

2010

Maine

CHILDREN'S GROWTH COUNCIL

Report

SCHOOL READINESS



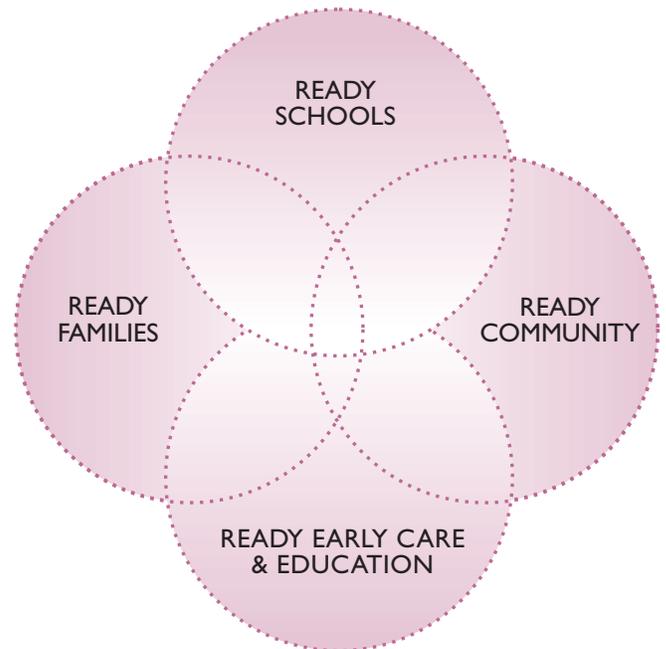
INTRODUCTION

In 2004, Maine participated in a multi-state initiative that developed a formula defining school readiness:

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

Equal attention must be paid to all areas of development as well as the influence of external factors. In this report, school readiness is approached from this systemic perspective, while incorporating the full scope of child development.

When a society invests wisely in children and families, the next generation will more than return that investment through a lifetime of productivity and responsible citizenship. Before we can chart the best course for our children's future, we must have an understanding of the strengths and challenges present for Maine's families and the systems designed to serve them. This report provides an overview of the state's early childhood system and highlights the strengths as well as some areas in which improvement is needed.



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This report was developed 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 15 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 MCA staff who provided support include: Dean Crocker, CEO & President; Ellie Goldberg, Vice President; Mary McPherson, Consulting Editor; Claire Berkowitz, Kids Count Project Director; Bonnie Colfer, Director of Finance and Administration; Tonia Stevens, Administrative Assistant.

Over the past year, the Maine Children's Alliance has worked with members of the Children's Growth Council, its Accountability Teams, and other community members to develop a baseline set of recommended indicators to provide an overview of the early childhood system in Maine. A data advisory group was formed from these larger groups to work out the finer details.

A special thanks to the members of this group for the time and effort they contributed to this project.

INDICATORS AT A GLANCE

MEASURES THAT NEED IMMEDIATE ATTENTION:

Poverty: Over the past 5 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.

Immunizations: The immunization rate for 2 year olds decreased from 75.7% in 2006 to 72.9% in 2007.

Behavioral and Developmental Screenings: 78.5% of parents surveyed report that their child did not receive a behavioral and developmental screening between the ages of 10 months and five years.

Early Care and Education: Only a small percentage of early care and education providers are enrolled in Quality for ME, Maine's early care and education quality rating system. The majority of these providers are at the first level, meeting only basic licensing standards.

MEASURES THAT SHOW MIXED RESULTS:

Literacy: The National Child Health Survey (2008) found that Maine has the second highest rate in the country of parents reading to children. This data is based on a statewide aggregate, thus it remains unclear how this correlates with county literacy rates or elementary school reading scores.

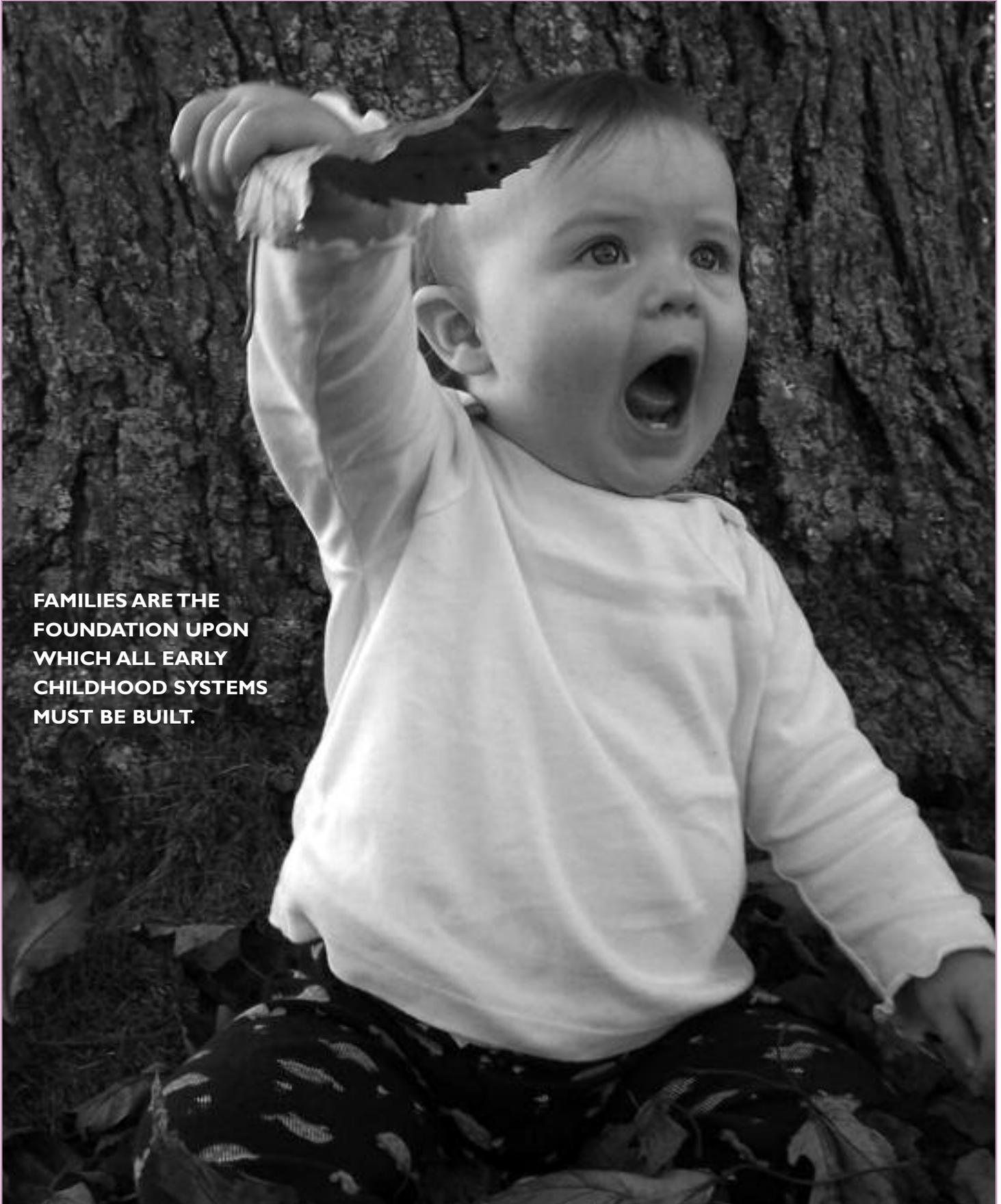
Health Insurance: Maine's percentage of uninsured children is 6%, well below the national rate of 12%. However, 5,062 children under age 5 are uninsured. This represents 7% of Maine's total population of children 5 years and younger.

MEASURES THAT SHOW SUCCESS:

Prenatal Healthcare: 87.4% of pregnant women in Maine received prenatal care in the first trimester. This is well above the national average

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).

READY *Families*



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

MAINE FAMILY LITERACY

In first grade, when children typically learn to read, they will have greater success if they have been exposed to books and early literacy skills from infancy. Language, reading and writing skills develop at the same time, and are intimately linked. These skills develop in real life settings through positive interactions with literacy materials and other people.

Reading to Children (as reported by parents)

0 days	1-2 days	3-4 days	5-6 days	Every day
3.5%	4.2%	13.0%	10.6%	68.6%

Singing and Telling Stories to Children (as reported by parents)

0 days	1-2 days	3-4 days	5-6 days	Every day
4.1%	7.7%	15.8%	13.3%	59.1%

NATIONAL CHILD HEALTH SURVEY, 2007

SCREEN TIME

54.4% of Maine children ages 1–5 years spend more than an hour per day watching television or spending time on the computer as reported by parents.

NATIONAL CHILD HEALTH SURVEY, 2007

Science has demonstrated that children's brains are best developed when learning through relationships with caring adults. Multiple studies suggest that watching television in excess contributes to obesity, high blood pressure and aggressive behavior in children.

70,862 OR 25% OF MAINE'S CHILDREN ARE FIVE YEARS OLD OR YOUNGER

FAMILY ECONOMIC SUPPORTS

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.

Dependent Care Tax Credit: Maine's dependent care state tax credit is equal to 25% of the federal credit for child and dependent care expenses. The credit doubles if the expenses are related to a quality child care provider (a child care center or home with a Quality Certificate). This credit is refundable up to \$500.

Children Under Age 6 in Poverty: Comparisons of New England States

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

The 2009 Federal Poverty Guidelines

FAMILY SIZE	GROSS MONTHLY INCOME
1 	1 \$903
2 	2 \$1,214
3 	3 \$1,526
4 	4 \$1,838
5 	5 \$2,149
6 	6 \$2,461
7 	7 \$2,773
8 	8 \$3,084

For families with more than 8 persons, add \$311 for each additional person.

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

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

Income Support Program	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. Fathers are also eligible.	Pregnant women and families with children 5 years and younger. INCOME ELIGIBILITY: up to 185% of federal poverty level.	29,491
MEDICAID/CHIP EXPANSION (MAINECARE)	Parents, children and pregnant women. INCOME ELIGIBILITY: 200% of federal poverty level	37,558
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.	8,868
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)	INCOME ELIGIBILITY: 64% of federal poverty level Maximum monthly benefit for a family of 3: \$485/mo.	See next table
SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP), formerly called Food Stamps	INCOME ELIGIBILITY: up to 185% of federal poverty level for parents and children	See next table

Number of Children Receiving TANF and Food Stamps

Total children birth-5 years on TANF only	1,055
Total children birth-5 years on SNAP Only (as of Dec 31, 2008)	15,217
Total children birth-5 years Both TANF & SNAP (as of Dec 31, 2008)	7,186
Total children birth-5 years SNAP and/or TANF (as of Dec 31, 2008)	23,458

FAMILY SUPPORT IN TIME OF NEED

2008 Child Protective Services Data

Total Child Welfare Reports Assigned6,178

Birth - 4 yrs Reports Assigned4,929

% assigned reports Birth - 4 yrs.....80%

SUBSTANTIATED REPORTS	B-4 yrs	Sexual	Physical	Neglect	Emotional
	2,173	72	282	1,306	513

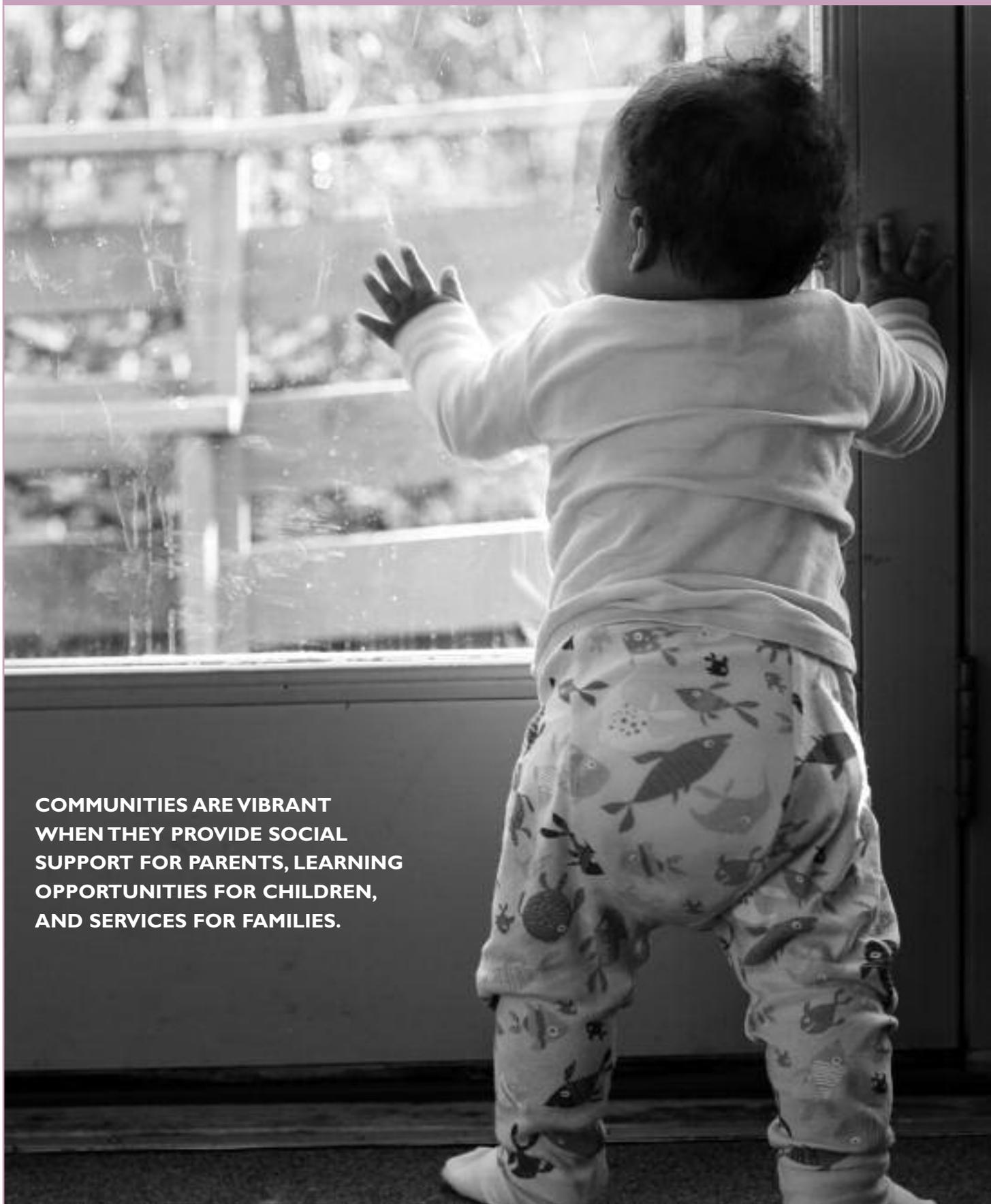
2,802 FAMILIES PARTICIPATED IN MAINE'S HOME VISITATION PROGRAM.

Twelve home visiting programs throughout Maine offer voluntary parent education and family supports 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, and offer social connection opportunities for families at risk for isolation.

Home Visitation programs experienced a significant loss of revenue in 2009-10. As a result, a reduction of total families served in 2010-11 is expected.



READY *Communities*



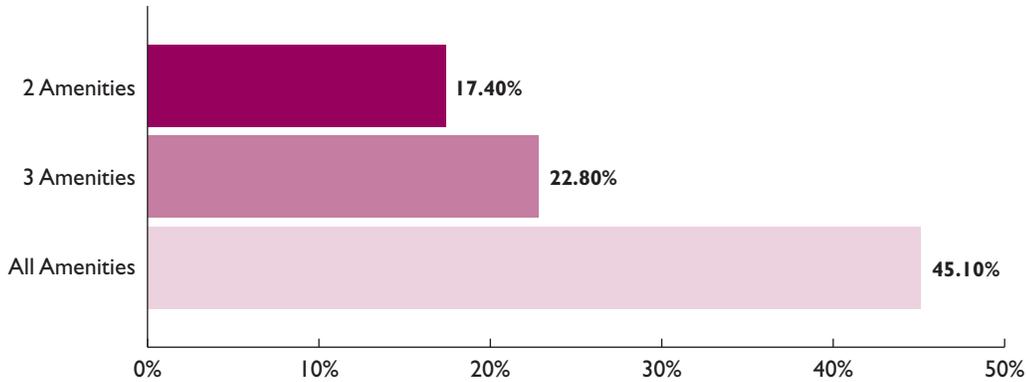
**COMMUNITIES ARE VIBRANT
WHEN THEY PROVIDE SOCIAL
SUPPORT FOR PARENTS, LEARNING
OPPORTUNITIES FOR CHILDREN,
AND SERVICES FOR FAMILIES.**

QUALITY OF NEIGHBORHOOD

93% of Maine parents with children 5 years and younger reported they lived in safe neighborhoods in the 2007 National Child Health Survey.

Children 5 Years and Younger Living in Neighborhoods with Specific Quality Indicators

Amenities = park, sidewalks, a library, and a community center.

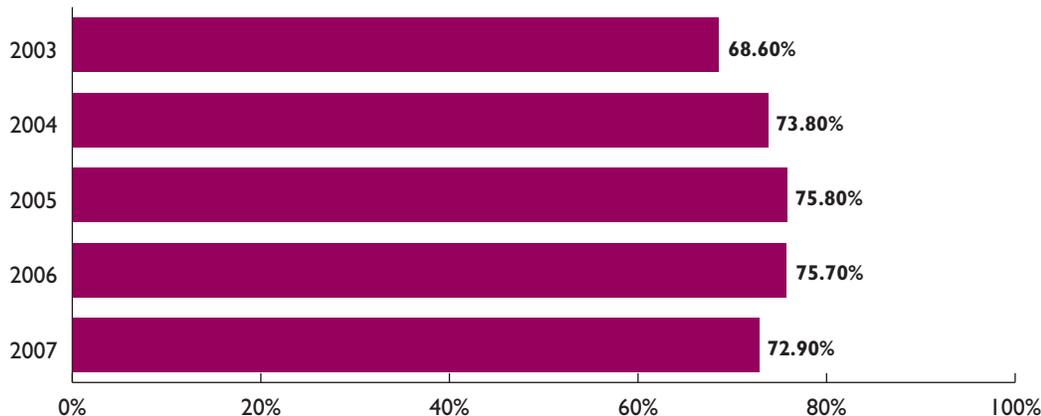


5,062 OR 7% OF CHILDREN AGED 5 YEARS AND YOUNGER DO NOT HAVE HEALTH INSURANCE.

ACCESS TO HEALTH CARE SERVICES

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

Percent of Fully-Immunized 2-Year-Olds, 2003-2007



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

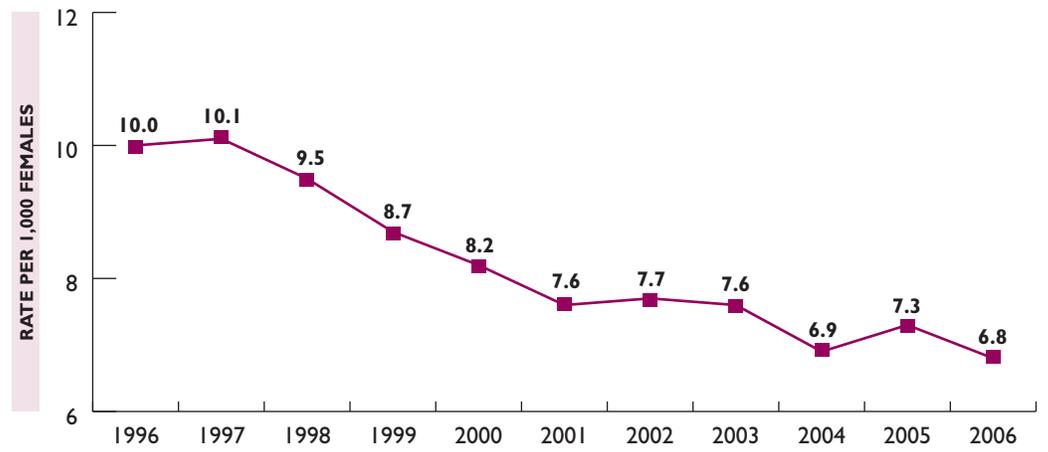
46.5% percent of children ages 1-5 years old have not received preventative dental visits.

NCHS, 2007

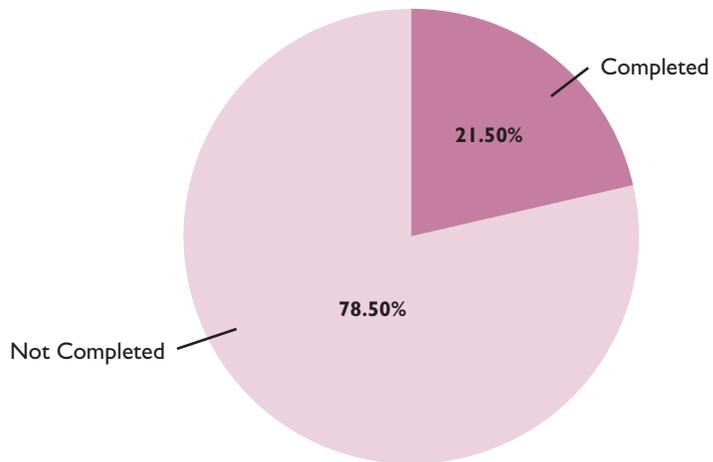
43.4% of dentists serving children birth to five years of age accept MaineCare.

MAINE KIDS COUNT, 2009

Teen Pregnancy Rate, 1996-2006



Developmental and Behavioral Screening Completed at Well-Child Visit



Early identification of developmental delays and behavioral problems can lead to timely interventions that best support a child's development and decrease parental stress. Trying to change behavior or learn new skills on a foundation of brain circuits that were not initially wired properly requires more work and is less effective.



READY *Early Care and Education*

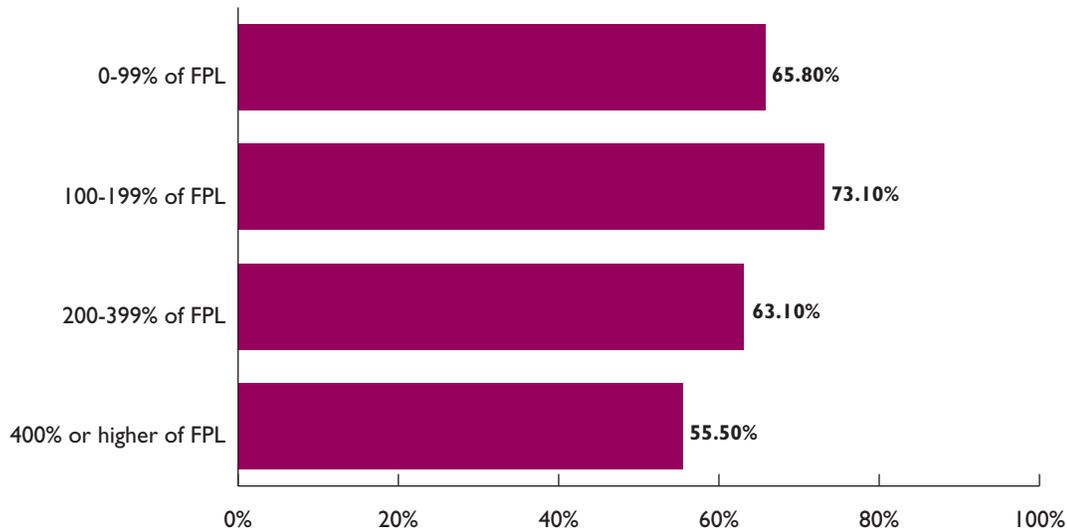
**54,286 OR 77% OF CHILDREN
5 YEARS OLD AND YOUNGER
HAVE ALL PARENTS IN
THE WORKFORCE.**



ACCESS

Reliable, consistent child care is essential for parents in their efforts to provide economic support for their families. Frequent changes in childcare arrangements cause stress to the child and can make establishment of trusting relationships difficult. The chart below displays the estimated percent of children age birth to 5 years whose parents made emergency child care arrangements within the previous month (of when survey was conducted) and and/or a job change for child care reasons in the past year.

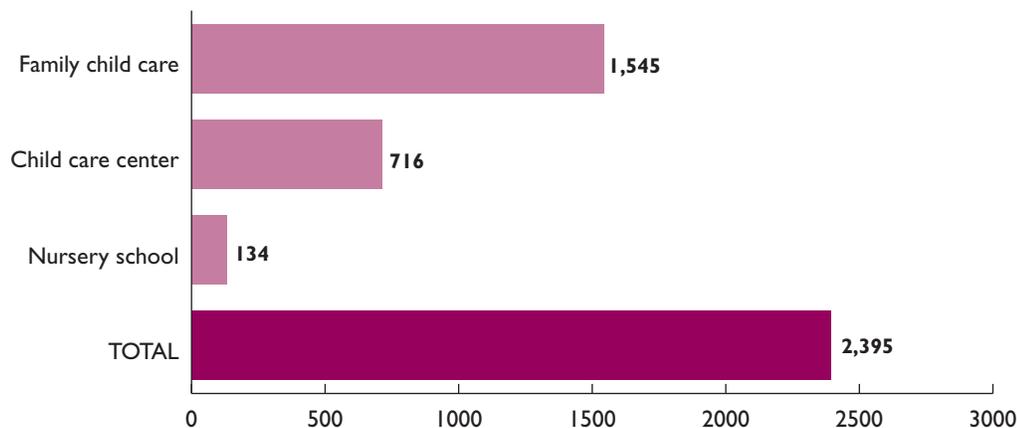
Child Care Reliability By Family Income Level



Currently, there is no efficient way to measure the amount of child care for each age group (i.e., infant & toddler, preschool, school age) to determine whether or not the early care and education industry is reaching full capacity.

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:

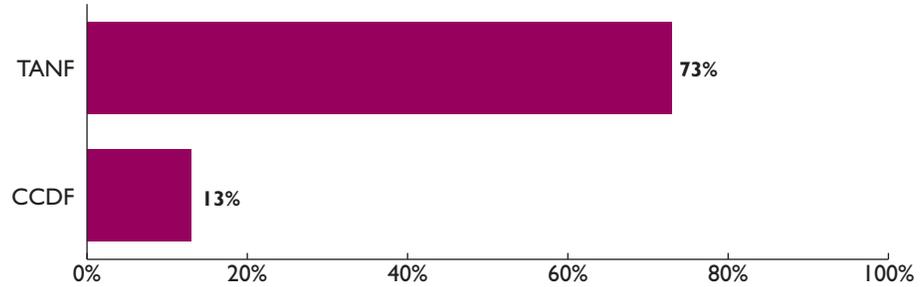
Licensed Child Care



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 DHHS.

Until recently, there have been few organized efforts to understand this critical part of the child care system or to strengthen and reinforce its effectiveness at improving outcomes for children and families. In 2009, Maine DHHS consulted with Zero to Three, a national policy and technical assistance center, and developed a strategic plan and a series of recommendations for supporting family friend and neighbor care.

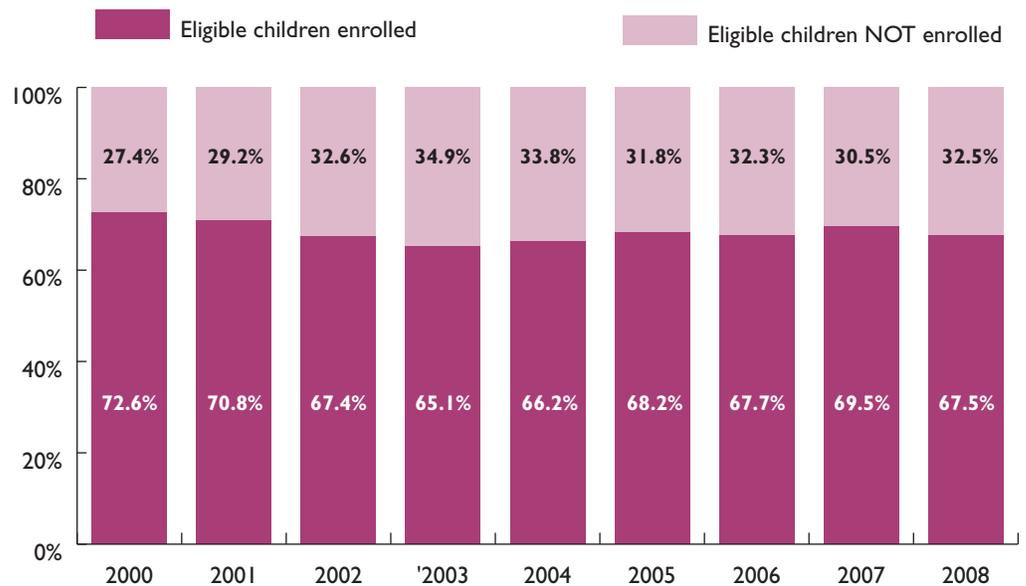
Percent of Family Friend and Neighbor Care Purchased with Public Funds



Head Start and Early Head Start Program Year Slots, 2008-09



Head Start Enrollment



Head Start grantees experienced a significant loss of revenue in 2008-09. Each grantee has engaged in a process that includes parents, community members and staff to determine the best program re-design in response to the loss of funding. It is expected that the total number of children served will be significantly reduced. As each grantee has a unique beginning and end point to their grant with the Federal Office of Head Start, the total service reductions will be best calculated in 2010.

PUBLIC PRE-KINDERGARTEN (PRE-K)

- 2,589 children enrolled in public Pre-K classrooms (2007-08).
- 25% of elementary schools in Maine provide public Pre-K.
- 7% of children enrolled in public Pre-K were located in partnership programs with a community provider.

School Administrative Units apply for approval from Maine's Department of Education. 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 (NIEER) and the National Association for the Education of Young Children (NAEYC). Quality standards for public preschool programs in Maine have been drafted with wide input throughout the state and are ready for inclusion in Chapter 125, Basic School Approval, pending revision.

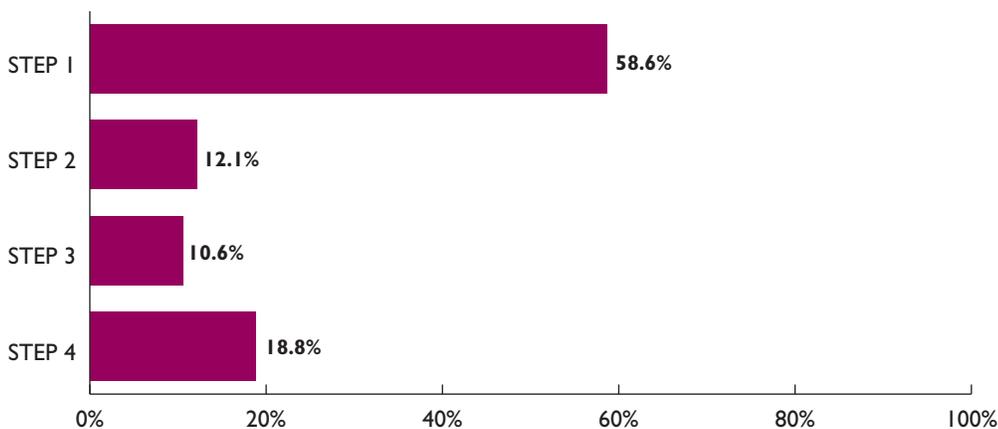
An increase of 35 new public Pre-K classrooms is planned for 2009-2010 school year. 29 of these new classrooms in 2010 will be funded with ARRA resources.

QUALITY

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

27% of all licensed programs (family child care, centers, and Head Start) participate in Maine's QRS. While Quality for ME is voluntary, Maine DHHS requires providers enroll in QRS in order to accept child care subsidies funded with CCDF resources.

Percent of Providers at Each QRS Step



QUALITY TAX CREDIT FOR PROVIDERS AND PRIVATE DONORS

If an individual provider spends \$10,000 in expenses that significantly improve the quality of care within one year, they 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. A corporation, financial institution, partnership, LLC, S-corporation, estate or trust, receives a tax credit of up to 30% of \$30,000.

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.

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.

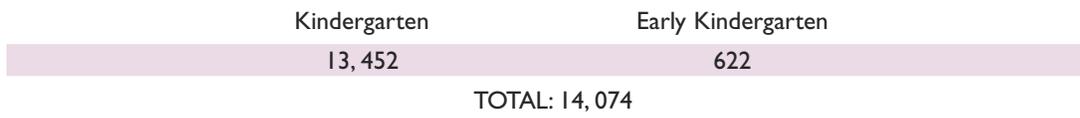
STEP 4 - This program has received Maine's highest quality rating. This program has been accredited by a national organization, has staff with a high level of experience and education in early childhood education, and actively utilizes Maine's Early Learning Guidelines and/or Infant Toddler guidelines.

READY *Schools*

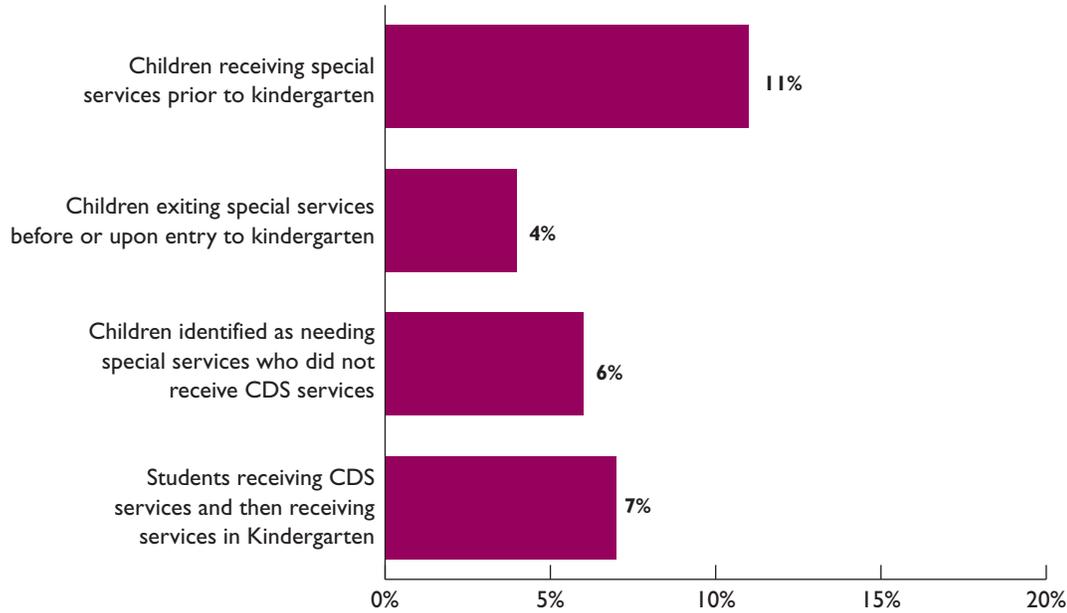
SCHOOLS MUST BE READY TO ADDRESS THE DIVERSE NEEDS OF THE CHILDREN AND FAMILIES IN THEIR COMMUNITY AND BE COMMITTED TO THE SUCCESS OF EVERY CHILD.



Total Kindergarteners, 2008-09

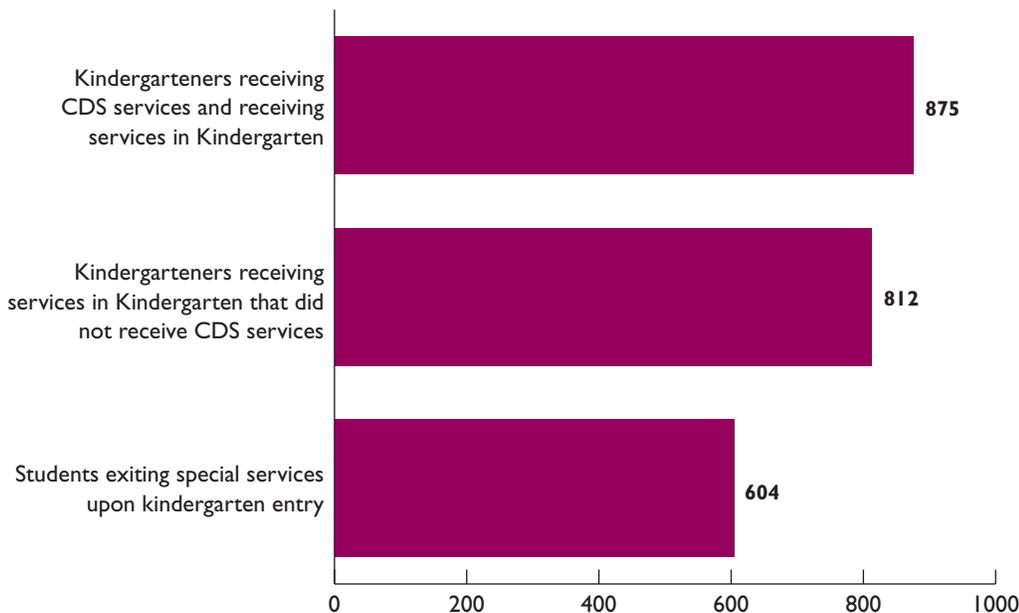


Children with Special Needs as Percent of Total Kindergarten Population



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.

Kindergarten Children with Special Needs



DATA GAPS

In the process of compiling this report, a consistent trend of desired but unavailable data presented within all four domains of the school readiness formula. Listed below are recommended measurements that would be helpful in assuring a more complete view of the early childhood systems.

READY FAMILIES

- The number of children in child welfare also enrolled in quality early childhood.

READY COMMUNITIES

- The number of municipalities that include early childhood indicators in comprehensive plans

READY EARLY CARE AND EDUCATION

- The number of children expelled from early care and education programs for behavioral concerns
- The number of licensed child care slots by age group
- The true costs of sustaining the highest step of each quality rating system

READY SCHOOLS

- The number of schools that have formal transition agreements with early childhood providers

READY CHILDREN

- 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

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.

RECOMMENDATIONS

This report is designed to provide an understanding of the state's early childhood system and highlight some areas in which improvement is needed. The recommendations listed here are a beginning point for Maine to assure that the best possible systems are in place to support families in their efforts to raise healthy, successful children. Some are a direct response to the findings of this report; others stem from work completed by the Children's Growth Council Accountability Teams.

READY FAMILIES

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 raise their children
 - Increase Maine's EITC and make fully refundable
 - Increase state minimum wage
 - Increase TANF benefits and Parents as Scholars
 - Expand tax credits for quality child care
 - Specific supports for adults students accessing a child care subsidy
 - Support and expand Family Development Accounts
- Support and expand family literacy and home visitation programs with particular attention to counties with low literacy rates

READY COMMUNITIES

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

- Support municipalities in understanding how to apply child care availability data in their comprehensive plans, as well as how to consider additional data so assure municipalities are able to support families with young children
- Initiate policies to support community programs that help families access medical and dental homes
- Expand current business child care tax credit policy to increase flexibility in private contributions to the early childhood system

READY EARLY CARE AND EDUCATION

77% of Maine children 5 years old and younger have all parents in the workforce. The early childhood systems must ensure access to reliable, quality early care and education.

- Increase number of quality programs serving infants and toddlers
- Require all child care providers to annually update their status with their local Resource Development Centers and make licensure contingent upon compliance
- Implement a statewide assessment to compare actual child care need to availability of slots.
- Implement the nine recommendations from the report, provided by the National Technical Assistance Program of Zero to Three: "Supporting Family, Friend and Neighbor Care: A Strategic Plan for Maine (Maine DHHS, July 2009)."
- Assure the program quality standards developed by Maine's DOE are supported and implemented for public pre-K
- Continue efforts to build collaboration between public pre-K programs and community providers

READY SCHOOLS

Children entering kindergarten vary in their early experiences, skills, knowledge, language, culture and family background. Schools must be ready to address the diverse needs of the children and families in their community. In order to do this effectively, better links between the early childhood system and public education must be established.

- Continue efforts to develop child outcome measurements across all departments that serve young children and families
- Develop policies that encourage public schools and early care and education providers to collaborate in such activities as professional development, service delivery, and kindergarten transition.
- Evaluate the efficiency of programs for young children by comparing the benefit of the investment to the cost

EXPANDING BUSINESS ENGAGEMENT

The business community must also be included in any conversation about school readiness. Efforts such as the Business Roundtable on Early Childhood have helped to increase awareness that, like water systems, transportation and housing, the early childhood system is an integral part of the infrastructure supporting Maine's economy. Efforts to develop a statewide public-private partnership dedicated to increasing the quality and accountability of early childhood systems will result in a greater public understanding of the importance of early childhood to the economic success of Maine.

CONCLUSION

Children will not enter school ready to learn unless families, schools and communities provide the environments and experiences necessary for their healthy development. When a society invests wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship. When we fail to provide children with what they need to build a strong foundation for healthy and productive lives, we put our prosperity and security at risk. Public policies across many systems can provide the tools and supports for families and communities to be successful in efforts and ensure our future generations thrive.



County Profiles



MAINE		ANDROSCOGGIN		AROOSTOOK	
State Number		County Number	Percent of Total	County Number	Percent of Total
READY FAMILIES					
70,862	Total number of children under age 6	6,746	9.5%	3,536	5.0%
23,452	Children birth-age 5 receiving TANF & SNAP (Food Stamps)	2,913	12.4%	1,561	6.7%
192	Number of families participating in literacy programs	0		30	
2,802	Families who participate in home visitation program	370		147	
54,286	All parents working in family with children under 6 years (Census)	5,149	9.5%	2,766	5.1%
READY COMMUNITIES					
475	Dentists that serve birth-age 5 children (General Practice & Pedontics, Jan 1, 2006)	36		18	
206	Dentists available for birth-age 5 children who accept Mainecare. (Gen Practice, Jan 1, 2006)	7		15	
851	Number of pediatricians, family practitioners and general practitioners	67		45	
12,370	Live Births for which prenatal care began in first trimester, 2006	1,258		633	
971	Low birth-weight infants, 2006	94		46	
READY EARLY CARE AND EDUCATION					
1,545	Licensed family child care	191		91	
716	Licensed center-based child care	61		30	
134	Licensed nursery school	7		2	
2,395	TOTAL LICENSED PROVIDERS	259		123	
327	Family, Friend and Neighbor Care providers in <i>Care for ME Registry</i>	24		8	
2,589	Number of public Pre-K students, SY 2008-09	173		622	
124	Number of schools providing public Pre-K, SY 2008-09	6		28	
123	<i>Quality for ME</i> : STEP 4, percent of providers enrolled	13	17.1%	6	14.3%
69	<i>Quality for ME</i> : STEP 3, percent of providers enrolled	8	10.5%	0	0.0%
79	<i>Quality for ME</i> : STEP 2, percent of providers enrolled	9	11.8%	6	14.3%
383	<i>Quality for ME</i> : STEP 1, percent of providers enrolled	46	60.5%	30	71.4%
654	TOTAL ENROLLED IN QRS	76		42	
27.3%	Percent of total licensed providers enrolled in <i>Quality for ME</i>	29.3%		34.1%	



CUMBERLAND

FRANKLIN

HANCOCK

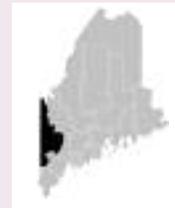
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KNOX

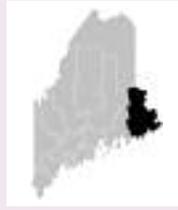
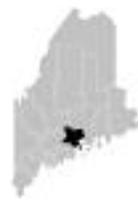
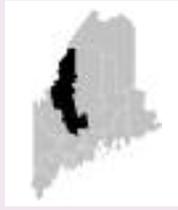
LINCOLN

County Number	Percent of Total										
15,462	21.8%	1,401	2.0%	2,618	3.7%	6,311	8.9%	2,068	2.9%	1,574	2.2%
3,594	15.3%	624	2.7%	681	2.9%	2,361	10.1%	678	2.9%	486	2.1%
37		0		0		17		30		16	
314		211		200		270		116		42	
11,814	21.8%	1,133	2.1%	1,816	3.3%	5,280	9.7%	1,540	2.8%	1,303	2.4%
135		8		20		50		23		12	
39		5		14		28		11		4	
214		22		44		92		21		28	
2,767		250		474		1,037		375		289	
212		15		24		67		30		21	
282		52		52		187		36		31	
182		20		35		53		17		19	
38		4		5		17		5		3	
502		76		92		257		58		53	
41		1		37		50		9		8	
102		19		53		362		0		11	
7		1		5		15		0		1	
16	15.2%	10	40.0%	5	22.7%	15	20.5%	6	23.1%	1	6.7%
11	10.5%	5	20.0%	1	4.5%	9	12.3%	3	11.5%	0	0.0%
14	13.3%	3	12.0%	1	4.5%	12	16.4%	2	7.7%	0	0.0%
64	61.0%	7	28.0%	15	68.2%	37	50.7%	15	57.7%	14	93.3%
105		25		22		73		26		15	
20.9%		32.9%		23.9%		28.4%		44.8%		28.3%	

County Profiles, continued...



MAINE		OXFORD		PENOBSCOT	
State Number		County Number	Percent of Total	County Number	Percent of Total
READY FAMILIES					
70,862	Total number of children under age 6	2,864		7,978	11.3%
23,452	Children birth-age 5 receiving TANF & SNAP (Food Stamps)	1,329	5.7%	2,945	12.6%
192	Number of families participating in literacy programs	15		10	
2,802	Families who participate in home visitation program	175		251	
54,286	All parents working in family with children under 6 years (Census)	2,159	4.0%	5,299	9.8%
READY COMMUNITIES					
475	Dentists that serve birth-age 5 children (General Practice & Pedontics, Jan 1, 2006)	14		57	
206	Dentists available for birth-age 5 children who accept Mainecare. (Gen Practice, Jan 1, 2006)	7		26	
851	Number of pediatricians, family practitioners and general practitioners	24		98	
12,370	Live Births for which prenatal care began in first trimester, 2006	522		1,356	
971	Low birth-weight infants, 2006	42		117	
READY EARLY CARE AND EDUCATION					
1,545	Licensed family child care	44		143	
716	Licensed center-based child care	43		64	
134	Licensed nursery school	4		11	
2,395	TOTAL LICENSED PROVIDERS	91		218	
327	Family, Friend and Neighbor Care providers in <i>Care for ME Registry</i>	11		45	
2,589	Number of public Pre-K students, SY 2008-09	64		425	
124	Number of schools providing public Pre-K, SY 2008-09	2		19	
123	<i>Quality for ME</i> : STEP 4, percent of providers enrolled	6	16.7%	10	14.7%
69	<i>Quality for ME</i> : STEP 3, percent of providers enrolled	5	13.9%	9	13.2%
79	<i>Quality for ME</i> : STEP 2, percent of providers enrolled	2	5.6%	7	10.3%
383	<i>Quality for ME</i> : STEP 1, percent of providers enrolled	23	63.9%	42	61.8%
654	TOTAL ENROLLED IN QRS	36		68	
27.3%	Percent of total licensed providers enrolled in <i>Quality for ME</i>	39.6%		31.2%	



PISCATAQUIS

SAGADAHOC

SOMERSET

WALDO

WASHINGTON

YORK

County Number	Percent of Total	County Number	Percent of Total	County Number	Percent of Total	County Number	Percent of Total	County Number	Percent of Total	County Number	Percent of Total
826	1.2%	2,140	3.0%	2,816	4.0%	2,020	2.9%	1,681	2.4%	10,821	15.3%
345	1.5%	491	2.1%	1,275	5.4%	725	3.1%	802	3.4%	2,642	11.3%
0		0		0		20		0		17	
*		67		114		122		140		263	
581	1.1%	1,665	3.1%	2,232	4.1%	1,591	2.9%	1,248	2.3%	8,710	16.0%
* Penobscot & Piscataquis #s combined											
7		14		12		9		10		50	
5		6		3		6		8		22	
13		6		30		21		20		106	
117		391		439		361		301		1,800	
10		30		52		30		30		151	
12		45		70		46		29		234	
7		27		18		20		15		105	
3		1		4		0		3		27	
22		73		92		66		47		366	
4		10		21		11		9		38	
18		50		243		138		172		137	
2		2		9		8		17		2	
2	18.2%	4	16.0%	12	37.5%	5	26.3%	4	16.0%	8	14.8%
0	0.0%	2	8.0%	6	18.8%	5	26.3%	5	20.0%	0	0.0%
1	9.1%	2	8.0%	4	12.5%	3	15.8%	6	24.0%	7	13.0%
8	72.7%	17	68.0%	10	31.3%	6	31.6%	10	40.0%	39	72.2%
11		25		32		19		25		54	
50.0%		34.2%		34.8%		28.8%		53.2%		14.8%	

DEFINITIONS AND SOURCES

READY FAMILIES

NUMBER OF CHILDREN 5 YEARS AND YOUNGER: Population estimates for children 5 years and younger

SOURCE: American Community Survey, 2008; US Census

FAMILY LITERACY: The estimated percent of children who have reading, singing or storytelling activities with family members daily, as reported by parents.

SOURCE: National Child Health Survey, 2007. Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (<http://www.nschdata.org>)

SCREEN TIME: The estimated percent of children who watched more than one hour of television or video during a weekday, as reported by parents.

SOURCE: National Child Health Survey, 2007. Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (<http://www.nschdata.org>)

STATE TAX CREDITS: Maine State Tax Expenditure Report 2010-2011 A Report Prepared for the Joint Standing Committee on Taxation, Maine Revenue Service; January 2009

SOURCE: Maine Revenue Service

2009 FEDERAL POVERTY GUIDELINES: Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <http://aspe.hhs.gov/poverty/09poverty.shtml>

SOURCE: Maine Revenue Service

NEW ENGLAND POVERTY COMPARISONS: The percent of children under age 6 who live in families with incomes below the federal poverty level, as defined by the U.S. Office of Management and Budget.

SOURCE: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2008 American Community Survey.

CHILDREN ENROLLED IN WIC: Number of children WIC (Women's Infants and Children's Supplemental Nutrition Program) benefits. These numbers represent calendar years 2008 and 2007.

SOURCE: Maine Center for Disease Control, Department of Health and Human Services

CHILDREN PARTICIPATING IN MAINE CARE: Number of children participating in Maine Care in state fiscal year 2008 (July 1, 2007 - June 30, 2008)

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

CHILDREN RECEIVING TANF: Number of children who were receiving Temporary Assistance to Needy Families in December 2008.

SOURCE: Maine Department of Health and Human Services, Office of Integrated Access and Support

CHILDREN RECEIVING FOOD STAMPS: Number of children receiving food stamp benefits in December 2008.

SOURCE: Maine Department of Health and Human Services, Office of Integrated Access and Support

READY COMMUNITIES

QUALITY OF NEIGHBORHOOD: Estimated percent of children who live in neighborhoods with a park, sidewalks, playground and community center, as reported by parents.

SOURCE: National Child Health Survey, 2007. Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (<http://www.nschdata.org>)

CHILDREN WITHOUT HEALTH INSURANCE Estimated number and percent of children ages 0 – 5 years who lived in families with income less than twice the federal poverty threshold and who lacked health insurance. These data are averaged over the three year period from 2005–2007 and 2004–2006.

SOURCE: U.S. Census Bureau, Current Population Survey, 2006 to 2008 and 2005 to 2007 Annual Social and Economic Supplements.

MEDICAL HOME: Estimated percent of children who received care in a medical home, as defined by the American Academy of Pediatrics.

SOURCE: National Child Health Survey, 2007. Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (<http://www.nschdata.org>)

DENTAL CARE ACCESS: The estimated number of children ages 1 – 5 years old who not received preventative dental visits.

SOURCE: National Child Health Survey, 2007. Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (<http://www.nschdata.org>)

DENTISTS SERVING CHILDREN AGES BIRTH TO FIVE WITH MAINECARE: The number and rate of licensed, active general practice dentists in Maine serving children Birth – Five years.

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

PERCENT OF FULLY IMMUNIZED 2 YEAR OLDS: Estimated percent of children who received the full schedule of immunizations as recommended in the Early Prevention, Screening, Diagnosis and Treatment (EPSDT) schedule.

SOURCE: National Child Health Survey, 2007. Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (<http://www.nschdata.org>)

DEVELOPMENTAL AND BEHAVIORAL SCREENINGS:

Estimated percent of children age 10 months to five years who received a standardized screening for behavioral or developmental problems, as reported by parents.

SOURCE: National Child Health Survey, 2007. Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (<http://www.nschdata.org>)

READY EARLY CARE AND EDUCATION

DEMOGRAPHICS: Number of children with all parents in the workforce.

SOURCE: American Community Survey, 2008; US Census

CHILD CARE RELIABILITY BY FAMILY INCOME: Estimated percent of children age birth to 5 years whose parents made emergency child care arrangements within the previous month (of when survey was conducted) and and/or a job change for child care reasons in the past year.

SOURCE: National Child Health Survey, 2007. Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services (<http://www.nschdata.org>)

LICENSED CHILD CARE: The total number of family child care, nursery school and child care centers in the state.

SOURCE: Maine Department of Health and Human Services, Division of Licensing, 2008

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.

SOURCE: Supporting Family, Friend and Neighbor Care: A Strategic Plan for Maine. Maine Department of Health and Human Services, Office of Child & Family Services: Early Childhood Division, Office of Child and Family Services, July 2009

HEAD START AND EARLY HEAD START: Program slots were determined by a Maine Children's Alliance survey of each Maine Head Start and Early Head Start grantee (September 2009). Eligible children were estimated as the number of children under 5 years old in poverty. Unmet need was calculated by subtracting the number of enrolled children from the estimate of eligible children.

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

PUBLIC PRE-KINDERGARTEN: Public pre-kindergarten (public pre-k) is programming for 4 year olds, funded in the Maine Department of Education Essential Services and Programs.

SOURCES: The State of Preschool 2008: State Preschool Yearbook: National Institute for Early Education Research, Rutgers: 2008; Maine Department of Education.

QUALITY RATING SYSTEM: Also known as QRS or QRIS, 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.

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

QUALITY TAX CREDIT FOR PROVIDERS AND PRIVATE DONORS: Maine State Tax Expenditure Report 2010-2011.

A Report Prepared for the Joint Standing Committee on Taxation, Maine Revenue Service; January 2009

SOURCE: Maine Revenue Service

READY SCHOOLS

KINDERGARTEN ENROLLMENT: Number of age eligible (born prior to October 15, 2008) children attending kindergarten or early kindergarten.

SOURCE: Maine Department of Education.

CHILDREN WITH SPECIAL NEEDS AS A PERCENT OF TOTAL KINDERGARTEN POPULATION: Percent of children who have identified special needs as part of total kindergarten population in accordance with the federal definitions and mandates for early intervention and public education.

SOURCE: Maine Department of Education.

KINDERGARTEN CHILDREN WITH SPECIAL NEEDS: Number of kindergarteners in 2008-2009 with identified special needs. The number of children identified as needing special education services upon kindergarten entry not served in the early intervention may be caused by a number of different circumstances, such as parental refusal of services, access of services with private insurance, or parents being unaware of the early intervention system.

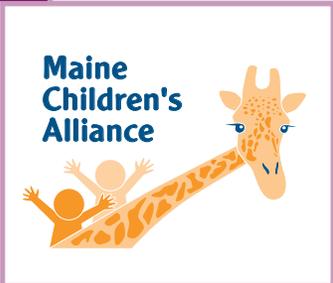
SOURCE: Maine Department of Education.



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 of legislative studies, advisory committees and the Children’s Cabinet and is responsible for implementing the long-term plan for a unified, statewide early childhood services system, Invest Early in Maine. The council must coordinate with state and community partners in this effort.

GROWTH COUNCIL MEMBERSHIP

FIRST LADY, KAREN BALDACCI	<i>Co-Chair</i>
SUPERINTENDENT, BILL BRAUN	<i>Co-Chair</i>
ALAN COBO-LEWIS	<i>University of Maine</i>
DANA CONNORS	<i>Maine State Chamber of Commerce</i>
ELOISE VITELLI	<i>Woman, Work and Community</i>
HEIDI HART	<i>Richardson, Whitman, Large and Badger</i>
JAN CLARKIN	<i>Maine Children's Trust</i>
JANE WEIL	<i>Maine Association for Infant Mental Health</i>
JIM CLAIR	<i>Goold Health Systems</i>
JUDY REIDT-PARKER	<i>Maine Children's Alliance</i>
KAREN HECK	<i>The Bingham Program</i>
KATHY COLFER	<i>Maine Head Start Directors Association</i>
LAURIE LACHANCE	<i>Maine Development Foundation</i>
LORI FREID-MOSES	<i>Child Care Advisory Council</i>
PENNI THERIAULT	<i>SEIU & Kids First</i>
PETER LINDSEY	<i>United Ways of Maine</i>
REP. MEREDITH STRANG-BURGESS	<i>R - Cumberland</i>
REP. SETH BERRY	<i>D - Bowdoinham</i>
RICHARD PATTENAUDE	<i>University of Maine</i>
SEN. JOE PERRY	<i>D - Bangor</i>
SEN. PETER MILLS	<i>R - Somerset County</i>
SHERIFF TODD BRACKETT	<i>Lincoln County</i>
STEVE MEISTER	<i>Maine DHHS, CDC</i>
BRENDA HARVEY	<i>Commissioner, DHHS</i>
SUSAN GENDRON	<i>Commissioner, DOE</i>
PATTI WOOLLEY	<i>Early Childhood Division Director, DHHS</i>
DEBRA HANNIGAN	<i>State Director, Child Development Services, DOE</i>
SARAH FORSTER	<i>Maine Attorney General's Office</i>



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

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