

# Supporting Babies Through QRIS



## A Self-Assessment Tool for U.S. States and Other Jurisdictions

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## About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's 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/public-policy](http://www.zerotothree.org/public-policy)

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## Preface

This document presents a national review of each states' and jurisdictions' Quality Rating and Improvement Systems (QRIS) [that have been implemented statewide](#),<sup>i</sup> focusing on how these systems can include standards that explicitly address the needs of infants and toddlers. This publication is a “living document,” because states' and jurisdictions' QRIS differ in terms of level of completion, and many are undergoing continuous revisions as a result of pre- or post-implementation evaluation efforts.

The former National Infant & Toddler Child Care Initiative (NITCCI), funded by the Office of Child Care and operated by ZERO TO THREE, was created to help Child Care and Development Fund administrators improve the quality and supply of infant-toddler child care. In 2011, NITCCI conducted a review of existing statewide QRIS, which revealed that indicators addressing the quality of care for infants and toddlers were largely absent. Now, the ZERO TO THREE Policy Center offers a more recent scan of the evolving QRIS landscape and documents the progress made thus far to include standards and supports to meet the needs of children from birth to 3 years old.

To continue to improve the quality of early care and education programs across the United States, federal, state, and local governments have increased their emphasis on standards, accountability measures, provider support, financial incentives, and parent and consumer education efforts. As a result, QRIS are gaining attention exponentially and have become a “framework to support quality in a systemic way.”<sup>ii</sup> In April 2011, only 24 states and jurisdictions had developed and implemented a QRIS. By August 2014, 47 states and jurisdictions had taken steps to implement a QRIS (40 states and jurisdictions have launched statewide standards for a QRIS; 2 states and jurisdictions have launched regional standards for a QRIS; and 5 states and jurisdictions are in the process of developing a QRIS or have completed a pilot). In the remaining states and jurisdictions, 8 are undergoing a QRIS planning process (including conversations among key stakeholders and development of strategic plans), and one state requires legislative action in order to move forward.

This document is part of the ZERO TO THREE Policy Center's [Supporting Babies Through QRIS](#) series, developed to help ensure that QRIS are supporting the needs of infants and toddlers. Complementary documents in this series include:

- **[Implementation Status and Tools in U.S. States and Other Jurisdictions:](#)** A national scan of the operational status of U.S. states' and jurisdictions' QRIS, as well as links to their QRIS standards and tools
- **[Inclusion of Infant and Toddler Quality Standards:](#)** Document charting some examples of QRIS standards that have been included in statewide-operating QRIS and that intentionally help programs promote the healthy development and learning of infants and toddlers

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<sup>i</sup> “Statewide implementation” of QRIS is defined as having launched QRIS at statewide level, or having state-driven QRIS standards, or both. As of October 2013, states and jurisdictions with statewide implementation include Arizona (AZ), Arkansas (AR), Colorado (CO), District of Columbia (DC), Delaware (DE), Georgia (GA), Idaho (ID), Illinois (IL), Indiana (IN), Iowa (IA), Kansas (KS), Kentucky (KY), Louisiana (LA), Maine (ME), Maryland (MD), Massachusetts (MA), Michigan (MI), Minnesota (MN), Mississippi (MS), Montana (MT), New Hampshire (NH), New Mexico (NM), New York (NY), North Carolina (NC), North Dakota (ND), Ohio (OH), Oklahoma (OK), Oregon (OR), Pennsylvania (PA), Rhode Island (RI), South Carolina (SC), Tennessee (TN), Texas (TX), Utah (UT), Vermont (VT), Virginia (VA), Washington (WA), and Wisconsin (WI).

<sup>ii</sup> Smith, L. K. (2013, September 25). “Continuous quality improvement: QRIS is a tool.” *BUILDing Strong Foundations* [blog]. Retrieved October 1, 2013, from [www.buildinitiative.org](http://www.buildinitiative.org).

## Purpose and Uses of This Tool

The intended audience for these documents includes professionals involved in the development, administration, and implementation of QRIS who would like to learn more about QRIS standards and supports in other states and how they can be created or modified to purposefully support infants and toddlers.

This self-assessment tool can be used to identify the strengths, opportunities, and gaps in a coordinated system of quality improvement for programs serving infants and toddlers. The tool is also intended to help states and jurisdictions identify QRIS components that are already in place to support infants and toddlers and to prioritize components that could be added to augment existing supports for infants, toddlers, and families. Purposes include the following:

- To support the development of QRIS content and format with an intentional focus on infants and toddlers
- To guide system-building initiatives around quality improvement that support infants and toddlers
- To inform development and implementation of standards based on best practices for infants and toddlers (see [Inclusion of Infant and Toddler Quality Standards](#))
- To set goals and promote strategic planning with the intent of improving early learning experiences for infants and toddlers

The ultimate goal of this document is to assist state and jurisdiction child care administrators and/or policymakers to improve access to high quality infant and toddler programs that reflect the unique needs of our youngest learners.

## Considerations

### *General considerations:*

- **Involve a diverse group of stakeholders:** While completing the self-assessment, include different voices and perspectives (e.g., business leaders, families, professionals, and community leaders who represent the racial and ethnic composition of the children being served in the programs). QRIS affects many different stakeholders, so it will be important to offer a forum in which wisdom, insights, stories, and expertise can be shared in a safe way and through a process that promotes participation and engagement. Ensure, however, that there are mechanisms to increase community voice and influence for those furthest from opportunity (e.g., consider providing support and mentoring to individuals who are not used to being at the table to encourage full participation).
- **Set common ground and definitions:** QRIS working groups should agree on the purpose of the QRIS early in the process, so everyone operates from a common point of reference. The discussion on purpose of the QRIS should include which programs (across settings and sectors) will be included in the QRIS. Lack of clarity on the purpose can lead to inconsistency across various portions of the standards document as it is written. Each working group should also come to agreement on the definition of *quality* for infants and toddlers. If the group is reviewing an already established QRIS, these definitions may be part of the existing background, and they should be referenced or updated based on the work of the group.

- **Make it data driven:** When available, use your state or jurisdiction data as evidence for ranking the statements on the self-assessment. If data are not available, it might be important to note this and discuss how data can be collected in the future.
- **Use the tool as a way to frame a discussion:** The goal of the self-assessment is to serve as a guide or tool to generate a fruitful discussion. It is not meant to rate or rank your state or jurisdiction's QRIS.
- **Act on the results:** Once areas of strength and gaps are identified, create short- and long-term plans as well as assign roles to make sure progress is made.

### ***Age-specific considerations:***

The document includes some general considerations that are meant to support the development of children of all ages, including infants and toddlers. However, our intent here is to showcase considerations that specifically address infants and toddlers as well as those that are particularly important for this age group. QRIS purposes are often shared across age groups, including improving the quality of programs, providing guidance to teachers and caregivers on expectations for children's growth and development, promoting a more intentional approach to early childhood education, guiding instructional assessments, informing parents, etc. However, the goal of this document is to promote very specific and intentional supports for infants and toddlers.

### ***Program setting considerations:***

States' and jurisdictions' QRIS often have standards for each program setting. When promoting quality for infants and toddlers, consider all the settings where infants and toddlers may be present, including

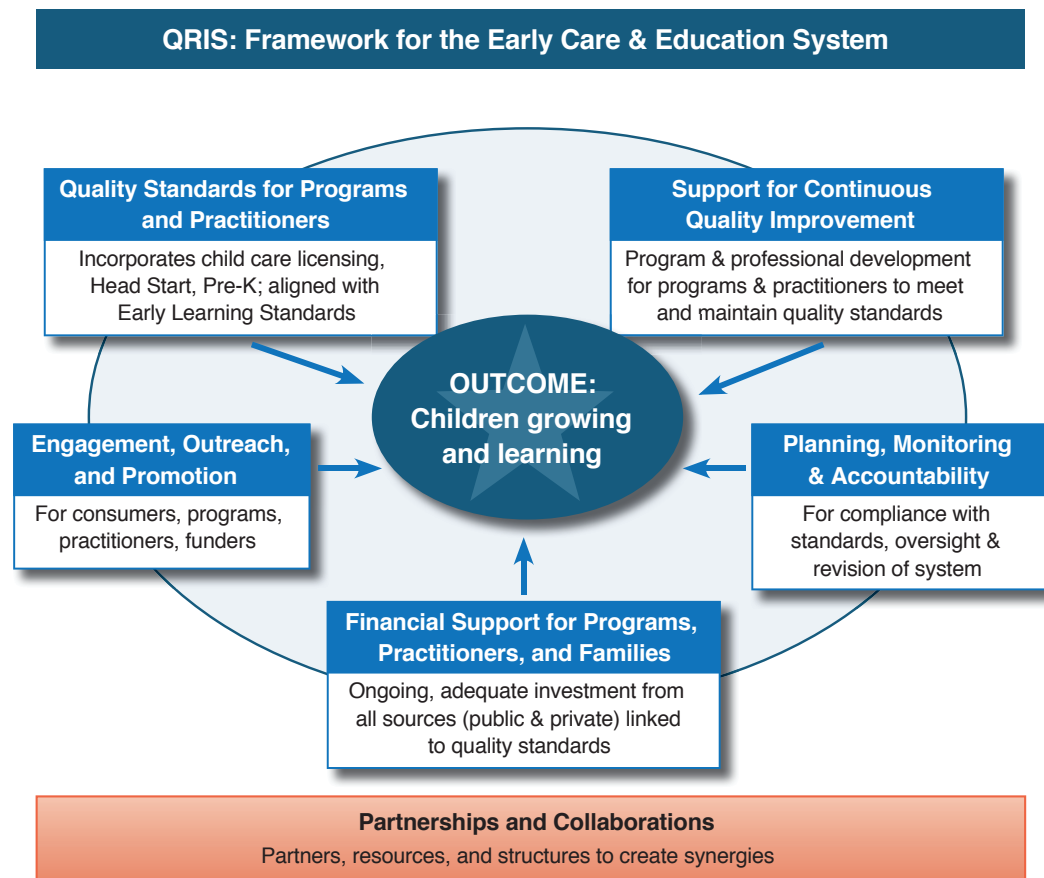
- Child care centers
- Family child care homes
- Family, friend, and neighbor (FFN) care
- License-exempt programs

Note that if one or more of these settings are not addressed in the QRIS, the group might make recommendations about strategies to support improving quality for infants and toddlers in those settings, short of rating those provider types. Articulating how they are related as part of a continuum of options for families and the supports available to those provider types is considered part of system-building efforts.

## Guiding Framework

This self-assessment guide follows the [QRIS: Framework for the Early Care and Education System](#)<sup>iii</sup> (see Figure 1) as the basis for the elements or categories: (1) Quality Standards for Programs and Practitioners, (2) Support for Continuous Quality Improvement, (3) Planning, Monitoring, and Accountability, (4) Financial Support for Programs, Practitioners, and Families, and (5) Engagement, Outreach, and Promotion. These broad categories are representative of the elements that comprise a framework for quality improvement system-building. We have also added a sixth element, Partnerships and Collaborations, to include the partners, resources, and structures that are needed to create synergies and promote high-quality, community-driven, and sustainable early learning opportunities for infants and toddlers.

Figure 1:



Note: Adapted with permission from: Mitchell, A., (2009). *Quality rating & improvement systems as the framework for early care and education system reform*. Retrieved from [www.earlychildhoodfinance.org/downloads/2009/QRISasSystemReform\\_2009.pdf](http://www.earlychildhoodfinance.org/downloads/2009/QRISasSystemReform_2009.pdf)

<sup>iii</sup> Mitchell, A., (2009). *Quality Rating & Improvement Systems as the framework for early care and education system reform*. Retrieved from [http://www.earlychildhoodfinance.org/downloads/2009/QRISasSystemReform\\_2009.pdf](http://www.earlychildhoodfinance.org/downloads/2009/QRISasSystemReform_2009.pdf)



## Ratings

Each self-assessment includes statements related to a particular QRIS element. Please rate your state's or jurisdiction's progress on each statement:

No = No progress yet

Sometimes = Some progress; element has been partially included and implemented, but needs further action (use notes to explain)

Yes = Yes, it has been included and implemented

After assessing progress, in order to help with your state's or jurisdiction's prioritization process, in the Priority Level column, rate each statement by assigning one of the following three priority levels:

1 = Top priority for developing strategies to address

2 = Medium priority to address

3 = Lower priority, but still important to address

In the Effort column, assign one of three levels of effort (including cost, time, and complexity) required to address the statement:

H = High level of effort to address

M = Medium level of effort to address

L = Low level of effort to address

State or Jurisdiction: \_\_\_\_\_ QRIS Generation/ Version #: \_\_\_\_\_

<b>ELEMENT 1: Quality Standards for Programs and Practitioners</b> — <i>Incorporates child care licensing, Head Start, Pre-K, aligned with Early Learning Standards</i>						
<p>Vision: Ensure that the state or jurisdiction develops a set of QRIS standards that measure the level of quality and support adherence to best practices that have been promoted by experts in the child development field, in order to foster high-quality, accessible, inclusive, and culturally and linguistically competent early care and learning services for infants, toddlers, and their families.</p>						
	Self-Assessment			Comments	Priority Level	Effort
	No	Sometimes	Yes			
1. QRIS standards include infant- and toddler-specific indicators in these areas:						
a. learning environment						
b. continuity of care policies and practices						
c. developmental screening						
d. child assessment						
e. family engagement						
f. curriculum						
g. daily interactions/relationships between child and caregiver(s)						
h. dual-language learners						
i. children with special needs						
j. staff qualifications and professional development						
k. environmental safety and physical health						
l. nutrition						
m. physical activity						
n. cultural competency						
2. QRIS incorporates the Early Head Start Program Performance Standards (HSPPS).						

**Note:** No = No progress yet; Sometimes = Some progress, element has been partially included and implemented, but needs further action (use notes to explain); Yes = Yes, it has been included and implemented. In the Priority Level column, assign rating levels as follows: 1 = Top priority for developing strategies to address; 2 = Medium priority to address; 3 = Lower priority, but still important to address. In the Effort column, rate the level of complexity as follows: H = High level of effort to address; M = Medium level of effort to address; L = Low level of effort to address.

	Self-Assessment			Comments	Priority Level	Effort
	No	Sometimes	Yes			
3. QRIS embeds infant and toddler indicators within all levels of standards of the rating system (not just at the highest tier or at the lowest tier).						
4. QRIS has standards for all program settings where infants and toddlers may be present:						
a. Child care centers						
b. Family child care homes						
c. Family, friend, and neighbor (FFN) care						
d. License-exempt programs						
5. QRIS standards reflect components of what is important to families of infants and toddlers (based on focus group data and surveys).						
6. QRIS standards are publicly available and are shared with all professionals working with infants and toddlers.						
7. QRIS standards are aligned with the professional development systems and career lattices for professionals working with infants and toddlers.						
8. QRIS integrates Core Knowledge and Competencies that address the skills, knowledge, and abilities needed to work with infants and toddlers into professional development and quality improvement plans for professionals.						
9. QRIS integrates curriculum that is aligned with the state's or jurisdiction's Infant-Toddler Early Learning Guidelines into professional development and quality improvement plans for professionals working with infants and toddlers.						
10. QRIS aligns with state's or jurisdiction's family engagement standards, if they exist.						

**Note:** No = No progress yet; Sometimes = Some progress, element has been partially included and implemented, but needs further action (use notes to explain); Yes = Yes, it has been included and implemented. In the Priority Level column, assign rating levels as follows: 1 = Top priority for developing strategies to address; 2 = Medium priority to address; 3 = Lower priority, but still important to address. In the Effort column, rate the level of complexity as follows: H = High level of effort to address; M = Medium level of effort to address; L = Low level of effort to address.

**Short-Term Plans** (*next 1–2 years*):

**Long-Term Plans** (*next 2–5 years*):

**Note:** No = No progress yet; Sometimes = Some progress, element has been partially included and implemented, but needs further action (use notes to explain); Yes = Yes, it has been included and implemented. In the Priority Level column, assign rating levels as follows: 1 = Top priority for developing strategies to address; 2 = Medium priority to address; 3 = Lower priority, but still important to address. In the Effort column, rate the level of complexity as follows: H = High level of effort to address; M = Medium level of effort to address; L = Low level of effort to address.

**ELEMENT 2: Support for Continuous Quality Improvement**—*Program and professional development for programs and practitioners to meet and maintain quality standards*

Vision: Ensure the existence of a knowledgeable and culturally and linguistically competent infant and toddler workforce that has access to ongoing opportunities for professional development and that can contribute to a strong start for infants, toddlers, and families.

	Self-Assessment			Comments	Priority Level	Effort
	No	Sometimes	Yes			
1. QRIS requires conducting a needs assessment and asset mapping to understand the capacity of the infant-toddler workforce and drive quality improvement plans at the state, jurisdiction, or local level.						
2. QRIS standards and assessments are connected to quality improvement plans and strategies that change practice for those caring for infants and toddlers, and results do not simply provide a score for the quality rating.						
3. QRIS requires that professional development training or coursework be specific to the age group of children served, including specific professional development for practitioners (including administrators and directors) serving infants and toddlers.						
4. QRIS includes an infant and toddler credential or specialization within career lattice levels.						
5. QRIS is aligned with the state's or jurisdiction's training registry, and registry data can be disaggregated to learn more about providers specializing in infants and toddlers.						
6. QRIS requires infant and toddler professional development that is culturally and linguistically competent (i.e., reflects the linguistic and cultural diversity of the children) and community driven (i.e., focused on direct application to practice at the community level).						
7. QRIS professional development systems include an infant-toddler track that addresses the learning needs of all audiences, including:						
a. Caregivers and administrators in all infant-toddler settings, including centers; family child care; and family, friend, and neighbor care						

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	Self-Assessment			Comments	Priority Level	Effort
	No	Sometimes	Yes			
b. Trainers responsible for noncredit coursework or clock-hour training						
c. On-site QRIS coaches or technical assistance specialists						
d. Professional development providers, such as coaches, mentors, infant-toddler specialists, or technical assistance specialists						
e. Professors and instructors at universities and colleges providing infant-toddler coursework						
f. Program monitors, including regulatory or licensing staff						
g. Evaluators and accreditors, including state or jurisdiction QRIS program evaluators or staff evaluating programs on behalf of national organizations						
8. QRIS embeds infant and toddler content into professional development systems and recognizes that the variety of positions needing infant-toddler specific training will require diverse delivery options in order to meet the range of learning needs, including:						
a. Coursework at colleges and universities (on-site or online)						
b. Training						
c. On-site mentoring and coaching available through infant-toddler specialist networks						
d. Technical assistance						
e. Evaluations, assessments, and accreditation processes						
9. Infant-toddler coursework or training covers the following topics:						
a. Child development (all domains) and how development is influenced by culture						
b. Infant-toddler curriculum and learning processes						

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	Self-Assessment			Comments	Priority Level	Effort
	No	Sometimes	Yes			
c. Attachment						
d. Toxic stress and trauma						
e. Authentic assessment or formative assessment to inform curriculum						
f. Relationship-based practices or responsive caregiving						
g. Cultural competence						
h. Importance of continuity and routines in infant-toddler care						
i. Safe and healthy physical and emotional environments						
j. Communication skills and family engagement						
k. Observation, screening, and assessment of infants and toddlers						
l. Self-reflection						
m. Dual-language learners						
n. Infants and toddlers with special needs						
10. QRIS links professionals to financial and professional development supports, such as scholarships, compensation, and retention efforts that promote a culturally and linguistically diverse workforce that understands the needs of infants, toddlers, and their families:						
a. Infant-toddler mental health consultants						
b. Health consultants						
c. Infant-toddler specialists						
d. Technical assistance providers						
e. Trainers with specialized knowledge in infants and toddlers						
f. Infant-toddler program evaluators						

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<b>ELEMENT 3: Planning, Monitoring, and Accountability</b> — <i>For compliance with standards, oversight, and revision of system</i>						
Vision: Ensure that QRIS promotes actual continuous quality improvement at the program level and is linked to positive infant, toddler, and family outcomes.						
	Self-Assessment			Comments	Priority Level	Effort
	No	Sometimes	Yes			
1. QRIS uses methods of program-level assessment that are evidence-based, valid, reliable, culturally and linguistically competent (valid for main language spoken by child, family, and practitioner) and that have been shown to truly gauge the quality of a program serving infants and toddlers, monitor compliance with standards, and assign quality ratings using measures and tools.						
2. QRIS ensures that all TA providers in the state or jurisdiction are provided training on the QRIS tool so that they are well equipped to support infant and toddler providers and leaders.						
3. QRIS has a self-assessment process and tool to help programs and practitioners learn more about the QRIS standards and identify infant and toddler technical assistance needs before getting rated or receiving a score.						
4. QRIS requires and provides training for providers on the tools being used by the system ( <i>Infant-Toddler Environmental Rating Scale—Revised, Ages and Stages Questionnaire, Classroom Assessment Scoring System</i> , etc.).						
5. QRIS uses evaluators and assessors who are qualified and have been trained to interrater reliability to perform observations and score portfolios for infant and toddler programs.						
6. QRIS uses evaluators and assessors who are linguistically and culturally competent and match the languages of the children and families being served in the infant and toddler programs.						
7. QRIS specifically considers infants and toddlers in any validation study, aiming to see if QRIS levels differentiate in quality for this specific age group.						

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<b>ELEMENT 4: Financial Support for Programs, Practitioners, and Families</b> — <i>Ongoing, adequate investment from all sources (public and private) linked to quality standards</i>						
Vision: Ensure access to affordable high-quality early care and learning experiences for infants, toddlers, and families by providing funding at a sufficient level to support high-quality infant-toddler programs, including financial supports for programs and practitioners to ensure equity and parity.						
	Self-Assessment			Comments	Priority Level	Effort
	No	Sometimes	Yes			
1. Parents are supported with consumer education, subsidy policies, financial benefits, or a combination of these to choose and remain enrolled in higher quality care as defined by QRIS.						
2. QRIS intentionally targets financial supports, like quality improvement grants, to communities with infants and toddlers with the highest needs.						
3. Participation in QRIS is required for infant-toddler programs receiving child care subsidies.						
4. QRIS has financial incentives that are linked to compliance with quality standards and may include, for example, quality bonus payments, tiered reimbursement rates, contracts, quality grants, and wage supplements.						
5. QRIS provides financial start-up and sustainability supports to programs serving infants and toddlers to encourage their participation, help them improve quality, and move up on the QRIS ladder.						
6. QRIS offers infant-toddler providers scholarships that help them access high-quality professional development opportunities that are culturally and linguistically relevant.						
7. QRIS creates the expectation that infant and toddler provider compensation is tied to levels on the career lattice.						

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**Short-Term Plans** (*next 1–2 years*):

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<b>ELEMENT 5: Engagement, Outreach, and Promotion—For consumers, programs, practitioners, and funders</b>						
Vision: Ensure that the state or jurisdiction develops and implements a communications strategy to promote quality early learning experiences for infants and toddlers and garner support from providers, families, and policymakers.						
	Self-Assessment			Comments	Priority Level	Effort
	No	Sometimes	Yes			
1. QRIS is publicized using various communication vehicles and strategies that are culturally and linguistically appropriate, to ensure that practitioners serving infants and toddlers know about QRIS and that outreach promotes active participation.						
2. QRIS promotes an understanding of the provision of technical assistance, training, mentoring, and other supports to assist programs and practitioners to meet the standards and criteria.						
3. QRIS provides parents and families culturally and linguistically competent materials and products that help them understand the high-quality early care and education indicators for infants and toddlers, so they can make informed child care decisions or advocate for changes in the program(s) in which their children participate.						
4. QRIS information is distributed through a wide variety of media (online, print, television, etc.) and in the languages spoken by the families in the region being targeted to ensure that they reach all families with infants and toddlers served by programs.						
5. QRIS scores are publicized after provider has undergone a fair quality improvement process, and ratings are shared in various locations—online, posted in rated facilities, shared by Child Care Resource and Referral, etc.—to ensure families have access to the information.						
6. QRIS includes a quality rating indicator or symbol that parents can use as a consumer guide.						

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<b>ELEMENT 6: Partnerships and Collaborations—Partners, resources, and structures to create synergies</b>						
Vision: Leverage partners to create synergies and promote high-quality, community-driven, and sustainable early learning opportunities for infants and toddlers.						
	Self-Assessment			Comments	Priority Level	Effort
	No	Sometimes	Yes			
1. QRIS helps programs link to prenatal support programs or practitioners.						
2. QRIS helps programs link to home visiting, parenting education, and support groups.						
3. QRIS helps programs link to practitioners who can provide infant and early childhood mental health screenings and follow-up services.						
4. QRIS requires children be screened for developmental delays, health, and behavioral problems and encourages providers and the medical community to forge partnerships to make these services available.						
5. QRIS helps programs link to practitioners who can provide health examinations and immunizations for infants and toddlers.						
6. QRIS helps programs link to practitioners who can provide breastfeeding support and information about nutritious meals and snacks for infants and toddlers to families and providers.						
7. QRIS helps programs link to practitioners who can support infants and toddlers who are dual-language learners as well as families who speak languages other than English.						
8. QRIS helps coordinate and integrate services such as Part C early intervention, medical care, and speech therapy for infants and toddlers with special needs.						

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**Short-Term Plans** (*next 1–2 years*):

**Long-Term Plans** (*next 2–5 years*):

**Note:** No = No progress yet; Sometimes = Some progress, element has been partially included and implemented, but needs further action (use notes to explain); Yes = Yes, it has been included and implemented. In the Priority Level column, assign rating levels as follows: 1 = Top priority for developing strategies to address; 2 = Medium priority to address; 3 = Lower priority, but still important to address. In the Effort column, rate the level of complexity as follows: H = High level of effort to address; M = Medium level of effort to address; L = Low level of effort to address.



**FINAL RECAP SHEET AND PRIORITIZATION:** *Looking across the elements, reprioritize and recalibrate the plan.*

	Progress	Priority Level	Effort
<b>ELEMENT 1: Quality Standards for Programs and Practitioners</b>			
<b>Short-Term Plans</b> ( <i>next 1–2 years</i> ):			
<b>Long-Term Plans</b> ( <i>next 2–5 years</i> ):			
<b>ELEMENT 2: Support for Continuous Quality Improvement</b>			
<b>Short-Term Plans</b> ( <i>next 1–2 years</i> ):			
<b>Long-Term Plans</b> ( <i>next 2–5 years</i> ):			

**Note:** No = No progress yet; Sometimes = Some progress, element has been partially included and implemented, but needs further action (use notes to explain); Yes = Yes, it has been included and implemented. In the Priority Level column, assign rating levels as follows: 1 = Top priority for developing strategies to address; 2 = Medium priority to address; 3 = Lower priority, but still important to address. In the Effort column, rate the level of complexity as follows: H = High level of effort to address; M = Medium level of effort to address; L = Low level of effort to address.

	Progress	Priority Level	Effort
<b>ELEMENT 3: Planning, Monitoring, and Accountability</b>			
<b>Short-Term Plans</b> ( <i>next 1–2 years</i> ):			
<b>Long-Term Plans</b> ( <i>next 2–5 years</i> ):			
<b>ELEMENT 4: Financial Support for Programs, Practitioners, and Families</b>			
<b>Short-Term Plans</b> ( <i>next 1–2 years</i> ):			
<b>Long-Term Plans</b> ( <i>next 2–5 years</i> ):			

**Note:** No = No progress yet; Sometimes = Some progress, element has been partially included and implemented, but needs further action (use notes to explain); Yes = Yes, it has been included and implemented. In the Priority Level column, assign rating levels as follows: 1 = Top priority for developing strategies to address; 2 = Medium priority to address; 3 = Lower priority, but still important to address. In the Effort column, rate the level of complexity as follows: H = High level of effort to address; M = Medium level of effort to address; L = Low level of effort to address.

	Progress	Priority Level	Effort
<b>ELEMENT 5: Engagement, Outreach, and Promotion</b>			
<b>Short-Term Plans</b> ( <i>next 1–2 years</i> ):			
<b>Long-Term Plans</b> ( <i>next 2–5 years</i> ):			
<b>ELEMENT 6: Partnerships and Collaborations</b>			
<b>Short-Term Plans</b> ( <i>next 1–2 years</i> ):			
<b>Long-Term Plans</b> ( <i>next 2–5 years</i> ):			

**Note:** No = No progress yet; Sometimes = Some progress, element has been partially included and implemented, but needs further action (use notes to explain); Yes = Yes, it has been included and implemented. In the Priority Level column, assign rating levels as follows: 1 = Top priority for developing strategies to address; 2 = Medium priority to address; 3 = Lower priority, but still important to address. In the Effort column, rate the level of complexity as follows: H = High level of effort to address; M = Medium level of effort to address; L = Low level of effort to address.