

2012

Maine
CHILDREN'S GROWTH COUNCIL
Report

SCHOOL READINESS

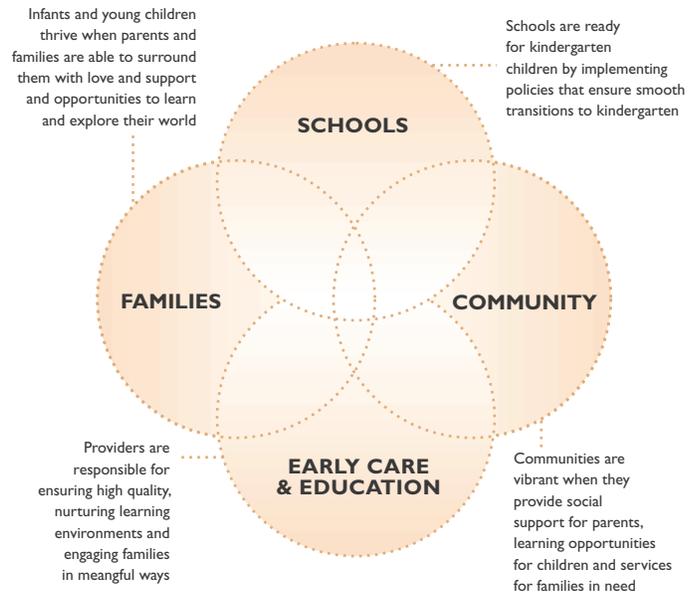


INTRODUCTION

DEFINITION OF SCHOOL READINESS

Families, communities and early childhood providers have a responsibility to provide nurturing, safe environments that promote healthy development for each individual child. Children entering kindergarten vary in their early experiences, skills, knowledge, language, culture and family background. Schools must be ready to address the diverse needs of the children and families in their community and be committed to the success of every child.

Physical well-being, social development, and curiosity are very important for kindergarten readiness. Children are ready for kindergarten when they can: communicate their needs, wants, and thoughts, engage in new activities, follow directions, regulate their behaviors, demonstrate age-appropriate academic skills, and respect others.



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The Maine Children's Alliance (MCA) is pleased to present the 2012 School Readiness Report. MCA, in conjunction with the Maine Children's Growth Council has produced this report annually since 2009. This report contains data that is vital for policy makers, researchers, business leaders, community organizations, and the public. The report also contains a series of policy considerations and identifies gaps in data that need to be addressed.

Judy Reidt-Parker, Early Childhood Policy Analyst, and Claire Berkowitz, Research & KIDS COUNT Director; were the lead staff for this project. Other MCA staff that provided support include: Ned McCann, Executive Director, Tonia Stevens, Program Assistant; Bonnie Colfer, Director of Finance and Administration.

A special thanks to the members of the Children's Growth Council Data Advisory Committee for the time and effort they contributed to this project.



INDICATORS AT A GLANCE

This report highlights data trends whenever possible. Of overarching concern is that Maine has not improved in a large number of school readiness measures, but remained stagnant or declined over the past 10 years.

MEASURES THAT NEED IMMEDIATE ATTENTION

POVERTY : Page 3

In 2010, 15,752 (23.5 percent) of Maine children 5 years and younger were living in poverty, up from 14,626 (21.4 percent) in 2009. Poverty rates for Maine's youngest children have increased significantly over the past 10 years (2001-2010).

MEASURES THAT SHOW MIXED RESULTS

EARLY CARE AND EDUCATION : Page 15

In just two years the participation rate of licensed childcare providers enrolled in Quality for Me, Maine's early care and education quality rating system (QRS), has nearly doubled, from 22 percent of licensed childcare providers enrolled in QRS in 2009, to 40 percent enrolled in 2011. However, the majority of these providers are at the first level, meeting only the minimal licensing standards.

HEALTH INSURANCE : Page 7

Maine's percentage of uninsured children is 3.5 percent, one of the lowest rates of any state, and well below the national rate of 12 percent. However, 3,000 children 5 years and younger remain uninsured. This represents 4 percent of Maine's total population of children 5 years and younger.

IMMUNIZATIONS : Page 8

Maine's immunization rates have been stagnant for the last four years, with only 72.7 percent of children under age two fully immunized.

MEASURES THAT SHOW SUCCESS

PRENATAL HEALTHCARE : Page 7

In 2009, 87 percent of pregnant women in Maine received prenatal care in the first trimester. This is significantly above the national average of 71 percent.

HEALTH HOME : Page 8

In 2007, 64 percent of parents report their children receive health services from a provider that meets the definition of a health home: primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective (American Academy of Pediatrics, March 2007).

POPULATION

Between the 2000 and 2010 U.S. Census Bureau's Decennial counts, Maine's total population increased by 53,438 people or 4%. However, all of the growth occurred in the segment of Maine's population ages 45 years and older. In the 2010 U.S. Census, children five years and younger represented 6 percent of the total population of Maine. Ten years earlier, children age five years and younger represented 7 percent of Maine's population, a decrease of 1,647 children in this age group.

	MAINE POPULATION	CHILDREN 5 AND UNDER
2000	1,274,923	85,915
2010	1,328,361	84,268
CHANGE	+53,438	-1,647

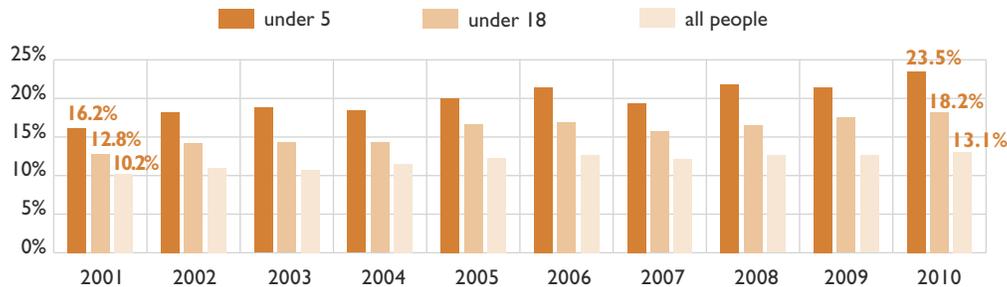
FAMILIES



Families are the foundation upon which all early childhood systems must be built.

When families are provided with the support to ensure children’s basic needs such as food, clothing and shelter, the risks of negative child development outcomes are decreased. Poverty plays a key role in children’s well-being and is related to most school readiness indicators. Children who live in poverty, especially those who live in extreme poverty or for long periods of time, are at an increased risk for poor health, cognitive, social, and educational outcomes.

Maine Poverty Trends, 2001-2010



SOURCE: U.S. CENSUS BUREAU, SMALL AREA INCOME AND POVERTY ESTIMATES (SAIPE)

2012 Federal Poverty Level

Childhood poverty varies widely across Maine’s 16 counties, from a low of 13.6 percent in Cumberland County to a high of 30.9 percent in Washington County. Poverty rates of children 5 years and younger in Maine have increased 7.3 percent in the last decade, going from 16.2 percent in 2001 to 23.5 percent in 2010.

FAMILY SIZE	ANNUAL INCOME
1 person	\$11,170
2 people	\$15,130
3 people	\$19,090
4 people	\$23,050
5 people	\$27,010
6 people	\$30,970
7 people	\$34,930
8 people	\$38,890

Add 3,740 for each additional family member above 8

FAMILY ECONOMIC SUPPORTS

Maine has a number of policies and programs that are intended to provide economic stability and support for families with young children. Tax credits and basic work supports help families provide essential needs such as food, clothing and shelter. Unfortunately, the number of children under age 5 living in poverty has increased over the past decade, while resources to support low income families have decreased or not kept pace with inflation. Maine lost more than 25,000 jobs from 2008 – 2010, indicating a significant impact of the national recession in our state, increasing the need for family economic supports for all age groups.*

EARNED INCOME TAX CREDITS

Eligible Maine families can access both a federal and a state earned income tax credit (EITC) by filing tax returns. The EITC is a tax credit for people who work and have very low wages.

The Earned Income Tax Credit (EITC) is a federal tax credit for low- and moderate-income working people. It is designed to encourage and reward work. The EITC is refundable, meaning that if it exceeds a low-wage worker’s income tax liability, the IRS will refund the balance. This allows the EITC to offset the cost of payroll, income and in some cases other taxes for working families.

Maine families can access this credit, providing they are working and meet specific income levels.

2011 ELIGIBILITY LEVELS

- \$43,998 (\$49,078 married filing jointly) with three or more qualifying children
- \$40,964 (\$46,044 married filing jointly) with two qualifying children
- \$36,052 (\$41,132 married filing jointly) with one qualifying child

* Maine Labor Market Review, Center for Workforce Research and Information, Maine Department of Labor, November 2011

Child care costs can be a significant burden to working families. The average cost for infant care in Maine is \$9,256 annually. The National Association for Child Care Referral Agencies has estimated that the cost for a family earning the state median income level is 13 percent of income for two parent families, and 42 percent of income for single mothers.

MAINE CHILDREN RECEIVING TANF & SNAP BENEFITS

	TANF	SNAP
Under 6	11%	32%
6-18 years old	8%	26%

SOURCE: MAINE DHHS, OFFICE OF FAMILY INDEPENDENCE

A higher percentage of Maine families with children 5 years and younger need these basic work supports as compared to children 6–18 years of age. There are numerous reasons for this, including: job loss due to frequent childhood illness for infants and toddlers, and an inadequate supply of infant/toddler childcare. For very young parents, job opportunities can be limited due to low levels of education or lack of work experience.

DEPENDENT CHILD TAX CREDIT

The federal Dependent Child Tax Credit is available to all families, regardless of income or quality of child care. The amount of the credit is on a sliding scale, with a cap of \$1,200 per household. Maine's Dependent Child Tax Credit is equal to 25 percent of the federal credit for child and dependent care expenses. The state credit increases to 50 percent of the federal credit (or \$500, whichever is less), if the expenses are related to a nationally accredited quality child care provider at Step 4 of Quality for ME, the highest step in Maine's quality rating system (QRS). This quality definition applies to child care centers, family child care homes, after school programs, and Head Start programs.

BASIC WORK SUPPORTS

Policies that support the ability of parents and other community members to interact positively with children in stable and stimulating environments help create a sturdy foundation for later school achievement, economic productivity, and responsible citizenship.

Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) and Child Care Development Fund (CCDF) are important family income supports that help parents provide adequate nutrition, clothing and shelter for Maine's youngest citizens. These programs have different levels of income eligibility, acting together as a lattice to support low income families advance toward increased economic independence.

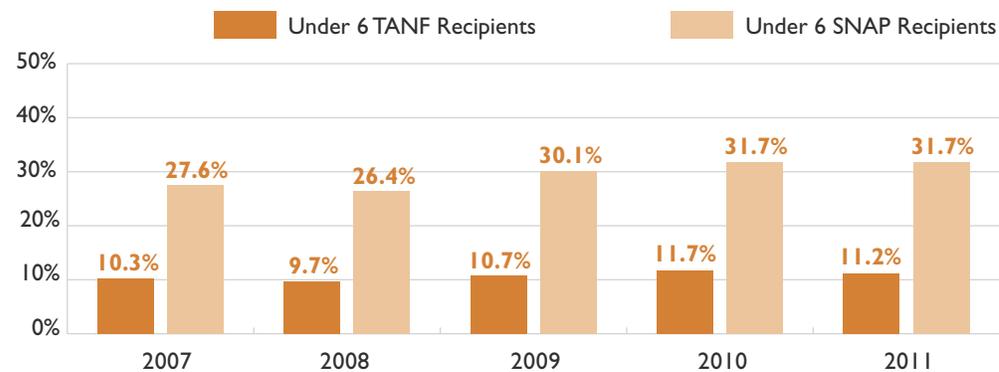
FOOD SUPPLEMENT PROGRAM (FORMERLY FOOD STAMPS)

In 2011, 75,889 Maine children eighteen years and younger were SNAP recipients. Of those, 35 percent (26,724) were five years and younger.

TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)

In 2011, 23,922 Maine children eighteen years and younger were TANF recipients. Of those, 40 percent (9,437) were five years and younger.

Basic Supports for Children Under Age 6, December 2007-2011



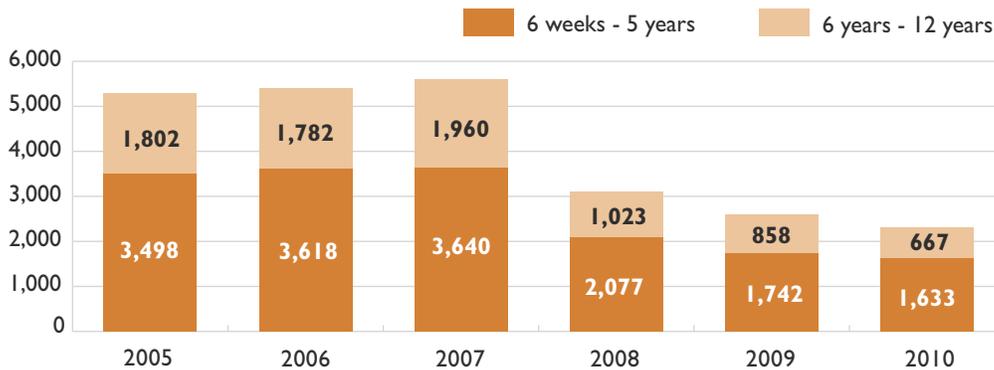
SOURCE: MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF FAMILY INDEPENDENCE

As poverty grows, the participation rates of children 5 years and younger in TANF and SNAP remain relatively consistent over a five year period. The effects of the recession can be seen particularly with increased participation of children 5 years and younger in SNAP from 2008 and 2010. TANF has very specific eligibility requirements that some low income families do not meet, thus more young children are living in poverty than the number of children participating in TANF.

CHILD CARE DEVELOPMENT FUND (CCDF)

As demonstrated in the chart below, more children 5 years and younger participate in CCDF than children 6 – 11 years old. This data reflects the total number of children in CCDF enrolled in both part-time and full-time child care. Beginning in 2008, there is a significant decline in enrollment. This decline is a reflection of the broader economic challenges and decreased job opportunities during the recession.

Child Participation in CCDF, 2005-2010



SOURCE: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION FOR CHILDREN AND FAMILIES, CHILD CARE DEVELOPMENT REPORTS

POLICY OPPORTUNITIES

Families are the foundation upon which all early childhood systems must be built. Public policies must be constructed to support and strengthen families.

Poverty rates for children 5 years and younger have increased significantly over the past decade. It is essential that policy makers ensure programs designed to support working families are adequately funded and administered in an effective manner.

- Revise tax and economic policies to enable families to have sufficient income to support their children (e.g., increase Maine's EITC and make fully refundable, increase state minimum wage, increase TANF benefits, expand tax credits for quality child care).
- Encourage businesses to support family and medical leave with tax credits for small businesses that provide at least three days of paid leave
- Support and expand initiatives that enable families to invest in themselves and their children's development (i.e., Family Development Accounts, Parents as Scholars, the Alford Scholarship Program, the Competitive Skills Scholarship Program)
- Child care subsidies are a key support for families progressing toward economic independence. Every effort must be made to secure sufficient state funding designated for CCDF and other block grants that require state match to access federal dollars.

DATA GAPS

- The number of families with children birth to five eligible for EITC
- The number of families with children birth to five who accessed the EITC

SNAP Income eligibility is up to 130 percent of federal poverty level. The benefit level is based on income and the number of household members. Only food or garden seeds can be purchased. Eligibility is based on a number of factors including: monthly household income and expenses, assets and, for some, citizenship and work requirements.

TANF income eligibility is no higher than 67 percent of the federal poverty level (FPL). Parents must be unemployed or underemployed. Parents receiving TANF are required to participate in qualified work activities for at least 30 hours per week.

CCDF income eligibility is 200 percent of the FPL or 85 percent of the state median income for large families. Every CCDF family pays a portion of their child care costs, determined by a sliding scale formula

COMMUNITIES



*Communities are vibrant
when they provide
comprehensive support
for parents and children*

CHILD HEALTH AND WELL-BEING

Preventative health care for children starts prenatally. Evidence strongly indicates that early childhood health is directly related to later success in adult life. Assuring that children have access to good nutrition, preventative physical and dental care, and regular well-child visits with a trusted medical professional are key to good early childhood health.

An estimated 2,889 or 3.5 percent of Maine children 5 years and younger do not have health insurance (Source: US Census, Current Population Survey).

MAINECARE

In 2011, 57.4 percent (48,392) children 5 years and younger were covered by MaineCare at some point during the calendar year, up from 55.5 percent the previous year.

PRENATAL CARE

Approximately 87.6 percent of women who gave birth in Maine in 2009 began receiving prenatal care in the first trimester, up from 86.8 percent in 2008. In addition, the percentage of low birth-weight infants born in Maine in 2009 was 6.3 percent, lower than the national rate of 8.2 percent. Babies who are born low birth-weight have a high probability of experiencing developmental problems and are at a greater risk of dying within the first year of life.

PRENATAL CARE IN THE FIRST TRIMESTER	State Number	Percent	Previous Percent
Live births for which prenatal care began in first trimester, 2009 (as % of live births)	11,802	87.6%	86.8%
Low birth-weight infants, 2009 (as % of live births)	852	6.3%	6.7%

SOURCE: MAINE DHHS, OFFICE OF DATA, RESEARCH & VITAL STATISTICS

WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)

The Women, Infants and Children Program (WIC) is a supplemental nutrition program serving pregnant and post-partum women, infants and children up to five years old. In addition to food vouchers, WIC provides support for breastfeeding and nutritional counseling. Families eligible for WIC must have incomes at or below 185% FPL.

RECIPIENTS OF WIC BENEFITS, 2011 AND 2010	2011 State #	2011 Percent	2010 Percent
TOTAL	42,382	n/a	n/a
Women	11,661	n/a	n/a
Infants and Children (as % of all children under age 5)	30,721	44.2%	45.5%

HOME VISITING SERVICES

The *Maine Families Home Visiting Program* works in partnership with expectant parents and parents of babies and toddlers to ensure safe home environments, increase a parent's understanding of child development, and provide connections to needed services. Parents of newborns are supported in their adjustment to parenthood and provided information on how to ensure a safe, nurturing home environment. Families receive different levels of service depending on need and risk factors. Maine Families programs use the evidence-based curriculum, *Parents as Teachers*.

There are also additional early childhood home visitation services in Maine. Most programs are designed for targeted populations such as first-time parents, families at or below the poverty line, and those whose children have health or risk factors. Examples of such programs include: home-based Early Head Start and Head Start; Public Health Nursing; and Community Health Nursing.

In 2011, *Maine Families* served 2,368 households across the state. The 56.3 FTE Home Visitors on staff in 2011 provided 18,885 home visits.

Untreated oral disease has been linked with long-term health problems such as heart and respiratory diseases

PRIMARY CARE ACCESS

According to the 2007 National Children's Health Survey, 64 percent of young children in Maine have access to a health home. The American Academy of Pediatrics (AAP) describes the health home as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective (AAP, March 2007).

DENTAL CARE ACCESS

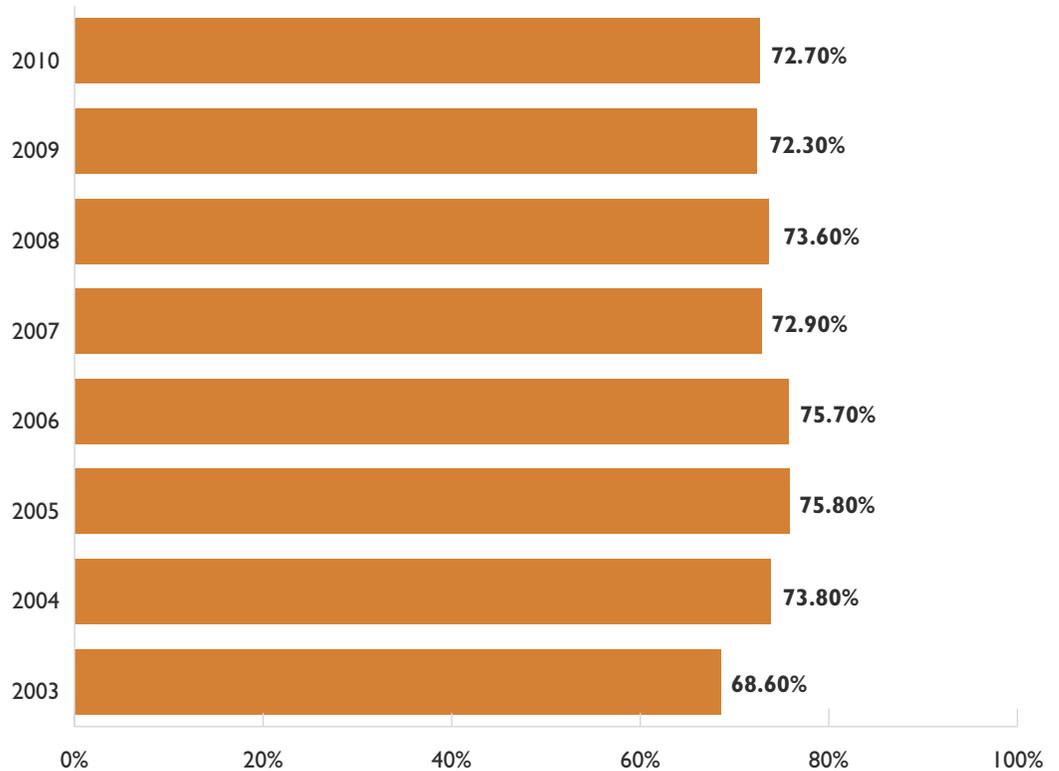
In 2007, 46.5 percent of children ages 1 -5 years old did not receive preventative dental visits (NCHS, 2007). Approximately 37.8 percent of dental health professionals serving children birth to five years of age accepted MaineCare in 2011. (Source: Maine Board of Dental Examiners & Office of MaineCare).

IMMUNIZATIONS

The natural protection against disease that infants receive from their mothers does not last beyond the first year of life. Young children are at risk for a number of diseases that can be serious, and even fatal. The diseases that vaccines fight such as polio, diphtheria, measles, and whooping cough can lead to paralysis, pneumonia, brain damage, heart problems, and even death in children who are not protected.

Although Maine continues to maintain immunization rates that are above the national average, in recent years the percent of fully immunized children has remained stagnant.

Percent of Fully Immunized 2-Year-Olds, 2003-2010



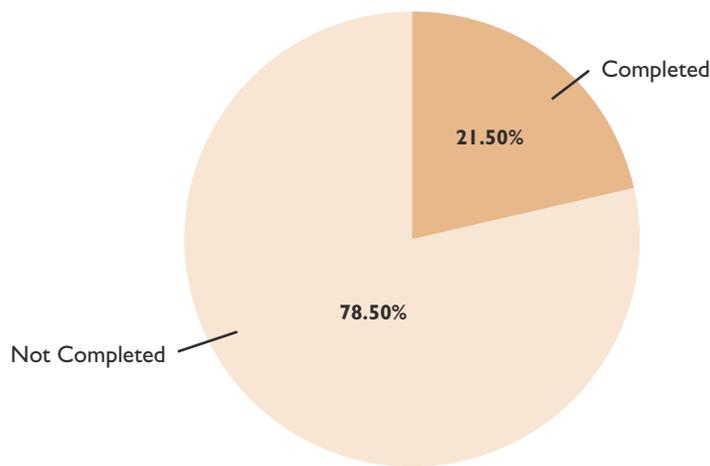
SOURCE: CENTER FOR DISEASE CONTROL AND PREVENTION, NATIONAL IMMUNIZATION SURVEY

EARLY DETECTION OF DEVELOPMENTAL AND BEHAVIORAL CHALLENGES

Early identification of developmental delays and behavioral problems can lead to timely interventions that best support a child's development and decrease parental stress. Research has demonstrated that there are specific moments in the development of a young child when intervention can be the most effective and can reverse negative impacts. It is essential that such interventions occur within the first five years of life.

Standardized screenings are included in the Bright Futures Manual (American Association of Pediatrics, 2010) which Maine recommends physicians use when serving children. However, these screenings are not mandatory in the well-child visits. Standardized screenings are the most effective way to identify developmental delays and behavioral challenges. Failure to detect developmental and behavioral challenges before kindergarten contributes to a greater number of children referred for special education services in the public school system and is much more costly over the long-term.

Developmental and Behavioral Screening Completed at Well-Child Visit, 2007



SOURCE: NATIONAL SURVEY OF CHILDREN'S HEALTH, 2007

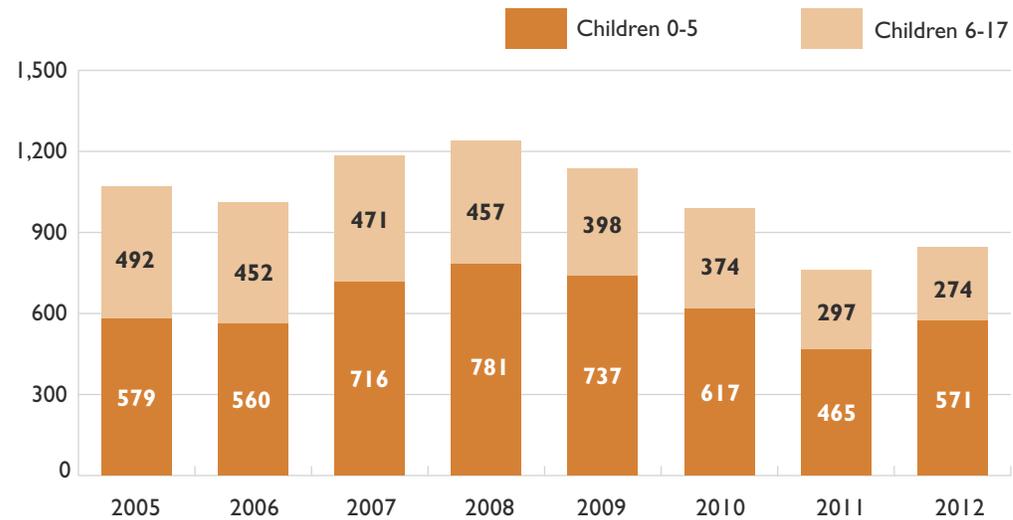
CHILDHOOD TRAUMA

Overall, 3 percent of Maine's children under the age of five are substantiated abuse and neglect victims. In addition, young children are more likely to be removed from the home and placed into foster care than older children.

Children exposed to violence, abuse, neglect, or extreme poverty can have lifelong difficulties with key developmental indicators for school readiness: learning, memory and self-regulation. As adults, their risk of developing chronic health conditions such as diabetes, obesity and heart disease increases.

While children under the age of four represent 25 percent of the total child population in Maine, this age group represents 40 percent of the substantiated child abuse and neglect victims involved with Child Protective Services.

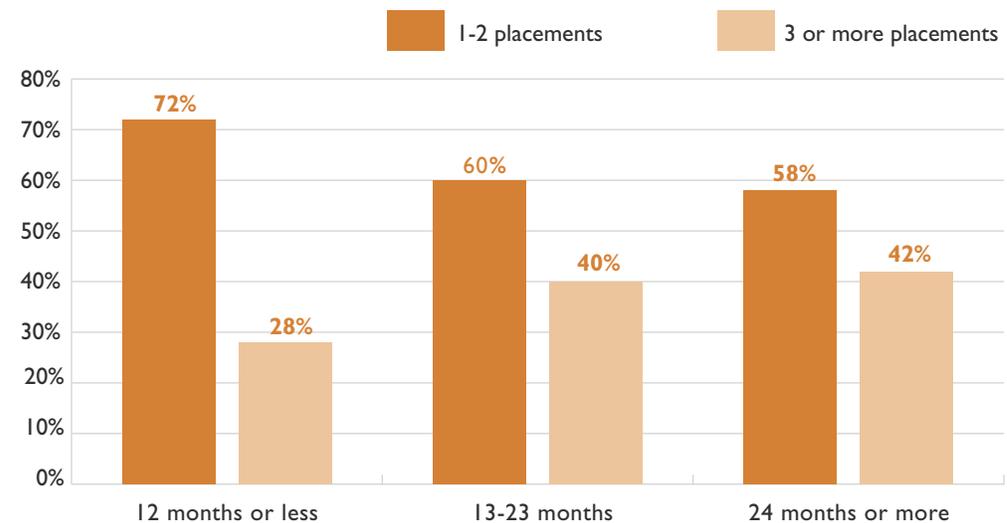
Number of Maine Children Taken into State Custody, 2005-2012



SOURCE: MAINE DHHS, OFFICE OF CHILD AND FAMILY SERVICES, CHILD WELFARE

When a child is removed from the home for reasons of abuse and neglect, the experience is traumatic. Stable placement (no more than two placements in a year) is best. Frequent transitions for young children are stressful, and all the more so for children who are in state custody. The longer a child is in state custody, the greater the likelihood that there will be more placements, more transitions.

Children Under Age 6 in State Custody, 2007-2011



SOURCE: MAINE DHHS, OFFICE OF CHILD AND FAMILY SERVICES, CHILD WELFARE

POLICY OPPORTUNITIES

Communities are vibrant when they provide social support for parents, learning opportunities for children, and services for families in need. When children have nurturing and responsive experiences, a strong foundation for future development is ensured.

HEALTHY COMMUNITIES

According to the 2012 KIDS COUNT Data Book published by the Annie E. Casey Foundation, Maine ranks 4th in the nation when it comes to health insurance coverage for children. This ranking may drop in future years, due to recent changes in health care policy in the 125th legislative session. Continued efforts to ensure that child health outcomes are viewed in the context of long term school readiness and adult well-being are essential. These efforts must include:

- Require standardized behavioral and developmental screenings within the well-child mandates for all children and in community programs.
- Revise reimbursement policies for physicians and other community providers (such as Maine Families, Head Start, and Public Health Nursing) to allow reimbursement for developmental and behavioral screenings.
- Require high quality early childhood programs with evidence based curriculums and strong family engagement practices in the array of services for children who are in state custody.
- Require training in brain development and toxic stress for all child protective workers

DATA GAPS

- Proportion of preschool and child care setting with access to mental health consultation
- Proportion of preschool and child care settings that implement validated effective curricula for social skills development
- Rate of children under age 6 who are expelled from child care or preschools due to behavioral problems
- The number of children in open protective and post protective child welfare cases who are also enrolled in high quality early childhood programs.

EARLY CARE AND EDUCATION



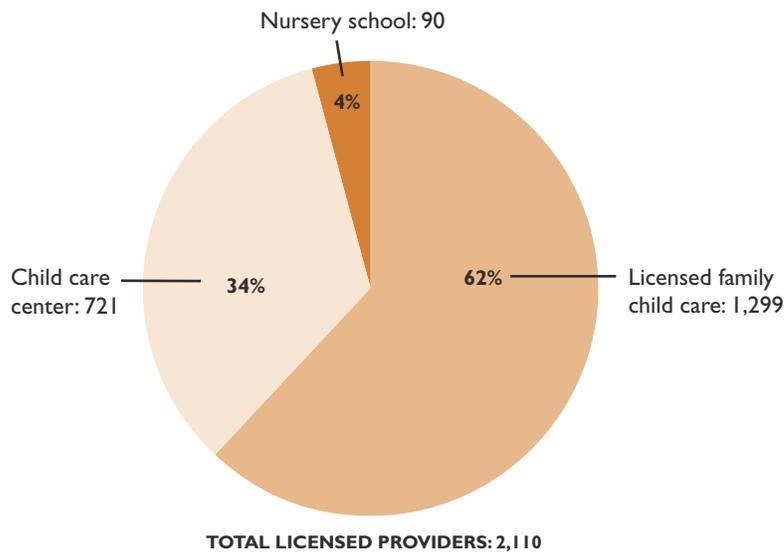
Almost 67 percent of Maine children 5 years old and younger have all parents in the workforce. The early childhood systems must ensure access to reliable, quality early care and education.

In Maine, 66.5 percent (53,860) of children 5 years old and younger have all parents in the workforce. Early childhood providers have a tremendous responsibility to ensure they are supporting children’s health and development for the best possible outcomes.

ACCESS

Families make use of a variety of child care arrangements: licensed care, family, friends and neighbors, and public programs such as Head Start or public preschool. Currently the availability of early care and education is difficult to measure. Improvements to the Maine Department of Health and Human Services database will, in future years, provide more accurate data on the availability of licensed early care and education services by age group.

Licensed Early Care and Education Providers, 2012



SOURCE: MAINE DHSS, OFFICE OF CHILD AND FAMILY SERVICES, LICENSED CHILD CARE PROGRAM DATABASE

HEAD START AND EARLY HEAD START

Head Start programs serve families with children from birth to 5 years old. Head Start provides early childhood support and economic opportunity to families most in need. Head Start supports the healthy development of children by providing comprehensive services that promote the health, social, emotional and intellectual development of children in Maine’s lowest income families. Enrollment is prioritized for children with special needs, children living in poverty, who are homeless, are in foster care, or live in areas defined as medically underserved. In addition, the program helps parents make progress toward their own educational and employment goals.

HEAD START AND EARLY HEAD START ENROLLMENT CAPACITY

Early Head Start	+	Head Start	=	TOTAL
604	+	2,925	=	3,529

SOURCE: U.S. OFFICE OF HEAD START, PROGRAM INFORMATION REPORT (PIR)

Multiple studies have shown specific early care and education factors improve outcomes for children:

- Qualified and appropriately compensated personnel
- Small group sizes and high adult-child ratios
- “Program dosage,” meaning a length of day and program year that ensures effective programming—for example, at least 6 hours a day/full year programming is most effective for high risk children.
- Language-rich environment
- Developmentally appropriate curriculum
- Safe physical setting
- Warm and responsive adult-child interactions
- Meaningful parent engagement

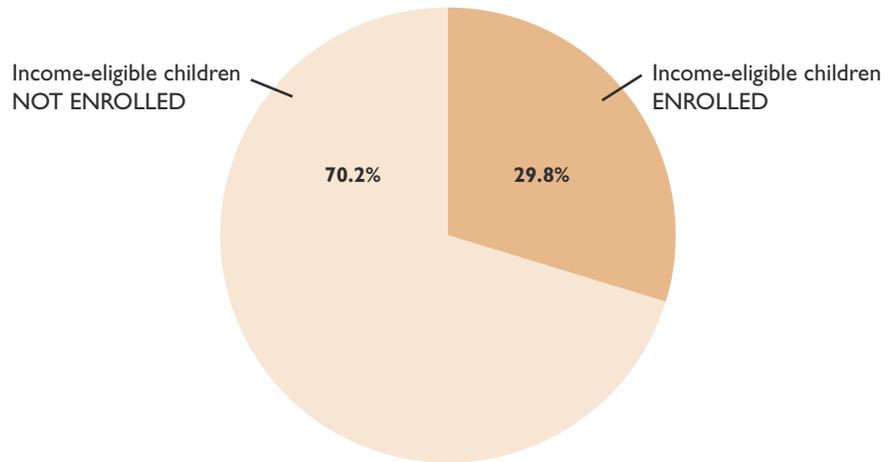
A Science-Based Framework for Early Childhood Policy
www.developingchild.harvard.edu

WHY FAMILIES CHOOSE FAMILY, FRIEND & NEIGHBOR CARE (FFN):

Maine’s child care system includes informal childcare, or legal, unregulated care. A care-giver responsible for no more than 2 unrelated children can accept child care subsidy payments from DHHS. FFN child care are varied. Many families feel that child care provided by relatives offers a level of trust and flexibility not found in formal child care settings. This is particularly true for families with infants and toddlers (Kim & Fram 2009). For some children with special needs, licensed child care sites are not equipped to meet their needs, and a one-to-one situation is the most appropriate. Other families may choose FFN because of a shortage of formal child care in a given community, especially in rural areas. For more information on FFN child care in Maine you can access the strategic plan developed by DHHS in 2009 at: <http://www.maine.gov/dhhs/ocfs/ec/occhs/ffn-report.pdf>

In 2010, Maine had the capacity to serve only an estimated 29.8 percent of the children who are income eligible for Head Start. Recent cuts to the 2012-2013 state budget will result in even lower capacity in coming years.

Head Start Participation, 2010

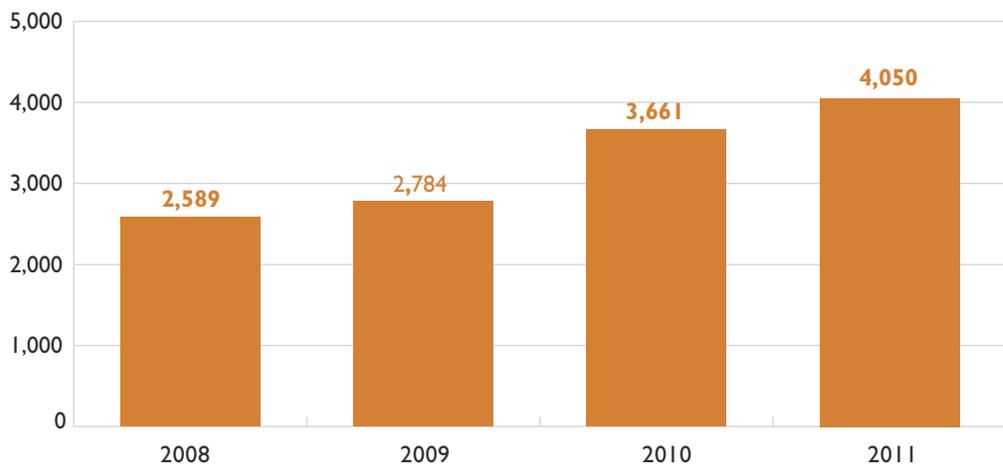


SOURCE: U.S. OFFICE OF HEAD START, PROGRAM INFORMATION REPORT (PIR)

PUBLIC PRE-KINDERGARTEN (PRE-K)

Public pre-K in Maine is designed for children who are four years old by October 15th of a school year calendar. Public pre-K is funded in the Essential Services and Programs funding formula for Maine schools. School Administrative Units apply for approval from Maine's Department of Education to establish new public Pre-K programs. Public pre-K is the only early childhood program to have increased in recent years. For more information about specific community pre-K programs, the Maine Department of Education provides data in one central location: <http://www.maine.gov/education/fouryearold/currentprog.html>

Public pre-K Student Enrollment Comparisons



SOURCE: MAINE DEPARTMENT OF EDUCATION, FOUR YEAR-OLD PROGRAM

The National Institute of Early Education Research (NIEER) at Rutgers University releases an annual report of pre-K programs in the United States. The full report can be accessed here: <http://nieer.org/yearbook/>

Maine consistently receives mixed ratings in this report. The strengths of Maine's programs are the requirement for credentialed staff, state early learning guidelines and the requirements for developmental screenings and access to support services.

The weaknesses of Maine's public Pre-K program remain the limitation of only serving 4 year olds, a lack of required quality monitoring and poor staff to child ratios, no formal curriculum standards, a low minimum requirement for program length and no standards for parent engagement.

Almost 28 percent of all 4 year olds in Maine are enrolled in public pre-K. The percentage of children in each county enrolled in public pre-K varies. County specific data is available at the end of this report.

Currently, there are Maine schools that successfully provide high quality public pre-K programming. Many of these programs are collaborations with nationally accredited early care and education programs.

The Maine Department of Education (DOE) has encouraged school departments to seek out these collaborative relationships, and many have demonstrated great success. There remains, however, a lack of comprehensive requirements to assure all of Maine's public dollars dedicated to pre-K provide true long-term results. Without formal quality standards for public pre-K, limited resources may not be fully utilized.

QUALITY

Program quality makes the difference between programs that work and those that don't work to support children's healthy development. Without quality programming, some children can spend time in a program without many positive outcomes. Mediocre or poor quality care can have a detrimental effect on child development.*

Maine has a quality rating system (QRS) of early care and education providers. This tiered system is designed to determine needed quality improvements to the early care and education infrastructure and help parents make decisions about child care. Center-based Child Care, Family Child Care and Head Start all have unique quality rating scales implemented by the Maine Early Childhood Division, Maine DHHS.

Quality for ME is voluntary system for licensed child care providers to have their quality assessed on a 4-step rating scale.

STEP 1

This program is in good standing with child care licensing and all staff members have enrolled in the Child Care Provider Registry.

STEP 2

This program has some policies, procedures, and staff qualifications that are above and beyond those required by child care licensing.

STEP 3

This program has several policies, procedures, and staff qualifications above and beyond those required by licensing. These include: parent conferences, staff evaluations, and written daily communications for infants and toddlers.

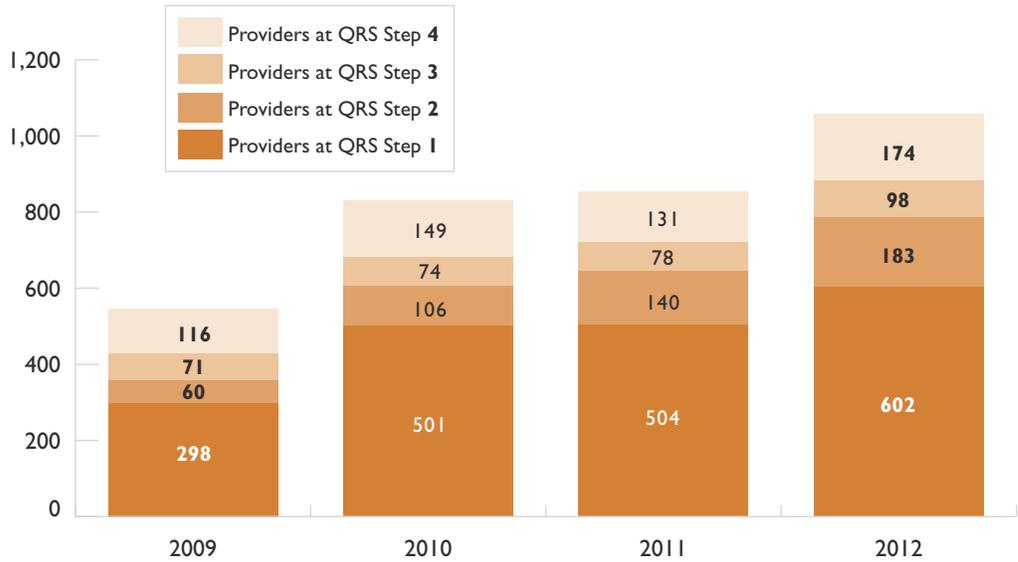
STEP 4

This program has received Maine's highest quality rating. This program has been accredited by a national organization, has staff with a high level of experience and education in early childhood education, and actively utilizes Maine's Early Learning Guidelines and/or Infant Toddler guidelines.

* Neugebauer, R. "Cost Quality Study Findings Unveiled," Child Care Information Exchange, vol. 3/95

In just two years the QRS participation rate has nearly doubled, from 22 percent of licensed childcare providers enrolled in QRS in 2009, to 40 percent enrolled in 2011. The reasons for this increased participation rate are a combination of policies and financial incentives for enrolling and advancing in the QRS. However, the majority of QRS providers (60 percent) are at the first level, meeting only basic licensing standards. While increased numbers of Step 2 and Step 3 providers is encouraging, only 15 percent of providers are at Step 4.

Providers by Steps in Quality Rating System



SOURCE: MAINE DHHS, OFFICE OF CHILD & FAMILY SERVICES, EARLY CHILDHOOD DIVISION, QUALITY FOR ME

POLICY OPPORTUNITIES

The quality of a child's early environment and the availability of appropriate experiences at the right stages of development are crucial determinants of strength or weakness of the brain's architecture. This in turn, has an impact on how well he or she will be able to think and to regulate emotions. A child that is able to self-regulate is more likely to be able to take turns, wait in line, and pay attention in kindergarten.

- Implement a statewide assessment to compare actual child care need to availability of slots.
- Increase state funding levels for Head Start and Early Head Start.
- Develop a long term plan to increase funding for high quality, evidenced based early care and education programs, including incentives and supports for providers to advance in the QRS.
- Continue efforts toward implementation of the nine recommendations from "Supporting Family, Friend and Neighbor Care: A Strategic Plan for Maine," a report provided by the National Technical Assistance Program of Zero to Three.
<http://www.maine.gov/dhhs/ocfs/ec/occhs/ffn-report.pdf>
- Continue and expand efforts to provide incentives and supports for licensed early care and education providers to participate and advance in Quality for ME.

The steady growth in pre-K investment stands in stark contrast to the steadily decreasing support for other early childhood and family support programs. Policies that align all early childhood programs and require evidence based curriculum and accountability measures are essential. Such requirements ensure public money is most appropriately invested.

- Align public pre-K program standards with the Quality for ME Step 4 program standards
- Continue efforts to build collaboration between public pre-K programs and community providers.

DATA GAPS

- The number of families who need child care (infant/toddler/preschool/school-age)
- The number of licensed child care slots by age group

SCHOOLS



Children entering kindergarten vary in their early experiences, skills, knowledge, language, culture and family background. Schools must be prepared to address the diverse needs of the children and families in their community and be committed to the success of every child

CHILDREN WITH SPECIAL NEEDS

Early identification of developmental delays and access to the appropriate therapies is a key element of any successful early childhood system. Assuring that schools are well prepared for the students entering kindergarten requires access to good information about each individual child and family.

EARLY INTERVENTION SERVICES PARTICIPATION	2007	2008	2009	2010	2011
Children birth-age 5 receiving services	5,152	4,883	4,663	4,998	4,754

Between July 1, 2010 and June 30, 2011, 1,298 school-age children exited Child Development Services prior to the start of the 2011-2012 school year.

- 4.8 percent (62) children exited CDS services into school-age regular education
- 93.1 percent (1,208) children exited CDS services into school-age to special education services upon kindergarten entry
- 2.2 percent (28) children exited CDS services with status unknown

Of the 13,843 kindergarten children who entered public school in 2011-12, 13 percent (1,848) received special education services upon enrollment. Therefore, it appears that at least 34.6 percent (640) students needed special education services in kindergarten, but had not been identified by CDS. Schools are required to provide free and appropriate education to all Maine children, regardless of disability status. When schools are unprepared for kindergarten children with disabilities, it creates difficulty for families, teachers and school administrators. Assuring all children are appropriately screened and provided early intervention services as soon as possible allows school districts to plan for how best to meet each child's needs.

POLICY OPPORTUNITIES

Being ready for kindergarten is not a child's responsibility. However, we can identify a collective set of developmental indicators that inform policy makers and support schools to be prepared for children entering kindergarten each year. Such indicators can also be used to inform investments in professional development systems for early care and education providers.

- Many states use one standardized kindergarten entry assessment tool to assure consistent information is gathered across the state. Each Maine school district selects unique tools for kindergarten assessment. Maine should have one standard tool used for kindergarten entry assessment for better data collection, and to improve linkages to the early childhood system.
- Continued effort between DHHS and DOE for better screening, referral and access to services is essential. Maintaining and updating the newly developed memorandum of understanding between the two departments is merely the first step in addressing this significant issue. Assuring all children are appropriately screened and provided services in the early years will reduce special education costs for public school budgets.
- Maine should develop standards for kindergarten transition plans that include engagement of early childhood providers and parents

DATA GAPS

- The percent of kindergarteners who demonstrate developmentally appropriate skills and behaviors
- The percent of kindergarteners who can establish and maintain positive relationships with peers and adults
- The percent of kindergarteners who can participate in group learning activities, participating actively, talking, taking turns, following directions and working cooperatively
- The number of public schools that have formal kindergarten transition policies that include early childhood providers and parents

In 2011-2012, 13,843 children entered kindergarten, down slightly from 2010-11 when 13,950 children entered kindergarten.

The majority of early intervention, special education and related services in Maine are provided by Child Development Services (CDS), under the management of the Department of Education. CDS is responsible for identifying children with disabilities through screenings and evaluations for children birth through age five. CDS provides case management and necessary therapies for children with disabilities, from birth through age five, and their families.

The federal funding for early intervention is called Part C and Part B. Part C is for infants and toddlers, and Part B is for children 3 – 5 years of age. Although most early intervention and special services are provided by CDS, some Part B funds are allocated to school administrative units to serve 4- and 5-year-olds.

SUMMARY



*Children need families, schools and communities
to provide the environments and experiences
necessary for healthy development
and successful school readiness.*

Maine's future prosperity and quality of life are important to all of us. Our state's economic success is linked to a productive workforce and secure, welcoming communities. What is not widely understood, however, is how much Maine's economy is influenced by the health and development of our youngest children who, in a matter of years, will be our workforce.

The early years are a critical time when neurological connections create the foundation for future intellectual, emotional, social and physical development. Like building a new house or office building, establishing either a strong or a fragile foundation will determine the development, learning and behavior that will follow. Getting everything right the first time is easier and less costly than trying to fix it later.

Nationally and here in Maine, our current public policy and level of investment in young children are not keeping pace with the information we have about brain development and what children need to become healthy, productive adults. Public investments rarely focus on prevention, but instead address problems that could have been significantly reduced during key developmental periods.

Early childhood is a crucial time for brain development. With proper preparation and support, a child can enter kindergarten ready for success. Too many low income children enter kindergarten behind their higher income peers in language and pre-reading skills. It is estimated that half of the achievement gap in grade 12 between poor and non-poor children already exists in first grade.

While we address the immediate and difficult economic choices presently before us, we must not lose track of the need for long range strategic planning. In order to assure that our investments in young children yield the greatest benefit, we must improve the early childhood system. Focusing on early childhood is essential, if we are to achieve long term desired outcomes for Maine's children, including high school graduation and the attainment of a college degree.

“By creating and implementing effective early childhood programs and policies, society can ensure that children have a solid foundation for a productive future. Four decades of evaluation research have identified innovative programs that can improve a wide range of outcomes with continued impact into the adult years. Effective interventions are grounded in neuroscience and child development research and guided by evidence regarding what works for what purpose. With careful attention to quality and continuous improvement, such programs can be cost-effective and produce positive outcomes for children.”

– *Early Childhood Program Effectiveness*, In Brief Series. Harvard Center on the Developing Child. 2008

County Profiles

State Number	MAINE		
	State Rate or %	Previous Rate or %	
			FAMILIES
84,268	n/a	n/a	Total number of children under 6 years in Maine, 2010
26,742	31.7%	31.7%	Children birth-age 5 receiving SNAP, December 2011 (as % of children under 6)
9,437	11.2%	11.7%	Children birth-age 5 receiving TANF, December 2011 (as % of children under 6)
			HEALTH AND COMMUNITIES
48,392	57.4%	55.5%	Children under 6 enrolled in MaineCare, 2011 (as % of children under age 6)
11,802	87.6%	86.8%	Live births for which prenatal care began in first trimester, 2009 (as % of live births)
852	6.3%	6.7%	Low birth-weight infants, 2009 (as % of live births)
2,368	n/a	n/a	Number of families served in <i>Maine Families</i> home visiting program, 2011 (as % of families served)
539	6.4	n/a	Dentists that serve birth-age 5 children (General Practice & Pedontics), 2011 (rate per 1,000 children under age 6)
204	4.2	n/a	Dental health professionals available for birth-age 5 children who accept Mainecare, 2011 (rate per 1,000 children under age 6 enrolled in Mainecare)
939	11.1	n/a	Number of pediatricians, family practitioners and general practitioners, 2012 (rate per 1,000 children under age 6)
			EARLY CARE AND EDUCATION
53,860	66.5%	65.4%	Children 5 years and younger with all parents in family working, 2006-2010 (as % of children under 6)
2,110	100.0%	99.9%	TOTAL LICENSED PROVIDERS
1,299	61.6%	62.5%	Licensed family child care, July 2012 (as % of total licensed providers)
721	34.2%	33.1%	Licensed center-based child care, July 2012 (as % of total licensed providers)
90	4.3%	4.3%	Licensed nursery school, July 2012 (as % of total licensed providers)
4,050	27.9%	25.3%	Number of public preschool students, 2010-2011 (as % of children age 4)
1,057	50.1%	39.6%	TOTAL ENROLLED IN QRS (as % of total licensed providers)
174	16.5%	15.4%	<i>Quality for ME:</i> Step 4, percent of providers enrolled (as % of total enrolled in QRS)
98	9.3%	9.1%	<i>Quality for ME:</i> Step 3, percent of providers enrolled (as % of total enrolled in QRS)
183	17.3%	16.4%	<i>Quality for ME:</i> Step 2, percent of providers enrolled (as % of total enrolled in QRS)
602	57.0%	59.1%	<i>Quality for ME:</i> Step 1, percent of providers enrolled (as % of total enrolled in QRS)
			SCHOOLS
13,843	n/a	13,950	Children enrolled in kindergarten, 2011-12 (as % of total enrolled in kindergarten)



ANDROSCOGGIN

AROOSTOOK

CUMBERLAND

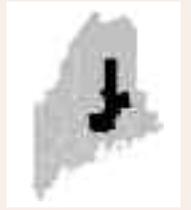
FRANKLIN

HANCOCK

County Number	Percent or Rate	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %
8,282	9.8%	9.4%	4,242	5.0%	4.9%	17,959	21.3%	21.8%	1,817	2.2%	2.0%	3,130	3.7%	3.7%
3,261	39.4%	39.2%	1,693	39.9%	40.3%	4,347	24.2%	24.1%	673	37.0%	38.8%	763	24.4%	25.7%
1,656	20.0%	19.3%	655	15.4%	14.5%	1,655	9.2%	9.8%	243	13.4%	14.3%	168	5.4%	6.4%
5,437	65.6%	65.9%	2,884	68.0%	69.9%	7,487	41.7%	39.7%	1,168	64.3%	70.6%	1,816	58.0%	53.1%
1,247	90.2%	90.1%	619	89.3%	87.7%	2,498	88.5%	87.5%	254	87.3%	89.8%	388	86.2%	85.6%
86	6.2%	6.7%	46	6.6%	5.9%	172	6.1%	6.8%	18	6.2%	6.0%	25	5.6%	5.8%
251	10.6%	10.6%	161	6.8%	6.5%	300	12.7%	13.5%	135	5.7%	5.1%	179	7.6%	7.0%
34	4.1	n/a	19	4.5	n/a	175	9.7	n/a	11	6.1	n/a	20	6.4	n/a
10	1.8	n/a	18	6.2	n/a	33	4.4	n/a	3	2.6	n/a	12	6.6	n/a
73	8.8	n/a	48	11.3	n/a	287	16.0	n/a	26	14.3	n/a	48	15.3	n/a
5,567	72.8%	73.4%	2,632	64.1%	63.0%	11,476	66.0%	64.9%	1,115	63.9%	64.3%	1,945	68.8%	62.8%
230	n/a	n/a	109	n/a	n/a	454	n/a	n/a	62	n/a	n/a	76	n/a	n/a
157	68.3%	72.7%	75	68.8%	69.7%	253	55.7%	56.3%	43	69.4%	74.2%	45	59.2%	59.8%
70	30.4%	26.0%	32	29.4%	28.4%	178	39.2%	38.0%	17	27.4%	24.2%	28	36.8%	36.6%
3	1.3%	1.3%	2	1.8%	1.8%	23	5.1%	5.7%	2	3.2%	1.5%	3	3.9%	3.7%
598	42.8%	28.7%	547	82.6%	85.0%	119	3.9%	3.5%	119	38.0%	25.3%	243	43.1%	22.4%
112	48.7%	48.9%	51	46.8%	44.0%	205	45.2%	44.3%	32	51.6%	51.5%	42	55.3%	51.2%
16	14.3%	15.3%	5	9.8%	12.5%	34	16.6%	16.7%	9	28.1%	29.4%	6	14.3%	14.3%
7	6.3%	6.3%	6	11.8%	10.4%	17	8.3%	7.9%	2	6.3%	5.9%	4	9.5%	9.5%
18	16.1%	15.3%	4	7.8%	8.3%	42	20.5%	20.2%	8	25.0%	23.5%	3	7.1%	7.1%
71	63.4%	63.1%	36	70.6%	68.8%	112	54.6%	55.2%	13	40.6%	41.2%	29	69.0%	69.0%
1,296	9.4%	9.4%	730	5.3%	5.2%	2,888	20.9%	19.5%	304	2.2%	2.3%	537	3.9%	5.0%

County Profiles, continued...

State Number	MAINE		
	State Rate or %	Previous Rate or %	
84,268	n/a	n/a	FAMILIES Total number of children under 6 years in Maine, 2010
26,742	31.7%	31.7%	Children birth-age 5 receiving SNAP, December 2011 (as % of children under 6)
9,437	11.2%	11.7%	Children birth-age 5 receiving TANF, December 2011 (as % of children under 6)
			HEALTH AND COMMUNITIES
48,392	57.4%	55.5%	Children under 6 enrolled in MaineCare, 2011 (as % of children under age 6)
11,802	87.6%	86.8%	Live births for which prenatal care began in first trimester, 2009 (as % of live births)
852	6.3%	6.7%	Low birth-weight infants, 2009 (as % of live births)
2,368	n/a	n/a	Number of families served in <i>Maine Families</i> home visiting program, 2011 (as % of families served)
539	6.4	n/a	Dentists that serve birth-age 5 children (General Practice & Pedontics), 2011 (rate per 1,000 children under age 6)
204	4.2	n/a	Dental health professionals available for birth-age 5 children who accept Mainecare, 2011 (rate per 1,000 children under age 6 enrolled in Mainecare)
939	11.1	n/a	Number of pediatricians, family practitioners and general practitioners, 2012 (rate per 1,000 children under age 6)
			EARLY CARE AND EDUCATION
53,860	66.5%	65.4%	Children 5 years and younger with all parents in family working, 2006-2010 (as % of children under 6)
2,110	100.0%	99.9%	TOTAL LICENSED PROVIDERS
1,299	61.6%	62.5%	Licensed family child care, July 2012 (as % of total licensed providers)
721	34.2%	33.1%	Licensed center-based child care, July 2012 (as % of total licensed providers)
90	4.3%	4.3%	Licensed nursery school, July 2012 (as % of total licensed providers)
4,050	27.9%	25.3%	Number of public preschool students, 2010-2011 (as % of children age 4)
1,057	50.1%	39.6%	TOTAL ENROLLED IN QRS (as % of total licensed providers)
174	16.5%	15.4%	<i>Quality for ME:</i> Step 4, percent of providers enrolled (as % of total enrolled in QRS)
98	9.3%	9.1%	<i>Quality for ME:</i> Step 3, percent of providers enrolled (as % of total enrolled in QRS)
183	17.3%	16.4%	<i>Quality for ME:</i> Step 2, percent of providers enrolled (as % of total enrolled in QRS)
602	57.0%	59.1%	<i>Quality for ME:</i> Step 1, percent of providers enrolled (as % of total enrolled in QRS)
			SCHOOLS
13,843	n/a	13,950	Children enrolled in kindergarten, 2011-12 (as % of total enrolled in kindergarten)



KENNEBEC

KNOX

LINCOLN

OXFORD

PENOBSCOT

County Number	Percent or Rate	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %
7,656	9.1%	8.9%	2,376	2.8%	2.9%	1,942	2.3%	2.2%	3,603	4.3%	4.1%	9,677	11.5%	11.3%
2,794	36.5%	34.8%	748	31.5%	31.1%	596	30.7%	29.9%	1,459	40.5%	38.7%	2,993	30.9%	33.1%
975	12.7%	13.6%	227	9.6%	10.4%	151	7.8%	8.8%	544	15.1%	14.2%	909	9.4%	11.1%
4,898	64.0%	59.4%	1,364	57.4%	57.1%	1,046	53.9%	54.6%	2,394	66.4%	69.3%	5,506	56.9%	59.3%
1,096	85.8%	84.8%	366	93.6%	91.3%	260	87.2%	90.3%	469	87.0%	83.7%	1,326	84.2%	84.7%
89	7.0%	5.2%	18	4.6%	4.6%	22	9.7%	10.1%	22	4.1%	8.5%	100	6.3%	7.0%
269	11.4%	13.0%	90	3.8%	3.3%	55	2.3%	1.4%	143	6.0%	6.5%	200	8.4%	8.7%
58	7.6	n/a	20	8.4	n/a	14	7.2	n/a	15	4.2	n/a	67	6.9	n/a
37	7.6	n/a	5	3.7	n/a	6	5.7	n/a	6	2.5	n/a	31	5.6	n/a
121	15.8	n/a	23	9.7	n/a	31	16.0	n/a	15	4.2	n/a	124	12.8	n/a
4,894	66.3%	70.6%	1,410	61.8%	62.7%	1,126	59.6%	68.7%	2,289	66.9%	62.9%	6,291	66.9%	60.8%
232	n/a	n/a	55	n/a	n/a	45	n/a	n/a	83	n/a	n/a	184	n/a	n/a
159	68.5%	69.4%	30	54.5%	54.4%	24	53.3%	51.1%	41	49.4%	49.4%	116	63.0%	64.2%
60	25.9%	25.4%	21	38.2%	38.6%	19	42.2%	44.7%	40	48.2%	48.2%	60	32.6%	31.8%
13	5.6%	5.2%	4	7.3%	7.0%	2	4.4%	4.3%	2	2.4%	2.4%	8	4.3%	4.0%
374	27.2%	42.5%	6	1.5%	0%	99	6.2%	0%	197	32.1%	23.5%	658	39.2%	40.1%
115	49.6%	48.3%	37	67.3%	64.9%	27	60.0%	55.3%	49	59.0%	59.0%	89	48.4%	52.6%
20	18.8%	18.8%	7	18.9%	18.9%	5	19.2%	19.2%	10	16.3%	16.3%	12	13.2%	13.2%
10	9.8%	9.8%	4	10.8%	10.8%	2	3.8%	3.8%	4	10.2%	10.2%	9	9.9%	9.9%
20	18.8%	18.8%	4	10.8%	10.8%	4	15.4%	15.4%	9	18.4%	18.4%	13	13.2%	13.2%
65	52.7%	52.7%	22	59.5%	59.5%	16	61.5%	61.5%	26	55.1%	55.1%	55	63.7%	63.7
1,282	9.3%	5.9%	375	2.7%	2.8%	276	2.0%	3.2%	661	4.8%	5.2%	1,584	11.4%	11.3%

County Profiles, continued...



MAINE			PISCATAQUIS		
State Number	State Rate or %	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %
FAMILIES					
84,268	n/a	n/a	943	1.1%	1.2%
Total number of children under 6 years in Maine, 2010					
26,742	31.7%	31.7%	386	40.9%	40.9%
Children birth-age 5 receiving SNAP, December 2011 (as % of children under 6)					
9,437	11.2%	11.7%	98	10.4%	11.3%
Children birth-age 5 receiving TANF, December 2011 (as % of children under 6)					
HEALTH AND COMMUNITIES					
48,392	57.4%	55.5%	650	68.9%	66.0%
Children under 6 enrolled in MaineCare, 2011 (as % of children under age 6)					
11,802	87.6%	86.8%	140	85.4%	80.5%
Live births for which prenatal care began in first trimester, 2009 (as % of live births)					
852	6.3%	6.7%	10	6.1%	10.7%
Low birth-weight infants, 2009 (as % of live births)					
2,368	n/a	n/a	19	0.8%	0.9%
Number of families served in <i>Maine Families</i> home visiting program, 2011 (as % of families served)					
539	6.4	n/a	6	6.4	n/a
Dentists that serve birth-age 5 children (General Practice & Pedontics), 2011 (rate per 1,000 children under age 6)					
204	4.2	n/a	5	7.7	n/a
Dental health professionals available for birth-age 5 children who accept Mainecare, 2011 (rate per 1,000 children under age 6 enrolled in Mainecare)					
939	11.1	n/a	8	8.5	n/a
Number of pediatricians, family practitioners and general practitioners, 2012 (rate per 1,000 children under age 6)					
EARLY CARE AND EDUCATION					
53,860	66.5%	65.4%	457	53.8%	58.0%
Children 5 years and younger with all parents in family working, 2006-2010 (as % of children under 6)					
2,110	100.0%	99.9%	22	n/a	n/a
TOTAL LICENSED PROVIDERS					
1,299	61.6%	62.5%	12	54.5%	64.1%
Licensed family child care, July 2012 (as % of total licensed providers)					
721	34.2%	33.1%	7	31.8%	25.6%
Licensed center-based child care, July 2012 (as % of total licensed providers)					
90	4.3%	4.3%	3	13.6%	10.3%
Licensed nursery school, July 2012 (as % of total licensed providers)					
4,050	27.9%	25.3%	45	27.1%	22.1%
Number of public preschool students, 2010-2011 (as % of children age 4)					
1,057	50.1%	39.6%	11	50.0%	30.8%
TOTAL ENROLLED IN QRS (as % of total licensed providers)					
174	16.5%	15.4%	2	16.7%	16.7%
<i>Quality for ME</i> : Step 4, percent of providers enrolled (as % of total enrolled in QRS)					
98	9.3%	9.1%	0	0.0%	0.0%
<i>Quality for ME</i> : Step 3, percent of providers enrolled (as % of total enrolled in QRS)					
183	17.3%	16.4%	0	8.3%	8.3%
<i>Quality for ME</i> : Step 2, percent of providers enrolled (as % of total enrolled in QRS)					
602	57.0%	59.1%	9	75.0%	75.0%
<i>Quality for ME</i> : Step 1, percent of providers enrolled (as % of total enrolled in QRS)					
SCHOOLS					
13,843	n/a	13,950	153	1.1%	0.9%
Children enrolled in kindergarten, 2011-12 (as % of total enrolled in kindergarten)					

**SAGADAHOC****SOMERSET****WALDO****WASHINGTON****YORK**

County Number	Percent or Rate	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %	County Number	Percent or Rate	Previous Rate or %
2,297	2.7%	3.0%	3,345	4.0%	3.9%	2,498	3.0%	2.9%	2,025	2.4%	2.4%	12,476	14.8%	15.3%
645	28.1%	25.6%	1,383	41.3%	40.9%	957	38.3%	34.7%	885	43.7%	44.0%	3,155	25.3%	25.7%
200	8.7%	9.3%	530	15.8%	16.5%	313	12.5%	12.4%	223	11.0%	12.6%	886	7.1%	7.9%
1,119	48.7%	42.8%	2,043	61.1%	69.3%	1,570	62.9%	64.1%	1,571	77.6%	76.9%	5,885	47.2%	42.9%
380	90.3%	89.1%	437	80.8%	79.0%	342	87.0%	88.0%	257	84.5%	80.3%	1,723	89.7%	88.4%
21	5.0%	5.9%	46	8.5%	8.1%	38	9.7%	6.6%	22	7.2%	5.4%	117	6.1%	7.0%
68	2.9%	2.7%	113	4.8%	4.8%	106	4.5%	4.8%	148	6.3%	4.9%	131	5.5%	6.2%
11	4.8	n/a	12	3.6	n/a	10	4.0	n/a	9	4.4	n/a	58	4.6	n/a
2	1.8	n/a	2	1.0	n/a	8	5.1	n/a	10	6.4	n/a	16	2.7	n/a
5	2.2	n/a	21	6.3	n/a	20	8.0	n/a	16	7.9	n/a	73	5.9	n/a
1,586	65.3%	64.1%	1,945	60.7%	64.2%	1,592	66.1%	64.5%	1,207	64.4%	61.7%	8,328	68.5%	66.2%
71	n/a	n/a	80	n/a	n/a	66	n/a	n/a	41	n/a	n/a	300	n/a	n/a
40	56.3%	56.2%	62	77.5%	75.3%	41	62.1%	63.1%	25	61.0%	62.5%	176	58.7%	58.5%
30	42.3%	42.5%	16	20.0%	21.0%	24	36.4%	33.8%	14	34.1%	32.5%	105	35.0%	35.4%
1	1.4%	1.4%	2	2.5%	3.7%	1	1.5%	3.1%	2	4.9%	5.0%	19	6.3%	6.1%
158	38.4%	24.0%	304	54.4%	54.9%	177	39.4%	45.3%	227	63.8%	51.9%	179	8.2%	8.2%
34	47.9%	45.2%	38	47.5%	49.4%	37	56.1%	55.4%	34	82.9%	82.5%	144	48.0%	47.3%
10	30.3%	30.3%	15	35.0%	35.0%	9	22.2%	22.2%	5	15.2%	15.2%	9	6.1%	6.1%
1	3.0%	3.0%	3	7.5%	7.5%	8	25.0%	25.0%	9	27.3%	27.3%	12	7.5%	7.5%
7	18.2%	18.2%	5	12.5%	12.5%	7	13.9%	13.9%	6	15.2%	15.2%	33	20.4%	20.4%
16	48.5%	48.5%	15	45.0%	45.0%	13	38.9%	38.9%	14	42.4%	42.4%	90	66.0%	66.0%
373	2.7%	3.8%	633	4.6%	4.3%	389	2.8%	2.7%	330	2.4%	2.8%	2,032	14.7%	15.8%

DEFINITIONS AND SOURCES

FAMILIES

Number of children 5 years and younger is the number of 5 years and younger living in Maine, 2010 & 2007.

SOURCE: 2010 - U.S. Census Bureau's 2010 Decennial Census; 2007 Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics

Poverty trends are the estimated percent of children under 5, children under age 18, and all people living in poverty. In 2010, which represents the current rate, the poverty threshold for a typical family of three was \$17,568. These data represent calendar years. Notes: 2004 and previous SAIPE estimates are not directly comparable to 2005-2010 SAIPE estimates because the data used to model the estimates have changed

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates

Earned income tax credits (EITC): Information was compiled from the Maine State Tax Expenditure Reports prepared for the Joint Standing Committee on Taxation of the Maine Revenue service.

SOURCE: Maine Revenue Service Reports to Legislature (2006-2010)

Children receiving SNAP Benefits is the number and percent of children ages 0-5 and 6-18 who were receiving SNAP benefits (formerly Food Stamps) in December 2011 and December 2010. Note: 2011 & 2010 state numbers and percents include 4 children whose county is unknown, who are not Maine residents, who are not in state, or who have no data.

SOURCE: Maine Department of Health and Human Services, Office of Integrated Access and Support, Food Stamp Program.

Children receiving TANF is the number and percent of children ages 0-5 and 6-18 who were receiving Temporary Aid to Needy Families in December 2011 and December 2010. Note: 2011 & 2010 state numbers and percents 4 children whose county is unknown.

SOURCE: Maine Department of Human Services, Office of Integrated Access and Support, Report: Geographic Distribution of Programs and Benefits.

Children served through CCDF child care subsidies is the number of children served through CCDF slots and vouchers from federal fiscal year (FFY) 2007 (October 1, 2006– September 30, 2007) to FFY 2011 (October 1, 2010 – September 30, 2011). Children up to age 12 are eligible for subsidized child care if their parents are working or in education training, and have incomes at or below 85% of the state median income.

SOURCE: Federal Administration for Children and Families Annual CCDF Funding Allocations Reports

HEALTH & WELL-BEING

Children without health insurance is the estimated number and percent of children ages 0-5 who were not covered by any kind of public or private health insurance. These data are averaged over the three-year period from 2008-2010.

SOURCE: U.S. Census Bureau, Current Population Survey, 2009 to 2011 Annual Social and Economic Supplements.

Children participating in MaineCare is the number and percent of individual children ages 0-5 participating in MaineCare in state fiscal year (SFY) 2011 (July 1, 2010 – June 30, 2011) and (SFY) 2010 (July 1, 2009 –

June 30, 2010). These data are reported by age group and by the child's county of residence at the end of the SFY or the end of the child's participation in the program. Note that the 2011 statewide figure includes 1,554 who were who were out-of-state or whose residence is unknown.

SOURCE: Maine Department of Health and Human Services, Office of MaineCare Services.

Live births for which prenatal care began in the first trimester is the number and percent of live births for which the mother began receiving prenatal care during the first three months of pregnancy. These data represent calendar years 2009 and 2008.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

Low birth-weight infants is the number and percent of live births in which the newborn weighed less than 2500 grams, (5.5 pounds). These data represent calendar years 2009 and 2008.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; 2009 national rate from Centers for Disease Control, National Center for Health Statistics Report, Vol. 60, No. 1, "Births: Final Data for 2009.

Children receiving home visiting services through Maine Families is the number of families served through the Maine Department of Health and Human Services' universal home visiting program for first time families and adolescent families. Caseload is determined by dividing the number of families served by the FTE of home visitors. The data represent fiscal years 2011 and 2010.

SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services, Early Childhood Division

Medical home is the estimated percent of children who received care in a medical home, as defined by the American Academy of pediatrics. These data are from the National Survey of Children's Health 2007.

SOURCE: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health.

Dental Care Access is the estimated number of children ages 1-5 who did not receive preventative dental visits. These data are from the National Survey of Children's Health 2007.

SOURCE: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health.

Dentists that serve B-5 children (General Practice & Pedontics) is the number and rate of licensed, active general practice dentists serving children 0-5 in Maine. These data represent calendar year 2011. Rate is per 1,000 children ages birth to five.

SOURCE: Maine Board of Dental Examiners

Dental health professionals available for B-5 children who accept Mainecare is the number and rate of licensed, active dental health professionals serving children 0-5 in Maine who accept MaineCare. These data represent fiscal year 2011. Rate per 1,000 children ages birth to five receiving MaineCare Services.

SOURCE: Maine Department of Health and Human Services, Office of MaineCare Services

Pediatricians, Family Practitioners, and General Practitioners is the number and rate of licensed and board certified pediatricians, family practitioners, and general practitioners (allopaths/MDs and osteopaths/DOs) in Maine on May 15, 2012. The rate is per 1,000 children ages 0-5.

SOURCE: Maine Department of Professional and Financial Regulation, Board of Licensure in Medicine

Immunizations of children is the estimated vaccination coverage of children ages 19-35 months with the 4:3:1:0:3:1:4 Series (4 or more doses of DTaP (Diphtheria-Tetanus-Pertussis), 3 or more doses of poliovirus vaccine, and 1 or more doses of any MMR (Measles-Mumps-Rubella) vaccine, 0 doses of Haemophilus influenzae type b (Hib) vaccine, 3 or more doses of HepB vaccine, 1 or more doses of varicella (Chickenpox) vaccine, and 4 or more doses of pneumococcal conjugate vaccine (PCV). These data represent calendar years 2009 and 2008.

SOURCE: Centers for Disease Control and Prevention, National Immunization Survey, 2010 and 2009. http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2010.htm

Recipients of WIC benefits: The number of individuals receiving WIC (Women's, Infant's and Children's Supplemental Nutrition Program) benefits. WIC provides specific nutritious foods and nutrition education to low-income pregnant and breastfeeding women, infants, and children up to age five. Recipients must be at or below 185% of poverty and be at medical or nutritional risk. These data represent calendar year 2011 and 2010.

SOURCE: Maine Department of Health and Human Services, WIC Program.

Children who did not receive developmental and behavioral screening: The estimated percent of children ages 10 months to five years who did not receive a standardized screening for behavioral or developmental problems, as reported by parents. These data are from the National Survey of Children's Health 2007.

SOURCE: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health.

Children taken into DHHS care or custody is the number of children ages 0-17 taken into the care or custody of the Department of Health and Human Services (DHHS). These children were ordered into DHHS custody as a result of a child protection hearing where the child is found to be in jeopardy, a juvenile hearing where it would be contrary to the child's health and welfare to remain in the care or custody of the parents, or a divorce and/or custody hearing where neither parent has been found able to provide a home in the best interest of the child. Data represents calendar years 2005-2012.

SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services, Division of Child Welfare Services.

Children under age 6 in state custody by length of stay is the number of placements children ages 0-5 had while in the care or custody of the Department of Health and Human Services (DHHS). Data represent calendar years 2007-2011.

SOURCE: Maine Department of Health and Human Services, Office of Child and Family Services, Division of Child Welfare Services.

EARLY CARE & EDUCATION

Maine children with all parents in family working is the number and percentage of children 5 years and younger with all parents in the family working.

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2006-10 & 2000 U.S. Census Counts.

Licensed child care providers is the number of licensed child care homes and child care centers in July 2012 and 2011. These data are also reported as a percent of the total number of licensed child care providers for each type of licensed child care.

SOURCE: Maine Department of Health and Human Services, Office of Child Care and Head Start.

Head Start Program Participation is the number of state and federally-funded children in Head Start programs throughout the state during federal fiscal year (FFY) 2011 (October 1, 2010 – September 30, 2011). Eligible children were estimated as the number of children under age 5 in poverty. Unmet need was calculated by subtracting the number of funded children from the estimate of income eligible children.

SOURCE: Head Start data: Maine Department of Health and Human Services, Office of Child Care and Head Start, Program Information Report. Children under age 5 in poverty: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE)

Public Preschool Enrollment (PreK) is the number of children enrolled in a four year old program offered through a school administrative unit during the 2010-11 and 2009-10 school years. Children must be four years of age by October 15 of the entering school year in order to be eligible for a public preschool program.

SOURCE: Maine Department of Education, Four Year Old Program

Quality rating system (QRS): The quality rating system in Maine, Quality for Me, is a voluntary system for licensed child care providers to have their program quality assessed on a 4-step rating scale. The data represent providers enrolled in the QRS database in July, 2012.

SOURCE: Maine Department of Health and Human Services, Office of Child & Family Services, Early Childhood Division.

SCHOOLS

Kindergarten Enrollment is the number and of age eligible (born prior to October 15, 2006) children attending kindergarten or early kindergarten during the 2011-12 and 2010-11 school years.

SOURCE: Maine Department of Education.

School age children exiting Child Development Services (CDS) is the number and percent of school age children who exited CDS services prior to the 2011-12 school year into regular education, school-age special services, or whose status was unknown in fall 2011.

SOURCE: Maine Department of Education.

Kindergarten Children with Special Needs is the number and percent of kindergarten children year who were identified with special needs during the 2011-12 school year. Special needs were determined for the kindergarten population in accordance with the federal definitions and mandates for early intervention and public education.

SOURCE: Maine Department of Education.



The Maine Children's Growth Council was created by state statute to achieve sustainable social and financial investment in the healthy development of Maine's young children and their families. The Council reviews and addresses recommendations from legislative studies, advisory committees and the Maine Children's Cabinet. It is also responsible for implementing the long term plan for a unified, statewide early childhood services system.

The Council must coordinate with state and community partners in this effort.



The Maine Children's Alliance advocates for sound public policies that improve the lives of all Maine's children, youth and families. MCA is the primary source of information, data and policy analysis on issues affecting children and families in Maine. The organization regularly brings diverse groups together in coalitions that support data-based policy initiatives. Recognized as Maine's preeminent voice for children and their families, MCA provides oversight in state policy arenas and serves as a resource on children and family policy issues from the local to the national level.

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