table, unless indicated otherwise: ZERO TO THREE, *State Baby Facts*, updated June 2015. Original sources available online at: www.zerotothree.org/public-policy/state-community-policy/baby-facts/related-docs/state-baby-facts-2015-references.pdf

⁶ The following is a good source of state data on ethnic and racial disparities: The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*. Available online at: <http://www.buildinitiative.org/Resources/50StateChartBook/50StateChartBookOverview.aspx>

⁷ Kaiser Family Foundation, *State Health Facts: Infant Mortality Rate*. Available online at: <http://kff.org/other/state-indicator/infant-death-rate/>

CHILD AND FAMILY DATA	STATE	NATIONAL COMPARISON ⁵	DISPARITIES ⁶ (Provide available data indicating any notable disparities by family income, race, ethnicity, or gender.)	COMMENTS (Provide any relevant information on state context or trends.)	SUGGESTED SOURCE FOR STATE DATA
8. Percent of infants on Medicaid who have received at least one EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening		90%			ZTT State Baby Facts
9. Percent of children less than 6 years old who have received a developmental screening		30%			ZTT State Baby Facts
10. Percent of Women, Infants, and Children (WIC) Program recipients who are infants		23%			ZTT State Baby Facts

COMMENTS

2. Does your state have policies in place to support good health?

This section can be completed by a state agency or statewide organization with an understanding of current state policies. Much of the state information required is available through the National Center for Children in Poverty’s *Early Childhood State Profiles*, available here: www.nccp.org/profiles/early_childhood.html and resources from the National Academy for State Health Policy (NASHP). In some cases, state agencies may have more up-to-date information. It may be helpful to seek stakeholder input for the Comments section.

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁸	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
PHYSICAL HEALTH				
1. Income eligibility for Medicaid/CHIP (Children’s Health Insurance Program) is at or above 200% of the federal poverty level for pregnant women.		33 states		NCCP <i>Early Childhood State Profiles</i>
2. State provides temporary coverage for pregnant women until Medicaid eligibility can be fully determined.		29 states		NCCP <i>Early Childhood State Profiles</i>
3. Income eligibility for Medicaid/CHIP is at or above 200% of the federal poverty level for children from birth to 5 years old.		48 states		NCCP <i>Early Childhood State Profiles</i>
4. State provides temporary coverage for children until Medicaid/CHIP eligibility can be fully determined.		18 states		NCCP <i>Early Childhood State Profiles</i>

⁸ Source for national data in this table, unless indicated otherwise: National Center for Children in Poverty, *United States Early Childhood Profile*, updated August 2016. Available online at: http://www.nccp.org/profiles/early_childhood.html

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁸	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
5. State requires newborn screening for the Recommended Uniform Screening Panel (metabolic, endocrine, hemoglobin, and other disorders). ⁹		8 states		NCCP <i>Early Childhood State Profiles</i>
6. State requires that children receiving Medicaid and/or CHIP have a medical home.		Data not available ¹⁰		NASHP <i>EPSDT Resources to Improve Medicaid (...)</i>
7. State has adopted its own Medicaid definition of “medical necessity” that is specific to children.		8 states ¹¹		NASHP <i>EPSDT Resources to Improve Medicaid (...)</i>
8. State does not require redetermination of eligibility for Medicaid/CHIP more than once a year.		32 states		NCCP <i>Early Childhood State Profiles</i>

⁹ For more information on the Recommended Uniform Screening Panel, see <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritablendisorders/recommendedpanel/uniformscreeningpanel.pdf>


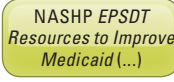

¹⁰ The following resources from the National Academy for State Health Policy (NASHP) can help you examine your state’s status in comparison with other states: <http://nashp.org/resources-improve-medicare-children-and-adolescents/> and <http://nashp.org/care-coordination/>

¹¹ National Academy for State Health Policy (NASHP), *EPSDT Resources to Improve Medicaid for Children and Adolescents*, 2013. Available online at: <http://nashp.org/resources-improve-medicare-children-and-adolescents/> (Most states either adopt the federal definition or develop their own definition that is not specific to children.)

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁸	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
<p>9. EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) periodicity schedule for preventive pediatric health care meets American Academy of Pediatrics recommendations:</p> <ul style="list-style-type: none"> • Seven screenings for children less than 1 year old • Four screenings for 1- to 2-year-olds • Three screenings for 3- to 5-year-olds 	<p>Less than 1 year old:</p> <p>1- to 2-year-olds:</p> <p>3- to 5-year-olds:</p>	<p>Less than 1 year old: 15 states</p> <p>1- to 2-year-olds: 44 states</p> <p>3- to 5-year-olds: 51 states</p>		<p>NCCP <i>Early Childhood State Profiles</i></p>
<p>10. State policy requires regular schedule of immunizations and well-child visits for all maltreated infants and toddlers.¹²</p>		<p>12 states¹³</p>		<p>ZTT and Child Trends, <i>Changing the Course (...)</i></p>
<p>11. State has adopted Medicaid expansion as part of the Affordable Care Act.</p>		<p>28 states</p>		<p>NCCP <i>Early Childhood State Profiles</i></p>

¹² Most states rely on EPSDT or the American Association of Pediatrics to determine the required schedule of care.

¹³ ZERO TO THREE and Child Trends, *Changing the Course for Infants and Toddlers: A Survey of State Child Welfare Policies and Initiatives*, September 2013. Available online at: <http://www.zerotothree.org/policy/docs/changing-the-course-for-infants-and-toddlers.pdf> (Note that 46 states participated in the survey.)

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁸	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
DEVELOPMENTAL SCREENING				
1. State Medicaid program requires standardized developmental screening as part of well-child visits.		14 states ¹⁴		
2. State provides Medicaid reimbursement for use of a standardized developmental screening tool, in addition to the regular payment for a well-child visit.		26 states ¹⁵		
3. State policy requires a regular schedule of developmental monitoring/screening for all maltreated infants and toddlers. ¹⁶		14 states ¹⁷		

¹⁴ National Academy for State Health Policy, *State Medicaid Policies That Require and Reimburse for Developmental Screening*, 2011, <http://nashp.org/sites/default/files/abcd/ABCDresources.org/abcd3.devscreeningmap.052011.pdf> (Note that 11 states did not respond to NASHP’s survey.)

¹⁵ *Ibid.*

¹⁶ Most states rely on EPSDT or the American Association of Pediatrics to determine the required schedule of care.

¹⁷ ZERO TO THREE and Child Trends, 2013.

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁸	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
SOCIAL-EMOTIONAL HEALTH				
1. State Medicaid covers social-emotional screening for young children, with a tool designed for this purpose.		41 states cover social-emotional screening with a tool designed for this purpose; 18 states do so with a separate code. ¹⁸ 27 of these states cover use of a social-emotional screening tool in non-medical settings.		NCCP <i>Mental Health (...)</i> <i>State Survey</i>
2. State requires a regular schedule of social-emotional screening for all maltreated infants and toddlers. ¹⁹		8 states ²⁰		ZTT and Child Trends, <i>Changing the Course (...)</i>

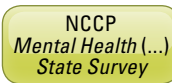
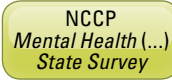

¹⁸ Source for all national data in the social-emotional health section, unless indicated otherwise: National Center for Children in Poverty, *Using Medicaid to Help Young Children and Parents Access Mental Health Services: Results of a 50-State Survey*, August 2016. Available online at: www.nccp.org/publications/pub_1164.html

¹⁹ Most states rely on EPSDT or the American Association of Pediatrics to determine the required schedule of care.

²⁰ ZERO TO THREE and Child Trends, 2013.

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁸	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
3. State has a mechanism in place to ensure that clinicians can diagnose infant-toddler mental health conditions and receive Medicaid and commercial insurance reimbursement for appropriate treatment. ²¹		8 states recognize the <i>DC:0-3R</i> disorders to determine eligibility for early childhood mental health treatment in their state Medicaid system. Many states use “medical necessity,” positive screen for mental health problems, or other criteria to determine eligibility.		NCCP <i>Mental Health (...)</i> <i>State Survey</i>
4. State Medicaid covers services by a mental health clinician in pediatric or family medicine settings.		45 states. Of those: <ul style="list-style-type: none"> • 42 states cover treatment; • 24 states cover consultation with parents regarding a positive screen; • 24 states cover parent guidance; and • 14 states cover consultation with another professional/provider. 		NCCP <i>Mental Health (...)</i> <i>State Survey</i>
5. State Medicaid covers services provided by early childhood mental health specialists in non-medical settings.		34 states cover services by a mental health clinician in early care and education settings; 46 states cover these services in the home.		NCCP <i>Mental Health (...)</i> <i>State Survey</i>

²¹ This includes states that have a mental health policy recognizing *DC:0-3R* disorders for early childhood mental health treatment eligibility or a crosswalk from the *DC:0-3R* to the *DSM-5*, *ICD-10*, and/or Current Procedural Terminology codes.

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁸	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
6. State Medicaid covers dyadic mental health treatment for young children and their parents.		38 states cover dyadic treatment in their Medicaid plans; 12 states do so with a separate Medicaid code.		
7. State has a policy in place to promote maternal depression screening at prenatal visits, after birth, and/or at a well-child visit. ²²		9 states pay for maternal depression screening during pediatric/family medicine visits if the child receives Medicaid.		
8. State has adopted early childhood mental health competencies and endorsements to build the capacity of professionals working with young children to address mental health needs.		29 states have adopted early childhood mental health competencies. ²³		

COMMENTS

²² This may include a state requirement to offer screening and/or a policy allowing for Medicaid reimbursement.

²³ ZERO TO THREE *State Policy Tracker*, August 2016, www.zerotothree.org/statepolicytracker

3. Does the state allocate state or federal funds to services that promote good health?

This section can be completed by a state agency or statewide organization by reviewing agency budgets, Web sites, and other available state data. It may be helpful to seek stakeholder input for the Comments section.

INITIATIVE		YES / NO	FUNDED STATEWIDE OR IN SELECTED COMMUNITIES?	DATA ON POPULATION SERVED (Provide any available state data on the population served by this program.)	COMMENTS ON POPULATION SERVED (Is funding adequate? What populations, if any, are underserved?)
PHYSICAL HEALTH					
1. State allocates funds to support health care consultation for early care and education providers.					
2. State allocates funding to health and safety initiatives, including:	Oral health				
	Obesity prevention (e.g., nutrition/physical activity)				
	Environmental hazards (e.g., lead poisoning) ²⁴				
	Car seat safety				
	Safe sleep				

²⁴ Gebhard, Barbara, *Initiatives Related to Environmental Hazards*, ZERO TO THREE, October 2015, www.zerotothree.org/enviroinits

INITIATIVE		YES / NO	FUNDED STATEWIDE OR IN SELECTED COMMUNITIES?	DATA ON POPULATION SERVED (Provide any available state data on the population served by this program.)	COMMENTS ON POPULATION SERVED (Is funding adequate? What populations, if any, are underserved?)
	Shaken Baby Syndrome				
SOCIAL-EMOTIONAL HEALTH					
1.	State allocates funding to support mental health consultation for early care and education providers and other professionals working with young children.				
2.	State allocates funding to promote screening for maternal depression and referrals to treatment.				
3.	State allocates funding to support efforts to co-locate mental health clinicians in pediatric primary care.				
DEVELOPMENTAL SCREENING					
1.	State supports Help Me Grow ²⁵ or similar initiatives to expand access to developmental screening and referrals to needed services.				

²⁵ For more information, see: www.helpmegrownational.org

INITIATIVE	YES / NO	FUNDED STATEWIDE OR IN SELECTED COMMUNITIES?	DATA ON POPULATION SERVED (Provide any available state data on the population served by this program.)	COMMENTS ON POPULATION SERVED (Is funding adequate? What populations, if any, are underserved?)
OTHER RELEVANT HEALTH INVESTMENTS				

COMMENTS

4. How are current policies and programs meeting the needs of infants, toddlers, and their families? (Stakeholder Survey)

The following stakeholder survey questions can help states better understand the perspectives of various stakeholders in the state, including state and local agency staff administering various programs, as well as direct service providers. Even when a state has policies and funding in place to support infants and toddlers, these individuals may identify gaps in the delivery of services that are worthy of further exploration.

This survey is intended to capture the opinions of individuals with varied perspectives. While those surveyed may provide a range of responses, aggregated results can highlight common themes, including specific concerns that state leaders may need to address. The full list of survey questions is available in Excel format here (<http://www.zerotothree.org/satool2016>) and can be exported to a Web-based survey tool.

POLICIES AND PROGRAMS	NO / NONE	SOME	MOST	YES / ALL	DON'T KNOW	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
PHYSICAL HEALTH						
1. Pregnant women have access to and regularly receive prenatal care throughout pregnancy, as well as postpartum care.						
2. Infants and toddlers regularly receive recommended well-child visits.						
3. Infants and toddlers have an identified medical home.						
4. Primary care providers are reimbursed adequately for the time to provide child development guidance in well-child visits.						
5. Eligible women and children utilize the Women, Infants, and Children (WIC) Program.						

POLICIES AND PROGRAMS	NO / NONE	SOME	MOST	YES / ALL	DON'T KNOW	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
6. Eligible families with infants and toddlers utilize the Supplemental Nutrition Assistance Program (SNAP).						
7. Infant-toddler caregivers and programs access health care consultation as needed.						
8. Young children live in healthy environments, free from environmental hazards.						
9. Families with young children have opportunities to access nutritious food.						
DEVELOPMENTAL SCREENING						
1. Families with infants and toddlers access developmental screening in pediatric and/or early care and education settings.						
2. When developmental screening indicates a need for services, families with infants and toddlers are referred to and have access to appropriate services.						
3. Screening results are regularly shared (with parent consent) with the providers making referrals, so that they can continue to support and monitor children's needs.						
4. Primary care providers are adequately reimbursed for use of standardized developmental screening tools.						

POLICIES AND PROGRAMS	NO / NONE	SOME	MOST	YES / ALL	DON'T KNOW	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
SOCIAL-EMOTIONAL HEALTH						
1. Pregnant and postpartum women have access to and receive maternal depression screenings and mental health services, as needed.						
2. Parents access resources on how to support the social-emotional development of their infants and toddlers.						
3. Infant-toddler professionals receive training on how to address the mental health needs of infants and toddlers.						
4. Infant-toddler caregivers and programs access mental health consultation services, as needed.						
5. Infants and toddlers with social-emotional or behavioral issues are assessed, diagnosed, and treated by trained professionals.						
6. Families with infants and toddlers access mental health services in pediatric primary care settings.						
7. Primary care providers are adequately reimbursed for use of standardized early childhood mental health screening tools.						

COMMENTS

Strong Families

State policies that promote strong families support the capacity of parents and other family members to nurture children's development. This includes policies addressing families' basic needs, supporting high-quality parent education and home visiting programs, meeting the needs of young children in the child welfare system, and promoting paid family leave.

For more information on state policy strategies to promote strong families, additional ZERO TO THREE resources are available at: www.zerotothree.org/public-policy/policy-toolkit/strong-families-policy-toolkit.html

For states interested in more in-depth examination of home visiting or child welfare state policies, ZERO TO THREE has developed more detailed state policy self-assessment tools on these two topics:

- State home visiting systems: www.zerotothree.org/public-policy/webinars-conference-calls/home-visitation-tool-june-16-2010.pdf; and
- State child welfare services for infants, toddlers, and their families: <http://www.zerotothree.org/public-policy/webinars-conference-calls/final-cw-self-assessment-tool.pdf>

1. How are infants, toddlers, and their families doing?

This section can be completed by a state agency or statewide organization, using the most recent data available from state data sources. The information required is available in state databases, as well as the following sources:

- ZERO TO THREE (ZTT), *State Baby Facts* [50 state profiles]: www.zerotothree.org/public-policy/state-community-policy/infant-and-toddler-state-fact-sheets.html
- The Annie E. Casey Foundation's KIDS COUNT Data Center, available at: <http://datacenter.kidscount.org/>
- The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*: <http://www.buildinitiative.org/Resources/50StateChartBook/50StateChartBookOverview.aspx>

It may be helpful to seek stakeholder input for the Comments section.

CHILD AND FAMILY DATA	STATE	NATIONAL COMPARISON ²⁶	DISPARITIES ²⁷ (Provide available data indicating any notable disparities by family income, race, ethnicity, or gender.)	COMMENTS (Provide any relevant information on state context or trends.)	SUGGESTED SOURCE FOR STATE DATA
1. Percent of young children experiencing three or more risk factors		17% ²⁸			NCCP <i>Early Childhood State Profiles</i>
2. Percent of maltreated children who are less than 3 years old		27%			ZTT State <i>Baby Facts</i>
3. Percent of children less than 3 years old who are experiencing residential mobility		23%			ZTT State <i>Baby Facts</i>
4. Percent of children less than 6 years old with no parent in the labor force		10%			ZTT State <i>Baby Facts</i>
5. Percent of children from birth to 18 years old living in census tracts with poverty levels of 40% or higher		4% ²⁹			BUILD Initiative, <i>Fifty State Chart Book</i>

²⁶ Source for national all data in this table, unless indicated otherwise: ZERO TO THREE, *State Baby Facts*, updated June 2015. Original sources available online at: www.zerotothree.org/public-policy/state-community-policy/baby-facts/related-docs/state-baby-facts-2015-references.pdf

²⁷ The following is a good source of state data on ethnic and racial disparities: The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*. Available online at: <http://www.buildinitiative.org/Resources/50StateChartBook/50StateChartBookOverview.aspx>

²⁸ National Center for Children in Poverty (NCCP), *United States Early Childhood Profile*, updated August 2016, available online at www.nccp.org/profiles/early_childhood.html. State-level data are available in individual state profiles. NCCP’s analysis of risk factors includes the following: poor, single parent, teen mother, low parental education, nonemployed parents, residential mobility, households without English speakers, and large family size.

²⁹ The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*. Available online at: <http://www.buildinitiative.org/Resources/50StateChartBook/50StateChartBookOverview.aspx>

CHILD AND FAMILY DATA	STATE	NATIONAL COMPARISON ²⁶	DISPARITIES ²⁷ (Provide available data indicating any notable disparities by family income, race, ethnicity, or gender.)	COMMENTS (Provide any relevant information on state context or trends.)	SUGGESTED SOURCE FOR STATE DATA
6. Percent of children from birth to 5 years old with family employment affected by child care issues		14%			ZTT State Baby Facts
7. Percent of Temporary Assistance for Needy Families (TANF) Program families with at least one child less than 3 years old		37%			ZTT State Baby Facts
8. Percent of Supplemental Nutrition Assistance Program (SNAP) recipients who are less than 5 years old		14%			ZTT State Baby Facts
9. Percent of children entering foster care who are less than 3 years old		31%			ZTT State Baby Facts
10. Percent of households receiving Low Income Home Energy Assistance Program (LIHEAP) heating assistance with a child less than 6 years old		22%			ZTT State Baby Facts

COMMENTS

2. Does your state have policies in place to support strong families?

This section can be completed by a state agency or statewide organization with an understanding of current state policies.

- Most of the state information required is available through the National Center for Children in Poverty (NCCP), *Early Childhood State Profiles*, available here: www.nccp.org/profiles/early_childhood.html, though states may have more up-to-date information.
- Information on state child welfare policies is available here: ZERO TO THREE and Child Trends, *Changing the Course for Infants and Toddlers: A Survey of State Child Welfare Policies and Initiatives*: www.zerotothree.org/policy/docs/changing-the-course-for-infants-and-toddlers.pdf

It may be helpful to seek stakeholder input for the Comments section.

POLICY		YES / NO	NO. OF STATES WITH THIS POLICY ³⁰	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
BASIC NEEDS					
1. Temporary Assistance for Needy Families (TANF) policies:	Exempt single parents from the work requirement until youngest child is at least 1 year old.		25 states		NCCP <i>Early Childhood State Profiles</i>
	Reduce the work requirement to 20 hours or less for single parents with children less than 6 years old.		30 states		

³⁰ Source for national data in this table, unless indicated otherwise: National Center for Children in Poverty, *United States Early Childhood Profile*, updated August 2016. Available online at: http://www.nccp.org/profiles/early_childhood.html

POLICY		YES / NO	NO. OF STATES WITH THIS POLICY ³⁰	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
	Offer exemptions and/or extensions of the TANF benefit time limit for women who are pregnant or caring for a child less than 6 years old.		16 states		NCCP <i>Early Childhood State Profiles</i>
2.	State has a state minimum wage that exceeds the federal minimum wage of \$7.25 per hour.		29 states ³¹		National Conference of State Legislatures
3.	State exempts single-parent families of three below the poverty level from personal income tax.		42 states		NCCP <i>Early Childhood State Profiles</i>
4.	State offers a refundable state earned income tax credit.		23 states		NCCP <i>Early Childhood State Profiles</i>
5.	State offers a refundable state dependent care tax credit.		11 states		NCCP <i>Early Childhood State Profiles</i>

³¹ National Conference of State Legislatures, www.ncsl.org/research/labor-and-employment/state-minimum-wage-chart.aspx#1

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ³⁰	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
HOME VISITING/PARENT EDUCATION				
1. State has statewide centralized or coordinated intake system(s) to help connect families to an appropriate home visiting or parent education program.		4 states have centralized statewide intake. Another 7 states have a statewide system of regional/local intake systems. ³²		State agency administering home visiting/parent education programs
2. State has core competencies for parent education/home visiting professionals.		24 states ³³		ZTT State Policy Tracker
CHILD WELFARE				
1. State requires frequent visitation with birth parents for infants and toddlers in out-of-home care (foster/kinship care) when safe and appropriate. ³⁴		15 states require visitation at least once a week. ³⁵		ZTT and Child Trends, <i>Changing the Course (...)</i>

³² Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center, *MIECHV Issue Brief on Centralized Intake Systems*, October 2014.

³³ ZERO TO THREE *State Policy Tracker*, August 2016, www.zerotothree.org/statepolicytracker

³⁴ When safe and appropriate, a visitation plan should allow for frequent visits/contact between young children and their parents, including therapeutic supervision of visits.

³⁵ Source for all national data in the child welfare section: ZERO TO THREE and Child Trends, *Changing the Course for Infants and Toddlers: A Survey of State Child Welfare Policies and Initiatives*, September 2013, available online at: www.zerotothree.org/policy/docs/changing-the-course-for-infants-and-toddlers.pdf (Note that 46 states participated in the survey.)

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ³⁰	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
2. State policy requires more frequent case reviews for infants and toddlers in out-of-home placements than for older children.		4 states		ZTT and Child Trends, <i>Changing the Course (...)</i>
3. State policy requires more frequent permanency hearings for infants and toddlers in out-of-home placements than for older children.		6 states		ZTT and Child Trends, <i>Changing the Course (...)</i>
4. For infants and toddlers in out-of-home placements, state policy specifically promotes keeping young children in their first placement.		39 states		ZTT and Child Trends, <i>Changing the Course (...)</i>
5. State initiates concurrent planning as soon as possible (or within 24 hours of removal) to ensure that infants and toddlers in out-of-home placements are expeditiously moved into permanent placement.		14 states		ZTT and Child Trends, <i>Changing the Course (...)</i>

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ³⁰	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
FAMILY LEAVE				
1. State has paid family leave policy providing full or partial replacement of wages after birth or adoption.		3 states ³⁶		National Conference of State Legislatures
2. State has a policy requiring employers to provide paid sick leave that allows parents to take paid time off when a child is sick.		4 states ³⁷		A Better Balance, <i>Overview of Paid Sick Leave (...)</i>

COMMENTS

³⁶ National Conference of State Legislatures, *State Family Medical Leave Laws*, www.ncsl.org/research/labor-and-employment/state-family-and-medical-leave-laws.aspx

³⁷ A Better Balance: The Work and Family Legal Center, *Overview of Paid Sick Leave Laws in the United States*, available online at: www.abetterbalance.org/web/images/stories/Documents/sickdays/factsheet/PSDchart.pdf

3. Does the state allocate federal or state funds to services that promote strong families?

This section can be completed by a state agency or statewide organization by reviewing agency budgets, Web sites, and other available state data. It may be helpful to seek stakeholder input for the Comments section.

INITIATIVE		YES / NO	FUNDED STATEWIDE OR IN SELECTED COMMUNITIES?	DATA ON POPULATION SERVED (Provide any available state data on the population served by this program.)	COMMENTS ON POPULATION SERVED (Is funding adequate? What populations, if any, are underserved?)
BASIC NEEDS					
1. State funds supplement federal resources for nutrition programs that reduce food insecurity for young children.					
2. State allocates funding to initiatives addressing:	Affordable housing				
	Homelessness				
	Job training				
	Domestic violence				
	Substance abuse				

INITIATIVE	YES / NO	FUNDED STATEWIDE OR IN SELECTED COMMUNITIES?	DATA ON POPULATION SERVED (Provide any available state data on the population served by this program.)	COMMENTS ON POPULATION SERVED (Is funding adequate? What populations, if any, are underserved?)
HOME VISITING/PARENT EDUCATION				
1. State allocates funds to evidence-based home visiting programs for expectant parents and families of young children.				
2. State allocates funds to evidence-based or research-informed parent education programs in early childhood programs, pediatric primary care, or other settings. ³⁸				
3. State supports dissemination of parenting information to a wide range of parents through Web sites, print materials, text messages, or other mechanisms.				
OTHER RELEVANT STATE INVESTMENTS SUPPORTING STRONG FAMILIES				

³⁸ For more information on evidence-based parent education programs, see: Child Welfare Information Gateway, *Parent Education to Strengthen Families and Reduce the Risk of Maltreatment*, 2013. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau. <https://www.childwelfare.gov/pubPDFs/parented.pdf#page=5&view=Evidence-Based%20and%20Evidence-Informed%20Programs>

COMMENTS

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4. How are current policies and programs meeting the needs of infants, toddlers, and their families? (Stakeholder Survey)

The following survey questions can help states better understand the perspectives of various stakeholders in the state, including state and local agency staff administering varied programs, as well as direct service providers. Even when a state has policies and funding in place to support infants and toddlers, these individuals may identify gaps in the delivery of services that are worthy of further exploration.

This survey is intended to capture the opinions of individuals with varied perspectives. While those surveyed may provide a range of responses, aggregated results can highlight common themes, including specific concerns that state leaders may need to address. The full list of survey questions is available in Excel format here (<http://www.zerotothree.org/satool2016>) and can be exported to a Web-based survey tool.

POLICIES AND PROGRAMS	NO / NONE	SOME	MOST	YES / ALL	DON'T KNOW	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
1. Families can find the services they need for their infants and toddlers through cross-program referrals and information and referral agencies.						
2. Families receive information and services responsive to their home culture and language.						
3. State policies support a coordinated multigenerational approach to addressing the needs of at-risk children and their families.						
4. Families with infants and toddlers who face multiple risk factors (e.g., very low income, homelessness, and family violence) can access programs and services that work together to support them.						

POLICIES AND PROGRAMS	NO / NONE	SOME	MOST	YES / ALL	DON'T KNOW	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
BASIC NEEDS						
1. Families can access needed education, skill training, job opportunities, and work supports to move into stable work that generates a livable wage.						
2. Adequate housing options are available to low-income families.						
3. Adequate energy assistance options are available to low-income families.						
HOME VISITING/PARENT EDUCATION						
1. Expectant parents and families with infants and toddlers can access evidence-based home visiting programs.						
2. Families with infants and toddlers can access evidence-based parent education programs, as needed.						
3. Home visiting supports extend to families, friends, and neighbors caring for children with working parents.						
4. Families who wish to increase their leadership and advocacy skills can access leadership initiatives.						

POLICIES AND PROGRAMS	NO / NONE	SOME	MOST	YES / ALL	DON'T KNOW	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
5. Parenting resources are readily available to all parents of young children seeking information on how to support healthy child development.						
CHILD WELFARE						
1. Infants and toddlers in out-of-home placements have frequent contact with birth parents, when safe and appropriate.						
2. Child welfare workers and judges receive ongoing training about child development and the effect of trauma and use that knowledge to guide their work with infants and toddlers in the child welfare system.						
3. Families (including birth families, permanent guardians, and adoptive families) have access to continued post-permanency supports, such as adoption subsidies and therapeutic services, after permanency has been achieved.						
4. Families who are investigated for maltreatment, but whose cases do not receive substantiation, are connected to support services.						
5. Children in the child welfare system receive screenings and services to promote their learning and development, such as early intervention and high-quality early care and education.						

POLICIES AND PROGRAMS	NO / NONE	SOME	MOST	YES / ALL	DON'T KNOW	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
FAMILY LEAVE						
1. Working families can access paid family leave after birth or adoption.						
2. Working families can access paid sick leave when a young child is sick.						
3. Working parents in the state receive work-life benefits that allow them to balance work with caring for young children.						

COMMENTS

Positive Early Learning Experiences

State policies supporting access to and quality of child care, Early Head Start (EHS), and early intervention promote early learning and development and help prepare children for success in school. For more information on state policy strategies to promote positive early learning experiences, additional ZERO TO THREE resources are available at: www.zerotothree.org/public-policy/policy-toolkit/positive-early-learning-policy-toolkit.html

For states interested in more in-depth examination of how to use a state quality rating and improvement system (QRIS) to strengthen early learning experiences for infants and toddlers, ZERO THREE has developed a more detailed state self-assessment tool on this topic: www.zerotothree.org/public-policy/building-early-childhood-systems/qr/qr-cover-self-assessment-10-27-14.pdf

1. How are infants, toddlers, and their families doing?

This section can be completed by a state agency or statewide organization, using the most recent data available from state data sources. The information required is available in state databases as well as the following sources:

- ZERO TO THREE (ZTT), *State Baby Facts* [50 state profiles]: www.zerotothree.org/public-policy/state-community-policy/infant-and-toddler-state-fact-sheets.html
- The Annie E. Casey Foundation's KIDS COUNT Data Center, available at: <http://datacenter.kidscount.org/>
- The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*: <http://www.buildinitiative.org/Resources/50StateChartBook/50StateChartBookOverview.aspx>

It may be helpful to seek stakeholder input for the Comments section.

CHILD AND FAMILY DATA	STATE	NATIONAL COMPARISON ³⁹	DISPARITIES ⁴⁰ (Provide available data indicating any notable disparities by family income, race, ethnicity, or gender.)	COMMENTS (Provide any relevant information on state context or trends.)	SUGGESTED SOURCE FOR STATE DATA
1. Percent of parents or family members who read to their child (newborn to 5 years old) every day		48%			ZTT State Baby Facts
2. Percent of parents or family members who tell stories and sing to their child (newborn to 5 years old) every day		59%			ZTT State Baby Facts
3. Settings where infants and toddlers are in care. If available, provide data on settings where infants and toddlers are in care. For example, provide any data available on the percentage of young children who are primarily in: <ul style="list-style-type: none"> • Parental care • Child care centers • Family child care • Family, friend, and neighbor care 		Data not available			State agency administering child care programs
4. Cost of infant care in child care centers as percentage of income for single mothers		37% (national median)			ZTT State Baby Facts

³⁹ Source for all national data in this table, unless indicated otherwise: ZERO TO THREE, *State Baby Facts*, updated June 2015. Original sources available online at: www.zerotothree.org/public-policy/state-community-policy/baby-facts/related-docs/state-baby-facts-2015-references.pdf

⁴⁰ The following is a good source of state data on ethnic and racial disparities: The Child and Family Center and the BUILD Initiative, *Fifty State Chart Book: Dimensions of Diversity and the Young Child Population*. Available online at: <http://www.buildinitiative.org/Resources/50StateChartBook/50StateChartBookOverview.aspx>

CHILD AND FAMILY DATA	STATE	NATIONAL COMPARISON ³⁹	DISPARITIES ⁴⁰ (Provide available data indicating any notable disparities by family income, race, ethnicity, or gender.)	COMMENTS (Provide any relevant information on state context or trends.)	SUGGESTED SOURCE FOR STATE DATA
5. Percent of children receiving federal child care support who are less than 3 years old		27%			ZTT State Baby Facts
6. Percent of eligible infants and toddlers receiving Early Head Start		4.5% ⁴¹			State Head Start Collaboration Office
7. Percent of children, 4 months old to 5 years old, determined to be at moderate or high risk for developmental or behavioral problems		26%			ZTT State Baby Facts
8. Percent of infants and toddlers who receive Part C early intervention services		3% - single-day count ⁴²			ZTT State Baby Facts

COMMENTS

⁴¹ ZERO TO THREE, *Fact Sheet: Early Head Start*, available online at: www.zerotothree.org/policy/docs/ehs-fact-sheet-ztt-04-04-2014.pdf

⁴² States will soon be required to report the percentage of children served per year. This figure is likely about twice as high as the single-day count provided here. As a comparison point, the Centers for Disease Control and Prevention finds that approximately 15% of children 3–17 years old have one or more developmental disabilities: www.cdc.gov/ncbddd/developmentaldisabilities/about.html

2. Does your state have policies in place to support positive early learning experiences?

This section can be completed by a state agency or statewide organization with an understanding of current state policies. Much of the state information required is available through the National Center for Children in Poverty’s *Early Childhood State Profiles* available here: www.nccp.org/profiles/early_childhood.html and other resources indicated below. In some cases, state agencies may have more up-to-date information.

It may be helpful to seek stakeholder input for the Comments section.

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁴³	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
EARLY INTERVENTION				
1. State includes at-risk children in the definition of eligibility for Individuals with Disabilities Education Act (IDEA) Part C Early Intervention program		6 states		NCCP <i>Early Childhood State Profiles</i>
CHILD CARE				
1. Family eligibility for child care subsidies is at or above 200% federal poverty level (FPL).		13 states		NCCP <i>Early Childhood State Profiles</i>
2. State child care reimbursement rates are at or above the recommended 75th percentile of the market rate.		1 state meets criteria for all programs; some states meet these criteria for certain quality-rated programs		NCCP <i>Early Childhood State Profiles</i>

⁴³ Source for national data in this table, unless indicated otherwise: National Center for Children in Poverty, *United States Early Childhood Profile*, updated August 2016. Available online at: http://www.nccp.org/profiles/early_childhood.html

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁴³	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
3. States offer higher subsidy reimbursement rates to programs providing infant-toddler care than to programs serving older children to help defray the higher cost of care.		21 states ⁴⁴		State agency administering child care programs
4. State keeps copayments for child care subsidies below 10% of family income for families of three at 150% FPL		26 states		<div style="border: 1px solid black; border-radius: 10px; padding: 5px; text-align: center;"> NCCP <i>Early Childhood State Profiles</i> </div>

⁴⁴ CLASP, *Better for Babies: A Study of Infant-Toddler Child Care Policies*, 2013, available at: <http://www.clasp.org/resources-and-publications/better-for-babies-a-study-of-state-infant-and-toddler-child-care-policies>

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁴³	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
5. State meets recommendations of Stepping Stones Caring for Our Children in group size and ratio requirements for infants and toddlers in licensed center-based and family child care. ⁴⁵		For example: <ul style="list-style-type: none"> • 3 states meet recommended ratio of 3:1 for infants in centers.⁴⁶ • 12 states meet the recommended ratio of 4:1 for toddlers in centers.⁴⁷ 		Compare state licensing requirements to recommendations in: <div style="border: 1px solid black; border-radius: 10px; padding: 5px; margin-top: 10px; background-color: #f0f0f0;"> NRC, <i>Stepping Stones to Caring for Our Children</i> </div>

⁴⁵ Full recommendations are available here: <http://nrckids.org/default/assets/File/Products/Stepping%20Stones/Stepping%20Stones%203%20%20v5.pdf>

⁴⁶ CLASP, 2013.

⁴⁷ *Ibid.*

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁴³	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
<p>6. State has implemented a statewide early care and education QRIS that includes quality indicators specifically for programs serving infants and toddlers.</p> <p>If yes, provide any available data on the percentage of programs at each QRIS level that serve infants and toddlers.</p>		<p>39 states have a statewide QRIS.⁴⁸</p>		<p>ZTT State Policy Tracker</p>
<p>7. State policy requires that there is a primary caregiver for every infant and toddler in child care centers.</p>		<p>24 states include this requirement in licensing; 1 state also addresses this through QRIS.⁴⁹</p>		<p>NCCCQI, Comparison (...) Learning Environment</p>
<p>8. State policy promotes or requires that child care centers offer activities that actively encourage and support infants' and toddlers' exploration of the environment.</p>		<p>14 states include this requirement in licensing; four states address this through QRIS.⁵⁰</p>		<p>NCCCQI, Comparison (...) Learning Environment</p>

⁴⁸ ZERO TO THREE *State Policy Tracker*, August 2016, www.zerotothree.org/statepolicytracker

⁴⁹ National Center on Child Care Quality Improvement, *Comparison of State Licensing and QRIS Standards for Infants and Toddlers in Child Care Centers: Learning Environment, Developmental Domains, and Assessment*. Available online at: https://childcareta.acf.hhs.gov/sites/default/files/public/learningenv_assess_standards.pdf

⁵⁰ *Ibid.* Note that some states address this through both licensing and QRIS, while others do so through only one mechanism.

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁴³	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
9. State policy promotes or requires that center-based programs offer a variety of opportunities for interaction with parents throughout the year.		2 states require through licensing; 20 states address this through QRIS. ⁵¹		NCCCQI, Comparison (...) Family Engagement
10. State has early learning guidelines for infants and toddlers.		49 states ⁵²		ZTT State Policy Tracker
11. State has developed or adopted core knowledge and competencies for early care and education providers, including those who work with infants and toddlers. ⁵³		47 states ⁵⁴ 3 of these states have developed or adopted specific knowledge and competencies for infant-toddler providers.		ZTT State Policy Tracker
12. State has developed or adopted an infant-toddler professional credential.		31 states ⁵⁵		ZTT State Policy Tracker

⁵¹ National Center on Child Care Quality Improvement, *Comparison of State Licensing and QRIS Standards for Infants and Toddlers in Child Care Centers: Family Engagement*. Available online at: https://childcareta.acf.hhs.gov/sites/default/files/public/family_engagment_standards.pdf. Note that some states address this through both licensing and QRIS, while others do so through only one mechanism.

⁵² ZERO TO THREE *State Policy Tracker*, August 2016, www.zerotothree.org/statepolicytracker

⁵³ ZERO TO THREE *Critical Competencies for Infant-Toddler Educators*TM details the essential skills educators need to optimize the social-emotional, cognitive, and language and literacy development of all infants and toddlers. More information is available at www.zerotothree.org/CriticalCompetencies

⁵⁴ ZERO TO THREE *State Policy Tracker*, August 2016, www.zerotothree.org/statepolicytracker

⁵⁵ *Ibid.*

POLICY	YES / NO	NO. OF STATES WITH THIS POLICY ⁴³	COMMENTS ON POLICY IMPLEMENTATION CHALLENGES (Note any barriers to effectively implementing this policy statewide. These may include lack of workforce capacity, limited geographic access, limited funding, etc.)	SUGGESTED SOURCE FOR STATE DATA
13. State requires or encourages infant-toddler professional development that is credit-based and includes career pathways that lead to higher education degrees.		Data not available		State agency administering child care programs
14. State has a workforce registry or other data system to track the qualifications and professional development of the early care and education workforce.		43 states have a workforce registry. ⁵⁶		Nat. Workforce Registry Alliance, <i>Map of Registries</i>

COMMENTS

⁵⁶ National Workforce Registry Alliance, *Map of Registries*, available online at: <http://www.registryalliance.org/about-us-top/map-of-registries>

3. Does the state allocate federal or state funds to promote positive early learning experiences?

This section can be completed by a state agency or statewide organization by reviewing agency budgets, Web sites, and other available state data. It may be helpful to seek stakeholder input for the Comments section.

INITIATIVE	YES / NO	FUNDED STATEWIDE OR IN SELECTED COMMUNITIES?	DATA ON POPULATION SERVED (Provide any available state data on the population served by this program.)	COMMENTS ON POPULATION SERVED (Is funding adequate? What populations, if any, are underserved?)
1. State allocates funding (outside of the Child Care Development Block Grant) to support high-quality early care and education programs for infants and toddlers.				
2. State allocates funding to initiatives to promote early language and literacy, including providing books to low-income families and/or providing guidance to parents on talking and reading with their children.				
EHS				
1. State allocates funding to supplement EHS in order to increase the number of families served, extend the day, and/or improve the quality of services. ⁵⁷				

⁵⁷ More information on state efforts to supplement EHS described here: CLASP and ZERO TO THREE, *Expanding Access to Early Head Start: State Initiatives for Infants & Toddlers at Risk*, September 2012. Available online at: <http://www.clasp.org/resources-and-publications/publication-1/ehsinitiatives.pdf>

INITIATIVE	YES / NO	FUNDED STATEWIDE OR IN SELECTED COMMUNITIES?	DATA ON POPULATION SERVED (Provide any available state data on the population served by this program.)	COMMENTS ON POPULATION SERVED (Is funding adequate? What populations, if any, are underserved?)
CHILD CARE				
1. State allocates funds for a network of infant-toddler specialists that provide on-site technical assistance to child care providers.				
2. State allocates funds to grants, incentives (e.g., tiered subsidy reimbursement), or resources to programs to promote high-quality care and early learning for infants and toddlers.				
3. State allocates funds to scholarships or other supports to help infant-toddler professionals gain additional skills.				
4. State allocates funds to wage enhancements or other supports to help infant-toddler professionals increase compensation and/or benefits.				
5. State allocates funding to staffed family child care networks to support quality improvement in family child care programs. ⁵⁸				
6. State allocates funds to grants or loans to early childhood programs to renovate or construct facilities to serve infants and toddlers.				

⁵⁸ For more information on this strategy, see ZERO TO THREE, *Staffed Family Child Care Networks: A Strategy to Enhance Quality Care for Infants and Toddlers*, 2012. Available online at: <http://www.zerotothree.org/public-policy/infant-toddler-policy-issues/fcc-staffed-networks.pdf>

INITIATIVE	YES / NO	FUNDED STATEWIDE OR IN SELECTED COMMUNITIES?	DATA ON POPULATION SERVED (Provide any available state data on the population served by this program.)	COMMENTS ON POPULATION SERVED (Is funding adequate? What populations, if any, are underserved?)
OTHER RELEVANT STATE INVESTMENTS IN EARLY LEARNING				

COMMENTS

4. How are current policies and programs meeting the needs of infants, toddlers, and their families? (Stakeholder Survey)

The following survey questions can help states better understand the perspectives of various stakeholders in the state, including state and local agency staff administering varied programs, as well as direct service providers. Even when a state has policies and funding in place to support infants and toddlers, these individuals may identify gaps in the delivery of services that are worthy of further exploration.

This survey is intended to capture the opinions of individuals with varied perspectives. While those surveyed may provide a range of responses, aggregated results can highlight common themes, including specific concerns that state leaders may need to address. The full list of survey questions is available in Excel format here (<http://www.zerotothree.org/satool2016>) and can be exported to a Web-based survey tool.

POLICIES AND PROGRAMS	NO / NONE	SOME	MOST	YES / ALL	DON'T KNOW	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
EARLY INTERVENTION						
1. Infants and toddlers with potential developmental disabilities or delays are referred to and receive Part C Early Intervention services, when eligible.						
2. Infants and toddlers exiting early intervention have either completed the Individualized Family Service Plan or transitioned to appropriate services to support their development.						
3. Infants and toddlers who have a substantiated case of child abuse or neglect are referred to Part C Early Intervention for evaluation.						
4. Infants and toddlers in the child welfare system who have developmental delays but do not meet Part C eligibility receive needed services.						

POLICIES AND PROGRAMS		NO / NONE	SOME	MOST	YES / ALL	DON'T KNOW	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
CHILD CARE							
1. Families in need of child care for their infants and toddlers can access affordable, high-quality care in their communities.							
2. Families can access a network of child care resource and referral agencies to help identify their needs and refer to appropriate child care programs.							
3. Infant-toddler child care programs are culturally responsive and address the needs of young children learning English as a second language.							
4. Infants and toddlers with disabilities can access supports needed to participate in child care programs.							
5. Infant-toddler child care providers regularly use family engagement strategies to support parents as their child's first teachers.							
6. Infant-toddler specific professional development is available to child care professionals through the following:	Higher education						
	In-service training						
	Technical assistance						

POLICIES AND PROGRAMS	NO / NONE	SOME	MOST	YES / ALL	DON'T KNOW	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
7. Infant-toddler child care professionals are paid at wages comparable to those of other early care and education professionals.						
8. State technical assistance providers, coaches, licensing specialists, and other individuals providing support to child care providers are trained in infant-toddler development.						
9. Early care and education programs regularly work with community partners such as libraries, museums, parks and recreation, the faith community, etc.						
10. Family, friend, and neighbor caregivers have access to supports such as training, consultation, lending libraries, etc.						

COMMENTS

Collaboration and System Building

To maximize the impact of early childhood investments, state leaders need to collaborate and build systems that support access and quality across various types of programs. For information on state policy strategies to promote collaboration and system building, additional ZERO TO THREE resources are available at: www.zerotothree.org/public-policy/policy-toolkit/systems-policy-toolkit.html.

To what extent does the state promote collaboration and system building to meet the needs of infants, toddlers, and their families? (Stakeholder Survey)

The following survey questions can help states better understand the perspectives of various stakeholders in the state, including state and local agency staff administering varied programs, as well as direct service providers.

This survey is intended to capture the opinions of individuals with varied perspectives. While those surveyed may provide a range of responses, aggregated results can highlight common themes, including specific concerns that state leaders may need to address. The full list of survey questions are available in Excel format here (<http://www.zerotothree.org/satool2016>) and can be exported to a Web-based survey tool.

POLICIES AND PROGRAMS	HAVE NOT STARTED TO ADDRESS THIS GOAL	HAVE STARTED INITIAL CONCEPTUAL AND PLANNING WORK	HAVE BEGUN TO IMPLEMENT	HAVE MADE SOLID PROGRESS	FULLY ADDRESSING THIS GOAL	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
PROMOTE COLLABORATION						
1. Transition policies ensure continuity of services between various infant-toddler program settings, as well as programs for older children.						
2. Mechanisms exist to coordinate among infant-toddler programs and to link them with other services such as health, mental health, education, child welfare, family support, etc.						

POLICIES AND PROGRAMS	HAVE NOT STARTED TO ADDRESS THIS GOAL	HAVE STARTED INITIAL CONCEPTUAL AND PLANNING WORK	HAVE BEGUN TO IMPLEMENT	HAVE MADE SOLID PROGRESS	FULLY ADDRESSING THIS GOAL	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
RECRUIT AND ENGAGE STAKEHOLDERS						
1. Early childhood system development efforts involve diverse representation from stakeholders, from both public and private sectors, who are interested in infants and toddlers.						
2. Public awareness efforts build public and political will around the needs of infants and toddlers.						
3. There are champions for investing in high-quality infant-toddler programs who can reach a range of constituent bases.						
4. Influential state policymakers are supportive of early childhood system-building efforts.						
DEFINE AND COORDINATE LEADERSHIP						
1. A state-level governance entity oversees and coordinates early childhood services and programs.						
2. The State Advisory Council on Early Childhood Education and Care includes a focus on the needs of infants and toddlers.						

POLICIES AND PROGRAMS	HAVE NOT STARTED TO ADDRESS THIS GOAL	HAVE STARTED INITIAL CONCEPTUAL AND PLANNING WORK	HAVE BEGUN TO IMPLEMENT	HAVE MADE SOLID PROGRESS	FULLY ADDRESSING THIS GOAL	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
3. The state has established leaders inside and/or outside of government promoting improvement in policies for infants and toddlers.						
4. The state supports connections between state and local system-building efforts.						
ENSURE ACCOUNTABILITY						
1. The state has a shared systemic vision for supporting young children and their families.						
2. Early childhood system-building efforts are informed by research and data on infants, toddlers, and their families.						
3. The state has an integrated, comprehensive early childhood plan that includes a focus on infants and toddlers, and the plan is reviewed and updated regularly.						
4. The state has identified desired outcomes for infants and toddlers and monitors key indicators associated with these outcomes.						

POLICIES AND PROGRAMS	HAVE NOT STARTED TO ADDRESS THIS GOAL	HAVE STARTED INITIAL CONCEPTUAL AND PLANNING WORK	HAVE BEGUN TO IMPLEMENT	HAVE MADE SOLID PROGRESS	FULLY ADDRESSING THIS GOAL	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
5. The state has a coordinated early childhood data system that houses data on various programs serving infants and toddlers and is used to promote quality improvement.						
ENHANCE AND ALIGN STANDARDS						
1. The state has performed a cross-walk to compare various sets of infant-toddler program standards to ensure that they are aligned and supported by research.						
2. Various quality improvement strategies for infant-toddler programs (e.g., early learning guidelines, quality rating and improvement system [QRIS], professional development) are aligned rather than parallel efforts.						
CREATE AND SUPPORT IMPROVEMENT						
1. The state has clearly defined career pathways for the infant-toddler workforce that are inclusive of a variety of roles for infant-toddler professionals.						
2. The state has a professional development system that supports the infant-toddler workforce across all service sectors.						

POLICIES AND PROGRAMS	HAVE NOT STARTED TO ADDRESS THIS GOAL	HAVE STARTED INITIAL CONCEPTUAL AND PLANNING WORK	HAVE BEGUN TO IMPLEMENT	HAVE MADE SOLID PROGRESS	FULLY ADDRESSING THIS GOAL	COMMENTS (When policies and programs are not fully meeting families' needs, provide an explanation of specific challenges or gaps in access; e.g., geographic, specific demographic groups.)
3. The state supports the use of reflective practice to support infant-toddler professionals in improving their practice.						
4. The state supports quality improvement initiatives in various infant-toddler programs and settings.						
5. The state supports research and evaluation efforts aimed at continuous improvement of services for infants, toddlers, and their families.						
FINANCE STRATEGICALLY						
1. Available funding sources are used strategically to promote system-building capacity.						
2. The state addresses the needs of infants and toddlers when investing in Pre-K initiatives.						
3. Services for infants, toddlers, and their families have adequate and stable funding.						

COMMENTS

COMMENTS

COMMENTS

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COMMENTS

Share your findings with ZERO TO THREE!

If you would like to share your findings or results with us, please click the “Share with ZERO TO THREE” button below, or email your completed PDF to: stateassessment@zerotothree.org

“YES! I would like to share these survey results for _____” (State, required)

(Name, optional)

(Contact information, optional)

Please ensure you've added your state in the required field above before submitting.