

**State of Maine Needs Assessment:
Vulnerable Children Birth to Age 5
and Their Families**



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CHAPTER I: INTRODUCTION

Maine’s Departments of Education (DOE) and Health and Human Services (DHHS) successfully applied for a Preschool Development Grant (PDG-Birth to 5) to address quality, accessibility, and affordability of services for Maine’s children birth to age five and their families. The grant, awarded in January 2019, has five goals:

1. **Determine the current state of early care and education quality and access for Maine families**
2. **Develop a Strategic Plan to address gaps in the birth-age 5 mixed delivery system**
3. **Maximize parental knowledge and choice**
4. **Share practices that are evidence-based**
5. **Improve overall quality of programming for children birth-age five**

This report addresses the results of the first goal, conducting an assessment of the needs and strengths of early care and education quality and access for Maine’s vulnerable children ages birth-5 and their families. The report’s information about needs will be used to develop the strategic plan (presented as a separate report).

Implementation of the PDG grant was managed by Karen Bergeron, PDG director, and overseen by a joint DOE-DHHS committee, hereafter described as PDG Oversight Committee (Exhibit 1) which helped to plan needs assessment activities, participated in stakeholder activities, and led needs assessment/planning Work Groups. RMC Research of Portsmouth, NH was contracted to undertake needs assessment and strategic planning activities.

Exhibit 1: PDG Oversight Committee

DHHS Elissa Wynne , Associate Director of Children’s Development & Behavioral Health Crystal Arbour , Child Care Services Program Manager Maryann Harakall , Maternal and Child Health Program Director Dawn Croteau , ASPIRE Program Manager Katharyn Zwicker , Prevention Coordinator Ellie Larrabee , Nurse Consultant, Children’s Behavioral Health Services	DOE Lee Anne Larsen , Early Learning Team Coordinator Nicole Madore , Early Childhood Specialist Nena Cunningham , Head Start Collaborator Jaci Holmes , Federal State Legislative Liaison Kris Michaud , Child Development Services Brandi Cota , Office Specialist Karen Bergeron , Preschool Development Director, DOE
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NEEDS ASSESSMENT PROCESS

RMC designed a needs assessment approach that featured:

- Engagement of a broad spectrum of stakeholders at key points in the process (see more about stakeholders below) working together across boundaries (agency, level, expertise, culture, geography) to collaborate on identification of needs, assets and solutions;

- Special attention to the perspectives of parents as consumers of child care and related supports;
- Use of quantitative data routinely collected by agencies supplemented by other information summaries in the form of reports, plans, surveys which had been developed in the previous five years;
- Gathering of current perspectives through qualitative means (e.g., interviews, focus groups) to understand existing gaps in services and the implications and effects of policies and programs that are now in place; and
- Synthesis of information by broad-based Work Groups that facilitated moving from needs to potential solutions.

Stakeholders. The PDG Oversight Committee was committed to engaging a diverse group of stakeholders in identifying strengths and needs, prioritizing needs and defining solutions for a strategic plan. During the six-month active period of the needs assessment, two stakeholder summits were held (April 5 and September 26, 2019). For each summit, over 100 individuals were invited, representing the following groups:

- Parents, including parents of children with special needs,
- Early care and education professionals, including family child care and center-based providers and public pre-K,
- Faculty and early care and education training professionals,
- Representatives of tribal organizations, New Mainers (i.e. refugees, immigrants, asylees),
- Representatives of advocacy and philanthropic organizations,
- Child Development Services (CDS)* staff and providers, Medical personnel, pediatricians, visiting nurses, CDC,
- Behavioral health providers and other supports, and
- Community agencies.

*CDS is a separate intermediate unit under the supervision of the Maine Department of Education which provides services for early intervention (birth through two years) and appropriate public education for children ages three through five).

Attempts were made to reach out to various parts of the state and representatives from urban and rural populations. Fifty-eight (58) participants attended the April summit and 65 participants attended the September summit. See Appendix A for full list of organizations/positions represented in the summits. The six Work Groups (see description below) included additional stakeholders. See Appendix B for full list of organizations/positions represented in the Work Groups.

Exhibit 2 below shows the major stages of needs assessment activity conducted between March and September 2019 and illustrates the path of moving from needs assessment priorities to development of a strategic plan.

Exhibit 2: Major Stages of Needs Assessment and Strategic Plan Development



Set frame. RMC initially developed and gathered feedback on a set of research questions to guide data collection, responding to key areas of an early care and education system and Maine’s special interests (e.g., attention to the workforce); see Appendix E. The research questions were vetted with DOE and DHHS staff and initial information collected to determine availability of extant data to inform the research questions. Once the federal guidance on needs assessment questions was made available, the research questions were augmented.

RMC worked with the PDG Oversight Committee to plan and host the first Stakeholder Summit (April 5, 2019) designed to surface multiple perspectives on needs and assets and explore underlying issues that affect Maine’s vulnerable young children and their families. RMC worked with staff from key agencies to organize data-grounded, short “snapshot” presentations to provide an overview of current status and trends, including:

- characteristics of Maine’s vulnerable young children and their families as tracked through Kids Count,
- Child Find patterns of identification, screening, eligibility, services for children with delays and disabilities,
- trends of children in licensed child care, vacancy rates, and costs of care,
- Head Start and Early Head Start enrollment, program duration, health and support services, transportation,
- trends in public pre-K enrollments, offering districts, schedules, and transportation,
- program quality ratings based on the QRIS, *Quality for ME*,
- characteristics of the workforce as tracked through the professional development registry,
- transition plans from ESSA plans and Preschool Expansion grantees (PEG),
- wage data from Department of Labor for child care workers and preschool teachers,
- data on staff turnover from Head Start and Child Development Services, and
- an example of student enrollments in early childhood higher education offerings.

After listening to the presentations, the stakeholder participants worked individually and in small groups to name and discuss major needs and the evidence for those needs along with assets, that is, promising programs, pilots and resources to build upon.

RMC synthesized all results in a short report which highlighted these major needs: workforce shortages; challenges with early childhood special education; lack of centralized information sources; shortages of child care; behavioral support and training in trauma-informed practices; culturally appropriate practices; lack of quality incentives; messages about the value and importance of early childhood careers; low wages in the field; subsidy thresholds; and rates of expulsion and suspension.

Gather information. Following the April 2019 Stakeholder Summit, RMC staff collected information related to the needs in the form of data and recommendations from existing reports, plans, and surveys, and also made additional efforts to gather perspectives from parents, providers, and representatives of vulnerable population groups. The remaining chapters of this report cite evidence from more than fifty specific sources which were gathered or consulted during this period (See Appendix D for details). The five categories of information are shown in Exhibit 3.

Exhibit 3: Information Gathered for Needs Assessment

Category	Examples of Information/Data
April 5, 2019 Summit Presentations of Information	Enrollments in licensed child care, vacancy rates, costs of care; Child Find patterns of identification, screening, eligibility, services for children with delays and disabilities; number of programs at each QRIS level; percent of annual workforce turnover; percent of professional registry entries with different levels of education
Existing Needs Assessments, Reports, Surveys, Plans	Reports to the Legislature, Federal reporting and plan, Maine AEYC Workforce Survey, Head Start Parent Surveys
Discussions, Focus Groups	Head Start Directors, Professional Development Network Technical Assistance Providers, Maine Children’s Growth Council, Parent Ambassadors
Interviews	Agency leads, refugee/migrant coordinators, YMCA child care providers, public pre-K school partnerships, Aroostook County Community Action Program, school and higher education staff
Special Purpose Surveys	Maine Families Home Visitors, Maine Parent Federation, Family Care providers, Aroostook County parents

Most of the categories above represent both qualitative and quantitative information. Because Maine faces a number of challenges related to data systems, we often did not have data that stakeholders desired in order to explore needs. Data in some key areas is simply not collected and there is limited interoperability among existing data systems, preventing linkages across levels and systems (see more about specific data gaps in Chapter VII, Conclusion).

Synthesize needs information. To organize all the collected data, RMC worked with the PDG director to frame six topic areas, drawing from the April stakeholder input, the research questions and the federal needs assessment guidance. Those topics are:

- 1. Connecting Parents to Services**
- 2. Child Care Services and Providers: Capacity, Distribution, Challenges**
- 3. Improving Program Quality**
- 4. Supporting Children with Special Needs**
- 5. Workforce Development**
- 6. Pre-K and Beyond: The Role of Schools**

For each topic, RMC prepared a document that organized evidence in clusters, expressed as statements of need (e.g., *A primary barrier to attracting potential staff and retaining existing staff is low wages; Lack of transportation for pre-K can limit enrollment and attendance*). Each document contained ten to fifteen needs statements along with supporting evidence from the sources cited above as well as examples of possible solutions.

Work groups. The PDG Oversight Committee formed six Work Groups, one per topic, to prioritize the needs and develop possible solutions. Work Groups included between eight and eleven members (a

total of 55 participants), representing diverse perspectives on the topics, and including DOE and DHHS agency staff and representatives of providers and parents, higher education, home visitors, advocacy and professional groups, community agencies. See Appendix B for membership in Work Groups.

The Work Groups which met in August and September were facilitated by members of the PDG Oversight Committee. The groups followed consistent procedures to validate or amend the needs statements, review, validate, and augment the evidence, prioritize the needs, and develop solution strategies for the highest priority needs.

Based on the documents prepared for the Work Groups and the outcomes of the Work Group discussions, RMC prepared this needs assessment report. The next stages of the process, prioritizing strategies and developing the strategic plan, are represented in the strategic plan as a separate document.

DEFINITIONS

The PDG Oversight Committee developed several definitions to help clarify goals and guide planning.

VULNERABLE CHILDREN
<p>Vulnerable children are those facing conditions that negatively impact their developmental, health and education outcomes. These circumstances may create family isolation, a lack of services, inconsistent or little opportunity to participate in early care and education, and unhealthy relationships with caregivers. A vulnerable child may experience some, but not necessarily all, of the following conditions:</p> <ul style="list-style-type: none"> ▪ living in poverty ▪ being at risk for developmental delays ▪ diagnosed with a disability ▪ homelessness ▪ having a caregiver with mental health issues ▪ being at risk for behavioral health issues ▪ living in rural areas ▪ experiencing interrupted early care and education ▪ being a victim of abuse/neglect ▪ living with teen parents ▪ living with mothers with high school education or less ▪ having low birth weight ▪ being born pre-term ▪ being born substance exposed ▪ experiencing inequities due to race, ethnicity, language, and immigration status
RURAL AREA
<p>"Rural area" means a geographical area or place of less than 10,000 inhabitants. "Rural population" consists of all persons living in places of less than 10,000 inhabitants incorporated as cities, villages, boroughs and towns, including those persons living in the rural portions of extended cities,</p>

unincorporated places of less than 10,000 inhabitants and other territory, incorporated or unincorporated. Maine Revised Statute Title 22 Section 5104 (10).

MAINE'S EARLY CARE AND EDUCATION SYSTEM

The **core of Maine's Early Care and Education System** are these providers: Family and center-based child care; friend, family and neighbor care; Head Start/Early Head Start; public pre-K, and Child Development Services.

Resources and supports for quality and access: Childcare Development Block Grant (Child Care Subsidy Program, Child Care Licensing and Investigation Services, Quality for ME (QRIS), Maine Roads to Quality Professional Development Network, Child Care Choices), State Education Aid to Schools.

Additional supports for vulnerable children and their families: Maine Families, Women Infants Children (WIC), Public Health Nursing, Children's Behavioral Health, Children with Special Health Care Needs, Child Welfare, Maine Care, Supplemental Nutrition Program (SNAP), TANF/ASPIRE, Child and Adult Care Food Program (CACFP), Children's Health Insurance Program (CHIP).

QUALITY EARLY CHILDHOOD CARE AND EDUCATION

Quality early care and education is defined by the characteristics of programs that attain and maintain a rating of 3 or higher on Quality for ME, Maine's QRIS. Standards to be met address the learning environment, developmentally appropriate practice, program evaluation, staffing and professional development, administrative policies and procedures, parent and family involvement, family resources, and authentic assessment.

ORGANIZATION OF REPORT

Chapters II through VI present the core findings of the needs assessment. Each chapter highlights a series of needs statements and presents a discussion of the evidence for needs, providing context to describe current policies and operations that affect needs. **Chapter VII** concludes the report by addressing **data gaps**, areas where the absence of information is especially problematic, and opportunities for interagency **collaboration** to support vulnerable young children and their families.

The chapters cross-reference needs that apply to several topics; for example, workforce shortages affect all topics but are primarily addressed in Chapter V, Workforce Development. Sources of evidence are footnoted, linked to the entries in Appendix D; footnotes are full citations to make it easier for the reader to understand the background for text. Each chapter concludes with potential models, promising practices, and resources that could be used to address the needs, and which are taken up in the strategic plan; brief descriptions are in Appendix C.

Appendices include sources of evidence for the needs assessment report, research questions, organizations of stakeholders who participated in the summit meetings, organizations represented by Work Group members, and short summaries of the models, promising practices and pilots referenced in the chapters.

CHAPTER II: PERSPECTIVES OF PARENTS

We begin the needs assessment report with parent perspectives to frame the needs identified through other sources which are detailed in subsequent chapters. Parents' perspectives create the sense of urgency to guide strategic planning. In gathering information for the PDG assessment of the needs of Maine's vulnerable children and their families, we paid special attention to seeking out the perspectives of parents and parent advocates and stakeholders who support vulnerable children and families. The purpose was to contextualize information available from other sources to better understand the connections among various policies and practices and recognize real-life consequences for families.

The perspectives of parents were gathered through focus groups with parents, short surveys and interviews geared to particular groups of parents, summaries of existing parent surveys, and targeted interviews with advocates who work with parents of vulnerable children, including children with disabilities, immigrant and refugee populations, and migrants. The Work Group that focused on connecting parents to services validated the needs assessment data and endorsed the priority needs.

The exhibit below highlights major needs directly impacting parents.

Exhibit 4: Priorities of Parents

-
- **Child care is expensive and income guidelines for some subsidies leave out many parents who otherwise cannot afford child care options.**
 - **Lack of transportation throughout the state hampers parents' ability to take advantage of services.**
 - **Parents are frustrated with the difficulty of finding information about child care and other services as well as the process of "registering" for services—which can be especially difficult for New Mainers and those with literacy issues. Parents report that frontline staff are often not helpful.**
 - **Parents and providers need support with strategies for addressing children's behavioral issues.**
 - **Parents of children with delays and disabilities have mixed reactions to the services available and the system of access.**
 - **Parents need better access to mental health supports, including resources geared toward prevention of child abuse and neglect.**
 - **Availability of supportive community resources varies widely by locale.**
-

COMPLICATING FACTORS IN A CHANGING CONTEXT

Parents of vulnerable children and those who advocate for their interests are keenly aware of factors in the state context that have made access to services more challenging—especially changes in **wages and employment**, changes in **Temporary Assistance for Needy Families (TANF)** eligibility, and **reductions in services** that occurred over the past decade.

Changes in Maine’s **minimum hourly wage** have affected parents in several ways. Starting in January

Child care is expensive and income guidelines for some subsidies leave out parents who otherwise cannot afford child care options.

2017 with an increase to \$9.00 per hour, Maine’s minimum hourly wage was increased by \$1 annually; the wage is now \$11.00 per hour and will increase to \$12.00 per hour in January 2020. Coupled with low unemployment rates (3.0% in Summer 2019 seasonally adjusted),¹ the increase in wages has had the effect of raising household incomes as family members have also worked longer schedules. While the additional income is welcome, these changes increase the need for child care options for working parents. At the same time, child care has become less

affordable for some families because some child care subsidy rates have not been adjusted to take into account higher incomes. Even small changes in work hours may render a family ineligible for subsidy. Child Care and Development Block Grant regulations govern calculations of annual income thresholds and the amount of flexibility states have in determining eligibility.²

The experiences of parents who receive TANF further complicate the picture for vulnerable families. Maine last raised TANF benefits in 2017 and then indexed benefits to the SSI inflation rate after there had been no increases for a decade but, as in most other states, the support is less than what was provided more than 20 years ago when indexed for inflation.³ In 2012, the state changed eligibility requirements to create a lifetime limit of 60 months of assistance for any family. The change resulted in the immediate reduction by one-third of the children receiving TANF benefits; another third stopped receiving benefits by 2017. Parents who have “capped out” on benefits must work but they may not be able to afford child care to enable them to work—especially if subsidies are reduced as the number of hours worked increases. While challenging to estimate precisely because of the variations in how data are collected, in 2017 only about half of the children living in deep poverty were supported through TANF child care subsidies.⁴

Because TANF does not recognize high school completion as “counting” toward education, a recipient who has yet to complete a high school diploma must also work for pay or do volunteer work to retain eligibility. Parents without diplomas who also need to care for young children while working and

¹ Information from State of Maine Department of Labor, New Minimum Wage Increases, accessed from: https://www.maine.gov/labor/labor_laws/minimum_wage_faq.html

² Interviews with parents from Maine Parent Federation, June 2019; April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Meeting of Maine Children’s Growth Council small group discussions and individual responses, 3/29/2019; Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019.

³ Burnside, A. & Floyd, I. (January 22, 2019). *TANF benefits remain low despite recent increases in some states*. Washington, DC: Center on Budget and Policy Priorities. <https://www.cbpp.org/research/family-income-support/tanf-benefits-remain-low-despite-recent-increases-in-some-states>

⁴ Derived based on information in The Maine Children’s Alliance (2019). *Maine Kids Count data book 2019*. Augusta, ME: Author.

studying find it almost impossible to manage degree completion—further distancing them from the opportunity to advance and support their families.⁵

The combination of low unemployment and increase in the minimum wage may contribute to the impression that the levels of family poverty in Maine are rapidly decreasing but parents challenged with rising housing costs and reductions in child care subsidies describe different experiences. While Maine’s decline in poverty between 2016 and 2017 was the largest decline in the country, the state’s child poverty rates are higher than those in neighboring New Hampshire, Vermont, Massachusetts, and Connecticut. Poverty rates vary by county with one fourth of Maine’s counties (predominately more rural counties) recording poverty rates above 20 percent.

Parents, parent advocates, and others are also keenly aware of changes to some services and supports over the past decade that they perceive as losses, including:

- the former system of regional resource and referral services which enabled parents to more easily locate child care options to meet their needs;
- staff shortages, especially for children with delays and disabilities (see more in Chapter V, Workforce Development); and
- a prior system of DHHS wraparound services.

ACCESS CHALLENGES: TRANSPORTATION, INFORMATION ABOUT CHILD CARE, MENTAL HEALTH AND BEHAVIORAL SUPPORTS

Parents of vulnerable children and their advocates frequently described these three access issues that pose barriers to obtaining services for themselves and their children: transportation, information about child care, and mental health and behavioral supports.

Transportation. Challenges with transportation in both urban and rural areas are pervasive and lead to consequences that affect families in many ways: causing chronic attendance problems in child care and pre-K; setting up barriers to support services such as parenting groups; hampering opportunities for children to receive specialty services; interfering with parents’ work opportunities; eating up considerable portions of family income; and, for those providers who make transportation available, representing significant costs that are then not available for staff wages and benefits, facility improvements, and other quality factors.⁶

Lack of transportation throughout the state hampers parents’ ability to take advantage of services for children.

The state’s Head Start directors identified transportation as the biggest challenge for parents whose children attend Head Start in ten of Maine’s sixteen counties. In a survey of parents whose children

⁵ Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

⁶ Family Home Child Care Providers survey; Maine Parent Federation survey; Focus group of Head Start directors synthesis of group discussion, individual responses, 4/04/2019; Head Start Directors Parent Surveys, summary of multiple surveys; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019; Focus group of Maine Roads to Quality Professional Development Network technical assistance providers, 4/25/2019; Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

attend Head Start, those who reported that they do not access Head Start’s services for parents identified lack of transportation as the issue.⁷

Parents and providers often named issues with the transportation provided or reimbursed through MaineCare, the state’s Medicaid program. For example, while the cost of transportation to special services can be supported through MaineCare, the services may not be available if the service provider is located at a distance. Parents and providers also described unreliability of transportation services offered, leading them to opt for more costly alternatives.⁸

Information about child care options. Parents find it difficult to locate information about child care options.⁹ While there are new attempts to make information accessible online through Child Care Choices, Maine’s online child care choice website (<https://childcarechoices.me/>), and revisions to the state’s 2-1-1 system (helpline resources), we heard that those resources may not be well known to or meeting the needs of parents who are isolated from supports. Even when online lists of providers exist, they may not include the information that parents find critical, e.g., schedules of operation, whether subsidies are accepted. Parents with limited literacy skills face special challenges in accessing the information. Further, it is very difficult to keep information up-to-date, e.g., maintaining lists of currently available slots for infants.

We frequently heard from parents of vulnerable children and parent advocates that members of the medical profession in many parts of the state (where parents may first turn for help in locating child care, especially for infants and/or children with delays), have little knowledge about child care and are not able to be helpful. Further, parents believe some medical professionals do not see it as their role to provide referrals for support beyond medical needs. One father commented on the irony of hospitals providing information about college savings accounts to parents of newborns but not having any information about local child care for infants.

Parents are frustrated with the difficulty of finding information about child care and other services and the challenges of “registering” for services.

Parents of children with delays sometimes experience a “wait and see” attitude from general practitioners while parents of children with severe disabilities may receive support for medical issues but not developmental concerns such as language development. Stakeholders at the April Stakeholder Summit noted that the state has only a few developmental or specialized pediatricians who have long wait lists for appointments, approximately one year.¹⁰

⁷ Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019; Head Start Directors Parent Surveys, summary of multiple surveys.

⁸ Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019.

⁹ April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Head Start Directors Parent Surveys, summary of multiple surveys; Meeting of Maine Children’s Growth Council small group discussions and individual responses, 3/29/2019; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019.

¹⁰ Interviews with parents from Maine Parent Federation, June 2019; April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Meeting of Maine Children’s Growth Council small group discussions and individual responses, 3/29/2019; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019; Focus group of Professional Development Network technical assistance providers, Maine Roads to Quality focus group of TA providers, 4/25/2019.

The first contact that parents have with the system of early care and education through referrals, and the impression they receive of accessibility and understanding (or the opposite), can have long-lasting effects especially for parents who may feel vulnerable due to perceived differences in socio/economic status, education, race/ethnicity, language, or culture. We heard from parents who believe that front line workers do not have empathy with parents in their circumstances; they sometimes feel there is little understanding of parents' situations and therefore needs are readily dismissed. Some parents are afraid to ask for help so as not to appear needy, fearing a threat to retaining custody of their children. Parents who have had their own mental health challenges--and who may most need support--feel especially vulnerable when seeking information.¹¹

Finally, one aspect of accessibility is the ease of registering for child care, including the process of applying for subsidy. The child care subsidy system is confusing even to providers, and some do not want to accept children with subsidies to avoid the perceived issues that come with parents who are economically disadvantaged.¹² Parents find the amount of paperwork associated with obtaining support for services can be overwhelming. Requests for information are duplicative, and parents feel they have repeatedly collected and explained the same information about their circumstances to various providers.

Depending on location, current service providers, and/or socio-economic status, a parent may have support in completing the requisite forms to access services, but that support is variable and may not be available when circumstances change.¹³ For example, families with refugee status receive services for the first 90 days in the country; during that time a family case manager may sign up a child for care but if enrollment does not take place in that time period because of wait lists, the child may never actually be enrolled. *Mano en Mano*, which provides help to migrant farmworker families in Downeast Maine, assists families in locating and enrolling in child care but once a family's eligibility for services runs out, the same family may receive no guidance for transitioning to another care provider as the child ages.

Lack of mental health and behavioral supports. Parents, parent advocates, and providers lament the lack of services to help with children's disruptive behaviors and children's mental health needs. Parents also need mental health support to deal with their own traumas as well as the trauma their children may have experienced.¹⁴ While it is difficult to isolate the numbers of children in the 0-5 range who have had adverse childhood experiences (ACEs) the data for children ages 0-17 in Maine suggest rates that are higher than national rates. Almost one-fourth of Maine children have two or more ACEs; more than 10% exhibit behavior problems; 16.1% have been diagnosed with anxiety, 6.2% with depression, and

Parents and providers need support with strategies for addressing children's behavioral issues.

Parents need better access to mental health supports, including supports geared toward prevention of child abuse and neglect.

¹¹ Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019.

¹² Focus group of Professional Development Network technical assistance providers, Maine Roads to Quality focus group of TA providers, 4/25/2019.

¹³ Maine Parent Federation survey; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019; Interview with Phillip Berezney Migrant Education Program Director, *Mano en Mano*, 6/26/2019.

¹⁴ April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019.

12.3% with ADD/ADHD—all higher rates than national averages.¹⁵

Parents with substance use disorders experience health and mental health issues and may have unique support needs. Each year between 7-8% of children who are born in Maine have been exposed to or affected by parent substance use. When considering the population of children who are identified as abused or neglected, one-third of them have parents with active substance use disorders; the highest rates tend to be in more rural counties.¹⁶

Faced with children’s mental or behavioral issues, providers and parents often refer children to Child Development Services (CDS) for evaluation—even though the child may not actually have a developmental delay or disability. When the child is not identified as eligible for CDS services, both providers and parents are stymied and may not know where to turn. Parents with resources may be able to seek additional testing or afford private support while disadvantaged parents may face their child being expelled from child care or pre-K if providers feel they cannot handle the child’s disruptive behavior.¹⁷ See Chapter IV, Improving Program Quality, for more information about the problems of expulsions and suspensions.

New legislation requires the Commissioner of Health and Human Services to implement, beginning September 1, 2020, a statewide voluntary early childhood consultation program to provide support, guidance and training to families, early care and education teachers and providers working in public elementary schools, child care facilities, family child care settings and Head Start programs serving infants and young children who are experiencing challenging behaviors that put them at risk of learning difficulties and removal from early learning settings.

PARENTS OF CHILDREN WITH SPECIAL NEEDS

Parents and advocates for children who are vulnerable because of developmental delays and disabilities express concerns about access to and availability of services. Through a variety of data sources and methods, we heard that parents found it difficult to get information about specialized services for their children from CDS, medical providers, and for themselves, e.g., parent support groups. Parents desire more information about guidelines, service entitlements, and how to navigate the CDS system.

Parents find it difficult to work through the CDS referral and evaluation procedures, citing concerns about delays in processing paperwork and insensitivity of frontline workers--a common complaint associated with lack of understanding about barriers that poverty and trauma may present to families who have limited capacity to act on recommendations and follow through.

¹⁵ The Maine Children’s Alliance (2019). *Maine Kids Count data book 2019*. Augusta, ME: Author.

¹⁶ The Maine Children’s Alliance (2019). *Maine Kids Count data book 2019*. Augusta, ME: Author.

¹⁷ Interviews with parents from Maine Parent Federation, June 2019; April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Focus group of Professional Development Network technical assistance providers, Maine Roads to Quality focus group of TA providers, 4/25/2019.

Experiences in securing access to formal referrals vary, depending on the provider involved and their skill in navigating CDS channels. For example, Head Start and pre-K family advocates may guide parents through each step of the process while a family referred by a pediatrician may simply give up if they have no support to work through the steps. One member of the medical community also noted that there is no feedback loop to learn if a child who has been referred has been diagnosed so that the referring agent can follow up with the family.

Parents of children with delays and disabilities have mixed reactions to services available and the system of access.

Parents are most upset when it takes a long time for children who have been diagnosed to begin receiving services although they are very aware of and sympathetic with CDS' shortages of qualified staff (especially for speech therapy, occupational therapy, and physical therapy) and high caseloads (see more in Chapter V, Workforce Development, and VI, Supporting Children with Special Needs). Some parents believe the delays in providing services have hampered their child's development and readiness for success in Kindergarten.

While they may be concerned about the delays in referral and evaluation, parents do tend to express greater satisfaction once their children are receiving services through CDS providers, including the quality of providers and their empathy and care for children, and ability to explain diagnosis and services. As would be expected, parents advocate for an increased amount of one-to-one services with specialists. The nature of CDS service provision changes at transition points at ages three and five. Parents are aware of gaps in coordination and communication between home-based providers and center-based care at those transition points, and feel they were not prepared for the transition between developmental services and special education.¹⁸

Some parents reported difficulty finding appropriate care for children with developmental delays, including finding child care providers, especially family child care providers, who are comfortable accepting CDS providers to work with children in their settings. Some child care providers find the experience of another adult providing onsite support for children to be disruptive and thus they do not want to accept a child with special needs.¹⁹

MAINE'S CHANGING DEMOGRAPHICS: CHILDREN OF COLOR AND NEW MAINERS

While the overall population of Maine is only 5.4% non-White, the population of entering first graders of color is closer to 12% with about one third of those coming from a non-English speaking family.²⁰ The trend means that schools and other providers in education and service fields need a deeper understanding of dual language learners, racial and cultural differences, their own cultural biases and blind spots, and the challenges faced by children and families of color.²¹ For example, stakeholders report both that differences in child rearing philosophies may be leading to referrals for special services

¹⁸ Family Home Child Care Providers survey; Maine Parent Federation survey; Interviews with parents from Maine Parent Federation, June 2019; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019; Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/2019 and from Lewiston, Monica Miller and Monica Redlevske on 6/26/2019.

¹⁹ Maine Parent Federation survey; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/19; Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

²⁰ The Maine Children's Alliance (2019). *Maine Kids Count data book 2019*. Augusta, ME: Author.

²¹ Interview with Phillip Berezney Migrant Education Program Director, Mano en Mano, 6/26/2019.

that are not appropriate and also that families from certain cultures may be unwilling to seek mental health counseling because expressing needs for support in their countries of origin are stigmatizing.²²

Maine’s population has been augmented over the past 40 years with New Mainers--refugees, migrants, and asylees from 30 different countries. Maine has recently been receiving refugees from East Africa and the Middle East-- Somalia, Sudan, Congo, Ethiopia, Burma, Iran and Iraq—adding 150-750 new families annually.²³ The changing demographics have created greater population diversity in urban areas such as Portland, Lewiston, Westbrook and Biddeford.

Cultural, language, and service gaps pose challenges for refugee and immigrant parents of young children in need of care. When families are not comfortable with placing young children in care or do not know how to access care, the consequences hold back the adjustments to a new life for women and children. If women are staying home with children and not able to work or study English, their choices become limited. Children from non-English speaking families who enter Kindergarten without a pre-K experience are disadvantaged compared to their peers.²⁴

A growing population of immigrant, refugee, and migrant parents are challenged to access child care and other needed services.

Children from refugee and immigrant families face some unique challenges in regular child care settings. Providers lacking cultural competency skills may have difficulty understanding behaviors manifested by children who have experienced traumatic situations or grown up in survival situations. Further, families who themselves may not have had experiences in traditional schools are not able to help their children with issues they face, including behaviors that are perceived as disruptive by providers.²⁵

Some New Mainers have shown interest in becoming trained and licensed to provide care within their cultural communities. Barriers include substandard housing conditions that would not meet licensing requirements, landlords who will not allow family child care, and the lack of sources of start-up funds.²⁶

OTHER DESIRED SERVICES

“Non-mainstream” care. Available child care options are often not a good match for parents’ work schedules. For example, parents cannot find care for nights, weekends, or to cover the full length of the work day. Traditional child care hours simply do not accommodate the schedules of families doing shift work; Aroostook County Community Action Program staff mentioned, for example, that there are no providers that offer child care later than 6 pm in Aroostook County.²⁷

²² Focus group of Professional Development Network technical assistance providers, Maine Roads to Quality focus group of TA providers, 4/25/2019; Interview with Tarlan Admadov, State Refugee Coordinator for our Office of Maine Refugee Services, 7/2/2019.

²³ Interview with Tarlan Admadov, State Refugee Coordinator for our Office of Maine Refugee Services, 7/2/2019.

²⁴ Interview with Tarlan Admadov, State Refugee Coordinator for our Office of Maine Refugee Services, 7/2/2019.

²⁵ Interview with Kris Michaud, State Early Childhood Special Education Technical Advisor, 619 Coordinator, 3/18/2019.

²⁶ Interview with Tarlan Admadov, State Refugee Coordinator for our Office of Maine Refugee Services, 7/2/2019

²⁷ Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019; Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/2019 and from Lewiston, Monica Miller and Monica

Availability of supportive community resources varies widely by locale.

Child care and public pre-K schedules are less-than full day/full week. (See Chapter III, Maine’s System of Early Care and Education, for more information). From interviews we learned that in rural Oxford County, child care centers are struggling for enrollment because families want “full day full year” care, including family child care for infants and toddlers.²⁸ In a survey, the majority of responding Head Start parents from Androscoggin County expressed interest in full day/five-day care for

children 0-3.²⁹ See more about the lack of types of care in Chapter III, specifically difficulty in locating infant care.

Parenting support. Parents expressed the need for parenting classes and peer-to-peer support groups that they describe as “non-judgmental.” Stakeholders described the importance of “normalizing” parent support through education, providing information to all parents about the protective factors associated with parenting—avoiding stigmatizing parenting support as only necessary for low-income or high needs parents.³⁰

Community supports. Ancillary to the child care and education focus of the needs assessment data collection, we learned about other perceived needs for community resources. About half of the home visitors surveyed reported lack of resources for families in their communities; Head Start parent survey results suggested similar gaps.³¹ The need for safe housing was raised in various discussions. We heard that Section 8 housing can have long waiting lists. Increasingly, families are turned away from housing support because of drug-related offenses; strictness of enforcement depends on the entity conducting screening for housing.³²

SUMMARY

While parents and parent advocates identified many needs, they and stakeholders were also quick to point out current programs in Maine that serve as promising models or foundations for expansion of services. The exhibit on the next page lists some examples of supports that will further inform the strategic plan. Appendix C includes short descriptions of the promising resources cited below.

Redlevske on 6/26/2019; Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

²⁸ Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/19 and from Lewiston, Monica Miller and Monica Redlevske on 6/26/2019.

²⁹ Head Start Directors Parent Surveys, summary of multiple surveys.

³⁰ April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Meeting of Maine Children’s Growth Council small group discussions and individual responses, 3/29/2019; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019.

³¹ Interviews with parents from Maine Parent Federation, June 2019; Head Start Directors Parent Surveys, summary of multiple surveys.

³² Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

Exhibit 5: Examples of Promising Resources

- **Maine Families Home Visiting Program**
 - **Educare “one stop” services**
 - **Family Futures Downeast**
 - **Community Action Programs--Whole Family approach**
 - **Portland School Department’s Multilingual Center’s Parent Academy**
 - **AWRO Day Care—culturally inclusive child care**
 - **Child Care Choices website**
-

CHAPTER III: MAINE'S SYSTEM OF EARLY CHILDHOOD CARE AND EDUCATION

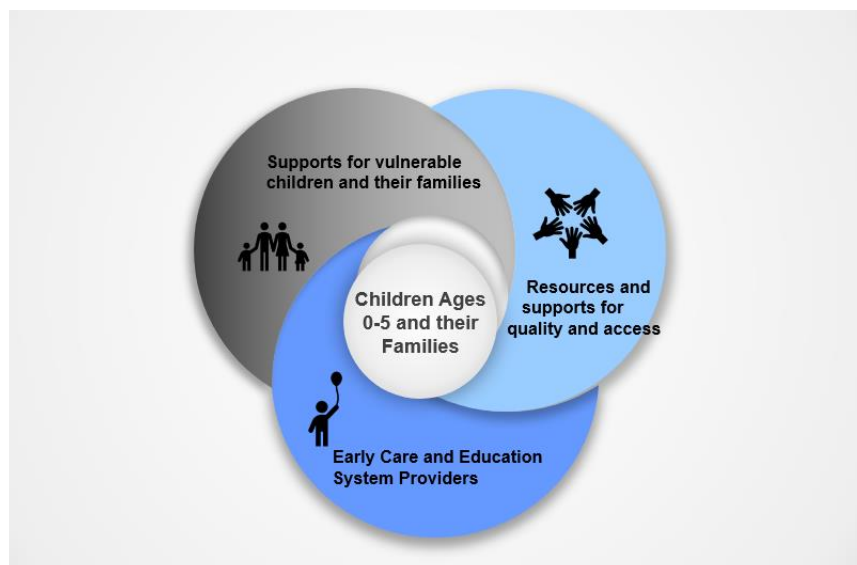
This chapter describes Maine's current system of early childhood care and education along with recent trends and challenges experienced by providers—all types of child care centers, family child care homes, Head Start, public pre-K, and informal care provided by families, friends, and neighbors. Those challenges include staff shortages; factors affecting vacancies; access challenges that are characteristic of a rural state with a changing population; and meeting the needs of vulnerable populations.

Information about the system of early childhood care and education was gathered from the Department of Education and Department of Health and Human Service agencies that collect data about providers, e.g. licensing, Head Start collaboration, Child Development Services. That information was supplemented by statewide reports from professional groups; interviews and focus groups with providers; and surveys, e.g., the 2018 Child Care Market Rate survey. The data that inform this chapter were reviewed by the Work Groups on child care services and distribution and public pre-K.

The previous chapter described issues related to child care from the viewpoint of parents and covered various access challenges associated with providers, including cost of care and limitations of subsidies, lack of transportation, need for information about options, and parents' need for other types of supports. We will not repeat the evidence for those needs in this chapter but reference them as they impact providers in the system of care. Similarly, needs related to quality and workforce are described in Chapters IV and V, respectively.

The joint Department of Education and Department of Health and Human Services committee overseeing the PDG grant defined the early childhood system (see Chapter I, Introduction) as comprising all types of care and education providers along with the resources and supports for quality and access, and related supports for vulnerable children and their families.

Exhibit 6: Maine's Early Childhood Care and Education System



CHILD CARE SERVICES AND PROVIDERS: CAPACITY, DISTRIBUTION, CHALLENGES

In addition to the needs described in Chapter II, Perspectives of Parents, the exhibit below highlights the major needs associated with the system capacity for child care and education, including public pre-K.

Exhibit 7: Priority Needs in the Early Childhood Care System

- **Maine’s working families need full-time child care, often outside a “typical” 8-4/9-5 day, to accommodate work schedules.**
 - **While difficult to estimate the numbers accurately, children who are not in child care or education settings and who are unconnected to other services may be especially vulnerable.**
 - **Child care vacancy rates are low with infant care in short supply and very expensive to provide.**
 - **Center based, family child care providers and Head Start programs face challenges with the increasing cost, turnover, and shortage of qualified staff. Shortages have resulted in fewer slots, and closure of classrooms or providers.**
 - **Affordability of child care is a major issue for families and the cost is affecting other family choices and opportunities.**
 - **Early care and education staff members require more extensive training to support children who increasingly demonstrate behavioral needs. Maine has had unusually high rates of expulsion and suspension in programs for young children.**
-

Needs of working families. Chapter II, Perspectives of Parents, describes factors that affect the child care needs of Maine’s working families, specifically record low unemployment combined with increases in the minimum wage and limits on TANF benefits which have brought some vulnerable parents into the workforce more quickly than previously (see explanation of changes in TANF benefits in Chapter II). Approximately 68-73 percent of children under the age of six have all available parents in the workforce, requiring arrangement for child care, often outside a “typical” 8-4 or 9-5 work day to accommodate parent’s work schedules.³³ In discussions with Parent Ambassadors, Head Start program directors, and Preschool Expansion grant leaders, we heard about the difficulty of locating child care for the full length

³³ Capless, K. Presentation on Child Care at April 5, 2019 Stakeholder meeting; The Maine Children’s Alliance (2019). *Maine Kids Count data book 2019*. Augusta, ME: Author; Center for American Progress (2016). *Maine early learning fact sheet* (drawn from US Census Bureau Parents in Labor Force); Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/2019 and from Lewiston, Monica Miller and Monica Redlevske on 6/26/2019.; Maine Children’s Alliance (June 2019). *The state of child care in Maine: 2019*.

of the work day, or for nights and weekends for those parents working variable shifts and alternative schedules.³⁴

The estimated number of children in the 0-5 age range in need of care for at least some portion of the day is 44,000. It is difficult to estimate how many children may not be in child care at all because there is not a good source of unduplicated data about enrollments. A 2017 statewide study estimated that 45%

Maine’s working families need full time child care, often outside the “typical” 8-4 or 9-5 day, to accommodate work schedules.

of Maine’s 3 and 4-year-olds were in public or private child care and preschool programs³⁵—applying the rate of children with all available parents in the workforce leads to an estimate of approximately 9700 in the age group who are in potential need of child care slots. Rates would be expected to be higher in the 0-2 age range and lower for 5-year-olds.

Shortages. The most recent statewide Child Care Market Rate survey (see Exhibit 8) shows that vacancy rates in child care programs are low in light of industry standards, that is, enrollments at or above 85% of desired capacity.³⁶

Exhibit 8: Statewide Vacancies, Subsidized and Desired Capacities by Age

Age Group	Description	Centers	Families	Total
Infants	Vacancies	250	202	452
	Subsidized Capacity	988	513	1,501
	Desired Capacity	2,132	1,349	3,481
	Vacancy Rate	12%	15%	13%
Toddlers	Vacancies	447	288	735
	Subsidized Capacity	1,498	854	2,352
	Desired Capacity	4,429	2,285	6,714
	Vacancy Rate	10%	13%	11%
Pre-school	Vacancies	924	368	1,292
	Subsidized Capacity	2,738	1,034	3,772
	Desired Capacity	10,184	3,564	13,748
	Vacancy Rate	9%	10%	9%

The totals of desired capacity in the 2018 Market Rate survey represent a little more than half the children in the 0-5 age range who have all parents in the workforce, similar to the estimate above. Of

³⁴ Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019; Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/2019 and from Lewiston, Monica Miller and Monica Redlevske on 6/26/2019.

³⁵ Educate Maine/Maine State Chamber of Commerce (2016). *Early Childhood Education: A Strong Foundation for Maine*.

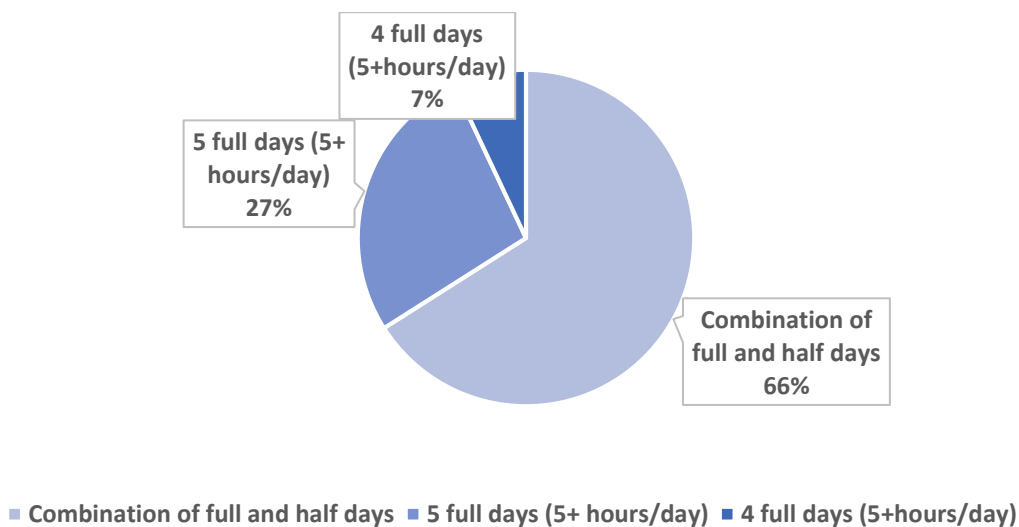
³⁶ ICF (June 2018). *Maine child care market rate survey*. Burlington, VT: Author; Capless, K. Presentation on Child Care at April 5, 2019 Stakeholder meeting.

course, simply adding up the number of vacancies does not tell the full story when geographic distribution and price of care are taken into account.

The overall figures also do not show the challenges of finding care to match work schedules. Many existing child care options are available for less than full time, five day per week care. For example, only about one third of Head Start programs, serving low-income families, offer full days for either four or five days per week. Almost half offer part-day programs.³⁷ As corroboration of parent need, over 60 percent of Head Start parents with children in home-based programs in Androscoggin County, expressed interest in a full day/five day per week classroom setting for children ages 0-3.³⁸ In interviews with YMCA programs—YMCA is the largest provider of child care in Maine—staff reported that full-day slots fill quickly as fewer families now opt for part-day care.³⁹

The picture of availability does not improve that much for five- year-olds. Even though enrollment in public pre-K has steadily increased over the past decade, most school administrative units do not offer full day/full week sessions. Only 27 percent offer five full days of public pre-K (a full day is defined as five or more hours); an additional 7 percent offer four full days.⁴⁰ The evaluation of the state’s current Preschool Expansion grant found that having full day programming was important for attracting enrollment from working parents.⁴¹ Exhibit 9 below shows the distribution of public pre-K schedules.⁴²

Exhibit 9: Public Pre-K Schedules



³⁷ Cunningham, N. Presentation at April 5, 2019 Stakeholder meeting.

³⁸ Head Start Directors Parent Surveys, summary of multiple surveys.

³⁹ Interviews with Meg Helming, Director of Advocacy and Impact; staff from Lewiston-Auburn and Bath YMCA child care programs, 6/10/2019 and 6/28/2019.

⁴⁰ Maine Department of Education (2019). *Maine Public Pre-K: Data results from 2017-2018 annual report*.

⁴¹ Warren, L. et. al. (December 2018). *Evaluation of Maine’s preschool expansion grant-year 3*. Framingham, MA: Early Childhood Associates, Inc.

⁴² Maine Department of Education (2019). *Maine Public Pre-K: Data results from 2017-2018 annual report*.

Isolated families. There are families who are financially able to care for and educate children at home, do not need supports, and choose not to enroll children in child care. We sought to learn about vulnerable families who may have high needs but whose children are not enrolled in any type of child care or public pre-K. While there is no formal data about these “unconnected” families, interviewees described families who may be:

- fearful of officials and institutions, including those who have had contact with Child Protective Services or who may be involved in substance abuse;
- grandparents and great grandparents who have taken on raising young children and whose generations are not comfortable seeking support outside the family;
- stressed by many factors and may not be able to “take on one more service;”
- transient or homeless without roots in the local community;
- struggling with mental health issues;
- from cultures that are not familiar with education beginning prior to formal schooling at Kindergarten or grade one;
- concerned that children will not receive services in child care settings for delays or disabilities; and
- “over-income” for Head Start or subsidies but who cannot afford the cost of private or community providers.⁴³

Families living in poverty often share a number of those stresses. Estimates are that Maine’s 3 and 4-year-olds at 200 percent of poverty or lower are less likely than higher income children to be enrolled in preschool, a gap of about 12 percent.⁴⁴

Infant care. The Work Group addressing child care providers and services emphasized the importance of increasing the availability of infant care. Stakeholders suggested that the results of the Market Rate survey may underestimate the statewide need for infant care; because infant care has high operational costs associated with required low staff ratios, some providers may simply decide not to offer it. Some providers are shifting away from providing infant care or reducing the number of slots to maintain staff-child ratios.⁴⁵ Head Start directors in several counties identified the lack of infant care as a major gap and Aroostook County CAP staff asserted that finding care for an infant is now almost impossible throughout the county.⁴⁶

Child care vacancy rates are low with infant care in short supply and very expensive to provide.

Maine Public Radio presented a four-part series during Summer 2019 about the statewide shortages of child care slots, highlighting the special challenges of rural areas. The report noted waiting lists of

⁴³ Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/2019 and from Lewiston, Monica Miller and Monica Redlevske on 6/26/2019; Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019; Interview with Phillip Berezney Migrant Education Program Director, Mano en Mano, 6/26/2019.

⁴⁴ Educate Maine/Maine State Chamber of Commerce (2016). *Early Childhood Education: A Strong Foundation for Maine*.

⁴⁵ Maine Association for the Education of Young Children Workforce survey, 2019.

⁴⁶ Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019; Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

dozens of children in Washington County with no expected openings for more than a year.⁴⁷ The report also found statewide shortages for infant care in more populous areas of the state. One Portland child care center reported a waitlist of more than four dozen families vying for eight infant slots.

The required staff-child ratios for infant care impact costs. The 2018 Market Rate survey found the annual median price of infant care to be \$11,180 for center-based care and \$7,800 for family day care. Those rates would require 30-45 percent of the income of a typical single parent with one child in care or 9-14 percent of the income of a married couple with one child in care. The gap between the true cost of high-quality infant care and current subsidies is \$14,759.⁴⁸ The costs of infant care as a percentage of family income vary widely by county, especially for center based care. Exhibit 10 shows the differences in costs by age group and type of care reported in the most recent Market Rate survey.⁴⁹

Exhibit 10: Cost of Care

Percent of Income for One Child in Care				
Provider Type	Age Group	Annual Price of Care	Percent of Income for Married Couple with One Child in Care	Percent of Income for Single Parent with One Child in Care
Center	Infant	\$11,180	14%	45%
	Toddler	\$10,400	13%	42%
	Preschool	\$9,828	12%	39%
	School-age	\$5,980	7%	24%
Family	Infant	\$7,800	9%	31%
	Toddler	\$7,800	9%	31%
	Preschool	\$7,280	9%	29%
	School-age	\$5,200	6%	21%

According to the Maine Children’s Alliance and assuming the federal benchmark of 7 percent of family income for affordable child care, 99 percent of low-income Maine families pay more than the federal benchmark for full-time child care and 59 percent of all families pay more than the benchmark.⁵⁰ Even so, anecdotally some providers report limiting the amount they charge because they believe families who do not receive subsidies cannot afford to pay market rate.

Center and family child care. Approximately 760 licensed centers and about 900 licensed family child care homes currently provide child care in the state. The number of child care centers has increased over the last decade while the number of family child care homes has declined substantially, by almost one third representing 3600 slots.⁵¹ The reduction in family child care homes affects rural areas

⁴⁷ Maine public radio staff (June 2019). *Part 2 Accessibility in Out of reach: Maine’s child care affordability problem*. Retrieved: <http://projects.mainepublic.org/child-care-deep-dive>

⁴⁸ Capless, K. Presentation on Child Care at April 5, 2019 Stakeholder meeting; Center for American Progress (2018). *Maine early learning fact sheet* (drawn from National Center for Children in Poverty data); Center for American Progress (2016). *Maine early learning fact sheet* (drawn from US Census Bureau Parents in Labor Force).

⁴⁹ ICF (June 2018). *Maine child care market rate survey*. Burlington, VT: Author.

⁵⁰ Maine Children’s Alliance (June 2019). *The state of child care in Maine: 2019*.

⁵¹ Maine Children’s Alliance (June 2019). *The state of child care in Maine: 2019*.

disproportionately since family child care is more likely to serve children in rural and especially isolated areas.⁵² For example, in Aroostook County most children who are not in Head Start or public pre-K are in family child care, all of which report long wait lists.⁵³ Washington County has about one third fewer providers and child care slots than it did a decade ago.⁵⁴

Family child care providers share some of the same challenges as centers, but family providers also noted the isolation of being without peers; the awkwardness of having CDS specialists come into their settings to provide services for children with special needs; and the hazards of being a solo provider in the face of challenging behaviors exhibited by some children. Maine Roads to Quality's Professional Development Network has initiated several communities of practice devoted to family child care providers.

Head Start and Early Head Start. In Maine, Head Start and Early Head Start serve approximately 3900 children, with the majority in Head Start (ages 3-5), approximately 80 percent of the total. The Head Start (ages 3-5) population has declined by about 20 percent over the past decade while the population of Early Head Start (ages 0-3) has increased by about 40 percent. Estimates are that Head Start and Early Head Start serve 40 percent of those eligible statewide.⁵⁵

In 2018, the waiting list for Head Start was a statewide total of about 1000 children, roughly half for Head Start and half for Early Head Start. Numbers on waiting lists are distributed across the state with the largest number in York County. Those figures are not unduplicated counts and may include some children who have found placements outside the Head Start program.⁵⁶ As an example of concentrated need, in Lewiston which has a large population of New Mainers, the Promise Head Start program has a waiting list of over 100 children. School administrators and community leaders estimate that only 20 percent of children 0-5 in Lewiston are in child care and education settings.

Challenges facing providers. As the above information suggests, the shortage of child care slots is documented from multiple perspectives and the trend is in the direction of further stresses on the system of child care. A major stress facing all providers is the shortage of qualified staff which is

Center based, family child care providers and Head Start programs face challenges with the increasing cost, turnover, and shortage of qualified staff. Shortages of staff have resulted in fewer slots and closure of classrooms or providers.

described in detail in Chapter V, Workforce Development. The demands for higher wages from competing entry level jobs with the increase in minimum wage and higher salaries paid by school districts for public pre-K are major factors in reducing an already tight pool of qualified staff.

As described in Chapters IV, Improving Program Quality, and V, Workforce Development, providers face high rates of turnover from the stress of working with children who have higher levels of need along with increased expectations of staff and the perception of low value of careers in the early childhood field.

⁵² Capless, K. Presentation on Child Care at April 5, 2019 Stakeholder meeting.

⁵³ Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

⁵⁴ Maine public radio staff (June 2019). *Part 2 Accessibility in Out of reach: Maine's child care affordability problem*. Retrieved: <http://projects.mainepublic.org/child-care-deep-dive>

⁵⁵ Interview with Nena Cunningham, Head Start State Collaboration Director, 2/27/2019.

⁵⁶ Interview with Nena Cunningham, Head Start State Collaboration Director, 2/27/2019; Cunningham, N. Presentation at April 5, 2019 Stakeholder meeting.

Information in those chapters addresses the high rates of expulsion and suspension in early childhood settings, the need for inclusionary practices and more extensive training to work with the growing number of children who have had adverse childhood experiences, and the need for cultural responsiveness when working with children from other cultures.

Providers, especially those in rural areas, that offer transportation devote a considerable portion of their budgets to enable families to access child care on a consistent basis. Head Start directors in twelve counties identified transportation as a major challenge. On surveys, Head Start parents also reported transportation as a top challenge.⁵⁷

EDUCATING MAINE’S FOUR-YEAR-OLDS: THE GROWTH OF PUBLIC PRE-K

Public pre-K is an important and growing component of Maine’s system of early care and education, serving as a critical bridge to Kindergarten for about 40 percent of the state’s young children. Given the potential for public pre-K to expand, we have placed emphasis on its strengths, challenges, and potential. Exhibit 11 below highlights needs related to public pre-K.

Exhibit 11: Priority Needs in Public Pre-K

-
- **Public pre-K is not available to all 4-year-olds with wide variation by district/locale but not necessarily associated with rurality or urbanicity.**
 - **Broadening the range of partnerships for public pre-K could expand opportunities; but organizational culture differences between school systems and other providers can pose challenges.**
 - **The “dosage” of public pre-K is insufficient in many locales. Part-day programs can pose challenges for working parents, creating the need for multiple transitions on a daily basis.**
 - **High rates of absenteeism are a problem for a significant proportion of pre-K students, a problem aggravated by lack of transportation in some areas.**
 - **Lack of alignment across levels limits the potential for sustaining gains made in early education. Elementary principals may not have had the background preparation required for integrating public pre-K into K-12 school systems.**
-

Over the past decade, the number of children served by public pre-K has more than doubled to approximately 5700 children (450 classrooms) in 150 of Maine’s 206 school administrative units, representing about 40 percent of eligible four-year-olds. Enrollment in public pre-K varies greatly by

⁵⁷ Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019; Head Start Directors Parent Surveys, summary of multiple surveys.

country from a high of 90 percent of four-year-olds in Aroostook County to a low of 13 percent in Cumberland County. Fewer than one-third of Maine’s four-year-olds are enrolled in public pre-K in Cumberland, York, and Sagadahoc Counties.⁵⁸ About one fourth of the school administrative districts partner or contract services in order to provide pre-K; one third of those partnerships involve Head Start.⁵⁹ During stakeholder meetings, family child care providers expressed interest in being considered as partners with schools in rural areas to provide pre-K experiences although staff qualifications may pose barriers.

During needs assessment discussions, we heard about the challenges of the partnerships set up to provide pre-K. For example, Head Start directors report challenges coordinating enrollment, health, food and safety, classroom instruction and compensation.⁶⁰ They believe more encouragement for meaningful collaboration from the Department of Education could strengthen partnerships.⁶¹

Public pre-K is not available to all 4-year-olds with wide variation by district/locale but not necessarily a pattern associated with rurality/urbanicity. Broadening the range of partnerships for public pre-K could expand opportunities.

Findings from the evaluation of the Preschool Expansion Grant (PEG) partnerships emphasized the importance of consistency in addressing policies associated with staff titles, responsibilities, supervision and evaluation. Frustrations have occurred when partners perceive unequal levels of engagement and responsibility.⁶²

Costs and funding. Funding for pre-K continues to be a challenge and the amount of state spending per child lags somewhat behind most other states. Support is a

combination of state funding and local match, a formula based on local property valuation. Maine ranks 36th among states in state spending per child for public pre-K, \$3,420 in 2018, a reduction from the prior year. The total state allocation in 2018 was \$19,316,515. When including the local match, Maine ranks 22nd among states in support for pre-K students.⁶³ In 2015 the Maine Education Policy Research Institute estimated that annual operating costs to serve all Maine 4-year-olds ranged between \$47-\$50 million, more than twice the current allocation.⁶⁴ Barriers to creating public pre-K programs are startup

⁵⁸ The Maine Children’s Alliance (2019). *Maine Kids Count data book 2019*. Augusta, ME: Author; Friedman-Krauss, A.H. et al (2019). *The State of Preschool 2018: State preschool yearbook*. New Brunswick, NJ: National Institute for Early Education Research (NIEER), Graduate School of Education at Rutgers, The State University of New Jersey; Maine Department of Education (2019). *Maine Public Pre-K: Data results from 2017-2018 annual report*; Madore, N. Presentation on public pre-K at April 4, 2019 Stakeholder Meeting.

⁵⁹ Maine Educational Policy Research Institute (March 2015). Executive summary from MEPRI report. *Public preschool programs in Maine: Current status and characteristics: A report for the Joint Standing Committee on Education and Cultural Affairs of the Maine State Legislature*.

⁶⁰ Early Childhood Associates (n.d.). *Maine PEG evaluation: Key themes from implementation study*. Framingham, MA: Author.

⁶¹ Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019.

⁶² Early Childhood Associates (n.d.). *Maine PEG evaluation: Key themes from implementation study*. Framingham, MA: Author.

⁶³ Friedman-Krauss, A.H. et al (2019). *The State of Preschool 2018: State preschool yearbook*. New Brunswick, NJ: National Institute for Early Education Research (NIEER), Graduate School of Education at Rutgers, The State University of New Jersey.

⁶⁴ Educate Maine/Maine State Chamber of Commerce (2016). *Early Childhood Education: A Strong Foundation for Maine*; Maine Educational Policy Research Institute (March 2015). Executive summary from MEPRI report. *Public preschool programs in Maine: Current status and characteristics: A report for the Joint Standing Committee on Education and Cultural Affairs of the Maine State Legislature*.

funding, space, and transportation. Start-up costs to add pre-K classrooms to the 30 percent of districts without them is estimated to be \$8-\$9 million.⁶⁵

Pre-K teachers in public schools are required to have BA degrees with early childhood training and enjoy salary parity with K-3 teachers. By comparison, Head Start salaries are often about half of the pay of a public-school pre-K teacher. Higher wages in public schools are drawing staff from child care and other services—a growing concern expressed by other providers if public pre-K were to expand further throughout the state.⁶⁶

Adequacy. Chapter 124 includes basic approval standards for public pre-K; Maine’s standards meet 9 of 10 national benchmarks for quality pre-K.⁶⁷ Most districts self-report compliance with the standards but find those related to maintaining class size and student-teacher ratios the most difficult to meet.⁶⁸ The standards are currently under review to strengthen requirements. For example, Chapter 124 only requires a minimum schedule of 10 hours per week. The schedules currently offered by many districts fall far short of what working parents need, creating multiple transitions for children on a daily basis as families must make additional child care arrangements.

Part-day/part-week programs pose challenges for working parents, creating the need for multiple transitions on a daily basis.

While Chapter 124 requires that a district offering public pre-K align curriculum and practice with Maine’s Early Learning and Development standards (MELDS), implementation is uneven. Curriculum and assessment vary by district. The Department of Education has recently made available at no cost an online, research-based curriculum, *Pre K for ME*, that is developmentally appropriate for four-year old children.

Most districts (78 percent) offer transportation in both directions for pre-K students, important for attracting enrollment.⁶⁹ The districts that do not provide transportation tend to be districts that fully contract out pre-K.⁷⁰ Lack of transportation is one factor contributing to chronic absence

High rates of absenteeism are a problem for a significant proportion of pre-K students.

⁶⁵ Educate Maine/Maine State Chamber of Commerce (2016). *Early Childhood Education: A Strong Foundation for Maine*; Maine Educational Policy Research Institute (March 2015). Executive summary from MEPRI report. *Public preschool programs in Maine: Current status and characteristics: A report for the Joint Standing Committee on Education and Cultural Affairs of the Maine State Legislature*.

⁶⁶ Interviews with parents from Maine Parent Federation, June 2019; April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Maine Association for the Education of Young Children Workforce survey, 2019; Interview with Nena Cunningham, Head Start State Collaboration Director, 2/27/2019; Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

⁶⁷ Maine Educational Policy Research Institute (March 2015). Executive summary from MEPRI report. *Public preschool programs in Maine: Current status and characteristics: A report for the Joint Standing Committee on Education and Cultural Affairs of the Maine State Legislature*.

⁶⁸ Maine Educational Policy Research Institute (March 2015). Executive summary from MEPRI report. *Public preschool programs in Maine: Current status and characteristics: A report for the Joint Standing Committee on Education and Cultural Affairs of the Maine State Legislature*.

⁶⁹ Warren, L. et. al. (December 2018). *Evaluation of Maine’s preschool expansion grant-year 3*. Framingham, MA: Early Childhood Associates, Inc.

⁷⁰ Maine Educational Policy Research Institute (March 2015). Executive summary from MEPRI report. *Public preschool programs in Maine: Current status and characteristics: A report for the Joint Standing Committee on Education and Cultural Affairs of the Maine State Legislature*.

(which may also be related to children’s and parents’ health, housing, transiency). The PEG evaluation shows that about 30 percent of pre-K children are chronically absent (10-20 percent of days offered) or severely absent (over 20 percent of days offered). Regular attendance is especially critical for vulnerable children; children who were chronically or severely absent were more likely than children with regular attendance to remain in high-risk status by the end of the pre-K year in cognitive, social-emotional, and physical development.⁷¹

The quality of public pre-K experiences can be greatly influenced by the knowledge of elementary

Elementary principals need increased knowledge/training to integrate pre-K into school systems.

principals and/or other district leaders. Principals need training in Chapter 124 expectations, high quality and developmentally appropriate teaching practices, how to support pre-K staff, how special education in pre-K may be different from K-12 special education services, and how to fully integrate pre-K within elementary schools.⁷²

Alignment and transitions. Public pre-K represents a unique place in a child’s development, presenting the opportunity to be an effective bridge between early care settings and the K-12 system—important transitions for families and children. Vulnerable families who have experienced various supports provided by early care settings may not receive the same level of supports when children enter pre-K. A survey of parents in the PEG evaluation showed that about 30 percent reported very limited or no involvement in their children’s pre-K and two thirds expressed the desire to increase their involvement.⁷³ In the same sites, however, most public school pre-K teachers indicated that helping families obtain services is part of their job responsibilities and more than three fourths said they had done so.

Head Start directors expressed concern that public-school staff do not necessarily understand the needs of vulnerable families.⁷⁴ In pre-K partnerships that included a Head Start partner, Family Service Advocates (FSA) were able to provide families assistance of many types. But when children transitioned to kindergarten and FSA services were no longer available, there was a “drop off” in services to families.⁷⁵

Lack of alignment across levels limits the potential for sustaining gains made in early education.

The success of transitions from public pre-K to Kindergarten seems to depend a great deal on school leadership. Tensions can arise when pre-K curriculum and philosophies are not well-aligned with Kindergarten curriculum and expectations of students. Meaningful alignment includes coordination of standards, curriculum, and assessments as well as data sharing, joint professional development and joint transition plans.

⁷¹ Warren, L. et. al. (December 2018). *Evaluation of Maine’s preschool expansion grant-year 3*. Framingham, MA: Early Childhood Associates, Inc.

⁷² Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/19 and from Lewiston, Monica Miller and Monica Redlevske on 6/26/2019; Early Childhood Associates (n.d.). *Maine PEG evaluation: Key themes from implementation study*. Framingham, MA: Author.

⁷³ Warren, L. et. al. (December 2018). *Evaluation of Maine’s preschool expansion grant-year 3*. Framingham, MA: Early Childhood Associates, Inc.

⁷⁴ Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019.

⁷⁵ Early Childhood Associates (n.d.). *Maine PEG evaluation: Key themes from implementation study*. Framingham, MA: Author.

Advocates for children from migrant, immigrant, and refugee families are especially concerned about transition into public school systems, many of which are not prepared to receive students from different cultures and who do not speak English. The migrant support program *Mano en Mano* observed that children from migrant families fall behind quickly in Kindergarten as families struggle to have school staff understand their needs.⁷⁶ On a teacher survey conducted for the PEG evaluation, public pre-K teachers rated themselves “least” and “less knowledgeable” about families’ faith and religion, how parents discipline their children, and families’ cultures and values.⁷⁷

SUMMARY

There are few easy solutions to address the shortages of child care slots but there are promising examples in Maine of partnerships that provide enhanced services to families, offer high quality services to children, and support the professional growth of staff. The exhibit below lists some examples of supports that will further inform the strategic plan. Appendix C includes short descriptions of the promising resources cited below.

Exhibit 12: Examples of Promising Resources

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- **Maine Roads to Quality Professional Development Network, including Communities of Practice**
 - **Child Care Choices website**
 - **Co-location Child Care, Head Start, CDS, e.g. Aroostook CAP**
 - **New legislation: An Act to Promote Social and Emotional Learning and Development in Early Childhood (provides consultation in mental health/social-emotional learning)**
 - **Preschool Expansion Grant Partnerships**
 - **Family Service Associates (FSA) Wraparound Services**
 - **Whole Family approach to services used by Community Action Programs**
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⁷⁶ Interview with Phillip Berezney Migrant Education Program Director, Mano en Mano, 6/26/2019.

⁷⁷ Early Childhood Associates, Inc. (March 2017). *Evaluation of Maine’s preschool expansion grant: Family and provider/teacher relationship quality measure summary report*. Framingham, MA: Author.

CHAPTER IV: IMPROVING QUALITY

In this chapter, we address elements of quality of child care and education: the current **quality rating system** that applies to child care programs; considerations related to quality in **different settings**; and **professional development** for the early care and education workforce, including high priority needs for training. The information in this chapter is closely related to Chapter V, Workforce Development.

Information for this chapter was gathered from stakeholders who have been involved with the current quality rating system and statewide professional development in different roles, including users of the systems; data from those systems and reports with recommendations for changes; individual interviews with technical assistance providers and child care and education providers as well as agency staff. The Work Group on improving quality reviewed and validated needs assessment data and endorsed the priorities, adding the issue of the low status image of child care field and emphasizing the general lack of understanding of the value of high-quality care on the part of parents, policymakers, and the general public. The exhibit below highlights the needs that emerged related to improving quality of programs.

Exhibit 13: Needs Related to Improving Quality

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- **Greater investment in early childhood education and care rests on a common understanding of quality and the long-term value of quality care.**
 - **Policymakers and the public often underestimate the true costs of attaining and maintaining high-quality programs. Without a realistic understanding of the cost and supports for improvement, ratings alone won't improve quality.**
 - **Programs are not moving across *Quality for ME* rating levels as anticipated. Family child care providers find it difficult to demonstrate quality in the rating system.**
 - **Current incentives for improving program quality are not adequate.**
 - **To ensure quality public pre-K, elementary principals need increased knowledge and training to integrate pre-K into school systems. Lack of alignment limits the potential for sustaining gains.**
 - **Staff training and experience are critical ingredients of quality. The early care and education professional development registry has an increasing number of active members, but participation is voluntary. Staff members need support and incentives to increase skill levels.**
 - **Children increasingly have greater needs for support. As the demographics of the state change, staff will require training in culturally based practices. Both trends intensify the need for professional development as do the unusually high rates of expulsion and suspension in child care.**
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THE EXISTING QUALITY RATING SYSTEM

Almost all states have in place some approach to assess and communicate the level of quality in early and school-age care and education programs, known as Quality Rating Improvement Systems (QRIS). Maine's QRIS, *Quality for ME*, is administered by the Department of Health and Human Services, Office of Child and Family Services, and has been in place since 2008. Maine Roads to Quality Professional Development Network (MRTQ PDN) is a key partner in Maine's professional development and quality systems, operating the professional development registry, offering support to programs seeking QRIS ratings as well as offering technical assistance to all types of child care programs.

A QRIS validation study was completed in 2011 which confirmed that programs at higher step levels did appear somewhat higher in classroom quality on an independent observational assessment using the Environmental Rating Scale. The same study also noted that quality improvements were needed across the board.⁷⁸ Recommendations for clarifying and strengthening the rating system indicators were generated by the *Quality for ME* Revision project in 2015-2016. Current changes are underway with the QRIS, including revisions to standards and levels with a pilot to be conducted in 2020.⁷⁹

Only half of the state's licensed child care programs currently participate in *Quality for ME*.

Quality for ME is a four-step system based on inputs (e.g., staff credentials, presence of a parent advisory council, implementation of child assessments, routinized planning) with specific criteria for each of four levels identified for family child care, center-base care, Head Start, and after school programs. Once a rating has been designated, it applies for three years. To participate at Level 1 (the initial step), a program must not have had a serious licensing violation in the previous twelve months and must have enrolled

100 percent of its current employees in the MRTQ PDN registry. Programs that achieve national accreditation (e.g., National Association for the Education of Young Children's Early Learning Program Accreditation) qualify for Level 4 (the highest level of attainment).⁸⁰

Licensed programs that accept subsidies from the Child Care Subsidy program as well as Head Start programs are required to participate in the QRIS; for other programs, participation is optional. Only half of the licensed child care programs in Maine have chosen to participate in the QRIS, suggesting that it is not operating as an effective mechanism for improving quality which is a common problem other states have also encountered with quality rating systems. Increases in participation in the past few years have been modest—3 percent more programs participating between 2016-2018.⁸¹ We explore below the possible reasons for low participation.

Most programs are not moving across levels at the rate anticipated.

Over half of the programs in the Maine system (63 percent) are currently rated at the lowest level of quality (Level 1) with only 17 percent at the highest (Level 4). Family child care centers were

⁷⁸ Lahti, M. et. al. (December 2011). *Maine's Quality for ME—Child Care Quality Rating and Improvement System (QRIS) final evaluation report*. Augusta, ME: Maine Department of Health and Human Services.

⁷⁹ Communication from Sonja Howard, Maine Roads to Quality, October 2019.

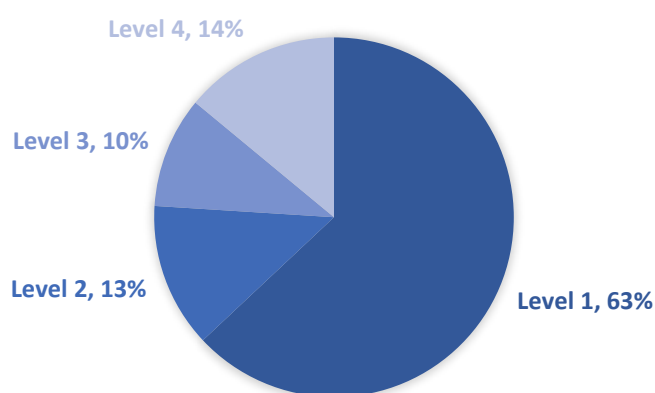
⁸⁰ *Quality rating system manual. Quality for ME: Maine's Quality Rating and Improvement System*.

⁸¹ The Maine Children's Alliance (2019). *Maine Kids Count data book 2019*. Augusta, ME: Author; Howard, S. Presentation on QRIS Care at April 5, 2019 Stakeholder meeting.

disproportionately represented at Level 1.⁸² Clustering at the lowest levels is also a national issue for other QRIS systems.⁸³ See Exhibit 14 for distribution of programs by level of quality.⁸⁴

Even Maine’s programs that have been in the system for several years typically do not make improvements that would qualify them to move up a step. After one to two years of enrollment in *Quality for ME*, almost 90 percent of family child care providers and 76 percent of center-based programs that began at Level 1 were still rated as Level 1, and the majority of both types of providers that started at Level 2 were still rated at Level 2. Family child care providers were less likely to advance than center-based and Head Start programs.⁸⁵

Exhibit 14: Distribution of Enrolled Programs by QRIS Level (2018)



While *Quality for ME* does not include child outcomes as a rating indicator, there is evidence that Maine’s higher-rated programs are producing results. The state’s Head Start programs (all required to be at Level 4) demonstrate statewide averages for two of three subscales of the CLASS observation that are higher than national averages. The CLASS is a proxy measure of outcomes that predicts child outcomes better than other classroom environmental measures. Head Start also measures child developmental outcomes (e.g., cognitive, social emotional, language). Between 83-89 percent of Head Start children meet or exceed benchmarks for outcome measures; in Early Head Start, 90-95 percent meet or exceed benchmarks.⁸⁶

There have been several substantial efforts to document the **barriers that programs face** enrolling and advancing in the QRIS. Providers cited staff qualifications and training requirements, financial and time constraints, documentation requirements, lack of incentives, and an inadequate support

⁸² Maine Child Care Advisory Council (2016). *Child care matters: Report to Legislature 2016*.

⁸³ Lahti, M. et. al. (December 2011). *Maine’s Quality for ME—Child Care Quality Rating and Improvement System (QRIS) final evaluation report*. Augusta, ME: Maine Department of Health and Human Services

⁸⁴ Howard, S. Presentation on QRIS and Registry at April 5, 2019 Stakeholder meeting.

⁸⁵ Lahti, M. et. al. (December 2011). *Maine’s Quality for ME—Child Care Quality Rating and Improvement System (QRIS) final evaluation report*. Augusta, ME: Maine Department of Health and Human Services

⁸⁶ Cunningham, N. (2018). *Head Start Snapshot-2018*. Augusta, ME: Maine Department of Education.

infrastructure.⁸⁷ The difficulties of finding qualified staff are described fully in Chapter V, Workforce Development. The lack of incentives for QRIS participation, and lack of understanding of the value and costs of quality are discussed further below.

LACK OF INCENTIVES FOR IMPROVING QUALITY

For the QRIS to drive costly quality improvements, many providers need to believe that the ratings have more than intrinsic value, that is, they need to “buy in” to the indicators used for evaluation; believe that the quality ratings are important to parents and other stakeholders who make decisions about placement and funding; and benefit by tangible supports that help them make the investments required to improve quality. For some providers the sense of professionalism provided by high ratings may be enough motivation; others are encouraged by the potential for attracting children who qualify for subsidies.⁸⁸ In the current climate of scarcity of child care slots, work group members observed that

Current incentives are not adequate to drive changes. Family child care providers feel they have no incentives to improve quality.

quality ratings are not a differentiator for parent consumers. With increasingly higher costs associated with competitive salaries and benefits, programs are finding that they have fewer dollars available to make quality improvements in facilities, the classroom environment, assessments, and staff training.

Child care programs with higher levels of quality can receive “quality bumps” in some child care subsidies: an extra 2 percent for Level 2, 5 percent for Level 3, and 10 percent for Level 4. Families enrolled in Level 4 programs receive a double child care tax credit on Maine income taxes; the benefit does not apply in cases where the family is receiving a subsidy. In the past, programs were eligible for mini-grants to support the cost of seeking accreditation (Level 4). Programs that pay state taxes and have a quality improvement plan may apply for a child care investment tax credit for expenses made to improve quality.⁸⁹

We heard from family child care providers that they believe they have no meaningful incentives to increase ratings on the QRIS, citing the need for financial support for basics such as professional development and curricular materials.⁹⁰ Family child care providers need supports for improving quality that are different from those that may work for center-based providers.

⁸⁷ Lahti, M. et. al. (December 2011). *Maine’s Quality for ME—Child Care Quality Rating and Improvement System (QRIS) final evaluation report*. Augusta, ME: Maine Department of Health and Human Services; Vishneau, M. et al. (August 2015). *Quality for ME Revision Project—Final Report, 2015*. Orono, ME: University of Maine Center for community Inclusion and Disability Studies, Portland, ME: University of Southern Maine Muskie School of Public Service.

⁸⁸ April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Focus group of Professional Development Network technical assistance providers, Maine Roads to Quality focus group of TA providers, 4/25/2019; Vishneau, M. et al. (August 2015). *Quality for ME Revision Project—Final Report, 2015*. Orono, ME: University of Maine Center for community Inclusion and Disability Studies, Portland, ME: University of Southern Maine Muskie School of Public Service.

⁸⁹ Interview with Sonja Howard, Pam Prevost, Jill Downes, Maine Roads to Quality, 2/26/2019

⁹⁰ Lahti, M. et. al. (December 2011). *Maine’s Quality for ME—Child Care Quality Rating and Improvement System (QRIS) final evaluation report*. Augusta, ME: Maine Department of Health and Human Services; Family Home Child Care Providers survey.

RECOGNIZING THE VALUE AND COSTS OF QUALITY

In an earlier survey of parents, it was clear that they valued some of the same elements of quality as rated in the QRIS, specifically staff qualifications, teacher-child ratios, and the learning environment. But they also highly valued other elements such as reputation with other parents and child satisfaction and believed that parents need to “trust their instincts” when judging quality.⁹¹

The Work Group that focused on improving quality was especially concerned that members of the public, business persons, policymakers, and even educators at other levels need to understand more about the value--and cost--of high-quality early care and education. The concern is that many, including high school guidance and career counselors, simply think of care and education as “babysitting” rather than a career option. They fear that the field of early care and education is no longer seen as a viable career path by those in career technical education. As a result, the costs of quality are underestimated. For example, to determine “true cost,” researchers have estimated the gap between the true cost of high-quality infant care in Maine and the current subsidy rate as \$14,759. If families with a median income had to pay the true cost of high-quality child care for two children in Maine, 61 percent of household income would go toward child care.⁹²

Policymakers and the public often underestimate the true costs of attaining and maintaining high-quality programs. Without a realistic understanding of the cost of quality, ratings alone won't improve quality.

Without a high value placed on early childhood education along with an understanding of true costs, investments won't be made in quality. Messages about the value of high-quality early care and education must be accompanied by information about the return on investment to be effective.⁹³

QUALITY: PUBLIC PRE-K

Public school settings do not participate in the *Quality for ME* system although their partners in providing care, e.g. Head Start, center-based child care programs, may be enrolled. During the stakeholder meeting and in interviews and focus groups, we did hear several quality issues associated with public pre-K. A frequent theme was concern about direction provided by elementary school principals who lack early childhood training. A supervisor who does not understand child development may push for practices that are not developmentally appropriate, and in fact, the opposite of quality practices.⁹⁴

⁹¹ Vishneau, M. et al. (August 2015). *Quality for ME Revision Project—Final Report, 2015*. Orono, ME: University of Maine Center for community Inclusion and Disability Studies, Portland, ME: University of Southern Maine Muskie School of Public Service.

⁹² Center for American Progress (2018). *Maine early learning fact sheet* (drawn from National Center for Children in Poverty data); Center for American Progress (2016). *Maine early learning fact sheet* (drawn from US Census Bureau Parents in Labor Force).

⁹³ Family Home Child Care Providers survey; April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses.

⁹⁴ April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses.

Preschool Expansion grantees validated the importance of elementary principals receiving specific training in Chapter 124 expectations (Maine’s pre-K guidelines), high-quality teaching practices in early education, understanding how pre-K special education differs from K-12 services for children with special needs, and support and supervision for early learning staff.⁹⁵

To ensure quality public pre-K, elementary principals need increased training and knowledge to integrate public pre-K into school systems. Lack of alignment limits the potential for sustaining gains.

Head Start directors reported that they sometimes find partnering on public pre-K operations difficult, citing lack of understanding of early learning standards and the challenges that vulnerable families experience.⁹⁶

CREDENTIALS OF CURRENT WORKFORCE

The relationship between early childhood preparation and credentials and quality outcomes has been well-established through national studies. Recent data from Maine’s Preschool Expansion Grant evaluation shows that teachers with early childhood certification score higher on measures of classroom quality, including teacher-child interactions and providing emotional support to children, both predictive of child outcomes. Teachers who express confidence in their own instructional practices also score higher on classroom quality measures.⁹⁷

Professional development registries allow early childhood educators to track their education, certification, and professional development attainments. MRTQ PDN maintains the state’s early care and education professional development registry to track credentials and skill development. The registry has an increasing number of active members; however, participation is voluntary and incentives for increasing skill levels are limited. Membership in the registry has grown steadily by approximately 500 to 1000 per year and currently stands at 11,326 active members.

While the state’s professional development registry has an increased number of active members, participation is voluntary and incentives for increasing skill levels are limited.

More staff currently working in the early childhood field, including those with early childhood degree preparation and certification, could become part of the registry. The 2015 report to the legislature on public preschools noted that only 37 percent of teachers were included in the registry; most of them (78 percent) had full early childhood certification. Only 26 percent of assistant teachers were enrolled in the registry, most with certification at Ed Tech Level II or III.⁹⁸

⁹⁵ Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/2019 and from Lewiston, Monica Miller and Monica Redlevske on 6/26/2019

⁹⁶ Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019.

⁹⁷ Warren, L. & Reed, S. (n.d.). Factors Associated with Classroom Quality in Preschool. Framingham, MA: Early Childhood Associates, Inc.

⁹⁸ Maine Educational Policy Research Institute (March 2015). Executive summary from MEPRI report. *Public preschool programs in Maine: Current status and characteristics: A report for the Joint Standing Committee on Education and Cultural Affairs of the Maine State Legislature.*

Exhibit 15 shows the composition of the current registry membership in terms of the level of education. Of the current enrollees in the registry, about one third have a degree concentration in early childhood education or a related field. But more than one third of enrollees only have a high school diploma/GED or less, and the proportion of enrollees at the lowest education levels is growing. In the most recent year, 56 percent of those added to the registry had a high school diploma or less education.⁹⁹ One implication is the increased need for core knowledge training in early childhood education provided by MRTQ PDN which offers about 100 core knowledge training courses annually, attended by approximately 1500 practitioners.

Exhibit 15: Composition of Professional Development Registry by Education Level



PROFESSIONAL DEVELOPMENT TO MEET CHANGING NEEDS

Two themes were consistently raised during interviews and focus groups about training needs for the current early childhood workforce:

- the increasing number of children who have high needs, including multiple adverse childhood experiences (ACES) and delays or disabilities; and
- the changing demographics represented by New Mainers and others, increasing the need for educators to become more culturally responsive.

⁹⁹ Howard, S. Presentation on QRIS at April 5, 2019 Stakeholder meeting.

A statewide teacher survey conducted for the Maine Social and Emotional Learning and Development Project shows the demand¹⁰⁰:

- over 60 percent of early childhood staff favored professional development to help them address children’s challenging behaviors and promote social-emotional development;
- almost 60 percent wanted onsite assistance from specialists; and
- about half desired increased support to help families with issues related to poverty, substance abuse and mental health.

Almost half of the early childhood teachers in the survey reported that the families of some children in their care have health, mental health, substance abuse or domestic violence challenges, representing an average of four children per classroom with those home circumstances.¹⁰¹ Interviews conducted during the needs assessment reiterated the need for more specific preparation of teachers in using positive behavior supports in managing classrooms.¹⁰² Some pre-K partnerships with high proportions of children with ACES report that they need to hire additional staff for classrooms, increasing costs, or add “floater” staff who can be ready to respond to behavior crises and help to maintain stable environments.¹⁰³

In a survey conducted for the QRIS Revision project, more than 80 percent of early childhood teachers reported feeling unprepared to work with children with disabilities (including intellectual disabilities, visual and hearing impairments, autism, and delays in physical development) and severe behavioral problems.¹⁰⁴

Increasingly, children have high needs, requiring staff with more extensive training in development and behavior management. High rates of expulsion and suspension corroborate the need.

Child Development Services leaders confirmed that they believe there are substantial numbers of “over-referrals” for special education, resulting from teachers’ frustration with children’s challenging behaviors.¹⁰⁵ Maine has limited funding and a shortage of trained specialists available to coach teachers to support children.¹⁰⁶

The patterns of high rates of expulsion and suspension in child care and early education further corroborate the need for more support for teachers in addressing behaviors and children’s mental health needs. While data about expulsions and suspensions are not consistently collected (and generally are believed to be under-reported), earlier data (2005) showed a higher ratio of expulsion from Maine’s

¹⁰⁰ Maine Social and Emotional Learning and Development Project (2016). *Report to the Joint Standing Committee on Education and Cultural Affairs of the Maine Legislature*. Augusta, ME: Maine Children’s Alliance.

¹⁰¹ Maine Social and Emotional Learning and Development Project (2016). *Report to the Joint Standing Committee on Education and Cultural Affairs of the Maine Legislature*. Augusta, ME: Maine Children’s Alliance.

¹⁰² Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

¹⁰³ Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/2019 and from Lewiston, Monica Miller and Monica Redlevske on 6/26/2019

¹⁰⁴ Vishneau, M. et al. (August 2015). *Quality for ME Revision Project—Final Report, 2015*. Orono, ME: University of Maine Center for community Inclusion and Disability Studies, Portland, ME: University of Southern Maine Muskie School of Public Service.

¹⁰⁵ Interview with Roy Fowler, CDS State Director, State Part C Coordinator, 2/28 /2019

¹⁰⁶ Maine Social and Emotional Learning and Development Project (2016). *Report to the Joint Standing Committee on Education and Cultural Affairs of the Maine Legislature*. Augusta, ME: Maine Children’s Alliance.

early care and education settings than in K-12 (more than 20 times higher) and in other states' reports of expulsions/suspensions in early childhood settings.¹⁰⁷

More recently, one in four early learning teachers reported removing a child from an early childhood setting; those rates were higher than rates for other age groups. Highest ratings of removal for behavior were from center-based child care, child care nursery schools, and child care partnerships. Almost one fourth of teachers in those settings reported pressure from parents of children who are concerned about the behaviors of other children in the classroom, threatening to remove their own children. The survey results also suggest higher rates of removal by public pre-K teachers than previous data.¹⁰⁸

New Mainers. As described in Chapter II, Perspectives of Parents, Maine has an increasing population of refugees, asylees, and other immigrants to the state who have different cultural, racial/ethnic and language backgrounds from the state's historically White population. Interviews conducted for the needs assessment surfaced concerns about the lack of preparation of many educators to work effectively with families from other cultures, especially those who may have had very different experiences with schooling. Staff are likely to need support to understand their own cultural biases and blind spots and build empathy for the challenges families experience while adjusting to new environments. Early childhood staff need information about language development in non-English speakers and dual language learners; interviewees expressed concern that some educators are confusing dual language development with developmental delays.¹⁰⁹

Some cities (e.g., Portland, Lewiston) have established services for New Mainers, including supports to train educators and smooth the transition of children into the public schools. But as the new populations expand from their original locations to other parts of the state, the need for culturally responsive early care and education staff will increase.

SUMMARY

Improving quality of programs remains difficult given the pressures to find qualified staff and to keep the cost of care as low as possible. Different settings (family home care, public pre-K) have different paths to improvement and different hurdles to overcome. Under the circumstances, the QRIS approach may not yield meaningful changes without a drastic overhaul of incentives. There does seem to be consensus, however, that investing in professional development for the current workforce is urgent and will yield dividends for staff and children.

The exhibit below lists some examples of initiatives that can be expanded or further developed in the strategic plan to support quality improvements, including professional development. Appendix C includes short descriptions of the promising resources cited on the next page.

¹⁰⁷ University of Maine, Center for Community Inclusion and Disability Studies. *Early Childhood Needs Assessment Information from CCIDS 2018-2023 Core Grant*.

¹⁰⁸ Maine Social and Emotional Learning and Development Project (2016). *Report to the Joint Standing Committee on Education and Cultural Affairs of the Maine Legislature*. Augusta, ME: Maine Children's Alliance; University of Maine, Center for Community Inclusion and Disability Studies. *Early Childhood Needs Assessment Information from CCIDS 2018-2023 Core Grant*.

¹⁰⁹ Interview with Phillip Berezney Migrant Education Program Director, Mano en Mano, 6/26/2019.

Exhibit 16: Examples of Promising Resources

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- **Maine Roads to Quality Professional Development Network**
 - **Inclusion credential (Center for Community Inclusion and Disability Studies)**
 - **Maine Resilience Building Network ACES training partnership with Maine Behavioral Health, THRIVE and Maine Association for Infant Mental Health**
 - **Washington County's Early Childhood Consultation and Outreach program**
 - **New legislation: An Act to Promote Social and Emotional Learning and Development in Early Childhood (provides consultation in mental health/social-emotional learning)**
-

CHAPTER V: WORKFORCE DEVELOPMENT

This chapter addresses needs associated with workforce preparation, recruitment, and retention. Underlying many of the challenges reported in the previous chapters is the shortage of qualified staff in all parts of the early care and education system. The need to recruit and train workers for the early childhood field was a major theme of the initial stakeholder meeting and continued to surface in interviews and discussions throughout the needs assessment data collection. In this chapter we describe both the **extent of the need** for workers and the **barriers to recruitment and retention**. Topics related to professional development for the current workforce are addressed in Chapter IV, Improving Program Quality.

Information for this chapter was gathered from stakeholders, surveys, and interviews or focus group discussion with agency personnel, technical assistance providers and Head Start directors. The Work Group on workforce development reviewed and validated needs assessment data and endorsed the priorities, adding the issues of the low status image of child care field and lack of clear pathways for advancement in the field. The concern about low status of the profession was also emphasized by the work group on improving quality.

The exhibit below highlights the major issues related to workforce development.

Exhibit 17: Needs Related to Workforce

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- **The talent pipeline for all early child care and education staff is diminishing and there is no centralized responsibility for addressing the challenge of attracting the future workforce, including collecting data to assist with planning.**
 - **Some positions, particularly special education, are experiencing severe and potentially detrimental shortages.**
 - **A primary barrier to attracting and retaining staff is low wages; pay increases in one sector of the early childhood workforce may drain workers from other sectors.**
 - **Sources of stress include the low image and perceived low value of the early childhood progression among the general public.**
 - **Pathways for advancement in the profession, including the availability of specific training and certification, are not clear.**
 - **Increasingly, children have greater needs, intensifying the importance of high quality-professional development.**
-

DIMENSIONS OF THE WORKFORCE SHORTAGE

There is no centralized source of information about workforce needs, availability, and pipeline but the concerns are pervasive in any conversation about child care and early education in Maine. The workforce is aging, child care workers are leaving the field, and the field is not attractive to those seeking new careers. The issue was a top priority of stakeholders in the initial needs assessment meeting and is corroborated by several recent statewide surveys and through examples of providers' hiring experiences.

The pipeline of potential early care and education staff is diminishing with no clear plan for addressing future needs.

The difficulty in finding qualified staff is experienced in the field as unfilled staff vacancies, reduced numbers of available child care slots, long wait lists, children not receiving services, positions filled temporarily with non-qualified staff, and even closure of programs. Parents who are unable to find care are not able to work. Delays in services to children with special needs hamper development. Those consequences are being felt currently, and the concerns for the future are even bleaker.¹¹⁰

Maine's Association for the Education of Young Children (AEYC) conducted a recent employment survey of members representing providers; the association's members represent all types of early care providers in the state. For the 2018-2019 year, respondents reported these challenges¹¹¹:

- 80 percent reported difficulty hiring staff
- 57 percent reduced child care services because they were unable to hire staff
- 56 percent reported difficulty with both hiring and retaining staff.

Head Start performance reports show similar patterns of shortages in the same year¹¹²:

- 18 percent of Head Start staff left the program (approx. 275) creating vacancies, and
- 30 percent of the vacancies remained unfilled by the end of the year.

Mid-year in 2019, CDS reported 15% of CDS positions were open with vacancies likely to increase as the year progressed. Some CDS case managers have upwards of 150 cases. This year's CDS report to the legislature noted the majority of vacancies due to staff departures remain unfilled.¹¹³ With low salaries and poor health insurance, CDS has found it difficult to keep staff, especially in rural areas. Services in

¹¹⁰ Family Home Child Care Providers survey; April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019; Focus group of Professional Development Network technical assistance providers, Maine Roads to Quality focus group of TA providers, 4/25/2019.

¹¹¹ Maine Association for the Education of Young Children Workforce survey.

¹¹² Interview with Nena Cunningham, Head Start State Collaboration Director, 2/27/2019.

¹¹³ Fowler, Roy K. (February 2019). *Child Development Services Annual Report to the Legislature*. Augusta, ME: Child Development Services; Interview with Roy Fowler, CDS State Director, State Part C Coordinator, 2/28 /2019; Interview with Kris Michaud, State Early Childhood Special Education Technical Advisor, 619 Coordinator, 3/18/2019.

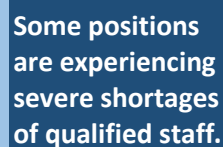
townships and unorganized territories are especially difficult to staff.¹¹⁴ See more later in the chapter about new resources provided by the legislature for increasing staff wages.

Examples of the problem that programs have had in hiring qualified staff emerged during interviews: The director of a large YMCA child care program reported receiving no applicants during a year-long search for a teacher with 0-5 certification.¹¹⁵ Participants in a focus group of Aroostook County educators which included higher education faculty described having very few applicants for open positions as well as a sharp downturn in college students enrolling in early childhood education courses. Participants also noted that most students in the regional campus of the University of Maine who are studying for master's degrees were already in positions in the early childhood field so would not be additions to Maine's early childhood workforce.¹¹⁶

At the stakeholder meeting and in several interviews (as well as in survey responses), we also heard about a different set of problems associated with new job applicants in the early childhood field—problems that could collectively be described as lack of fit with the profession. While applicants might have appropriate credentials on paper, during interviews they “show up unprepared,” demonstrate “little sense of responsibility or work ethic,” and in general are “not appropriate for working with children.”¹¹⁷

Effect of pre-K hiring. The expansion of public pre-K over the past decade (see more in Chapter III, Maine's System of Early Childhood Care and Education) has created some disruption in the field as a result of competition for qualified staff. Public pre-K teacher positions require a minimum of a bachelor's degree with early childhood education training; assistant teachers must hold certification as at Education Technical II or above. Salary parity for public pre-K teachers with K-3 teachers in public schools can almost double the salary paid to Head Start teachers. Further, increases in Maine's minimum wage have created competition from other entry level jobs for other roles in early care and education, making it more difficult to recruit and retain teacher assistants.¹¹⁸

Severe workforce shortages. While shortages of qualified staff are reported across the board, some positions are experiencing severe problems. In the current year's report to the legislature, Child Development Services (CDS) related significant numbers of identified preschool age children not receiving at least some of the services outlined in their Individual Education Plans (IEPs) which was attributed to the general statewide shortage of qualified special education personnel. Shortages were especially acute in Southern Maine, partly attributed to the higher cost of living in Southern Maine in relation



Some positions
are experiencing
severe shortages
of qualified staff.

¹¹⁴ Interview with Roy Fowler, CDS State Director, State Part C Coordinator, 2/28 /2019; Interview with Kris Michaud, State Early Childhood Special Education Technical Advisor, 619 Coordinator, 3/18/2019.

¹¹⁵ Interviews with Meg Helming, Director of Advocacy and Impact; staff from Lewiston-Auburn and Bath YMCA child care programs, 6/10/2019 and 6/28/2019.

¹¹⁶ April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

¹¹⁷ Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019; Maine Association for the Education of Young Children Workforce survey.

¹¹⁸ Maine Association for the Education of Young Children Workforce survey; Maine Family Home Visitor survey; April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Interview with Nena Cunningham, Head Start State Collaboration Director, 2/27/2019.

to low compensation rates and low unemployment in that part of the state.¹¹⁹ CDS leaders described the critical need for pediatric speech and language pathologies, citing an estimated 350 children on waiting lists for speech services.¹²⁰

A 2019 report on recommendations for child welfare reform described the high turnover of caseworker—turnover rates as high as 60 percent among caseworkers in the child welfare and protective system, affecting Maine’s most vulnerable children.¹²¹ Recent actions by the Governor are intended to bring down caseloads by adding 33 caseworkers along with additional caseworker supervisors and aides, intake workers and background check staff. The increase augments the additional 16 caseworkers approved by the Legislature in 2018. With the more recent additions, caseworker staff has increased by 20 percent over the past two years.

Other shortages were noted in interviews: mental health providers for the 0-5 population; home visitors (requirements are bachelor’s degree plus two years paid experience); providers who can operate in a bilingual environment and/or with dual language learners; and certified teacher assistants.¹²² Some interviewees spoke of graduates who have successfully completed the coursework associated with teacher assistant positions but who have not applied for certification, and therefore cannot be hired for open positions. The fees for certification and fingerprinting may be barriers to pursuing jobs.¹²³

BARRIERS TO RECRUITMENT AND RETENTION

Primary barriers to recruitment are the low status of field and low wages—which are also major issues in retaining staff already employed. Low wages combined with augmented expectations of staff and the stress of working with children with increasingly higher needs lead to staff turnover.

¹¹⁹ Fowler, Roy K. (February 2019). *Child Development Services Annual Report to the Legislature*. Augusta, ME: Child Development Services.

¹²⁰ Interview with Roy Fowler, CDS State Director, State Part C Coordinator, 2/28 /2019; Interview with Kris Michaud, State Early Childhood Special Education Technical Advisor, 619 Coordinator, 3/18/2019.

¹²¹ Day, C. et al (2019). *Maine Child Welfare: Priority reform recommendations*. Maine Children’s Alliance. Retrieved from: https://www.mekids.org/site/assets/files/1462/final_cwpriorityreformswhitepaper_1_8_2019.pdf

¹²² April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/19 and from Lewiston, Monica Miller and Monica Redlevske on 6/26/2019; Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

¹²³ Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/19 and from Lewiston, Monica Miller and Monica Redlevske on 6/26/2019; Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019; Meeting of Maine Children’s Growth Council small group discussions and individual responses, 3/29/2019.

Stakeholders and the work group that addressed workforce development emphasized the difficulty in

A source of stress is the low image and perceived low value of the early childhood profession among members of the general public.

attracting workers to careers in early childhood because of the low status image of work in the field. While part of the image is based in low wages across the board (see more below) most felt the negative attitudes about early childhood as a career were grounded in widespread lack of understanding of the importance of the early childhood years in human development. Observers believe the attitude formation starts early on when guidance counselors (and later college admission staff) fail to promote career paths in early childhood. Even those who have chosen the profession, especially family home providers, report feeling disrespected by other professions, e.g.,

medical providers, the court system.¹²⁴

Compensation. A primary barrier in attracting people to the field is the low rate of pay. In 2017, the median hourly wage for child care workers in Maine was \$11.18, an increase of 5 percent over the previous two years; state minimum wage that year was \$9.00 per hour. For preschool teachers, median wage in the same year was \$14.92. By way of comparison, the median wage for kindergarten teachers in the same time period was \$30.20. The wages vary considerably across the state by county.¹²⁵

CDS compensation packages have lagged significantly behind those of school administrative units and medical practices. With the state's recent budget/contract negotiations, there will be more dollars available for raises in compensation and salary step advancements of CDS teachers (set back by cuts several years ago) as well as improvements in health insurance so directors anticipate it will be easier to retain personnel. With the proposed increase in salaries, some who had left are contacting CDS about re-employment, corroborating the effect that wage rates are having on staffing.¹²⁶

A primary barrier is low wages; pay increases in one sector of the early childhood field causes disruption in others.

In addition to low wages, lack of benefits is also a recruitment and retention issue. Head Start directors suggested that the early childhood field may attract people who do not necessarily understand that they will not be able to support their families on the wages and benefits typical in early childhood.¹²⁷

Higher stress. Stakeholders, Maine Roads to Quality Professional Development Network technical assistance providers, Head Start directors and others we interviewed all spoke to the increased stress of working with children with high needs as a factor in staff retention.¹²⁸ In addition to training in how to support children with adverse childhood experiences, staff need time and support to develop relationships with parents. They may require mentoring on an ongoing basis to help understand

¹²⁴ Family Home Child Care Providers survey; Meeting of Maine Children's Growth Council small group discussions and individual responses, 3/29/2019; Focus group of Professional Development Network technical assistance providers, Maine Roads to Quality focus group of TA providers, 4/25/2019.

¹²⁵ University of California. *Early Childhood Workforce Index 2018*. Berkeley, CA: Author.

¹²⁶ Maine Part C State Systemic Improvement Plan (SSIP) Phase III, Year 3. April 2019.

¹²⁷ Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019.

¹²⁸ April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019; Focus group of Maine Roads to Quality Professional Development Network technical assistance providers, 4/25/2019.

families' perspectives and provide support when families experience crises. Because it is critical to provide consistent responses in traumatic situations, clear supervision is important.¹²⁹

We also heard about higher stress emanating from the higher level of expectations that has characterized the early childhood field in the last decade. Higher expectations require that staff and supervisors learn more about curriculum, pedagogy, and instruction—time consuming for staff members who already have tight schedules and difficult for programs who are already pressed to compensate staff.¹³⁰

The pressure to “get kids ready for school” may result in tensions around developmentally appropriate practice with staff members wondering what is best for children. Such pressure also leads to expulsions and suspensions.¹³¹

Increasingly, children have greater needs, intensifying the importance of high quality professional development.

The overall staff shortages mean that programs are hiring staff who have significant training needs; even when training is available, it takes time for inexperienced staff to develop the knowledge and skills to work effectively and confidently with young children.¹³² As noted in Chapter IV, Improving Program Quality, a large percentage

of staff in Maine's early care and education professional development registry have only a high school diploma or equivalent.

Preparing the workforce. In some cases, practitioners may experience higher levels of stress due to lack of knowledge and skills for their roles. We heard suggestions that preparation programs need to do more to get prospective staff members ready for the realities of working in the early childhood field, especially in the areas of:

- working with parents;¹³³
- universal design and inclusive practices;¹³⁴
- implementing curricula and conducting assessments for special needs students;¹³⁵
- understanding and working with children with autism;¹³⁶ and
- understanding of racial and cultural differences.¹³⁷

¹²⁹ April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019; Focus group of Professional Development Network technical assistance providers, Maine Roads to Quality focus group of TA providers, 4/25/2019; Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

¹³⁰ Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019.

¹³¹ Focus group of Professional Development Network technical assistance providers, Maine Roads to Quality focus group of TA providers, 4/25/2019.

¹³² Interview with Sonja Howard, Pam Prevost, Jill Downes, Maine Roads to Quality, 2/26/2019.

¹³³ Focus group of Professional Development Network technical assistance providers, Maine Roads to Quality focus group of TA providers, 4/25/2019; Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

¹³⁴ University of Maine, Center for Community Inclusion and Disability Studies. *Early Childhood Needs Assessment Information from CCIDS 2018-2023 Core Grant*; Interview with Roy Fowler, CDS State Director, State Part C Coordinator, 2/28 /2019.

¹³⁵ Interview with Roy Fowler, CDS State Director, State Part C Coordinator, 2/28 /2019.

¹³⁶ Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

¹³⁷ Interview with Tarlan Admadov, State Refugee Coordinator for our Office of Maine Refugee Services, 7/2/2019. Interview with Phillip Berezney Migrant Education Program Director, Mano en Mano, 6/26/2019.

Practitioners who are eager for additional training leading to degrees and credentials find distance and time to be barriers. The MRTQ PDN focus group of technical assistance providers identified the need to provide “mini campus” locations more proximate to locales that combine distance learning opportunities with some peer interaction and support.

SUMMARY

Recruiting and preparing as well as retaining a workforce for all roles in the early childhood field is a top need. Staff shortages have caused ripple effects in almost all areas and resulted in reductions in services to children and families and limitations on quality. However, there is a dearth of data about the pipeline that would enable clear decision making about allocation of resources.

The exhibit below lists some examples of initiatives that can be expanded or further developed in the strategic plan to begin to address workforce needs.

Exhibit 18: Examples of Promising Steps

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- **Use of apprenticeships**
 - **Clarifications around existing career pathways and developing alternative pathways to certification**
 - **A marketing campaign to promote careers in early care and education, highlighting the critical role of the early years**
 - **Dual certification such as the University of Maine Farmington approach to integrate early childhood and early childhood special education**
 - **Incentives for additional education, including loan forgiveness**
 - **Starting credit-bearing courses leading to credentials early on in Career Technical Education**
 - **Engagement of New Mainers as potential providers**
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CHAPTER VI: SUPPORTING CHILDREN WITH SPECIAL NEEDS

In this chapter, we address needs associated with supporting children with delays and disabilities, a topic that emerged in all work groups and in discussions with stakeholders. Parents had much to say about their desires for special services, providers of all types discussed endeavors to obtain appropriate and high-quality services for children in their care, and everyone recognizes that workforce shortages have deeply affected the capacity to provide special needs services. The information in this chapter is closely intertwined with the needs described in the other chapters of the needs assessment.

Exhibit 19: Needs Related to Supporting Children with Special Needs

- **Screening efforts are not coordinated across the state; results may be inconsistent, children may be screened several times, and there can be delays in referrals and evaluation.**
 - **Not all infants and toddlers who may qualify for developmental services are being identified early.**
 - **Parents of children with delays and disabilities find systems of support difficult to access and navigate, including challenges transporting children to services.**
 - **Transitions can create gaps (from Part C to Part B; preschool to K).**
 - **The shortage of qualified staff has impacted the system's capacity to meet needs of children with disabilities. Some specialties, e.g., speech and language therapists, are experiencing extreme shortages.**
 - **All providers need training to support children with special needs.**
 - **Children who are not eligible for CDS services but who still have needs, especially behavioral needs, represent a common and growing problem.**
 - **Health and mental health needs persist for some children and families. Available mental health services do not meet the needs, especially in infant mental health.**
-

Information for this chapter was gathered from discussions and interviews with stakeholders, including parents and providers, as well as relevant agency leads. Agency leads shared summary data and trends of referrals, evaluations, and service determinations along with formal reports compiled for the legislature. The Work Group on supporting children with special needs reviewed and validated needs assessment data and endorsed the priorities. Exhibit 19 above highlights the major issues related to supporting children with special needs.

Maine provides services for both Early Intervention (birth through two years, sometimes referred to as Part C services) and Appropriate Public Education (for ages three through five years, sometimes referred to as Part B/Section 619 services) through Child Development Services (CDS), a separate intermediate unit under the supervision of the Maine Department of Education. CDS consists of nine regional sites and a state office. The state CDS office maintains a central data management system, system-wide policies and procedures, and provides centralized fiscal services for regional CDS sites.

CDS is required to conduct Child Find activities for children birth-school age five who may be eligible for special education services. Child Find refers to the process of locating, identifying and evaluating children with disabilities to ensure that they receive services to which they are entitled. Children who are suspected of having a disability may be referred for a possible evaluation to determine if they are eligible for early intervention/special education services.

The system for supporting young children with delays and disabilities has been under stress due to limited capacity to meet growing needs—conditions that are reflected in the discussion in this chapter. Recently, the legislature appropriated additional funds that will help to alleviate some immediate capacity needs by addressing staff compensation and benefits for Child Development Services specialists.

There have been repeated legislative and administrative attempts to move services for children with disabilities ages 3 to 5 to public school settings and responsibility. Those deliberations have identified numerous issues that would need to be resolved, especially around costs and staffing. An advisory committee that explored the issues of moving services provided a series of recommendations: provide full reimbursement; help districts bill for Medicaid reimbursement; do not use the school funding formula; separate transportation issues; focus on facility needs; address staff and salaries; and pursue regionalization.¹³⁸

Some movement in the direction toward public school responsibilities has already occurred. CDS has increased the numbers of school administrative units that are contracted to provide special needs services. Forty SAUs provided services during the 2018-19 school year, an increase of 30 percent over the previous year.¹³⁹

ENTERING THE CHILD DEVELOPMENT SYSTEM

Screening. Statewide conversations about improvements in screening processes are underway now. Screening is currently carried out by a range of entities such as Women, Infants, Children (WIC), Maine Families, Head Start, and pediatricians. CDS staff note that children being “missed” in screening are likely to be in rural areas, those born at home, and older children who are being home-schooled.¹⁴⁰

¹³⁸ Interview with Kris Michaud, State Early Childhood Special Education Technical Advisor, 619 Coordinator, 3/18/2019; CDS Advisory Committee, see recommendations at <https://www.maine.gov/doe/CDS/CDSadvisorycommittee>

¹³⁹ Fowler, Roy K. (February 2019). *Child Development Services Annual Report to the Legislature*. Augusta, ME: Child Development Services.

¹⁴⁰ Interview with Kris Michaud, State Early Childhood Special Education Technical Advisor, 619 Coordinator, 3/18/2019.

Screening efforts are not coordinated across the state; results may be inconsistent, children may be screened several times, and there can be delays in referrals and evaluation.

CDS conducted a screening pilot project to self-assess strengths and weaknesses of the existing Child Find structure and identified numerous issues: lack of universal screening by the medical providers; physician referrals going to clinic-based medical services rather than Part C services; no single entity coordinating developmental screening; and the need for increased outreach to new Mainers.¹⁴¹

Data from MaineCare suggest that the medical community is not consistently identifying children in need of a referral to early intervention through routine developmental screenings. Only 30 percent of children with MaineCare had developmental screenings at the recommended periodicity, compared to a national median of 40 percent and a New England average rate closer to 80 percent.¹⁴² Several professionals questioned the reliance, in some screening situations, on parent questionnaires, e.g., the Ages and Stages questionnaire because parents may not understand typical development and there may be family pressure to dismiss any signs of problems.¹⁴³

The Developmental Systems Integration (DSI) project conducted between 2013-17 conducted pilots in several parts of Maine with the goal of improving screening, reducing duplication and ensuring communication and timely follow-up with cross-disciplinary stakeholders, including the medical community. While overall screening rates remained low, the project was able to increase the rates of screening of children ages 1-3. The project identified obstacles in sharing information across disciplines, making timely referrals, and working with families who have English as a Second Language.¹⁴⁴ The Maine Legislature passed a bill (LD 1635) in the most recent session requiring a re-convening of the DSI participants to determine the capacity of the state to provide child find and early and periodic screening, diagnostics, and treatment services to children from birth to 8 years old by the end of 2019.

Early identification. Based on 2017 data, Maine has a very low rate of early intervention services provided prior to the first birthday, ranking 50th in the nation among states for rates of identification.¹⁴⁵ CDS has explored the root causes of low infant referral which include lack of reliability of the screening/evaluation tool and the inappropriate use of clinical opinion in the determination of eligibility.¹⁴⁶ With a concerted effort to conduct more outreach, CDS received 11 percent more referrals for ages 0-3 and the average age of referral dropped from 18.24 months to 16.5 months, suggesting that additional capacity and resources applied to seeking referrals does yield benefits. Of those referred, the percent determined to be eligible for services increased only slightly and the age of those found to be eligible increased.¹⁴⁷

Not all infants and toddlers who may qualify for developmental services are being identified early.

¹⁴¹ Maine Part C State Systemic Improvement Plan (SSIP) Phase III, Year 3. April 2019.

¹⁴² The Maine Children's Alliance (2019). *Maine Kids Count data book 2019*. Augusta, ME: Author.

¹⁴³ Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

¹⁴⁴ Maine Quality Counts (September 2017). *Developmental Systems Integration (DSI) Overview of Project Work 2013-2017 and Recommendations Package*. Augusta, ME: Maine Department of Health and Human Services.

¹⁴⁵ April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses; The Maine Children's Alliance (2019). *Maine Kids Count data book 2019*. Augusta, ME: Author

¹⁴⁶ Maine Part C State Systemic Improvement Plan (SSIP) Phase III, Year 3. April 2019.

¹⁴⁷ Maine Part C State Systemic Improvement Plan (SSIP) Phase III, Year 3. April 2019.

The reason for concern with low identification rates of infants and toddlers is the delay in children receiving services. Children may lose valuable development opportunities and potentially require greater needs for special services later on. The exhibit below includes data that makes that point—by the time children reach the age where more children are screened in public pre-K or public school settings, the rates of identification increase.¹⁴⁸

Exhibit 20: Percent of Children by Age Group Identified with Delays or Disabilities /Receiving Services (2016-2017)

	Maine	States with same Part C criteria as Maine	National
Children under age 1 identified for Part C intervention (median %)	0.6%	0.9%	1.1%
Children under age 3 identified for Part C intervention (median %)	2.4%	2.82%	3.0%
Children ages 3-5 identified for Part B/619	8.6%		7.3%
Children older than age 5 identified for special education services	12.3%		8.3%

As suggested above, with more concerted effort, the percent of children identified for intervention is likely to increase. For example, Maine Families Home Visiting conducts routine screening of all children enrolled (under the age 2) and referred 6.7 percent of the population.¹⁴⁹

Longitudinal tracking data to determine whether early intervention is able to prevent the need for services later on in K-12 is currently not readily available due to incompatibility of data systems, pointing to the need for including children in early care and education in a longitudinal data system.

Parents of children with delays and disabilities find systems of support difficult to navigate.

Parents. Parents and some providers have found it difficult to access and navigate CDS systems, beginning with the referral of children for evaluation and diagnosis. Parents have been challenged to obtain information about services for their children, locate educational resources, and find support groups. Parents reported needing information about guidelines, service entitlements, and how to navigate the system. About half the parents in a small survey of parents of students with special needs

reported concerns about delays in evaluations or receiving services, including delays from processing

¹⁴⁸ The Maine Children’s Alliance (2019). *Maine Kids Count data book 2019*. Augusta, ME: Author; Communications from Roy Fowler based on U.S. Department of Education, EDData Metadata and Process System (EMAPS): “IDEA Part C Child Count and Settings Survey,” 2017.

¹⁴⁹ Maine Families (2014). *Maine Home Visiting Summary Report*. Augusta, ME: Maine Department of Health and Human Services.

required paperwork. A common complaint from parents was feeling that they were not treated professionally during the process.¹⁵⁰

Experienced child care and education providers as well as advocates are able to assist some parents through the referral process. But vulnerable families who are on their own, e.g., referred by a pediatrician, may give up on the process without extra support from advocates to work through the steps. Parents reported receiving helpful assistance with referrals from family home visitors, migrant program staff, preschool teachers, Head Start staff and the Maine Parent Foundation. Head Start directors assert that the capacity of CDS case managers is stretched thin and they may “give up on families” too soon, not recognizing the barriers that poverty and trauma place on families’ abilities to both navigate the referral process and follow up as needed.¹⁵¹ In the most recent session of the Maine Legislature, LD 997 was enacted to provide a statewide voluntary early childhood consultation program to provide support, guidance, and training to families and providers serving young children who are experiencing challenging behaviors.

As mentioned, families may turn to the medical system for support when they become aware that their child may need evaluation or special support. During the needs assessment process, we frequently heard that medical providers are not well informed about developmental delays and the supports that parents need. Sometimes children’s medical issues are so severe that a pediatrician may overlook other developmental delays; in other cases, medical practitioners may simply not have the expertise to notice some types of developmental delays. We heard several times that parents were simply told “wait and see,” resulting in delays of referrals and services. Maine has only a few developmental or specialized pediatricians, and they have long wait lists for appointments, estimating one-year waits.¹⁵²

CHALLENGES IN THE CURRENT CDS SYSTEM

Once children have been referred, evaluated, and are receiving services, most parents in the small survey seemed pleased that the results of diagnoses were well explained, and they were satisfied with CDS services. Some parents gave high marks to the empathy and quality of the CDS providers working with their children.¹⁵³ Parents value the support provided to their children and spoke to the desire that their children would have more one-to-one time with specialists, even when it involves leaving a child care setting for services.¹⁵⁴

Transitions can create gaps (from Part C to Part B/619; preschool to K).

Parents sometimes expressed concerns about the length of time between diagnosis and the start of services. The official timelines for Part C allow 45 days from referral to have an Individualized Family

¹⁵⁰ Maine Parent Federation survey; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019.

¹⁵¹ Maine Parent Federation survey; Interviews with parents from Maine Parent Federation, June 2019; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019; Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/2019 and from Lewiston, Monica Miller and Monica Redlevske on 6/26/2019.

¹⁵² April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses.

¹⁵³ Maine Parent Federation survey; Interviews with parents from Maine Parent Federation, June 2019.

¹⁵⁴ Family Home Child Care Providers survey; Maine Parent Federation survey; Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019.

Service Plan in place; the timeline for Part B/619 is 60 days from parental consent for evaluation to having an Individualized Education Plan. In some cases, parents reported delays because there were no case managers available. Parents are very aware of statewide staff shortages affecting CDS, particularly in the fields of speech, occupational therapy and physical therapy.

Both parents and providers noted gaps that occur when children transfer from Part C services at age 3 to Part B services--representing a gap in coordination and communication between home-based providers and center-based care.¹⁵⁵ Sometimes children who have received Part C services (0-3) may not be eligible for Part B Section 619 services (ages 3 to 5).

One of the coordination gaps is related to transportation. Children 0-3 may be receiving services at home but when children are in center based or family care between ages 3-5, children may need to be transported from care sites to a point of CDS service. This situation can be disruptive for children and providers. The cost of transportation is a major cost driver. MaineCare-provided transportation has been problematic in terms of capacity, coverage and reliability, sometimes leading CDS to use costly commercial transport.¹⁵⁶ Transportation provided through MaineCare may not be available if the child is seeing a specialist at a distance from the local area.

The problems emanating from the shortage of qualified staff--which are especially acute for CDS—are covered in detail in Chapter V, Workforce Development.

SUPPORTING PROVIDERS

Child care staff and other providers expressed interest in learning how to more effectively advocate for children with developmental disabilities and their families.

All providers need training to support children with special needs.

Early care providers have many questions about the CDS system which they direct to the Maine Roads to Quality Professional Development Network “warm line.” Providers often ask for help in organizing the schedules of CDS contractors and troubleshooting ways to help children receive services for which they are eligible. When children receive specialized services outside of the child care setting, child care providers miss out on the opportunity to reinforce learning practices. Technical assistance providers believe that more integrated services would build bridges between CDS specialists and child care providers.¹⁵⁷

There is a larger need to educate staff in the broad early childhood field about inclusionary practices. The Center for Community Inclusion and Disability Studies (CCIDS) early childhood needs assessment calls for increased knowledge and skills related to disabilities and evidence-based inclusive and universal

¹⁵⁵Interviews with parents from Maine Parent Federation, June 2019.

¹⁵⁶ Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/2019 and 3/30/2019; Fowler, Roy K. (February 2019). *Child Development Services Annual Report to the Legislature*. Augusta, ME: Child Development Services; Focus group of Maine Roads to Quality Professional Development Network technical assistance providers, 4/25/2019.

¹⁵⁷ Focus group of Professional Development Network technical assistance providers, Maine Roads to Quality focus group of TA providers, 4/25/2019.

design practices.¹⁵⁸ As discussed in Chapter IV, Improving Program Quality, child care and education staff reported that they are unprepared to work with children with disabilities. In the same chapter, we discussed the growing challenge of addressing the needs of children who have been evaluated but not diagnosed with a delay or disability—especially needs associated with behavioral issues which may result in expulsions or suspensions.

SUMMARY

The challenges faced by CDS are known and acknowledged—many stemming from the shortage of qualified staff to fill positions. Other barriers are related to providing specialized services to children who are geographically dispersed over large areas, including the costs of transportation for providers. There have been many efforts toward improvement, including engaging school administrative units as providers, a major pilot to develop efficiencies in screening of young children, and professional development for early childhood professionals to prepare them for working with children who have special needs.

As noted above, during its most recent session, the Maine Legislature required a re-convening of the study group that earlier work on child find and early and periodic screening, diagnostics, and treatment services to children from birth to 8 years old. The Legislature also required an objective evaluation of early childhood special education services, including an assessment of other states' approaches to providing services and a plan for transition of CDS services to local administrative units, if found appropriate.

The exhibit below lists some examples of initiatives that can be expanded or further developed in the strategic plan to support students with special needs. Appendix C includes short descriptions of the promising resources cited on the next page.

Exhibit 21: Examples of Promising Resources

-
- **Inclusion credential**
 - **Developmental System Integration Reports and Pilots**
 - **Maine Resilience Building Network ACES training partnership with Maine Behavioral Health, THRIVE and Maine Association for Infant Mental Health**
 - **New legislation: An Act to Promote Social and Emotional Learning and Development in Early Childhood (provides consultation in mental health/social-emotional learning)**
-

¹⁵⁸ Focus group of Maine Roads to Quality Professional Development Network technical assistance providers, 4/25/2019; University of Maine, Center for Community Inclusion and Disability Studies. *Early Childhood Needs Assessment Information from CCIDS 2018-2023 Core Grant*; Interview with Roy Fowler, CDS State Director, State Part C Coordinator, 2/28 /2019.

CHAPTER VII: CONCLUSION

During the initial stakeholder meeting, one participant commented that “there are more puzzle pieces than puzzle” -- which may describe how the reader is now feeling about this complex picture of different perspectives about gaps in services for Maine’s vulnerable young children and their families as well as many promising opportunities to learn from and build upon. Through the needs assessment process, we learned that many potential collaborators are passionately interested in working together to fit the piece together toward a more cohesive whole. Some important foundations are in place, some “puzzle pieces” are coming together (e.g., the additional staff allotments for CDS, quality changes to Chapter 124), and others remain gaps.

In moving toward addressing the needs and gaps, it has been important to prioritize concerns and look for the larger underlying themes that are at the roots of many needs. Themes about needs that consistently appeared in discussions are listed in Exhibit 22.

Exhibit 22: Consistent Themes of Needs

WORKFORCE	Current and future workforce shortages in all parts of the early childhood field
CAREERS	Low image of early childhood as a career/profession and attendant low wages
ACCESS	Need for better access for families which includes transportation, information, costs, navigating systems
SHORTAGES	Limitations on desired availability of child care: slots for infants, locations, schedules to meet needs of working families
HIGH NEEDS	Increase in children with high needs, especially with behavioral and mental health needs
TRAINING	Staff require more professional development to work with high needs children and families
QUALITY	Current incentives are inadequate to spur improvements in program quality

While the needs are significant, stakeholders demonstrated determination to work together to solve problems. Stakeholders and work group members were able to identify many possible strategies to tackle needs, including the revival of some programs and structures that had previously been in place, e.g., the expansion of pilot efforts such as the Developmental Systems Integration effort, or local innovations, e.g. Bath’s pre-K choice model.

During the six-month period while the needs assessment was underway, the state’s new Governor re-established the Children’s Cabinet—meeting an objective that had surfaced earlier in the year at the April stakeholder summit. The Children’s Cabinet was first convened in 1996 and enacted into Maine law

in 2001 but had not been convened since 2010. The Cabinet comprises commissioners of several agencies as well as the Governor's office. The new Cabinet's goal is to increase the number of children entering Kindergarten prepared to succeed by making improvements to access, quality, and the workforce.

Also, during the past six months, significant headway was made in improving salaries and benefits for CDS staff with the state's recent budget/contract negotiations, including improvements in health insurance, professional development allowances, and salary step advancements which had been set back by cuts several years ago. The same time period saw more active promotion of resources such as the Child Care options website.

Further, as described in early chapters, during its 129th session this year, the Maine State Legislature enacted several laws that will have a direct effect on the needs that have been identified:

LD 997 Promote Social and Emotional Learning and Development for Young Children. Includes consultation program, training. This bill requires implementation of a statewide voluntary early childhood consultation program to provide support, guidance and training to families, early care and education teachers and providers working in public elementary schools, child care facilities, family child care settings and Head Start programs serving infants and young children who are experiencing challenging behaviors that put them at risk of learning difficulties and removal from early learning settings.

LD 512 Create task force to study and plan for implementation of Maine's early childhood special education services, including examination of plan to restructure CDS.

In addition, several bills that were introduced in the latest session of the Legislature but carried over are directly related to identified needs:

LD 1584 Attract, Retain, and Build and Early Childhood Education Workforce through Increased Training, Education and Career Pathways. Includes CTE expansion, apprenticeship, scholarships, salary supplements, stackable credentials.

LD 1715 - An Act To Reorganize the Provision of Services for Children with Disabilities from Birth to 5 Years of Age. This bill moves responsibility for providing special education and related services for children who are at least 3 years of age and under 6 years of age from the Department of Education, Child Development Services System, the state intermediate educational unit, to the school administrative units of residence of the children. This bill eliminates the Child Development Services System and moves the entire responsibility for providing services to children from birth to under 3 years of age to the Department of Education's office of special services.

COLLABORATION, COORDINATION, INFRASTRUCTURE FOR JOINT WORK

Collaboration among many players in the early care and education system will be required to address the needs identified. The actions of the Governor and Legislature over the past six months are indications of the urgency for addressing challenges that stakeholders identified at both summit

meetings. Stakeholders shared their frustration with past attempts at framing needs and developing plans which never were acted upon. The summits themselves represented the ways that people want to work together to align systems, reduce duplication, better serve customers, and learn best practices from each other. The opportunities to have dialogue with colleagues from different agencies, public and private providers, statewide and local organizations were well received.

At the April summit, the conversations about desired collaborations surfaced these themes:

- **better inter-agency communication**, specifically connections among the Department of Education, Department of Health and Human Services, and Department of Labor with a desire for cross-training so that department staff could better understand each other’s policies related to vulnerable children and their families;
- strong connections between the **legal system and public health**;
- more deliberate alignment and stronger connections of the early care and education system and **K-12 education**;
- looping in the **medical community** as a partner with early care and education providers to provide “next steps” information to families with a child who has delays or disabilities;
- **coordination of information** collected from and provided to family customers—common eligibility requirements, a “one access” or “one stop” approach;
- reduction of **regulatory burdens** (e.g. background checks) imposed by different agencies on providers by aligning and streamlining requirements;
- **community partnerships** to reduce system barriers at the local level and identify needs in the community that may not easily be noticed and develop coordinated responses; and
- **regional Children’s Cabinets**, acknowledging the considerable regional differences in circumstances and resources across the state, to inform the statewide Children’s Cabinet.

Based on the priority needs identified through the needs assessment, the specific target areas for coordination/collaboration among agencies and other partners are shown in Exhibit 23 below. Even a glance at the exhibit makes clear that the solutions to priority needs will require the cooperation of multiple parties—state agencies and departments, providers, advocacy/support groups, the medical community, community agencies, and the private sector. Completing the puzzle demands cooperation.

Exhibit 23: Potential Collaborations Required to Address Needs

CATEGORIES	IDENTIFIED NEED	POTENTIAL COLLABORATORS IN DEVELOPING SOLUTIONS
	Solutions for transportation issues	School Administrative Units, Head Start, MaineCare, Child Development Services,

Access to Child Care and Other Supports		Community Action Programs, hospitals, local businesses, legislature
	Help for families to locate information about child care and other services	Department of Health and Human Services, Maine Roads to Quality Child Care Options website
	Reducing duplication of information when accessing services	Department of Education, Department of Health and Human Services, Department of Labor, local Community Action Programs
	Providing additional infant care and care options to meet the schedules of working families	Department of Health and Human Services, Community Action Programs, business community, child care providers, family child care providers
Public pre-K	Easing transitions from pre-K to K	School Administrative Units, public pre-K providers, child care providers
	Expansion of public pre-K for more children/greater schedule coverage	Department of Education, School Administrative Units, Head Start, child care providers
	Alignment of curricular content across system levels	Department of Education, School Administrative Units, public pre-K partners, child care providers
Supporting Children with Special Needs	Screening all children for delays/disabilities to identify children as early as possible	Department of Education, Department of Health and Human Services, Child Development Services, School Administrative Units, Maine Families, Women Infants and Children, Community Action Programs, MaineCare
	Easing transitions from Part C to Part B services (special needs) and from Part B to school-based special education services	Child Development Services, School Administrative Units, child care providers, Maine Parent Federation
Improving Program Quality	Incentives for quality improvements for all types of providers	Department of Education, Department of Health and Human Services, Office of Child and Family Services, including QRIS, Maine Association for the Education of Young Children, School Administrative Units, Maine Roads to Quality Professional Development Network, Legislature
	Professional development to support children with special needs	Child Development Services, Maine Roads to Quality Professional Development Network (Inclusion credential), Maine Parent Federation
	Support for providers to address children's behavioral and mental health issues	Department of Education, Department of Health and Human Services, Maine Roads to Quality, Institutes of Higher Education, Public Health Nursing, MaineCare

Workforce	Addressing workforce shortages through recruitment	Institutes of Higher Education, high schools/Career Technical Education, business community, Department of Labor, Legislature
	Reducing barriers to retaining staff, especially low wages/low prestige	Department of Education, Department of Health and Human Services, Legislature, Institutes of Higher Education, high schools/ Career Technical Education, Department of Labor
	Clarification of career pathways	Department of Education, Department of Health and Human Services, Department of Labor, Child Development Services, Maine Roads to Quality Professional Development Network (registry)

FURTHER DEVELOPMENT: DATA SYSTEMS AND INFORMATION GAPS

Effectively addressing many of the needs identified in this report and tracking the results of investments requires attention to coordinating and streamlining data elements for routine data collection and linking disparate data systems. Maine faces the challenge of data systems that are not coordinated and have limited interoperability. Initial efforts were made in 2016 to inventory data elements from these data systems: MaineCare, the DOE, Home Visiting, SAMHS, CDS, Children’ Behavioral Health, OCFS-Child Welfare, OCFS-Child care, KVCAP Head Start, and Maine CDC. The inventory is the initial step in developing common definitions for data elements to align and streamline routine data collection.

Further work lies ahead to develop linkages among the data systems of different agencies and defining the data/information requirements of policymakers. Throughout the needs assessment process, we identified gaps in the information available to respond to research questions and/or understand better underlying issues affecting vulnerable young children and their families. In some cases, information may be available in different places but difficult to aggregate or access, or in other cases, not available in a timely fashion. Gaps in information—the puzzle pieces that still need to come together--and the potential use or need for the information are presented in the exhibit below.

Exhibit 24: Data/Information Gaps and Value for Utilization

Category	Data/Information Gaps	Utilization
Child Interventions and Outcomes	Early childhood longitudinal data system to track services for/educational characteristics of all children; also includes characteristics of services such as teacher qualifications (multi-purpose; link to K-12 longitudinal data system)	Understand relationship between interventions/program enrollments and outcomes for children in different circumstances. Unduplicated head count of children served in child care/education. May help to identify children who are not linked to any system (if children entered in system at birth), shape ways to address services to most vulnerable children

		<p>Coordinate services</p> <p>Identify best practices</p>
	Common outcomes of Pre-K and/or common Kindergarten entry assessment	<p>K teacher planning for individual students</p> <p>Inform professional development</p> <p>Support communication between pre-K and K-12 system</p>
Child Care/ Education Providers	Centralized or regional sources of available child care slots	Provide families with “real time” information to locate options.
	Condition of child care facilities/ space needs (periodic survey)	Understand magnitude of need. Target resources for upgrades, e.g., engage businesses, schools and community partners.
	Quality level of all child care/ education programs (would require participation by all programs in QRIS)	<p>Identify number of children in programs of different quality levels</p> <p>Associating quality ratings with child outcomes</p> <p>Target technical assistance support and incentives</p>
	Number/reasons for suspensions and expulsions (common definition/ mandated reporting)	Ability to target technical assistance and professional development
Family Needs	Support/education services received by family (“real time” to facilitate coordination). Whole Family approach employed by Community Action Programs is starting point but unlikely to include all services.	<p>Align services and reduce duplication</p> <p>Coordinate services</p>
	Family services and outcomes	Understand relationship between interventions/program services and outcomes for families in different circumstances
Workforce	Staff shortages and staff turnover by role/ field (not consistently collected with exception of Head Start and CDS)	Planning by state agencies and IHEs for recruitment, development of training programs, emergency credentials.

	Reasons for staff turnover/ credentialed staff leaving the field	Reducing barriers to retention
	Potential candidates for jobs in preparation pipeline for all roles/field. (not readily available in aggregate form, including CTE, AA, BA, specialty areas)	Prediction/planning by state agencies and IHEs for recruitment, development of training programs, emergency credentials.
	Number of ECE teachers with dual certifications (e.g., bilingual, endorsements) and/or special credentials (e.g., inclusion)	Understand gaps and predict needs.
Children with Special Needs	Track children transitioning from Part C services to Part B 619 and children transitioning from Part B to special education in Kindergarten	Ensure continuity of services Understand effectiveness of early intervention
	Track periodic screening results for all children	Plan for distribution of services Ensure identified children are receiving evaluations
School Roles Beyond Pre-K	Components of school district transition plans pre-K to Kindergarten (periodic survey)	Target technical assistance supports Identify best practices

During the April Stakeholder Summit, participants spoke to the importance of centralized responsibility for regular review, analysis and reporting of data—potentially in the form of a data dashboard that would report information about characteristics of vulnerable children 0-5, services provided, and progress in effectiveness of interventions.

MOVING TO A STRATEGIC PLAN

Maine stakeholders and Work Groups used the results of the needs assessment to develop ideas for solutions. Each of the Work Groups prioritized needs and then developed solutions strategies for the highest priority needs. Groups tackled three to four priority needs through in-depth discussions. The Work Group results were prepared as short documents, highlighting the major needs and the suggested solutions—typically five to six needs statements and five to six descriptions of solutions.

Those short documents were the focus of small groups discussions used in the September stakeholder summit. Work Group facilitators led the discussions, eliciting ideas from participants about their reactions to proposed solutions, including rating the urgency of solutions and adding information about implementation. The full set of solutions was then organized in a document, sorted in five categories

according to stakeholder ratings—serving as the basis for development of a strategic plan. The PDG Oversight Committee is continuing work on a strategic plan which will be developed as a separate document.

APPENDICES

APPENDIX A: STAKEHOLDERS

The Preschool Development Grant oversight committee invited the stakeholders listed below (by role and position) to participate in summit meetings in April 2019 and September 2019.

A. Maine Department of Health and Human Services

Deputy Commissioner
Chief Child Health Officer
Associate Director, Prevention Services
Children's Behavioral Health
Child Care Block Grant Administrator
Child care Licensing
MACWIS Planning and Research
TANF/ASPIRE
MaineCare
Child Welfare

B. Maine Department of Education

Commissioner's Office
Early Learning Team Director
Head Start Collaborator
Early Childhood Specialist
School Nurse Consultant
Student Supports
McKinney Vento
Child Development Services (Part C and Part B)

C. Governor's Office of Innovation

Director of the Office of Innovation and the Future
Children's Cabinet Staff Coordinator

D. Centers for Disease Control

Maternal and Child Health Program
Care Coordination
WIC
Public Health Nursing

E. Maine Department of Labor

Bureau of Employment Services

F. Maine State Library

Children's Librarian

G. State Contracted Services

Maine's Children's Trust

Maine Roads to Quality Professional Development Network
Maine Families Home Visiting Program

H. Child Care and Preschool

Center based child care
Family child care
Public pre-K
Public pre-K collaborations
Head Start
Early Head Start
Educare Central Maine

I. Public School

Superintendent
Principal
Curriculum Coordinator
Special Education Director
English for Speakers of Other Languages educators

J. Early Childhood Advocacy Groups

The Children's Alliance
Fight Crime Invest Kids
Family Child Care Association of Maine
Maine Association for the Education of Young Children

K. Services for Children with Special Needs

Center for Community Inclusion & Disabilities Study
The Maine Educational Center for the Deaf and Hard of Hearing
Maine Parent Federation
Developmental Disabilities Council
Maine Association of Community Providers
National Alliance on Mental Health (NAMI)

L. Early Childhood Higher Ed Committee

University of Maine at Farmington
University of Maine
Thomas College
Kennebec Community College
Career and Technical Education

M. Community Organizations and Programs

Adult Ed Literacy Programs
Maine Quality Counts
Pediatricians
Developmental Screen Integration Project (DSI)
Maine Association for Infant Mental Health
United Way
Educare Parent Ambassador Program

Kinship Advisory Group
Aroostook Community Action Program
Maine Resiliency Building Network
Transforming Rural Education Experiences (TREE)
GEAR Parent Network
Maine Children's Growth Council
Alfond Scholarship Foundation
Migrant Education
Community Partnership for Protecting Children
The Community Caring Collaborative

APPENDIX B: WORK GROUP MEMBERS

Work Groups met in August and September 2019 to review needs assessment information and transition to solution strategies. Members of work groups are listed below by role/position.

Connecting Parents to Services

Maine DHHS, Prevention Services
Maine DHHS, Chief Pediatrician
Maine DHHS, Child Care Block Grant Administrator
Maine's Children's Alliance
DHHS, CDC, Care Coordinator
YWCA Child Care
Maine Families Home Visiting
Child Abuse and Neglect Prevention Council
Pediatrician
Adult Education

Child Care Services

Maine DHHS, ASPIRE/TANF
Maine Roads To Quality Professional Development Network
Maine DHHS, Child Care Subsidy Program
ACAP Head Start
United Way
Child care center Director
Starting Strong Coalition
Maine DHHS, Children's Development & Behavioral Health

Improving Program Quality

Maine DHHS, Prevention Services
Maine AEYC
Maine Roads Professional Development Professional Development Network
CTE Early Childhood Education
Early Head Start
Thomas College Early Childhood
Family Childcare Director
University of Maine professor
Maine DHHS, Child Care Block Grant

Pre-K and Beyond

Maine DOE, Early Childhood Specialist
Transforming Rural Education and Experiences Director
Maine DOE, CDS
Head Start
Maine Educational Center for Deaf and Hard of Hearing
Public/Private Pre-K Program
School based Special Education Director
School based Pre-K Coordinator
Maine DHS, Project Aware

Workforce

Maine DOE, Head Start Collaborator
Early Childhood Education Committee, Kennebec Valley Community College
University of Maine at Farmington
Family Child Care Director
Maine Roads Professional Development Network
Maine Families Home Visiting
Maine DOE, CDS
Maine AEYC
Maine DHHS Child Care Licensing
Maine DOL Apprenticeship Program
Maine DHHS, Children's Behavioral Health

Children with Special Needs

Maine CDC, Special Health Care Needs
Maine DOE, CDS
Maine DHHS, Children's Behavioral Health-Center for Community Inclusion,
Maine DHHS, Chief Pediatrician
Maine DHHS, Maine Care
Maine Parent Federation
Maine Developmental Disabilities Council
Maine Association of Community Service Providers (MACSP)

APPENDIX C: EXAMPLES OF PROMISING RESOURCES

During the needs assessment process, individuals identified promising resources, pilots, and innovations in Maine that offer potential solutions to needs identified. The list below is not inclusive of all existing assets but represents some resources that were mentioned by multiple sources.

ARWO Learning Center—culturally inclusive child care center serving infants, toddlers and preschoolers in Portland, Maine. ARWO means prosperous in Somali. The center takes a multicultural approach, inviting families to share their cultural beliefs and traditions. <http://www.arwochildcare.com/>

Child Care Choices website—online tool designed to facilitate location of child care options which provides information by locale for types of providers, QRIS rating systems, and ages served. <https://childcarechoices.me/>

Community Action Programs Whole Family Approach--the Whole Family approach combines elements from child-focused and parent-focused coaching in a two-generation model, providing the full range of supports (early childhood care, peer support, health services, post-secondary education and employment, affordable housing and transportation) to a family via an assigned coach. <https://www.acap-me.org/>

Community Caring Collaborative--a partnership of more than 45 agencies, along with nonprofits and community members, working to improve the lives of vulnerable people in Washington County and across Maine. <https://www.cccmaine.org/>

Developmental System Integration--a steering committee comprised of organizations and community partners focused on developmental screening systems integration to assure the health and developmental needs of infants and young children are identified early by coordinating efforts and sharing results among organizations and community partners. <http://mainequalitycounts.org/wp-content/uploads/2018/01/Developmental-Systems-Integration-Recommendations-Package.pdf>

Educare--a high quality learning and development center that partners with families and communities to ensure school readiness for children birth to age five. Educate in Central Maine is a partnership among Kennebec Valley Community Action Program, Waterville Public Schools, Buffett Early Childhood Fund, and the Bill and Joan Alford Foundation. <https://www.educarecentralmaine.org/>

Family Futures Downeast--Family Futures Downeast, a two-generation program designed to improve economic outcomes for low-income families, accesses post-secondary education for parents delivered in a cohort model at the same time their children access high-quality early childhood education to improve school readiness. Through intensive family coaching, college preparation and tutoring, workforce supports and barrier removal, FFD seeks to reduce poverty in Washington County. <https://familyfuturesdowneast.org/>

Family Service Associates (FSA) Wraparound Support—Head Start programs' FSA staff work with families to secure community-based services and support.

Inclusion credential— Maine Roads to Quality Professional Development Network, in partnership with the Maine Department of Health and Human Services Office of Child and Family Services, has developed the Maine Inclusion Credential to help practitioners build the skills, knowledge, resources, and attitudes to offer care to all children in an inclusive environment. <https://mrtq.org/inclusion-credential/>

Maine Families Home Visiting Program-- Maine Families is offered to all families who are expecting or have a new baby at home. Maine Families certified home visitors can provide information, encouragement and support around health, nutrition, safety, development and family well-being. <http://mainefamilies.org/getstarted.html>

Maine Resilience Building Network—collaborative that partners with others to promote building resilience for Maine's children, families and communities by increasing the understanding of the impacts of trauma and Adverse Childhood Experiences (ACES). Partnership with Maine Behavioral Health, THRIVE and Maine Association for Infant Mental Health. <https://maineresilience.org/>

Maine Roads to Quality Professional Development Network (PDN)-- Maine Roads to Quality Professional Development Network (MRTQ PDN) promotes and supports professionalism in the field of early childhood education through a statewide system of professional development which includes communities of practice supporting center-based and family home care providers throughout the state. <https://mrtq.org/>

Multilingual and Multicultural Center, Portland Public Schools. The Family Welcome Center offers support for families who are adjusting to Portland by assisting with registering their children for school. The Center hosts a range of events for families new to Portland. https://mlc.portlandschools.org/programs/family_welcome_center

Preschool Expansion Grant (PEG) Partnerships—Using federal funds, Maine awarded public-private partnerships in 13 different Maine public school districts to expand high-quality early childhood education to four-year-old children whose families earn under 200 percent of the federal poverty line.

Technical Assistance Competencies--The purpose of *Maine's Technical Assistance Competencies* is to improve the quality of early care and education by providing professional development that supports coaching, mentoring, peer support, and consultation. <https://ccids.umaine.edu/resources/ta-competencies-for-maines-ec-workforce/>

APPENDIX D: SOURCES OF EVIDENCE

EXISTING PUBLICATIONS, REPORTS, PLANS

ACYF Office of Child Care, Maine reports of Child Care Block Grant Retrieved from:

<https://www.maine.gov/dhhs/recovery/projects/ocfs-ccdbg.shtml>

Burnside, A. & Floyd, I. (January 22, 2019). *TANF benefits remain low despite recent increases in some states*. Washington, DC: Center on Budget and Policy Priorities Retrieved from:

<https://www.cbpp.org/research/family-income-support/tanf-benefits-remain-low-despite-recent-increases-in-some-states>

Center for American Progress (2018). *Maine early learning fact sheet* (drawn from National Center for Children in Poverty data) Retrieved from:

<https://cdn.americanprogress.org/content/uploads/2019/09/12065648/Maine.pdf>

Center for American Progress (2016). *Maine early learning fact sheet* (drawn from US Census Bureau Parents in Labor Force) Retrieved from:

https://cdn.americanprogress.org/content/uploads/2017/07/19094544/2016EC-factsheet_ME.pdf

Child Abuse and Neglect Council Annual Needs Assessments by County 2018.

Cunningham, N. (2018). *Head Start Snapshot-2018*. Augusta, ME: Maine Department of Education.

Early Childhood Associates (n.d.). *Maine PEG evaluation: Key themes from implementation study*. Framingham, MA: Author.

Day, C. et al (2019). *Maine Child Welfare: Priority reform recommendations*. Maine Children's Alliance. Retrieved from:

https://www.mekids.org/site/assets/files/1462/final_cwpriorityreformwhitepaper_1_8_2019.pdf

Early Childhood Associates, Inc. (March 2017). *Evaluation of Maine's preschool expansion grant: Family and provider/teacher relationship quality measure summary report*. Framingham, MA: Author.

Educate Maine/Maine State Chamber of Commerce (2016). *Early childhood education: A strong foundation for Maine*.

Fowler, Roy K. (February 2019). *Child Development Services annual report to the Legislature*. Augusta, ME: Child Development Services.

Friedman-Krauss, A.H. et al (2019). *The State of Preschool 2018: State preschool yearbook*. New Brunswick, NJ: National Institute for Early Education Research (NIEER), Graduate School of Education at Rutgers, The State University of New Jersey.

ICF (June 2018). *Maine child care market rate survey*. Burlington, VT: Author.

Lahti, M. et. al. (December 2011). *Maine's Quality for ME—Child Care Quality Rating and Improvement System (QRIS) final evaluation report*. Augusta, ME: Maine Department of Health and Human Services.

Maine Child Care Advisory Council (2016). *Child care matters: Report to Legislature 2016*.
<https://www.maine.gov/dhhs/ocfs/ec/occhs/documents/CCDF%20REPORT.pdf>

The Maine Children's Alliance (2019). *Maine Kids Count data book 2019*. Augusta, ME: Author.
Maine Children's Alliance (June 2019). *The state of child care in Maine: 2019*. Retrieved from:
https://mainechildrensalliance.org/site/assets/files/1404/state_of_child_care_2019.pdf

Maine Children's Growth Council (2019). *A Call to action: 2018 annual report of the Maine Children's Growth Council*. Augusta: Author.

Maine Department of Education (2019). *Maine Public Pre-K: Data results from 2017-2018 annual report*.
Maine Educational Policy Research Institute (March 2015). Executive summary from MEPRI report.
Public preschool programs in Maine: Current status and characteristics: A report for the Joint Standing Committee on Education and Cultural Affairs of the Maine State Legislature.

Maine Families (2014). *Maine home visiting summary report*. Augusta, ME: Maine Department of Health and Human Services.

Maine Part C State Systemic Improvement Plan (SSIP) Phase III, Year 3. April 2019 Retrieved from:
<https://www.maine.gov/doe/cds/stateperformance>

Maine public radio staff (June 2019). *Part 2 Accessibility in Out of reach: Maine's child care affordability problem*. Retrieved: <http://projects.mainepublic.org/child-care-deep-dive>

Maine Quality Counts (September 2017). *Developmental Systems Integration (DSI) Overview of Project Work 2013-2017 and Recommendations Package. Developmental Screening Community Initiative—Cumberland County Final Report September 2017. 2016 Developmental Systems Integration Summary Report*. Augusta, ME: Maine Department of Health and Human Services, State Agency Interdepartmental Early Learning and Development Team.

Maine Social and Emotional Learning and Development Project (2016). *Report to the Joint Standing Committee on Education and Cultural Affairs of the Maine Legislature*. Augusta, ME: Maine Children's Alliance.

Quality rating system manual. Quality for ME: Maine's Quality Rating and Improvement System.
<https://www.maine.gov/dhhs/ocfs/ec/occhs/Maine%20Quality%20Rating%20Improvement%20System%20Revised%20Document%201-14-19.pdf>

State of Maine Department of Labor, New Minimum Wage Increases, accessed from:
https://www.maine.gov/labor/labor_laws/minimum_wage_faq.html

U.S. Census Maine Quick Facts Retrieved from: <https://www.census.gov/quickfacts/ME>

University of California. *Early childhood workforce index 2018*. Berkeley, CA: Author.

University of Maine, Center for Community Inclusion and Disability Studies. *Early childhood needs assessment Information from CCIDS 2018-2023 core grant*.

Vishneau, M. et al. (August 2015). *Quality for ME revision project—Final report, 2015*. Orono, ME: University of Maine Center for community Inclusion and Disability Studies, Portland, ME: University of Southern Maine Muskie School of Public Service.

Warren, L. et. al. (December 2018). *Evaluation of Maine’s preschool expansion grant-year 3*. Framingham, MA: Early Childhood Associates, Inc.

Warren, L. & Reed, S. (n.d.). *Factors associated with classroom quality in preschool*. Framingham, MA: Early Childhood Associates, Inc.

PRESENTATIONS, INTERVIEWS, DISCUSSIONS/FOCUS GROUPS

PRESENTATIONS

Capless, K. Presentation on Child Care at April 5, 2019 Stakeholder meeting.

Cunningham, N. Presentation on Head Start at April 5, 2019 Stakeholder meeting.

Fowler, R. and Michaud, K. Presentation on CDS services at April 5, 2019 Stakeholder meeting.

Furlow, R. Presentation on Kids Count Indicators at April 5, 2019 Stakeholder meeting.

Howard, S. Presentation on QRIS and Registry at April 5, 2019 Stakeholder meeting.

Madore, N. Presentation on public pre-K at April 5, 2019 Stakeholder Meeting.

Reed, S. Presentation on public pre-K and PEG at April 5, 2019 Stakeholder Meeting.

INTERVIEWS

Interview with Tarlan Admadov, State Refugee Coordinator for our Office of Maine Refugee Services, 7/2/2019.

Interview with Phillip Berezney Migrant Education Program Director, Mano en Mano, 6/26/2019.

Interview with Nena Cunningham, Head Start State Collaboration Director, 2/27/2019.

Interview with Roy Fowler, CDS State Director, State Part C Coordinator, 2/28 /2019.

Interview: MaryAnn Harakall, DHHS Maternal Child Health, 6/14/2019.

Interview with Sonja Howard, Pam Prevost, Jill Downes, Maine Roads to Quality, 2/26/2019.

Interviews with Meg Helming, Director of Advocacy and Impact; staff from Lewiston-Auburn and Bath YMCA child care programs, 6/10/2019 and 6/28/2019.

Interview Ellie Larabee, DHHS Children's Behavioral Health, 6/7/2019.

Interview with Kris Michaud, State Early Childhood Special Education Technical Advisor, 619 Coordinator, 3/18/2019.

Interviews with PEG school-provider pairs: Heather Manchester and Kimberley Bessette from Oxford Hills on 6/24/19 and from Lewiston, Monica Miller and Monica Redlevske on 6/26/2019.

DISCUSSIONS/FOCUS GROUPS/MEETINGS

April 5, 2019 Stakeholder Meeting synthesis of meeting discussions and individual responses.

Focus group with Aroostook County CAP staff members and local providers and educators, 6-7/06/2019.

Focus group of Head Start directors, synthesis of group discussion, individual responses, 4/04/2019.

Meeting of Maine Children's Growth Council small group discussions and individual responses, 3/29/2019.

Interviews with parents from Maine Parent Federation, June 2019.

Focus groups of current Parent Ambassadors and alumni Parent Ambassadors, 3/23/19 and 3/30/2019.

Focus group of Maine Roads to Quality Professional Development Network technical assistance providers, 4/25/2019.

SPECIAL PURPOSE DATA COLLECTION

Family Home Child Care Providers survey--short online survey in lieu of focus group, June 2019.

Head Start Directors Parent Surveys, summary of multiple surveys gathered through Head Start directors.

Maine Association for the Education of Young Children. Workforce survey conducted in Spring 2019, analyzed by RMC.

Maine Family Home Visitor survey--short online survey in lieu of focus group, June 2019.

Maine Parent Federation survey--short online survey in lieu of focus group, June 2019.

APPENDIX E: RESEARCH QUESTIONS

Original Proposed List plus additions from PDG team (Updated March 2019)— Questions to be pursued for the Needs Assessment with extant quantitative information to the extent feasible.

Additional Topics: With the issuance of federal guidance about needs assessment (March 21, 2019), we re-focused, including adding topics of facilities and pre-K to K-12 transitions to the list of areas for raising questions about needs and assets.

A. Child Population Trends
1. What are the population trends (five-ten years into the future?) for children under five in the state? ...children under two?
2. What proportion of children under five are vulnerable (very low income, special needs, homeless)? ...geographical distribution by county? ...by rural/urban? ...by demographics?
3. What proportion of children under five are dual language learners? ...geographic distribution by county?concentrations?
4. What proportion of children are migrants? ...Native/members of tribal groups? ...from immigrant/refugee families?
5. What are family characteristics of children B-5?household structure/number of single parents? ...families with no/limited support systems?
6. How many children are placed with relatives/guardians other than their parents (e.g. grandparents, foster care)?
7. What are children’s emotional and developmental needs, ACES profiles, etc.?
8. What are profiles of primary caregivers in terms of vulnerability, e.g. with substance abuse, relationship to child?
B. Services
1. How many children and their families are currently being served by early care and education programs?
2. How many children and their families are being served by child-oriented health programs such as home visiting?
3. How many children are on waiting lists for current programs?
4. How many children are currently receiving services through Child Development Services/early intervention? ...by age?by needs area?
5. What percent of children are suspended or expelled from early childhood programs? ...by race/ethnicity? ...by diagnosed disability? ...by type of disability?
6. To what extent are waiting lists filled with children who have been expelled from other programs?
7. What is the distribution of children, including vulnerable children, by provider type? ...wait lists by provider type?
8. What is the range of costs for different types of care? ...by location? ... by provider type?
9. What does turnover of providers look like?why do providers close?

C. Quality of Providers
1. What proportion of providers, by type, participate in the QRIS rating system?
2. What proportion of providers are rated at Level 4 of ME QRIS?by type? ...by location/rural or urban?
3. What is the quality of early care and education for vulnerable children?
4. What incentives are working to encourage participation in QRIS?
5. How are trends in school/K readiness related to availability of high-quality pre-K?
6. What are the perceptions of principals about readiness of incoming K students? ...how does that vary by provider, including public providers?
7. What are the outcomes of B-5 experiences for children in terms of social/emotional development outcomes?other readiness outcomes?
D. Parent Satisfaction
1. To what extent are parents aware of resources for identifying providers/services?
2. To what extent are parents aware of and use differential quality? ...ratings of quality?
3. What types of parent needs remain unmet?
4. In what ways do parents' perceptions vary by vulnerability status?
5. How do view vary by types of child care, esp. those using family child care?
6. What are profiles of primary child care giver (parent, grandparent, relative)
E. Workforce
1. How large is the current early childhood workforce? ...how distributed by location?
2. What are the education characteristics of the current workforce? ...vary by provider type?
3. What are annual turnover rates of staff by job role?
4. Are there current and projected teacher shortages? ...in what locations? ...by specialties?
5. What is the economic well-being of early educators (wages/benefits)? How does that vary by provider?by location?
6. What is IHE capacity to prepare early childhood workforce? ...gaps in content?gaps in location?
7. What is the role of CTE programs in preparing early learning staff?
8. To what extent is current staff taking advantage of professional development opportunities?
9. Where are the mismatches between staff needs and available professional development opportunities?
10. What is the status of MOUs across the system (CTE, community colleges, four-year colleges) to facilitate career development?
11. What are the support service needs of staff-in-training?
F. Data Systems
1. Which data elements are being collected by different systems? What is the rationale for various elements?
2. How are agencies using data they are collecting?for what purpose?
3. What data do agencies NOT have that would be useful for their decision making?
4. Are there instances of data duplication?
5. Are there current data sharing agreements in place?
6. What are perceived obstacles to data sharing?
G. Key Initiatives/ Innovations

1. What are the primary initiatives of the last decade that have been promoted to support access and quality in early care and education? What is the current status of those initiatives?
2. What innovations in access and quality are active or being piloted in the state? What are the outcomes of those innovations?
H. Advocacy
1. What/who are the sources of advocacy for early care and education in the state?
2. What initiatives and policies are being promoted? With what intended outcomes and level of success?
I. Coordination
1. What are the mechanisms for collaboration within and across agencies that serve the B-5 population? ...state agencies? ...nonprofit collaborators?
2. What are the mechanisms for collaboration between B-5 systems and the K-12 system? ...at the state level? ...at the local level?
3. Where are the disconnects and overlaps?
4. What are the obstacles to coordination and collaboration? ...at the state level? ...at the local level? ...between public and private agencies?
I. Strengths and Assets
1. What are existing strengths that should be preserved/built upon? ...at the state level? ...at local levels? ...within nonprofit/private collaborators?