

## A Self-Assessment Checklist for States

**A**ll infants 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 effective early childhood development system in your state.

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.

### Suggested Process for Using the Checklist

- **Involving key stakeholders:** This self-assessment checklist is most useful 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:** For each item, check **no**, **none**, **some**, **most**, or **yes/all**, and add any clarifying comments. The checklist is not meant to provide a quantifiable rating of infant-toddler services. Since the self-assessment process is somewhat subjective, time to discuss the response choices should be included as part of the process. 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. It is also possible to use the checklist with stakeholders through a web-based survey such as Zoomerang or Survey Monkey.
- **Using the results:** After completing the checklist, choose one to three priorities for state action in each of the four goal areas: **good health, strong families, positive early learning experiences, and collaboration and system building**. 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 develop an action plan with assigned responsibilities, a timeline, and measurable outcomes. The priority actions will also need to be incorporated into relevant state plans that will be reviewed by an oversight group on a regular basis.



National Center for Infants, Toddlers, and Families

| GOOD HEALTH   | No/None | Some | Most | Yes/All | Comments | Priority |
|---|---------|------|------|---------|----------|----------|
| <b>Physical Health</b>  |         |      |      |         |          |          |
| 1. All pregnant women have access to prenatal health care.  |         |      |      |         |          |          |
| 2. All infants and toddlers have health and dental insurance coverage.  |         |      |      |         |          |          |
| 3. Income eligibility for Medicaid/SCHIP is at or above 200% of the federal poverty level for pregnant women, infants, and toddlers.                  |         |      |      |         |          |          |
| 4. The state provides temporary coverage for pregnant women, infants, and toddlers under Medicaid/SCHIP until eligibility can be formally determined. |         |      |      |         |          |          |
| 5. All infants and toddlers have an identified medical home (a designated primary care provider).   |         |      |      |         |          |          |
| 6. Primary care providers are reimbursed adequately for the time to provide child development guidance in well-child visits.                          |         |      |      |         |          |          |
| 7. All infants and toddlers receive immunizations appropriate to their age, development, and medical status.  |         |      |      |         |          |          |
| 8. All eligible women and children have access to the Women, Infants, and Children (WIC) program.   |         |      |      |         |          |          |
| 9. State funds supplement federal funding for nutrition programs that reduce food insecurity for young children.                                      |         |      |      |         |          |          |
| 10. Various health and safety initiatives are available statewide:  |         |      |      |         |          |          |
| a. oral health  |         |      |      |         |          |          |
| b. nutrition  |         |      |      |         |          |          |
| c. obesity prevention   |         |      |      |         |          |          |
| d. environmental hazards  |         |      |      |         |          |          |
| e. car seat safety  |         |      |      |         |          |          |
| f. Back to Sleep  |         |      |      |         |          |          |
| g. Shaken Baby Syndrome   |         |      |      |         |          |          |
| 11. All infant-toddler caregivers and programs can access health care consultation.   |         |      |      |         |          |          |

| <b>GOOD HEALTH</b>  |  | No/None | Some | Most | Yes/All | Comments | Priority |
|---|--|---------|------|------|---------|----------|----------|
| <b>Social-Emotional Health</b>  |  |         |      |      |         |          |          |
| 1. All pregnant/postpartum women have access to maternal depression screenings and mental health services as needed.  |  |         |      |      |         |          |          |
| 2. The state provides resources and training for parents and professionals on the social-emotional development of infants and toddlers.                             |  |         |      |      |         |          |          |
| 3. All infants and toddlers with social-emotional or behavioral issues and their families have access to trained professionals to assess, diagnose, and treat them. |  |         |      |      |         |          |          |
| 4. The DC: 0–3R is used to diagnose the mental health and development of infants and toddlers for Medicaid reimbursement.   |  |         |      |      |         |          |          |
| 5. All infant-toddler caregivers and programs can access mental health consultation.  |  |         |      |      |         |          |          |
| <b>Developmental Screening</b>  |  |         |      |      |         |          |          |
| 1. All newborns are screened for hearing deficiencies and for the 29 metabolic disorders recommended by the March of Dimes.   |  |         |      |      |         |          |          |
| 2. All infants and toddlers have access to regular developmental screenings and referrals as needed.  |  |         |      |      |         |          |          |
| 3. At least 80% of children on Medicaid receive an annual health and developmental screening under EPSDT.   |  |         |      |      |         |          |          |
| 4. The state requires the use of standardized developmental screening tools and reimburses adequately for their use.  |  |         |      |      |         |          |          |
| <b>Additional Good Health Comments</b>  |  |         |      |      |         |          |          |
|   |  |         |      |      |         |          |          |

| STRONG FAMILIES   | No/None | Some | Most | Yes/All | Comments | Priority |
|---|---------|------|------|---------|----------|----------|
| 1. All families can find the services they need for their infants and toddlers through cross-program referrals and information and referral agencies.   |         |      |      |         |          |          |
| 2. All families receive information and services responsive to their home culture and language.   |         |      |      |         |          |          |
| <b>Basic Needs</b>  |         |      |      |         |          |          |
| 1. All families who need education, skill training, job opportunities, and work supports to move into stable work that generates a livable wage can access them.  |         |      |      |         |          |          |
| 2. Adequate housing options and energy assistance are available to low-income families.   |         |      |      |         |          |          |
| 3. TANF policies:<br>a. Allow post-secondary education to fulfill the work requirement  |         |      |      |         |          |          |
| b. Exempt single parents from the work requirement until their youngest child is at least 1 year old and reduce work requirements until the child is 6 years old  |         |      |      |         |          |          |
| c. Allow families to receive child support without reducing cash assistance   |         |      |      |         |          |          |
| 4. The state minimum wage exceeds the federal minimum wage.   |         |      |      |         |          |          |
| 5. The state supports family-friendly tax policies such as a refundable Earned Income Tax Credit, a refundable Dependent Care Tax Credit, and exemption of single parents below the federal poverty level from personal income tax. |         |      |      |         |          |          |
| <b>Parent Education/Home Visiting</b>   |         |      |      |         |          |          |
| 1. All families with infants and toddlers can access evidence-based home visiting, family support, and parent education services.   |         |      |      |         |          |          |
| 2. Evidence-based home visiting supports extend to families, friends, and neighbors caring for children with working parents.   |         |      |      |         |          |          |
| 3. All families who wish to increase their leadership and advocacy skills can access leadership initiatives.  |         |      |      |         |          |          |

| <b>STRONG FAMILIES</b>   |  | No/None | Some | Most | Yes/All | Comments | Priority |
|--|--|---------|------|------|---------|----------|----------|
| <b>Child Welfare</b>   |  |         |      |      |         |          |          |
| 1. All families with babies who face multiple risk factors (such as very low income, homelessness, and family violence) can access programs and services that work together to support them.                             |  |         |      |      |         |          |          |
| 2. All families at risk of child maltreatment can access a network of respite care.  |  |         |      |      |         |          |          |
| 3. Concurrent planning is practiced to ensure that infants and toddlers in foster care are expeditiously moved into permanent placement.   |  |         |      |      |         |          |          |
| 4. Infants and toddlers in foster care visit with their parents multiple times each week as long as there are no safety concerns.  |  |         |      |      |         |          |          |
| 5. Child welfare workers and judges are knowledgeable about child development and use that knowledge to guide their work with infants and toddlers in the child welfare system.  |  |         |      |      |         |          |          |
| 6. All families (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. |  |         |      |      |         |          |          |
| <b>Family Leave</b>  |  |         |      |      |         |          |          |
| 1. All working families can access paid family leave, including paid sick leave, so parents can have time off after birth or adoption or when a child is sick.   |  |         |      |      |         |          |          |
| 2. Parents who stay home to care for their babies can access financial support for at-home infant care.  |  |         |      |      |         |          |          |
| 3. The state encourages businesses to provide work-life benefits to employees through tax incentives, promotional campaigns, legislation promoting family-friendly practices, etc.                                       |  |         |      |      |         |          |          |
| <b>Additional Strong Families Comments</b>   |  |         |      |      |         |          |          |
|  |  |         |      |      |         |          |          |

| <b>POSITIVE EARLY LEARNING EXPERIENCES</b>   |                |             |             |                |  | <b>Comments</b> | <b>Priority</b> |
|--|----------------|-------------|-------------|----------------|--|-----------------|-----------------|
|  | <b>No/None</b> | <b>Some</b> | <b>Most</b> | <b>Yes/All</b> |  |                 |                 |
| <b>Early Intervention</b>  |                |             |             |                |  |                 |                 |
| 1. All infants and toddlers who have experienced abuse, neglect, or family violence are referred to Early Intervention for evaluation.   |                |             |             |                |  |                 |                 |
| 2. At-risk infants and toddlers are included in the state's definition of eligibility for Early Intervention.  |                |             |             |                |  |                 |                 |
| 3. All eligible infants and toddlers have access to Early Intervention.  |                |             |             |                |  |                 |                 |
| 4. All infants and toddlers with disabilities can access supports needed to participate in early care and education programs.  |                |             |             |                |  |                 |                 |
| <b>Early Head Start</b>  |                |             |             |                |  |                 |                 |
| 1. The state supplements federal Early Head Start funds with state or other federal funding to increase the number of families served and/or improve the quality of care.                |                |             |             |                |  |                 |                 |
| <b>Child Care</b>  |                |             |             |                |  |                 |                 |
| 1. All families in need of child care for their infants and toddlers can access quality care.  |                |             |             |                |  |                 |                 |
| 2. The state's Child Care and Development Fund (CCDF) plan includes specific measurable goals for infant-toddler programs or initiatives.  |                |             |             |                |  |                 |                 |
| 3. Strategies to achieve the CCDF infant-toddler goals are reviewed and revised, if necessary, for each biennial plan period.  |                |             |             |                |  |                 |                 |
| 4. Family eligibility for child care subsidies is at or above 85% of state median income or 200% of the federal poverty level.   |                |             |             |                |  |                 |                 |
| 5. Child care provider reimbursement rates are within 75% to 100% of market rate.  |                |             |             |                |  |                 |                 |
| 6. Child care subsidy co-payments do not exceed 10% of family income.  |                |             |             |                |  |                 |                 |
| 7. 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. |                |             |             |                |  |                 |                 |

**POSITIVE EARLY LEARNING EXPERIENCES**

|   | No/None | Some | Most | Yes/All | Comments | Priority |
|---|---------|------|------|---------|----------|----------|
| 8. State licensing regulations require that infants and toddlers in child care programs are assigned a primary caregiver.                     |         |      |      |         |          |          |
| 9. The caseloads of state child care licensing staff do not exceed 75 programs per inspector.   |         |      |      |         |          |          |
| 10. A network of child care resource and referral (R&R) agencies helps families identify their needs and refers them to appropriate services. |         |      |      |         |          |          |
| 11. Family, friend, and neighbor (FFN) caregivers have access to supports such as training, consultation, lending libraries, etc.             |         |      |      |         |          |          |

**Additional Positive Early Learning Experiences Comments**

Empty space for additional comments.



| <b>COLLABORATION AND SYSTEM BUILDING</b>   |  |  |  |  |  | No/None | Some | Most | Yes/All | Comments | Priority |
|--|--|--|--|--|--|---------|------|------|---------|----------|----------|
| <b>Collaboration</b>   |  |  |  |  |  |         |      |      |         |          |          |
| 1. Early childhood system development efforts involve diverse representation from stakeholders interested in infants and toddlers from both public and private sectors. These include families, child care centers, family child care, FFN care, Head Start and Early Head Start, public schools, Early Intervention, health, mental health, family support, child welfare, economic assistance, advocates, business, etc. |  |  |  |  |  |         |      |      |         |          |          |
| 2. The state encourages collaborative partnerships among early childhood programs.   |  |  |  |  |  |         |      |      |         |          |          |
| 3. Transition policies ensure continuity of services between early childhood settings.   |  |  |  |  |  |         |      |      |         |          |          |
| 4. 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.   |  |  |  |  |  |         |      |      |         |          |          |
| 5. The state encourages collaborative partnerships between early childhood programs and community institutions such as libraries, museums, parks and recreation, the faith community, etc.   |  |  |  |  |  |         |      |      |         |          |          |
| <b>Governance and Leadership</b>   |  |  |  |  |  |         |      |      |         |          |          |
| 1. A state-level governance entity oversees and coordinates early childhood services and programs.   |  |  |  |  |  |         |      |      |         |          |          |
| 2. The State Advisory Council on Early Childhood Education and Care includes a focus on the needs of infants and toddlers.   |  |  |  |  |  |         |      |      |         |          |          |
| 3. There are champions for building an early childhood system who can reach a range of constituent bases.  |  |  |  |  |  |         |      |      |         |          |          |
| 4. The state supports connections between state and local system-building efforts.   |  |  |  |  |  |         |      |      |         |          |          |
| <b>Accountability and Evaluation</b>   |  |  |  |  |  |         |      |      |         |          |          |
| 1. Early childhood system-building efforts are informed by research and data on infants, toddlers, and their families.   |  |  |  |  |  |         |      |      |         |          |          |

| <b>COLLABORATION AND SYSTEM BUILDING</b>   |                |             |             |                |  | <b>Comments</b> | <b>Priority</b> |
|--|----------------|-------------|-------------|----------------|--|-----------------|-----------------|
|  | <b>No/None</b> | <b>Some</b> | <b>Most</b> | <b>Yes/All</b> |  |                 |                 |
| 2. 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.  |                |             |             |                |  |                 |                 |
| 3. The state has identified desired outcomes for infants and toddlers and monitors key indicators associated with these outcomes.  |                |             |             |                |  |                 |                 |
| 4. The state supports research and evaluation efforts aimed at continuous improvement of services for infants, toddlers, and their families.   |                |             |             |                |  |                 |                 |
| <b>Regulations and Standards</b>   |                |             |             |                |  |                 |                 |
| 1. Health and safety licensing standards for all child care settings incorporate recommendations from <i>Stepping Stones: Caring for Our Children</i> .  |                |             |             |                |  |                 |                 |
| 2. State licensing and program standards support family input and involvement in early care and education programs.  |                |             |             |                |  |                 |                 |
| 3. State licensing and program standards meet the recommended NAEYC program standards and/or National Health and Safety Performance Standards for infant-toddler care (ratios, relationships, health and safety, programming, etc.). |                |             |             |                |  |                 |                 |
| 4. The state has done a cross-walk to compare various sets of early childhood program standards and assure that the needs of infants and toddlers are met.   |                |             |             |                |  |                 |                 |
| <b>Quality Improvement</b>   |                |             |             |                |  |                 |                 |
| 1. The state offers incentives to programs and their staff to promote high quality care and early learning for infants and toddlers.   |                |             |             |                |  |                 |                 |
| 2. The state has developed early learning guidelines for infants and toddlers that are flexible, age-appropriate, and applicable across all settings.  |                |             |             |                |  |                 |                 |
| 3. The state has a Quality Rating and Improvement System that includes quality indicators related to infants and toddlers.   |                |             |             |                |  |                 |                 |

| <b>COLLABORATION AND SYSTEM BUILDING</b>  |                |             |             |                | <b>Comments</b> | <b>Priority</b> |
|---|----------------|-------------|-------------|----------------|-----------------|-----------------|
|   | <b>No/None</b> | <b>Some</b> | <b>Most</b> | <b>Yes/All</b> |                 |                 |
| 4. A network of infant and toddler specialists supports infant-toddler caregivers and programs.   |                |             |             |                |                 |                 |
| 5. Various quality improvement strategies (early learning guidelines, program standards, Quality Rating and Improvement System, professional development, etc.) are aligned rather than parallel efforts. |                |             |             |                |                 |                 |
| <b>Professional Development</b>   |                |             |             |                |                 |                 |
| 1. The state has a professional development system that supports the infant-toddler workforce across all service sectors.   |                |             |             |                |                 |                 |
| 2. The state's professional development system incorporates personnel preparation and training around evidence-based core competencies.   |                |             |             |                |                 |                 |
| 3. The infant-toddler workforce has access to credit-bearing training opportunities that articulate into college degrees.   |                |             |             |                |                 |                 |
| 4. The state has an infant-toddler credential tied to higher education credit.  |                |             |             |                |                 |                 |
| 5. Higher levels of training and increased competencies are linked to better compensation.  |                |             |             |                |                 |                 |
| <b>Financing</b>  |                |             |             |                |                 |                 |
| 1. Services for infants, toddlers, and their families have adequate and stable funding.   |                |             |             |                |                 |                 |
| 2. Available funding sources are used strategically to promote system-building capacity.  |                |             |             |                |                 |                 |
| 3. The state addresses the needs of infants and toddlers when investing in pre-K initiatives.   |                |             |             |                |                 |                 |
| 4. The state has an initiative to offer grants or loans to early childhood programs to renovate or construct facilities to serve infants and toddlers.  |                |             |             |                |                 |                 |

**COLLABORATION AND SYSTEM BUILDING**

No/None Some Most Yes/All

Comments

Priority

**Public Engagement and Political Will Building**

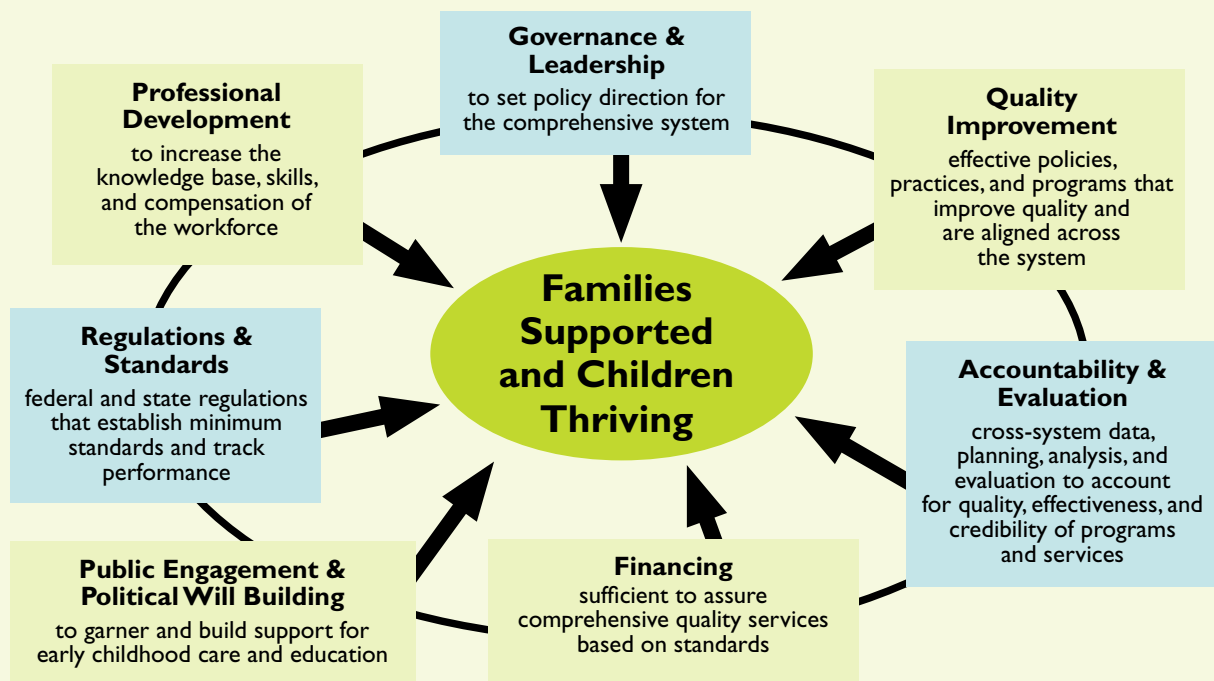
1. The state has a shared systemic vision for supporting young children and their families.

2. Public awareness efforts build public and political will around the needs of infants and toddlers.

3. Influential state policymakers are supportive of early childhood system-building efforts.

**Additional Collaboration and System Building Comments**

**Core Elements of an Early Childhood Development System**



Adapted by ZERO TO THREE from the Early Childhood Systems Working Group slide



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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).



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