

BETTER OUTCOMES FOR INFANTS AND TODDLERS
SAMPLE QUESTIONS FOR
KNOWLEDGE ABOUT INFANTS AND TODDLERS DEVELOPMENT

Knowledge about infants and toddlers development

For the following questions, please answer True (T) or False (F).

a. Babies in foster care are at highest risk for developmental delays or neurological impairment due to trauma, separation and disrupted attachment. ¹	
b. Children under age 3 in the foster care system are at a very high risk of having below average cognitive development. ²	
c. Unless babies and toddlers in foster care receive needed services early on, they won't be ready to start elementary school. ³	
d. The quality and reliability of a child's first relationships form the actual physical architecture of a child's brain. ⁴	
e. The bond that forms between a baby and a consistent loving caretaker is the single most important predictor of a child's healthy growth and development. ⁵	
f. Each additional visit that babies and toddlers receive with parents per week triples the odds of permanency in a year. ⁶	
g. Infants and toddlers have the same levels of risk in terms of developmental and behavioral issues as pre-schoolers. ⁷	
h. Infants and toddlers can get assessments and Early Intervention services through Individuals with Disabilities Education Act (IDEA) Part C and are required to be referred if there is a substantiated incident of abuse or neglect. ⁸	
i. Babies show very clear signs that their emotional needs are not being met. ⁹	
j. Without intervention, childhood abuse increases the odds of both future delinquency and health problems. ¹⁰	

¹ National Survey of Child and Adolescent Well-Being (NSCAW), CPS Wave 1. Data Analysis Report, April, 2005; Larrieu, J. & Zeanah, C. (1998) Intensive intervention for maltreated infants and toddlers in foster care. *Child and Adolescent Psychiatric Clinics of America*, 7, 357-371.; Larrieu, 2002, Institute of Infant and Early Childhood Development, Tulane University Medical Center.

² *Ibid.*

³ *Ibid.*

⁴ Shonkoff, J., & Phillips, D. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

⁵ *Ibid.*

⁶ Potter, C.C., & Klein-Rothschild, S. (2002). Getting Home on time: Predicting timely permanence for young children. *Child Welfare*, 81(2), 123-15; Concurrent Planning: What the Evidence Shows. Research to Practice in Child Welfare. U. S. Department of Health and Human Services, Administration for Children and Families, Administration on Children Youth and Families, Children's Bureau, (April, 2005).

⁷ Egger, H.L. & Angold, A. (2006). Common emotional and behavioral disorders in preschool children: presentation, nosology, and epidemiology. *Journal of Child Psychology and Psychiatry*, 47 (3), 313-337.

⁸ Keeping Children and Families Safe Act of 2003 amended the Child Abuse Prevention and Treatment Act (CAPTA) P.L. 108-36 and requires referral to Early Intervention of children under age 3 who are involved in substantiated cases of abuse or neglect.

⁹ Osofsky, J.D. (2004). *Young children and trauma: Intervention and Treatment*. New York: Guilford Publishers.

¹⁰ Cellini, H.R Child Abuse, Neglect, and Delinquency: The Neurological Link. *Juvenile and Family Court Journal*, Fall, 2004; Widom, C.S., & Maxfield, M. (2001). Widom, C.S., & Maxfield, M. (2001). An update on the "Cycle of Violence." *Research in Brief*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

BETTER OUTCOMES FOR INFANTS AND TODDLERS
SAMPLE QUESTIONS FOR SYSTEMS CHANGE

Systems' Change

For each of the statements listed below, please rate your capacity to implement using the following scale.

- X = Already done this
- 0 = Cannot do this
- 1 = Could do this in 1 year;
- 2 = Could do this in 2 years
- 3 = Could do this in 3 years

a. Establish a judge-led team to focus on system improvements	
b. Obtain judge's caseload involving infants (%)	
c. Obtain data on case information (What % of cases do they receive information about the infant's health, developmental and emotional needs, etc.)	
d. Obtain data on court orders (What type of court orders issued concerning infants)	
e. Obtain data on compliance with court orders (what % of court orders involving services for infants are complied with)	
f. Work with community partners to develop specific visitation practices for infants and toddlers	
g. Do more frequent case reviews for cases with infants and toddlers than in regular abuse/neglect or dependency docket	
h. Reduce or eliminate multiple placements of infants	
i. Create a dependency treatment court for parents of infants and toddlers	
j. In domestic relations cases, establish protocols for custody disputes involving children under 3	
k. In criminal cases, identify parents of infants and toddlers and provide parent-focused intervention as part of probation	
l. In delinquency cases, establish conditions of probation that teach teenagers the basics about infant-toddler social and emotional development	
m. Require developmental screening for all infants and toddlers in first 60 days from out of home placement.	
n. Refer child to mental health intervention through qualified infant mental health specialist under Part C services (Early Intervention)	
o. Ensure comprehensive health assessment	
p. Require medical home for each child	
q. Mandate therapy that focuses on the parent and child relationship	
r. Ensure parents are referred to parenting programs that are concrete, "hands-on" and include a behavioral change evaluation component	
s. Order child to therapy with infant mental health specialist	
t. Require post reunification services and supports for families with very young children	