



2015

MAINE KIDS COUNT

Maine's **only** comprehensive report of the physical, social, economic and educational well-being of Maine children

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Introduction

The Maine KIDS COUNT Data Book is the most comprehensive collection of data regarding children in Maine.

The indicators reported here span **every stage of a child's life**, from cradle through young adulthood, and represent every context of a child's development, from health, education, to economic circumstance. When confronted with such a wide variety of data, it is often difficult to remember that the seemingly static numbers and rates represent real children - our children. By publishing this report, we hope to increase public awareness of the status of children across the state, to enrich discussions among concerned citizens and policymakers about children's well-being and to support advocacy to secure a better future for all of Maine's children.

Because children's health and well-being are compromised when families face challenges in providing for their needs, good economic policy is good child policy. With responsible planning today we can create an economy that reflects our values and ensures good paying jobs for Maine workers, and healthy futures for our children. While we have seen some improvement in median family incomes, not enough of our jobs provide family supporting wages, leaving 108,000 Maine kids (41 percent) in households struggling to pay for child care, housing, food and other basic needs. In addition, Maine was once a leader on children's health insurance coverage, but we have fallen behind on this key indicator, leaving more children without access to preventative care. If we wish to improve health outcomes and reduce chronic disease in Maine, we need to strengthen the foundations of health in the prenatal and early childhood periods. That means maximizing access to affordable physical and mental health coverage for children and their parents, as well as regular and responsive health care.

If there is one truth revealed by the trends that we've seen in children's health and well-being since the publication of the first Maine KIDS COUNT Data Book in 1994, it is that wise budget decisions pay off for children and families every day. Investing in our children as a matter of public policy must remain, and in some cases become, a priority.



Claire Berkowitz, Executive Director

What is Maine KIDS COUNT?

Maine KIDS COUNT, a project of the Maine Children's Alliance, is part of the national KIDS COUNT network, a state-by-state effort funded by the Annie E. Casey Foundation (AECF) to track the status of children across the United States.

Since 1994, the Maine KIDS COUNT project has published the annual Maine KIDS COUNT data book using the most recent data available on the well-being of children in the areas of physical and emotional health, social and economic status, and child care and education. The indicators for this data book have all met the following criteria for inclusion:

- › The indicator must be from a **reliable source**
- › The indicator must be **available and consistent** over time
- › The indicator must be **easily understandable** to the public
- › The indicator must reflect an **important outcome or measure** of children's well-being
- › The indicators, as a group, should represent children of **all ages**

In addition to publishing the Maine KIDS COUNT Data Book, we continue to maintain an online database of on the Annie E. Casey Foundation's KIDS COUNT Data Center (datacenter.kidscount.org). Visitors can find national, state and county-level indicators on such topics as education, employment and income, health, poverty and youth risk factors. The graphs, maps and rankings created on the Data Center site can be easily shared as images on a web site or blog, posted on social networking sites, or emailed as an attachment.

How to Use This Book

In order to assess our present standing and to evaluate our progress over time, it is essential to understand what is being measured and how.

The **DEFINITIONS AND SOURCES OF DATA** section, in the back of the book, provides a comprehensive definition of each indicator, an explanation of how and by whom it is collected and measured, as well as web addresses with direct links to data and data sources. Some of the data presented are from several years earlier, as those indicators require a longer time to compile. Furthermore, from time to time, various reporting agencies change how they collect, analyze and/or report their various indicators. We note those changes where appropriate.

Calculating Rates

For every indicator in the book we report a current percentage or rate, a previous percentage or rate, and whenever available, a number.* It is essential to present the indicators as percents or rates in order to enable comparison between groups of different population size (i.e., different counties). Percentages and rates are measures of the probability of an event. They both take into account the total population of children who could experience that event. Whenever possible, the denominator (the population that could experience the event) corresponds to the year for which the event is reported; but when that is not possible, we use the most recent year for which population data are available. Rates that include a “%” sign are percents, or rates per 100 events. Other rates are expressed per 1,000, 10,000, or 100,000 events. The generic formula for calculating rates or percents is:

$$\frac{(\text{number of occurrences}) \times (\text{base rate})}{\text{population}}$$

For example, in December 2014 there were 1,855 Maine children under age 18 in the Department of Health and Human Services care or custody. According to the most recent population estimates provided by the Maine CDC’s Office of Data, Research, and Vital Statistics, there were 265,918 children ages 0-17 in Maine in calendar year 2012. This translates to a rate of 7.0 children in state care or custody for every 1,000 children ages 0-17. This rate is calculated as follows:

$$\frac{(1,855 \text{ children in state care or custody}) \times (1000)}{265,918 \text{ children ages 0-17}} = 7.0$$

* When a number is not available or not applicable, n/a is used.

ACRONYMS USED IN THE DATA BOOK:

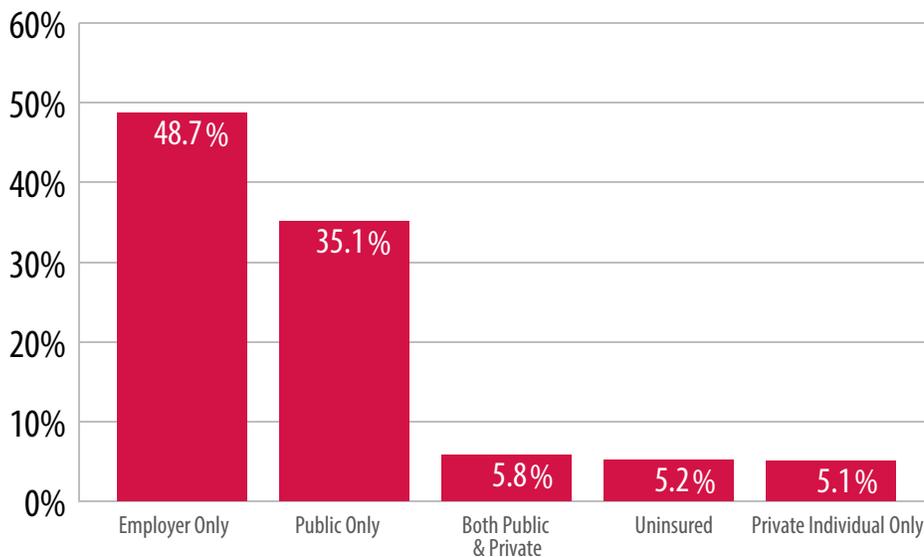
ADD	Attention Deficit Disorder
ADHD	Attention Deficit/Hyperactivity Disorder
BMI	Body Mass Index
CHIP	Children’s Health Insurance Program
CPI	Consumer Price Index
DHHS	Department of Health and Human Services
DOE	Department of Education
DOL	Department of Labor
ESL	English as a Second Language
FFY	Federal Fiscal Year
FPL	Federal Poverty Level
NAEP	National Assessment of Educational Progress
SFY	State Fiscal Year
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Aid to Needy Families
WIC	Women, Infants and Children Supplemental Nutrition Program
YRBSS	Youth Risk Behavior Surveillance System

PHYSICAL AND MENTAL HEALTH // 2015

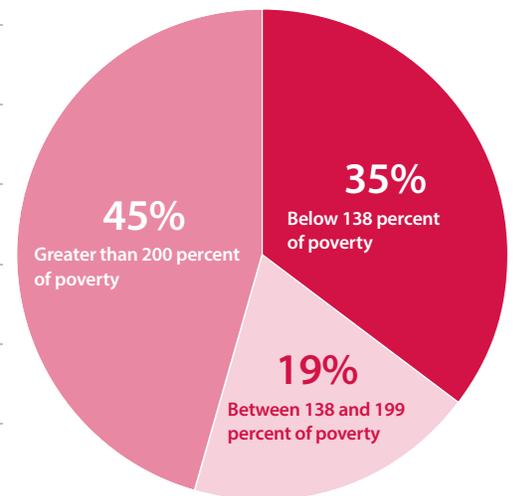
HEALTH INSURANCE	MAINE		NATIONAL
	State Number	Current Rate or Percent	Previous Rate or Percent
Children without health insurance, 2013 (as % of children ages 0-18)	14,954	5.60%	4.90%
Low-income children without health insurance, 2013 (as % of low-income children ages 0-18)	8,158	7.30%	6.40%
Young adults without health insurance, 2013 (as % of youth ages 19-25)	23,949	21.5%	19.9%
Children participating in MaineCare, SFY 2015 (as % of children ages 0-18)	133,382	47.0%	49.0%
<i>Young children ages 0-5 (as % of children ages 0-5)</i>	42,945	52.9%	56.2%
<i>Older children ages 6-18 (as % of children ages 6-18)</i>	90,437	44.7%	46.1%

MAINE CHILDREN'S HEALTH INSURANCE COVERAGE BY TYPE, CHILDREN UNDER 18

2011-2013 American Community Survey 3-Year Estimates



UNINSURED CHILDREN BY FAMILY INCOME LEVEL, 2013



Source: U.S. Census Bureau, 2013 Small Area Health Insurance Estimates

Health Insurance

Health insurance can make a lasting difference in children's lives. Children with insurance are more likely to have a stable source of health care and have access to preventative care.* Research demonstrates that uninsured children are more likely to go without needed care and to experience worse health outcomes than children with coverage.** Low income children gain access to health care through Medicaid and the Children's Health Insurance Program (CHIP). MaineCare, Maine's Medicaid/CHIP health insurance program, is available to children and families who qualify based on family income. In addition, MaineCare covers children who are in need of medical assistance based on a disability, are in foster care or are receiving an adoption subsidy.

IN MAINE:

Maine insures almost 95 percent of children ages 18 years and younger. Low income children who are eligible for MaineCare represent 55 percent of Maine's uninsured children. There were almost 11,000 fewer children enrolled in MaineCare in SFY 2015 than in SFY 2012.

*Bloom B, Cohen RA, Freeman G. Summary health statistics for U.S. children: National Health Interview Survey, 2011. National Center for Health Statistics. Vital Health Stat 10(254). 2012.

** Kaiser Commission on Medicaid and the Uninsured. The Uninsured: Key Facts About Americans without Health Insurance. Washington, DC (2012).

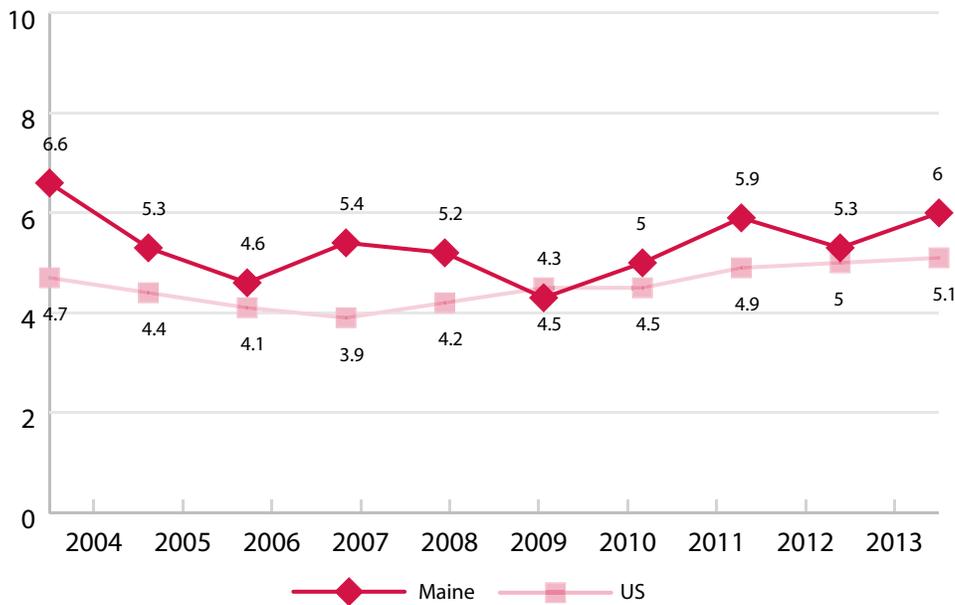
PHYSICAL HEALTH	<i>State Number</i>	<i>Current Rate or Percent</i>	<i>Previous Rate or Percent</i>	<i>National Rate or Percent</i>
Live births for which prenatal care began in the first trimester, 2012 (as % of live births)	11,181	88.1%	89.1%	N/A
Low birth-weight infants, 2013 (as % of live births)	896	7.1%	6.7%	8.0%
Pre-term births, 2013 (as % of live births)	1,023	8.1%	7.7%	11.0%
Immunizations of children ages 19-35 months, 2014 (as % of children ages 19-35 months)	n/a	84.7%	71.4%	71.6%
Children who received care within a medical home, 2011 (as % of children ages 0-17)	164,307	63.4%	65.5%	54.4%
Children who received developmental screenings during well-child visit, 2011 (as % of children age 10 month-5 years)	17,935	27.3%	21.5%	30.8%
Children who received preventative dental care, 2011 (as % of children ages 1-17)	204,166	80.5%	80.9%	77.2%
Children who are overweight, BMI in 85th-94th percentile, 2011 (as % of children ages 10-17)	20,760	17.0%	15.3%	15.6%
Children who are obese, BMI 95th percentile or above, 2011 (as % of children ages 10-17)	15,304	12.5%	12.9%	15.7%
Children who engaged in vigorous physical activity every day, 2011 (as % of children ages 6-17)	59,386	32.0%	32.7%	28.09%

MORTALITY	<i>State Number</i>	<i>Current Rate or Percent</i>	<i>Previous Rate or Percent</i>	<i>National Rate or Percent</i>
Infant mortality, 2009-2013 annual average (rate per 1,000 live births)	80	6.2	5.9	6.1
Child deaths 2009-2013 annual average (rate per 10,000 children ages 1-14)	30	1.4	1.5	1.7
Teen deaths, 2009-2013 annual average (rate per 10,000 children ages 15-19)	41	4.8	5.0	4.9

MENTAL HEALTH	<i>State Number</i>	<i>Current Rate or Percent</i>	<i>Previous Rate or Percent</i>	<i>National Rate or Percent</i>
Children who experienced two or more adverse experiences, 2011 (as % of children 0-17)	66,832	25.1%	n/a	22.6%
Children who have been told by a doctor that they have:				
<i>ADD or ADHD, 2011 (as % of children 2-17)</i>	27,641	11.4%	8.3%	9.7%
<i>Depression, 2011 (as % of children 2-17)</i>	15,443	6.3%	5.3%	3.8%
<i>Anxiety, 2011 (as % of children 2-17)</i>	23,963	9.8%	8.0%	5.0%
<i>Behavior or conduct problems, 2011 (as % of children ages 2-17)</i>	10,412	4.3%	4.2%	4.1%
Children whose parents have at least one concern about child's physical, behavioral or social development, 2011 (as % of children ages 0-5)	28,189	36.6%	32.2%	40.1%
Children who did not receive needed mental health services, 2011 (as % of children ages 2-17)	6,723	22.2%	29.2%	39.0%
Outpatient hospital visits for mental health/substance abuse diagnoses, 2013 (rate per 1,000 children ages 0-19)	80,143	265.5	255.6	n/a
Outpatient hospital visits for attempted suicide, 2013 (rate per 1,000 children ages 10-19)	836	5.2	5.1	n/a
<i>Children ages 10-14 (rate per 1,000 children ages 10-14)</i>	221	2.9	2.7	n/a
<i>Children ages 15-19 (rate per 1,000 children ages 15-19)</i>	615	7.3	7.3	n/a

CHILD AND TEEN SUICIDES

2004-2013, ages 10-19 (rate per 100,000 children ages 10-19)



FOR CHILDREN AND ADOLESCENTS, good mental health is the achievement of developmental cognitive, social, and emotional milestones that result in secure attachments, satisfying social relationships, and effective coping skills. Children’s behavior at home and school, their academic performance, and their ability to participate in community life is directly influenced by their mental health.

Source: U.S. Department of Health and Human Services. 1999. Mental Health: A Report of the Surgeon General. Available at: www.surgeongeneral.gov

Sources: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics and Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER Online Database: <http://wonder.cdc.gov/ucd-icd10.html>

Mental Health

Children’s behavior at home and school, their academic performance, and their ability to participate in community life is directly influenced by their mental health.* Alcohol abuse by adolescents has been linked to emotional and behavior problems,** and illicit drug abuse has been linked to an increased risk of suicide.*** Nationally and in Maine, suicide rates increase dramatically from early adolescence to young adulthood. Adolescents and young adults considering suicide often face problems at home or in school that are out of their control or seem overwhelming. Examples of some of these problems include economic crisis, parental divorce, alcoholism, sexual abuse, bullying, and difficulties dealing with sexual orientation.****

IN MAINE:

In 2013 there were 80,143 outpatient hospital visits by Maine children ages 0-19 with a principal diagnosis of mental health or substance abuse, up from 77,133 visits in 2012. Over the last decade, Maine’s child and teen suicide rate decreased almost 35 percent between 2004 and 2009, going from 6.6 to 4.3 suicides per 100,000 children ages 10 to 19. But since 2009, Maine’s suicide rate has steadily increased and was 6.0 in 2013. The U.S. suicide rate increased during the same time period, but not as drastically.

*U.S. Department of Health and Human Services. 1999. Mental Health: A Report of the Surgeon General. Available at www.surgeongeneral.gov

**Substance Abuse Mental Health Services Administration. March 2000. Patterns of Alcohol Use among Adolescents and Associations with Emotional and Behavioral Problems. Available at www.oas.samhsa.gov

***Substance Abuse Mental Health Services Administration. July 2002. NHSDA (National Household Survey on Drug Abuse) Report: Substance Use and the Risk of Suicide among Youths. Available at www.oas.samhsa.gov

****Shore, R. (2005). KIDS COUNT Indicator Brief: Reducing Teen Death Rate.

Child Welfare

Young children who experience maltreatment frequently have disruptions in brain development that result in impaired physical, mental, and emotional development.* Severe neglect in both family and institutional settings are associated with greater risk for emotional, behavioral, and interpersonal relationship difficulties later in life.** Adults who have been maltreated as children are at an increased risk of smoking, alcoholism, drug abuse, eating disorders, severe obesity, depression, suicide, sexual promiscuity, and certain chronic diseases.***

IN MAINE:

Between December 2011 and December 2014, Maine saw a 46 percent increase in the rate of children in DHHS care or custody, growing from a rate of 4.8 per 1,000 children ages 0-17 in 2011 to 7.0 in 2011.

In 2014, foster care was the most prevalent placement type for children in state care or custody, a change in the trend of the last few years when kinship care was the most prevalent placement type. Younger children ages 0-5 were more likely to be placed in a kinship setting (30%) than children ages 6-17 (24%). The older group was placed more frequently in a Therapeutic Care setting (28%) than young children (7%). For a description of placement settings, see the definitions section.

* Child Welfare Information Gateway. (2015). Understanding the effects of maltreatment on brain development. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

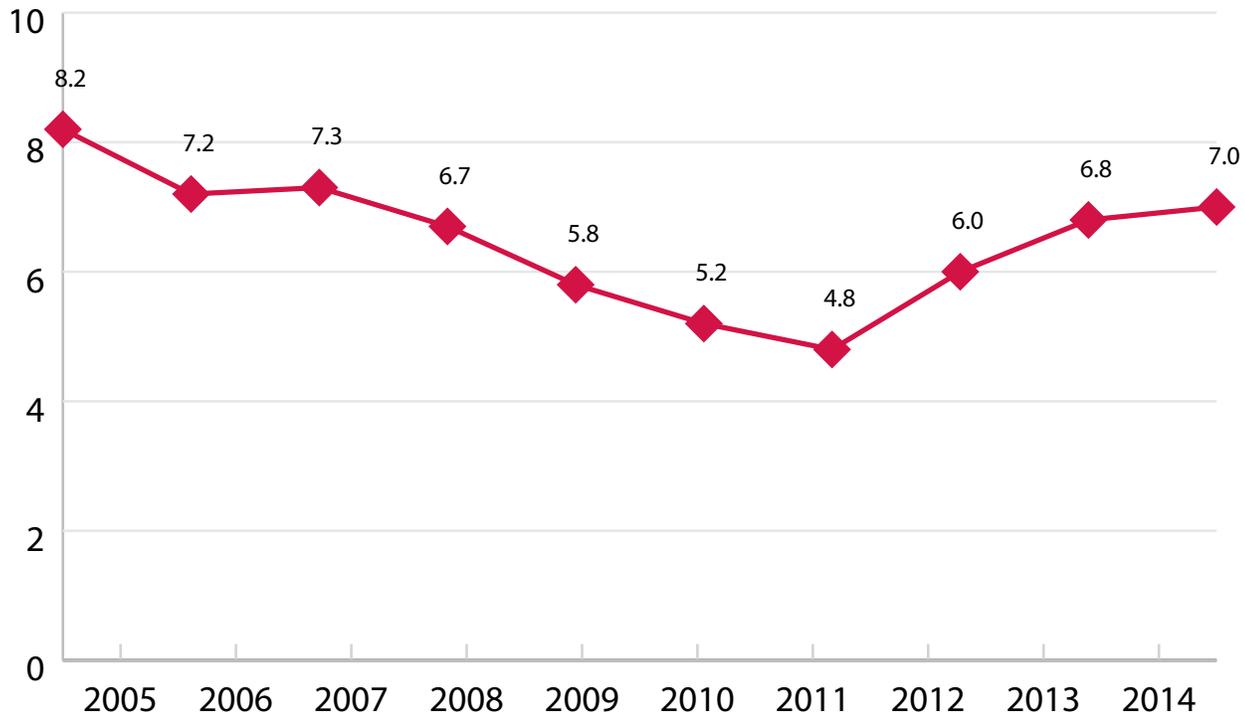
** Center on the Developing Child at Harvard University. (2012). The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12. www.developingchild.harvard.edu

***National Center for Injury Prevention and Control. "Child Maltreatment Fact Sheet." www.cdc.gov/ncipc/pub-res/CMFactsheet.pdf

CHILD WELFARE	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Children in Department of Health and Human Services care or custody, December 2014 (rate per 1,000 children ages 0-17)	1,855	7.0	6.8	n/a
Children in Department of Health and Human Services care or custody, December 2014 (rate per 1,000 children ages 0-5)	955	14.3	14.5	n/a
Substantiated child abuse and neglect victims, 2014 (rate per 1,000 children ages 0-17)	3,582	13.5	14.5	n/a
Reports alleging child abuse and/or neglect, 2014	18,683	n/a	18,714	n/a
<i>Reports screened out (as % of reports alleging maltreatment)</i>	7,989	42.8%	47.5%	n/a
<i>Reports that warranted child protective services (as % of reports alleging maltreatment)</i>	10,694	57.2%	52.5%	n/a
<i>Cases assigned to Child Protective Services (as % of reports warranting services)</i>	8,786	82.2%	89.1%	n/a
<i>Cases assigned to a contract agency (as % of reports warranting services)</i>	1,908	17.8%	11.8%	n/a
Case assessments completed by Child Protective Services, 2014	8,991	n/a	8757	n/a
<i>Cases without findings of maltreatment (as % of completed case assessments)</i>	6,555	72.9%	71.6%	n/a
<i>Cases with findings of maltreatment (as % of completed case assessments)</i>	2,436	27.1%	28.4%	n/a

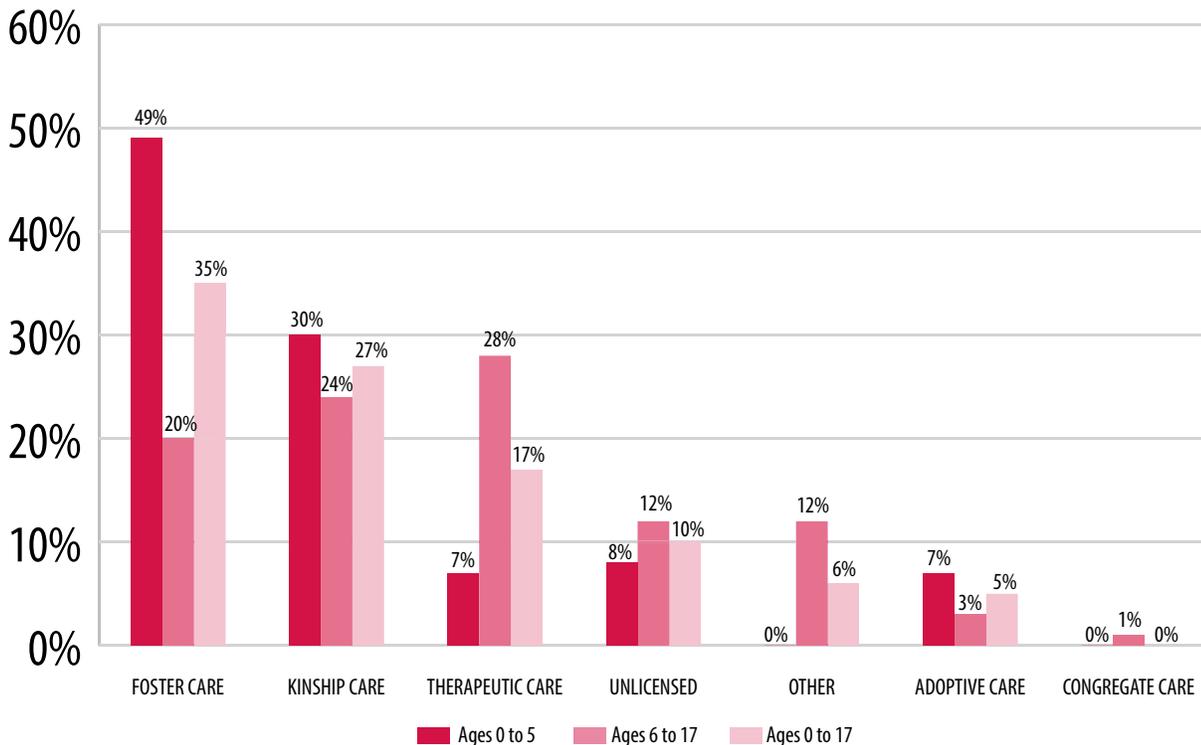
CHILDREN IN DHHS CARE OR CUSTODY

Rate per 1,000 children ages 0-17, December 2005-December 2014



CHILDREN IN STATE CARE OR CUSTODY BY PLACEMENT TYPE AND AGE GROUP

Ages 0-17, December 2014



Source: Maine Department of Health and Human Services, Office of Child and Family Services

ADOLESCENT HEALTH AND SAFETY	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Adolescents served in the Maine family planning system, SFY 2014 (rate per 1,000 adolescents ages 15-19)	4,744	55.9	61.0	n/a
<i>Females (rate per 1,000 females ages 15-19)</i>	4,343	105.4	115.1	n/a
<i>Males (rate per 1,000 males ages 15-19)</i>	401	9.2	9.8	n/a
Young adults living with HIV/AIDS, 2014 (rate per 1,000 young adults ages 18-24)	26	0.2	0.2	n/a
Chlamydia cases, 2014 (rate per 1,000 children ages 10-19)	946	5.8	6.0	n/a
Gonorrhea cases, 2014 (rate per 1,000 children ages 10-19)	29	0.2	0.2	n/a
Children and adolescents using services of licensed alcohol and drug abuse treatment providers, 2014 (rate per 1,000 children ages 10-19)	829	5.1	6.8	n/a
<i>Children ages 10-14 (rate per 1,000 children ages 10-14)</i>	100	1.3	1.8	n/a
<i>Adolescents ages 15-19 (rate per 1,000 children ages 15-19)</i>	729	8.6	11.4	n/a
Children in motor vehicle crashes with personal injury, 2014 (as % of all motor vehicle crashes involving children ages 0-19)	1,283	18.3%	19.5%	n/a
OUI arrests, 2014 (rate per 1,000 drivers under age 20)	345	9.4	9.4	n/a
OUI license suspensions, 2014 (rate per 1,000 drivers under age 20)	172	4.7	5.5	n/a
OUI convictions, 2014 (rate per 1,000 drivers under age 20)	68	1.8	2.0	n/a

Adolescent Health and Safety

Adolescence is a time of rapid growth and change, of increasing independence and developing self-knowledge, thus making it an important and challenging time of transition. While most teens manage these important years with relative success, others meet problems that undermine their physical and emotional well-being, and some do not survive the teen years.*

IN MAINE:

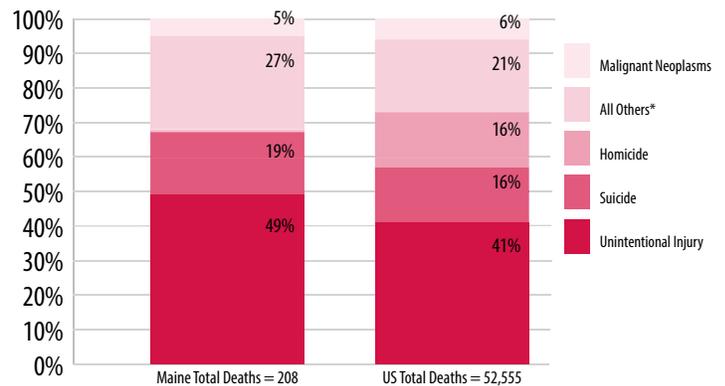
Between 2008 and 2014, the rate of OUI arrests decreased from 20.2 to 9.4 arrests per 1,000 drivers under age 20. During the 5-year period 2009-2013, the leading cause of death for adolescents ages 15-19 in Maine and the U.S. remained unintentional injuries. While suicide is the second leading cause of death for adolescents in Maine and the U.S., over 16 percent of youth in the U.S. died from homicide. Of the 8,452 U.S. youth murdered between 2009 and 2013, 86 percent were killed with a firearm. The motor vehicle death rate for young drivers has been decreasing over the last decade, the result of safer vehicles, safer roadways, strong seat belt and child safety seat legislation, and graduated drivers licensing policies for teenage drivers.**

*Shore, R. July 2009. KIDS COUNT Indicator Brief: Reducing the Teen Death Rate. The Annie E. Casey Foundation. http://www.aecf.org/m/resourcedoc/AECF-KCReducingTeenDeaths_2009.pdf

**Centers for Disease Control and Prevention. Ten Great Public Health Achievements — United States, 2001–2010. MMWR 2011;60 (19):619-623. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm>

LEADING CAUSE OF DEATH IN MAINE AND US

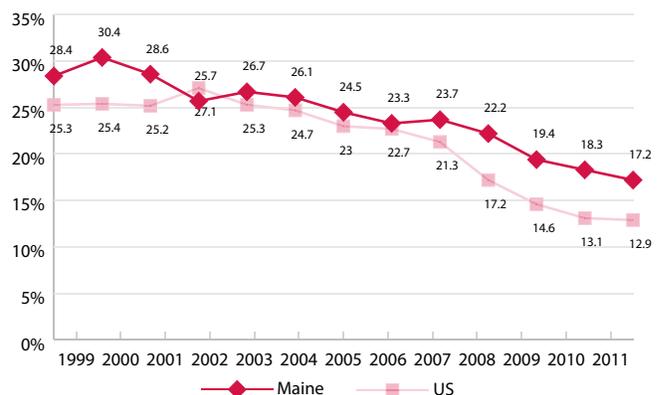
Ages 15-19, 2009-2013



* Leading Cause categories with counts of less than 10 deaths in Maine have been collapsed into "All Other". Source: National Center for Health Statistics (NCHS), National Vital Statistics System

MOTOR VEHICLE DEATHS, 1999-2011

Ages 15-19



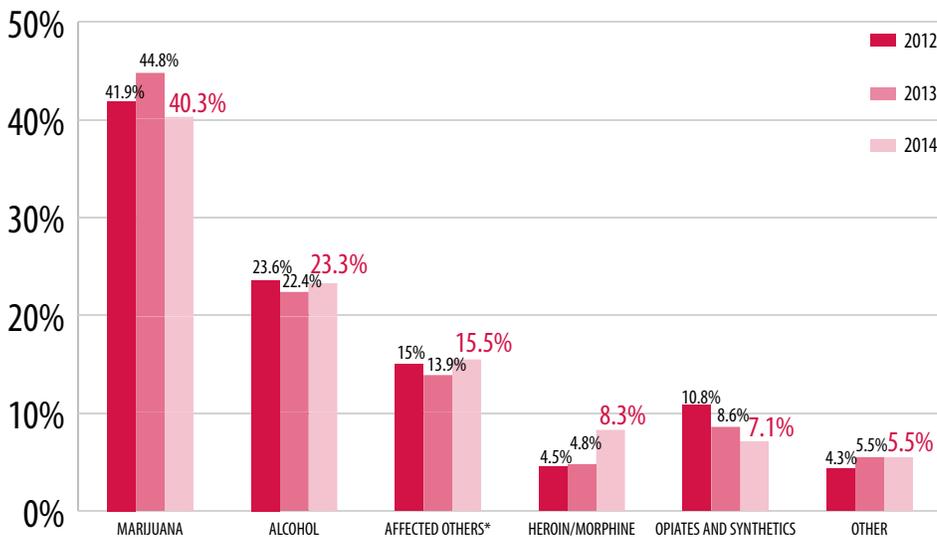
Source: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics and National Center for Injury Prevention and Control, WISQARS

YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM (YRBSS), 2013	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Percentage of High School Students Reporting:				
Cigarette use during past 30 days	n/a	12.8%	15.2%	15.7%
Marijuana use during past 30 days	n/a	21.3%	21.2%	23.4%
Alcohol use during past 30 days	n/a	26.6%	28.7%	34.9%
Prescription drugs not prescribed for them (OxyContin, Percocet, etc.) by a doctor past 30 days	n/a	12.4%	13.9%	17.8%
Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life	n/a	9.1%	11.0%	8.9%
Drinking five or more alcoholic drinks within a couple of hours on one or more of the past 30 days	n/a	14.4%	16.2%	20.8%
Offered/sold/given illegal drug by someone on school property during past 12 months	n/a	18.4%	21.7%	22.1%
Ever having had sexual intercourse	n/a	42.6%	45.1%	46.8%
Using birth control pills to prevent pregnancy, of those students who are sexually active	n/a	35.7%	34.5%	19.0%
Using a condom during last intercourse, of those students who are sexually active	n/a	57.8%	59.9%	59.1%
Having ever been taught about AIDS or HIV infection in school	n/a	86.8%	88.6%	85.3%
In a physical fight one or more times during the last 12 months	n/a	17.0%	19.5%	24.7%
Experienced physical dating violence during the past 12 months	n/a	9.0%	n/a	10.3%
Ever been physically forced to have sexual intercourse when they did not want to	n/a	7.6%	8.0%	7.3%
Bullied on school property during the last 12 months	n/a	24.2%	22.4%	19.6%
Ever being told by a doctor or nurse that they had asthma	n/a	25.1%	26.0%	21.0%
Being obese (at or above the 95th percentile for Body Mass Index)	n/a	11.6%	11.5%	13.7%
Being overweight (at or above the 85th percentile but below the 95th percentile for Body Mass Index)	n/a	14.2%	14.0%	16.6%
Physically active at least 60 minutes per day on at least 5 of the last seven days	n/a	43.1%	43.7%	47.3%

Note: The Youth Risk Behavior Surveillance System (YRBSS) monitors priority health-risk behaviors that contribute to the leading cause of death, injury, illness and social problems among youth at the state and national levels.

PRIMARY DRUG USED BY CHILDREN AND ADOLESCENTS IN SUBSTANCE ABUSE TREATMENT SERVICES, 2012-2014

Ages 10-14

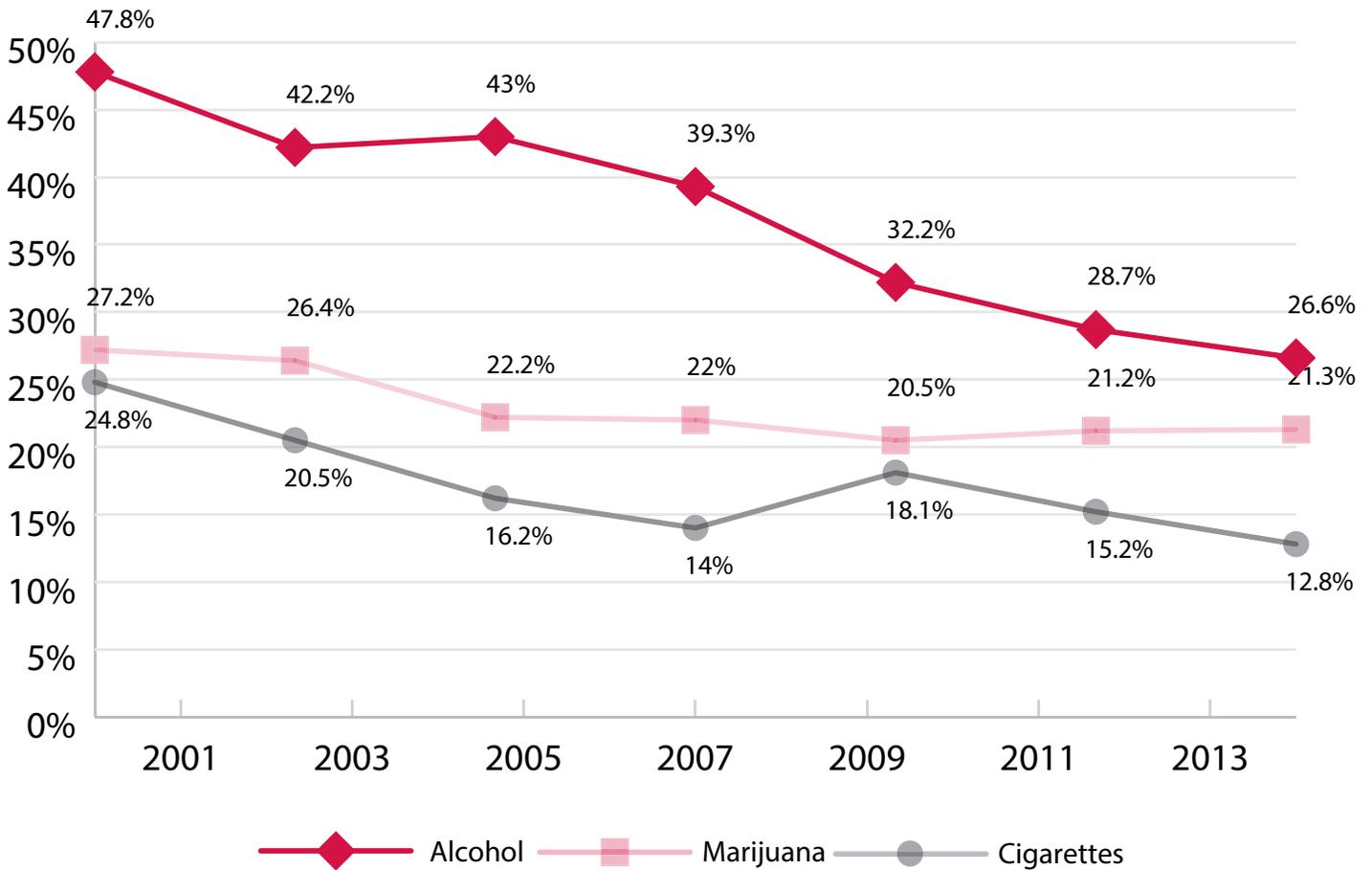


Source: Maine Department of Health and Human Services, Office of Substance Abuse

*Affected Other means treatment for a child/adolescent who is affected by someone else's substance abuse.



ALCOHOL, MARIJUANA AND CIGARETTE USE
2001-2013, high school students



Source: Youth Risk Behavior Surveillance System (YRBSS)

Alcohol, Tobacco, Marijuana

Addictive disorders in adults most commonly begin in adolescence or young adulthood. For example, data from the 2013 National Survey on Drug Use and Health showed that in adults aged 21 or older who had first used alcohol at age 14 or younger were more likely to be classified with alcohol dependence or abuse than adults who had their first drink at age 21 or older (14.8 vs. 2.3 percent).*

IN MAINE:

Since 2001, there has been a steady decrease in the percentage of high school students who report using alcohol and cigarettes. Between 2001 and 2013, the percentage of high school students who reported cigarette smoking decreased by over 48 percent (24.8 vs.

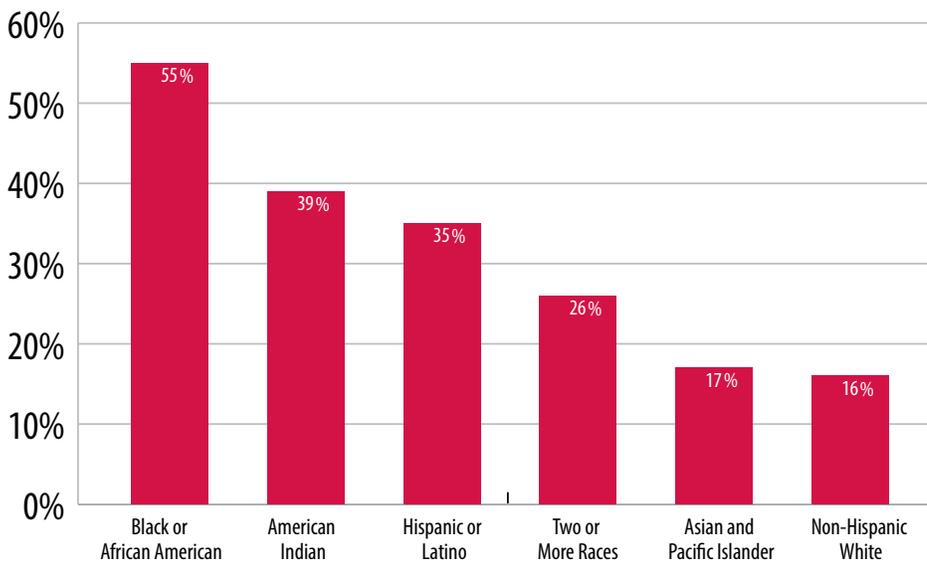
12.8%). Nationally, the reporting of cigarette smoking was down by 45 percent (28.5% vs. 15.7%). Alcohol use was down by more than 44 percent in Maine and 25 percent nationally. Since 2005, the percentage of students reporting marijuana use has remained steady.

* Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

SOCIAL AND ECONOMIC STATUS // 2015

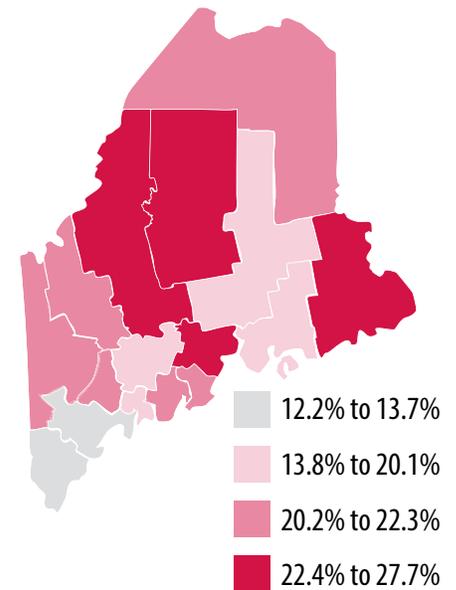
POVERTY	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Children under age 18 in poverty, 2013	46,645	18.2%	19.8%	22.2%
Children under age 5 in poverty, 2013	13,429	21.2%	24.5%	24.8%
HOUSING				
Children in low-income households where housing costs exceed 30 percent of income, 2013 (as percent of children in low income families)	62,000	57%	66%	63%
Homeless children under age 18, January 2015 (rate per 10,000 children ages 0-17)	153	5.8	8.9	n/a

CHILD POVERTY IN MAINE BY RACE/ETHNICITY • 2009-2013 FIVE YEAR ESTIMATES



Source: MCA Analysis of U.S. Census Bureau's American Community Survey five year estimates (2009-2013). Tables B01001A-G and B17020A-G.

CHILDREN IN POVERTY (PERCENT) 2013



Poverty

Poverty plays a key role in children's well-being and is related to every KIDS COUNT indicator. Children who live in poverty, especially those who live in poverty for long periods of time, are at an increased risk for poor health, cognitive, social, and educational outcomes. They are more likely to have physical, behavioral, and emotional health problems; to have difficulty in school; to become teen parents; and, as adults, to earn less.*

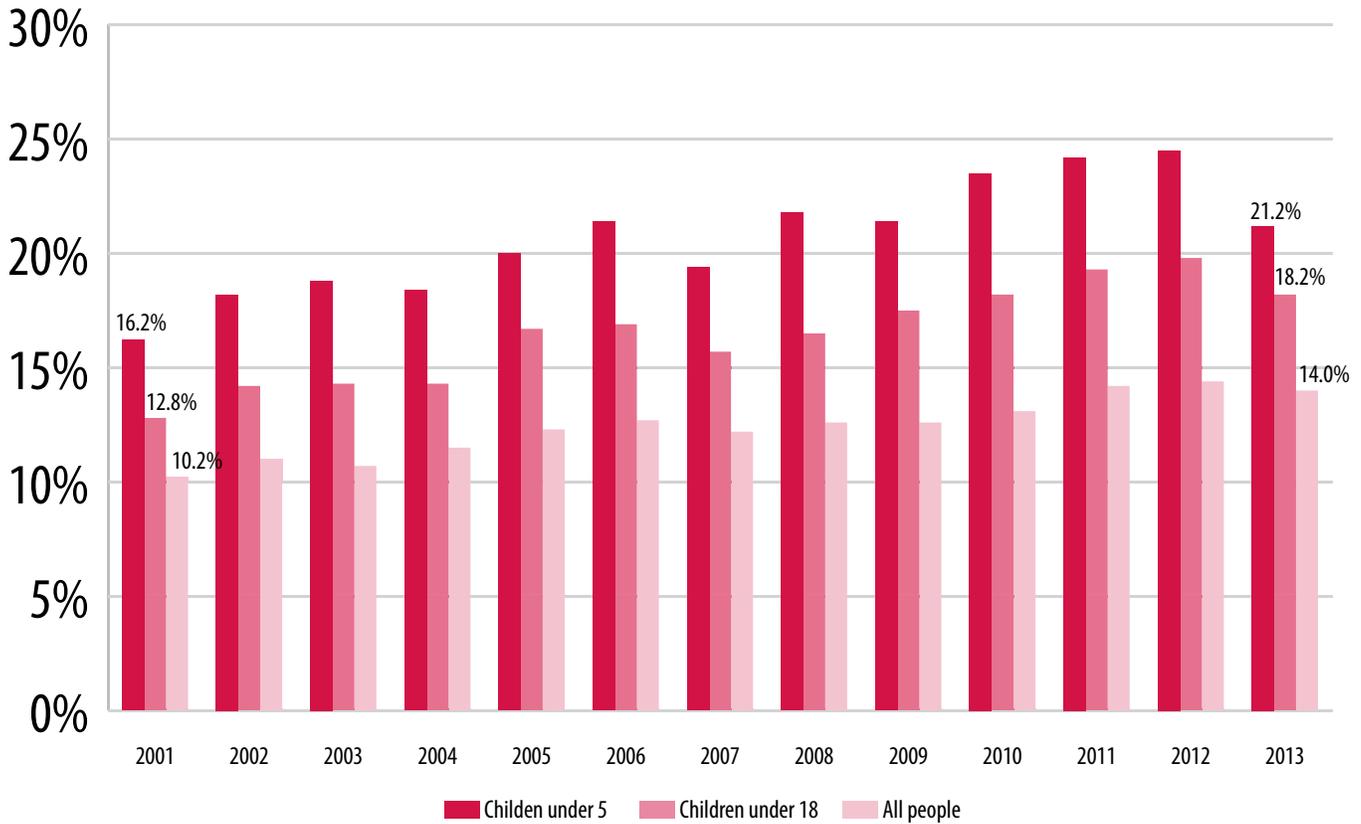
IN MAINE:

Child poverty rates in Maine have increased significantly in the last decade, particularly for children under age 5. Childhood poverty varies widely across Maine's sixteen counties from a low of 12.2 percent in York County to a high of 27.2% in Washington County.

Maine has nearly 47,000 children living in poverty and more than 13,000 are under the age of 5. Analysis of the American Community Survey's five year estimates of child poverty found great disparities across race/ethnicity. More than half of Maine's Black/African American children and 39 percent of Native American children live in poverty, compared to over 16 percent of Maine's white children.

* Moore, K., Redd, Z., Burkhauser, M., Mbwana, K., and Collins, A. April 2009. Children in Poverty: Trends, Consequences, and Policy Options. <http://www.childtrends.org/?publications=children-in-poverty-trends-consequences-and-policy-options-april-2009>

MAINE'S POVERTY TRENDS, 2001-2013



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE)

INCOME AND EMPLOYMENT	<i>State Number</i>	<i>Current Rate or Percent</i>	<i>Previous Rate or Percent</i>	<i>National Rate or Percent</i>
Children in low-income families, 2014 (as % of children under age 18)*	108,000	41%	42%	44%
Median income of families with children, 2014	n/a	\$57,500	\$53,100	\$62,100
Median household income, 2013	n/a	\$47,095	\$46,856	\$52,250
Unemployment, 2014 (as % of civilian labor force)	39,880	5.7%	6.6%	9.0%

*Note: Children in low income families is defined as the share of children under age 18 living in families with incomes less than twice the federal poverty threshold (<200% of poverty). In 2014, which represents the current rate, the poverty threshold for a family of three (one adult and two children) was \$19,790. Thus, "low income" represents income of less than \$37,502 for a family of three.

Income

Median family income is the dollar amount which divides Maine families' income distribution into two equal groups – half with incomes above the median and half with incomes below the median. Despite significant growth to the economy during the 2000s, the value of the median family's income adjusted for inflation was lower at the end of the decade than at the beginning.*

IN MAINE:

Between 2005 and 2014, Maine's median family income grew from \$51,700 to \$57,500, an increase of over 11 percent. During that same time, the US median family income grew nearly 16 percent and the average of the median family income for other New England States (CT, MA, NH, RI, & VT) increased almost 15 percent. The 2014 median family income in Maine, New England and the US is now higher than it was pre-recession.

*Mishel, L., Bernstein, J. & Shierholz, H. (2008) The state of working America 2008/2009. Washington, DC: Economic Policy Institute

MEDIAN INCOME OF FAMILIES WITH CHILDREN

2005-2013, Maine, U.S. and New England



2013 ESTIMATED LIVABLE WAGE BY FAMILY TYPE

FAMILY TYPE	HOURLY WAGE
Single Adult, no kids	\$15.82
Single Adult with 2 kids	\$28.86
Two Adults with 2 kids, only one adult working	\$30.48
Two Adults with 2 kids, both adults working (income needed per adult)	\$19.49

A livable wage reflects what is needed to meet basic needs and maintain some ability to deal with emergencies and plan ahead: food, housing & utilities, transportation, health care, household/ personal expenses, child care, savings, state/ federal taxes.

INCOME SUPPORTS	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Children receiving TANF, December 2014 (as % of children ages 0-17)	10,082	3.8%	4.6%	n/a
Children receiving SNAP, December 2014 (as % of children ages 0-17)	72,779	27.4%	30.3%	n/a
School children eligible for subsidized school lunch, 2014-15 (as % of school children)	58,794	47.6%	46.8%	n/a
Recipients of WIC benefits, 2014	36,852	n/a	n/a	n/a
<i>Women</i>	10,245	n/a	n/a	n/a
<i>Infants and Children (as % of all children under age 5)</i>	26,607	39.8%	42.1%	n/a
Child support enforcement cases with collection, FFY 2014 (as % of cases)	35,391	59.3%	55.7%	59.8%
Children served through TANF child care subsidies, FFY 2014	9,500	n/a	11,528	n/a
<i>ASPIRE child care (as % of children served)</i>	5,220	54.9%	57.5%	n/a
<i>Transitional Child Care (as % of children served)</i>	4,280	45.1%	42.5%	n/a
Children served through CCDF child care subsidies, FFY 2014	3,820	n/a	3,492	n/a

Public Investment in Children

When children live in families facing food insecurity and hunger, their brain architecture is affected, causing harm to their physical, mental, social and emotional health throughout their lives. “But investing in effective public infrastructure to protect young children’s nutritional health promotes family stability, and improves their educational achievement, productivity and future earnings.”*

IN MAINE:

In December 2014, 10,082 Maine children eighteen years and younger were TANF recipients, a drastic decline from December 2011 when 23,922 Maine children were TANF recipients. During

the same time period, the number of children receiving SNAP benefits decreased from 75,889 in December 2011 to 72,779 in December 2014, a difference of 3,110 children. This drastic decrease in TANF recipients – 13,840 children – is the result of the implementation of a strict 60 month life time limit on the receipt of TANF assistance and a stricter sanction policy that includes a “full family sanction.” SNAP eligibility rules remained the same during this time period.

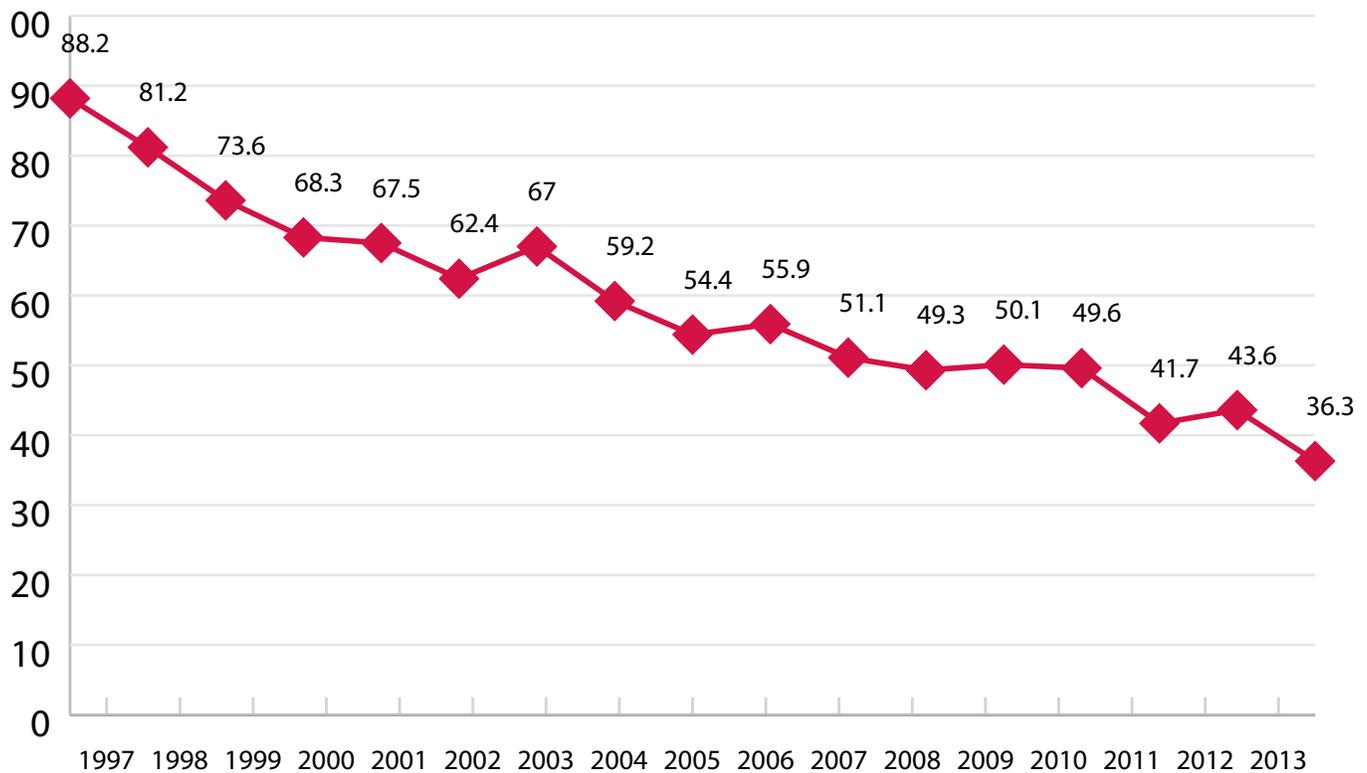
*Partnerships for America’s Economic Success. November 2008, Issue Brief #8. “Reading, writing and hungry: The consequences of food insecurity on children, and on our nation’s economic success.” Washington, DC: Food Research and Action Center (FRAC).

CRIME	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Arrests of children, 2014 (rate per 1,000 children ages 10-17)	3,926	31.2	36.3	n/a
Arrests of children for crimes against persons, 2014 (rate per 1,000 children ages 10-17)	57	0.5	0.6	n/a
Domestic assaults reported to police, 2014 (rate per 100,000 of population)	5,067	381.2	412.8	n/a

TEEN PREGNANCY	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Births to single teenaged mothers under age 20, 2013 (as % of total live births)	636	5.1%	5.8%	n/a
Births to married teenaged mothers under age 20, 2013 (as % of total live births)	55	0.4%	0.5%	n/a
Repeat teen pregnancies for females under age 20, 2013 (as % of total teen pregnancies)	192	20.7%	22.1%	n/a
Births to single teens who have not completed 12 years of school, 2009-2013 annual avg (rate per 1,000 females ages 10-19)	1,780	4.5	5.0	n/a
Teen pregnancies, 2011 (rate per 1,000 females ages 10-17)*	307	4.9	5.0	n/a

ARRESTS OF CHILDREN, 1979-2013

AGES 10-17



Data Source: Maine Department of Public Safety, Uniform Crime Reports

EARLY LEARNING AND DEVELOPMENT PROGRAMS	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Number of licensed child care providers, July 2015	1,822	n/a	n/a	n/a
<i>Family Child Care Providers (as % of licensed providers)</i>	1,106	60.7%	n/a	n/a
<i>Child Care Centers (as % of licensed providers)</i>	716	39.3%	n/a	n/a
Number of child care providers in QRS (as % of licensed providers)	902	49.5%	n/a	n/a
<i>Family Child Care Providers in Quality Rating System (QRS) (as % of family providers)</i>	454	41.0%	n/a	n/a
<i>Child Care Centers in Quality Rating System (QRS) (as % of centers)</i>	448	62.6%	n/a	n/a
Children enrolled in Head Start programs, FFY2015 (as % of eligible children)	3,877	28.9%	27.5%	n/a
Children estimated to be eligible for Head Start but not enrolled (as % of eligible children)	9,552	71.1%	72.5%	n/a
Children enrolled in Maine Public Four Year Old Programs, 2014-2015 (as % of children age 4)	5,057	36.0%	35.6%	n/a

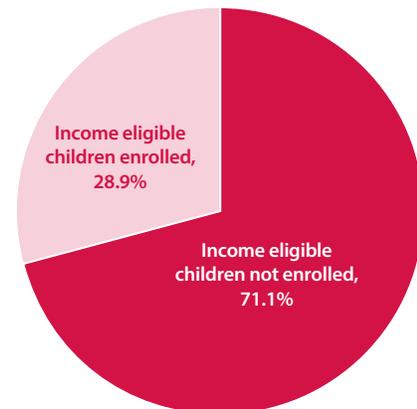
Early Childhood

The early years are a critical time for a child's future development. Like constructing a new house or office building, the foundation will determine the learning, behavior and development that will follow. Positive early experiences are the building blocks for the essential skills children need when learning to read beginning in kindergarten and through the completion of third grade. Families make use of a variety of early care and education settings: licensed child care, family, friends and neighbors, and public programs such as Head Start or public preschool. The quality of these out of home experiences can strongly influence a child's developmental progression.

IN MAINE:

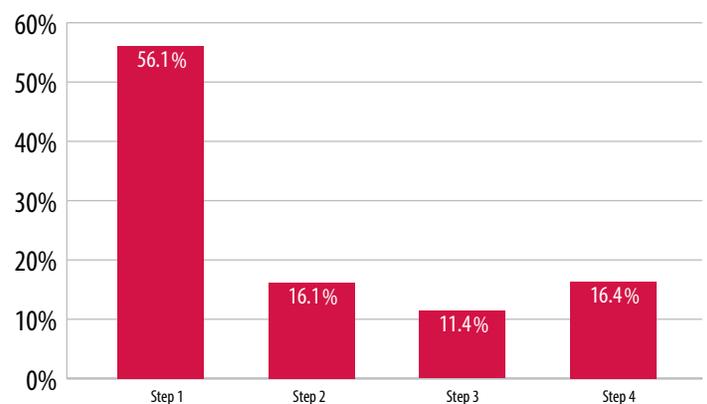
There are 1,822 licensed child care centers and family child care homes in Maine. Of the 902 providers enrolled in Maine's early care and education quality rating system, Quality for ME, 148 (16.4%) meet the highest standard (Step 4). Maine currently has the capacity to serve an estimated 27.5 percent of children age 0-5 who are income-eligible for Head Start. Statewide, over one-third of Maine's four-year-olds are enrolled in a public preschool program.

HEAD START PARTICIPATION 2014



Source: U.S. Office of Head Start, 2014 Program Information Report (PIR)

CHILD CARE PROVIDERS ENROLLED IN QUALITY RATING AND IMPROVEMENT SYSTEM (QRS) BY STEP • JULY 2015



Source: Quality Rating and Improvement System --- Monthly Enrollment Report http://www.qualityforme.org/QRS_Enrollment/State.aspx

Reading

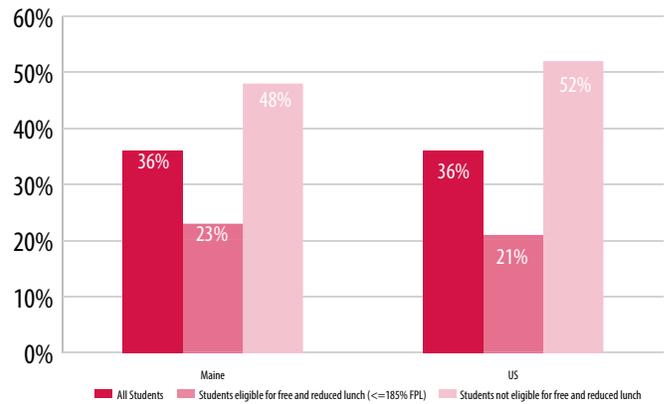
Reading proficiently by the end of third grade is particularly important because it is closely correlated with success throughout schooling. Through third grade, children are learning to read. After third grade, they are reading to learn. If a student's reading skills are not proficient by the end of third grade, it compromises their ability to learn in any other subject, including math, science, history and languages. A lack of success in school makes it far more likely that children will drop out, grow up without skills needed for good jobs, and be more vulnerable to poor health, substance abuse, and criminal activity.*

IN MAINE:

In 2015, 36 percent of Maine fourth graders scored at or above the proficiency level for reading on the National Assessment of Educational Progress (NAEP). Twenty-three percent of Maine's low income 4th grade students scored at or above the proficiency level on the NAEP, compared with 48 percent of other students. Thus, an achievement gap of 25 percent existed between low-income students and students who were not low-income. An achievement gap of 31 percent was also observed in the national reading scores.

*Annie E. Casey Foundation, Early Warning Confirmed: A Research Update on Third-Grade reading, November 2013 <http://www.aecf.org/m/resource/doc/AECF-EarlyWarningConfirmed-2013.pdf>

4TH GRADE READING PROFICIENCY BY FREE/REDUCED LUNCH ELIGIBILITY, MAINE AND US 2015



Source: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2013



ACADEMIC ACHIEVEMENT

	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
4th grade students scoring at or above reading proficiency levels, 2015 (as % of 4th grade students taking NAEP reading test)	n/a	36%	37%	36%
8th grade students scoring at or above math proficiency levels, 2015 (as % of 8th grade students taking NAEP math test)	n/a	35%	40%	33%

ENGLISH LANGUAGE LEARNERS

	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Children who are English Language Learners, 2014-2015 (as % of public school students)	5,284	2.9%	2.9%	n/a

DROPOUTS

High school dropouts, 2013-2014 (as % of high school students)	1,562	2.8%	2.7%	n/a
<i>Public high school dropouts (as % of public school students)</i>	1,492	2.9%	2.8%	n/a
<i>Selected private high school dropouts --with 60% or more publicly funded students (as % of selected private high school students)</i>	70	1.4%	1.5%	n/a

GRADUATES

Public high school graduates, Class of 2014 (as % of graduating class)	12,362	86.5%	86.4%	n/a
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Disconnected Youth

Teens who are neither in school nor employed are disconnected from the roles and relationships that help young people transition to adulthood. These young people tend to have a harder time connecting to the job market as young adults, which increases the risk that they will have lower earnings and a less stable employment history compared to their peers who stayed in school or found jobs.*

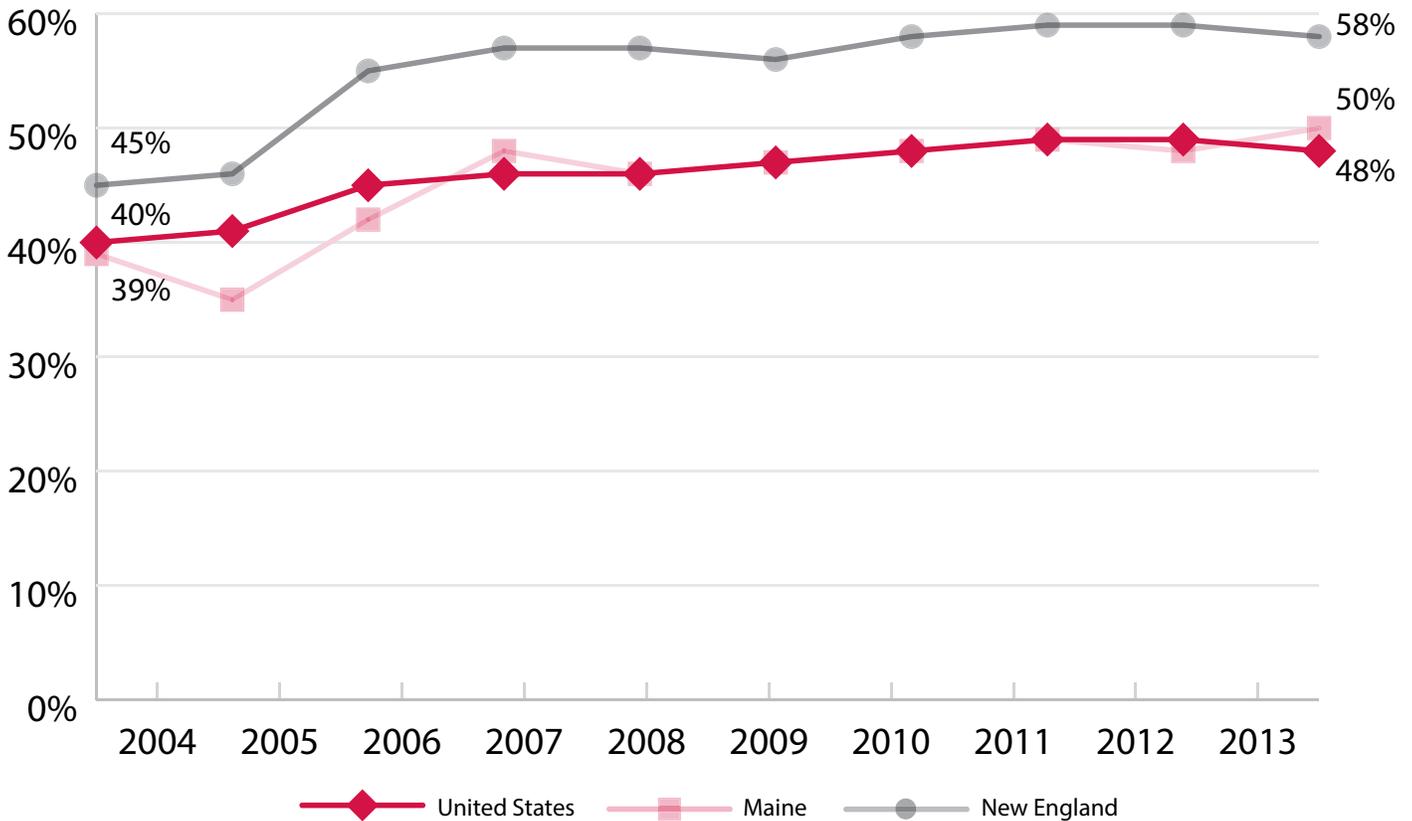
IN MAINE:

In 2014, 3,621 (6%) of Maine teens ages 16-19 were neither in school nor employed. While the percentage of disconnected youth has decreased slightly, the percentage of young adults enrolled in or completed college has increased significantly over the last decade: 39% in 2004 vs. 50% in 2013.

* The Annie E. Casey Foundation, March 2012. Youth and Work: Restoring Teen and Young Adult Connections to Opportunity. <http://www.aecf.org/m/resourcedoc/AECF-YouthAndWork-2012-Full.pdf>

DISCONNECTED YOUTH	State Number	Current Rate or Percent	Previous Rate or Percent	National Rate or Percent
Teens ages 16-19 not attending school and not working, 2014 (as % of children ages 16-19)	3,621	6%	6%	7%
YOUNG ADULTS				
Young adults enrolled in or completed college, 2013 (as % of adults ages 18-24)	57,000	50.0%	48.0%	49.0%

YOUNG ADULTS AGES 18-24 ENROLLED IN OR COMPLETED COLLEGE, 2004-2013



Source: AECF KIDS Count Datacenter

Special Education

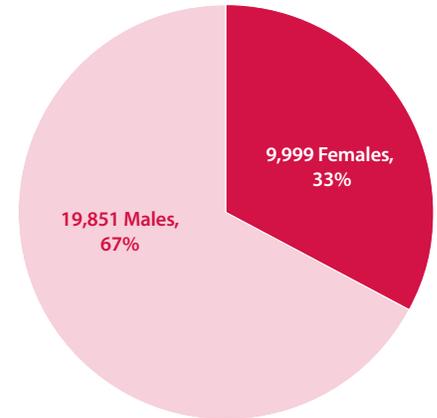
Special education and related services play an integral part in educating children with special needs and in improving their long-term outcomes. These services improve student achievement and graduation rates, increase participation in post-secondary education, and increase employment participation and wages.*

IN MAINE:

In 2014-15, 16.3 percent of Maine public school students had special needs. The most prevalent exceptionalities include specific learning disabilities, other health impairments and speech and language impairment. Currently, 9 percent of students with special needs have autism. The number of students with an autism diagnosis has increased 46 percent between 2008-09 and 2014-15: 1,913 vs. 2,783. Fifty-eight percent of students with special needs are in a regular classroom setting for at least 80 percent of the school day.

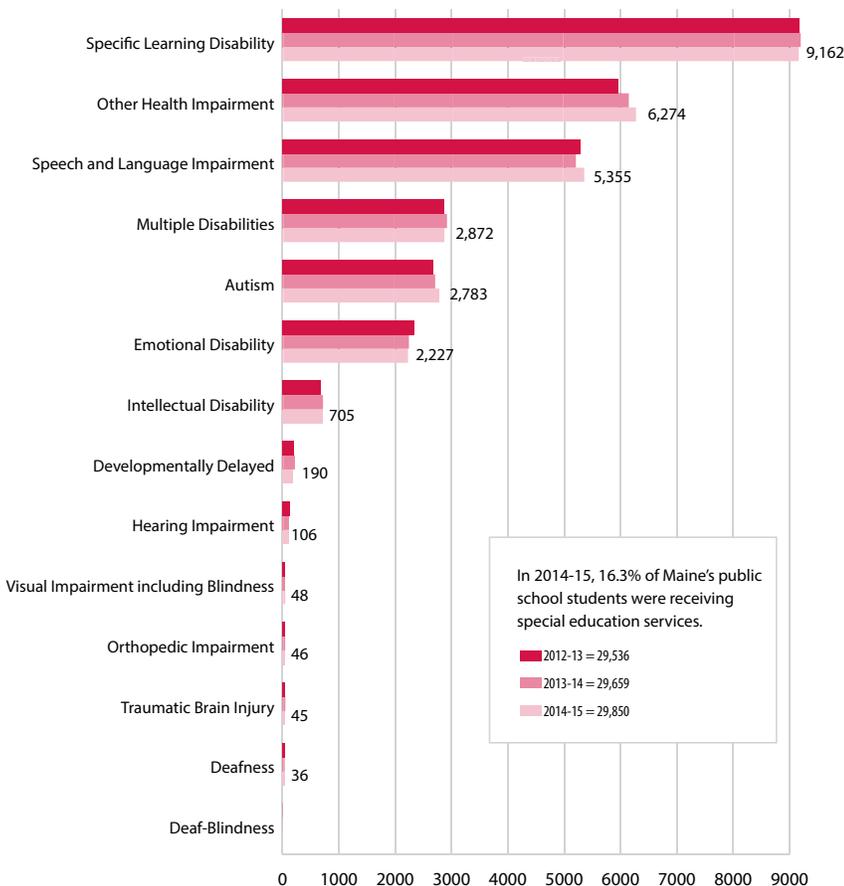
* The America Institutes for Research, March 2013. Improving College and Career Readiness for Students with Disabilities. <http://www.aypf.org/wp-content/uploads/2013/05/Improving-College-and-Career-Readiness-for-Students-with-Disabilities.pdf>

STUDENTS WITH DISABILITIES 2014-15, GRADES K-12 BY GENDER



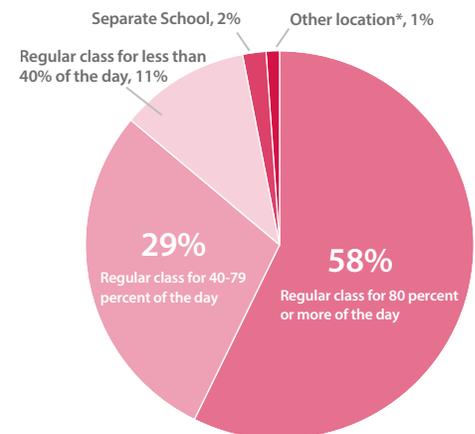
Source: Maine Department of Education, Data Warehouse

STUDENTS WITH DISABILITIES 2012-13 TO 2014-15, GRADES K-12, BY DISABILITY



Source: Maine Department of Education, Data Warehouse

SPECIAL EDUCATION SETTING, 2014-15



Source: Maine Department of Education, Data Warehouse

* includes the following placements: parentally placed in private school, homebound/hospital, residential facility, correctional facility, and other location.



COUNTIES AT A GLANCE // 2015

DEMOGRAPHICS	STATE	Androscoggin	Aroostook	Cumberland	Franklin	Hancock
Total Population, 2012	1,329,192	107,609	70,868	283,921	30,630	54,558
Under age 5	66,904	6,699	3,481	14,146	1,460	2,348
Under age 18	265,918	23,862	13,826	57,128	5,806	9,628
18-24 years old	115,693	9,896	5,729	25,425	3,446	4,332
25-64 years old	721,205	57,793	37,160	157,846	15,893	29,795
65 years and older	226,376	16,058	14,153	43,522	5,485	10,803

PHYSICAL AND MENTAL HEALTH						
Children 0-18 participating in MaineCare, 2015	47.0%	55.1%	54.7%	33.0%	48.9%	45.4%
Live Births for which prenatal care began in the first trimester, 2012	88.1%	89.9%	85.7%	90.2%	87.7%	90.8%
Low birth-weight infants, 2013	7.1%	8.1%	8.7%	7.1%	4.9%	5.7%
Pre-term births, 2013	8.1%	8.2%	8.5%	8.1%	6.0%	7.4%
Infant Mortality, 2009-2013*	6.2	7.7	7.9	5.6	7.4	5.6
Child deaths (ages 1-14), 2011**	1.5	1.6	1.5	1.2	2.7	0.8
Teen deaths (ages 15-19), 2011**	5.2	6.1	3.3	4.7	3.3	4.2
Children under 18 in Department of Health and Human Services care or custody, December 2014*	7.0	5.4	10.3	5.3	5.7	6.4

SOCIAL AND ECONOMIC STATUS						
Children under 18 in poverty, 2013	18.2%	22.3%	22.1%	13.7%	21.0%	20.1%
Children living with food insecurity, 2013	22.7%	24.7%	26.5%	20.6%	25.2%	25.5%
Children receiving TANF, 2014	3.8%	6.3%	4.9%	3.2%	3.8%	1.8%
Children receiving SNAP benefits, 2014	27.4%	37.0%	33.9%	20.0%	30.3%	21.8%
School children eligible for free/reduced lunch, 2013-2014	46.8%	53.8%	56.1%	33.5%	55.0%	42.4%
Estimated livable wage for a single-parent family of three, 2013	\$28.86	\$28.22	\$24.89	\$32.09	\$26.54	\$28.12
Median household income, 2013	\$47,095	\$44,097	\$37,092	\$55,020	\$41,154	\$44,463
Unemployment, 2014	5.7%	5.5%	7.6%	4.4%	6.6%	7.0%

EDUCATION						
Students in public preschool, 2014-2015	36.0%	57.2%	82.9%	11.6%	46.7%	28.7%

NOTE:

*Rate per 1,000

** Rate per 10,000

*** Rate per 100,000

****Data has been suppressed to preserve confidentiality

n/a not available or not applicable

<i>Kennebec</i>	<i>Knox</i>	<i>Lincoln</i>	<i>Oxford</i>	<i>Penobscot</i>	<i>Piscataquis</i>	<i>Sagadahoc</i>	<i>Somerset</i>	<i>Waldo</i>	<i>Washington</i>	<i>York</i>
121,853	39,668	34,180	57,481	153,746	17,290	35,191	51,910	38,820	32,462	199,005
6,205	1,868	1,483	2,813	7,650	759	1,822	2,613	1,969	1,590	9,998
24,601	7,406	6,144	11,816	29,438	3,227	7,095	10,699	7,901	6,368	40,973
10,453	2,560	2,091	4,160	19,580	1,082	2,387	3,763	2,988	2,334	15,467
66,676	21,440	17,877	31,100	80,999	9,193	19,429	28,363	21,067	17,005	109,569
20,123	8,262	8,068	10,405	23,729	3,788	6,280	9,085	6,864	6,755	32,996

48.7%	49.6%	46.2%	54.8%	47.3%	57.4%	40.1%	54.9%	52.1%	65.3%	36.8%
86.8%	88.6%	86.7%	89.8%	87.7%	79.4%	89.9%	82.1%	85.6%	85.1%	87.6%
6.5%	6.5%	6.4%	7.6%	6.8%	4.4%	5.7%	8.7%	4.7%	8.7%	7.7%
7.4%	6.5%	9.6%	6.7%	8.8%	5.8%	9.6%	9.1%	5.3%	7.7%	9.4%
6.9	7.7	6.5	5.0	6.0	9.6	4.6	8.8	7.8	3.3	4.6
1.0	2.0	2.0	0.9	1.9	1.6	1.0	2.1	2.3	1.6	1.4
6.1	8.1	9.1	7.8	4.7	7.4	1.9	3.0	4.0	12.5	4.9
8.6	5.5	4.4	5.7	7.5	12.4	4.1	10.9	7.6	9.6	6.6

19.1%	20.4%	21.2%	20.8%	19.3%	27.7%	18.1%	25.1%	24.4%	27.2%	12.2%
22.9%	22.0%	23.8%	25.0%	24.4%	28.9%	21.9%	27.3%	25.1%	28.1%	20.8%
4.7%	3.3%	3.4%	4.0%	3.7%	4.4%	2.9%	4.5%	4.5%	4.7%	2.4%
29.7%	26.4%	27.4%	34.3%	29.6%	37.2%	23.4%	38.3%	31.3%	37.3%	20.6%
50.6%	45.9%	45.4%	60.8%	49.1%	63.4%	45.4%	61.1%	58.4%	64.1%	39.2%
\$27.50	\$28.86	\$29.92	\$26.83	\$27.74	\$26.81	\$29.41	\$25.57	\$27.81	\$26.89	\$30.39
\$45,151	\$48,352	\$48,908	\$38,932	\$43,615	\$36,553	\$52,279	\$38,279	\$43,203	\$35,754	\$55,163
5.4%	5.2%	5.9%	7.0%	6.2%	7.5%	4.6%	7.9%	6.1%	8.4%	5.3%

50.0%	11.8%	31.2%	44.0%	53.7%	53.7%	34.2%	60.0%	48.8%	60.9%	8.0%
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DEFINITIONS AND SOURCES OF DATA // 2015

Demographics

SOURCE: Population estimates for calendar year 2012 were from the Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics.

PHYSICAL AND MENTAL HEALTH

HEALTH INSURANCE

Children without health insurance is the estimated number and percent of children ages 0-18 who were not covered by any kind of public or private health insurance in 2013. These data are model-based enhancements of the American Community Survey (ACS) estimates created by incorporating additional information from administrative records, intercensal population estimates, and decennial census data.

SOURCE: U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) <http://www.census.gov/did/www/sahie/index.html>

Low-income children without health insurance is the estimated number and percent of children ages 0-18 who lived in families with incomes less than twice the federal poverty threshold (< 200% of poverty) and who lacked health insurance. These data are model-based enhancements of the American Community Survey (ACS) estimates created by incorporating additional information from administrative records, intercensal population estimates, and decennial census data. In 2013, the poverty threshold for a typical family of three was \$18,769. Thus, "low-income" represents income of less than \$37,538 for a family of three (one adult, 2 children).

SOURCE: U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) <http://www.census.gov/did/www/sahie/index.html>

Young adults without health insurance is the estimated number and percent of young adults ages 19-25 who were not covered by any kind of public or private health insurance in 2013. These data are model-based enhancements of the American Community Survey (ACS) estimates created by incorporating additional information from administrative records, intercensal population estimates, and decennial census data.

SOURCE: U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) <http://www.census.gov/did/www/sahie/index.html>

Children participating in MaineCare is the number and percent of individual children ages 0-18 participating in MaineCare in state fiscal year (SFY) 2015 (July 1, 2014 – June 30, 2015) and (SFY) 2014 (July 1, 2013 – June 30, 2014). 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 2015 statewide figure includes 5,772 who were who were out-of-state or whose residence is unknown.

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

PHYSICAL HEALTH

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 2012 and 2011. NOTE: State-level data were not available for 2013 because the month prenatal care began was no longer collected after 7/31/2013.

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 2013 and 2012.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from Centers for Disease Control, National Center for Health Statistics Report, Vol. 64, No. 1, "Births: Final Data for 2013." http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf

Pre-term births is the number and percent of pre-term births in which the newborn was born at less than 37 weeks gestation. These data represent calendar years 2013 and 2012.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from Centers for Disease Control, National Center for Health Statistics Report, Vol. 64, No. 1, "Births: Final Data for 2013." http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf

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 2014 and 2013.

SOURCE: Centers for Disease Control and Prevention, National Immunization Survey, 2014 and 2013. <http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/index.html>

Children who received care within a medical home is the estimated number and percent of children ages 0-17 who have a medical home as defined by the American Academy of Pediatrics. A medical home is characterized by primary health care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective, and is delivered by a trusted physician who is known to the child and family and who manages and facilitates all aspects of pediatric care. These data are from the National Survey of Children's Health 2011 and 2007.

SOURCE: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. <http://childhealthdata.org/>

Children who received developmental and behavioral screening is the estimated number and percent of children ages 10 months to five years who received a standardized screening for behavioral or developmental

problems, as reported by parents. These data are from the National Survey of Children's Health 2011 and 2007.

SOURCE: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. <http://childhealthdata.org/>

Children who received preventive dental care is the estimated number and percent of children ages 1-17 who visited a dentist for any routine preventive dental care, including check-ups, screenings, and sealants during the twelve months prior to the survey. These data are from the National Survey of Children's Health 2011 and 2007.

SOURCE: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. <http://childhealthdata.org/>

Children who are overweight is the estimated number and percent of children ages 10-17 who are overweight based on Body Mass Index for age between 85th and 94th percentile overweight. Children's body fatness changes over the years as they grow. And girls and boys differ in their body fatness as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific. These data are from the National Survey of Children's Health 2011 and 2007.

SOURCE: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. <http://childhealthdata.org/>

Children who are obese is the estimated number and percent of children ages 10-17 who are obese based on Body Mass Index for age at or above 95th percentile. In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. And girls and boys differ in their body fatness as they mature. This is why BMI for children, also referred to as BMI-for-age, is gender and age specific. These data are from the National Survey of Children's Health 2011 and 2007.

SOURCE: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. <http://childhealthdata.org/>

Children who engaged in vigorous physical activity everyday is the estimated number and percent of children ages 6-17 who exercised, played a sport or participated in physical activity for at least 20 minutes that made them sweat and breathe hard during the week prior to the survey, as reported by parents. These data are from the National Survey of Children's Health 2011 and 2007.

SOURCE: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. <http://childhealthdata.org/>

MORTALITY

Infant mortality is the number and rate of deaths of infants under 1 year of age. The rate is per 1,000 live births. These data are averaged over the five-year period from 2009-2013 and from 2008-2012 and are reported by place of residence, not place of death.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from the Annie E. Casey Foundation's KIDS COUNT State-Level Data Online website. <http://datacenter.kidscount.org/>

Child deaths is the number and rate of deaths of children ages 1-14 from all causes. The rate is per 10,000 children ages 1-14. These data are averaged over the five-year period from 2009-2013 and from 2008-2012 and are reported by the child's place of residence, not the place of death.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from the Annie E. Casey Foundation's KIDS COUNT State-Level Data Online website. <http://datacenter.kidscount.org/>

Teen deaths is the number and rate of deaths of teens ages 15-19 from all causes. The rate is per 10,000 children ages 15-19. These data are averaged over the five-year period from 2009-2013 and from 2008-2012 and are reported by the child's place of residence, not the place of death.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from the Annie E. Casey Foundation's KIDS COUNT State-Level Data Online website. <http://datacenter.kidscount.org/>

MENTAL HEALTH

Children who experienced two or more adverse experiences is the estimated number and percent of children ages 0-17 whose parents report that their child experienced two or more of the following adverse experiences: socioeconomic hardship, divorce/separation of parent, death of parent, parent served time in jail, witness to domestic violence, victim of neighborhood violence, lived with someone who was mentally ill or suicidal, lived with someone with alcohol/drug problem, treated or judged unfairly due to race/ethnicity. These data are from the National Survey of Children's Health 2011.

SOURCE: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. <http://childhealthdata.org/>

Children who have been told by a doctor that they have ADD or ADHD, depression or anxiety, and/or behavior or conduct problems is the estimated number and percent of children ages 2-17 whose parents have been told by a doctor or other health professional that their child has Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity (ADHD), depression or anxiety, and/or behavior or conduct problems. These data are from the National Survey of Children's Health 2011 and 2007.

SOURCE: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. <http://childhealthdata.org/>

Children whose parents have at least one concern about their child's learning, development, or behavior is the estimated number and percent of children ages 0-5 whose parents have at least one concern about their child's learning, development, or behavior. These data are from the National Survey of Children's Health 2011 and 2007.

SOURCE: Child and Adolescent Health Measurement Initiative (2005). National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. <http://childhealthdata.org/>

Children who did not receive needed mental health services is the estimated number and percent of children ages 2-17 who needed but did not get mental healthcare or counseling services. These data are from the National Survey of Children's Health 2011 and 2007.

SOURCE: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health. Data Resource Center on Child and Adolescent Health website. <http://childhealthdata.org/>

Outpatient hospital visits for mental health or substance abuse diagnoses is the number and rate of outpatient hospital visits of children ages 0-19 with a principal diagnosis of mental disease/disorder, alcohol/drug use or alcohol/drug-induced organic mental disorders. The rate is per 1,000 children ages 0-19. These data represent calendar years 2013 and 2012 (January-December) and count hospital visits, not individual children.

SOURCE: Maine Health Data Organization.

Outpatient hospital visits for attempted suicide is the number and rate of outpatient hospital visits of children ages 10-19 with a principal diagnosis of an injury and an E Code categorizing the cause of injury as suicide/self-inflicted (E950.0-E958.9). The rate is per 1,000 children ages 10-19. These data represent calendar years 2013 and 2012 (January-December) and count hospital visits, not individual children.

SOURCE: Maine Health Data Organization.

Child and teen suicides is the suicide rate of children and teens ages 10-19. These data represent rolling five-year averages from 2000-2004 through 2009-2013. The rate is per 100,000 children ages 10-19.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from the Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death on CDC WONDER Online Database. <http://wonder.cdc.gov/cmfc-icd10.html>

CHILD WELFARE

Children in Department of Health and Human Services care or custody is the number and rate of children ages 0-17 in the care or custody of the Department of Health and Human Services (DHHS) in December 2014 and December 2013. The rate is per 1,000 children ages 0-17. 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.

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

Definitions of Child Welfare Placement Types:

ADOPTIVE CARE: Care that occurs with a foster family that is in process of adopting the child.

CONGREGATE CARE: Care that occurs in a homeless shelter, emergency facility, or children's residential facility.

FOSTER CARE: Parental care and supervision which is provided within a family setting in a private dwelling on a regular, 24-hour a day basis by qualified foster parent(s). The foster parents hold a license as a family foster home for children required by state law.

KINSHIP CARE: Family foster care provided to children in the care or custody of DHHS who are related by blood, marriage, or adoption to the caretakers. Kinship care is a preferred placement.

THERAPEUTIC CARE: Family foster care that utilizes the foster home setting and the foster parents as primary agents in improving the behavioral and emotional functioning of foster children.

UNLICENSED CARE: A placement that occurs when (a.) a relative is identified and immediate placement is recommended, (b.) when a child places himself in an unlicensed home and that placement is being considered, or (c.) a previous relationship exists between a child and an unlicensed family with indications that it would be in the child's best interest to be placed in that home.

OTHER CARE: Care not covered in the above descriptions, including semi-independent living, professional parent model, and intermediate care facility.

Substantiated child abuse and neglect victims is the number and rate of individual victims of child abuse and neglect ages 0-17 for whom assessment led to a finding of a threat to a child's health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these by a person responsible for the child (22 MRSA §4002). The rate is per 1,000 children ages 0-17. These data represent calendar years 2014 and 2013.

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

Reports alleging child abuse and/or neglect is the number of written or verbal requests for Child Protective Services intervention in a family situation on behalf of a child in order to assess or resolve problems being presented. Cases were screened out when evidence of serious family problems or dysfunction was evident but the situation did not contain an allegation of abuse or neglect. Cases deemed appropriate for referral meet the standards contained in 22 MRSA §4002 as defined under the definition for substantiated child abuse and neglect victims. Of the cases deemed appropriate for referral to services, some are referred to Child Protective Services and others are referred to community agencies that contract with the Department of Health and Human Services to provide services to families. These data represent calendar years 2014 and 2013.

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

Case assessments completed by Child Protective Services is the number of case assessments completed during 2012 and 2011 of those cases referred to Child Protective Services. The results of case assessments are cases with findings of maltreatment or cases without findings of maltreatment. These data represent calendar years 2014 and 2013.

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

ADOLESCENT HEALTH AND SAFETY

Adolescents served in the Maine family planning system is the number and rate of adolescents ages 15-19 served in the Maine family planning system during state fiscal year (SFY) 2014 (July 1, 2013 – June 30, 2014) and during SFY 2013 (July 1, 2012 – June 30, 2013). The rate is per 1,000 children ages 15-19. These data are also reported by number and by rate for gender.

SOURCE: Family Planning Association of Maine. Region 1 Title X Data System.

Young adults living with HIV/AIDS is the number and rate of reported cases of youth ages 18-24 living with the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). The rate is per 1,000 young adults ages 18-24. These data represent calendar years 2014 and 2013.

SOURCE: Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention, HIV, STD and Viral Hepatitis Program.

Chlamydia cases is the number and rate of reported cases of Chlamydia among children and adolescents ages 10-19. The rate is per 1,000 children ages 10-19. These data represent calendar years 2014 and 2013.

SOURCE: Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention, HIV, STD and Viral Hepatitis Program.

Gonorrhea cases is the number and rate of reported cases of gonorrhea among children and adolescents ages 10-19. The rate is per 1,000 children ages 10-19. These data represent calendar years 2014 and 2013.

SOURCE: Maine Department of Human Services, Bureau of Health, HIV, STD and Viral Hepatitis Program

Children and adolescents using services of licensed alcohol and drug abuse treatment providers is the unduplicated number and rate of children ages 10-19 using services of Maine alcohol and drug abuse treatment providers. These data include children whose primary problem is substance abuse, affected others (such as children of parents with substance abuse problems requiring therapy), and evaluation only. The rate is per 1,000 children ages 10-19. These data represent calendar years 2014 and 2013.

SOURCE: Maine Department of Health and Human Services, Office of Substance Abuse, Treatment Data System (TDS).

Children in motor vehicle crashes with personal injury is the number and percent of children ages 0-19 injured in a motor vehicle crash where a young person was involved. Children in motor vehicle crashes include young drivers, vehicle passengers, and pedestrians or bicyclists. These data represent calendar years 2014 and 2013.

SOURCE: Maine Department of Transportation, Safety Office.

OUI Arrests, License Suspensions and Convictions is the number and rate of arrests, license suspensions, and convictions of drivers under age 20 for Operating Under the Influence. License suspensions represent administrative suspensions issued by the Bureau of Motor Vehicles and suspensions issued by the courts. Convictions represent drivers convicted for Operating Under the Influence. The rate is per 1,000 drivers under age 20. Arrest, suspension and conviction data represent years 2014 and 2013.

SOURCE: Department of the Secretary of State, Bureau of Motor Vehicles. <http://www.state.me.us/sos/bmv>

Leading Cause of Death is the number for the 10 leading causes of death of adolescents ages 15-19. Due to a change in CDC reporting, these data no longer include a breakout by number of unintentional injury deaths by cause of injury. These data represent calendar year 2010.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics; National rate from Centers for Disease Control, National Center for Injury Prevention and Control, WISQARS (Web-based Injury Statistics Query and Reporting System). <http://www.cdc.gov/injury/wisqars/index.html>

Youth Risk Behavior Surveillance System data is selected results from the Maine and National Youth Risk Behavior Surveys. Youth Risk Behavior Surveys monitor priority health-risk behaviors that contribute to the leading causes of death, injury, illness, and social problems among youth at the state and national levels.

SOURCE: 2013 and 2011 Maine and national rates from the Youth Risk Behavior Surveillance System – Centers for Disease Control. <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

SOCIAL AND ECONOMIC STATUS

POVERTY

Children under age 18 in poverty is the estimated number and percent of children under age 18 living in poverty. In 2013, which represents the current rate, the poverty threshold for a typical family of three was \$18,769. These data represent calendar years.

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/hhes/www/saipe/>

Children under age 5 in poverty is the estimated number and percent of children under age 5 living in poverty. In 2013, which represents the current rate, the poverty threshold for a typical family of three was \$18,769. These data represent calendar years.

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/hhes/www/saipe/>

HOUSING

Children in low income households where housing costs exceed 30 percent of income is the estimated number and percent of children living in low income households where more than 30 percent of the monthly income was spent on rent, mortgage payments, taxes, insurance, and/or related expenses. The 30 percent threshold for housing costs is based on research on affordable housing by the U.S. Department of Housing and Urban development (HUD). According to HUD, households that must allocate more than 30 percent of their income to housing expenses, are less likely to have enough resources for food, clothing, medical care or other needs. These data represent 2013 and 2012.

SOURCE: Annie E. Casey Foundation, KIDS COUNT Data Center <http://datacenter.kidscount.org>

Homeless children under age 18 is the estimated number and percent of children under age 18 who were counted in the Maine State Housing Authority's Annual Point in Time Surveys in January 2015, which represents the current figures, and January 2014, the previous rate.

SOURCE: Maine State Housing Authority Annual Point in Time Survey – Statewide <http://www.mainehousing.org/policy-research/research-reports#PIT>

INCOME AND EMPLOYMENT

Children in low income families is the estimated number and percent of children under age 18 who live in families with incomes less than twice the federal poverty threshold (<200% of poverty). In 2013, which represents the current rate, the poverty threshold for a typical family of three was \$18,769. Thus, "low-income" represents income of less than \$37,538 for a family of three. These data represent calendar years 2014 and 2013.

SOURCE: Annie E. Casey Foundation's, KIDS COUNT Data Center. <http://datacenter.kidscount.org>

Median income of families with children is the estimated median annual income for families with related children under age 18 living in the household. "Related children" include the householder's (head of household) children by birth, marriage, or adoption; as well as other persons under age 18 (such as nieces and nephews) who are related to the householder and living in the household. The median income is the dollar amount that divides the income distribution into two equal groups – half with income above the median and half with income below it. These data represent 2014 and 2013.

SOURCE: Population Reference Bureau, analysis of data from the U.S. Census Bureau, American Community Survey, 2013 and 2012. <http://datacenter.kidscount.org>

Median household income is the estimated median household income. These estimates are modeled from combined census estimates, the 2013 American Community Survey, and other administrative and economic data. The median income is the dollar amount that divides the income distribution into two equal groups – half with income above the median and half with income below it. These data represent calendar year 2013 and 2012.

SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates <http://www.census.gov/hhes/www/saie/>

Estimated livable wage for a single-parent family of three is the estimated hourly wage required to meet basic expenses for a single-parent, three-person family. A livable wage is calculated by dividing the total expenses in a basic needs budget by the number of hours that make up a year of full-time work. These data represent calendar years 2010 and 2008.

SOURCE: Maine Department of Labor, Center for Workforce Research and Information, Livable Wage Estimates, 2010 <http://www.maine.gov/labor/cwri/pubs.html>

Unemployment is the estimated annual monthly average number and percent of people in the civilian labor force who are unemployed. The unemployment rate is calculated by dividing the average number of unemployed people by the average number of people in the civilian labor force. These data represent calendar years 2014 and 2013.

SOURCE: Maine Department of Labor, Center for Workforce, Research and Information, Average Annual Labor Force Estimates for Maine & Counties <http://www.maine.gov/labor/cwri/laus.html>

INCOME SUPPORTS

Children receiving TANF is the number and percent of children ages 0-17 who were receiving Temporary Aid to Needy Families in December 2014 and December 2013.

SOURCE: Maine Department of Human Services, Office of Family Independence. <http://www.maine.gov/dhhs/ofi/reports/reports.html>

Children receiving SNAP Benefits is the number and percent of children ages 0-17 who were receiving SNAP benefits (formerly Food Stamps) in December 2014 and December 2013. Note: 2014 state number and percent include 40 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 Family Independence. <http://www.maine.gov/dhhs/ofi/reports/reports.html>

School children eligible for subsidized school lunch is the number and percent of school children eligible to receive subsidized school lunch through the National School Lunch Program, which is a meal entitlement plan primarily funded through federal dollars. All elementary and junior high schools are required to participate in the program. In Maine, high schools have the option of participating. School children are eligible for free school lunches if their family income does not exceed 130% of the federal poverty level. They are eligible for reduced price school lunches if their family income falls between 130% and 185% of the federal poverty level. These data represent the 2014-2015 and 2013-2014 school years.

SOURCE: Maine Department of Education, School Nutrition Program. <https://neo.maine.gov/doe/neo/nutrition/Reimbursement/ED534/District>

Recipients of WIC benefits is 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 years 2014 and 2013.

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

Child support enforcement cases with collection is the number of cases for which the state child support enforcement agency successfully collected child support payments due in federal fiscal year (FFY) 2014 (October 1, 2013-September 30, 2014) and FFY 2013 (October 1, 2012-September 30, 2013). These data are also presented as a percent of the total number of cases with collection on the agency's caseload during FFY 2014 and 2013. The U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement defines a child support case as a parent (mother, father, or putative father) who is now or eventually may be obligated under law for the support of a child or children receiving services under the child support programs, Title IV-D of the Social Security Act.

SOURCE: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement. Child Support Enforcement

Children served through TANF child care subsidies is the number of children served through ASPIRE and TANF Transitional child care during federal fiscal year (FFY) 2014 (October 1, 2013 – September 30, 2014) and FFY 2013 (October 1, 2012 – September 30, 2013). These data are also reported as a percent of the total number of children served through child care subsidies for each type of child care subsidy. 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: Maine Department of Health and Human Services, Office of Family Independence

Children served through CCDF child care subsidies is the number of children served through CCDF vouchers during federal fiscal year (FFY) 2014 (October 1, 2013 – September 30, 2014) and FFY 2013 (October 1, 2012 – September 30, 2013). 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: Maine Department of Health and Human Services, Office of Child Care and Head Start

CRIME

Arrests of children is the number and rate of children ages 10-17 arrested during calendar years 2014 and 2013. The rate is per 1,000 children ages 10-17. The annual arrest data count all arrests of youth for offenses, including repeated offenses by the same individual.

SOURCE: Maine Department of Public Safety, Crime in Maine Reports. http://www.state.me.us/dps/cim/crime_in_maine/cim.htm

Arrests of children for crimes against persons is the number and rate of arrests of children ages 10-17 for crimes against persons. The rate is per 1,000 children ages 10-17. Crimes against persons include murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault (does not include other assaults). The annual arrest data count all arrests of youth for crimes against persons, including repeated offenses by the same individual. These data represent calendar years 2014 and 2013.

SOURCE: Maine Department of Public Safety, Crime in Maine Reports. http://www.state.me.us/dps/cim/crime_in_maine/cim.htm

Domestic assaults reported to police is the number and rate of assaults reported to police that were perpetrated by family or household members including couples who are married or living together in a romantic relationship, who are the natural parents of the same child or other adult family members related by blood or marriage. The rate is per 100,000 of the population. These are not unduplicated counts and may include numerous assaults affecting the same individuals. These data represent calendar years 2014 and 2013.

SOURCE: Maine Department of Public Safety, Crime in Maine Reports. http://www.state.me.us/dps/cim/crime_in_maine/cim.htm

TEEN PREGNANCY

Births to single teenaged mothers is the number of births to single teenaged mothers under age 20. These data are also reported as a percent of live births. Births are reported by the mother's place of residence at the time of birth. These data represent calendar years 2013 and 2012.

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

Births to married teenaged mothers is the number of births to married teenaged mothers under age 20. These data are also reported as a percent of live births. Births are reported by the mother's place of residence at the time of birth. These data represent calendar years 2013 and 2012.

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

Repeat teen pregnancies is the number of females under age 20 who became pregnant and who had already been pregnant at least once before in their lives. These data are also reported as a percent of teen pregnancies. These data represent calendar years 2013 and 2012.

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

Births to single teens who have not completed 12 years of school is the number and rate of births to single teens ages 10-19 who have not completed 12 years of school. The rate is per 1,000 females ages 10-19. These data are averaged over the five-year period from 2009-2013 and from 2008-2012, and are reported by the mother's place of residence at the time of birth.

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

Teen pregnancies is the number and rate of all reported live births, induced abortions, and fetal deaths occurring to females ages 10-17. The rate is per 1,000 females ages 10-17. These data represent calendar years 2011 and 2010.

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

EDUCATION AND LEARNING

EARLY LEARNING AND DEVELOPMENT PROGRAMS

Licensed child care providers is the number of licensed child care homes and child care centers in July 2015. These data are also reported as a percent of the total number of licensed child care providers for each type of licensed child care and those enrolled in the Quality Rating and Improvement System (QRS).

SOURCE: Maine Quality Rating and Improvement System (QRS). http://www.qualityforme.org/QRS_Enrollment/State.aspx

Head Start Program is the number of state and federally-funded children in Head Start programs throughout the state during federal fiscal year (FFY) 2015 (October 1, 2014 - September 30, 2015) and FFY 2014 (October 1, 2013 - September 30, 2014). 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 eligible children.

SOURCE: Head Start Data: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, Program Information Report. Children under age 5 in poverty: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) <http://www.census.gov/hhes/www/saipe/>

Children enrolled in Maine public preschool programs is the number and percentage of four year old children enrolled in a public preschool program offered through a school administrative unit during the 2014-2015 and 2013-2014 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, Data Warehouse. http://dw.education.maine.gov/DirectoryManager/Web/Maine_report/MaineLanding.aspx

ACADEMIC SKILLS

4th grade students scoring at or above the reading proficiency level is the percentage of 4th grade students who met or exceeded the proficient level on the National Assessment of Educational Progress (NAEP) 4th reading test in 2015 and 2013.

Source: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP).

8th grade students scoring at or above the math proficiency level is the percentage of 8th grade students who met or exceeded the proficient level on the National Assessment of Educational Progress (NAEP) 4th math test in 2015 and 2013.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP).

Children who are English Language Learners is the number and percent of children attending public schools who are receiving English as a second language services or bilingual educational services. These data represent the 2014-2015 and 2013-2014 school years.

SOURCE: Maine Department of Education, Data Warehouse http://dw.education.maine.gov/DirectoryManager/Web/Maine_report/MaineLanding.aspx

DROPOUTS

High school dropouts is the number and percent of students who have withdrawn or been expelled from high school before graduation or completion of a program of studies and who have not enrolled in another educational institution or program. The individual was enrolled in school at some time during the previous school year and was not enrolled on October 1 of the current school year, or was not enrolled on October 1 of the previous school year although expected to be in membership (i.e., was not reported as a dropout the year before). This calculation is referred to as an "event" dropout rate. Data represent the 2013-2014 and 2012-2013 school year for public schools and private schools with 60% or more publicly-funded students.

SOURCE: Maine Department of Education <http://www.maine.gov/education/gradrates/gradrates.html>

GRADUATES

Public high school graduation, Class of 2014 is the number and percent of students who entered ninth grade for the first time in the fall of 2008 and received a "regular" diploma in 2014. For this calculation the denominator contains the cohort of all first time ninth graders from four years earlier plus all transfers into this cohort minus all transfers out (e.g. death, moving to another Maine school). The numerator contained only "regular" diploma recipients from the four year cohort. "Regular" diplomas include diplomas received by SWD students granted five/six years by their IEP, and Limited English Proficient (LEP) students granted five/six years as part of their documented Personal Learning Plans. In both of these cases the students met the requirements of the Maine Learning Results. These five/six year "regular" diploma recipients are tabulated separately allowing them to be extracted in order to produce a four-year cohort graduation rate. This approach satisfies both the NGA and NCLB graduation requirements while aligning with Maine's practice of allowing SWD and LEP students more than four years to meet Maine's "regular" diploma standards. The data represent public school graduates only.

SOURCE: Maine Department of Education <http://www.maine.gov/education/gradrates/gradrates.html>

DISCONNECTED YOUTH

Teens not attending school and not working is the estimated number and percent of teens ages 16-19 who are not enrolled in school (full- or part-time) and not employed (full- or part-time). These data represent calendar years 2014 and 2013.

SOURCE: U.S. Census Bureau, American Community Surveys, 2014 and 2013, TABLE: B14005

YOUNG ADULTS

Young adults enrolled in or completed college is the number and percent of young adults ages 18 to 24 enrolled in college or who have completed college. These data represent 2013 and 2012.

SOURCE: Annie E. Casey Foundation's, KIDS COUNT Data Center. <http://datcenter.kidscount.org>

STUDENTS WITH DISABILITIES

Students with disabilities is the number and percent of students enrolled in schools and individual education programs who are ages 3-21 and who have disabilities requiring the provision of special education services during the 2014-2015 school year. The child count is completed by school administrative units, approved state operated/state supported schools, and Child Development Services sites. The percent of students receiving special education services is calculated by dividing the number of special education students by the number of regular education students enrolled in pre-kindergarten through grade 12 counted on October 1.

SOURCE: Maine Department of Education, Data Warehouse http://dw.education.maine.gov/DirectoryManager/Web/Maine_report/MaineLanding.aspx



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"There can be no keener revelation of a society's soul than the way in which it treats its children."

- Nelson Mandela

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