

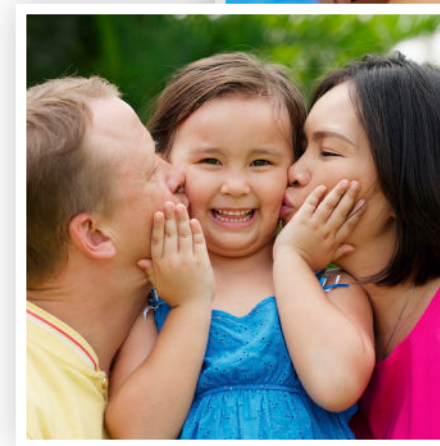
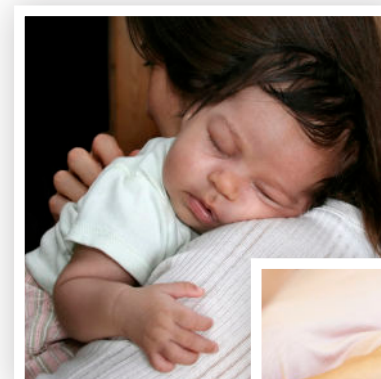


**ZERO to THREE**  
Early connections last a lifetime

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

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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: <https://www.zerotothree.org/document/985>)

**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/satool2018>) 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/satool2018>) 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](http://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 publication, *A Place to Get Started: Innovation in State Infant and Toddler Policies* ([www.zerotothree.org/public-policy/policy-toolkit/a\\_place\\_to\\_get\\_startedinglesmar5.pdf](http://www.zerotothree.org/public-policy/policy-toolkit/a_place_to_get_startedinglesmar5.pdf)) and the State Initiatives section of the ZTT website: State initiatives is a collection of articles about innovative state policies and initiatives that impact infants, toddlers and their families (<https://www.zerotothree.org/resources/series/state-initiatives>).

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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](http://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 of Babies Yearbook*: <http://stateofbabies.org/>
- National Center for Children in Poverty (NCCP), Early Childhood State Profiles: [http://www.nccp.org/profiles/early\\_childhood.html](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 <sup>1</sup>   | SUGGESTED SOURCE FOR STATE DATA     |
|--|--|--|-------------------------------------|
| 1. Population 0-2 years old                        |  | 11.75 million  | ZTT <i>State of Babies Yearbook</i> |
| 2. Percent of the population that is 0-2 years old |  | 3.6%   | ZTT <i>State of Babies Yearbook</i> |
| 3. Children 0-2 years old by race/ethnicity        | White: <input type="text"/><br>Hispanic: <input type="text"/><br>Black: <input type="text"/><br>Asian: <input type="text"/><br>AIAN: <input type="text"/><br>NHPI: <input type="text"/><br>Other: <input type="text"/> | Hispanic: 26.2%<br>Non-Hispanic White: 49.3%<br>Non-Hispanic Black: 13.7%<br>Non-Hispanic Asian: 4.9%<br>Non-Hispanic American Indian Alaskan Native: .8%<br>Non-Hispanic Native Hawaiian Pacific Islander: .2%<br>Non-Hispanic Multiple Races: 4.8% | ZTT <i>State of Babies Yearbook</i> |

<sup>1</sup> ZERO TO THREE, *State of Babies Yearbook*. (2020). Retrieved from <https://stateofbabies.org/>

| DEMOGRAPHIC   | STATE                                    | NATIONAL COMPARISON <sup>1</sup>  | SUGGESTED SOURCE FOR STATE DATA            |
|---|--|---|--|
| 4. Percent of births to foreign-born mothers  |  | 23% <sup>2</sup>  | KIDS COUNT Data                            |
| 5. Percent of infants and toddlers who live in poverty or low income <sup>3</sup>               | <div>poverty</div> <div>low income</div> | <p>19.8% in poverty (at or below 100% of the federal poverty level [FPL])</p> <p>22.3% low income (100%–199% of the FPL)</p> <p>% of infants and toddlers of each racial/ethnic group, by income:</p> <ul style="list-style-type: none"> <li>• 27.2% In poverty-Hispanic</li> <li>• 12.8 % In poverty-NH White</li> <li>• 37.03% In poverty -NH Black</li> <li>• 16.9% In poverty-NH Other</li> <li>• 29.9% Low income-Hispanic</li> <li>• 17.7% Low income-NH White</li> <li>• 27.5% Low income-NH Black</li> <li>• 19.1% Low income-NH Other</li> </ul> | ZTT <i>State of Babies Yearbook</i>        |
| 6. Percent of infants and toddlers living in 1-parent families                                  |  | 20.9%   | ZTT <i>State of Babies Yearbook</i>        |
| 7. Percent of children ages 0-2 years who have mothers in the labor force                       |  | 61.6%   | ZTT <i>State of Babies Yearbook</i>        |
| 8. Percent of children less than 6 years old whose mothers have a high school education or less |  | 33% <sup>4</sup>  | NCCP <i>Early Childhood State Profiles</i> |
| 9. Percent of infants and toddlers living in grandparent-headed households                      |  | 8.5%  | ZTT <i>State of Babies Yearbook</i>        |

<sup>2</sup> Annie E. Casey Foundation, KIDS COUNT Data Center. (n.d.). Retrieved from <https://datacenter.kidscount.org/>

<sup>3</sup> ZERO TO THREE, *State of Babies Yearbook*. (2020). Retrieved from <https://stateofbabies.org/>

<sup>4</sup> National Center for Children in Poverty, *Early Childhood Profiles, United States*. (2017, September). Retrieved from [http://www.nccp.org/profiles/early\\_childhood.html](http://www.nccp.org/profiles/early_childhood.html)

COMMENTS

## 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: <https://www.zerotothree.org/resources/365-good-health>

### 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, *State of Babies Yearbook*: <http://stateofbabies.org/>
- 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 <sup>5</sup> | DISPARITIES <sup>6</sup><br>(Provide available data indicating any notable disparities by family income, race, ethnicity, or gender.) | COMMENTS<br>(Provide any relevant information on state context or trends.) | SUGGESTED SOURCE FOR STATE DATA     |
|---|-------|----------------------------------|---|--|-------------------------------------|
| 1. Percent of women receiving late/no prenatal care   |       | 6.2%                             |   |  | ZTT <i>State of Babies Yearbook</i> |
| 2. Percent of babies born pre-term  |       | 10% <sup>7</sup>                 |   |  | ZTT <i>State of Babies Yearbook</i> |
| 3. Percent of babies with low birthweight   |       | 8.3%                             |   |  | ZTT <i>State of Babies Yearbook</i> |
| 4. Infant mortality (rate per 1,000 births)   |       | 5.8 deaths per live 1,000 births |   |  | ZTT <i>State of Babies Yearbook</i> |
| 5. Percent of infants and toddlers with up-to-date immunizations by age 19-35 months  |       | 70.4%                            |   |  | ZTT <i>State of Babies Yearbook</i> |
| 6. Uninsured low-income infants and toddlers  |       | 5.4%                             |   |  | ZTT <i>State of Babies Yearbook</i> |
| 7. Percent of infants and toddlers, ages 9-35 months, who received a developmental screening using a parent-completed tool in the past year |       | 31.1 %                           |   |  | ZTT <i>State of Babies Yearbook</i> |

<sup>5</sup> ZERO TO THREE, *State of Babies Yearbook*. (2020). Retrieved from <https://stateofbabies.org/>

<sup>6</sup> Annie E. Casey Foundation, *Race for Results: Building a Path to Opportunity for All Children*. (2017, October 24). Retrieved from <https://www.aecf.org/resources/2017-race-for-results/>

<sup>7</sup> ZERO TO THREE, *State of Babies Yearbook*. (2020). Retrieved from <https://stateofbabies.org/>



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](http://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 <sup>a</sup> | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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           |
|--|----------|---|---|---|
| <b>PHYSICAL HEALTH</b>   |          |   |   |   |
| 1. Income eligibility for Medicaid/CHIP (Children's Health Insurance Program) is at or above 200% of the federal poverty level for pregnant women. |          | 34 states                                   |   | NCCP<br>Early Childhood<br>State Profiles |
| 2. State provides temporary coverage for pregnant women until Medicaid eligibility can be fully determined.  |          | 30 states                                   |   | NCCP<br>Early Childhood<br>State Profiles |
| 3. Income eligibility for Medicaid/CHIP is at or above 200% of the federal poverty level for children from birth to 5 years old.                   |          | 49 states                                   |   | NCCP<br>Early Childhood<br>State Profiles |
| 4. State provides temporary coverage for children until Medicaid/CHIP eligibility can be fully determined.   |          | 20 states                                   |   | NCCP<br>Early Childhood<br>State Profiles |

<sup>a</sup> National Center for Children in Poverty, *Early Childhood Profiles, United States*. (2017, September). Retrieved from [http://www.nccp.org/profiles/early\\_childhood.html](http://www.nccp.org/profiles/early_childhood.html)

| POLICY  | YES / NO | NO. OF STATES WITH THIS POLICY <sup>9</sup> | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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). <sup>9</sup> |          | 8 states                                    |   | NCCP<br>Early Childhood<br>State Profiles             |
| 6. State requires that children receiving Medicaid and/or CHIP have a medical home.   |          | Data not available <sup>10</sup>            |   | NASHP EPSDT<br>Resources to Improve<br>Medicaid (...) |
| 7. State has adopted its own Medicaid definition of “medical necessity” that is specific to children.   |          | 8 states <sup>11</sup>                      |   | NASHP EPSDT<br>Resources to Improve<br>Medicaid (...) |
| 8. State does not require redetermination of eligibility for Medicaid/CHIP more than once a year.   |          | 32 states                                   |   | NCCP<br>Early Childhood<br>State Profiles             |

<sup>9</sup> Health Resources & Services Administration, *Recommended Uniform Screening Panel*. (2018, July). Retrieved from <https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html>

<sup>10</sup> National Academy for State Health Policy, *EPSDT Resources to Improve Medicaid for Children and Adolescents*. (n.d.). Retrieved from <https://nashp.org/resources-improve-medicare-children-and-adolescents/>

<sup>10a</sup>. National Academy for State Health Policy, *Care Coordination*. (2013, December 10). Retrieved from <https://nashp.org/policy-chronic-and-complex-populations-care-coordination/>

<sup>11</sup> National Academy for State Health Policy, *EPSDT Resources to Improve Medicaid for Children and Adolescents*. (n.d.). Retrieved from <https://nashp.org/resources-improve-medicare-children-and-adolescents/>

| POLICY   | YES / NO  | NO. OF STATES WITH THIS POLICY <sup>a</sup>   | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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. EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) periodicity schedule for preventive pediatric health care meets American Academy of Pediatrics recommendations:<br><ul style="list-style-type: none"> <li>Seven screenings for children less than 1 year old</li> <li>Four screenings for 1- to 2-year-olds</li> <li>Three screenings for 3- to 5-year-olds</li> </ul> | Less than 1 year old:<br><br>1- to 2-year-olds:<br><br>3- to 5-year-olds: | Less than 1 year old: 17 states<br><br>1- to 2-year-olds: 46 states<br><br>3- to 5-year-olds: 51 states |   | NCCP<br>Early Childhood State Profiles               |
| 10. State policy requires adherence to schedule for immunizations for infants and toddlers in foster care. <sup>12</sup>   |   | 12 states <sup>13</sup>   |   | ZTT and Child Trends, <i>States Can Improve(...)</i> |

**12** Fischer, M., Rosinsky, K. Jordan, E., Haas, M., & Seok, D. (2020). *States can improve supports for infants and toddlers in or at risk of foster care*. Bethesda, MD: Child Trends

**12a.** American Academy of Pediatrics, *2019 Recommendations for Preventive Pediatric Health Care*. (2019, March). Retrieved from <https://doi.org/10.1542/peds.2018-3971>

**13** Fischer, M., Rosinsky, K. Jordan, E., Haas, M., & Seok, D. (2020). *States can improve supports for infants and toddlers in or at risk of foster care*. Bethesda, MD: Child Trends.

| POLICY   | YES / NO | NO. OF STATES WITH THIS POLICY <sup>a</sup> | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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                    |
|--|----------|---|---|--|
| 11. State has adopted Medicaid expansion as part of the Affordable Care Act.   |          | 37 states                                   |   | NCCP<br>Early Childhood State Profiles             |
| <b>DEVELOPMENTAL SCREENING</b>   |          |   |   |  |
| 1. State Medicaid program requires standardized developmental screening as part of well-child visits.  |          | Data not available                          |   | NASHP EPSDT<br>Resources to Improve Medicaid (...) |
| 2. State provides adequate Medicaid reimbursement for use of a standardized developmental screening tool, in addition to the regular payment for a well-child visit. |          | Data not available                          |   | NASHP EPSDT<br>Resources to Improve Medicaid (...) |
| 3. State promotes or requires screening for family or child risk factors, such as ACES, trauma, or social determinants of health.                                    |          | Data not available                          |   |  |

| POLICY  | YES / NO | NO. OF STATES WITH THIS POLICY <sup>a</sup> | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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          |
|---|----------|---|---|--|
| 4. State has infrastructure in place to connect screening, referral, and follow-through that takes place in various settings, including: centralized intake, use of common screening tools, and/or shared data systems. |          | Data not available                          |   |  |
| 5. State has a strategy in place to provide outreach to parents about screening, referral, and follow-up supports.  |          | Data not available                          |   | NCCP<br>Mental Health (...) State Survey |
| 6. State regularly examines data on screening, referrals, and connection to services.   |          | Data not available                          |   |  |
| 7. State provides cross-sector professional development on best practices in screening, referral, and follow-through.   |          | Data not available                          |   |  |

| POLICY  | YES / NO | NO. OF STATES WITH THIS POLICY <sup>a</sup>  | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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              |
|---|----------|--|---|--|
| <b>SOCIAL-EMOTIONAL HEALTH</b>  |          |  |   |  |
| 1. State Medicaid covers social-emotional screening for young children, with a tool designed for this purpose.  |          | 43 <sup>14</sup>   |   | ZTT <i>State of Babies Yearbook</i>          |
| 2. State has a strategy in place to provide outreach to parents about screening, referral, and follow-up supports.  |          | 13 states <sup>15</sup>  |   | NCCP <i>Mental Health (...) State Survey</i> |
| 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. <sup>16</sup> |          | Medicaid policy in 19 states requires, recommends or allows providers to use DC:0-5. 6 states developed a crosswalk between DC:0-5 and ICD codes to facilitate providers' use of DC:0-5 for billing. |   | NCCP <i>Mental Health (...) State Survey</i> |

<sup>14</sup> ZERO TO THREE, *State of Babies Yearbook*. (2020). Retrieved from <https://stateofbabies.org/>

<sup>15</sup> Fischer, M., Rosinsky, K. Jordan, E., Haas, M., & Seok, D. (2020). *States can improve supports for infants and toddlers in or at risk of foster care*. Bethesda, MD: Child Trends.

<sup>16</sup> This includes states that have a mental health policy recognizing DC:0-5™ (or previous version DC:0-3R) disorders for early childhood mental health treatment eligibility or a crosswalk from the DC:0-5 to the DSM-5, ICD-10 and/or Current Procedural Terminology Codes.

| POLICY   | YES / NO | NO. OF STATES WITH THIS POLICY <sup>a</sup>  | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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                           |
|--|----------|--|---|---|
| 4. State Medicaid covers services by a mental health clinician in pediatric or family medicine settings.                       |          | 47 states. Of those: <ul style="list-style-type: none"> <li>• 45 states cover screening and diagnostic assessment</li> <li>• 44 states cover treatment</li> <li>• 26 states cover consultation with parents about results of a positive screen</li> <li>• 24 states cover parent guidance</li> <li>• 13 states cover consultation given to another professional/provider.</li> </ul> |   | NCCP<br><i>Mental Health (...)</i><br><i>State Survey</i> |
| 5. State Medicaid covers services provided by early childhood mental health specialists in non-medical settings.               |          | 35 states cover services by a mental health clinician in early care and education settings; 50 states cover these services in the home.  |   | NCCP<br><i>Mental Health (...)</i><br><i>State Survey</i> |
| 6. State Medicaid covers dyadic mental health treatment for young children and their parents.                                  |          | 42 states cover dyadic treatment in their Medicaid plans; 11 states do so with a separate Medicaid code.   |   | NCCP<br><i>Mental Health (...)</i><br><i>State Survey</i> |
| 7. State Medicaid policy requires, recommends, or allows maternal depression screening during well-child visits. <sup>17</sup> |          | 37 states have policy requiring, recommending or allowing screening.   |   | ZTT <i>State of Babies Yearbook</i>                       |

<sup>17</sup> Reimbursable services as part of EPSDT benefit.



| POLICY  | YES / NO | NO. OF STATES WITH THIS POLICY <sup>a</sup>                                      | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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 |
|---|----------|--|---|---------------------------------|
| 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. <sup>18</sup> |   | ZTT State Policy Tracker        |

COMMENTS

<sup>18</sup> ZERO TO THREE, *State Policy Tracker*. (2019, August 21). Retrieved from <https://www.zerotothree.org/resources/360-state-policy-tracker>

### 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<br>(Provide any available state data on the population served by this program.) | COMMENTS ON POPULATION SERVED<br>(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)           |          |  |   |  |
|  | Car seat safety  |          |  |   |  |
|  | Safe sleep   |          |  |   |  |

| INITIATIVE              |   | YES / NO | FUNDED STATEWIDE OR IN SELECTED COMMUNITIES? | DATA ON POPULATION SERVED<br>(Provide any available state data on the population served by this program.) | COMMENTS ON POPULATION SERVED<br>(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.   |          |  |   |  |

| INITIATIVE  | YES / NO | FUNDED STATEWIDE OR IN SELECTED COMMUNITIES? | DATA ON POPULATION SERVED<br>(Provide any available state data on the population served by this program.) | COMMENTS ON POPULATION SERVED<br>(Is funding adequate? What populations, if any, are underserved?) |
|---|----------|--|---|--|
| <b>DEVELOPMENTAL SCREENING</b>  |          |  |   |  |
| 1. State supports Help Me Grow <sup>19</sup> or similar initiatives to expand access to developmental screening and referrals to needed services. |          |  |   |  |
| 2. State supports care navigators or professionals in a similar capacity to help families access needed services.                                 |          |  |   |  |
| <b>OTHER RELEVANT HEALTH INVESTMENTS</b>  |          |  |   |  |
|   |          |  |   |  |
|   |          |  |   |  |

<sup>19</sup> Help Me Grow National Center, Screening & Surveillance Archives. (n.d.). Retrieved from [https://helpmegrownational.org/hmg\\_topic/screening-surveillance/](https://helpmegrownational.org/hmg_topic/screening-surveillance/)

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

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 ([www.zerotothree.org/satool2018](http://www.zerotothree.org/satool2018)) and can be exported to a Web-based survey tool.

| POLICIES AND PROGRAMS  | NO /<br>NONE          | SOME                  | MOST                  | YES /<br>ALL          | DON'T<br>KNOW         | COMMENTS<br>(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.) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <b>PHYSICAL HEALTH</b>   |                       |                       |                       |                       |                       |   |
| 1. Pregnant women have access to and regularly receive prenatal care throughout pregnancy, as well as postpartum care.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 2. Infants and toddlers regularly receive recommended well-child visits.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 3. Infants and toddlers have an identified medical home.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 4. Primary care providers are reimbursed adequately for the time to provide child development guidance in well-child visits. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 5. Eligible women and children utilize the Women, Infants, and Children (WIC) Program.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |

| POLICIES AND PROGRAMS   | NO / NONE             | SOME                  | MOST                  | YES / ALL             | DON'T KNOW            | COMMENTS<br>(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).  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 7. Infant-toddler caregivers and programs access health care consultation as needed.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 8. Young children live in healthy environments, free from environmental hazards.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 9. Families with young children have opportunities to access nutritious food.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| <b>DEVELOPMENTAL SCREENING</b>  |                       |                       |                       |                       |                       |   |
| 1. Families with infants and toddlers access developmental screening in pediatric and/or early care and education settings.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 2. When developmental screening indicates a need for services, families with infants and toddlers are referred to and have access to appropriate services.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 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. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 4. Primary care providers are adequately reimbursed for use of standardized developmental screening tools.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |

| POLICIES AND PROGRAMS   | NO /<br>NONE          | SOME                  | MOST                  | YES /<br>ALL          | DON'T<br>KNOW         | COMMENTS<br>(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.) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <b>SOCIAL-EMOTIONAL HEALTH</b>  |                       |                       |                       |                       |                       |   |
| 1. Pregnant and postpartum women have access to and receive maternal depression screenings and mental health services, as needed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 2. Parents access resources on how to support the social-emotional development of their infants and toddlers.                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 3. Infant-toddler professionals receive training on how to address the mental health needs of infants and toddlers.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 4. Infant-toddler caregivers and programs access mental health consultation services, as needed.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 5. Infants and toddlers with social-emotional or behavioral issues are assessed, diagnosed, and treated by trained professionals. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 6. Families with infants and toddlers access mental health services in pediatric primary care settings.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 7. Primary care providers are adequately reimbursed for use of standardized early childhood mental health screening tools.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |



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: <https://www.zerotothree.org/resources/366-strong-families>

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](http://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: <https://www.zerotothree.org/resources/217-a-developmental-approach-to-child-welfare-services-for-infants-and-toddlers>

### 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, *State of Babies Yearbook*: <http://stateofbabies.org/>
- 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 <sup>20</sup> | DISPARITIES <sup>21</sup><br>(Provide available data indicating any notable disparities by family income, race, ethnicity, or gender.) | COMMENTS<br>(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   |       | 16% <sup>22</sup>                 |  |  | NCCP<br><i>Early Childhood State Profiles</i>   |
| 2. Rate of maltreatment of infants/toddlers (per 10,000 population)  |       | 15.9 per 10,000 population        |  |  | ZTT <i>State of Babies Yearbook</i>             |
| 3. Percent of infants and toddlers who have moved 3+ times since birth   |       | 2.7%                              |  |  | ZTT <i>State of Babies Yearbook</i>             |
| 4. Percent of children less than 6 years old with no parent in the labor force                                 |       | 8%                                |  |  | KIDS COUNT Data                                 |
| 5. Percent of children from birth to 18 years old living in census tracts with poverty levels of 40% or higher |       | 4% <sup>23</sup>                  |  |  | BUILD Initiative, <i>Fifty State Chart Book</i> |
| 6. Families with child under 3 in poverty that receive TANF benefits   |       | 21.7%                             |  |  | ZTT <i>State of Babies Yearbook</i>             |

<sup>20</sup> ZERO TO THREE, *State of Babies Yearbook*. (2020). Retrieved from <https://stateofbabies.org/>

<sup>21</sup> For state data on ethnic and racial disparities: The Child and Family Center and Build Initiative, *Fifty State Chart Book, Dimensions of Diversity and the Young Child Population*. (n.d.). Retrieved from <https://www.buildinitiative.org/Resources/50-State-Chart-Book/50-State-Chart-Book-Overview>

<sup>22</sup> National Center for Children in Poverty, *Early Childhood Profiles, United States*. (2017, September). Retrieved from [http://www.nccp.org/profiles/early\\_childhood.html](http://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.

<sup>23</sup> Build Initiative, *Fifty State Chart Book, Dimensions of Diversity and the Young Child Population*. (n.d.). Retrieved from <https://www.buildinitiative.org/Resources/50-State-Chart-Book/50-State-Chart-Book-Overview>

| CHILD AND FAMILY DATA   | STATE | NATIONAL COMPARISON <sup>20</sup> | DISPARITIES <sup>21</sup><br>(Provide available data indicating any notable disparities by family income, race, ethnicity, or gender.) | COMMENTS<br>(Provide any relevant information on state context or trends.) | SUGGESTED SOURCE FOR STATE DATA     |
|---|-------|-----------------------------------|--|--|-------------------------------------|
| 7. Households with infants and toddlers that experienced low or very low food security  |       | 16.5%                             |  |  | ZTT <i>State of Babies Yearbook</i> |
| 8. Percent of children entering foster care who are less than 3 years old <sup>24</sup> |       |                                   |  |  | Child Welfare Outcomes Data         |

| COMMENTS |
|----------|
|          |

<sup>24</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Welfare Outcomes Report Data, *Entered Foster Care During FY.* (2016). Retrieved from <https://cwoutcomes.acf.hhs.gov/cwodatasite/enteredCare/index>

## 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](http://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*: <https://www.zerotothree.org/resources/218-changing-the-course-for-infants-and-toddlers>

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

| POLICY  |   | YES / NO | NO. OF STATES WITH THIS POLICY <sup>25</sup> | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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               |
|---|---|----------|--|---|---|
| <b>BASIC NEEDS</b>  |   |          |  |   |   |
| 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<br><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. |          | 32 states                                    |   |   |

<sup>25</sup> National Center for Children in Poverty, *Early Childhood Profiles, United States*. (2017, September). Retrieved from [http://www.nccp.org/profiles/early\\_childhood.html](http://www.nccp.org/profiles/early_childhood.html)

| POLICY |   | YES / NO | NO. OF STATES WITH THIS POLICY <sup>25</sup> | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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. |          | 19 states                                    |   | NCCP<br>Early Childhood State Profiles    |
| 2.     | State has a state minimum wage that exceeds the federal minimum wage of \$7.25 per hour.  |          | 31 states <sup>26</sup>                      |   | National Conference of State Legislatures |
| 3.     | State exempts single-parent families of three below the poverty level from personal income tax.   |          | 43 states                                    |   | NCCP<br>Early Childhood State Profiles    |
| 4.     | State has an earned income tax credit   |          | 30 states                                    |   | ZTT State of Babies Yearbook              |

<sup>26</sup> National Conference of State Legislatures, *State Minimum Wages | 2020 Minimum Wage by State*. (2020, January 6). Retrieved from <https://www.ncsl.org/research/labor-and-employment/state-minimum-wage-chart.aspx#1>

| POLICY   | YES / NO | NO. OF STATES WITH THIS POLICY <sup>25</sup>   | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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 has a child tax credit  |          | 6 states   |   | ZTT <i>State of Babies Yearbook</i>                                |
| <b>HOME VISITING/PARENT EDUCATION</b>  |          |  |   |  |
| 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. <sup>27</sup> |   | State agency administering home visiting/parent education programs |
| 2. State has core competencies for parent education/home visiting professionals.   |          | 22 states <sup>28</sup>  |   | ZTT <i>State Policy Tracker</i>                                    |

<sup>27</sup> Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center, *MIECHV Issue Brief on Centralized Intake Systems*. (2014, October).

<sup>28</sup> ZERO TO THREE, *State Policy Tracker*. (2019, August 21). Retrieved from <https://www.zerotothree.org/resources/360-state-policy-tracker>

| POLICY   | YES / NO | NO. OF STATES WITH THIS POLICY <sup>25</sup>                     | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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 provides early childhood mental health consultation to support home visiting programs.  |          | Data not available   |   |  |
| 4. State provides reflective practice to home visitors and supervisors.  |          | Data not available   |   |  |
| 5. State tracks common outcomes across home visiting programs.   |          | Data not available   |   |  |
| <b>CHILD WELFARE</b>   |          |  |   |  |
| 1. State requires frequent visitation with birth parents for infants and toddlers in out-of-home care (foster/kinship care) when safe and appropriate. <sup>29</sup> |          | 13 states require visitation at least once a week. <sup>30</sup> |   | ZTT and Child Trends, <i>States Can Improve(...)</i> |

<sup>29</sup> When safe and appropriate, a visitation plan should allow for frequent visits/contact between young children and their parents, including therapeutic supervision of visits.

<sup>30</sup> Fischer, M., Rosinsky, K. Jordan, E., Haas, M., & Seok, D. (2020). *States can improve supports for infants and toddlers in or at risk of foster care*. Bethesda, MD: Child Trends.



| POLICY   | YES / NO | NO. OF STATES WITH THIS POLICY <sup>25</sup> | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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.            |          | 3 states                                     |   | ZTT and Child Trends, <i>States Can Improve(...)</i> |
| 3. State policy requires more frequent permanency hearings for infants and toddlers in out-of-home placements than for older children.     |          | 4 states                                     |   | ZTT and Child Trends, <i>States Can Improve(...)</i> |
| 4. For infants and toddlers in out-of-home placements, state policy specifically promotes keeping young children in their first placement. |          | 32 states                                    |   | ZTT and Child Trends, <i>States Can Improve(...)</i> |

| POLICY   | YES / NO | NO. OF STATES WITH THIS POLICY <sup>25</sup> | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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 policies require concurrent planning (an approach that seeks to promote timely permanence for children in foster care by considering reunification and other permanency options at the earliest possible point after a child's entry into foster care) be undertaken for infants and toddlers in foster care. |          | 33 states                                    |   | ZTT and Child Trends, <i>States Can Improve(...)</i> |
| <b>FAMILY LEAVE</b>  |          |  |   |  |
| 1. State has paid family leave policy providing full or partial replacement of wages after birth or adoption.  |          | 9 states                                     |   | ZTT <i>State of Babies Yearbook</i>                  |
| 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.   |          | 11 states                                    |   | ZTT <i>State of Babies Yearbook</i>                  |

| COMMENTS |
|----------|
|          |

### 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<br>(Provide any available state data on the population served by this program.) | COMMENTS ON POPULATION SERVED<br>(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<br>(Provide any available state data on the population served by this program.) | COMMENTS ON POPULATION SERVED<br>(Is funding adequate? What populations, if any, are underserved?) |
|---|----------|--|---|--|
| <b>HOME VISITING/PARENT EDUCATION</b>   |          |  |   |  |
| 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. <sup>31</sup> |          |  |   |  |
| 3. State supports dissemination of parenting information to a wide range of parents through Web sites, print materials, text messages, or other mechanisms.                     |          |  |   |  |
| <b>OTHER RELEVANT STATE INVESTMENTS SUPPORTING STRONG FAMILIES</b>  |          |  |   |  |
|   |          |  |   |  |
|   |          |  |   |  |
|   |          |  |   |  |

<sup>31</sup> Child Welfare Information Gateway. (2019). *Parent Education to Strengthen Families and Prevent Child Maltreatment*. (Issue Brief, February 2019). Direct download from <https://www.childwelfare.gov/pubPDFs/parented.pdf#page=5&view=Evidence-Based%20and%20Evidence-Informed%20Programs>

| 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 ([www.zerotothree.org/satool2018](http://www.zerotothree.org/satool2018)) and can be exported to a Web-based survey tool.

| POLICIES AND PROGRAMS  | NO / NONE             | SOME                  | MOST                  | YES / ALL             | DON'T KNOW            | COMMENTS<br>(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.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 2. Families receive information and services responsive to their home culture and language.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 3. State policies support a coordinated multigenerational approach to addressing the needs of at-risk children and their families.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 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. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |

| POLICIES AND PROGRAMS   | NO /<br>NONE          | SOME                  | MOST                  | YES /<br>ALL          | DON'T<br>KNOW         | COMMENTS<br>(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.) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <b>BASIC NEEDS</b>  |                       |                       |                       |                       |                       |   |
| 1. Families can access needed education, skill training, job opportunities, and work supports to move into stable work that generates a livable wage. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 2. Adequate housing options are available to low-income families.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 3. Adequate energy assistance options are available to low-income families.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| <b>HOME VISITING/PARENT EDUCATION</b>   |                       |                       |                       |                       |                       |   |
| 1. Expectant parents and families with infants and toddlers can access evidence-based home visiting programs.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 2. Families with infants and toddlers can access evidence-based parent education programs, as needed.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 3. Home visiting supports extend to families, friends, and neighbors caring for children with working parents.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 4. Families who wish to increase their leadership and advocacy skills can access leadership initiatives.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |

| POLICIES AND PROGRAMS  | NO / NONE             | SOME                  | MOST                  | YES / ALL             | DON'T KNOW            | COMMENTS<br>(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.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| <b>CHILD WELFARE</b>   |                       |                       |                       |                       |                       |   |
| 1. Infants and toddlers in out-of-home placements have frequent contact with birth parents, when safe and appropriate.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 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.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 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. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 4. Families who are investigated for maltreatment, but whose cases do not receive substantiation, are connected to support services.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 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.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |



| POLICIES AND PROGRAMS  | NO /<br>NONE          | SOME                  | MOST                  | YES /<br>ALL          | DON'T<br>KNOW         | COMMENTS<br>(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.) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <b>FAMILY LEAVE</b>  |                       |                       |                       |                       |                       |   |
| 1. Working families can access paid family leave after birth or adoption.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 2. Working families can access paid sick leave when a young child is sick.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 3. Working parents in the state receive work-life benefits that allow them to balance work with caring for young children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |

| COMMENTS |
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|          |

## 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: <https://www.zerotothree.org/resources/367-positive-early-learning-experiences>

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/qris-cover-self-assessment-10-27-14.pdf](http://www.zerotothree.org/public-policy/building-early-childhood-systems/qr/qris-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, *State of Babies Yearbook*: <http://stateofbabies.org/>
- 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 <sup>32</sup> | DISPARITIES <sup>33</sup><br>(Provide available data indicating any notable disparities by family income, race, ethnicity, or gender.) | COMMENTS<br>(Provide any relevant information on state context or trends.) | SUGGESTED SOURCE FOR STATE DATA                |
|--|-------|-----------------------------------|--|--|--|
| 1. Percent of infants and toddlers whose parents report they read to them every day  |       | 37.8%                             |  |  | ZTT <i>State of Babies Yearbook</i>            |
| 2. Percent of infants and toddlers whose parents report that they sing songs or tell stories to them every day   |       | 57.6%                             |  |  | ZTT <i>State of Babies Yearbook</i>            |
| 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"> <li>• Parental care</li> <li>• Child care centers</li> <li>• Family child care</li> <li>• Family, friend, and neighbor care</li> </ul> |       | Data not available                |  |  | State agency administering child care programs |
| 4. Cost of infant care as a percentage of median income for single parents   |       | Data not available                |  |  | ZTT <i>State of Babies Yearbook</i>            |

**32** ZERO TO THREE, *State of Babies Yearbook*. (2020). Retrieved from <https://stateofbabies.org/>

**33** For state data on ethnic and racial disparities: The Child and Family Center and Build Initiative, *Fifty State Chart Book, Dimensions of Diversity and the Young Child Population*. (n.d.). Retrieved from <https://www.buildinitiative.org/Resources/50-State-Chart-Book/50-State-Chart-Book-Overview>

| CHILD AND FAMILY DATA   | STATE | NATIONAL COMPARISON <sup>32</sup> | DISPARITIES <sup>33</sup><br>(Provide available data indicating any notable disparities by family income, race, ethnicity, or gender.) | COMMENTS<br>(Provide any relevant information on state context or trends.) | SUGGESTED SOURCE FOR STATE DATA     |
|---|-------|-----------------------------------|--|--|-------------------------------------|
| 5. Percent of low/moderate income infants and toddlers in CCDF-funded care                |       | 4.2%                              |  |  | ZTT <i>State of Babies Yearbook</i> |
| 6. Percent of eligible infants and toddlers who have access to Early Head Start           |       | 7%                                |  |  | ZTT <i>State of Babies Yearbook</i> |
| 7. Percent of infants and toddlers receiving Part C of IDEA (Early Intervention) services |       | 9.7%                              |  |  | ZTT <i>State of Babies Yearbook</i> |

| COMMENTS |
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## 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](http://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 <sup>34</sup> | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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            |
|--|----------|--|---|--|
| <b>EARLY INTERVENTION</b>  |          |  |   |  |
| 1. State includes at-risk children in the definition of eligibility for Individuals with Disabilities Education Act (IDEA) Part C Early Intervention program |          | 2 states                                     |   | ZTT <i>State of Babies Yearbook</i>        |
| <b>CHILD CARE</b>  |          |  |   |  |
| 1. State sets income eligibility level for child care subsidy above 200% federal poverty line (FPL). <sup>35</sup>   |          | 13 states                                    |   | ZTT <i>State of Babies Yearbook</i>        |
| 2. States reimburse center-based child care at the highest-quality QRIS tier or at or above the 75 <sup>th</sup> percentile of current market rates.         |          | 5 states                                     |   | NCCP <i>Early Childhood State Profiles</i> |

<sup>34</sup> National Center for Children in Poverty, *Early Childhood Profiles, United States*. (n.d.). Retrieved from [http://www.nccp.org/profiles/early\\_childhood.html](http://www.nccp.org/profiles/early_childhood.html)

<sup>35</sup> ZERO TO THREE, *State of Babies Yearbook*. (2020). Retrieved from <https://stateofbabies.org/>

| POLICY   | YES / NO | NO. OF STATES WITH THIS POLICY <sup>34</sup> | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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 <sup>36</sup>                      |   | State agency administering child care programs |
| 4. State keeps copayments for child care subsidies at or below 7% of family income for families of three at 150% FPL.  |          | 18 states                                    |   | NCCP<br>Early Childhood<br>State Profiles      |

<sup>36</sup> CLASP, *Better for Babies: A Study of State Infant and Toddler Child Care Policies*. (2013, August). Retrieved from <https://www.clasp.org/publications/report/brief/better-babies-study-state-infant-and-toddler-child-care-policies>

| POLICY  | YES / NO | NO. OF STATES WITH THIS POLICY <sup>34</sup>   | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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. Adult/child ratio meet or exceed the standards set by Early Head Start at age 11 months, 19 months, and 30 months. <sup>37</sup> |          | For example:<br><ul style="list-style-type: none"> <li>35 states (21 states for 1 age group, 12 states for 2 age groups, 2 states for 3 age groups).<sup>38</sup></li> </ul> |   | ZTT <i>State of Babies Yearbook</i> |

<sup>37</sup> ZERO TO THREE, *State of Babies Yearbook*. (2020). Retrieved from <https://stateofbabies.org/>

<sup>38</sup> CLASP, *Better for Babies: A Study of State Infant and Toddler Child Care Policies*. (2013, August). Retrieved from <https://www.clasp.org/publications/report/brief/better-babies-study-state-infant-and-toddler-child-care-policies>

| POLICY  | YES / NO | NO. OF STATES WITH THIS POLICY <sup>34</sup>   | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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 has implemented a statewide early care and education QRIS that includes quality indicators specifically for programs serving infants and toddlers.<br><br>If yes, provide any available data on the percentage of programs at each QRIS level that serve infants and toddlers. |          | 42 states have a statewide QRIS. <sup>39</sup>   |   | ZTT State Policy Tracker                      |
| 7. State policy requires that there is a primary caregiver for every infant and toddler in child care centers.  |          | 24 states include this requirement in licensing; 1 state also addresses this through QRIS. <sup>40</sup> |   | NCCCQI, Comparison (...) Learning Environment |
| 8. State policy promotes or requires that child care centers offer activities that actively encourage and support infants' and toddlers' exploration of the environment.  |          | 14 states include this requirement in licensing; four states address this through QRIS. <sup>41</sup>    |   | NCCCQI, Comparison (...) Learning Environment |

<sup>39</sup> ZERO TO THREE, *State of Babies Yearbook*. (2020). Retrieved from <https://stateofbabies.org/>

<sup>40</sup> ZERO TO THREE, *State Policy Tracker*. (2019, August 21). Retrieved from <https://www.zerotothree.org/resources/360-state-policy-tracker>

<sup>41</sup> U.S. Department of Health & Human Services, Administration for Children & Families, Office of Child Care, *Comparison of State Licensing and QRIS Standards for Infants and Toddlers in Child Care Centers: Learning Environment, Developmental Domains, and Assessment*. (2014, March). Direct download at [https://childcareta.acf.hhs.gov/sites/default/files/public/learningenv\\_assess\\_standards.pdf](https://childcareta.acf.hhs.gov/sites/default/files/public/learningenv_assess_standards.pdf)



| POLICY   | YES / NO | NO. OF STATES WITH THIS POLICY <sup>34</sup>   | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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. <sup>42</sup>   |   | NCCCQI, Comparison (...) Family Engagement |
| 10. State has early learning guidelines for infants and toddlers.  |          | 49 states <sup>43</sup>  |   | 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. <sup>44</sup> |          | 46 states <sup>45</sup><br><br>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 <sup>46</sup>  |   | ZTT State Policy Tracker                   |

<sup>42</sup> *Comparison of State Licensing..* Direct download at [https://childcareta.acf.hhs.gov/sites/default/files/public/learningenv\\_assess\\_standards.pdf](https://childcareta.acf.hhs.gov/sites/default/files/public/learningenv_assess_standards.pdf). Some states address this through both licensing and QRIS, while others do so through only one mechanism.

<sup>43</sup> National Center on Child Care Quality Improvement, Administration for Children & Families, Office of Child Care, *Comparison of State Licensing and QRIS Standards for Infants and Toddlers in Child Care Centers: Family Engagement*. (2014, March). Direct download: [https://childcareta.acf.hhs.gov/sites/default/files/public/family\\_engagement\\_standards.pdf](https://childcareta.acf.hhs.gov/sites/default/files/public/family_engagement_standards.pdf)

<sup>44</sup> ZERO TO THREE, *State Policy Tracker*. (2019, August 21). Retrieved from <https://www.zerotothree.org/resources/360-state-policy-tracker>

<sup>45</sup> Mayoral, M. V., LeMoine, S., & Dean, A. (n.d.). *ZERO TO THREE Critical Competencies for Infant-Toddler Educators*. Retrieved from <https://www.zerotothree.org/resources/345-zero-to-three-critical-competencies-for-infant-toddler-educators>

<sup>46</sup> ZERO TO THREE, *State Policy Tracker*. (2019, August 21). Retrieved from <https://www.zerotothree.org/resources/360-state-policy-tracker>

| POLICY  | YES / NO | NO. OF STATES WITH THIS POLICY <sup>34</sup>       | COMMENTS ON POLICY IMPLEMENTATION CHALLENGES<br>(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.       |          | 42 states have a workforce registry. <sup>47</sup> |   | ZTT <i>State of Babies Yearbook</i>            |

| COMMENTS |
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<sup>47</sup> ZERO TO THREE, *State Policy Tracker*. (2019, August 21). Retrieved from <https://www.zerotothree.org/resources/360-state-policy-tracker>

### 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<br>(Provide any available state data on the population served by this program.) | COMMENTS ON POPULATION SERVED<br>(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. |          |  |   |  |
| <b>EHS</b>  |          |  |   |  |
| 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. <sup>48</sup>  |          |  |   |  |

<sup>48</sup> National Workforce Registry Alliance, *Map of Registries*. (n.d.). Retrieved from <http://www.registryalliance.org/about-us-top/map-of-registries>

| INITIATIVE  | YES / NO | FUNDED STATEWIDE OR IN SELECTED COMMUNITIES? | DATA ON POPULATION SERVED<br>(Provide any available state data on the population served by this program.) | COMMENTS ON POPULATION SERVED<br>(Is funding adequate? What populations, if any, are underserved?) |
|---|----------|--|---|--|
| <b>CHILD CARE</b>   |          |  |   |  |
| 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. <sup>49</sup>  |          |  |   |  |
| 6. State allocates funds to grants or loans to early childhood programs to renovate or construct facilities to serve infants and toddlers.  |          |  |   |  |

<sup>49</sup> Colvard, J., & Schmit, S. (2012). *Expanding Access to Early Head Start: State Initiatives for Infants & Toddlers at Risk*. CLASP & ZERO TO THREE. Direct download: <http://www.clasp.org/resources-andpublications/publication-1/ehsinitiatives.pdf>

| INITIATIVE   | YES / NO | FUNDED STATEWIDE OR IN SELECTED COMMUNITIES? | DATA ON POPULATION SERVED<br>(Provide any available state data on the population served by this program.) | COMMENTS ON POPULATION SERVED<br>(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 ([www.zerotothree.org/satool2018](http://www.zerotothree.org/satool2018)) and can be exported to a Web-based survey tool.

| POLICIES AND PROGRAMS   | NO /<br>NONE          | SOME                  | MOST                  | YES /<br>ALL          | DON'T<br>KNOW         | COMMENTS<br>(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.) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
| <b>EARLY INTERVENTION</b>   |                       |                       |                       |                       |                       |   |
| 1. Infants and toddlers with potential developmental disabilities or delays are referred to and receive Part C Early Intervention services, when eligible.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 2. Infants and toddlers exiting early intervention have either completed the Individualized Family Service Plan or transitioned to appropriate services to support their development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 3. Infants and toddlers who have a substantiated case of child abuse or neglect are referred to Part C Early Intervention for evaluation.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 4. Infants and toddlers in the child welfare system who have developmental delays but do not meet Part C eligibility receive needed services.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |

| POLICIES AND PROGRAMS  |                      | NO /<br>NONE          | SOME                  | MOST                  | YES /<br>ALL          | DON'T<br>KNOW         | COMMENTS<br>(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.                          |                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 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. |                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 3. Infant-toddler child care programs are culturally responsive and address the needs of young children learning English as a second language.           |                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 4. Infants and toddlers with disabilities can access supports needed to participate in child care programs.  |                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 5. Infant-toddler child care providers regularly use family engagement strategies to support parents as their child's first teachers.                    |                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 6. Infant-toddler specific professional development is available to child care professionals through the following:                                      | Higher education     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
|  | In-service training  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
|  | Technical assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |

| POLICIES AND PROGRAMS   | NO / NONE             | SOME                  | MOST                  | YES / ALL             | DON'T KNOW            | COMMENTS<br>(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.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 8. State technical assistance providers, coaches, licensing specialists, and other individuals providing support to child care providers are trained in infant-toddler development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 9. Early care and education programs regularly work with community partners such as libraries, museums, parks and recreation, the faith community, etc.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |
| 10. Family, friend, and neighbor caregivers have access to supports such as training, consultation, lending libraries, etc.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |   |

| COMMENTS |
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## 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: <https://www.zerotothree.org/policy-and-advocacy/early-childhood-systems>

### 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 ([www.zerotothree.org/satool2018](http://www.zerotothree.org/satool2018)) and can be exported to a Web-based survey tool.

| POLICIES AND PROGRAMS  | HAVE NOT<br>STARTED<br>TO<br>ADDRESS<br>THIS GOAL | HAVE<br>STARTED<br>INITIAL<br>CONCEPTUAL<br>AND<br>PLANNING<br>WORK | HAVE<br>BEGUN TO<br>IMPLEMENT | HAVE MADE<br>SOLID<br>PROGRESS | FULLY<br>ADDRESSING<br>THIS GOAL | COMMENTS<br>(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.) |
|--|---|---|-------------------------------|--------------------------------|----------------------------------|---|
| <b>PROMOTE COLLABORATION</b>   |   |   |                               |                                |                                  |   |
| 1. Transition policies ensure continuity of services between various infant-toddler program settings, as well as programs for older children.                                      | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 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. | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |

| POLICIES AND PROGRAMS   | HAVE NOT<br>STARTED<br>TO<br>ADDRESS<br>THIS GOAL | HAVE<br>STARTED<br>INITIAL<br>CONCEPTUAL<br>AND<br>PLANNING<br>WORK | HAVE<br>BEGUN TO<br>IMPLEMENT | HAVE MADE<br>SOLID<br>PROGRESS | FULLY<br>ADDRESSING<br>THIS GOAL | COMMENTS<br>(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.) |
|---|---|---|-------------------------------|--------------------------------|----------------------------------|---|
| <b>RECRUIT AND ENGAGE STAKEHOLDERS</b>  |   |   |                               |                                |                                  |   |
| 1. Early childhood system development efforts involve diverse representation from stakeholders, from both public and private sectors, who are interested in infants and toddlers. | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 2. Public awareness efforts build public and political will around the needs of infants and toddlers.   | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 3. There are champions for investing in high-quality infant-toddler programs who can reach a range of constituent bases.  | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 4. Influential state policymakers are supportive of early childhood system-building efforts.  | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| <b>DEFINE AND COORDINATE LEADERSHIP</b>   |   |   |                               |                                |                                  |   |
| 1. A state-level governance entity oversees and coordinates early childhood services and programs.  | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 2. The State Advisory Council on Early Childhood Education and Care includes a focus on the needs of infants and toddlers.  | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |

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|---|---|---|-------------------------------|--------------------------------|----------------------------------|---|
| 3. The state has established leaders inside and/or outside of government promoting improvement in policies for infants and toddlers.                              | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 4. The state supports connections between state and local system-building efforts.  | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| <b>ENSURE ACCOUNTABILITY</b>  |   |   |                               |                                |                                  |   |
| 1. The state has a shared systemic vision for supporting young children and their families.   | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 2. Early childhood system-building efforts are informed by research and data on infants, toddlers, and their families.  | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 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. | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 4. The state has identified desired outcomes for infants and toddlers and monitors key indicators associated with these outcomes.                                 | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |

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|---|---|---|-------------------------------|--------------------------------|----------------------------------|---|
| 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.  | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| <b>ENHANCE AND ALIGN STANDARDS</b>  |   |   |                               |                                |                                  |   |
| 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.  | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 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. | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| <b>CREATE AND SUPPORT IMPROVEMENT</b>   |   |   |                               |                                |                                  |   |
| 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.  | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 2. The state has a professional development system that supports the infant-toddler workforce across all service sectors.   | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |

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|--|---|---|-------------------------------|--------------------------------|----------------------------------|---|
| 3. The state supports the use of reflective practice to support infant-toddler professionals in improving their practice.                    | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 4. The state supports quality improvement initiatives in various infant-toddler programs and settings.                                       | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 5. The state supports research and evaluation efforts aimed at continuous improvement of services for infants, toddlers, and their families. | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| <b>FINANCE STRATEGICALLY</b>   |   |   |                               |                                |                                  |   |
| 1. Available funding sources are used strategically to promote system-building capacity.   | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 2. The state addresses the needs of infants and toddlers when investing in Pre-K initiatives.  | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |
| 3. Services for infants, toddlers, and their families have adequate and stable funding.  | <input type="radio"/>                             | <input type="radio"/>   | <input type="radio"/>         | <input type="radio"/>          | <input type="radio"/>            |   |

COMMENTS

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above before submitting.*