



*Babies and Toddlers in the Policy Picture*  
**A Self-Assessment Checklist for States**

**All babies and toddlers need *good health, strong families, and positive early learning experiences.* Furthermore, young children benefit most from an early childhood system that is built through collaboration. These goals form the framework for a policy agenda that creates a comprehensive range of services and supports that honor the needs and choices of families for their children.**

This self-assessment checklist is based on research about effective policies and best practices in states. The following questions are intended to spark discussion about the needs of infants, toddlers and their families and to lay the foundation for building an early childhood development system in your state. The 0 to 3 scale described below is used to reinforce the importance of children birth to three years in the larger early childhood system. Use the scale to assess your state's early childhood services and policies.

- 0 = No/None**
- 1 = A little**
- 2 = Some**
- 3 = Yes/A lot**

**Suggested Process for Using the Checklist**

- **Involving key stakeholders:** This self-assessment checklist is most effective when completed by a diverse group of key public and private stakeholders concerned with the needs of infants, toddlers, and their families in your state. Thinking through who might have knowledge about each of the questions is a good way to make sure no key stakeholders have been left out. It is important to offer an opportunity for all points of view to be shared so that group members are aware of what the state is currently doing and are invested in the choice of policy priorities.
- **Preparing to use the checklist:** All group members should receive the checklist before the discussion so they can be prepared. You may want to contact specific people ahead of time to alert them to be ready to share information around particular items. Another way to prepare for the discussion would be for a sub-group to draft answers to the items for feedback from the larger group.
- **Completing the checklist:** Since the self-assessment process is somewhat subjective, time should be allowed to discuss the rating scale up front. The checklist should then be completed using discussion and relevant information sources, such as service utilization data and child care licensing regulations, to establish the ratings for each item. A second meeting or conference call may be needed to analyze the results, especially if more information needs to be gathered for some items or a compilation needs to be circulated to all group members. The process could be done over the course of several meetings or calls or through a more intensive day-long retreat.
- **Using the results:** Regardless of exactly how the self-assessment is completed, it is important to reflect on the results and identify your state's policy priorities. Once priorities are established, it is critical to assign responsibility and a timeline for forward movement and then incorporate the priority actions into relevant state plans that will be reviewed by an oversight group on a regular basis.

If your state uses the checklist, ZERO TO THREE would like your feedback on the tool, the process, and the results in your state. Please contact Barbara Gebhard at [bgebhard@zerotothree.org](mailto:bgebhard@zerotothree.org) for more information.

<b>Good Health</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Comments</b>
1. All pregnant women have access to prenatal health care.					
2. All pregnant women have access to maternal depression screenings and mental health services as needed.					
3. All newborns are screened for hearing deficiencies and for the 29 metabolic disorders recommended by the March of Dimes.					
4. All infants and toddlers have access to regular developmental screenings and referrals as needed.					
5. All infants and toddlers have health and dental insurance coverage.					
6. Infants and toddlers have an identified medical home (a designated primary care provider).					
7. Immunizations are widely promoted and readily available to families.					
8. State funds supplement federal Women, Infants and Children (WIC) program funding.					
9. State funds support various health and safety initiatives: <ul style="list-style-type: none"> <li>- oral health</li> <li>- nutrition</li> <li>- obesity prevention</li> <li>- environmental hazards</li> <li>- car seat safety</li> <li>- Back to Sleep</li> <li>- Shaken Baby Syndrome</li> </ul>					
10. Health and safety licensing standards for child care incorporate recommendations from <i>Stepping Stones: Caring for Our Children</i> .					
11. Health care consultation is available to support infant/toddler caregivers and programs.					
12. Trained professionals are available to assess, diagnose, and treat infants and toddlers with social-emotional or behavioral issues and their families.					
13. The DC: 0 – 3 is used to diagnose the mental health and development of infants and toddlers for Medicaid reimbursement.					
14. Mental health consultation is available to support infant/toddler caregivers and programs.					
15. A statewide team investigates and tracks infant mortality and uses that information to prevent future deaths of babies.					

***Comments on Policy Issues for Good Health in Your State:***

Are policy changes needed to:

- Improve access?
- Support workforce development and capacity building?
- Increase quality?

What issues can be addressed through leveraging funds or finding additional funds?

Is data collected to analyze the impact of policies on children and families?

***Good Health Policy Priorities and Timeframe:***

<b>Strong Families</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Comments</b>
1. Information and referral agencies and cross-program referrals help families find the services they need.					
2. All families receive information and services responsive to their home culture and language.					
3. Programs and services work together to support babies and families who face multiple risk factors (such as very low-income, homelessness, and family violence).					
4. A network of respite care is available to families at risk of child maltreatment.					
5. In the last three years, the number of evidence-based home visiting programs has increased.					
6. In the last three years, the number of evidence-based family support or parent education programs, such as parenting classes or family resource centers, has increased.					
7. State licensing and program standards support family input and involvement in early care and education programs.					
8. Family leadership initiatives are offered to parents who wish to increase their leadership and advocacy skills.					
9. Education, skill training, job opportunities, and work supports are offered to move families into stable work that generates a livable wage.					
10. Adequate housing options are available to low-income families.					
11. TANF policies: <ul style="list-style-type: none"> <li>- Allow post-secondary education to fulfill the work requirement.</li> <li>- Exempt single parents from the work requirement until their youngest child is at least one year old.</li> </ul> Allow families to receive child support without reducing cash assistance.					
12. Businesses are encouraged by the state to provide work-life benefits to employees through tax incentives, promotional campaigns, legislation promoting family-friendly practices, etc.					

***Comments on Policy Issues for Strong Families in Your State:***

Are policy changes needed to:

- Improve access?
- Support workforce development and capacity building?
- Increase quality?

What issues can be addressed through leveraging funds or finding additional funds?

Is data collected to analyze the impact of policies on children and families?

***Strong Families Policy Priorities and Timeframe:***

<b>Positive Early Learning Experiences</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Comments</b>
1. The state has a paid family leave initiative.					
2. An at-home infant care program is available to parents who stay home to care for their babies.					
3. Over the past three years, state funding for Early Head Start services has increased.					
4. Infants and toddlers who have experienced abuse, neglect, or family violence are referred to Early Intervention for evaluation.					
5. At-risk infants and toddlers are included in the state's definition of eligibility for Early Intervention.					
6. All eligible infants and toddlers have access to Early Intervention.					
7. Supports for including infants and toddlers with disabilities in early care and education programs are available.					
8. There is an adequate supply of quality infant/toddler child care.					
9. The state's Child Care and Development Fund (CCDF) plan includes specific goals for infant/toddler programs or initiatives.					
10. Over the past three years, state funding to improve the supply of quality child care has increased.					
11. Over the past three years, state funding to improve the quality of child care programs has increased.					
12. Family eligibility for child care subsidies has expanded in the past three years.					
13. Child care provider reimbursement rates have increased in the past three years to be within 75% to 100% of market rate.					
14. Child care subsidy co-payments do not exceed 10% of family income.					
15. State licensing regulations meet the recommended NAEYC program standards and/or National Health and Safety Performance Standards for infant and toddler care (ratios, relationships, health and safety, programming, etc.).					
16. State licensing regulations require that infants and toddlers in child care programs are assigned a primary caregiver.					
17. The caseloads of state child care licensing staff do not exceed 75 programs per inspector.					
18. A network of child care resource and referral (R&R) agencies helps families identify their needs and refers them to appropriate services.					

Positive Early Learning Experiences	0	1	2	3	Comments
19. A network of infant/toddler specialists supports infant/toddler caregivers and programs.					
20. The child care subsidy re-determination process for family eligibility is one year or longer in order to allow infants and toddlers to remain in consistent caregiving arrangements.					
21. Family, friend and neighbor caregivers have access to supports such as training, consultation, lending libraries, etc.					
22. Evidenced-based home visiting supports extend to families, friends, and neighbors caring for children while their parents work.					
23. The state has early learning guidelines for infants and toddlers that are flexible, age-appropriate, and applicable across all settings.					
24. The state has incentives to promote high quality care for infants and toddlers, such as program standards, quality rating system, etc.					
25. The state has an initiative to offer grants or loans to early childhood programs to renovate or construct facilities.					
26. The state's professional development system includes: <ul style="list-style-type: none"> <li>- core competencies for infant/toddler caregivers</li> <li>- credit-bearing training opportunities</li> <li>- an infant/toddler credential</li> <li>- links between higher competencies and increased compensation</li> </ul>					
27. Transition policies ensure continuity of services between early childhood settings.					

***Comments on Policy Issues for Early Learning in Your State:***

Are policy changes needed to:

- Improve access?
- Support workforce development and capacity building?
- Increase quality?

What issues can be addressed through leveraging funds or finding additional funds?

Is data collected to analyze the impact of policies on children and families?

***Early Learning Policy Priorities and Timeframe:***

<b>Collaboration and System Building</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Comments</b>
1. State system-building planning, implementation, and evaluation efforts include a focus on positive outcomes for infants and toddlers.					
2. Early childhood system development efforts involve diverse representation from stakeholders interested in infants and toddlers from both public and private sectors. This includes families, child care (centers, family child care, and family, friend and neighbor care), Head Start and Early Head Start, public schools, Early Intervention, health, mental health, family support, child welfare, economic assistance, advocates, business, etc.					
3. Early childhood system-building efforts are informed by data and information on infants, toddlers, and their families.					
4. 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.					
5. Mechanisms exist to coordinate among infant and toddler programs and to link them with other services such as health, mental health, education, child welfare, family support, etc.					
6. The state encourages collaborative partnerships between early childhood programs.					
7. A state-level governance entity oversees and coordinates early childhood services and programs.					
8. The state supports connections between state and local system-building efforts.					
9. Public awareness efforts build public and political will around the needs of infants and toddlers.					
10. There are effective champions for building an early childhood system across a range of constituent bases.					
11. Influential state policymakers are supportive of the early childhood system-building work.					
12. Available funding sources are used strategically to promote system-building capacity.					
13. Services to infants, toddlers, and their families and the infrastructure to support them have adequate and stable funding.					

***Comments on Collaboration/System Building Issues in Your State:***

Are policy changes needed to:

- Improve access?
- Support workforce development and capacity building?
- Increase quality?

What issues can be addressed through leveraging funds or finding additional funds?

Is data collected to analyze the impact of policies on children and families?

***Collaboration/System Building Priorities and Timeframe:***

## Referenced Resources

### Newborn Screening

In addition to hearing screening, the March of Dimes recommends screening newborns for 29 metabolic disorders for which effective treatment is available. Descriptions of the 29 disorders are included on the March of Dimes website. In addition, the National Newborn Screening and Genetics Resource Center website has a status report by state for each of the disorders.

<http://www.marchofdimes.com/professionals/580.asp> and <http://genes-r-us.uthscsa.edu/nbsdisorders.htm>

### Back to Sleep Campaign

This campaign is named for its recommendation to place healthy babies on their backs to sleep in order to reduce the risk of Sudden Infant Death Syndrome (SIDS), also known as “crib death.” The campaign promotes infant back sleeping to parents, family members, child care providers, health professionals, and all other caregivers of infants. This campaign is sponsored by the National Institute of Child Health and Human Development, the Maternal and Child Health Bureau, the American Academy of Pediatrics, the SIDS Alliance, and the Association of SIDS and Infant Mortality Programs.

<http://www.nichd.nih.gov/sids/>

### Shaken Baby Syndrome Campaign

This campaign aims to educate parents and professionals about the dangers of shaking infants. Shaken Baby Syndrome is the leading cause of death in abusive head trauma cases. The campaign focuses on awareness and prevention education for parents and those who work to prevent child abuse and is sponsored by the National Center on Shaken Baby Syndrome.

<http://dontshake.com/>

### Caring for Our Children: National Health and Safety Performance Standards and Stepping Stones to Using Caring for Our Children

*Caring for Our Children* is a set of over 650 standards and recommendations intended for use by health professionals, child care providers, researchers, parents, and others. These health and safety practices cover staffing; program activities for healthy child development; health promotion and protection; nutrition and food services; facilities, supplies, equipment, and transportation; infectious diseases; children with special health care needs; administration; and licensing and community action. *Stepping Stones to Using Caring for Our Children* contains 233 standards selected as a subset of the 659 national health and safety performance standards. These standards have the greatest impact on disease, disability and death in out-of-home child care settings. *Caring for Our Children* is a cooperative product of the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education, under sponsorship of the Maternal and Child Health Bureau.

<http://nrc.uchsc.edu>

### NAEYC Early Childhood Program Standards and Accreditation Criteria

The National Association for the Education of Young Children (NAEYC) is fully implementing a revised accreditation system for early childhood programs in September 2006. The program standards and accreditation criteria are based on a conceptual framework with four areas of focus. The primary focus area is children, which incorporates five early childhood program standards. The other focus areas of teaching staff, partnerships, and administration encompass five additional program standards. The standards cover relationships, curriculum, teaching, assessment of child progress, health, teachers, families, community relationships, physical environment, and leadership and management. Collectively, the ten program standards represent essential, interlocking elements of high-quality programs for all children from birth through kindergarten.

<http://www.naeyc.org/accreditation/standards/>