



2024

MAINE KIDS COUNT®

The Maine KIDS COUNT Data Book® is a project
of the Maine Children's Alliance



Maine Children's Alliance

Advocating for the well-being of all Maine families.

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You will notice a QR code on the inside front and back covers of this year's Maine KIDS COUNT Data Book. This code will take you to a Google Form where we ask you to share a little about yourself, your interaction and reaction to the Data Book, and your vision for the future of data equity in Maine. Our journey to fully represent and understand the diverse experiences of all children is ongoing. As we strive towards a more just and equitable future, we appreciate your feedback and partnership in this vital work.



Take the Survey!

The Maine 2024 KIDS COUNT® Data Book received support from the Annie E. Casey Foundation and the John T. Gorman Foundation. The findings and solutions presented in this report are those of the Maine Children's Alliance alone and do not necessarily reflect the opinions of these funders.

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Land Acknowledgement

We ask that before engaging with this book, you take a moment to acknowledge the land and water we occupy in the state of Maine, and to recognize the Indigenous peoples who have cared for this land for thousands of years. The Abenaki and Wabanaki peoples were the original stewards of these fishing, hunting, and agricultural grounds, long before European settlers arrived.

We acknowledge that we live and work on the unceded homelands of the Wabanaki Confederacy. There are four federally recognized tribes in Maine: Houlton Band of Maliseet Indians, Mi'kmaq Nation, Penobscot Nation, and the Passamaquoddy Tribe. The Passamaquoddy Tribe includes the Passamaquoddy Tribe at Motahkomikuk and the Passamaquoddy Tribe at Sipayik. These communities continue to have a vibrant presence in Maine today.

We recognize the painful history of settler colonialism, which includes the forced displacement and cultural genocide of Indigenous peoples. One example of this

harm is the system of boarding schools where Indigenous children were taken from their families; forced to abandon their languages, cultures, and identities; and subjected to abuse and neglect. The impact of these harms is still felt by Indigenous children, families, and communities in Maine. Due to current state and federal laws, unlike the other 573 federally recognized tribes in the United States, Wabanaki tribes lack tribal sovereignty. As a result, new federal laws and protections that apply to tribes outside Maine do not benefit Wabanaki Nations.

To contribute to the healing process, we encourage you to learn more and take action with Wabanaki REACH at mainewabanakireach.org. The work of understanding, reckoning with this history, and building a more just and compassionate future for all children in Maine is ongoing. We all have a role to play in supporting the well-being and sovereignty of Indigenous children, families and communities.



What Is Maine KIDS COUNT®?

Maine KIDS COUNT® is a Maine Children’s Alliance (MCA) project. MCA is part of the national KIDS COUNT® network, sponsored by the Annie E. Casey Foundation and charged with tracking the status of children across all 50 states, Washington D.C., Puerto Rico, and the Virgin Islands. Since 1994, MCA has published Maine KIDS COUNT Data Books to highlight children’s health and welfare, family economic security, and early learning and education. The indicators for the Maine Data Book must be reliable, available, and consistent over time and must represent key measures of children’s well-being, be easily understandable, and include children of all ages.

The 2024 Maine KIDS COUNT Data Book

We focused on key indicators and aligned the Data Book with our work in advancing policy solutions. While fewer indicators are included in print format than in past editions, additional measures can still be found at the online [KIDS COUNT® Data Center](#).

The KIDS COUNT Data Center is an interactive dashboard enabling users to display and print tables, graphs, maps, and rankings and to download up-to-date raw data. The dashboard includes hundreds of measures of child well-being, and the Maine data can easily be compared to those of other states. As a KIDS COUNT grantee, MCA posts additional [county-level data](#) and Maine data disaggregated by race/ethnicity and other factors. Please contact staff at MCA if you have questions about using the Data Center or would like support in sharing the child well-being indicators with your community.

The definitions and sources of the data used in the Data Book can be accessed from the online version through the hyperlinks for each indicator. A document with definitions and sources is also available on [MCA’s website](#).



How to Use This Book

State and Local Policymakers

- ✓ **View and compare dozens of indicators** of child and family well-being specific to the county that your legislative district is in. Additional county-level indicators can be found at the [KIDS COUNT® Data Center](#).
- ✓ **Dive deeper into indicators** to understand inequities facing children and families. Data for the overall child population can obscure important differences when data are disaggregated by geography, income, or race/ethnicity.
- ✓ **Start conversations with members of your community** about the policy changes needed for children to thrive and how you might move them forward.
- ✓ **Review the proposed solutions** in each section and take action to implement those recommendations.
- ✓ **Before you cast your vote on a proposed state or local policy, ask how that policy will move outcomes** in the right direction for the children you serve – especially for children of color who have faced longstanding societal barriers.

Advocates

- ✓ **Learn more about the well-being of children and families** in your community. Dive deeper into indicators to understand the root causes of disparities, by geography, income, or race/ethnicity.
- ✓ **Send a digital copy of this book** to your state and local leaders, highlighting areas of interest for you.
- ✓ **Write an Op-Ed or Letter to the Editor** or social media post about an important issue of child and family well-being utilizing data from the book.
- ✓ **Use the information to engage parents, youth, and others with lived experience** in civic action and advocacy.
- ✓ **Combine the data and information** with your community-level expertise and personal stories to inspire policymakers to take action.
- ✓ **Hold state and local leaders accountable** by using data in this book and in the [KIDS COUNT® Data Center](#).
- ✓ **Ask policymakers** how decisions they make will move things in the right direction for all Maine children and families.

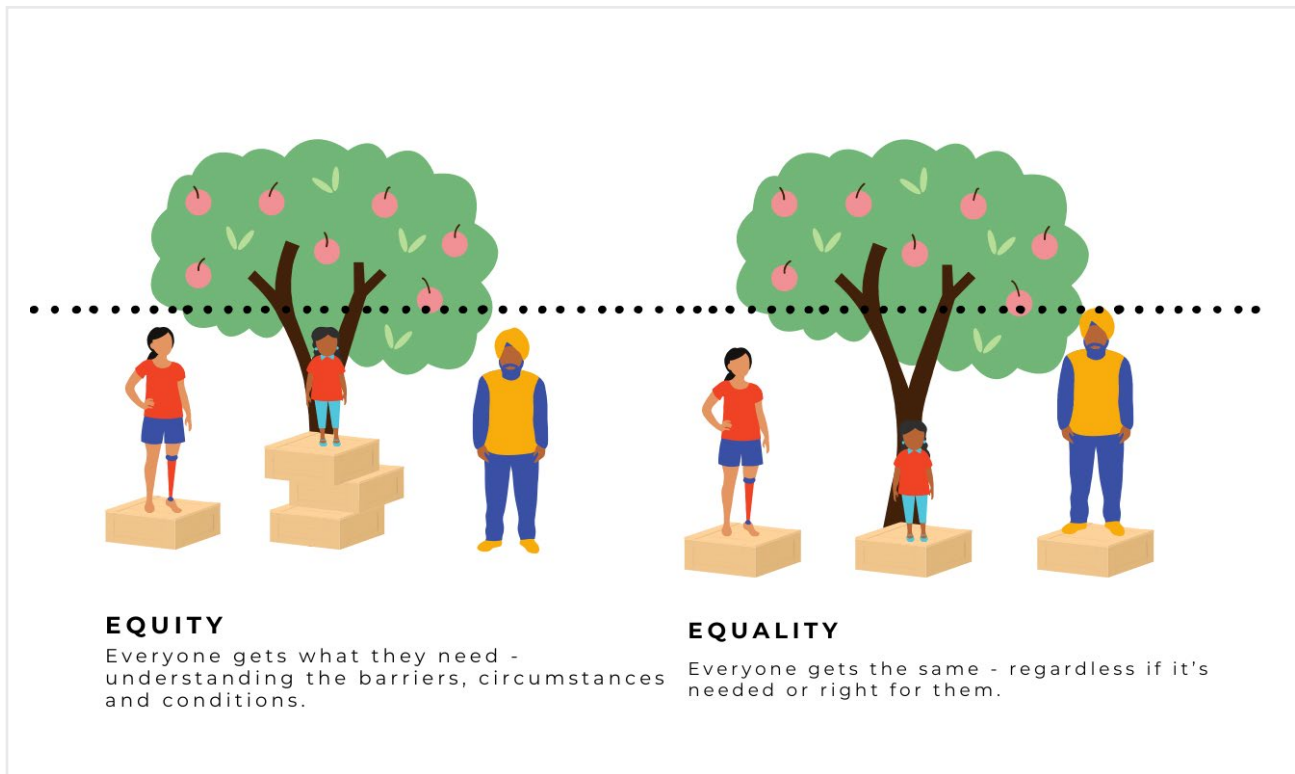
Equity and Structural Racism

Maine benefits when all our children have what they need to enjoy a healthy, happy childhood and chart a positive path to adulthood. Achieving equity requires developing targeted solutions to address the specific situations of different populations. For example, we know it is difficult to access dental care in rural areas in Maine. As a result, children in those areas benefit from preventative dental care at school.

Structural racism is a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing, ways to perpetuate racial group inequality. Identifying unequal outcomes for one group compared to another can help us to understand inequities and develop targeted solutions. Looking at disparities can also perpetuate bias and disregard a group's

strengths. Where disparities exist, it is imperative to explore the root causes and impact of structural racism. Root factors are complex and include the history of slavery and Native American genocide in the United States. Structural racism is evident in disinvestment in communities, anti-immigrant policies, discriminatory housing policies, restricted access to health care, and funding our education systems with property taxes.

MCA notes that this book does not fully address the root causes and impacts of structural racism. We are committed to integrating information about this issue, understanding the causes, and investigating the impacts of our work.



A Note on Data Equity from the MCA Team

Centering data equity is essential for fostering justice, promoting inclusivity, and ensuring all voices are heard in decision-making.

The Maine KIDS COUNT Data Book attempts to be a comprehensive portrait of the physical, social, economic, and educational well-being of Maine children and their families. While we seek to include the best available data, reliable data are not always available, and the data we do have may not fully capture the challenges Maine families face. A significant challenge in data work today is ensuring that products and analyses center equity, as decisions made throughout the data process can otherwise reinforce biases.

Data exist in the present and historical context of systems. As we use data to advocate for policy solutions and resources that enhance systems for all children, we recognize that how data are collected can systematically leave certain groups out and thereby marginalize and harm communities of color and others. Given the critical role of data in shaping policies and resource allocation, it is essential to explicitly address systemic oppression in data collection, analysis, and sharing as part of an intersectional and antiracist practice.

As data increasingly influence individuals' lives, data equity seeks to create a world where data use, informed by individuals' consent, supports well-being and mitigates potential harms. Data equity is crucial because it ensures that all communities, especially marginalized and underserved populations, have fair access to data collection, analysis, and utilization.

Embedding equity in data involves refining data processes and integrating principles of equity at all organizational levels. A data equity lens should be applied at every project stage to identify and mitigate potential negative impacts on individuals or communities. An effective data equity lens will enhance data

reliability, increase stakeholder trust, and promote equitable outcomes.

MCA's commitment to centering equity in our efforts remains steadfast. As we work to improve child well-being in Maine, we must continue to advocate for equitable data collection and usage. We are committed to working with community partners and elevating the voices of those with lived experience as they determine what data to collect and how to use the information to advance the well-being of children and families.

Special thanks to the Annie E. Casey Foundation and the John T. Gorman Foundation for supporting Maine KIDS COUNT and to Kristen Kinchla (she/they) for leading this project.

MCA Team

Ashleigh Barker (she/her), Rita Furlow (she/her), Melissa Hackett (she/her), Rebecca Herron (she/her), Kristen Kinchla (she/they), Clare McNerney (she/her)

Data Equity Resources

- ◆ [Data Reframed](#)
- ◆ [We All Count](#)
- ◆ [First Nations Information Governance Centre](#)



Graphic designed and shared by South Portland High School senior Sanni



Maine Children: Demographic Snapshot

Maine’s child population is becoming increasingly diverse. More than 41,500 children identify as people of color; their families live in every part of the state. Equitable access to economic opportunities, education, health care, and justice must be central to systems, policies, and programs to ensure all children can thrive.

CHILDREN BY AGE GROUPS: 2023¹

Birth to age 4:	61,645
Ages 5 to 11:	96,208
Ages 12 to 17:	91,199
Total number of children:	249,052

PUBLIC SCHOOL ENROLLMENT: 2023-2024 SCHOOL YEAR²

Economically disadvantaged students:	65,578 (38%)
Multilingual learners:	7,201 (4%)
Special education students:	34,722 (20%)
Students in foster care:	1,278 (1%)
Students experiencing homelessness:	2,825 (2%)
Total public school enrollment:	172,624

PUBLIC HIGH SCHOOL ENROLLMENT: SEXUAL ORIENTATION AND GENDER IDENTITY³

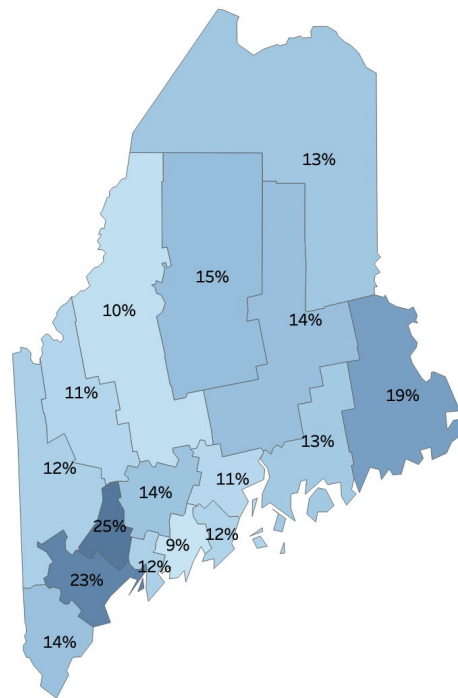
Students who identified as LGBTQ+ :	13,860 (26%)
Students who identified as transgender:	2,374 (5%)

POPULATION CHANGES: APRIL 1, 2020 TO JULY 1, 2023⁴

Births:	38,541
Deaths of all persons of all ages:	54,795
In-migration from other states:	42,818
In-migration from other countries:	2,209

The percent of children of color by county varies from 9.3% to 24.8%.

Percent of children of color by county per U.S. Census 2020



Source: [Children by race/ethnicity](#) - KIDS COUNT

FOOTNOTES

- [Children by age group](#) - KIDS COUNT
- [Maine Department of Education - Publicly Funded Attending Students 2023-2024 School Year](#)
- [Maine Integrated Youth Health Survey - 2023 Detailed Reports](#)
- [Data Request from Maine Department of Human Services, Maine Center for Disease Control and Prevention, Data, Research and Vital Statistics](#)

The 2030 Census is fast approaching! Are you interested in joining the Complete Count Committee to help ensure every child is counted in the census and secure essential funding for your community’s future? Contact us!



Recent Wins for Maine Children

Financial Support and Economic Security

- › Implemented [School Meals for All](#), reached nearly 100,000 Maine children with [SUN Bucks program](#), and improved [upon the federal WIC program](#) to offer more flexibility for dietary preferences and better support breastfeeding goals
- › Invested in [new housing construction, created housing vouchers for students experiencing homelessness and at-risk households](#), piloted a [rent relief program, improved zoning laws](#), and [capped landlord application fees](#)
- › Boosted [funding for General Assistance programs](#); worked to ensure all [services were trauma-informed and culturally and linguistically appropriate](#); and increased the [TANF benefit amount by 20%](#)
- › Made the [Child and Dependent Tax Credit](#) fully refundable
- › Enacted a [comprehensive child care bill](#) that expanded access to child care subsidies with a statutory goal for no family to pay more than 7% of their income on child care by 2030, and increased [child care educator salary supplements](#)
- › Distributed flexible funds to nearly [500 parents pursuing postsecondary education](#)

Health and Wellness

- › Officially recognized May as [Mental Health Awareness Month](#)
- › Created an [Office of New Americans](#)
- › Increased the [income limits for MaineCare to 300% of the federal poverty level](#) and prohibited [debt collectors from suing to collect medical debt](#)

- › Covered all MaineCare participants' [postpartum care up to one year after birth](#), conducted a state [Doula Workforce Assessment](#), equipped [postpartum patients with naloxone first aid kits](#), and launched a [National Maternal Mental Health Hotline \(1-833-TLC-MAMA\)](#)
- › Became the 13th state to establish a [paid family and medical leave program](#)
- › Provided community-based dental care with Maine's first [Virtual Dental Home pilot](#), expanded [school oral health programs](#), and partnered with 195+ primary care practices through the [First Tooth program](#)
- › Recorded a [13% drop in high school student vaping](#) since 2019
- › Launched [Be There for ME](#) to reduce stigma around seeking support
- › Created an [online database](#) of over 250 Maine-based mental health resources

Children's Education and Behavioral Health

- › Invested [\\$260 million](#) into children's behavioral health services and allocated funds to [establish a Psychiatric Residential Treatment Facility](#)
- › [Reclassified compensation](#), added [targeted positions](#) for state child welfare caseworkers and supervisors, and funded [services for children in state custody](#)
- › Expanded the [Building Assets Reducing Risks](#) model to boost student achievement and well-being, invested \$10 million to [enhance reading outcomes](#), further developed the [Early Childhood Consultation Partnership](#), launched [Help Me Grow](#), and implemented the [First4ME model](#)



HEALTH, SAFETY AND WELL-BEING



KEY INDICATORS

- Birth Equity
- Health Insurance
- Dental Care
- Youth Substance Use
- Youth Mental Health
- Youth Behavioral Health
- Child Welfare



Birth Equity

All birthing persons in Maine deserve a positive experience during pregnancy and birth, and postpartum.

What is Birth Equity?

Birth equity ensures all individuals, regardless of race, income, or background, have equal access to high-quality care and support during pregnancy and birth, and postpartum, leading to better health outcomes.

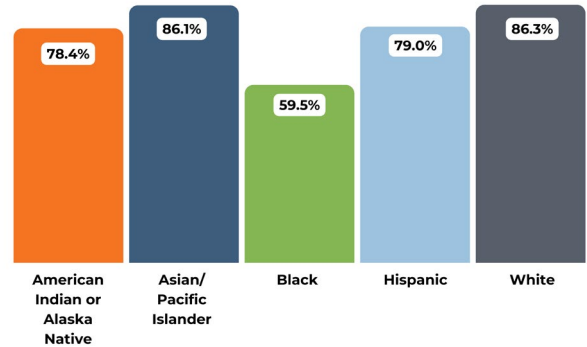
Systems that impact the health and wellness of birthing people and their partners, families, and infants include clinical care, physical environment, social and economic supports, and policies.¹

Clinical Care

- ◆ The closure of seven obstetrics units in the past 10 years, primarily in rural areas, due to low birth volumes and workforce retention challenges, has limited available care.
- ◆ Even when they access care, birthing persons report feeling under-informed, excluded from decision-making, lacking communication and informed consent, and fearing provider judgments or pressures.
- ◆ Translation services provided during care do not meet the needs of birthing persons in Maine, with reports of misunderstandings, issues with accuracy, dialect sensitivity, lack of medical terminology knowledge, confidentiality problems, and cultural insensitivity in translation.²

Black birthing persons were less likely than their peers to have access to adequate prenatal care.

Adequate prenatal care as a percent of total live births (2023)

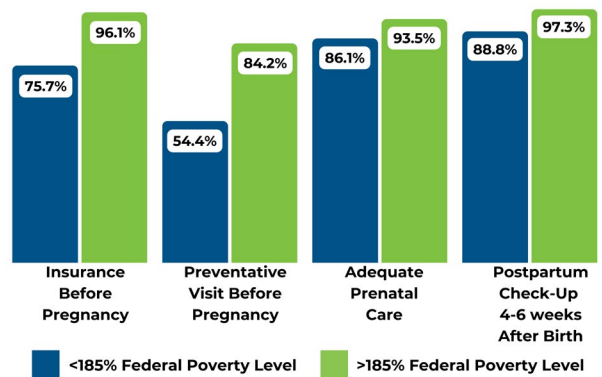


Note: Adequate prenatal care is defined as having initiated prenatal care in the first trimester.

Source: [Adequate prenatal care by race/ethnicity](#) - KIDS COUNT

Birthing persons with lower incomes were less likely to have health care coverage and access than their peers with higher incomes.

Health care coverage and access in the perinatal period by income (2023)



Source: [Using Pregnancy Risk Assessment Monitoring System \(PRAMS\) to Measure Social Determinants of Health of Perinatal and Infant Health in Maine](#) (2024)

There were 11,621 births in Maine in 2023.

Source: [Births](#) - KIDS COUNT

11,621

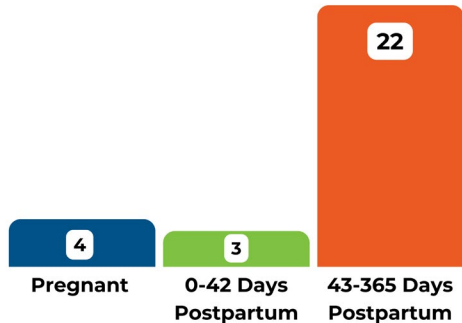


Birth Equity (continued)

To improve health outcomes, birthing persons need increased social and economic supports.

The majority of pregnancy-related deaths occur postpartum, highlighting the critical need for improved access to postpartum care.

Timing of pregnancy-associated deaths (2018-2021)



Note: The top 5 causes of pregnancy-associated deaths according to the death certificate were direct or indirect obstetric causes (8), motor vehicle accidents (7), accidental poisoning (overdose) (5), suicide (3), and cardiovascular disease (2).

Source: [Maine Center for Disease Control and Prevention: Maternal, Fetal, and Infant Mortality Review Annual Report \(2023\)](#)

Physical Environment

Factors outside medical care, known as Social Determinants of Health, account for 80% of health outcomes.³

Of recently postpartum people who gave birth in Maine in 2022:

- ◆ 7% did not currently have a steady place to live or might lose their housing in the future
- ◆ 18% were unable to pay their mortgage, rent, or utility bills in the past year
- ◆ 20% did not have enough money to buy food
- ◆ 24% could not afford to eat balanced meals
- ◆ 10% did not have reliable transportation⁴

Additional identified barriers include long travel distances, child care, and difficulties accessing insurance coverage.²

Social & Economic Supports

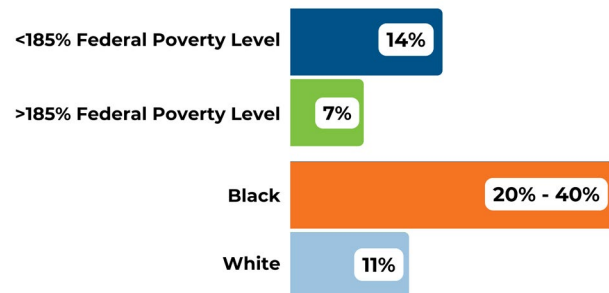
Focus group participants in the Maine Perinatal Health Disparities Needs Assessment stated the need for a patient advocate. They envision an advocate such as a friend, family member, doula, or community health worker who shares their cultural background and lived experiences, has navigated Maine’s perinatal system, and can assist with medical interpretation, isolation, and other needs.

Doula services provide positive birth outcomes for Black and underserved populations and can help address the effects of structural racism. Community health workers also provide essential wraparound services for many pregnant and newly postpartum Mainers.²

Many participants shared that they felt support was lacking during the postpartum period when 1 in 3 (33%) birthing persons reported needing mental health services and almost 1 in 5 (18%) reported experiencing anxiety symptoms.⁴

Reports of experiencing postpartum depression are higher among Black birthing persons and birthing persons with lower incomes than among other groups.

Percent of respondents reporting postpartum depression symptoms (2023)



Source: [Maine PRAMS Data Brief \(2023\)](#)



HEALTH, SAFETY AND WELL-BEING

Health Insurance

Better outreach and promotion will help families access healthcare coverage for their children.

WHY IT MATTERS

Access to high-quality, affordable health care is critical for child health and development. Children with insurance receive more preventative care and can better access medical care when needed, contributing to positive short- and long-term health outcomes.⁵

HOW MAINE IS DOING

About 4% (11,000) of children are without health insurance. Over half of the children who are uninsured are eligible for MaineCare, which covers families earning up to 300% of the Federal Poverty Level. For a family of two, that is an annual income of about \$59,000, and for a family of four, \$90,000.

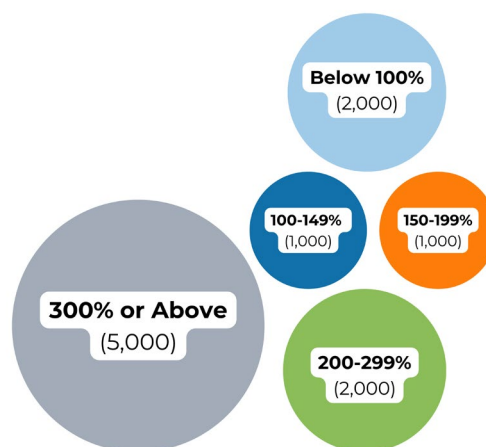
Barriers to getting eligible children insured include:

- ◆ Lack of information about eligibility requirements, application processes, benefits, cost, and coverage
- ◆ Stigma around receiving and relying on public benefits, particularly for rural or immigrant families
- ◆ Limited access resulting from too few healthcare providers accepting MaineCare, transportation difficulties, and long wait times for appointments⁶

Outreach efforts that promote understanding of and access to health insurance options for families are critical to ensuring children have coverage. Efforts should include promoting healthcare coverage options to parents and caregivers since children are more likely to have coverage when their parents have health insurance.⁷

About 6,000 of the 11,000 children who are uninsured are eligible for coverage under MaineCare.

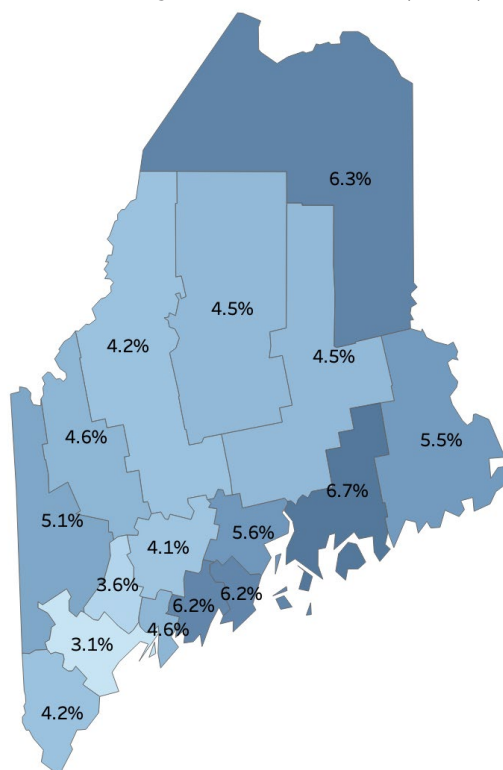
Number of children under age 19 who are uninsured by income group (2023)



Source: [Children without health insurance by poverty level](#) - KIDS COUNT

In Aroostook, Hancock, Knox, and Lincoln counties, more than 6% of children were uninsured, twice the rate of Cumberland County.

Percent of children under age 19 who are uninsured by county (2022)



Source: [Children under age 19 without health insurance](#) - KIDS COUNT



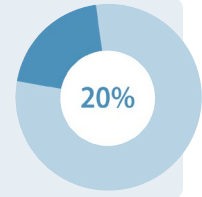
Dental Care

Regular dental care is vital for kids, promoting oral health and overall health.

WHY IT MATTERS

Tooth decay is among the most common chronic health issues among children and, if left untreated, can lead to pain and difficulty eating; lack of dental care can interfere with school readiness and attendance. To ensure good oral health, it is essential for children to have a dental home by the end of their first year. Routine dental care can be provided at a dental office, school, or community-based clinic.^{8,9}

Over 20 percent of fifth-grade students reported missing school to receive care for a non-routine dental problem.¹¹

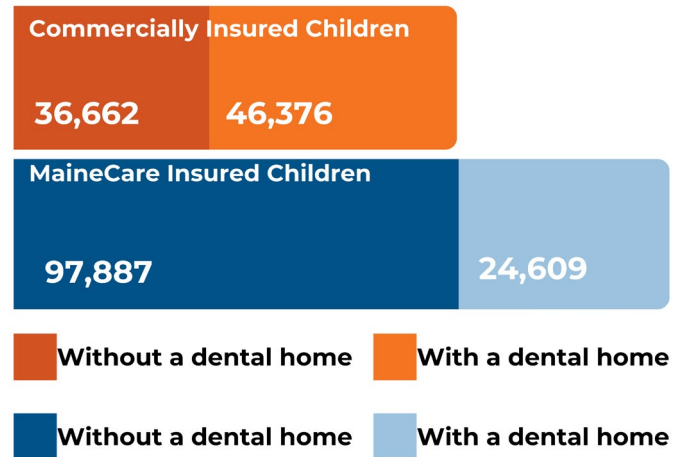


Statewide, children with commercial insurance were 2.8 times more likely to have a dental home than those with MaineCare (56% vs. 20%).

Number of insured children with and without a dental home (2022)

HOW MAINE IS DOING

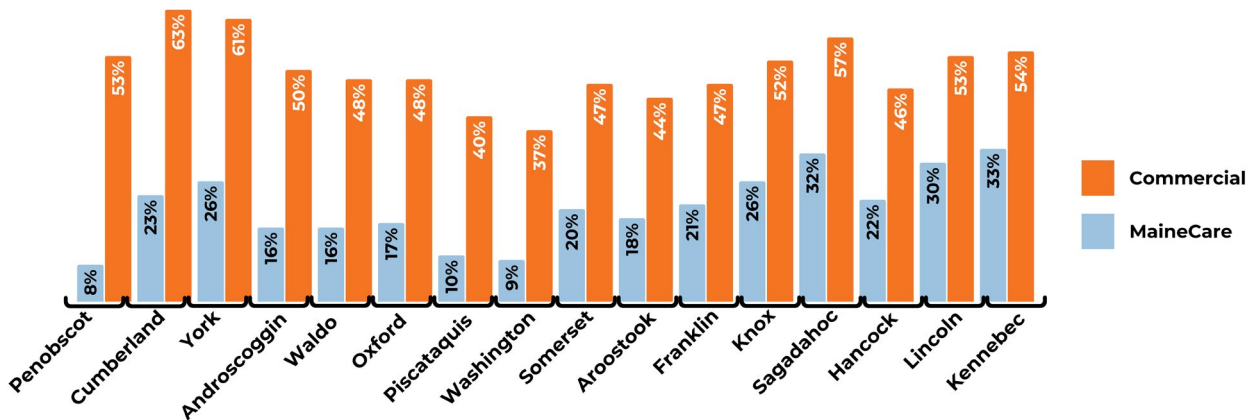
Children’s dental coverage, both public and private, has increased in the last 5 years. Dental coverage does not equal access to care, however, as only 1 in 3 (35%) children with consistent dental coverage have an active dental home. Commercially insured children are more likely to have a dental home than those with MaineCare. Factors contributing to a lack of dental care are a decrease in dentists (10%) and dental hygienists (19%) from 2019 to 2023 and the second-lowest dental provider Medicaid participation rate in the country (16%).^{8,10}



Source: [Assessing Maine Children’s Access to a Dental Home](#) (2024)

In Penobscot County, commercially insured children are 6.6 times more likely than children with MaineCare to have a dental home.

Percent of consistently insured children who had a dental home, by county and payer (2022)



Source: [Assessing Maine Children’s Access to a Dental Home](#) (2024)



Youth Substance Use

Preventing substance use among youth is critical for their present and future health.

WHY IT MATTERS

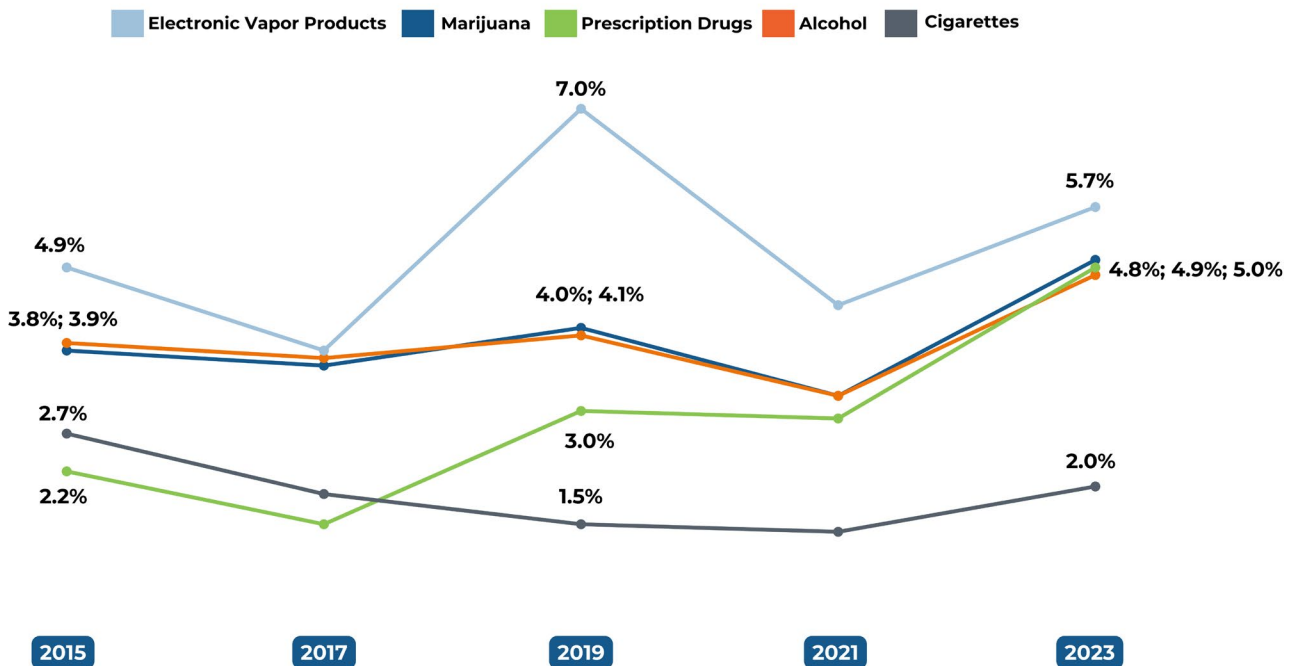
Research indicates that adolescent substance use can disrupt brain development, leading to lasting cognitive impairments and increased susceptibility to developing substance use disorders. Preventing early substance use is important to ensure positive health, academic, and social outcomes.^{11,12} Implementing evidence-based prevention programs at an earlier age will be necessary to curb the rise in middle-school substance use, as early intervention builds resilience and equips students with the skills to make healthier choices.

HOW MAINE IS DOING

Middle schools saw a significant increase in students ages (12-14) using substances. Compared to 2021, in 2023, students were more likely to report having used marijuana and alcohol for the first time, consuming alcohol earlier than age 11, and drinking five or more alcoholic drinks in a row in the last 30 days. They were also more likely to report that their parents/guardians would not find their substance use to be wrong. Both middle and high school students were more likely to report that accessing marijuana and alcohol would be "sort of easy" or "very easy."¹³

The use of electronic vapor products, marijuana, prescription drugs, alcohol, and cigarettes has significantly increased for middle-school students.

Percent of middle-school students (ages 12-14) who reported that they used electronic vapor products, marijuana, prescription drugs, alcohol, or cigarettes in the last 30 days (2023)



Source: [Maine Integrated Youth Health Survey](#) (2023)



Youth Mental Health

All youth in Maine deserve to live long, healthy lives and feel connected to their communities.

If you or anyone you know are struggling with thoughts of suicide, call or text the National Suicide Prevention Lifeline at 988 or the Maine Crisis Line at 1-888-568-1112.

WHY IT MATTERS

Life events can often feel overwhelming for adolescents, especially for those dealing with challenges such as family and peer conflicts, bullying, isolation, and social or academic pressures. If left untreated, mental health issues can interfere with school and relationships and have potentially life-threatening consequences. Suicide risk can be tied to the overall social climate. Research is being conducted to understand better how a local and national atmosphere of trauma and discrimination affects LGBTQ+ and youth of color.^{14,15}

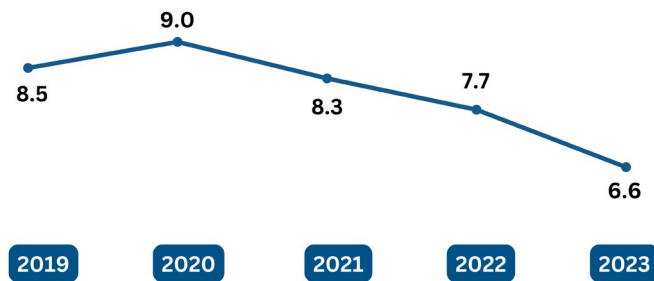
HOW MAINE IS DOING

About 1 in 3 middle- and high-school students described feeling sad or hopeless, and about 1 in 5 reported self-harming and/or that they had thought about dying by suicide.¹³ To address this, it is crucial to prioritize mental health education, increase access to counseling services, and foster supportive environments in schools to help students cope with stress and emotional challenges before they escalate.¹²



Maine’s child and teen suicide rate is at a five-year low.

Five-year average rate of suicide per 100,000 youth ages 10-19 (2019-2023)

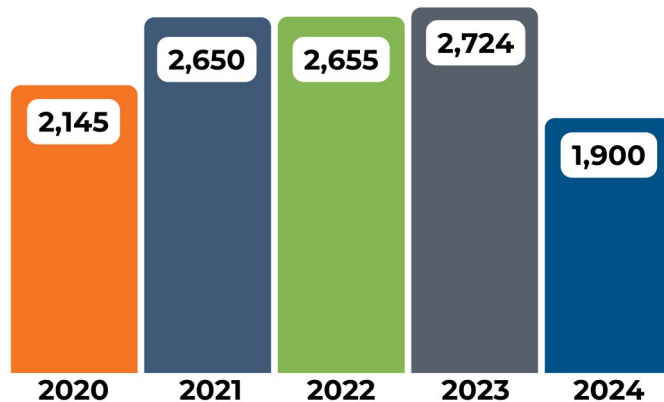


Note: All county-level data for 2019-2023 were flagged because the estimates did not meet Maine Center for Disease & Prevention standards for reliability.

Source: [Child and teen suicide](#) - KIDS COUNT

Youth visits to emergency departments (EDs) involving suicidal intent are at the lowest level since 2017.

Annual number of visits to any ED in Maine by youth ages 10-19 for suicidal ideation, intentional drug overdose, or suicide attempts (2020-2024)



Note: Number is equal to visits, not individuals.

Source: [Maine Suicide Prevention Program’s Data Dashboard](#) (2024)



Youth Mental Health (continued)

Schools and communities must prioritize building support and mattering for youth.

LGBTQ+ Highlight

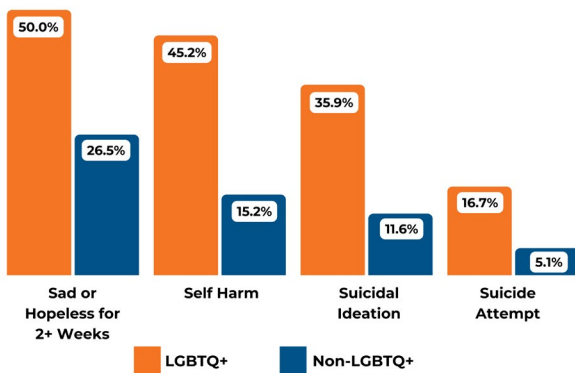
More than 1 in 4 high schoolers and 1 in 5 middle schoolers identified as LGBTQ+.¹³

19,690

The Trevor Project, a nonprofit organization that focuses on suicide prevention in LGBTQ+ youth, has found higher rates of suicide attempts in youth who report that their homes, schools, or communities are not accepting of their identity.¹⁵

Suicide risk behaviors and attempts were higher among LGBTQ+ youth than among their non-LGBTQ+ peers.

Percent of students reporting mental distress by sexual orientation (2023)



Source: [Maine Integrated Youth Health Survey](#) (2023)

- ◆ About 14% of high school students reported that someone had made offensive comments or attacked them at school because of their perceived sexual orientation. Of those students, more than 4 in 10 (42.3%) identified as LGBTQ+.
- ◆ About 9% of high school students reported that someone had made offensive comments or attacked them at school because of their perceived gender. Of those students, nearly two-thirds (65.2%) identified as transgender.¹³

Youth of Color

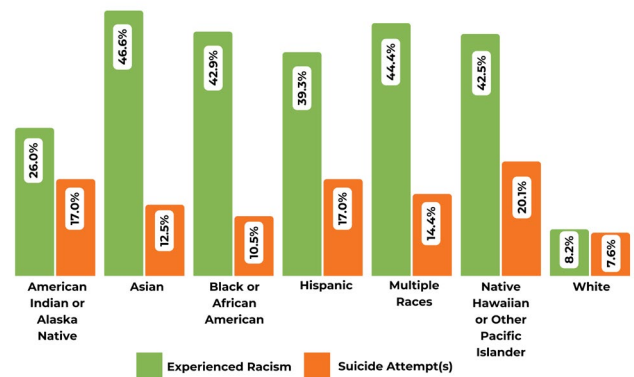
Across Maine school districts, the proportion of non-white students is 14.3%.¹⁶

24,682

Suicide attempts were higher among youth of color than among their white peers. This was not always mirrored in the reporting of risk behaviors, indicating that current assessments need to be more culturally inclusive and trauma-informed.¹¹

Students of color are more likely to report experiencing racism and attempting suicide.

Percent of high school students reporting at least one suicide attempt and percentage of students reporting having experienced racism defined as having someone “make an offensive racial comment or attack them at school based on their race or ethnicity” (2023)



Source: [Maine Integrated Youth Health Survey](#) (2023)

“We need to ask kids, what are you exposed to that really bothers you?”

- [Sherry Molock, PhD](#)



Youth Behavioral Health

Maine children deserve to receive services in their homes and communities whenever possible.

Background

On September 9, 2024, the United States Department of Justice filed a lawsuit against the State of Maine.

The Justice Department claimed that Maine was violating the Americans with Disabilities Act by failing to provide sufficient behavioral health services, programs, and activities in the most integrated, least restrictive setting appropriate to the needs of individuals with behavioral health challenges and disabilities.

Children with significant behavioral health needs and disabilities in Maine are unnecessarily institutionalized, severing their ties to family and community. Children with significant needs are housed at Long Creek Youth Development Center, Maine's only secure juvenile facility, and at other residential facilities both inside and outside the state. In addition to being an inappropriate non-therapeutic setting, Long Creek may lock youth up for 23 hours per day and/or subject them to the use of force. Of the youth who arrive there, 85% arrive with three or more mental health diagnoses, and the majority (70%) had received behavioral health services through MaineCare within the year before their incarceration.¹⁷

During each month between January 2018 and June 2024:

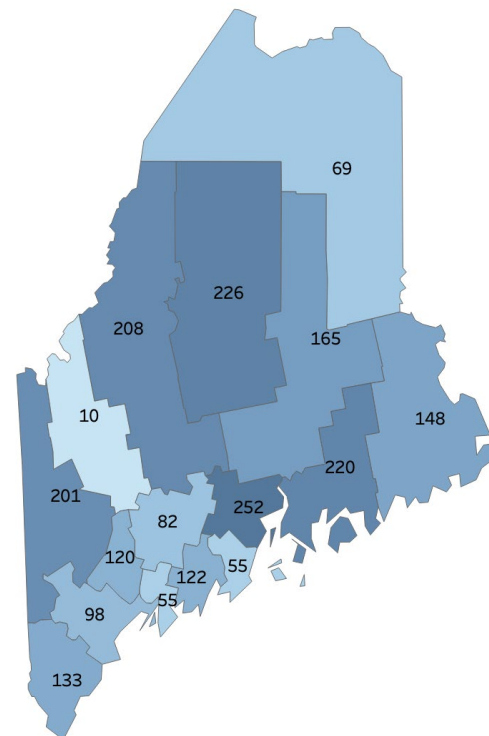
- ◆ Between 41 and 85 Maine children lived in out-of-state residential facilities.
- ◆ Between 133 and 353 Maine children resided in Children's Residential Care Facilities in Maine, spending an average of 246 days there.¹⁷

Provider Resources

Due to workforce challenges, Maine's crisis hotline is frequently unavailable, despite its intended 24/7 accessibility. Crisis Stabilization Unit beds are also frequently unavailable, which forces families to visit hospital emergency departments for crisis care. In some areas of the state, there are zero community-based providers.¹⁷

Children in some counties spend four times longer on treatment waitlists than their peers in other counties.

Average number of days on waitlist for home and community-based treatment (October 2024)



Source: [Maine Department of Health and Human Services Children's Behavioral Health Data Dashboard](#) (2024)



HEALTH, SAFETY AND WELL-BEING

Youth Behavioral Health (continued)

Timely access to appropriate care is critical to prevent the unnecessary institutionalizing of children.

Waitlists are significant for all services, but average wait times vary by service type.

Number of children and average number and range of days on behavioral health waitlists (October 2024)

Behavioral Health Service Type	Children on Waitlist	Average Days on Waitlist
Rehabilitative & Community Services	326	151 (Range 8 - 307)
Specialized Rehabilitative & Community Services	326	372 (Range 99 - 837)
Home & Community-Based Treatment	434	135 (Range 10-252)

Source: [Maine Department of Health and Human Services Children's Behavioral Health Data Dashboard](#) (2024)

Update: On November 26, 2024, Governor Janet Mills announced that the State of Maine and the United States Department of Justice reached a settlement agreement. These newly announced investments offer significant opportunities for system improvements if fully implemented. Gaps in available support services remain significant, however, and innovative solutions will be critical to meeting the growing disability and behavioral health needs of Maine's children.¹⁸





Child Welfare

Living in supportive, stable environments is crucial for children’s health and development.

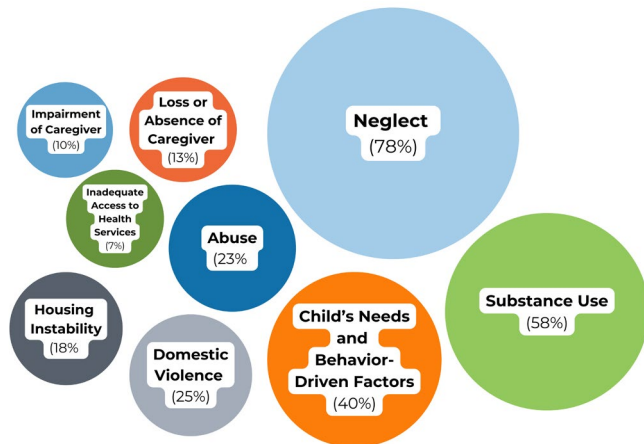
Risk Factors

Children are less likely to experience abuse or neglect when their families experience less stress and receive more support for the challenges they face.

Involvement with child protection often crosses issues and systems. The majority of child welfare cases involve parental challenges to safety and stability rather than physical or sexual abuse.

In 78% of cases, neglect was cited as the reason for removing children from their families.

Reasons cited for removal (2023)



Note: Totals will exceed 100% due to each removal having multiple reasons cited.

Source: Data Request from [Maine Department of Health and Human Services, Office of Child and Family Services](#) (2024)

While poverty is not neglect, the income status of families is a significant predictor of child protective involvement. It is critical that poverty is not conflated with neglect, and that families are supported whenever possible without necessitating child welfare system involvement.

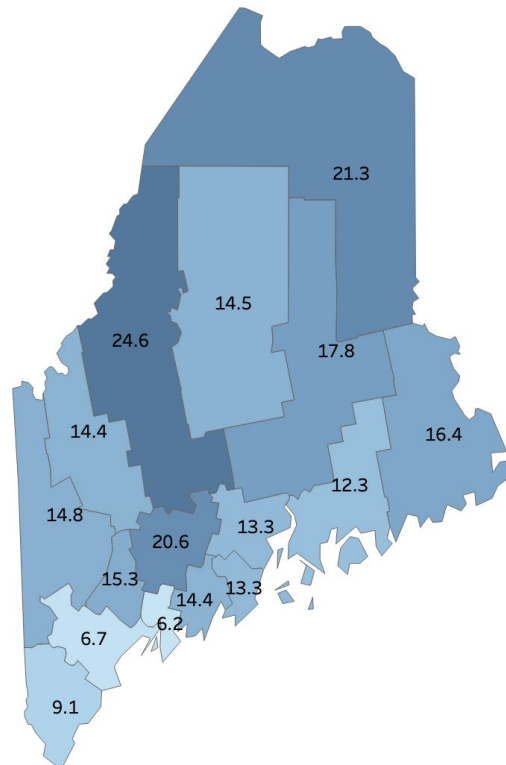
Child Maltreatment

In 2023, the number of children who experienced maltreatment substantiated by a state agency investigation decreased for the fourth year in a row.

In 2022, the national rate of child maltreatment was 7.7 per 1,000 children, while Maine’s rate was 15.8 per 1,000 children. Due to varying definitions of abuse and neglect across states, however, caution should be used when making comparisons.

Children in the most rural counties experienced maltreatment at rates more than three times higher than in urban counties.

Rate of maltreatment per 1,000 children ages 0-17 by county (2023)



Note: These data exclude 381 substantiated/indicated child abuse and neglect victims where the county of abuse is unknown.

Source: [Substantiated child maltreatment victims by county](#) - KIDS COUNT



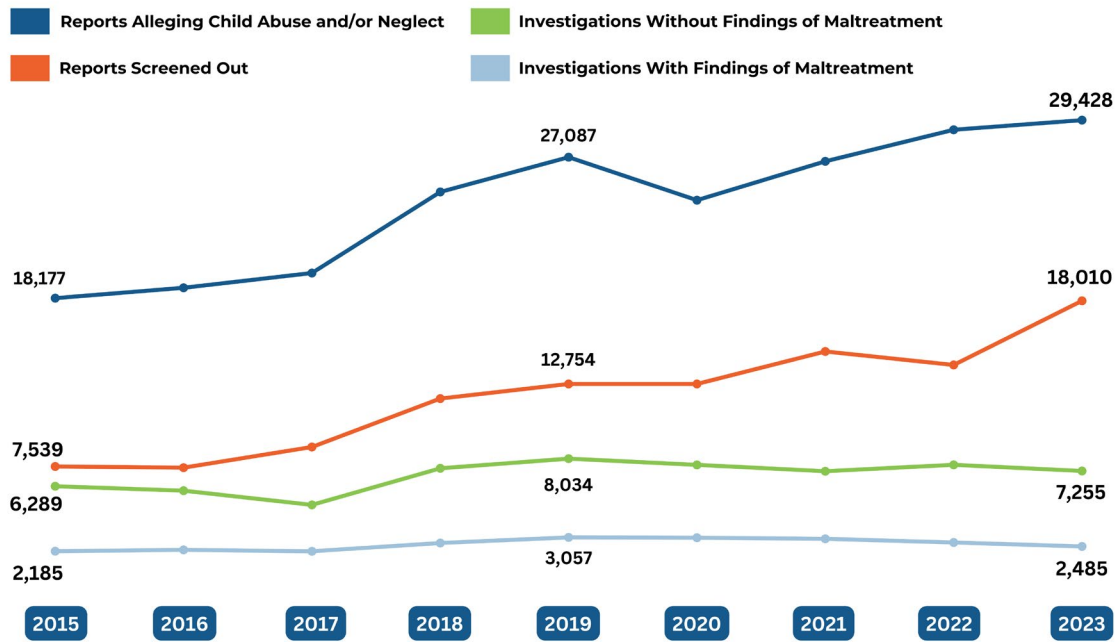
HEALTH, SAFETY AND WELL-BEING

Child Welfare (continued)

Making community resources available and connecting families to those resources is essential.

Less than half of the reports made for potential child abuse or neglect were found appropriate for investigation.

Number of reports and investigations performed by Maine's state Office of Child and Family Services (2015-2023)



Source: Data Request from [Maine Department of Health and Human Services, Office of Child and Family Services](#) (2024)

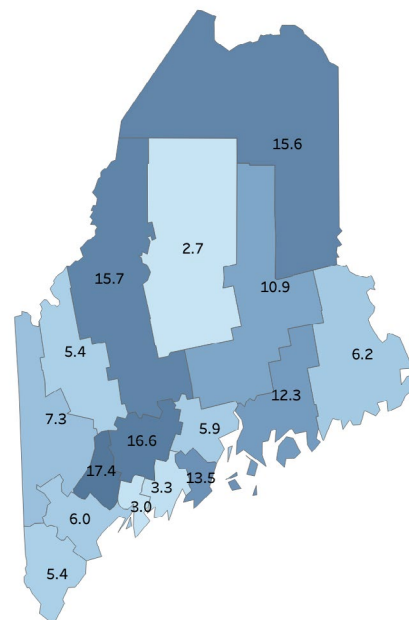
In the thousands of instances where there are no findings of maltreatment, family members could still benefit from community-based supports and services, which are often unavailable. It is also essential to recognize that public perception and awareness of tragedies can intensify risk aversion across the reporting and investigation processes. The result may be over reporting and investigation of families whose challenges could be adequately addressed were support services available in the community.

Foster Care

The number of children who were removed from their families by the courts and in the custody of the state on December 31, 2023, was 2,401, the highest number since 2004.

The rate of youth removed from their homes and placed in foster care is more than five times higher in some counties than in others.

Rate of children per 1,000 ages 0-17 in state custody (2023)



Source: [Children in foster care by county of removal](#) - KIDS COUNT



Solutions

Holistic approaches that address the intersection of health, safety, mental health, and social support help ensure equitable access to services for all families. By fostering collaboration across sectors and empowering communities, we can create a system that not only responds to crises effectively but also works to prevent them, supporting families in a proactive and meaningful way.

- ✓ Empower families, address systemic disparities, and create comprehensive, culturally appropriate support for birthing persons.
- ✓ Expand outreach to improve health insurance access and address barriers for underserved communities.
- ✓ Integrate dental care with overall health services to increase access to preventive dental care.
- ✓ Start evidence-based and intervention programs for substance use at younger ages.
- ✓ Support safe spaces, improve data collection, and increase access to mental health services for marginalized youth.
- ✓ Ensure accountability for enhancing the state's continuum of behavioral health care.
- ✓ Strengthen the child welfare system through collaboration, equity, and support for families.

Additional Indicators

- › [Arrests of children, ages 10-17](#)
- › [Babies born substance-exposed](#)
- › [Births to teenage mothers](#)
- › [Child deaths, ages 1-14](#)
- › [Children who have experienced two or more adverse experiences](#)
- › [Home visiting](#)
- › [Immunizations, ages 24-35 months](#)
- › [Lead poisoning](#)
- › [Lead screenings](#)
- › [Low birthweight infants](#)
- › [Pre-term births](#)
- › [Teen deaths, ages 15-19](#)





Resources

- › [Maine Children's Oral Health Network](#)
- › [Maine Child Welfare Action Network](#)
- › [Maine Integrated Youth Health Survey](#)
- › [Maine Office for Family Independence](#)
- › [Maine Office of Child and Family Services Behavioral Health Data Dashboard](#)
- › [Maine Office of Child and Family Services Data Dashboard](#)
- › [Maine Perinatal Health Disparities Needs Assessment](#)
- › [Maine Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#)
- › [Maine Shared Community Health Needs Assessment Interactive Health Data](#)
- › [Maine State Epidemiological Outcomes Workgroup](#)
- › [Maine Suicide Prevention Program Data Dashboard](#)

ENDNOTES

1. [Association of Maternal & Child Health Programs. \(2024\). Birth Equity Ecosystem Map.](#)
2. [Market Decisions Research. \(2024\). 2023 Maine Perinatal Health Disparities Needs Assessment.](#)
3. [Maine Center of Disease Control and Prevention. \(2024\). Using PRAMS to Measure Social Determinants of Health of Perinatal and Infant Health in Maine.](#)
4. [Maine Pregnancy Risk Assessment Monitoring System \(PRAMS\). \(2022\). SDOH Supplement Social Determinants of Perinatal Health in Maine.](#)
5. [Children's Health Care Report Card. \(2023\). Maine.](#)
6. [Maine Children's Alliance. \(2023\). Understanding barriers eligible families in Maine face in enrolling their children in low-cost health insurance coverage.](#)
7. [Center on Budget and Policy Priorities. \(2021\). Expanding Medicaid for Parents Improves Coverage and Health for Both Parents and Children.](#)
8. [Fox, K. S., Kumaraige, A., McGuire, C., & Stultz, E. \(2024\). Assessing Maine children's access to a dental home: Dental insurance does not guarantee receipt of dental care.](#)
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10. [U.S. Bureau of Labor Statistics. \(2023\). May 2023 State Occupational Employment and Wage Estimates.](#)
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12. [Poudel, A., & Gautam, S. \(2017\). Age of onset of substance use and psychosocial problems among individuals with substance use disorders.](#)
13. [Maine Department of Health and Human Services. \(2023\). Maine Integrated Youth Health Survey.](#)
14. [Pappas, Stephanie. \(2023\). More than 20% of teens have seriously considered suicide. Psychologists and communities can help tackle the problem: The most alarming trend in recent years has been a sharp rise in suicide among Black youth ages 10 to 24.](#)
15. [The Trevor Project. \(2022\). 2022 National Survey on LGBTQ Youth Mental Health.](#)
16. [Publicly Funded Attending Students 2023-2024 School Year - Maine Department of Education.](#)
17. [Civil Rights Division: U.S. Department of Justice. \(2024\). Complaint - U.S. v. State of Maine.](#)
18. [U.S. Department of Health and Human Services. \(2022\). Child Maltreatment 2022.](#)
19. [Data Request from Maine Department of Health and Human Services, Office of Child and Family Services.](#)
20. [State of Maine Office of Governor Janet T. Mills. \(2024\). Governor Mills Announces Settlement of U.S. DOJ Lawsuit.](#)





FAMILY ECONOMIC SECURITY



KEY INDICATORS

- Poverty
- Asset Limited Income Constrained Employed (ALICE)
- Transportation
- Housing
- Food Security



FAMILY ECONOMIC SECURITY

Poverty

Children thrive in economically stable homes where their basic needs are met.

WHY IT MATTERS

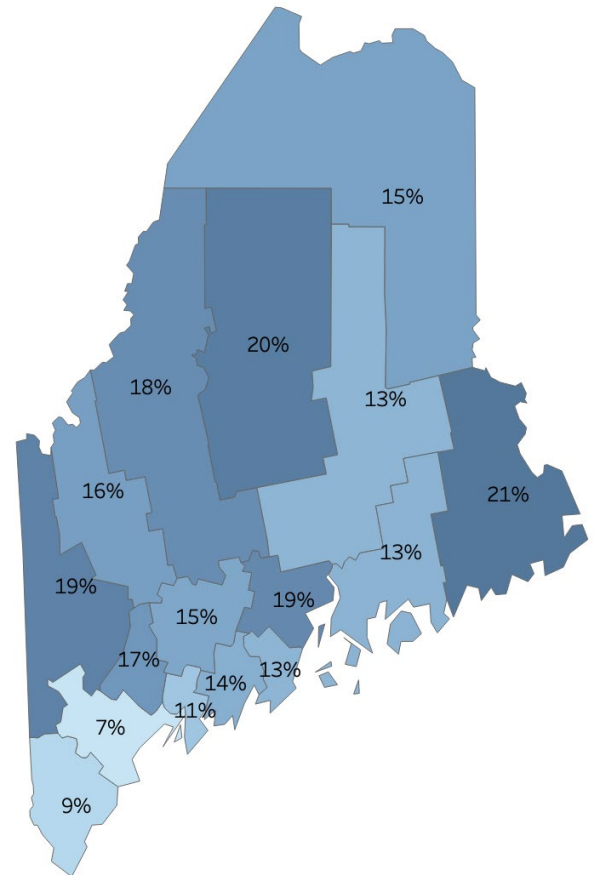
Childhood poverty, especially when early in life and persistent, can lead to lasting adverse effects on brain development, health, and educational outcomes. Children raised outside the conditions of poverty have a greater opportunity to reach their full potential.¹

HOW IS MAINE DOING

In 2023, the Federal Poverty Level (FPL) for a family of two adults and two children was \$30,900. The extreme poverty threshold (50% FPL) was \$15,450. More than 1 in 10 children (12.6% or 31,000) are growing up in poverty, of which more than half (16,000) are growing up in extreme poverty.² Unlike the FPL, the Supplemental Poverty Measure (SPM) factors in some regional cost-of-living differences. According to the SPM, 1 in 20 children (12,000) are growing up in poverty.³ Children of color are more likely to experience poverty due to systemic racism, wage disparities, limited access to high-quality education, and historical inequities that create persistent economic disadvantage.⁴ It is crucial to address the systemic factors contributing to child poverty and work towards equitable solutions that provide all Maine children with the opportunity to thrive.

Rural counties had higher child poverty rates than urban counties.

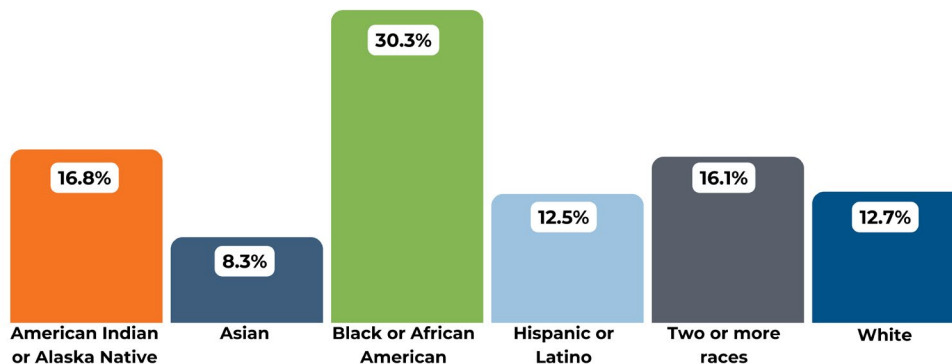
Percent of children living in poverty by county (2023)



Source: [Children in poverty](#) - KIDS COUNT

Black or African American children in Maine were three times more likely than other children to be growing up in poverty.

Percent of children living below the federal poverty level by race and ethnicity (2022)



Note: Native Hawaiian or Pacific Islander and Some Other Race were excluded due to unreliable data.

Source: [Children in poverty by race and ethnicity](#) - KIDS COUNT



Asset Limited Income Constrained Employed (ALICE)

ALICE accounts for geographic and cost-of-living variations to better reflect economic hardship.

WHY IT MATTERS

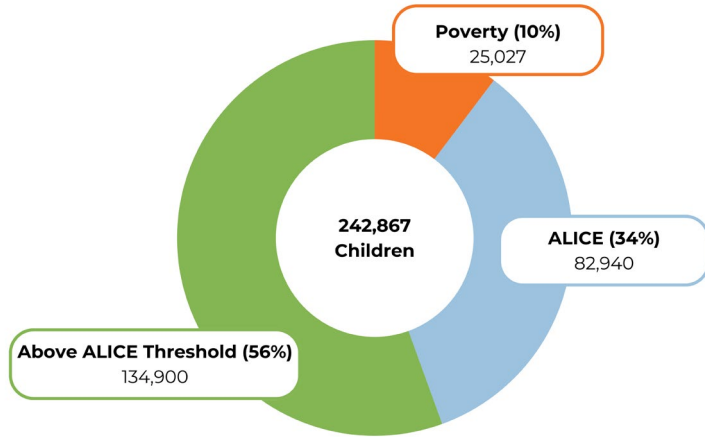
Children growing up in households with incomes below the United Way’s ALICE threshold are more likely to lack stable housing, quality child care, private health insurance, high-speed home internet access, and reliable access to food.

HOW MAINE IS DOING

More than 4 in 10 children live in households below the ALICE threshold, and the rate varies widely by region. According to the ALICE data, transportation, health care, and child care were Maine families’ three most significant expenses, followed by housing and food. Families living below the ALICE threshold but above the FPL often do not qualify for public assistance. Due to systemic barriers to financial stability, children in certain groups were more likely than others to live in households with incomes below the ALICE threshold. Black children and children with a disability were more than twice as likely to live below the ALICE threshold and nearly all children (1,329) in families with limited English-speaking ability were living below the ALICE threshold.⁵ Addressing these disparities requires targeted policies that not only support financial stability but also dismantle the systemic barriers that disproportionately affect vulnerable children and their families.

More than 4 in 10 Maine children (107,967) live in households with incomes below the ALICE threshold.

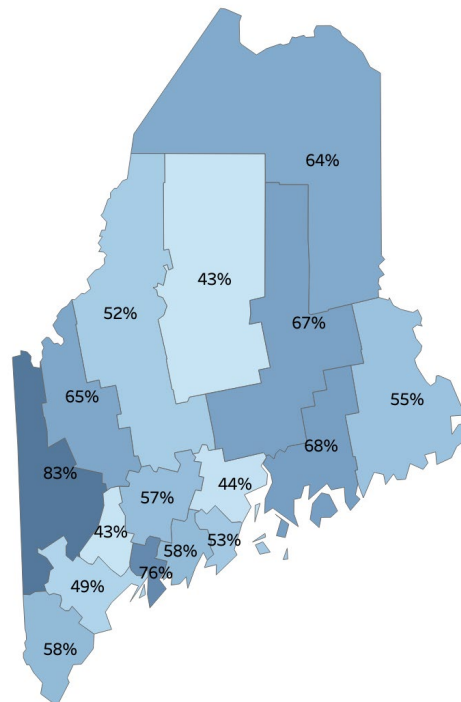
Number and percent of children by ALICE thresholds



Source: [United for ALICE: ALICE Children Data Dashboard](#) (2022)

Oxford County had the highest percentage of youth under 25 living in households below the ALICE threshold (83%), almost twice that of Androscoggin and Piscataquis (43%).

Percent of youth under 25 living below the ALICE threshold (2022)



Of children in households with two adults in the labor force, 30,153 lived below the ALICE threshold.⁵



Note: Data was unavailable for children under 18 at the county level.

Source: [United for ALICE: Maine ALICE Maps](#) (2022)



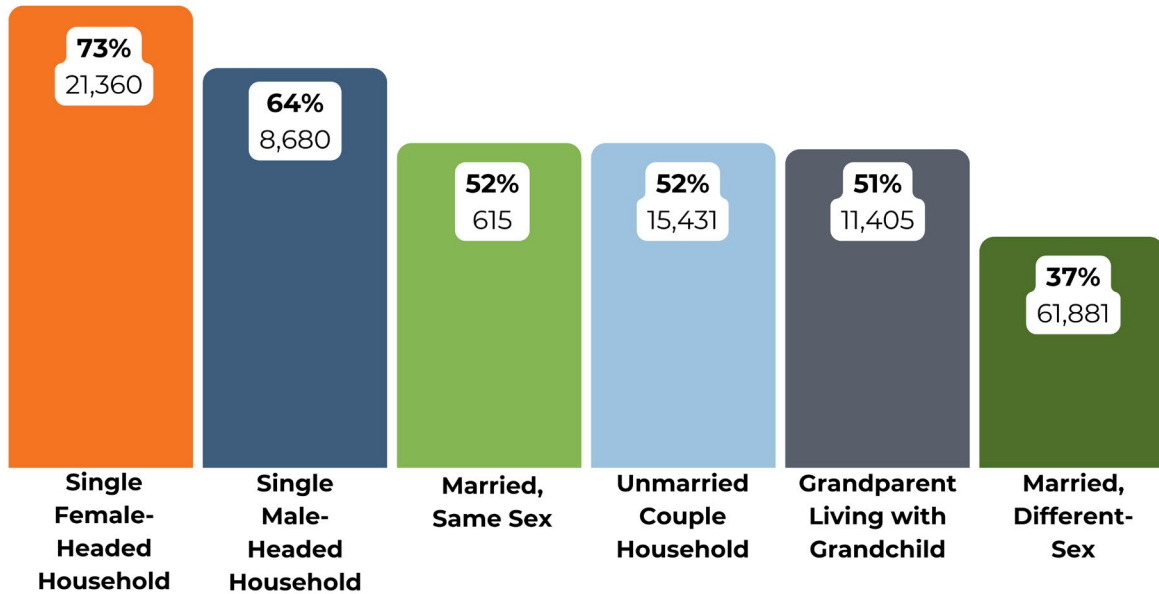
FAMILY ECONOMIC SECURITY

Asset Limited Income Constrained Employed (ALICE) (continued)

Having working adults in the household does not guarantee financial stability for children.

Families with certain household living arrangements were more likely to live below the ALICE threshold.

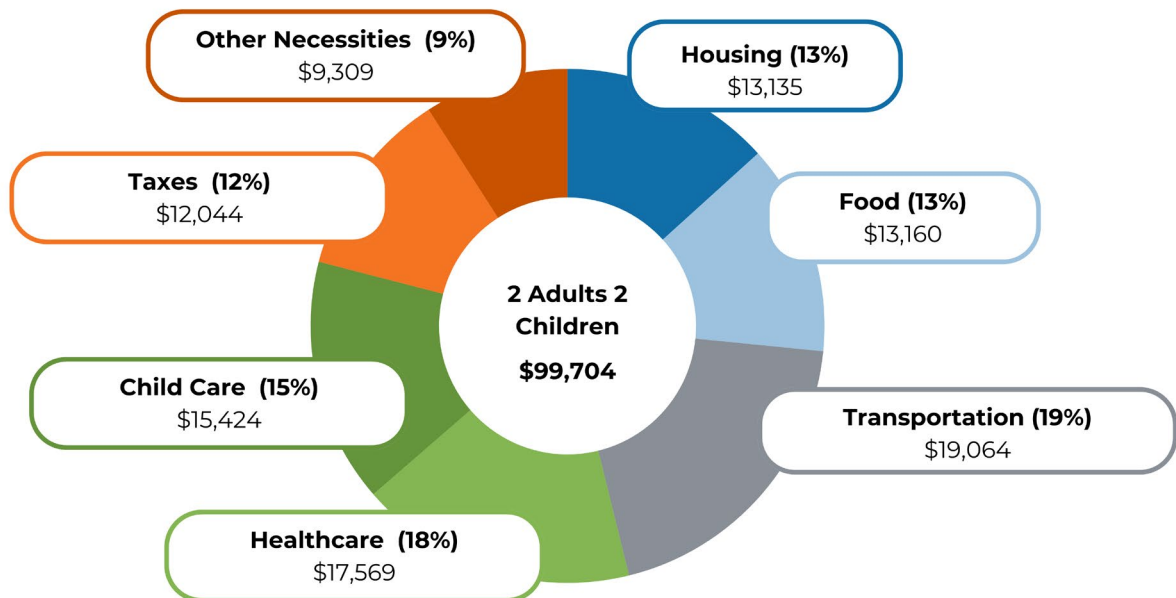
Percent of households and number of children living below the ALICE threshold by living arrangement (2022)



Source: [United for ALICE: ALICE Children Data Dashboard](#) (2022)

Families living below the ALICE threshold need additional support to afford the essential items and services that consume much of their income.

Average cost of and percent of average median family income spent on common expenses for a family with two caregivers and two children across all Maine counties (2024)



Note: Other necessities include apparel, personal care, household supplies (items range from furnishings to cleaning supplies to phone service), reading materials, and school supplies. Estimates vary by county and family size.

Source: [Economic Policy Institute's State Family Budget Calculator](#) (2024)



Transportation

Access to affordable and reliable transportation is essential for supporting families and children.

WHY IT MATTERS

Access to transportation is an essential need. A car can provide access to jobs, schooling, community resources, health care, and grocery stores. Families with limited vehicle access have restricted mobility, given that public transportation options in the state are limited or unavailable.⁶

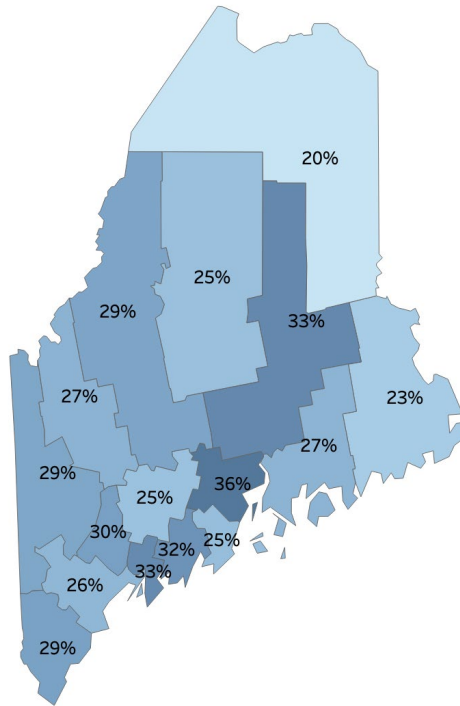
HOW MAINE IS DOING

Transportation is one of the most significant expenses for Maine families.⁷ More than 7 in 10 Mainers (72%) commute to work alone in a car, truck, or van, which means they have no opportunity to share the cost.⁸ About 10,000 children live in households without access to a vehicle.⁹ Access to a vehicle is less likely in households that rent, where a language other than English is spoken at home, and where there are children with a disability.⁸



Maine households with two adults and two children spent an average of \$19,064 on transportation, equivalent to 28% of the average median family income across all counties.

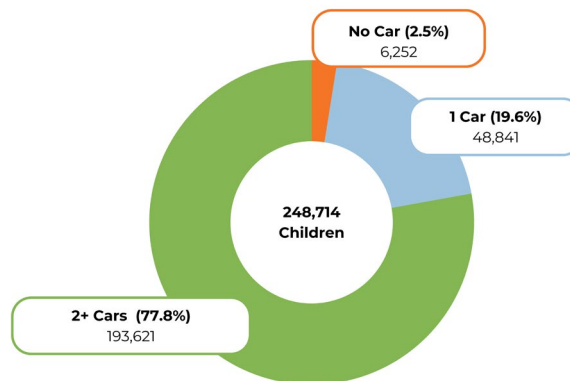
Percent of average median family income spent on transportation by a family of four (2024)



Source: [Economic Policy Institute's State Family Budget Calculator](#) (2024)

Almost one-quarter of children (22%) live in households without access to a vehicle or with access to only one vehicle.

Children age 0-17 by household vehicle availability (2022)



Note: Estimates of children in households without a vehicle differ due to variations in publicly available data.

Source: [American Community Survey 5-Year Estimates Public Use Microdata Sample](#) (2022)



FAMILY ECONOMIC SECURITY

Housing

Children with stable housing have improved health and academic achievement.

WHY IT MATTERS

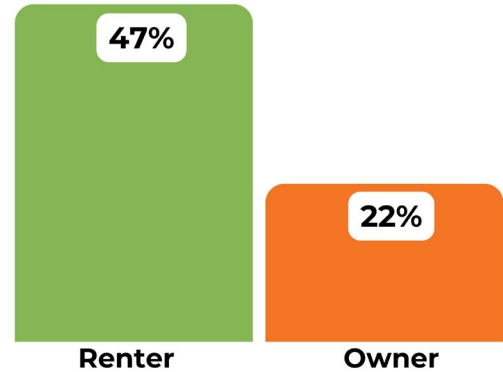
Housing is essential for children and their families to be safe and stable. Housing stability refers to the assurance of having a consistent, affordable, and suitable place to live. Housing instability can indicate a variety of circumstances, including eviction, homelessness, and doubling up. This instability can contribute to toxic stress, which can negatively affect a child’s development and long-term health.¹⁰

HOW IS MAINE DOING

In 2024, the average cost for a rental property was \$1,477, the 16th highest among all 50 states.¹¹ To afford this level of rent and utilities—without spending more than 30 percent of income on housing—a household must earn \$59,100 annually, or \$4920 monthly. Assuming a 40-hour work week, 52 weeks per year, an hourly wage of \$28.40 would be required. The state median hourly wage in 2023 was only \$22.88.¹² At the same time, increases in the median sale price for homes have made home ownership unattainable for many Maine families. From 2019-2024, the median sale price for a home in Maine increased 46%, from \$225,300 to \$414,800. The median sale price in Cumberland, Lincoln, and York counties is over half a million dollars.¹³



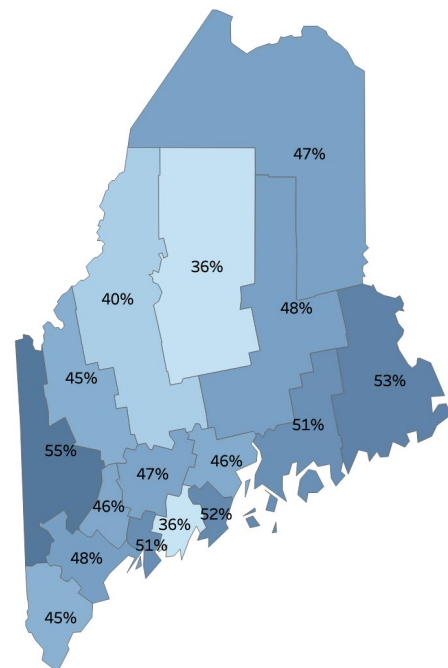
The highest proportion of renter households since 2015 are paying 30% more of their household income for rent. Percent of renter and owner households paying 30% or more of household income for housing (2023)



Source: [High housing cost burden by owner/renter households](#) - KIDS COUNT

In several counties, housing costs for more than half the renter households exceed the 30% benchmark.

Percent of renter households paying 30% or more of their household income on rent (2023)



Source: [High housing cost burden by owner/renter households](#) – KIDS COUNT



Food Security

Food security supports children’s growth, learning, development, and emotional well-being.

What is Food Insecurity?

Feeding America defines food insecurity as “a lack of consistent access to enough food for every person in a household to live an active, healthy life.”

Food insecurity encompasses more than just the feeling of hunger; it reflects the economic, social, and psychological factors contributing to and resulting from “limited or uncertain access to adequate food.”¹⁴

What Causes Food Insecurity?

Food insecurity is most often the result of everyday challenges faced by families living on low incomes. These challenges include low wages and high costs for food, housing, medical care, and transportation.

How Children Are Affected

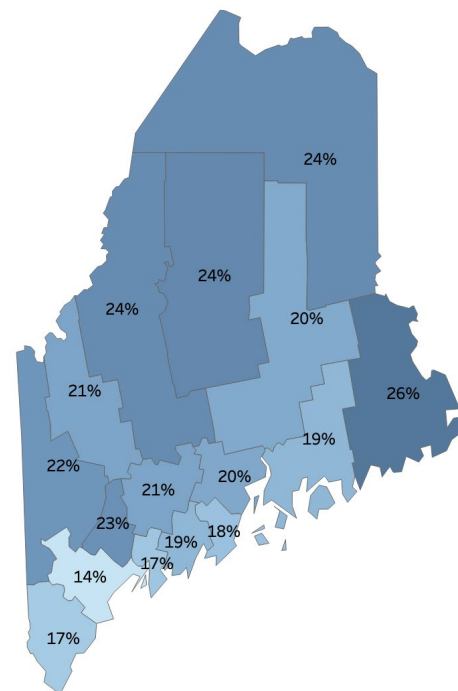
Hunger and the persistent lack of adequate nutrition negatively affect learning capacity, school attendance, academic performance, behavior, and physical and mental health. These impacts can have lifelong consequences for health and well-being.¹⁵

Impact on Families

Food insecurity means making tough choices between buying groceries, paying bills and rent, buying gas, and covering medical expenses. These stressors can affect a caregiver’s physical and emotional well-being, further perpetuating the cycle of poverty and food insecurity.

Almost 1 in 5 (19% or 45,790) Maine children are food insecure.

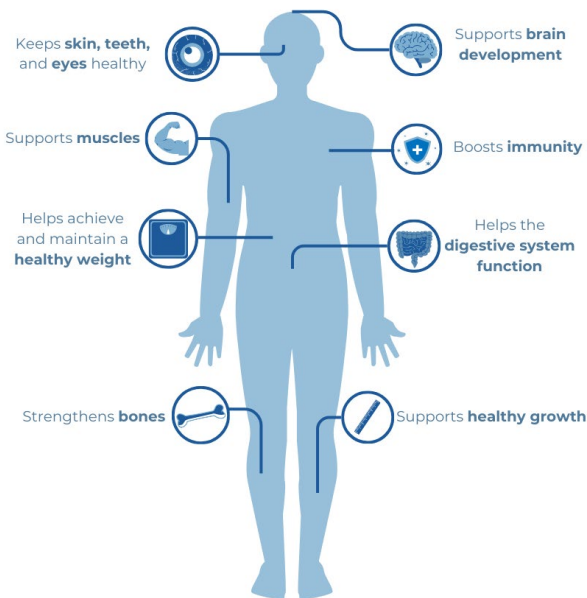
Percent of children ages 0-17 experiencing food insecurity (2022)



Source: [Childhood food insecurity](#) – KIDS COUNT

- › More than 1 in 10 Mainers (13% or 179,680) do not have enough to eat for every meal.¹⁶
- › Maine has the highest rate of childhood food insecurity in New England.¹⁶
- › Almost half of Maine children (44% or 107,967) lived in households that couldn’t afford the the basics needed to live and work in the current economy.⁵

BENEFITS OF HEALTHY EATING for Children



Graphic adapted for book from [Center for Disease Control and Prevention Impact on Families](#)



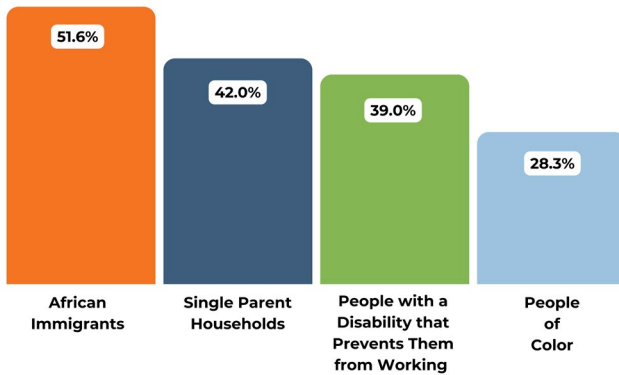
FAMILY ECONOMIC SECURITY

Food Security (continued)

Families need additional economic supports to achieve food security.

Food insecurity rates are two to four times higher for certain populations than for the population as a whole.

Rates of food insecurity among specific demographics (2021)



Note: Data collection years for each population differ.
Source: [Maine's Roadmap to End Hunger by 2030](#) (2021)

When Public Assistance Isn't Enough

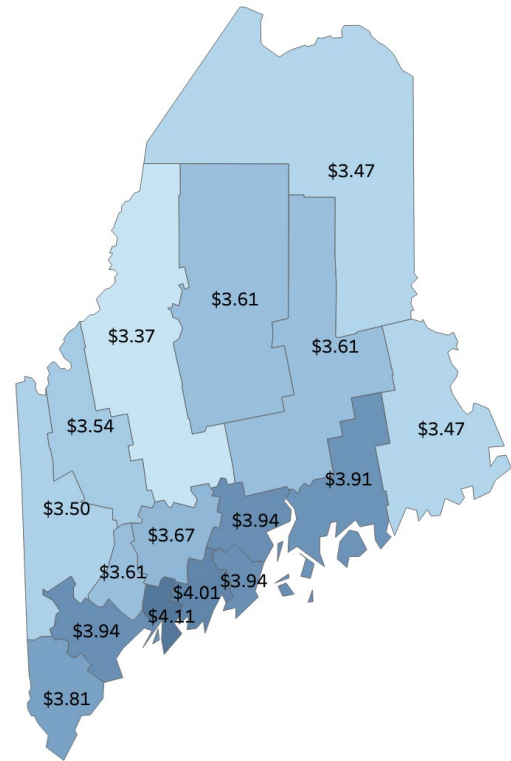
Experiencing food insecurity does not guarantee eligibility for public food assistance programs. Of the 107,967 children living in households that couldn't afford the basics, more than 71,300 were not eligible to participate in the Supplemental Nutrition Assistance Program (SNAP).⁵ Even for those who were eligible, the benefit was inadequate. The SNAP deficit results in many households with children relying on a charitable food system designed for emergencies.

Based on preliminary data from Good Shepherd Food Bank, at least 30% of households that received food from food pantries included children. More than a third reported receiving SNAP, emphasizing that the benefits did not cover their food needs. (These data are a point-in-time estimate and should not be interpreted as representative of all regions or households. Metrics come from Service Insights on Meal Connect data, which is household and visit data from participating Maine food pantries. Fifty-one pantries reported data between January 1, 2024, and September 30, 2024. Some pantries reported consistently for

all nine months, while others may have only reported a month or two of data in this period.)

The cost of a modestly priced meal exceeded the SNAP benefit of \$2.83 in every Maine county.

Modestly priced meal cost by county (2023)



Source: [Urban Institute - Does SNAP Cover the Cost of a Meal in Your County?](#) (2024)





Solutions

Addressing root causes such as stable housing, transportation, and economic security is essential. In addition, investing in higher wages, basic income, and robust social safety nets will reduce reliance on charitable systems, empower individuals to meet their needs, and foster long-term financial stability for families.

- ✓ Combat economic insecurity with cash assistance, housing and food support, and promote economic mobility through education, job training, and access to well-paying jobs.
- ✓ Invest in new construction, emergency shelters, and rent relief to address both immediate and long-term housing needs.
- ✓ Address barriers like affordable child care and transportation, while strengthening policies for healthcare and other resources critical for long-term financial stability.
- ✓ Improve transportation affordability by subsidizing public transit, offering low-cost transportation for essentials, and investing in community-based solutions, affordable housing near transit hubs, and flexible work policies.
- ✓ Increase federal and state SNAP benefits, expand eligibility, enhance outreach, and ensure communities have year-round meal program resources.
- ✓ Define and measure “nutrition security” to ensure access to healthy foods, not just food, and support the community school model for connecting students and families to resources.

A living wage reflects how much families need to earn to make ends meet.

Families in Maine need a baseline level of income to cover basic household needs. The current minimum wage in Maine is \$13/hour. A full-time worker at this wage earns just over \$27,000 annually.

1 Adult + 0 Children	1 Adult + 1 Child	2 Adults + 2 Children (1 Full-Time Worker)	2 Adults + 2 Children (1 Full-Time and 1 Part-Time Worker)	2 Adults + 2 Children (2 Full-Time Workers)
\$21.43	\$33.51	\$47.94	\$31.96	\$23.97

Note: Living wage standards for the median county in the state, weighted by population, for each family type.
 Source: [Economic Policy Institute’s State Family Budget Calculator](#) (2024)



Additional Indicators

- › [Children with temporary assistance for needy families](#) (TANF)
- › [Economically disadvantaged students](#)
- › [Supplemental nutrition assistance program for children](#) (SNAP)
- › [Teens ages 16-19 not in school and not working](#)
- › [Unemployment rate, annual average](#)

Resources

- › [ALICE Children Data Dashboard](#)
- › [American Community Survey 5-Year Estimates](#)
- › [Center on Budget and Policy Priorities](#)
- › [Economic Policy Institute's State Family Budget Calculator](#)
- › [Maine Center for Economic Policy](#)
- › [United State Census Bureau ACS Public Use Microdata Sample](#)

ENDNOTES

1. [County Health Rankings & Roadmaps \(2024\). Social & Economic Factors.](#)
2. [Children in extreme poverty](#) - KIDS COUNT
3. [Children in poverty, according to the supplemental poverty measure](#) - KIDS COUNT
4. [Children in poverty by race and ethnicity](#) - KIDS COUNT
5. [United for ALICE. \(2024\). ALICE Children Data Dashboard. Research Center - ALICE in Focus Series: Children in Financial Hardship.](#)
6. [Maine Department of Transportation. \(2024\). Public Transit Options.](#)
7. [Economic Policy Institute. \(2024\). State Family Budget Calculator.](#)
8. [American Community Survey. \(2022\). 5-Year Estimates Public Use Microdata Sample.](#)
9. [Children without a vehicle at home](#) - KIDS COUNT
10. [Peoples, K., & Wagner, H.W. \(2024\). Impact of Housing on Child Health.](#)
11. [Rental Real Estate. \(2024\). Maine \(ME\) Average Rent Prices.](#)
12. [Center for Workforce Research and Information. \(2023\). Occupational Employment and Wage Estimates, 2023.](#)
13. [Redfin. \(2024\). Maine Housing Market.](#)
14. [Center on Budget and Policy Priorities. \(2022\). Stable Housing Is Foundational to Children's Well-Being.](#)
15. [American Academy of Pediatrics. \(2019\). Food Insecurity and Child Health.](#)
16. [Feeding America. \(2022\). Map the Meal Gap.](#)
17. [Feeding America. \(2024\). Hunger in America.](#)





EARLY CARE AND EDUCATION



KEY INDICATORS

Public Pre-Kindergarten (Pre-K)

Fourth-Grade Reading

Multilingual Learners

School Attendance

A Hypothetical Classroom of 25 Fifth Graders in Maine

High School Graduation

Child Care



EARLY CARE AND EDUCATION

Public Pre-Kindergarten (Pre-K)

Early care and education is a sound investment in the health and development of Maine children.

WHY IT MATTERS

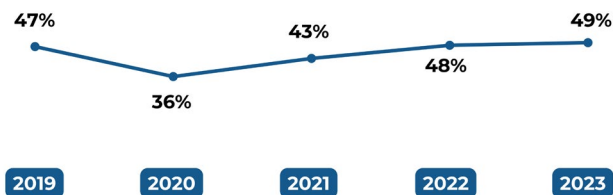
High-quality Pre-K programs for four-year-olds are crucial for fostering well-being and learning, significantly enhancing school readiness and long-term academic success. Publicly funded programs ensure accessibility for all families and particularly benefit children from low-income backgrounds, helping to shrink the socioeconomic gap in educational achievement.¹

HOW MAINE IS DOING

Enrollment in public Pre-K has recovered to pre-pandemic levels but remains stagnant at around 49% of four-year olds.² For the 2024-2025 school year, approximately 85% (174) of School Administrative Units offered a public Pre-K option for their communities. Only 48% of those reported universal enrollment in Pre-K, however.³

Almost half of all Maine four-year-olds are enrolled in public Pre-K.

Percent of four-year-olds enrolled in a public Pre-K program (2019-2023)

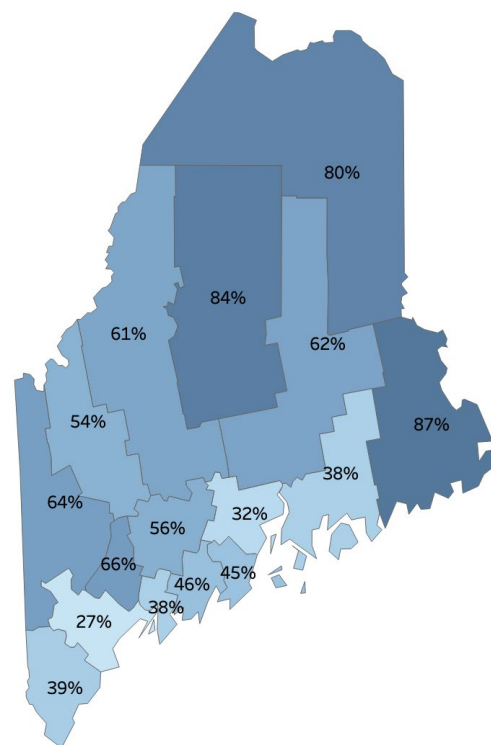


Note: The year indicated is the year's fall term, such that "2023" means the 2023-2024 school year.

Source: [Public preschool](#) - KIDS COUNT

Some counties had enrollment percentages above 80%, while others were below 40%.

Percent of four-year-olds enrolled in public Pre-K by county (2023)



Source: [Public preschool](#) - KIDS COUNT





Fourth-Grade Reading

Reading is the key that unlocks future learning and lifelong success for Maine children.

WHY IT MATTERS

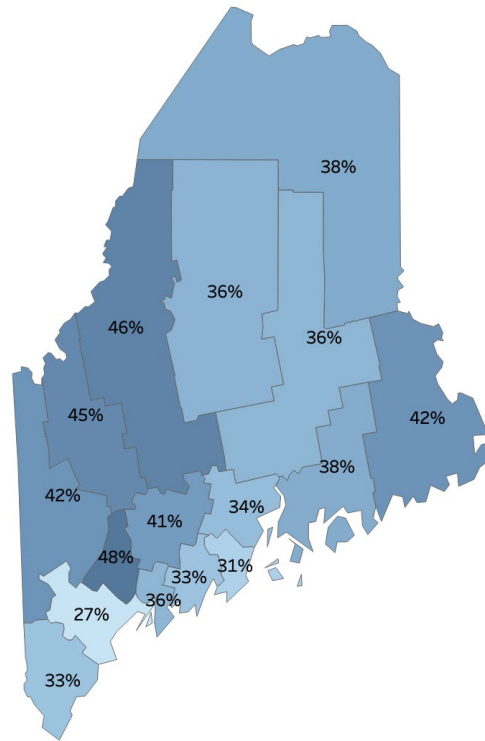
Reading helps spark children’s imaginations, foster emotional connections, and create opportunities for educational exploration. Fourth grade is a critical transition point when children move from learning to read to reading to learn. Those who enter fourth grade without solid reading skills may lag behind in learning, putting them at a higher risk of dropping out of high school.⁴

HOW MAINE IS DOING

More than 1 in 3 (36%) fourth-grade students in Maine scored below expectations in reading.⁵ Maine’s average score was significantly lower than the national average, with Maine ranking 33rd among the 50 states. Multilingual learners, Black or African American students, and students with disabilities scored lower than the state average and lower than their counterparts nationally.⁶ In November of 2024, Governor Janet Mills directed \$10 million in federal funding to evidence-based literacy programs to enhance reading outcomes across Maine schools.⁷

Five counties had less than 35% of fourth graders testing below expectations, while two counties had more than 45%.

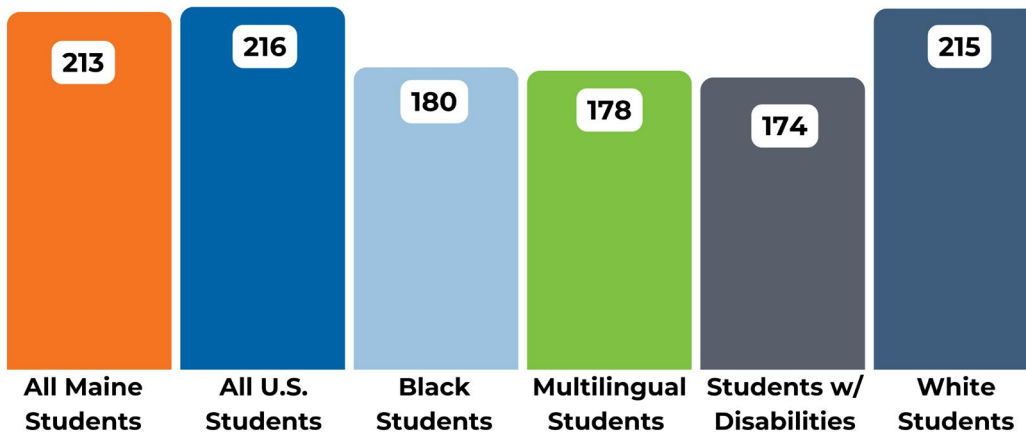
Percent of fourth graders who scored below expectations on English Language Arts assessment (2023)



Source: [Fourth-grade reading](#) - KIDS COUNT

Nationally, Maine experienced the most significant drop in fourth-grade reading scores between 2019 and 2024, reaching the lowest scores recorded in three decades.

Fourth-grade reading assessment scores (2022)



Note: Missing Maine data for Hispanic, American Indian/Alaskan Native, Asian/Pacific Islander, and Two or More Races.

Source: [National Assessment of Educational Progress](#) (2022)



EARLY CARE AND EDUCATION

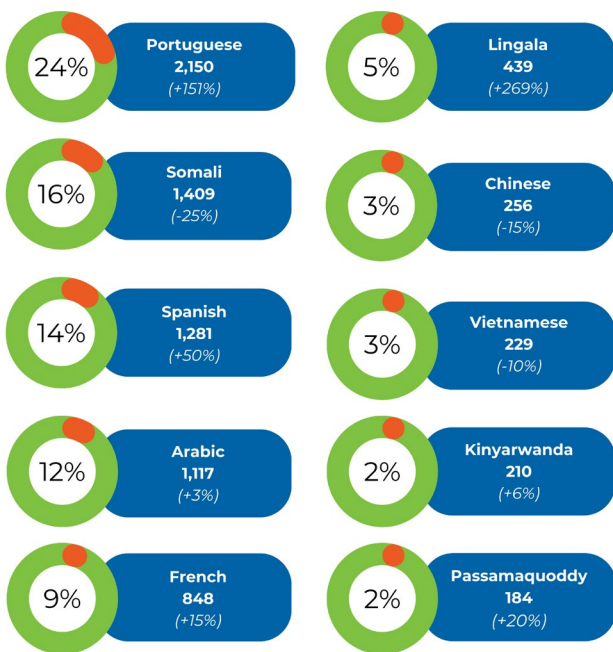
Multilingual Learners

Multilingual families enrich Maine communities culturally, economically, socially, and educationally.

During the 2023-2024 school year, 7,208 multilingual students (4.2%) were enrolled in Maine public schools. The majority of these students identify as Black or African American (61.0%), Hispanic or Latino (14%), or White (13%). Most of these learners are in Portland, Lewiston, South Portland, Westbrook, and Biddeford schools.

Portuguese is the most commonly spoken and fastest growing language, other than English, spoken by Maine families.

Top 10 languages other than English spoken by Maine families as a percent of total multilingual families, number of families, and 5-year percent change (2023-2024)

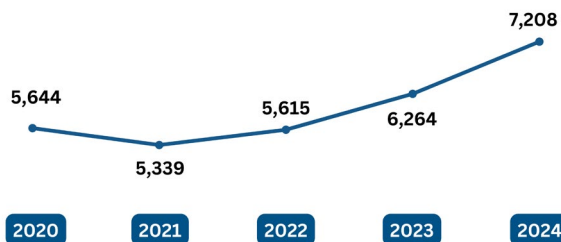


Source: [Multilingual Learner \(English Learner\) Dashboard](#) (2023-2024)

In Maine, a multilingual learner (ML) is defined as a student with a primary/home language other who is not yet proficient in English. Students who exit an English for Speakers of Other Languages (ESOL) program are called exited MLs. Although they, of course, continue to be multilingual, the official classification of ML is no longer required by federal or state policy.

Compared to five years ago, 41 of the 73 Maine school districts saw an increase in multilingual learners.

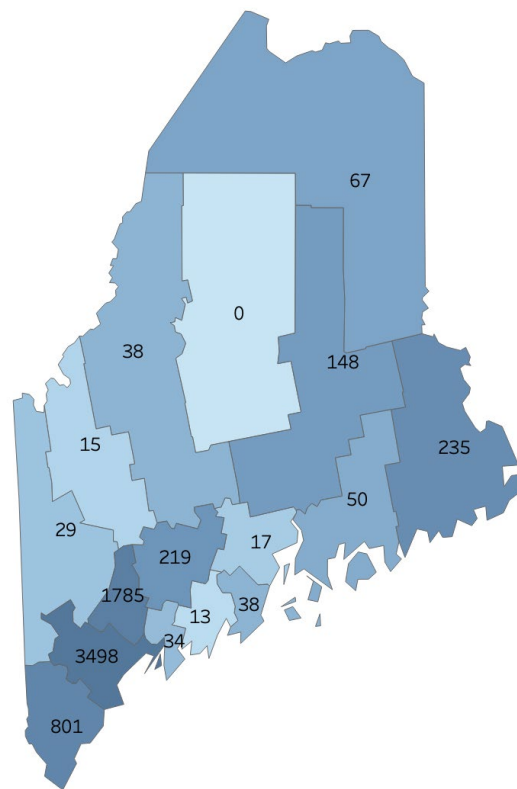
Number of multilingual learners in Maine (2020-2024)



Source: [Multilingual Learner \(English Learner\) Dashboard](#) (2023-2024)

Every county in Maine, except for Piscataquis, has multilingual learners in their school districts.

Number of multilingual learners by county (2023-2024)



Source: [Multilingual Learner \(English Learner\) Dashboard](#) (2023-2024)



School Attendance

Participating regularly in school is critical to academic achievement and social connection for children.

At a minimum, 5,000,000 hours of instructional time were lost during the 2023-2024 school year due to chronic absenteeism. That's equivalent to over 570 years.

WHY IT MATTERS

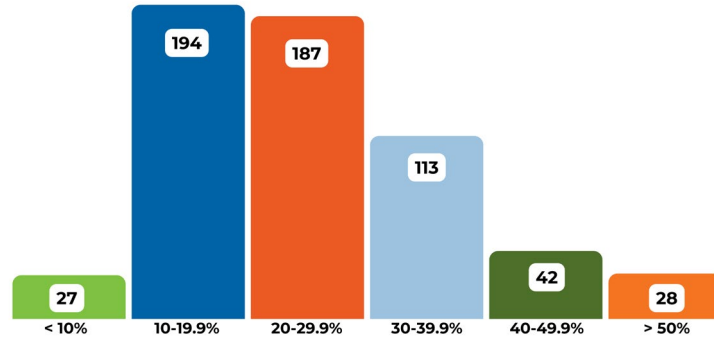
Chronic absenteeism (CA) is correlated with not reading on grade level by fourth grade and lower graduation rates. CA recognizes understandable reasons, e.g., asthma, bullying, homelessness, or unreliable transportation, for missed school and calls for support, not punishment, to address underlying issues. CA is more common among systemically disenfranchised students. In contrast, consistent attendance fosters learning, peer connection, and the development of essential life skills, promoting overall success.⁸

HOW MAINE IS DOING

For the 2023-2024 school year, 1 in 4 Maine students (25%) were chronically absent. CA rates have decreased since their peak in 2022 but remain higher than pre-pandemic levels. Of reporting schools, 63% (370) had CA rates above 20%. When a school has a CA rate of at least 20%, a spillover effect is felt by all students, even those attending regularly. Economic status strongly contributes to the challenges that keep many students out of school. As a result, economically disadvantaged students across the state were 2.5 times more likely to be chronically absent than their not economically disadvantaged peers. Economically disadvantaged status is determined by having a family income below a defined threshold and being eligible for benefit programs, or if the student has been identified as homeless, in foster care, or a migratory student.⁹

Of reporting schools, 63% (370) had CA rates above 20%, and 12% (70) had CA rates above 40%.

School-wide chronic absenteeism rate (2023-2024)

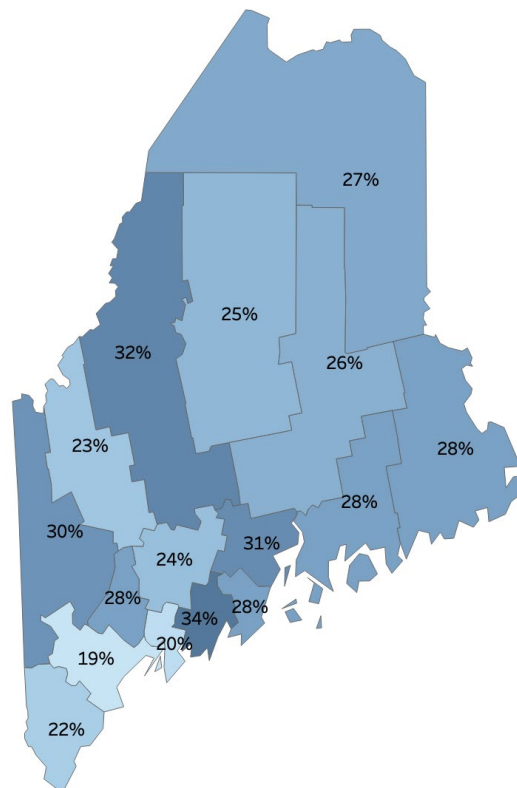


Note: A school's chronic absenteeism rate is calculated by comparing the number of students who are chronically absent for the school year to total enrollment.

Source: Data Request from [Maine Department of Education](#)

County by county, chronic absenteeism rates mirror child poverty rates.

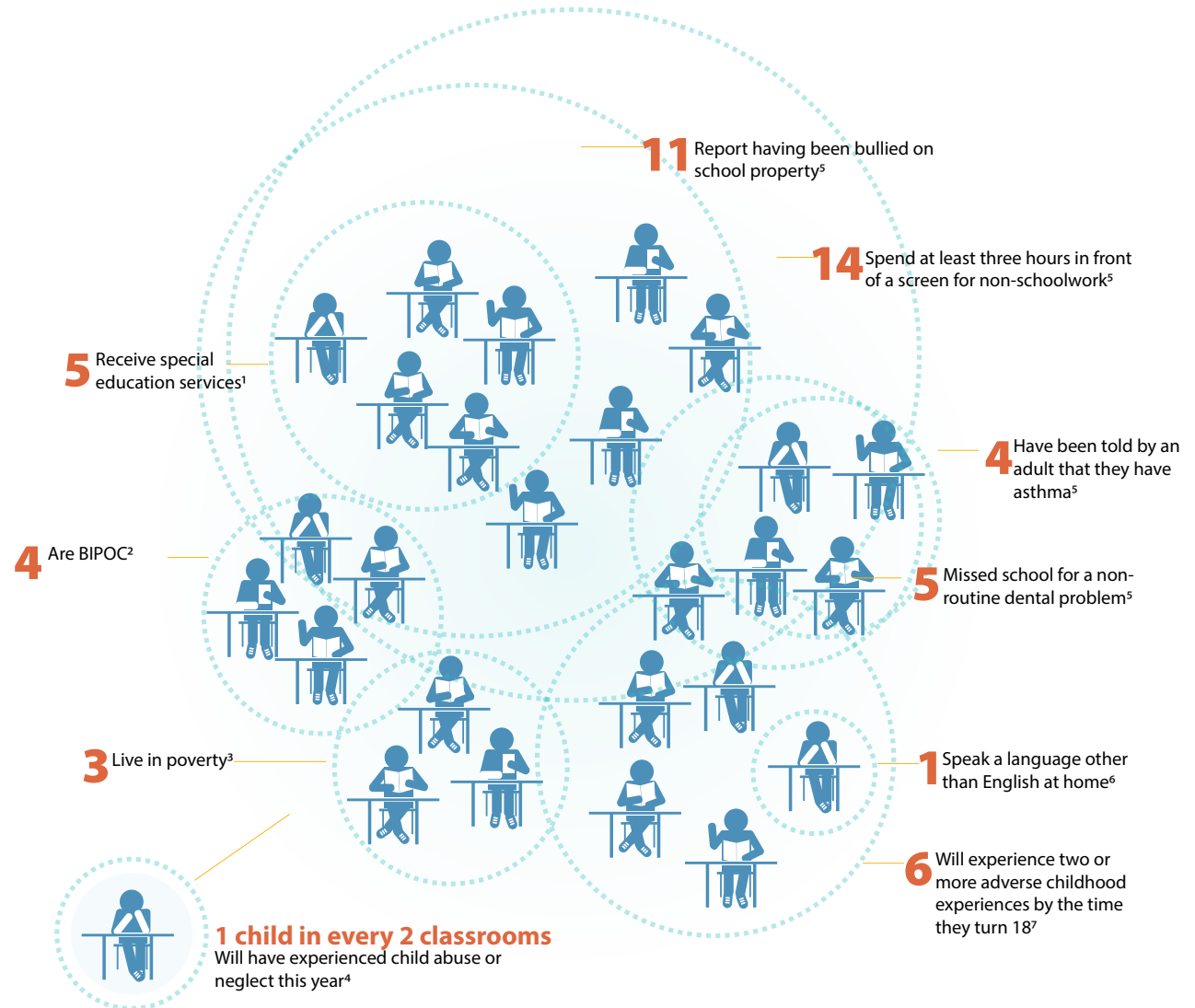
Chronic absenteeism rates by county (2023-2024)



Source: [Chronic absenteeism](#) - KIDS COUNT



A Hypothetical Classroom of 25 Fifth Graders in Maine



Notes: Some estimates do not include data for private school or home-schooled students or students who did not participate in the 2023 Maine Integrated Youth Health Survey. Estimates vary greatly by county.

FOOTNOTES

1. [Maine Department of Education - Data Warehouse \(2023-2024\)](#)
2. [Child population by race and ethnicity and age group - KIDS COUNT](#)
3. [Children in poverty by age group](#) - KIDS COUNT
4. [Substantiated child maltreatment victims](#) - KIDS COUNT
5. [Maine Integrated Youth Health Survey \(2023\)](#)
6. [Maine Department of Education Multilingual Learner \(English Learner\) Dashboard \(2023-2024\)](#)
7. [Children who have experienced two or more adverse experiences](#) - KIDS COUNT



High School Graduation

Students who graduate from high school are better prepared for future success.

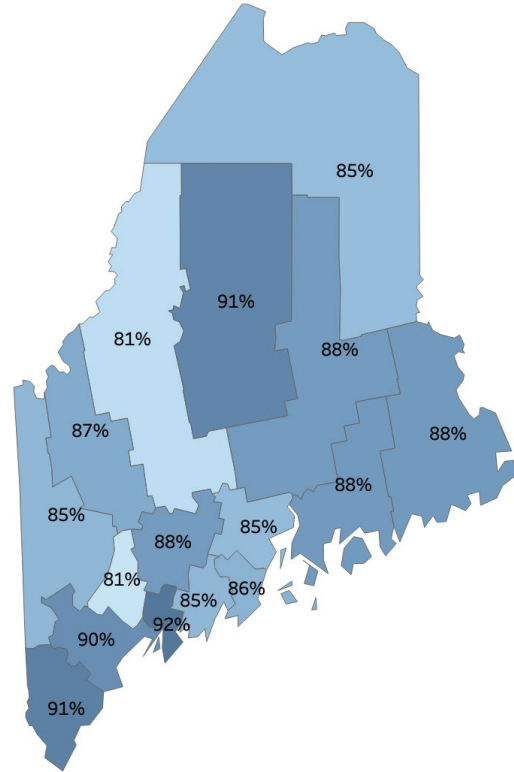
WHY IT MATTERS

Students who do not complete high school are more likely to self-report overall poor health and suffer from at least one chronic health condition, such as asthma, diabetes, heart disease, high blood pressure, and stroke. Students who graduate from high school have higher wages and are less likely to experience unemployment.¹⁰

HOW MAINE IS DOING

Maine’s four-year high school graduation rate has reached its highest level in the past decade (87.7% in 2024), although disparities persist between counties. Certain student groups continue to face greater challenges in graduating on time. When provided with the necessary support and extended time more students can complete their high school education within six years. Early educational interventions such as universal Pre-K, reading education, and addressing chronic absenteeism will improve graduation rates. Continued investment in targeted support programs and proactive educational strategies are essential to closing these gaps and ensuring that all students, regardless of background, have an equal opportunity to graduate on time.

County graduation rates ranged from 80.5% to 92.3%.
High school graduation rate by county (2024)



Source: [High school graduation](#) - KIDS COUNT





EARLY CARE AND EDUCATION

Child Care

Access to affordable child care is essential for fostering healthy child development.

The Child Care Crisis

More than two-thirds of children under age 6 (69% or 51,000) have all parents in the workforce and need child care.¹¹

These parents need access to reliable, affordable care to stay in the workforce, but challenges with affordability, availability, the child care workforce, and care quality leave parents with a lack of viable options. The lack of accessible child care forces many parents, especially women, to reduce their work hours or leave the workforce entirely. This reduces household income and contributes to gender inequality in the workplace.

Improving access to affordable and high-quality child care is not only critical for supporting working families but also for promoting economic equity, allowing parents to fully participate in the workforce. Additionally, investing in and supporting the child care workforce through better pay, training, and resources is essential to ensure these providers can offer the quality care that children need to thrive.

Cost and Affordability

Child care is often unaffordable for families, consuming a significant portion of household income. This forces many families to make difficult financial sacrifices, often forgoing other essential expenses just to cover the cost of childcare.

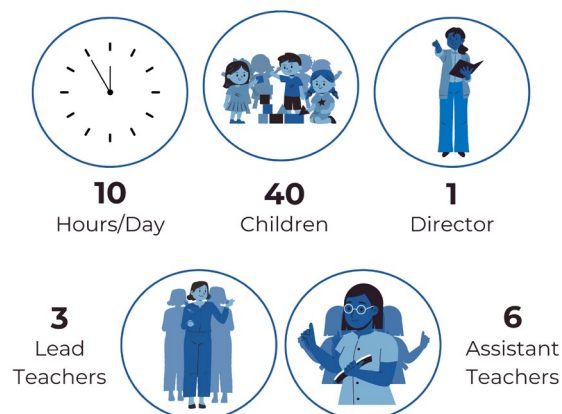
The most expensive annual cost of child care is for infants. Average annual cost of child care in Maine by age group and care type as a share of median family income (2022)

Age	Child Care Center	Family Child Care Provider
Infant	\$12,560 (14%)	\$9,690 (11%)
Toddler	\$11,590 (13%)	\$9,040 (11%)
Preschool	\$10,610 (12%)	\$8,520 (10%)
School	\$8,990 (10%)	\$7,850 (9%)

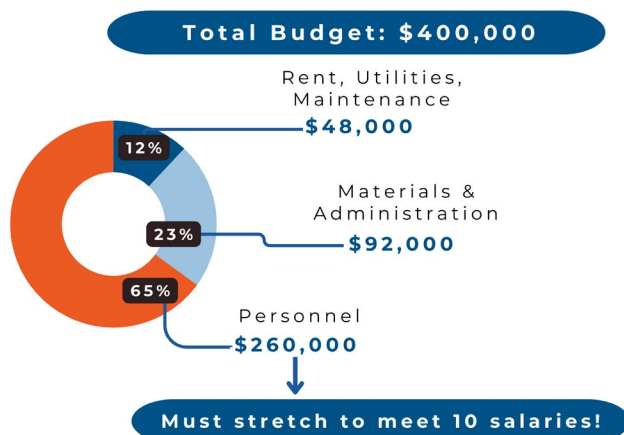
Note: Child care cost estimates were rounded to the nearest ten. Source: [United States Department of Labor](#) (2022)

WHY DO PARENTS PAY SO MUCH FOR CHILD CARE WHEN EARLY EDUCATORS EARN SO LITTLE?

Imagine a child care center...



...where parents pay an average of \$10,000 each



Graphic adapted for book from [Center for the Study of Child Care Employment](#)



Child Care (continued)

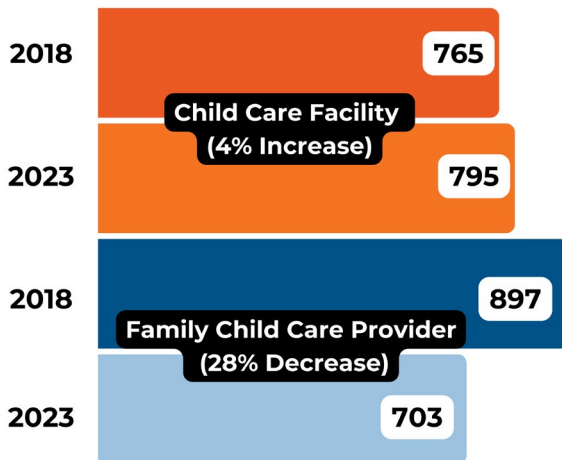
Supporting the child care workforce is essential for expanding access.

Availability and Accessibility

Staffing shortages in early childhood settings limit access to child care, forcing many parents to leave the workforce to care for their children, which undermines their financial stability and career growth.

Over the last five years, there has been a decrease in the availability of licensed child care providers.

Licensed child care providers by type (2023)



Source: [Licensed child care centers and family child care providers](#) - KIDS COUNT

Quality of Care

Due to the high cost of care, limited availability, long waitlists, and workforce challenges, many families are unable to access high-quality, licensed child care.

- ◆ As of June 2024, only 18% of child care providers were deemed high-quality per the Rising Stars for ME.¹¹
- ◆ Of children whose parents receive a subsidy to help pay for child care, only one-fifth are in a setting with a high-quality rating.¹²

Workforce Challenges

Low pay and high turnover in the child care workforce contribute to burnout among providers, making it harder to attract and retain qualified professionals. These challenges underscore the urgent need for child care worker salary supplements, which would improve compensation, reduce turnover, attract qualified professionals, and ensure higher-quality, more reliable care for children and their families.

A college graduate with a bachelor’s degree in early childhood education has the lowest projected lifetime earnings of any college major.¹³

Average wage of a child care worker in Maine (2023)

Occupation	Hourly (Yearly)
Child Care Worker	\$16.42 (\$34,150)
Preschool Teacher	\$20.48 (\$42,590)

Source: [Maine Department of Labor](#) (2023)

- ◆ Nationally, among center-based teachers, those working full time exclusively with infants and toddlers are paid up to \$8,375 less per year than those who work with preschool-age children.
- ◆ Black early educators in the United States are paid, on average, \$0.78 less per hour than their White peers.¹⁴
- ◆ According to a needs assessment conducted with Maine child care providers, low wages have resulted in providers struggling to hire (80%) and retain the necessary workforce (56%).¹⁵
- ◆ In a survey of Maine child care programs, 73% of center-based child care providers said staffing shortages were the most common reason for under-enrollment in their program.¹⁶



Solutions

Maine should focus on enhancing access to affordable child care, strengthening early education, and supporting at-risk students.

- ✓ Intervene early for chronic absenteeism, and provide academic and social support for priority populations who may need additional time to graduate.
- ✓ Increase assessments and intervene early for targeted support, provide professional development for effective reading instruction, and foster family and community engagement through workshops and access to diverse, high-quality reading materials.
- ✓ Begin implementing the statutory goal of limiting child-care costs to 7% of income for most families while increasing state funding to Maine's Salary Supplement System to support higher wages for early educators.
- ✓ Use data from the state's cost estimation study final report to set appropriate early educator wages and increase support for parents seeking child care, including offering grants or contracts to expand the care supply.
- ✓ Provide child care assistance for asylum-seeking families and raise awareness of the Child Care Affordability Program, simplifying the enrollment process for families.

Additional Indicators

- › [College starting within 12 months of graduating high school](#)
- › [Head start enrollment by age group](#)
- › [Eighth grade math achievement levels](#)
- › [Students with disabilities](#)

Resources

- › [Alliance for Early Success](#)
- › [Maine Cost Estimation Study Final Report](#)
- › [Attendance Works Resources](#)
- › [Maine Department of Education Data Warehouse](#)
- › [Commission to Study Expansion of Public Preschool](#)
- › [Maine Early Childhood Consultation Partnership](#)
- › [Count Me In](#)
- › [Maine Integrated Youth Health Survey](#)
- › [Early Care and Education Annual Report](#)
- › [Maine Prenatal to 3 State Policy Roadmap](#)
- › [Early Childhood Education Data Dashboard](#)
- › [Literacy for ME 2.0 Plan](#)



ENDNOTES

1. [The Annie E. Casey Foundation. \(2024\). 2024 Kids Count Data Book Interactive.](#)
2. [Public preschool – KIDS COUNT](#)
3. [Maine Department of Education. \(2024\). Maine State-Wide Public Pre-K Data.](#)
4. [The Annie E. Casey Foundation. \(2022\). Since Pandemic's Start, 42 States See Rise in Fourth-Graders Below Reading Proficiency.](#)
5. [Fourth-grade reading – KIDS COUNT](#)
6. [Maine Department of Education. \(2022\). National Assessment of Educational Progress.](#)
7. [Portland Press Herald. \(2024\). An Innovative Approach to Literacy Launches a New Chapter in Maine Education.](#)
8. [CountMEIn. \(2024\). What is the Chronic Absence Problem?](#)
9. [Healthy People 2030. \(2020\). High School Graduation.](#)
10. [Children under age 6 with all available parents in the workforce – KIDS COUNT](#)
11. [High-quality child care/Rising Stars for ME – KIDS COUNT](#)
12. [Office of Child and Family Services. \(2023\). Early Childhood Education Data Dashboard.](#)
13. [Broady, Kristen E. and Hershbein, Brad J. \(2020\). Major Decisions: What Graduates Earn Over Their Lifetimes.](#)
14. [Center for the Study of Child Care Employment. \(2020\). The Early Childhood Educator Workforce.](#)
15. [RMC Research Corporation. \(2024\). State of Maine Needs Assessment: Children Birth to Age 5 and Their Families.](#)
16. [Maine Roads to Quality Professional Development Network. \(2024\). Annual Report FY 2024.](#)





MAINE KIDS COUNT: 2024 COUNTIES AT A GLANCE

County level measures	State	Androscoggin	Aroostook	Cumberland	Franklin	Hancock
POPULATION						
<u>Total population, ages 0 -100+, 2023</u>	1,395,722	113,765	67,351	310,230	30,828	56,526
<u>Under age 5</u>	61,645	5,846	3,204	14,353	1,195	2,049
<u>Ages 5-17</u>	187,407	17,330	9,450	40,767	4,024	6,888
<u>Under age 18</u>	249,052	23,176	12,654	55,120	5,219	8,937
<u>18-24 years old</u>	110,726	11,145	4,408	25,643	3,476	4,055
<u>Children of color, U.S. Census 2020</u>	41,514	5,760	1,704	12,850	614	1,205
<u>Births, 2023</u>	11,621	1,111	577	2,781	222	383
<u>K-12 school enrollment, 2023-2024</u>	172,624	15,367	8,704	38,654	4,223	6,280
<u>Economically disadvantaged students, 2023-2024</u>	38.0%	46.9%	49.6%	26.7%	53.5%	31.8%
HEALTH						
<u>Children under age 19 without health insurance, 2022</u>	4.3%	3.6%	6.3%	3.1%	4.6%	6.7%
<u>Children ages 0 -18 participating in MaineCare, 2024</u>	53.0%	64.9%	64.1%	38.0%	59.6%	53.2%
<u>Low birth-weight infants, 2023</u>	8.0%	9.9%	7.8%	8.5%	8.6%	4.2%
<u>Babies born substance exposed, 2023</u>	5.5%	11.1%	14.0%	2.2%	4.2%	3.7%
<u>Infant mortality, 5-year average, 2019-2023**</u>	5.8	6.9	6.4*	5.5	10*	4.6*
<u>Children in foster care, by county of removal 2023**</u>	9.6	17.4	15.6	6.0	5.4	12.3
<u>Substantiated child maltreatment, 2023**</u>	14.9	15.3	21.3	6.7	14.4	12.3
<u>Child & teen suicides, 5-year average, 2019-2023***</u>	6.6	7.2*	11.1*	4.2*	0*	10.8*
SOCIAL AND ECONOMIC						
<u>Children in poverty, 2023</u>	12.6%	16.6%	15.2%	7.3%	15.6%	13.2%
<u>Children under age 6 with all available parents in the workforce, 2023</u>	69.0%	68.7%	65.1%	72.8%	52.0%	63.9%
<u>Children receiving TANF, 2023</u>	3.4%	6.3%	3.9%	3.4%	2.5%	1.4%
<u>Children receiving SNAP, 2023</u>	20.9%	30.3%	30.3%	14.1%	24.3%	16.7%
<u>Median household income, 2022</u>	\$69,485	\$62,848	\$51,562	\$88,571	\$52,159	\$63,879
<u>Teens ages 16-19 not in school & not working, 2022</u>	4.2%	4.5%	3.1%	3.4%	7.2%	4.2%
EDUCATION						
<u>Four-year-olds in public Pre-K, 2023-2024</u>	47.0%	60.0%	66.5%	32.7%	44.9%	39.6%
<u>Child care at Rising Star Level 4 or 5, June 2024</u>	16.8%	11.4%	15.2%	19.6%	23.7%	8.9%
<u>High school 4-year graduation rate, 2024</u>	87.7%	80.5%	84.7%	89.8%	86.6%	88.4%

*= Flagged because estimate does not meet Maine Center for Disease Control and Prevention standards for reliability

MAINE KIDS COUNT: 2024 COUNTIES AT A GLANCE



Kennebec	Knox	Lincoln	Oxford	Penobscot	Piscataquis	Sagadahoc	Somerset	Waldo	Washington	York
127,259	40,977	36,507	59,905	155,312	17,486	37,513	51,302	40,620	31,555	218,586
5,840	1,536	1,346	2,413	6,570	768	1,609	2,338	1,740	1,474	9,364
17,811	5,293	4,537	8,063	20,506	2,200	5,039	7,053	5,378	4,364	28,704
23,651	6,829	5,883	10,476	27,076	2,968	6,648	9,391	7,118	5,838	38,068
10,941	2,608	2,145	3,655	15,600	1,086	2,257	3,356	2,840	2,181	15,330
3,201	805	536	1,358	3,971	424	811	970	802	1,074	5,429
1,028	285	284	489	1,201	128	275	457	301	273	1,820
16,202	4,256	4,103	8,462	19,521	2,299	4,605	6,466	3,947	3,958	25,577
38.4%	34.3%	35.1%	52.8%	41.1%	53.5%	27.9%	58.7%	49.6%	50.5%	29.6%
4.1%	6.2%	6.2%	5.1%	4.5%	4.5%	4.6%	4.2%	5.6%	5.5%	4.2%
53.2%	52.5%	51.9%	67.5%	54.6%	69.3%	42.2%	69.8%	60.1%	74.2%	42.7%
7.4%	7.4%	6.7%	10.8%	5.6%	7.8%	5.5%	9.2%	6.0%	11.0%	8.4%
4.9%	8.4%	7.1%	11.0%	4.5%	7.2%	5.1%	9.3%	5.4%	4.5%	3.1%
7.2	5.7*	S	6.0*	5.6	S	4.0*	7.1*	6.1*	S	4.5
16.6	13.5	3.3	7.3	10.9	2.7	3.0	15.7	5.9	6.2	5.4
20.6	13.3	14.4	14.8	17.8	14.5	6.2	24.6	13.3	16.4	9.1
2.9*	0*	0*	12.8*	6.6*	11.6*	5.2*	18.2*	13.8*	11.3*	6.2*
14.7%	13.0%	13.8%	19.4%	13.0%	20.0%	10.9%	18.0%	18.5%	20.7%	8.9%
67.7%	58.7%	67.9%	67.5%	65.0%	67.6%	89.2%	61.3%	75.7%	62.2%	72.9%
3.5%	2.1%	2.2%	4.0%	3.5%	4.9%	1.9%	4.1%	2.3%	4.4%	2.5%
21.9%	17.9%	18.1%	30.1%	23.4%	32.1%	13.3%	30.9%	23.3%	33.0%	14.4%
\$63,191	\$65,615	\$72,657	\$58,842	\$60,761	\$52,529	\$73,587	\$55,093	\$63,619	\$55,381	\$81,315
3.0%	3.8%	13.0%	9.3%	3.4%	9.8%	S	7.3%	4.9%	6.7%	3.1%
43.4%	43.1%	38.2%	65.2%	58.8%	36.2%	37.8%	62.3%	36.1%	69.7%	43.8%
13.7%	15.6%	23.3%	35.8%	11.5%	5.0%	16.2%	30.4%	36.7%	23.1%	11.8%
88.2%	85.8%	85.3%	85.2%	88.2%	90.6%	92.3%	81.3%	84.9%	88.4%	91.3%

Rate per 1,000 | *Rate per 100,000 | S= Suppressed per Maine Center for Disease Control and Prevention guidelines for protection of privacy

DEFINITIONS AND SOURCES

Want to learn more about the definitions and sources of an indicator?

Go to the [KIDS COUNT® Data Center](#), find the indicator from the topics section on the left column, open the indicator, and read about the definitions and source.

EXAMPLE

Low birth-weight infants in Maine

Definitions:

The number and percent of live births in which the newborn weighed less than 2,500 grams (5.5 pounds). The numerator is the number of births under 2,500 grams (5.5 pounds) and the denominator is the number of live births.

Data Source:

Data were requested from the Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics. To submit a data request, [go to their website](#).

The screenshot shows the KIDS COUNT Data Center interface for the indicator 'Low Birth-Weight Infants in Maine'. The interface includes a sidebar for filters, a main content area with a table, and various interactive elements.

LOCATION: FOR THE STATE, BY COUNTY

YEARS: Choose up to 10 years: 2023, 2022, 2021, 2020, 2019, 2018

DATA TYPE: Number, Percent

CHANGE INDICATOR > **LOW BIRTH-WEIGHT INFANTS IN MAINE** **CREATE A CUSTOM REPORT**

DATA SELECTED: 2023 x, 2022 x, 2021 x, 2020 x, 2019 x, 2018 x, 2017 x, 2016 x, 2015 x, 2014 x

TABLE | MAP | TRENDS | BAR

Location	Data Type	2014	2015	2016	2017	2018	2019	2020	2021	2022
Maine	Number	947	870	899	878	886	870	869	876	994
	Percent	7.5%	6.9%	7.1%	7.1%	7.2%	7.4%	7.5%	7.3%	8.2%

DETAILED | SORT / RANK

DOWNLOAD RAW DATA

ACRONYMS

Acronyms Used in the Data Book:

ACS	American Community Survey	ML	Multilingual Learner
ALICE	Asset Limited Income Constrained Employed	Op-Ed	Opposite the Editorial Page
CA	Chronic Absenteeism	PRAMS	Pregnancy Risk Assessment Monitoring System
ED	Emergency Department	Pre-K	Pre-Kindergarten
ESOL	English for Speakers of Other Languages	SNAP	Supplemental Nutrition Assistance Program
FPL	Federal Poverty Level	SPM	Supplemental Poverty Measure
LGBTQ+	Sexual identity or gender identity: Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, and other identities not specifically covered	TANF	Temporary Assistance for Needy Families
MCA	Maine Childrens Alliance	WIC	Special Supplemental Nutrition Program for Women, Infants, and Children



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You will notice a QR code on the inside front and back covers of this year's Maine KIDS COUNT Data Book. This code will take you to a Google Form where we ask you to share a little about yourself, your interaction and reaction to the Data Book, and your vision for the future of data equity in Maine. Our journey to fully represent and understand the diverse experiences of all children is ongoing. As we strive towards a more just and equitable future, we appreciate your feedback and partnership in this vital work.



Take the Survey!



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Advocating for the well-being of all Maine families.

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