

2011

Maine

CHILDREN'S GROWTH COUNCIL

Report

SCHOOL READINESS



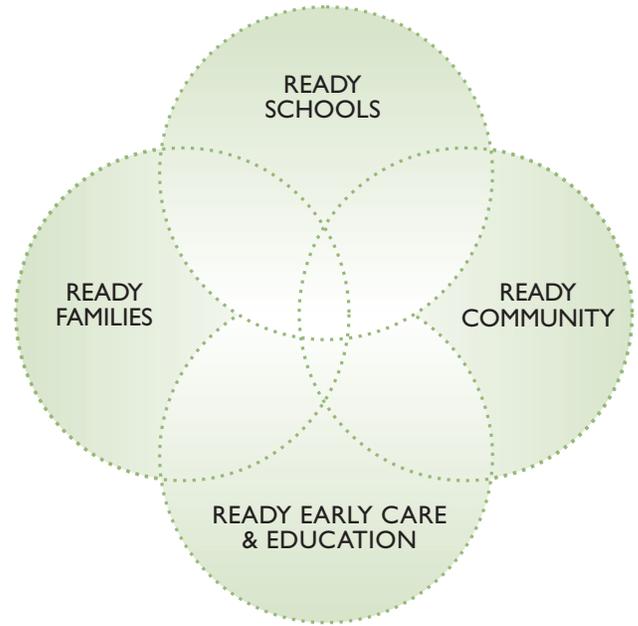
INTRODUCTION

FORMULAS FOR SCHOOL READINESS

The experiences in the first five years of life, the influences from caregivers and the effectiveness of community supports are all a part of the school readiness continuum. Each of these influences of school readiness leads us to the following formula:

Ready Family + Ready Communities + Ready Early Care and Education + Ready Schools = Ready Child.

School readiness must be approached from this systemic perspective, as well as from the full scope of child development. Equal attention must be paid to the influence of external factors. Healthy, strong children yield healthy, strong adults, which yields healthy, strong communities.



DATA ADVISORY GROUP

ED CERVONE

Maine Development Foundation

JESSICA ESCH

United Way of Greater Portland

BILL HAGER

Alliance for Children's Care, Education and Supporting Services

CONNIE ZHU

Maine Center for Economic Policy

LEANN WALKER

Maine Center for Education Research and Policy

ALLYSON DEAN

Maine Roads to Quality

DARSHANA SPACH

Hornby-Zeller

ANA HICKS

Maine Equal Justice Partners

SHERYL PEAVEY

*Maine Department of Health and Human Services,
Early Childhood Division*

This report was developed for the Maine Children's Growth Council by the Maine Children's Alliance. The Maine Children's Alliance advocates for sound public policies that improve the lives of all Maine's children, youth and families. For 16 years, the Maine Children's Alliance has provided Maine with reliable, consistent data with the Maine Kids Count project.

Judy Reidt-Parker, Early Childhood Specialist, was the lead staff person for this project. Other Maine Children's Alliance staff providing support include: Dean Crocker, CEO and President; Ellie Goldberg, Vice President; Claire Berkowitz, Kids Count Project Director; Bonnie Colfer, Director of Finance and Administration; Tonia Stevens, Program Assistant; Mary McPherson, Consulting Editor; Cindy Han, Communications Director.

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



INDICATORS AT A GLANCE

MEASURES THAT NEED IMMEDIATE ATTENTION

Poverty: Over the past 6 years, a greater number of Maine children under age 6 in Maine were living at or below the poverty line than in other New England states. The poverty rate for children under 6 years old in Maine is 20%.

Dental Services: 46.5% percent of children ages 1 -5 years old have not received preventative dental visits.

Early Intervention: Of the 13,778 children enrolled in kindergarten in 2009-10, 1,651 kindergarteners (12%) received special services. Of those 1651 students, 30% were newly identified as needing services.

Equally significant and directly related, 78.5% of parents with children between the ages of 10 months and 5 years of age reported their child did not receive a developmental or behavioral screen at their child's physician's office.

MEASURES THAT SHOW MIXED RESULTS

Early Care and Education: In just one year, there has been a 15% increase in the number of providers enrolled in Quality for Me, Maine's early care and education quality rating system. However, the majority of these providers are at the first level, meeting only basic licensing standards.

MEASURES THAT SHOW SUCCESS

Prenatal Healthcare: 87% of pregnant women in Maine received prenatal care in the first trimester. This is better than the national average of 76%.

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

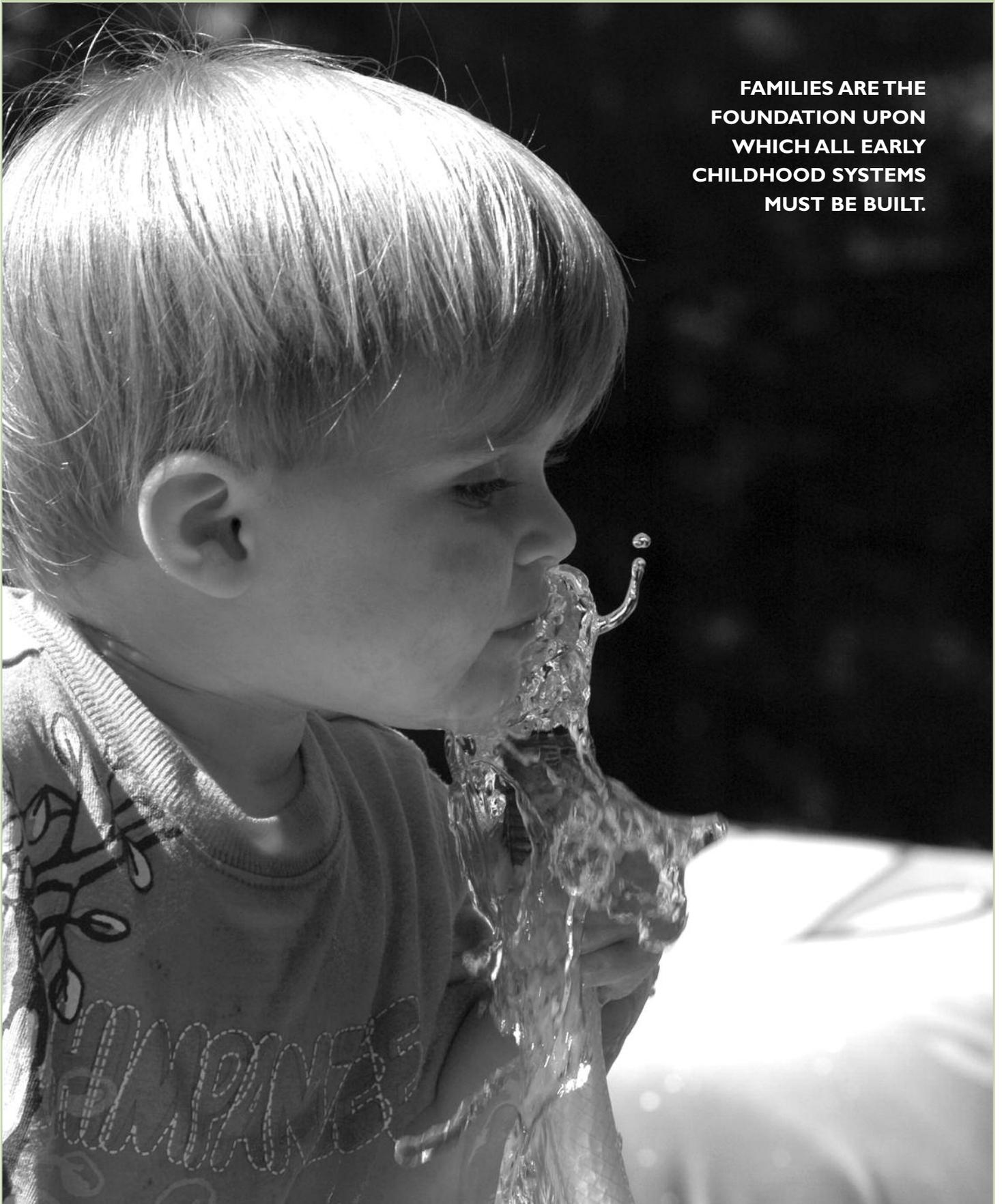
Health Insurance: Maine's percentage of uninsured children under the 5 years old is 4%, well below the national average of 8%.

85,023 OR 30% OF MAINE'S CHILDREN ARE FIVE YEARS OLD OR YOUNGER

SOURCE: MAINE CENTER FOR DISEASE CONTROL (CDC), OFFICE OF DATA, RESEARCH AND VITAL STATISTICS, 2007

READY *Families*

**FAMILIES ARE THE
FOUNDATION UPON
WHICH ALL EARLY
CHILDHOOD SYSTEMS
MUST BE BUILT.**



FAMILY ECONOMIC SUPPORTS

Maine has a number of policies and programs intended to provide economic stability and support for families with young children. Investments in early childhood are only effective when comprehensive and adequately funded. Children exposed to extreme poverty are more likely to have developmental delays than children in a higher economic status. When families are provided with the supports to ensure children’s basic needs such as food, clothing and shelter, the risks for developmental delays are decreased.

STATE TAX CREDITS

Earned Income Tax Credit: Maine’s Earned Income Tax Credit (EITC), provides a credit of up to 5% of the federal EITC. This tax credit is not refundable.

Dependent Care Tax Credit: Maine’s dependent care state tax credit equals 25% of the federal credit for child and dependent care expenses. It doubles if the expenses are related to a child care provider at Step 4 of *Quality for ME*, Maine’s quality rating system for child care centers, family child care homes, and Head Start programs. This credit is refundable up to \$500.

Children 5 Years or Younger in Poverty: New England Comparisons

	Maine	Connecticut	Massachusetts	New Hampshire	Rhode Island	Vermont
2003	16%	13%	13%	8%	20%	17%
2004	26%	11%	12%	13%	23%	14%
2005	21%	14%	15%	13%	20%	17%
2006	24%	13%	14%	12%	17%	17%
2007	18%	13%	13%	10%	21%	15%
2008	20%	14%	13%	11%	17%	15%
2009	20%	15%	14%	13%	17%	19%

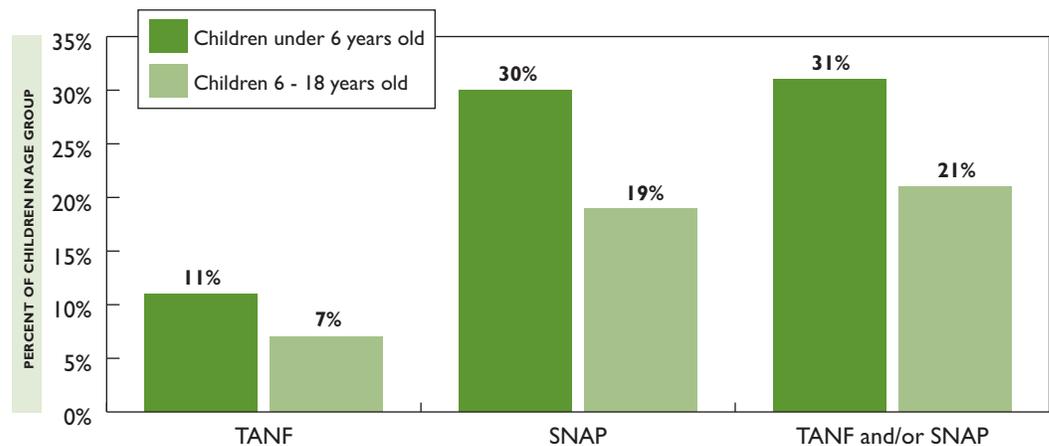
SOURCE, 2009 AMERICAN COMMUNITY SURVEY, TABLE B17001

ECONOMIC ASSISTANCE FOR LOW INCOME FAMILIES WITH CHILDREN 5 YEARS AND UNDER

A higher percentage of Maine children 5 years and younger benefit from family income supports as compared to children 6 – 18 years of age. There are numerous reasons for this, including: challenges in job retention due to frequent childhood illness for infants and toddlers, an inadequate supply of infant/toddler childcare, and lack of job opportunities. These family income supports help parents provide adequate nutrition, clothing and shelter for Maine’s youngest citizens. Policies that support the ability of parents and other community members to interact positively with children in stable and stimulating environments help create a sturdy foundation for later school achievement, economic productivity, and responsible citizenship.

Basic Need Supports	Eligibility	Number of Maine Children Age 5 Years and Under Enrolled
WOMEN, INFANTS & CHILDREN (WIC): A supplemental food program for families with children 5 years and younger.	Pregnant women and families with children 5 years and younger. INCOME ELIGIBILITY: up to 185% of federal poverty level.	31,397 (FY 2009)
MEDICAID/CHIP EXPANSION (MAINECARE)	INCOME ELIGIBILITY: up to 200% of federal poverty level (200% for pregnant women, children 18 and younger and their parents; 150% for individuals ages 19-20 years)	45,840 (FY 2009)
CHILD CARE DEVELOPMENT FUND (CCDF) Child Care Subsidy Parents must be working, in job training or in school	INCOME ELIGIBILITY: up to 250% of federal poverty level.	2,000 (FY 2009)
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)	INCOME ELIGIBILITY: 67% of federal poverty level for a family of three Max. monthly benefit for family of three: \$485/mo.	See chart below
SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP), formerly called Food Stamps	INCOME ELIGIBILITY: up to 130% of federal poverty level	See chart below

Children Receiving Benefits, December 2009



FAMILY SUPPORT IN TIME OF NEED

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

2009 Child Protective Services (CPS) Data

Total child welfare reports assigned for CPS assessment	6,178
Total number of children involved in CPS assessments (under 18 years of age)	12,171
Total number of children birth-4 years involved in cases assigned for assessments.	5,120
Percent of children birth-4 years involved in cases assigned for assessment.	42.1%

SOURCE: MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF CHILD & FAMILY SERVICES, CHILD PROTECTIVE SERVICES, ANNUAL REPORT ON CPS REFERRALS, 2009

Substantiated Child Abuse & Neglect Victims by Gender, 2009

	Sexual Abuse	Physical Abuse	Neglect	Emotional Abuse	Total
Male children ages 0-4	25	146	749	254	1,174
Female children ages 0-4	42	95	629	228	994
Total children ages 0-4	67	241	1,378	482	2,168

HOME VISITING SERVICES

Since 2000, Maine Department of Health and Human Services has provided universal home visiting for first time families with children aged prenatal through five years. These programs provide families with opportunities to increase their knowledge and competence in parenting and child development. Families at risk of isolation have opportunities for social connections. Recently rebranded as *Maine Families*, this program delivers services from twelve regional sites.

There are early childhood home visitation services in all sixteen counties. Most programs are designed for targeted populations such as first-time parents, families at or below the poverty line, and those whose children have health or risk factors. The programs that have a statewide reach are: Maine Families; Home-based Early Head Start and Head Start; Public Health Nursing; and Community Health Nursing. Home visitation services are also targeted for special populations in specific communities. These include: Maine Parent Federation's Parents as Teachers; Project Launch, Passages, the Parent Program in Sagadahoc and Healthy Kids in Lincoln County.

POLICY OPPORTUNITIES

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

- Revise tax and economic policies to enable families to have sufficient income to support their children (e.g., increase Maine's EITC and make it fully refundable, align state minimum wage with inflation or overall wage level, and increase TANF benefits).
- Encourage businesses to support family leave insurance policies that allow parents to have appropriate time off when welcoming a new child to the family, or when coping with a significant illness.
- Support and expand initiatives that enable families to invest in themselves and their children's development (i.e., Family Development Accounts, Parents as Scholars, and the Harold Alfond College Challenge)
- Continue Department of Health and Human Services efforts to improve the accessibility of applications online, as well as to simplify the eligibility determination and recertification process.
- Include high quality early childhood programs with evidence based curriculums and family strengths based philosophies in the array of services for children who are in state custody.

DATA GAPS

- The number of children in open protective and post protective child welfare cases who are also enrolled in high quality early childhood programs.
- The number of families with children birth to five eligible for EITC
- The number of families with children birth to five who accessed the EITC

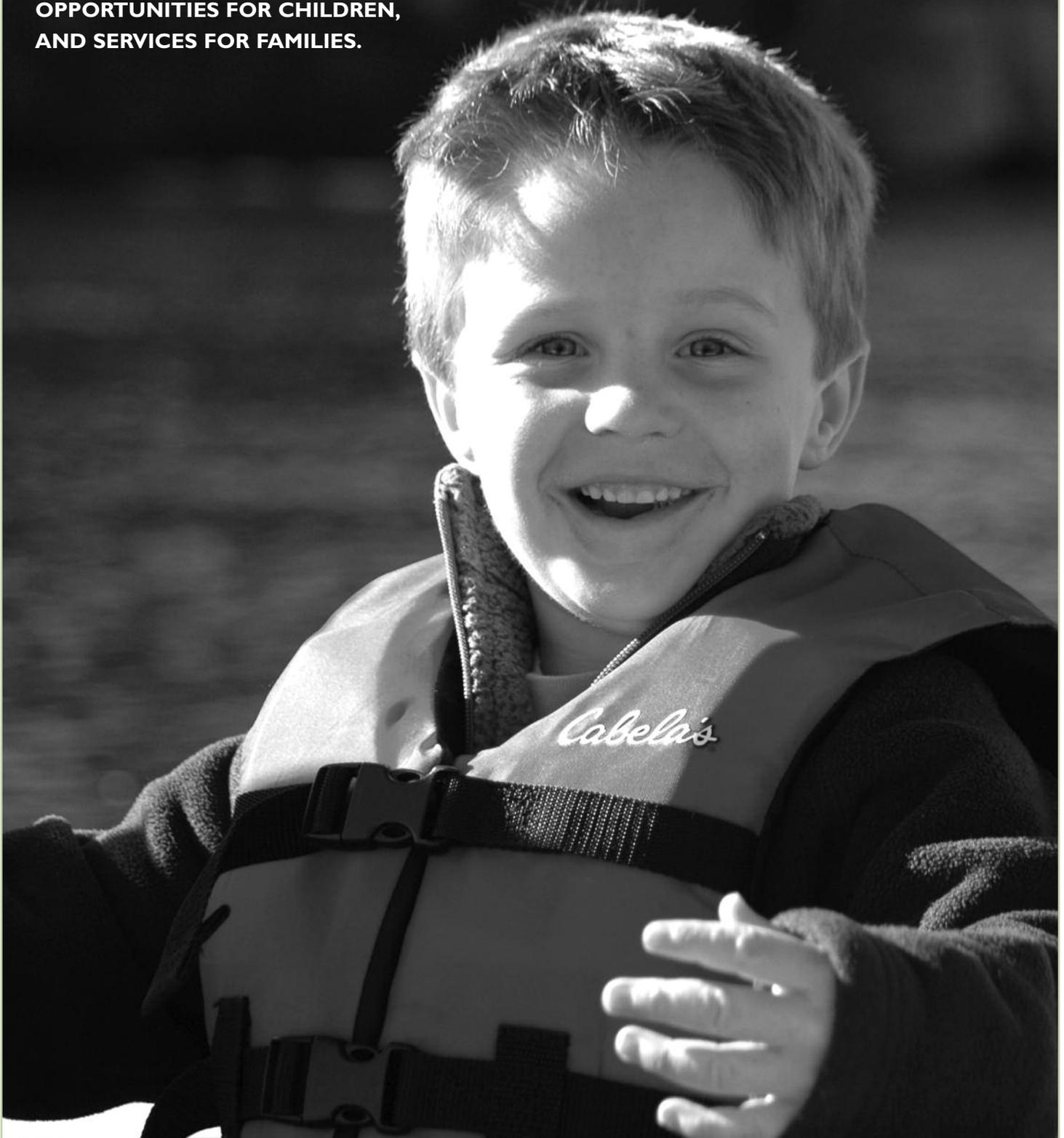
41% of parents in Maine received a home visit after their baby was born. (PRAMS 2008)

In 2009, *Maine Families* served 2,455 households across the state. With 64 Full Time Employed Home Visitors on staff in 2009, the average caseload was 38 families.

Federal health care reform provides new opportunities for integrating home visitation services and avoiding duplication of effort. In 2011, the leadership of the various home visiting programs across the state will work together to develop a comprehensive, fully integrated home visiting system for Maine.

READY *Communities*

**COMMUNITIES ARE VIBRANT
WHEN THEY PROVIDE SOCIAL
SUPPORT FOR PARENTS, LEARNING
OPPORTUNITIES FOR CHILDREN,
AND SERVICES FOR FAMILIES.**



HEALTH CARE ACCESSIBILITY AND SERVICE

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

Prenatal Care in the First Trimester	State Number	Percent
Live births for which prenatal care began in first trimester, 2007 (as % of live births)	12,295	87.1%
Low birth-weight infants, 2007 (as % of live births)	892	6.3%

3,352 OR 4% OF MAINE CHILDREN 5 YEARS AND YOUNGER DO NOT HAVE HEALTH INSURANCE

US CENSUS, CURRENT POPULATION SURVEY, 3-YEAR AVERAGE - DATA COLLECTED IN 2008 TO 2010

HEALTH CARE ACCESS

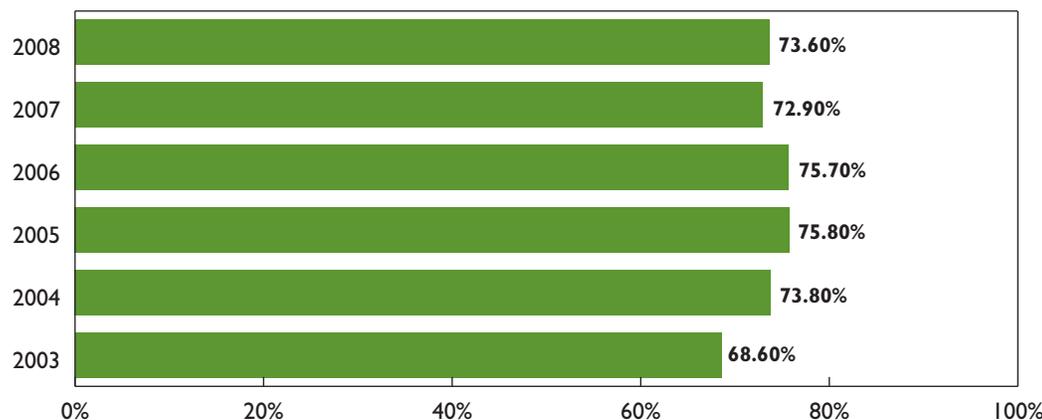
64% of young children in Maine have access to a medical home (NCHS, 2007). The American Academy of Pediatrics describes the medical home as a *model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective* (AAP, March 2007).

DENTAL CARE ACCESS

- 46.5% percent of Maine children ages 1 -5 years old have not received preventative dental visits (NCHS, 2007).
- 43.4% of dentists serving children birth to five years of age accept MaineCare (Maine Kids Count, 2009).

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

Percent of Fully Immunized 2-Year-Olds, 2003-2008

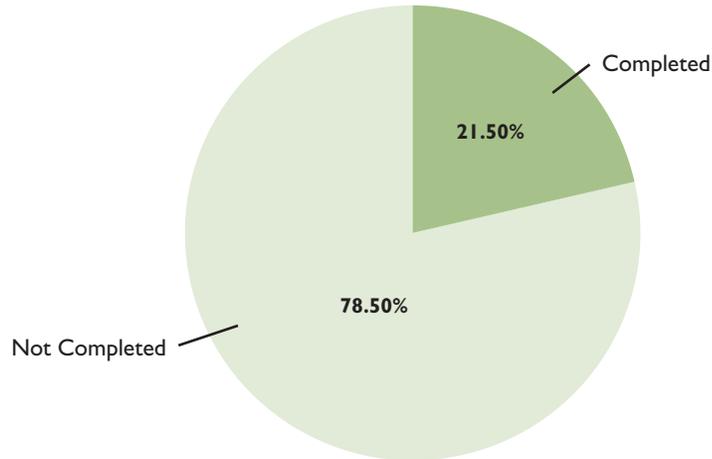


The natural protection against disease that infants receive from their mothers does not last beyond the first year of life. Young children are at risk for a number of diseases that can be serious, and even fatal. The diseases that vaccines fight such as polio, diphtheria, measles, and whooping cough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

EARLY DETECTION OF DEVELOPMENTAL AND BEHAVIORAL CHALLENGES

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

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



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

BUSINESS AND COMMUNITY ENGAGEMENT

In 2010, the Maine Children's Growth Council hosted webinars for early childhood stakeholders, providing information about public-private partnerships in other states. Lessons learned from Arizona, Minnesota, Nebraska, North Carolina, and Virginia were presented. These webinars are available online at www.maine.eccs.org/growth.html

A growing number of Maine business and philanthropy leaders recognize the benefits of investing in early care and education. They understand that investments in early childhood programs have high yields — increasing future productivity and labor force skills that attract employers and reducing health, crime and special education costs.

A series of recommendations for the structure and priorities of a formal public-private partnership for Maine were developed by the Children's Growth Council Finance Committee. The recommendations focused on the need for aligning the investment priorities and decisions with current efforts of state government, local funders and private philanthropists. The report from the finance committee to the full Children's Growth Council is posted on the MCGC website: www.maine-eccs.org/growth.html

POLICY OPPORTUNITIES

Communities are vibrant when they provide social support for parents, learning opportunities for children, and services for families in need. A strong foundation for future development is ensured when children have nurturing and responsive experiences both at home and in community settings.

HEALTHY COMMUNITIES

Maine's 124th Legislature passed a number of bills to improve child health outcomes. These efforts focused on requiring private insurances to support the screenings and services of children with developmental delay and disabilities; increasing access to immunizations; and including insurance coverage for children from birth in some dental plans.

Continued efforts to ensure that child health outcomes are viewed in the context of long term school readiness and adult well-being are essential. Further systemic improvements must:

- Require standardized behavioral and developmental screenings within the well-child mandates for all children.
- Include review of the current reimbursement rates for physicians in the required well-child visit schedule. Currently, rates do not allow separate reimbursement for developmental and behavioral screenings. This might be a contributing factor in why a high percentage of children do not receive these screenings.
- Include community service providers mandated to conduct child health screenings (e.g., home visiting programs and Early Head Start/Head Start) as eligible providers for conducting well child screenings, including vision, hearing, developmental and behavioral health.
- Require standardized screening tools for use by community programs and health care providers, recorded in a global electronic health records system, to create greater efficiency and reduce duplication of efforts.

BUSINESS AND COMMUNITY ENGAGEMENT

- Develop a statewide public-private partnership that makes investments to advance the Children's Growth Council's *Invest Early Plan* (available at: www.eccs.org).
- Revise current tax credits to business to make them more enticing.
- Revise the tax credit for private donors to include contributions to a statewide public-private partnership fund.

QUALITY TAX CREDIT FOR PROVIDERS AND PRIVATE DONORS:

Individual providers who spend \$10,000 or more for expenses that significantly improve the quality of care within one year are able to take a \$1,000 tax credit for the next 10 years and a \$10,000 credit at the end of 10 years. Corporations, financial institutions, partnerships, LLCs, S-corporations, estates and trusts receive a tax credit of 30% for funding up to \$30,000.

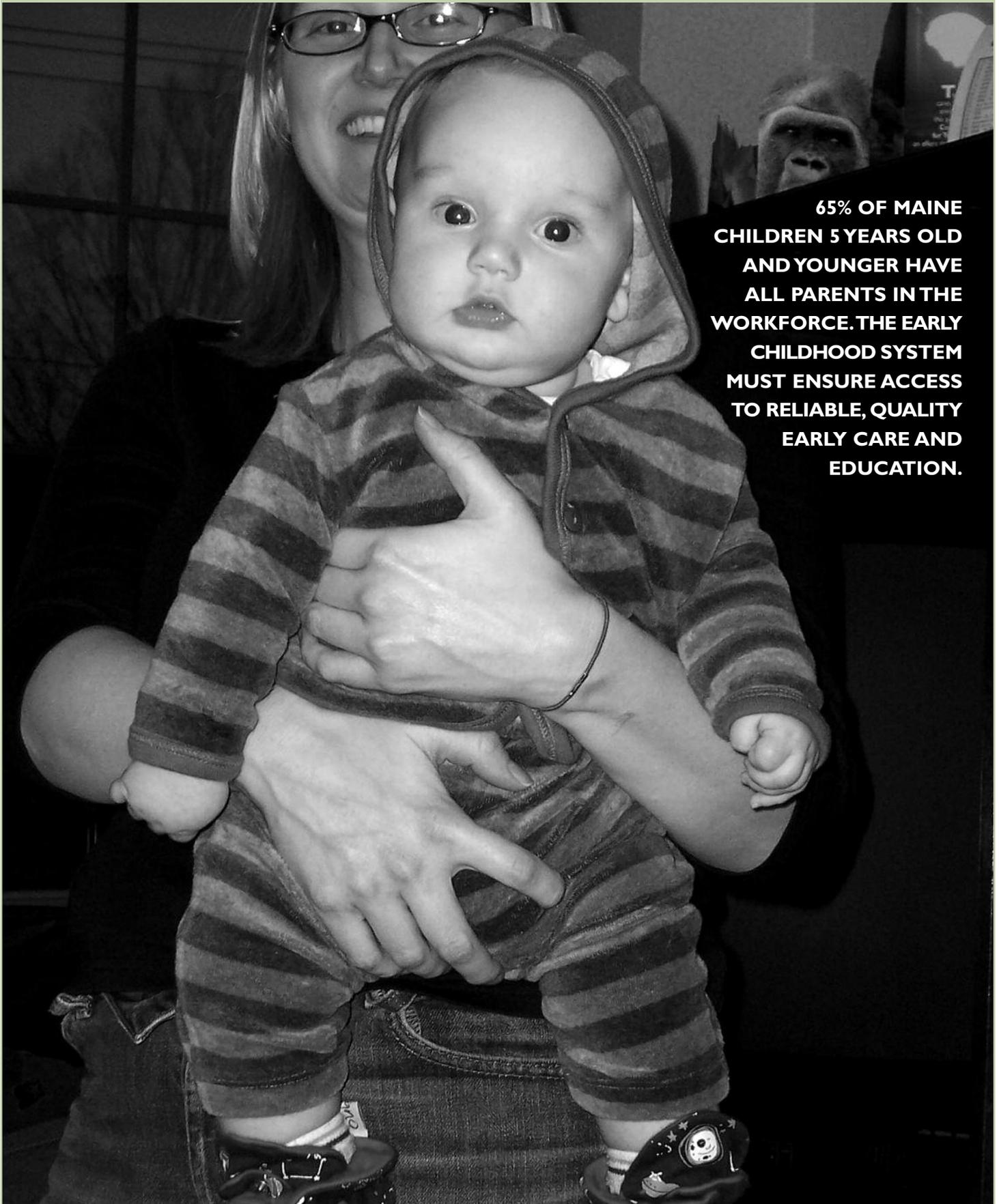
– 36 M.R.S.A. § 5219-Q

QUALITY TAX CREDIT FOR EMPLOYERS:

An employer is allowed a credit against costs incurred for day care services provided to employees. The credit is equal to the lowest of: (1) \$5,000, (2) 20% of the cost of the day care services provided, or (3) \$100 for each child of an employee of the taxpayer enrolled in the day care service. The credit doubles in amount if the day care service is considered quality child care service.

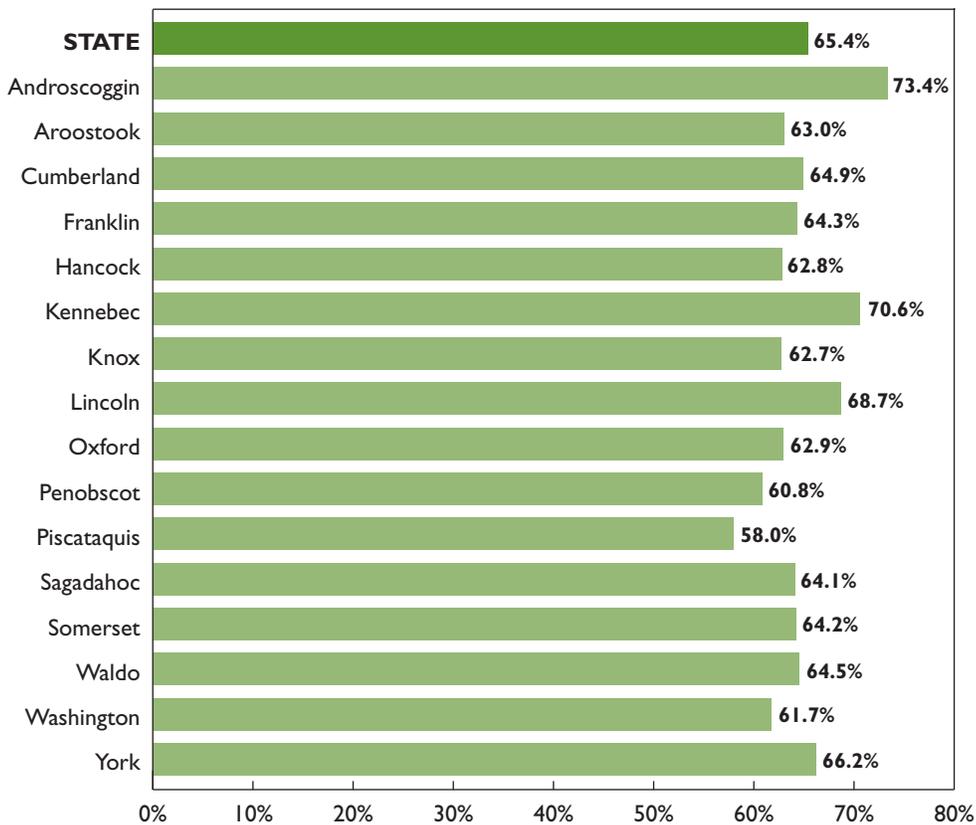
– 36 M.R.S.A. § 5217

READY *Early Care and Education*



65% OF MAINE CHILDREN 5 YEARS OLD AND YOUNGER HAVE ALL PARENTS IN THE WORKFORCE. THE EARLY CHILDHOOD SYSTEM MUST ENSURE ACCESS TO RELIABLE, QUALITY EARLY CARE AND EDUCATION.

Maine Children 5 Years and Younger With All Parents in the Workforce

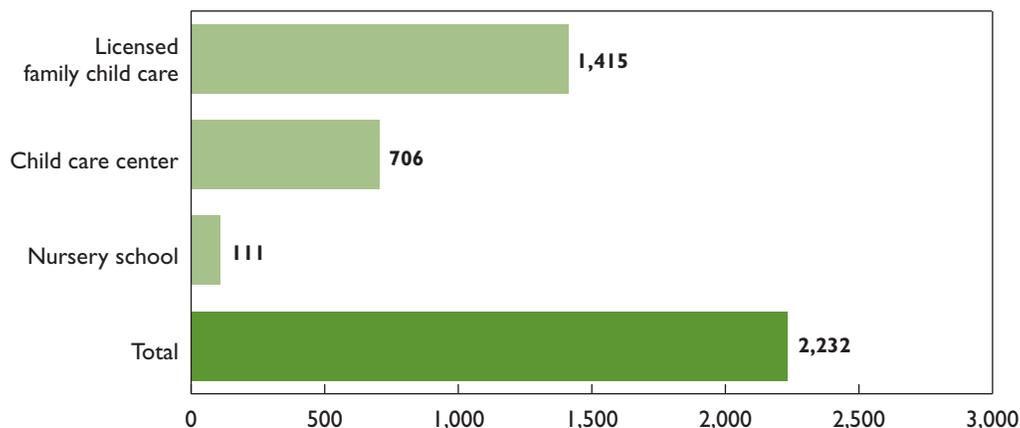


54,286 or 65% of children 5 years old and younger have all parents in the workforce.

ACCESS

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

Licensed Early Care and Education Programs



The reasons families choose FFN child care are varied. Many families feel that child care provided by relatives offers a level of trust and flexibility not found in formal child care settings. This is particularly true for families with infants and toddlers and for parents who must work evening and/or weekend hours. (Kim & Fram 2009). For some children with special needs, licensed child care sites are not equipped to meet their needs, and a one-to-one situation is the most appropriate. Other families may choose FFN because of a shortage of formal child care in a given community, especially in rural areas.

Family, Friend & Neighbor Care (FFN): Maine’s child care system includes informal childcare, or legal, unregulated care. A caregiver responsible for no more than 2 unrelated children can accept child care subsidy payments from Department of Health and Human Services. FFN care represents 13.5% of the total child care purchased with public funding.

There are 211 FFN providers enrolled in Care for ME, a statewide referral service to help families find FFN providers in their community. In addition to helping parents find care, this program offers supports and training to FFN providers. This service is available to families without regard for income. These efforts are supported by federal funds specifically earmarked to influence quality across the child care continuum.

More information on Family, Friend and Neighbor Care in Maine can be found at the Maine Children’s Alliance website: www.mekids.org

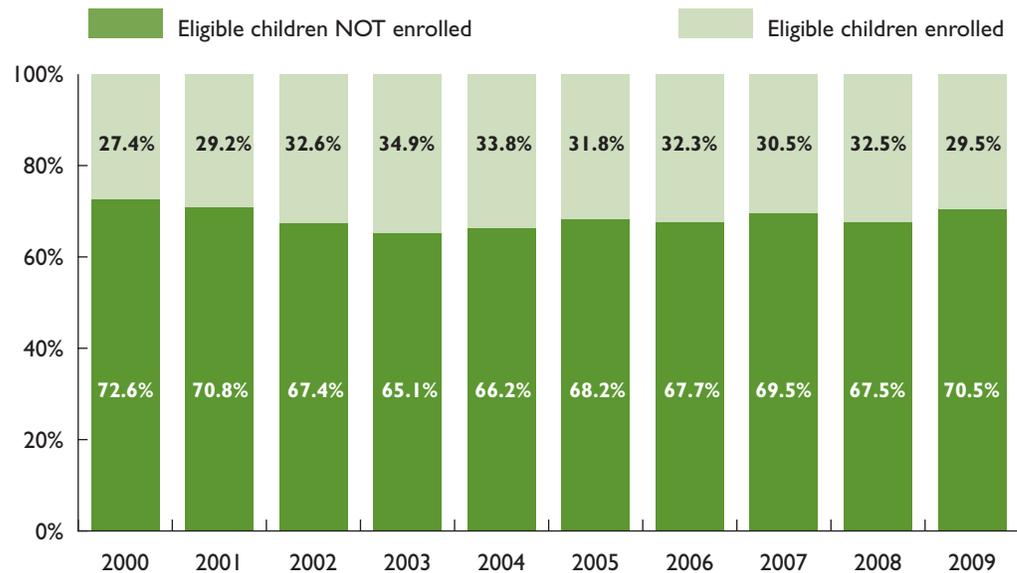
HEAD START AND EARLY HEAD START

Head Start provides early care and education, as well as health, nutrition, mental health, social and family support to low-income families with children from prenatal to five years old. Head Start services are provided in a variety of ways including home visiting, center based programming or in partnership with public schools or other local community providers.

Head Start and Early Head Start Enrollment, 2008-09

Early Head Start	+	Head Start	=	TOTAL
772	+	2,989	=	3,761

Head Start Enrollment



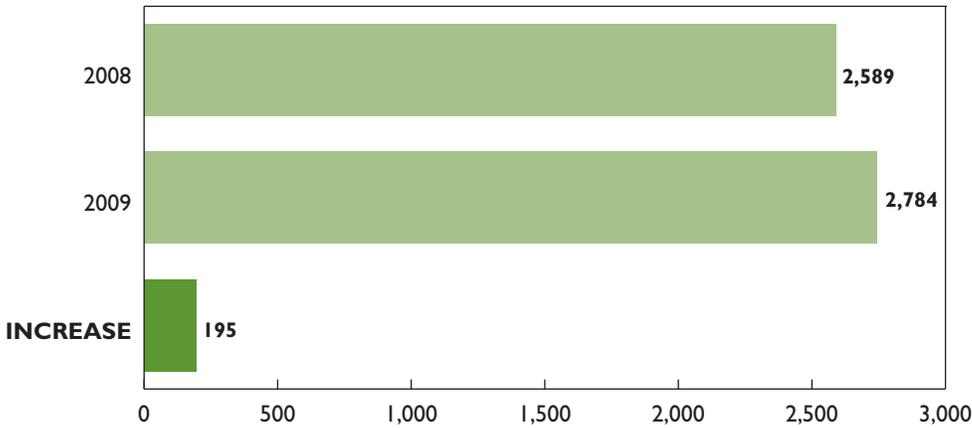
The 2009 American Recovery and Reinvestment Act (ARRA) provided much-needed funds that have maintained Head Start programs and avoided significant program cuts. ARRA also supported three new Early Head Start programs in Maine. However this funding was not sufficient to stem the full loss of other federal funding. Continuation of the ARRA funds is essential to prevent any further reduction of service.

Maine currently has the capacity to serve only an estimated 29.5% of the children who are income eligible for Head Start (Maine KIDS COUNT, 2009).

PUBLIC PRE-KINDERGARTEN (PRE-K)

The number of public pre-K classrooms increased significantly in the 2009-2010 school year compared to the previous year. This increase is, in large part, the result of increased federal Title I funding in ARRA. The funding for these new classrooms for future years will be part of the state school funding formula.

Public pre-K Student Enrollment Comparisons



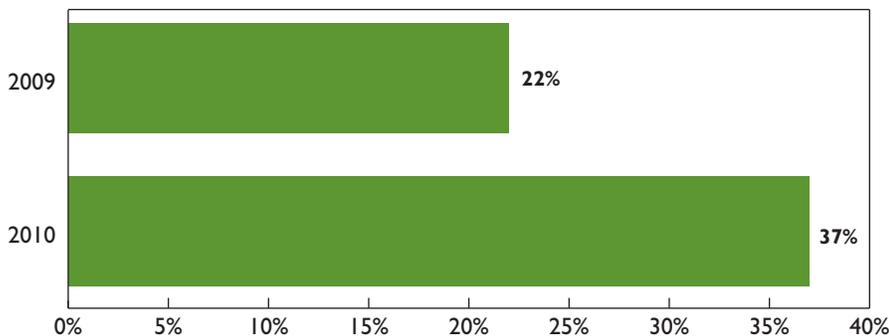
- 2,784 children enrolled in public pre-K classrooms (2008-09)
- 121 elementary schools in Maine provide public pre-K

QUALITY

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

In just one year, the QRS participation rate has increased by 15%. The reasons for this increased participation rate are a combination of policies and financial incentives for enrolling and advancing in the QRS. Providers who accept child care subsidies are required to participate in the QRS. In addition to the standard reimbursement rate for child care subsidy, the early Childhood Division of Maine Department of Health and Human Services provides an additional quality payment based on the QRS standing of providers in Step 2 – 4.

Providers in QRS Statewide



The National Institute of Early Education Research (NIEER) has established a listing of quality standards for public pre-K programs.

NIEER QUALITY STANDARDS CHECKLIST

- ✓ = Maine Meets Criteria
- ✗ = Maine Does Not Meet Criteria
(Must be embedded in state statute)
- ✓ Establishment and use of early learning standards
- ✓ Requirement of teacher credential
- ✓ Specialized early childhood training for teachers
- ✓ Assistant teacher qualifications
- ✓ In service training requirements
- ✗ Maximum class size (20 or lower)
- ✗ Maximum staff to child ratio (1:10 or better)
- ✗ Requirements for screening, referral and support services (vision, hearing, health; and at least 1 support service)
- ✗ Provision of meals (at least one per day)
- ✗ Existence of a monitoring program to demonstrate programs are following established standards

School Administrative Units apply for approval from Maine's Department of Education for new public pre-K programs. Requirements for teacher credentials, implementation of Maine's Early Learning Guidelines, and efforts towards community collaboration are part of the approval process. Quality standards for group size limits and teacher to child ratio for public preschool programs are not specified in the Basic School Approval Rules (MRSA Chapter 125). However, schools are referred to quality standards established by the National Institute for Early Education Research and the National Association for the Education of Young Children (NAEYC). Quality standards for public pre-school programs in Maine have been drafted with broad statewide input and are ready for inclusion in Chapter 125, Basic School Approval, pending revision.

QUALITY FOR ME

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

STEP 1 - This program is in good standing with child care licensing and all staff members have enrolled in the Child Care Provider Registry managed by Maine Roads to Quality..

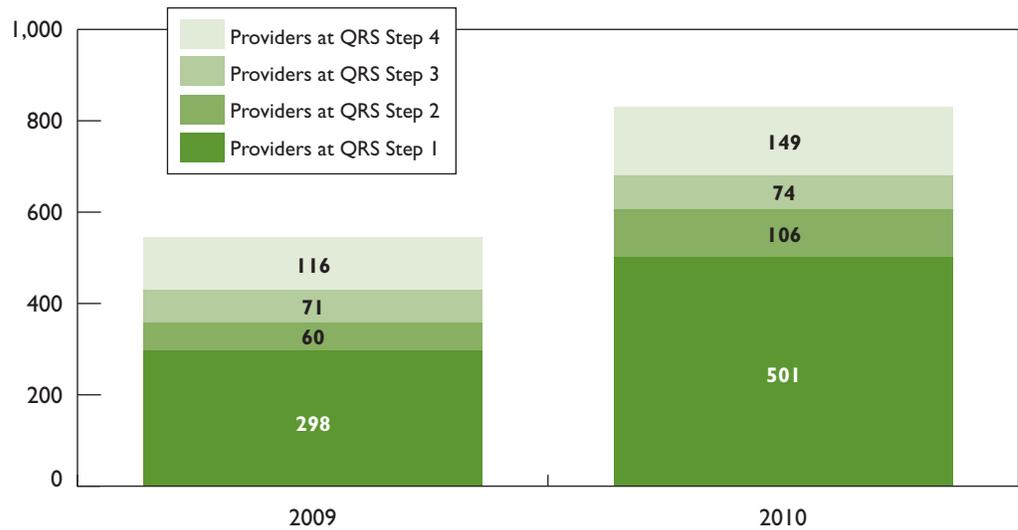
STEP 2 - This program has some policies, procedures, and staff qualifications that are above and beyond those required by child care licensing.

STEP 3 - This program has several policies, procedures, and staff qualifications above and beyond those required by licensing. These include: parent conferences, staff evaluations, and written daily communications for infants and toddlers.

STEP 4 - This program has received Maine's highest quality rating. This program has been accredited by a national organization, has staff with a high level of experience and education in early childhood education, and actively utilizes Maine's Early Learning Guidelines and/or Infant Toddler guidelines.

Some of these incentives are funded with federal stimulus resources. Finding ways to continue these supports will be essential. While the provider participation increase is encouraging, the highest number of providers still remains at Step 1, the level that meets only basic licensing standards.

Providers by QRS Steps



POLICY OPPORTUNITIES

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

- Implement a statewide assessment to compare actual child care need to availability of slots.
- Retain current state funding levels for Head Start and Early Head Start.
- Continue efforts toward implementation of the nine recommendations from "Supporting Family, Friend and Neighbor Care: A Strategic Plan for Maine," a report provided by the National Technical Assistance Program of Zero to Three. This report can be accessed at <http://www.maine.gov/dhhs/ocfs/ec/occhs/ffn-report.pdf>
- Continue and expand efforts to provide incentives and supports for licensed early care and education providers to participate and advance in *Quality for ME*.
- Assure the program quality standards developed by Maine's Department of Education are supported and implemented for public pre-K.
- Continue efforts to build collaboration between public pre-K programs and community providers.

DATA GAPS

- The number of children expelled from early care and education programs for behavioral concerns
- The number of licensed child care slots by age group

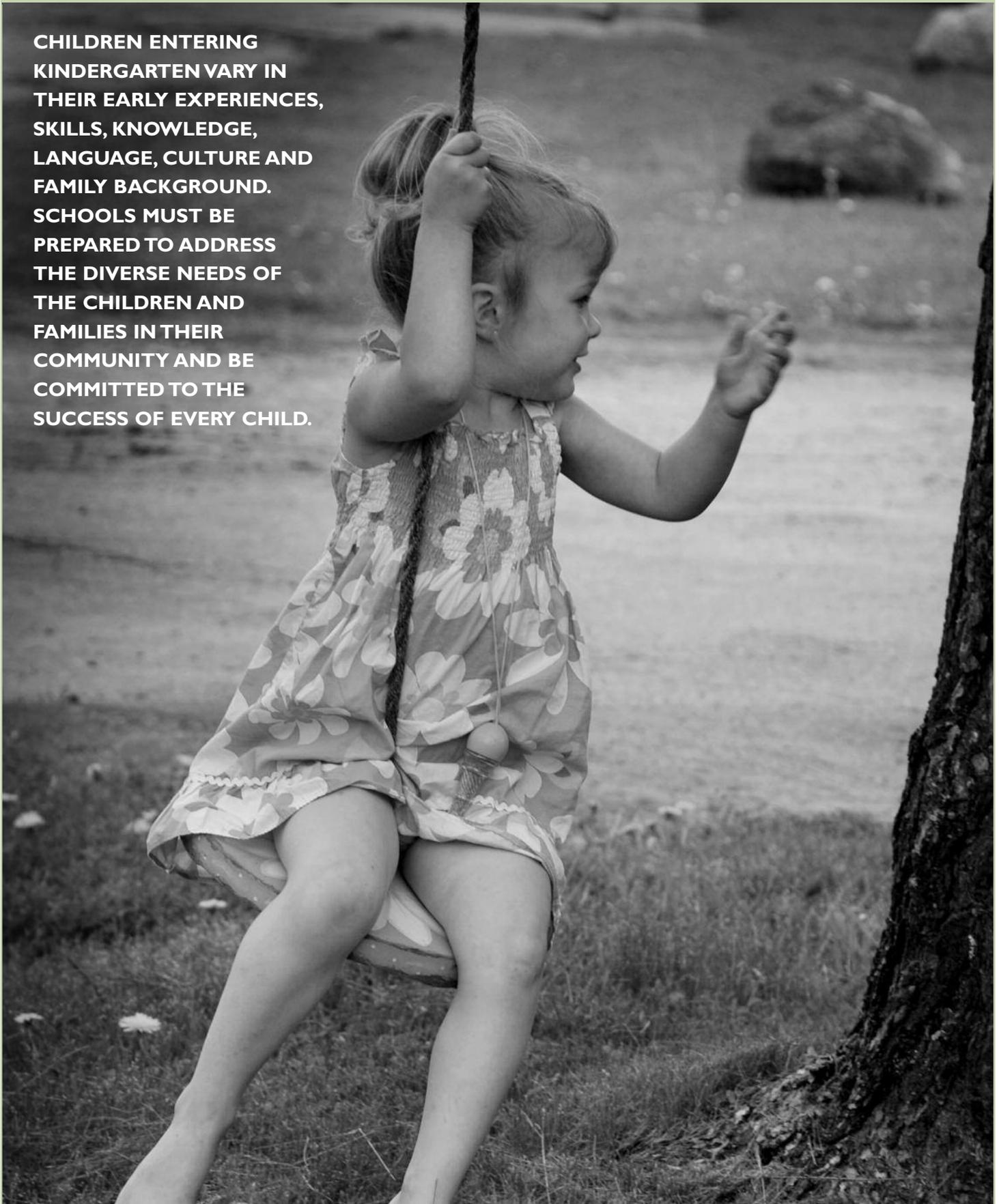
Cognition and character drive education and life success, with the character development often times being the most important factor. The deterministic factors of genetic, parental and environmental resources can be overcome through investments in quality early childhood education that provide children and their parents with the resources they need to properly develop the cognitive and character package that drives productivity.

– James Heckman, "Testimony to the National Commission on Fiscal Responsibility and Budget Reform."
June 30, 2010



READY *Schools*

CHILDREN ENTERING KINDERGARTEN VARY IN THEIR EARLY EXPERIENCES, SKILLS, KNOWLEDGE, LANGUAGE, CULTURE AND FAMILY BACKGROUND. SCHOOLS MUST BE PREPARED TO ADDRESS THE DIVERSE NEEDS OF THE CHILDREN AND FAMILIES IN THEIR COMMUNITY AND BE COMMITTED TO THE SUCCESS OF EVERY CHILD.



IN 2009-10, 13,778 CHILDREN ENTERED KINDERGARTEN

CHILDREN WITH SPECIAL NEEDS

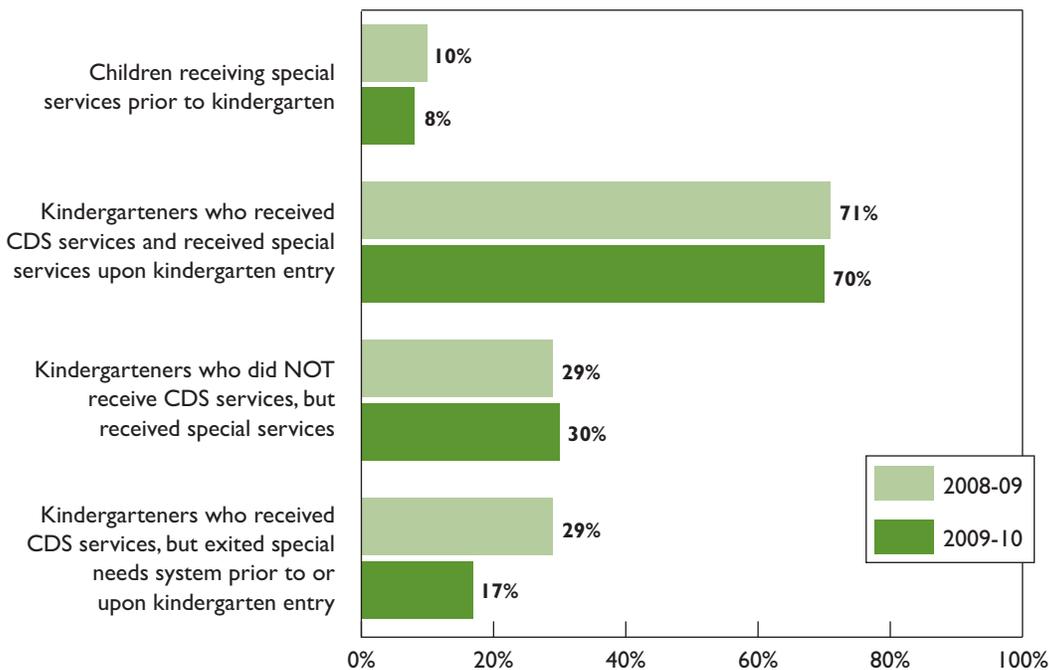
Early identification of developmental delays and access to the appropriate therapies is a key element of any successful early childhood system. Assuring that schools are well prepared for the students entering kindergarten requires access to good information about each individual child and family.

In 2009, 1,411 school-age children exited Child Development Services prior to the start of the 2009-10 school year.

- 309 (21.9%) of the school age children exiting CDS services were determined to no longer need special services and entered into regular education.
- 1085 (76.9%) received special education services upon kindergarten entry.
- 17 (1.2%) children exited CDS services with status unknown.

Of these school-age children exiting CDS services, 1,166 (82.6%) enrolled in Maine public schools.

Kindergarten-Eligible Children with Special Needs



NOTE: Due to a change in the reporting of children exiting CDS services, the figures for 2008-09 have been revised since being published in the 2009 School Readiness Report.

SOURCE: MAINE DEPARTMENT OF EDUCATION, OFFICE OF SPECIAL SERVICES

Of all the kindergarten children who entered public school in 2009-10, 8.4% received CDS services prior to enrollment. Of the 1,651 kindergarteners receiving special services in 2009-10, 30.0% were newly identified as needing services.

Child Development Services (CDS) is under the supervision of the Maine Department of Education. CDS provides early intervention and special education services to children birth to 5 years old.

CDS consists of nine regional sites, a state office and a state level Advisory Committee, comprised of one member from each regional site.

Each CDS site has a Board of Directors, separate from the local public school. The State CDS Office maintains a central data management system, system-wide policies and procedures, and provides centralized fiscal services for the local sites.

POLICY CONSIDERATIONS

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

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

DATA GAPS

Maine has just begun a longitudinal data pilot that includes all Early Head Start, Head Start, and public pre-K programs. This opportunity to develop child outcome data that can be used to improve the effectiveness of the early childhood system is significant. Maine must strive to follow in the data system models of Pennsylvania, North Carolina and Maryland. These states have all successfully designed longitudinal data systems that include all early childhood programs.

- The percent of kindergarteners who demonstrate developmentally appropriate skills and behaviors
- The percent of kindergarteners who can establish and maintain positive relationships with peers and adults
- The percent of kindergarteners who can participate in group learning activities, participating actively, talking, taking turns, following directions and working cooperatively

SUMMARY

Families, schools and communities must provide the environments and experiences necessary for the healthy development of young children. Maine's future prosperity and quality of life are important to all of us. Our state's economic success is linked to a productive workforce and secure, welcoming communities. What is not widely understood, however, is how much Maine's economy is influenced by the health and development of our youngest children, the workforce and taxpayers of tomorrow.

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

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

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

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

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

County Profiles



MAINE		ANDROSCOGGIN		AROOSTOOK	
State Number		County Number	Percent of Total	County Number	Percent of Total
READY FAMILIES					
85,023	Total number of children under 6 years in Maine, 2007	7,967	9.4%	4,138	4.9%
26,665	Children birth-age 5 receiving TANF & SNAP, December 2009	3,263	12.2%	1,717	6.4%
9,073	Children birth-age 5 receiving TANF, December 2009	1,522	16.8%	602	6.6%
25,589	Children birth-age 5 receiving SNAP, December 2009	3,098	12.1%	1,653	6.5%
2,455	Number of families served in Maine Families home visiting program, 2009	261	10.6%	163	6.6%
54,296	Children 5 years and younger with all parents in family working, 2000 (as % of children under 6)	5,149	73.4%	2,766	63.0%
READY COMMUNITIES					
475	Dentists that serve birth-age 5 children (General Practice & Pedodontics), 2006	36	7.6%	18	3.8%
206	Dentists available for birth-age 5 children who accept Mainecare (General Practice), 2006	7	3.4%	15	7.3%
851	Number of pediatricians, family practitioners and general practitioners, 2004	67	7.9%	45	5.3%
45,840	Children under 6 enrolled in MaineCare, 2009 (as % of children under age 6)	5,122	64.3%	2,878	69.6%
12,295	Live births for which prenatal care began in first trimester, 2007 (as % of live births)	1,265	10.3%	644	5.2%
892	Low birth-weight infants, 2007 (as % of live births)	89	10.0%	31	3.5%
READY EARLY CARE AND EDUCATION					
1,415	Licensed family child care (as % of total licensed providers)	170	73.0%	90	74.4%
706	Licensed center-based child care (as % of total licensed providers)	57	24.5%	29	24.0%
111	Licensed nursery school (as % of total licensed providers)	6	2.6%	2	1.7%
2,232	TOTAL LICENSED PROVIDERS	233	100.0%	121	100.0%
	Family, friend and neighbor care providers in Care for ME Registry				
2,784	Number of public pre-K students, SY 2008-09 (as % of children age 4)	194	14.8%	624	86.2%
121	Number of schools providing public pre-K, SY 2008-09	6	3.1%	26	13.4%
149	Quality for ME: Step 4, percent of providers enrolled (as % of total enrolled in QRS)	16	17.2%	6	13.6%
74	Quality for ME: Step 3, percent of providers enrolled (as % of total enrolled in QRS)	8	8.6%	3	6.8%
106	Quality for ME: Step 2, percent of providers enrolled (as % of total enrolled in QRS)	9	9.7%	6	13.6%
501	Quality for ME: Step 1, percent of providers enrolled (as % of total enrolled in QRS)	60	64.5%	29	65.9%
830	TOTAL ENROLLED IN QRS (as % of total licensed providers)	93	39.9%	44	36.4%
13,778	Children enrolled in kindergarten, 2009-10	1,239	9.0%	717	5.2%



CUMBERLAND

FRANKLIN

HANCOCK

KENNEBEC

KNOX

LINCOLN

County Number	Percent of Total										
18,555	21.8%	1,698	2.0%	3,177	3.7%	7,557	8.9%	2,486	2.9%	1,912	2.2%
4,247	15.9%	713	2.7%	744	2.8%	2,638	9.9%	746	2.8%	518	1.9%
1,567	17.3%	251	2.8%	171	1.9%	926	10.2%	238	2.6%	143	1.6%
4,084	16.0%	692	2.7%	726	2.8%	2,527	9.9%	714	2.8%	508	2.0%
331	13.5%	129	5.3%	176	7.2%	290	11.8%	81	3.3%	36	1.5%
11,814	64.9%	1,133	64.3%	1,816	62.8%	5,280	70.6%	1,540	62.7%	1,303	68.7%
135	28.4%	8	1.7%	20	4.2%	50	10.5%	23	4.8%	12	2.5%
39	18.9%	5	2.4%	14	6.8%	28	13.6%	11	5.3%	4	1.9%
214	25.1%	22	2.6%	44	5.2%	92	10.8%	21	2.5%	28	3.3%
6,998	37.7%	1,203	70.8%	1,648	51.9%	4,370	57.8%	1,405	56.5%	1,024	53.6%
2,662	21.7%	266	2.2%	464	3.8%	1,078	8.8%	382	3.1%	280	2.3%
191	21.4%	26	2.9%	34	3.8%	81	9.1%	23	2.6%	16	1.8%
261	55.1%	49	70.0%	49	60.5%	169	69.8%	35	60.3%	28	56.0%
179	37.8%	17	24.3%	29	35.8%	60	24.8%	19	32.8%	20	40.0%
34	7.2%	4	5.7%	3	3.7%	13	5.4%	4	6.9%	2	4.0%
474	100.0%	70	100.0%	81	100.0%	242	100.0%	58	100.0%	50	100.0%
106	3.4%	27	10.3%	61	11.9%	428	34.0%	-	0.0%	-	0.0%
7	3.6%	1	0.5%	6	3.1%	15	7.7%	-	-	-	-
29	18.8%	8	28.6%	7	22.6%	18	19.6%	5	17.2%	5	20.8%
11	7.1%	4	14.3%	-	0.0%	10	10.9%	3	10.3%	-	0.0%
20	13.0%	6	21.4%	2	6.5%	13	14.1%	3	10.3%	1	4.2%
94	61.0%	10	35.7%	22	71.0%	51	55.4%	18	62.1%	18	75.0%
154	32.5%	28	40.0%	31	38.3%	92	38.0%	29	50.0%	24	48.0%
2,941	21.3%	298	2.2%	533	3.9%	1,211	8.8%	382	2.8%	288	2.1%

County Profiles, continued...



OXFORD

PENOBSCOT

MAINE		County Number	Percent of Total	County Number	Percent of Total
State Number					
READY FAMILIES					
85,023	Total number of children under 6 years in Maine, 2007	3,499	4.1%	9,634	11.3%
26,665	Children birth-age 5 receiving TANF & SNAP, December 2009	1,463	5.5%	3,216	12.1%
9,073	Children birth-age 5 receiving TANF, December 2009	508	5.6%	1,001	11.0%
25,589	Children birth-age 5 receiving SNAP, December 2009	1,416	5.5%	3,076	12.0%
2,455	Number of families served in Maine Families home visiting program, 2009	152	6.2%	205	8.4%
54,296	Children 5 years and younger with all parents in family working, 2000 (as % of children under 6)	2,159	62.9%	5,299	60.8%
READY COMMUNITIES					
475	Dentists that serve birth-age 5 children (General Practice & Pedontics), 2006	14	2.9%	57	12.0%
206	Dentists available for birth-age 5 children who accept Mainecare (General Practice), 2006	7	3.4%	26	12.6%
851	Number of pediatricians, family practitioners and general practitioners, 2004	24	2.8%	98	
45,840	Children under 6 enrolled in MaineCare, 2009 (as % of children under age 6)	2,396	68.5%	5,607	58.2%
12,295	Live births for which prenatal care began in first trimester, 2007 (as % of live births)	491	4.0%	1,373	11.2%
892	Low birth-weight infants, 2007 (as % of live births)	32	3.6%	114	12.8%
READY EARLY CARE AND EDUCATION					
1,415	Licensed family child care (as % of total licensed providers)	41	48.8%	130	64.7%
706	Licensed center-based child care (as % of total licensed providers)	39	46.4%	63	31.3%
111	Licensed nursery school (as % of total licensed providers)	4	4.8%	8	4.0%
2,232	TOTAL LICENSED PROVIDERS	84	100.0%	201	100.0%
	Family, friend and neighbor care providers in Care for ME Registry				
2,784	Number of public pre-K students, SY 2008-09 (as % of children age 4)	86	15.3%	505	32.1%
121	Number of schools providing public pre-K, SY 2008-09	3	1.5%	20	10.3%
149	Quality for ME: Step 4, percent of providers enrolled (as % of total enrolled in QRS)	6	14.6%	10	13.9%
74	Quality for ME: Step 3, percent of providers enrolled (as % of total enrolled in QRS)	7	17.1%	5	6.9%
106	Quality for ME: Step 2, percent of providers enrolled (as % of total enrolled in QRS)	7	17.1%	10	13.9%
501	Quality for ME: Step 1, percent of providers enrolled (as % of total enrolled in QRS)	21	51.2%	47	65.3%
830	TOTAL ENROLLED IN QRS (as % of total licensed providers)	41	48.8%	72	35.8%
13,778	Children enrolled in kindergarten, 2009-10	661	4.8%	1,549	11.2%



PISCATAQUIS

SAGADAHOC

SOMERSET

WALDO

WASHINGTON

YORK

County Number	Percent of Total										
988	1.2%	2,557	3.0%	3,358	3.9%	2,447	2.9%	2,049	2.4%	13,001	15.3%
428	1.6%	589	2.2%	1,476	5.5%	852	3.2%	919	3.4%	3,130	11.7%
120	1.3%	170	1.9%	491	5.4%	265	2.9%	232	2.6%	864	9.5%
400	1.6%	569	2.2%	1,415	5.5%	814	3.2%	888	3.5%	3,009	11.8%
21	0.9%	70	2.9%	139	5.7%	124	5.1%	126	5.1%	151	6.2%
581	58.0%	1,665	64.1%	2,232	64.2%	1,591	64.5%	1,248	61.7%	8,710	66.2%
7	1.5%	14	2.9%	12	2.5%	9	1.9%	10	2.1%	50	10.5%
5	2.4%	6	2.9%	3	1.5%	6	2.9%	8	3.9%	22	10.7%
13		6		30		21		20		106	
667	67.5%	1,051	41.1%	2,206	65.7%	1,463	59.8%	1,553	75.8%	5,277	40.6%
137	1.1%	372	3.0%	414	3.4%	355	2.9%	275	2.2%	1,837	14.9%
10	1.1%	27	3.0%	47	5.3%	28	3.1%	18	2.0%	125	14.0%
15	65.2%	43	56.6%	63	75.0%	45	69.2%	27	61.4%	200	61.3%
6	26.1%	32	42.1%	18	21.4%	19	29.2%	14	31.8%	105	32.2%
2	8.7%	1	1.3%	3	3.6%	1	1.5%	3	6.8%	21	6.4%
	100.0%	76	100.0%	84	100.0%	65	100.0%	44	100.0%	326	100.0%
21	11.4%	46	10.7%	242	41.8%	136	35.4%	178	49.4%	130	5.8%
2	1.0%	2	1.0%	7	3.6%	8	4.1%	16	8.2%	2	1.0%
1	9.1%	8	26.7%	14	36.8%	4	17.4%	4	14.8%	8	8.6%
-	0.0%	2	6.7%	7	18.4%	5	21.7%	7	25.9%	2	2.2%
1	9.1%	2	6.7%	2	5.3%	5	21.7%	4	14.8%	15	16.1%
9	81.8%	18	60.0%	15	39.5%	9	39.1%	12	44.4%	68	73.1%
11	47.8%	30	39.5%	38	45.2%	23	35.4%	27	61.4%	93	28.5%
198	1.4%	370	2.7%	511	3.7%	407	3.0%	365	2.6%	2,108	15.3%

DEFINITIONS AND SOURCES

READY FAMILIES

Number of children 5 years and younger: Population estimates for children 5 years and younger, 2007.

SOURCE: Maine Center for Disease Control, Office of Data, Research and Vital Statistics

State tax credits: Information was compiled from the Maine State Tax Expenditure Report, 2010-2011. This January 2009 report prepared for the Joint Standing Committee on Taxation of the Maine Revenue service.

SOURCE: Maine Revenue Service

2010 Federal Poverty Guidelines: The 2010 guidelines are a simplification of the poverty thresholds for use for administrative purposes, such as determining financial eligibility for certain federal programs.

SOURCE: U.S. Department of Health and Human Services, Office of the Assistant for Planning and Evaluation

New England Poverty Comparisons: The percent of children under age 6 who live in families with incomes below the federal poverty level. In 2009, which represents the current rate, the poverty threshold for a typical family of three was \$18,310 annually or \$1,526 monthly.

SOURCE: 2009 American Community Survey, Table B17001

Recipients of WIC benefits: The number of individuals receiving WIC (Women's, Infant's and Children's Supplemental Nutrition Program) benefits. WIC provides specific nutritious foods and nutrition education to low-income pregnant and breastfeeding women, infants, and children up to age five. Recipients must be at or below 185% of poverty and be at medical or nutritional risk. These data represent calendar year 2009.

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

Children participating in MaineCare: The number and percent of individual children ages 0-5 participating in MaineCare in state fiscal year (SFY) 2009 (July 1, 2008 – June 30, 2009). These data are reported 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: The statewide figure includes 972 children who were non-residents, who were out-of-state, or whose residence is unknown.

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

Children served through CCDF: The number of children served through the Child Care Development Fund child care subsidies (FFY) 2009 (October 1, 2008 – September 30, 2009).

SOURCE: Maine Department of Health and Human Services, Office of Child Care & Head Start and Office of Integrated Access & Support

Children receiving TANF: The number and percent of children ages 0-5 and 6 to 18 who were receiving Temporary Aid to Needy Families in December 2009. Note: 2009 state number includes 6 children whose county is unknown.

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

Children receiving SNAP: the number and percent of children ages 0-5 and 6-18, who were receiving benefits through the supplemental nutritional assistance program (formerly Food Stamp benefits) in December, 2009. Note: The state number includes 12 children whose county is unknown, who are not Maine residents, who are not in state.

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

Reports alleging child abuse and/or neglect: 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. These data represent calendar year 2009.

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

Substantiated child abuse and neglect victims: The number and rate of individual victims of child abuse and neglect ages 0-4 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). These data represent calendar years 2009.

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

Maine Parents receiving home visiting: The percentage of new parents who reported receiving a home visit after their baby was born. The data were collected in calendar year 2008.

Source: Maine Center for Disease Control, Office of Data, Research, and Vital Statistics, Pregnancy Assessment Monitoring System (PRAMS).

Children receiving home visiting services through Maine Families: The number of children served through the Maine Department of Health and Human Services' universal home visiting program for first time families and adolescent families. Caseload is determined by dividing the number of families served by the FTE of home visitors. The data represent calendar year 2009.

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

READY COMMUNITIES

Live births for which prenatal care began in the first trimester: 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 2007.

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

Low birth-weight infants: The number and percent of live births in which the newborn weighed less than 2500 grams, (5.5 pounds). These data represent calendar years 2007.

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

Children without health insurance: The estimated number and percent of children ages 0-5 who were not covered by any kind of public or private health insurance. These data are averaged over the three-year period from 2007-2009.

SOURCE: U.S. Census Bureau, Current Population Survey, -2010.

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

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

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

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

General Practice Dentists accepting MaineCare: The number of licensed, active general practice dentists serving children in Maine who accept MaineCare. These data represent calendar year 2006.

SOURCE: Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics, Maine Cooperative Health Manpower Resource Inventory, Dentists: 2006.

Immunizations of children: The estimated vaccination coverage of children ages 19-35 months with the 4:3:1:3:3:1 Series (4 doses of DTP (Diphtheria-Tetanus-Pertussis) vaccine, 3 doses of poliovirus vaccine, 1 dose of MMR (Measles-Mumps-Rubella) vaccine, 3 doses of Haemophilus influenzae type b (Hib) vaccine, 3 doses of hepatitis B vaccine, and 1 dose of varicella (Chickenpox) vaccine). These data represent calendar year 2008.

SOURCE: U.S. Centers for Disease Control and Prevention, National Immunization Survey, 2008.

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

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

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

SOURCE: U.S. Census Bureau, U.S. Census 2000.

Licensed child care: The total number of licensed family child care, nursery school and child care centers in the state, SFY 2010.

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

Family Friend And Neighbor Care: Legal, unregulated child care purchased by parents with child care development Fund (CCDF) vouchers or Temporary Assistance to Needy Families (TANF) child care benefits, SFY 2010.

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

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

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

Public Preschool Enrollment (PreK): The number of children enrolled in a four year old program offered through a school administrative unit during the 2008-09 school year. Children must be four years of age by October 15 of the entering school year in order to be eligible for a public preschool program.

SOURCE: Maine Department of Education, Four Year Old Program

Quality rating system (QRS): The quality rating system in Maine, Quality for Me, is a voluntary system for licensed child care providers to have their program quality assessed on a 4-step rating scale. The data represent providers enrolled in the QRS database in September, 2010.

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

READY SCHOOLS

Kindergarten Enrollment, 2009-10: The number of age eligible (born prior to October 15, 2004) children attending kindergarten or early kindergarten during the 2009-10 school year. These data represent 2009-10 school year.

SOURCE: Maine Department of Education.

School age children exiting Child Development Services (CDS): The number and percent of school age children who exited CDS services prior to the 2009-10 school year and received no special services in fall 2009, exited and received special services upon kindergarten entry in fall 2009, or exited and whose status was unknown in fall 2009. These data represent 2009-10 school year.

SOURCE: Maine Department of Education

Kindergarten Children with Special Needs: The number and percent of kindergarten children year who were identified with special needs during the 2009-10. Special needs were determined for the kindergarten population in accordance with the federal definitions and mandates for early intervention and public education. These data represent 2009-10 school year.

SOURCE: Maine Department of Education.

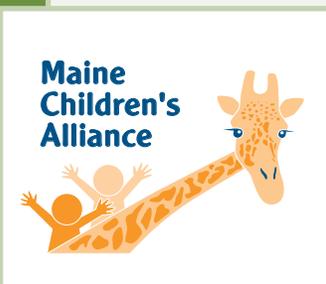


The Maine Children's Growth Council was created by state statute to achieve sustainable social and financial investment in the healthy development of Maine's young children and their families. The Council reviews and addresses recommendations from legislative studies, advisory committees and the Maine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

GROWTH COUNCIL MEMBERSHIP

- Alan Cobo-Lewis
- Ed Cervone
- Eloise Vitelli
- Heidi Hart
- Jan Clarkin
- Jim Clair
- Jonathon Leach
- Judy Reidt Parker
- Karen Heck
- Kathy Colfer
- Lori Freid Moses
- Nancy Brain
- Patti Woolley
- Penni Theriault
- Peter Lindsay
- Rosa Redonnet
- Steve Meister
- Sue Mackey Andrews
- Todd Brackett
- William Braun
- Sen. Peter Mills*
- Sen. Justin Alford*
- Rep. Seth Berry*
- Rep. Meredith Strang-Burgess*
- First Lady Karen Baldacci*
- Sara Forster*
- DOE Commissioner Angela Faherty*
- Department of Health and Human Services Commissioner Brenda Harvey*
- Sheryl Peavey, Staff

**Term ended 12/31/2010*



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

303 State Street • Augusta, Maine 04330 • (207) 623-1868 • FAX (207) 626-3302 • Mainekids@mekids.org