



State of Maine
Strategic Plan for Meeting the Needs Of
Vulnerable Children Birth to Age 5 and Their Families

2020-2025

Abstract

Maine's detailed five-year course of action to strengthen its mixed delivery system for early care and education

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Strategic Plan for Meeting the Needs of

Vulnerable Children Birth to Age 5 and Their Families

Document prepared by M. Christine Dwyer, RMC Research. October 2020

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EXECUTIVE SUMMARY

Through the Preschool Development Grant (PDG-Birth to 5) program, Maine's state agencies had the opportunity to conduct a detailed assessment of the needs of the state's vulnerable children ages birth to age five and their families.

In 2019, the PDG needs assessment reported:

- access challenges experienced by vulnerable families;
- limitations on distribution, capacity, and availability of early care and education services;
- issues related to the quality of providers;
- workforce shortages;
- gaps in serving children with special needs; and
- absence of data needed for decision making.

In response, Maine's PDG Director convened Work Groups and stakeholders to develop a vision for a five-year course of action to strengthen Maine's mixed delivery system for early care and education by improving the quality of services and coordinating work to reduce inefficiencies, resulting in greater opportunities for vulnerable children and their families. The vision statement guiding the strategic planning process:

All Maine's children and their families will receive the services they need through an efficient, data-driven, evidenced-based and non-duplicative system to ensure that children enter kindergarten prepared to succeed in the early elementary years.

The joint PDG Oversight Committee (members from the Department of Health and Human Services and the Department of Education) guided the development of an ambitious strategic plan to address the needs over the next five years. The framework for the strategic plan was derived directly from the concerns and gaps identified in the PDG needs assessment.

Six Work Groups, each comprised of agency staff and external members, tackled six major topics derived from the needs assessment priorities by reviewing evidence and drafting possible solutions which were then vetted and prioritized by stakeholders in a statewide summit. The stakeholders were broadly representative of state agencies, contracted service providers, childcare and preschool directors, child and family advocacy groups, parents, higher education, services for children with special needs, and community organizations.

Guided by the concerns surfaced in the needs assessment and the stakeholder priorities, the Work Groups developed detailed plans for five goals:

- **Goal 1 State and Regional Coordination.** Increase and strengthen connections and communication among state agencies and with community partners to expand access to services, create efficiencies, and reduce overlap and redundancies
- **Goal 2 Workforce Development.** Recruit, prepare, and retain a strong and diverse early childhood workforce

- **Goal 3 Access to Childcare.** Increase availability of affordable childcare and access to family services for vulnerable children
- **Goal 4 Quality Improvements.** Increase the availability of high-quality early care and education
- **Goal 5 Integrated Data Systems.** Create an efficient, cross-agency early childhood integrated data system (ECIDS) to inform policy, programming, and evaluation

Each goal includes between three to six objectives. The detailed work plans for each goal assign leadership responsibilities for major activities and indicate approximate timelines for completion. About one third of the objectives are short term, slated to be completed within one to two years. About half will take longer, approximately three to five years. A few are even longer term, requiring substantial resources or development of plans that require policy changes and securing of new resources. Each goal is accompanied by a set of measurable indicators of attainment. Further, the goals and objectives were aligned with goals identified by the Governor's Children's Cabinet.

While the disruption caused by the pandemic derailed plans for stakeholder gatherings to review the final plan, several groups external to state agencies were able to review plans during the process.

The strategic plan represents hope for a better future for Maine's vulnerable children and families. Moving forward toward implementation will take sustained effort and creative planning by determined leaders as disruptions from the COVID-19 pandemic continue to stress the system of care and education, and place unusual burdens on available resources.

INTRODUCTION

Through the Preschool Development Grant (PDG-Birth to 5) program, Maine’s state agencies had the opportunity to conduct a detailed assessment of the needs of the state’s vulnerable children ages birth to age five and their families. The PDG-Birth to 5 needs assessment document (https://drive.google.com/file/d/1Kvr8KUCaROnX-Xvde4N_H7yMPlFchWZT/view) was completed during 2019 and published a year ago in December 2019. Since that time, the Governor’s Children’s Cabinet and staff from the Departments of Education and Health and Human Services have worked to address some of the identified needs while also developing the longer-term strategic plan conveyed in this document.

During the initial months of the PDG needs assessment process, Governor Mills reinstated the Children’s Cabinet—a desire expressed early on by stakeholders as a way to elevate the importance of children’s issues. The Children’s Cabinet members are the Commissioners of five state agencies--Department of Corrections (MDOC), Department of Education (DOE), Department of Health and Human Services (DHHS), Department of Labor (DOL), and Department of Public Safety (DPS) – operating programs and policies for children. The Cabinet’s goals are to ensure that all Maine children enter kindergarten prepared to succeed and all Maine youth enter adulthood healthy, connected to the workforce and/or education.

The PDG needs assessment reported needs in the six broad categories shown below.

Needs Categories
<ul style="list-style-type: none">• Access challenges experienced by vulnerable families• Limitations on distribution, capacity, and availability of early care and education services• Issues related to quality of providers• Workforce shortages• Gaps in serving children with special needs• Data and information needs for decision making

In addition to serving as the basis for strategic planning, the PDG needs assessment informed Children’s Cabinet plans, and in turn the work of the Children’s Cabinet has contributed to the strategic plan. Going forward, the Children’s Cabinet in its oversight capacity will function as the State Advisory Council.

Strategic planning work began in earnest in the late Fall 2019 and continued into early winter 2020. The planning work was managed by Karen Bergeron, PDG director, and overseen by a joint DOE-DHHS committee whose members led planning work groups. As with the needs assessment process, Maine contracted RMC Research of Portsmouth, NH to support the strategic planning work. Stakeholder working groups convened to tackle solutions to address each needs category (see more about the

planning process in the next section, Strategic Planning Process). Through the needs assessment and strategic planning processes, state agencies worked collaboratively with statewide professional organizations, advocacy groups, and other stakeholders to develop a common vision and mission for improvement, prioritize solutions for the most pressing needs, and develop strategic plan goals and objectives.

However, before the strategic planning process could be completed in March 2020, the COVID-19 pandemic caused disruptions. Planning activities took a back seat as the Children’s Cabinet and state agency staff worked to ensure that childcare providers could survive the statewide shutdowns and children were in safe environments. By late Summer 2020 and with the pandemic better managed in Maine, Children’s Cabinet and agency staff were able to return to complete the details of the strategic plan and provide for review by agency leads and the Cabinet.

OVERVIEW OF THE PLAN

The strategic plan charts a detailed five-year course of action to strengthen Maine’s mixed delivery system for early care and education, maximizing the availability of opportunities for vulnerable children and families, while improving quality and taking advantage of coordinated work to reduce inefficiencies.

VISION
All Maine’s children and their families will receive the services they need through an efficient, data-driven, evidenced-based and non-duplicative system to ensure that children enter kindergarten prepared to succeed in the early elementary years.
MISSION
The mission of the PDG B-5 Strategic Plan is to advance a well-coordinated and equitable early care and education system for all of Maine’s young children and their families, especially those most vulnerable due to economic, behavioral, developmental, or geographic conditions. A comprehensive, efficient and family-centered system will ensure access to affordable and quality early childhood programming and the related services needed to lead safe, healthy and productive lives.

Maine defines vulnerable children as 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:

- 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

Strategic Plan Framework. The framework of the strategic plan is derived directly from the concerns and gaps identified in the needs assessment. Because the Children’s Cabinet has its own strategic plan, the work plans also cross-reference the goals of the Cabinet.

The framework is built on five goals:



- **Goal 1 State and Regional Coordination.** Increase and strengthen connections and communication among state agencies and with community partners to expand access to services, create efficiencies, and reduce overlap and redundancies
- **Goal 2 Workforce Development.** Recruit, prepare, and retain a strong and diverse early childhood workforce
- **Goal 3 Access to Childcare.** Increase availability of affordable childcare and access to family services for vulnerable children
- **Goal 4 Quality Improvements.** Increase the availability of high-quality early care and education
- **Goal 5 Integrated Data Systems.** Create an efficient, cross agency early childhood integrated data system (ECIDS) to inform policy, programming, and evaluation

Goal statements are made actionable through 17 specific objectives and 63 major strategies and practices to accomplish the goals. Many of the objectives involve securing fiscal and other resources to enable actions and many others involve coordination of current services and formation of partnerships. A few are related to promoting existing services and identifying or better organizing information.

The goal work plans detail leadership responsibilities for each major activity and approximate timelines for completion. About one-third of the objectives are short term, slated to be completed within one to

two years. About half will take longer, approximately three to five years. The remainder are even longer term, requiring substantial resources or development of plans that require policy changes and securing resources. Quality improvements and changes in access to childcare have the most immediate completion targets. In the Appendices, the objectives are organized according to completion targets—short, medium, long—and additional strategies for implementation are listed.

Finally, each goal is accompanied by a set of measurable indicators of attainment. The indicators are expressed in a way that facilitates measurement of progress toward goal attainment on a regular basis. For the most part, indicators are based on information that is already regularly collected and do not add new data collection burdens.

These plans have been made at a time when it is difficult for any agencies to have confidence in whether they will be able to move forward with priorities. The disruptions from COVID-19 continue to stress all systems of care and education and may require additional redirection of resources.

STRATEGIC PLANNING PROCESS

The PDG Director and Oversight Committee (see list below) worked with RMC Research to plan and implement the strategic planning process which was a continuation of and closely integrated with the PDG needs assessment. The major steps of both processes and their relationships are illustrated below.



Work Groups. Topical Work Groups served as the bridge between the needs assessment and the strategic planning; the groups took on the important tasks of prioritizing needs and generating potential solutions. Oversight Committee members helped to lead Work Groups, facilitate stakeholder input sessions, serve as communication links with their departments and agencies, work together on prioritizing solutions, frame strategic plan goals, and work through the details of plan development.

PDG Oversight Committee	
<p>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</p>	<p>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 Karen Bergeron, Preschool Development Director</p>

To structure the Work Groups, RMC worked with the PDG director to frame six topic areas, drawing from stakeholder input during the needs assessment process, the original needs assessment research questions, and the federal PDG needs assessment guidance. The topics are shown in the exhibit on the next page.

RMC prepared a background document for each topic, organizing the evidence of needs into major needs statements, e.g., *Parents express frustration with the difficulty of finding information about*

childcare and other services for children and “registering” for services. The Work Groups were asked to follow consistent procedures to validate or amend the needs statements, review, validate, and augment the evidence, prioritize the needs, and develop preliminary solution strategies for the highest priority needs. During the Summer 2019, Work Groups deliberated. Their discussions informed the preparation of the needs assessment report and at the same time laid the foundation for stakeholder engagement.

Work Group Topics
<ol style="list-style-type: none">1. Connecting Parents to Services2. Child Care Services and Providers: Capacity, Distribution, Challenges3. Improving Program Quality4. Supporting Children with Special Needs5. Workforce Development6. Pre-K and Beyond: The Role of Schools

Using notes from the Work Group discussions, RMC drafted a short list of viable solutions for each topic written in the form of objectives, e.g., *Provide start-up funding and training/support for new childcare providers, especially for infant care*. Through Work Group discussions, these solution statements were refined and eventually prioritized.

Prioritizing Solutions. A day-long Stakeholder Engagement Summit (*Moving to a Strategic Plan*) was held in September 2019, attended by representatives from the Maine Department of Health and Human Services, Maine Department of Education, Governor’s Office of Policy Innovation and the Future, Maine Centers for Disease Control, Maine Department of Labor, various state contracted services, childcare and preschool, public schools, child and family advocacy groups, services for children with special needs, higher education, and community organizations. The purpose of the Summit was to share needs assessment results and initiate the work of strategic planning.

During the Summit, Work Group members led multiple rounds of small group sessions to highlight needs within each topic area, share the list of potential solutions, and elicit ideas for additional strategies. Participants circulated among different small groups so that they were able to provide input to several topics during the Summit. At the end of each small group round, participants completed a rating form to rank the priority of solutions, identifying those suggestions they believed to have the greatest urgency.

Following the Summit, RMC developed a brief for each topic, incorporating information from all the small group discussions and data from the participant priority ratings. RMC categorized the priority of each solution strategy: highest, high medium, low-average, low. RMC also created a summary report, rank ordering the solutions from all Work Groups according to priority ratings. The table below shows the number of solutions for each topic and an approximation of the urgency ascribed to the topic. Note the highest priorities are in quality improvements and workforce development.

Summit Ratings of Priorities		
Topical Work Group	# Solution Strategies	Priority Range
Connecting Parents to Services	4	Low to High
Child Care Services and Providers	6	Low to Medium
Improving Program Quality	7	Low to Highest
Supporting Students with Special Needs	7	Low to Medium
Workforce Development	5	Low-Avg. to Highest
Public Pre-K and Beyond	6	Low-Avg. to Medium

Drafting Plan Strategies. In late Fall 2019, the PDG Oversight Committee reviewed the summary documents emerging from the Summit and, guided by the priorities, determined a **framework of goals** for the strategic plan—which resulted in a slight reframing of the topics of the Work Groups. One aim was to align the goals better with goals identified by the Children’s Cabinet. Issues underlying a number of objectives--infrastructure (i.e., data availability) and system issues (communication)--were brought to the forefront as goals. Access for parents was integrated within several goals rather than being a stand-alone goal. Expansion of public Pre-K offerings and support for students with special needs were both integrated in goals related to services and quality.

While the specific wording of goal statements was re-worked over subsequent months by a planning subgroup created from members of the Oversight Committee, the five basic goal topics remained the same during plan development:

- **State and regional coordination**
- **Workforce development**
- **Access to childcare**
- **Quality improvements**
- **integrated data systems**

The PDG Director and RMC Research drafted objectives and strategies for each goal based on the notes collected from the Stakeholder Summit small group rounds and the lists of solutions prepared for the original Work Groups.

At the outset of 2020, under the leadership of the PDG Director and with guidance from RMC Research, members of the subgroup committee then refined, modified, and augmented the objectives and strategies. The charge to the planning subgroup was to sharpen the objectives and strategy statements so that they were comprehensible to an independent reader and reasonably achievable within a three to five-year period.

During those conversations, committee members also discussed roles and responsibilities, resource demands, connections to current structures and initiatives, potential barriers, and target indicators for each objective. The planning subgroup used a common template for each goal. Those templates were combined to form a very rough draft Strategic Plan.

From that point which was reached in the Spring 2020, the steps to completion included:

- careful review and editing to clarify the intent of each objective and strategy;

- continued discussions and ongoing alignment with the plans of the Children’s Cabinet;
- building out target indicators of progress and attainment using existing data collection mechanisms;
- assigning lead responsibility for each objective; and
- determining a realistic timeline for completion of objective.

Those steps were followed by cycles of internal review, including by the Children’s Cabinet, during the Summer 2020. While the disruption created by the pandemic derailed plans for stakeholder gatherings to review the draft plan, several groups outside state agencies were able to review plans in process, including the Children’s Cabinet Early Childhood Advisory Council, Maine Association for the Education of Young Children, the Community Center for Inclusion and Disabilities Studies (CCIDS), and Maine’s Office of the Council for a Strong America.

STRATEGIC PLAN ORGANIZATION

The remainder of this document lays out the strategic plan’s goals, objectives, strategies, responsibilities, and timeline associated along with relevant background from the needs assessment. Information is presented consistently for each goal in this order:

- **Rationale for the Goal – Link to the Needs Assessment**
- **Goal At-A-Glance: Goal Statement, Objectives, Relationship to Children’s Cabinet, Indicators of Progress**
- **For each Objective:**

**Work Plan – Major Strategies, Implementation Notes
Responsible Entity, Time Frame**

Connection to Needs Assessment

In the plans, these acronyms are used to designate responsible entities.

CCIDS	Center for Community Inclusion and Disability Studies
CDS	Child Development Services
DHHS	Department of Health and Human Services
DOE	Department of Education
DOL	Department of Labor
ECE IHE	Early Childhood Higher Education Committee
IHE	Institution of Higher Education
MAEYC	Maine Association for the Education of Young Children
MRTQ PDN	Maine Roads to Quality Professional Development Network
OCFS	Office of Child and Family Services

Further expansion of the work plans is provided in the Appendices where additional strategies are listed for each sub-objective.

GOAL 1: STATE/REGIONAL COORDINATION

Communication, cooperation, coordination, collaboration. Themes about working collaboratively were consistent threads of conversation during needs assessment and planning discussions—raised as an aspiration by employees of state agencies and with urgency by local field representatives and parents who have experienced the confusion and redundancy caused when coordination is lacking.

All needs assessment and strategic planning activities were intentionally structured to bring together different roles and perspectives so that representatives from departments within multiple state agencies (e.g., Head Start and Child Development Services (CDS) within the Department of Education; Children’s Behavioral Health and Temporary Assistance for Needy Families (TANF)/Additional Support for People in Retraining and Employment (ASPIRE) within the Department of Health and Human Services) were engaged in planning alongside statewide partners (United Way, Community Action Programs, Maine Parent Federation). Each topical Work Group was composed of representatives from multiple agencies and state and community partners.

Participants always seemed eager to share their perspectives and resources with each other and expressed the desire to work together more closely to meet the needs of Maine’s vulnerable children and families. Those conversations were wide-ranging; in fact, the timeline for completing planning expanded as strategic planning meetings often became opportunities for agency staff to learn more about each other’s programs and their requirements.

During the needs assessment process, Governor Mills convened the Children’s Cabinet, comprising the leaders of state agencies. By doing so, she realized one of the aims expressed by many stakeholders during needs assessment discussions. The Children’s Cabinet became the most visible evidence that collaboration is of central importance at the highest levels.

At the state level, collaboration is about coordinating and aligning policies and the delivery of services. At local and regional levels, stakeholders look forward to mirroring the coordinated communication demonstrated by the Children’s Cabinet. Of particular interest is strengthening partnerships between the early care and education system and the medical system.

GOAL 1: INCREASE AND STRENGTHEN CONNECTIONS AND COMMUNICATION AMONG STATE AGENCIES AND WITH COMMUNITY PARTNERS TO EXPAND ACCESS TO SERVICES, CREATE EFFICIENCIES, AND REDUCE OVERLAP AND REDUNDANCIES

PDG Recommendations		Related Children’s Cabinet Statute and Strategies
1.1	In coordination with the Children’s Cabinet, State Agencies will review and align policies, including resource allocation, related to the early care and education workforce, access, quality, and accountability.	Under 5 MRSA §19132, the Children’s Cabinet is tasked with collaborating across state agencies to “promote coordinated policies, finances, programs and service delivery systems to support children, youth and families.” In particular, the Children’s Cabinet is expected to review and update policies, statutes and rules to “ensure consistency across all departments in addressing the Cabinet’s priority areas”. The Children’s Cabinet has set a goal of ensuring all Maine children enter kindergarten prepared to succeed
1.2	Enhance or create local and regional networking opportunities for early care and education providers and nurture cross-sector partnerships to serve as information hubs.	Support families to navigate Child Find, Early and Periodic Screening, Diagnostic and Treatment in MaineCare, and Child Development Services to ensure children receive necessary health and intervention services.
1.3	Create and strengthen connections between early care and education regional coalitions and community partners, including the medical field, social service systems, and public schools.	

Indicators of Progress

- Number of new and modified policies that involve collaboration between departments, agencies, and programs at the state level
- Improvements in satisfaction ratings related to coordination and networking opportunities across state agencies and possibly with community partners (e.g., Wilder Survey) conducted annually
- See indicators from Goal 5 (e.g., participation, the adoption of common protocols across agencies, and Memoranda of Understanding (MOUs))

See also Appendices for additional implementation strategies for sub-objectives.

1.1 In coordination with the Children’s Cabinet, State Agencies will review and align policies, including resource allocation, related to the early care and education workforce, access, quality, and accountability.	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
1.1.a Convene standing cross-agency group to exchange information about current programs, eligibility and processes for enrollment, and other information <ul style="list-style-type: none"> • Create communication system, staff directory, reference document for understanding different programs 	Children’s Cabinet	x		
1.1.b Cross-agency group will identify areas for better coordination and alignment and create and implement plans for improvement (e.g., rewriting policies, reporting requirements) <ul style="list-style-type: none"> • Inventory programs and identify areas of intersection 			x	

During needs assessment and strategic planning discussions, 15 separate areas of need were identified that depend on collaboration among different partners. Examples include:

- Reduced duplication of information required when accessing services
- Help for families to locate information about childcare and other services
- Screening all children for delays/disabilities to identify children as early as possible
- Addressing workforce shortages

In some cases, better coordination could produce immediate improvements for families (e.g., sharing screening results). In other instances, a coordinated response to other needs such as addressing workforce shortages will require years of concentrated work among partners to yield meaningful results.

The plan envisions starting by building the infrastructure for regular communication within and between state agencies, acknowledging that the objectives will not be met with good will alone. Elements of infrastructure include communication tools, e.g., staff directories, regulatory cross-walks, and routines, e.g., standing inter-agency meetings. This plan document identifies the agencies that need to be involved in carrying out each objective along with designating a lead agency. In almost all cases, multiple agencies are named.

1.2 Enhance or create local and regional networking opportunities for early care and education providers and nurture cross-sector partnerships to serve as information hubs.	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)	
1.2.a Develop information about existing early childhood coalitions across the state by learning about each group’s member representation, focus and goals, and areas of needed support <ul style="list-style-type: none"> • Define regions and inventory wide range of existing coalitions • Offer state staff to be available to attend meetings, if requested 	Children’s Cabinet		x		
1.2.b Assess needs of locales that do not have a regional coalition and plan and facilitate convenings of stakeholders from the full range of the early childhood system, if needed <ul style="list-style-type: none"> • Connect with regional partners and support them to build infrastructure, including support for facilitation and connection to other community partners (e.g., medical professionals, social services, businesses) • Connect with existing coalitions for support across coalitions and communication vehicles 					
1.2.c Organize convenings for coalition representatives to meet with the Children’s Cabinet staff to share information, problem solve and network					

Stakeholders recognize that state-level coordination is a top priority but understand that parallel cooperation at the local level is needed to ensure that families benefit. Given the size of the state and its rural character, many expressed the need for mechanisms to initiate and sustain local and regional networking and partnerships. A few partnerships that exist in the state were repeatedly cited as models to replicate and build upon, e.g., Washington County’s Community Caring Collaborative which includes both the Early Childhood Consultation and Outreach program and Family Futures Downeast.

The desired outcomes of local and regional networking are increased and improved sources of information about childcare options and reductions of barriers (e.g., duplicative paperwork, multiple screenings) so that families receive services in a timely way. Presumably, the resulting efficiencies would also save fiscal resources. Bringing together providers from different sectors (childcare, medical, refugee services, housing providers) who know and serve the same families can build a base of understanding and lead to innovations in services. If a system of regional and local networks existed statewide, the Children’s Cabinet would be able to both gather and provide information quickly and efficiently, reducing the fragmentation that stakeholders perceive and creating a more unified system of services.

1.3 Create and strengthen connections between early care and education regional coalitions and community partners, including the medical field, social service systems, and public schools.	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
1.3.a Connect with Maine Chapter of American Academy of Pediatrics, Maine Academy of Family Physicians, and other medical associations to gather questions and present information requested <ul style="list-style-type: none"> Seek to improve information flow to families and create stronger connections with the early childhood field 	Children’s Cabinet		x	
1.3.b Develop/provide and promote early childhood resources to social services field <ul style="list-style-type: none"> Identify current connections with State and with local early childhood networks as well as programs not well connected Reach out to agencies to share early childhood resources 			x	
1.3.c Encourage connections between early care and education programs and public schools <ul style="list-style-type: none"> Maine Department of Education (DOE) website will include examples of transition activities and school-based models for connecting with communities and families Encourage and seek funding to facilitate opportunities for community childcare/preschool programs and public schools to connect and work together Promote Maine Roads to Quality Professional Development Network (MRTQ PDN) Communities of Practice (CoPs) to schools and childcare together 	DOE Department of Health and Human Services (DHHS)	x		

Stakeholders identified communication gaps between sectors that negatively affect vulnerable families, frequently citing lack of understanding of childcare by members of the medical community. When families, especially those who have children with disabilities, turn to medical providers for information about developmental needs and services, they typically have not received the help they anticipated. As evidence of the consequences of the communication gap, only 30 percent of children with MaineCare had received developmental screenings at recommended intervals--a much lower rate than national or New England averages for comparable screenings. Child Development Services conducted a pilot initiative that uncovered similar issues, including lack of universal screening and barriers to sharing information across disciplines.

While linking the early care and education and medical systems is a top priority, there is also room for improved communication between other sectors. For example, while legal and family advocates necessarily uphold the privacy of family records, some degree of cooperation is needed so that information can be shared with consent by multiple providers in order to streamline services.

In some cases, connections across sectors are already working well and those models could be expanded to other locales. An example is the role that Family Service Advocates play in Head Start-Pre-K partnerships to bridge early care settings and the K-12 system at an important time of transition for families and children. In Pre-K partnerships that include a Head Start partner, Family Service Advocates (FSA) are able to provide families assistance of many types. But when children transition to kindergarten and FSA services are no longer available, there can be a “drop off” in various services to families. Because all children experience transition into kindergarten (whether or not the child has been in Pre-K), this is a critical point for connecting systems.

GOAL 2: WORKFORCE DEVELOPMENT

“The workforce behind the workforce.” Workforce shortages are at the root of many challenges associated with providing high quality early care and education for Maine’s vulnerable children and families. As the recent COVID-19 pandemic has made clear, those who care for and educate children are vital frontline workers essential to the nation’s economic health—“the workforce behind the workforce,” a message promoted by several participants in the initial needs assessment meeting.

Stakeholders reported struggling historically to get that message across to the general public, policymakers and the business community—a problem that Maine early childhood advocates share with their peers in many other states. Since most childcare services for children younger than age five are supported by the fees paid by families, keeping fees low has always been a priority. As a result, the early care and education workforce has been under-paid and under-valued, leading to predictable issues with recruitment, retention, and program quality. The effects of recruitment and retention difficulties are seen throughout the Maine system: long-term staff vacancies have forced some childcare programs to close classrooms and reduce the number of available slots; children who have been diagnosed with disabilities are waiting for services; heavy caseloads limit the time available from specialists. Some examples from the needs assessment:

- Eighty percent of childcare employers reported difficulty hiring staff and 57 percent reported reducing services because they were not able to fill positions;
- Statewide Head Start programs reported 30 percent of staff vacancies were still unfilled by the end of the school year; and
- Child Development Services reported 15 percent of positions were vacant, resulting in students not receiving services.

Shortages are acute in some positions and specialties: mental health providers for the birth to age five population; bilingual staff, early childhood-special needs teachers, and home visitors.

Action on several fronts will be necessary because there is no time to wait. While there is no source of centralized information about entrants into the profession, the pipeline of qualified early childhood educators appears to be slowing. During needs assessment interviews and discussions, representatives from Maine’s teacher preparation institutions reported declining interest in early childhood education (ECE) majors.

There are no quick and easy solutions for building the early childhood workforce at the scale that Maine will require over the coming decade. Some stakeholders believe that raising wages is necessary before other steps are taken; others believe that promoting the value of early childhood is the first step to unlocking necessary resources to pay childcare workers a living wage.

GOAL 2: RECRUIT, PREPARE, AND RETAIN A STRONG AND DIVERSE EARLY CHILDHOOD WORKFORCE		
PDG Recommendations		Related Children’s Cabinet Strategies
2.1	Develop and implement information campaign to create interest for pursuing a career in early childhood education.	Support opportunities and strategies for increasing wages for early childhood educators.
2.2	Analyze and align the current career pathways for entering and advancing in the early care and education profession.	Increase access to, expand and strengthen early childhood programming at Career and Technical schools.
2.3	Provide supports for a worthy and family-sustaining wage for the early childhood workforce.	Offer stipends to infant caregivers receiving Child Care Subsidy Program (CCSP) support to recognize the high cost of providing infant care. Support opportunities and strategies for increasing wages for early childhood educators.
2.4	Ensure education and professional development pathways are affordable, accessible and equitable.	Provide scholarships to help students with low and moderate income attain associates and bachelor’s degrees in Early Childhood Education(ECE).
		Increase access to, expand and strengthen early childhood programming at Career and Technical schools.
		Increase professional development and coaching opportunities for early educators in center-based and family childcare programs.
Indicators of Progress		
<ul style="list-style-type: none"> • Increased gender and racial/ethnic diversity of Career and Technical Education (CTE) and higher education early childhood graduates, represented by percentage who are male students and who are non-White • Increased number of students graduated annually from early childhood CTE and higher education courses of study • Larger percentage of early childhood educators on MRTQ PDN registry with associate’s or bachelor’s degrees in ECE or related fields • Increased number of early childhood educators in registry with an MRTQ PDN credential (e.g., infant/toddler, inclusion, director, technical assistance) • Increased number of early childhood teachers with combined DOE endorsements of “Early Childhood Teacher 0 to age 5 (081)” and “Teacher of Students with Disabilities 0 to age 5 (282)” 		

See also Appendices for additional implementation strategies for sub-objectives.

2.1 Promote early childhood as an essential profession and desirable career path	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
2.1.a Develop and implement information campaign to create interest for pursuing a career in early childhood education <ul style="list-style-type: none"> • Create connections between professional ECE educators and ECE candidates • Communicate with field and beyond about benefits of ECE • Encourage CTE/higher ed students to enroll in MRTQ PDN registry and encourage participation in conferences/training 	DOE DHHS MRTQ PDN		x	
2.1.b Work with middle and high school guidance counselors to encourage enrollment in early childhood programs <ul style="list-style-type: none"> • Communicate about and promote ECE with field of guidance counselors 				
2.1.c Promote early childhood in specialty programs (Occupational Therapy, Speech, Physical Therapy, Special Education) <ul style="list-style-type: none"> • Encourage creation of dual certifications • Communicate with institutions of higher education (IHE) and professional organizations 				

Stakeholders who think that messaging is the problem believe that members of the general public (including parents who select and pay for care) are not aware of the importance of early childhood development, and therefore do not value or even view early childhood education as a profession. To be effective, messages about the value of early childhood will need to be taken up by many sectors, especially the business community and K-12 educators.

To ensure a viable preparation pipeline, it is important that young people (and those who influence them such as school guidance counselors) see the profession as desirable and rewarding for those who continue their education in the early childhood field. Increased promotion of the critical role of the early childhood years might also convince those interested in related health and education professions (e.g., occupational and physical therapy, speech and language therapy, special education) to add early childhood coursework to their career preparation.

Wages and perceived value are closely connected in American society. While the opportunity to make money is not a primary motivator for entering and staying in the early childhood field, young people (and their parents) need some assurance that the investment in educational preparation can lead to the possibility of making a living wage.

2.2 Analyze and align the current career pathways for entering and advancing in the early care and education profession	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
2.2.a Study and clarify the variety of certifications, credentials, career lattices, and professional registry for ECE professions <ul style="list-style-type: none"> • Review standards and processes, identify gaps and overlaps, needs for clarity • Incorporate apprenticeships • Create guide to promote options and to help interested students to understand pathways 	DHHS DOE MRTQ PDN Department of Labor (DOL)		x	
2.2.b Evaluate alignment of background checks and fingerprinting across early childhood systems	DOE		x	
2.2.c Align certification for those transferring from other states and countries			x	

Continuing education is important for recruiting and retaining entry level staff in the profession, enabling staff to increase their level of skill, compensation, and job satisfaction. Maine’s professional registry is designed to help educators track the training they have completed so that continuing education can be recognized and rewarded. Reducing or eliminating institutional barriers (e.g., refusal to grant credit for courses from other institutions) eases the burden on those pursuing additional education by avoiding the time and costs associated with duplication of required coursework.

Recruitment will be more successful if potential educators have a clear path toward understanding how the credentials and credits earned can both lead to immediate employment and further advancement. A clear path depends on articulation across education levels (high school to community college, community college to four-year teacher preparation institutions). Program-to-program articulation facilitates continuing education (through transfers) and degree completion, including financial efficiencies.

Attention to articulation at the state level is important because about one third of all college students transfer at some point in their pursuit of a degree and more than one fourth cross state lines to do so—hence the value of portability. Research about articulation has demonstrated that continuity in courses of study and visible milestones are both associated with higher completion rates as is granting credit for competencies through assessment of prior learning.

2.3 Provide supports for a worthy and family-sustaining wage for the early childhood workforce	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
2.3.a Reward early childhood educators who have attained a postsecondary degree with a supplement to their wages, either through a direct supplement or a tax credit	Children’s Cabinet		x	
2.3.b Support opportunities and strategies for increasing wages for early childhood educators				
2.3.c Explore shared services (insurance, discounts at stores, other administrative support) for early childhood program staff <ul style="list-style-type: none"> • Work with partners to better understand opportunities for leveraging shared services in Maine 	DHHS MRTQ PDN		x	
2.3.d Encourage partnerships for braiding funding that result in family-sustaining wages <ul style="list-style-type: none"> • Seek partners, including larger Maine companies, colleges and universities • Develop toolkit to support businesses that might provide or partner to offer childcare • Pilot a partnership among key players at the local level 	Children’s Cabinet			x

There is no question that low wages are a primary barrier for recruitment and retention of early childhood workers. Maine’s upgrades to the minimum wage have drawn competition from other entry level jobs that are lower stress and require less training.

The expansion of public Pre-K in Maine has been a positive development for some members of the early childhood workforce but also created pressures on the system. Pre-K staff hired by school systems (and also frequently those employed by partnering providers) receive wages and benefits commensurate with K-12 teachers. Early childhood educators with the appropriate educational qualifications have migrated to the higher-wage Pre-K positions, creating shortages in other parts of the field. This becomes a growing concern if public Pre-K expands further throughout the state. Child Development Services reported similar competition for employees from public school special education positions and medical practices.

The wage issue is complicated by providers’ desire to maintain affordability of care for families and to maintain the highest quality program—which rests in large part on staff credentials. For some providers, the increasing cost of benefits (e.g., medical insurance) is a parallel issue. Those who are striving to retain staff by providing benefits may need to sacrifice other elements of program quality to do so.

2.4 Ensure education and professional development pathways are affordable, accessible and equitable	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
<p>2.4.a Provide scholarships to help students with low and moderate income attain associate’s and bachelor’s degrees in early care and education</p> <ul style="list-style-type: none"> • Adopt T.E.A.C.H. Early Childhood program to support associate’s and bachelor’s degrees • Promote tuition assistance and supports from Additional Support for People in Retraining and Employment (ASPIRE), Temporary Assistance for Needy Families (TANF)/Parents as Scholars (PaS), Higher Opportunities for Pathways to Employment (HOPE), Competitive Skills Scholarship Program (CSSP), Food Supplement Employment and Training Program (FSET) for students interested in and participating in ECE programming 	<p>DHHS Maine Association for the Education of Young Children (AEYC) MRTQ PDN</p>		<p>x</p>	
<p>2.4.b Partner with IHEs, MRTQ PDN, and CTE to facilitate development and enhancement of articulation agreements among and between ECE postsecondary degree programs and early childhood training programs</p> <ul style="list-style-type: none"> • Research model agreements, current gaps, and facilitate development of agreements 	<p>Children’s Cabinet DOE MRTQ PDN ECE IHE Committee Maine AEYC</p>		<p>x</p>	
<p>2.4.c Work with Early Childhood Higher Education committee (ECE IHE) to foster greater understanding of education pathways, student options and identify barriers to education achievement</p> <ul style="list-style-type: none"> • Survey and convene institutions of higher education to clarify pathways and requirements for different students and their interests 	<p>Children’s Cabinet DOE ECE IHE Committee</p>	<p>x</p>		
<p>2.4.d Increase access to, expand and strengthen early childhood programming at Career and Technical Education (CTE) schools</p> <ul style="list-style-type: none"> • Explore articulation agreements between CTE and community colleges • Review, expand curriculum at CTE programs 	<p>DOE</p>		<p>x</p>	
<p>2.4.e Support IHEs to expand programs offering early childhood specialty degrees (speech/language, occupational, and physical therapy)</p>	<p>Children’s Cabinet</p>			<p>x</p>

The impending workforce shortages will likely not be met only by traditional pathways into early childhood careers. Possible additions to the traditional postsecondary routes are formal apprenticeships and secondary school preparation designed to lead to an entry-level credential. The latter could be achieved by strengthening and expanding Child Development Associate pathways within career technical education (CTE). In both apprenticeship and CTE options, preparation costs for the individual are low and the required field experience benefits providers by providing extra hands.

The last decade has seen higher expectations for staff in early childhood programs. Childcare employers reported that the staff they are able to hire have significant needs for training. The challenge is visible in the statistics from Maine’s professional registry—an increasing proportion of entrants only have a high school diploma/General Educational Development (GED) or less, comprising over half of new entrants in the past few years. Surveys of early childhood education staff indicate strong desire for more professional learning especially in areas related to encouraging positive behavior and addressing children’s challenging behaviors.

During needs assessment discussions and interviews, professional development providers and early educators described barriers to continuing education. Finding the time to participate is a major hurdle; most early educators can simply not leave their job duties to do so, especially family day care providers. In some parts of the state, the distance to travel from rural areas to central training locales compounds the problem of finding time. While online training is a viable option for many, staff say they miss the camaraderie that in-person professional development provides—again, this is especially important for family child care providers who often feel isolated in their roles. Maine Roads to Quality Professional Development Network is filling some of the need through online communities of practice but those opportunities are not a substitute for in-person training and interaction with peers.

The cost of training is another barrier for individuals and their employers. Higher quality program ratings depend on a well-trained staff but programs striving to maintain affordability for parents may not have resources to support additional training for staff members.

GOAL 3: ACCESS TO CHILDCARE

Access for All. Longitudinal research has established the importance of high-quality early care and education experiences in the development of young children. Childcare and related services are also essential for parents, enabling them to maintain employment while knowing their children are in safe settings. In Maine, prior to the pandemic, approximately 68-70 percent of children under the age of six had all available parents in the workforce, requiring arrangements for full time care, sometimes outside a “typical” 8-4/9-5 day to accommodate work schedules.

While it is difficult to precisely estimate the gap in available services, the needs assessment report estimated that approximately 9700 children in Maine between age 3 and 4 whose parents were in the workforce were not in a group care setting. Given the challenges of finding affordable infant care, the proportion of children in the 0-2 age range is likely even higher. Vulnerable children living in poverty—those who can benefit the most from high quality care—are less likely than others to be enrolled in childcare. These data are consistent with a report from The Bipartisan Policy Center completed about a year after the needs assessment showing the State’s gap in care for children under the age of six with parents in the labor force is about 10 percent, with the rural gap about three times the urban gap—and significantly greater in some counties.

Maine’s families face a host of barriers in finding childcare. As documented in the needs assessment report, families are most challenged by:

- finding information about appropriate childcare options;
- affordability of childcare, especially for infant care;
- navigating enrollment and subsidy systems;
- costs and unreliability of transportation to childcare and other services in both rural and urban areas; and
- patching together childcare coverage to match working hours.

The barriers become greater obstacles for families who have children with delays, disabilities or specialized medical needs.

Vulnerable families in most states face similar barriers although childcare capacity may be greater in some other locales. Periodic market rate surveys show that Maine has low vacancy rates across the age ranges when compared to industry standards. Moreover, providers and parents perceive that the trend of availability in Maine has gone in the wrong direction over the past decade, that is reductions in options as some providers have left the field.

The number of licensed center-based childcare centers has actually increased somewhat over the last decade to 756 centers but the number of family childcare homes had declined by more than one third to 950 by 2018. The reduction in family childcare homes affects rural areas disproportionately since family childcare is more likely to serve children in isolated areas. In addition to the number of providers, staff shortages (see Goal 2) have resulted in limitations on the number of available slots and closure of classrooms.

GOAL 3: INCREASE AVAILABILITY OF AFFORDABLE CHILDCARE AND ACCESS TO FAMILY SERVICES FOR VULNERABLE CHILDREN	
PDG Recommendations	Related Children’s Cabinet Strategies
3.1 Streamline eligibility requirements and enrollment process for services/supports.	Streamline, simplify and raise awareness about the eligibility process for the Child Care Subsidy Program.
3.2 Help families find, navigate and transition among/across services.	Ensure “no wrong door” for families to access services, such as MaineCare, co (SNAP), Maine Care, and Women, Infants and Children Nutrition Program (WIC), and establish a centralized entity for developmental screening and care coordination of early intervention services.
	Ensure access to and utilization of high-quality prevention services for young children and their families.
	Ensure that substance use screening, treatment and support for recovery is available for families with infants and young children.
3.3 Increase the availability of childcare in Maine for vulnerable children with an emphasis on infant and toddler care, in rural areas, for children with special needs/health care needs, and care between 6 pm and 6 am and weekends.	Provide start-up funds to existing or new childcare programs to create new slots, particularly in rural areas, for infants and toddlers.
	Offer stipends to infant caregivers receiving Child Care Subsidy Program resources to recognize the high cost of providing infant care.
3.4 Support families, children and educators and communities with transitions between early care and PK-12 education experiences, including transitions for children with special needs.	
Indicators of Progress	
<ul style="list-style-type: none"> • Increased number of infants participating in the Child Care Subsidy Program • Increased number of all children enrolled in the Child Care Subsidy Program • Greater percentage of children enrolled in MaineCare who receive one developmental screening each year before their 1st, 2nd and 3rd birthday • Increased percentage of children enrolled in MaineCare participating in regular well-child visits in the first 15 months, between 15 months and 3 years and between 3 and 6 years • Increased use of Child Care Choices website as shown by number of page views • Increased number of children between birth and age 5 referred to Child Development Services (CDS) who are determined eligible for services and receiving services 	

See also Appendices for additional implementation strategies for sub-objectives.

3.1 Streamline eligibility requirements and enrollment process for services/supports	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
3.1.a Increase accessibility and public knowledge of Child Care Subsidy Program <ul style="list-style-type: none"> • Provide multiple ways to access applications and address other barriers • Promote benefit to families, other departments/agencies, and programs who work directly with families 	DHHS		x	
3.1.b Ensure “no wrong door” for families to access services, such as MaineCare, SNAP, home visiting, Women, Infants and Children Nutrition Program (WIC), housing, employment, transportation, behavioral health services and other social services <ul style="list-style-type: none"> • Learn from and work with community partners, including Community Action Program (CAP) agencies and ECE coalitions • Create and communicate “maps” of services/tools for departments to understand others’ services and identify key contacts 	Children’s Cabinet DOE DHHS CDS		x	

During needs assessment discussions, parents were vocal about the obstacles and confusion they faced in seeking and maintaining the support they require to locate and afford childcare. Over the past few years, increases in Maine’s minimum wage coupled with low unemployment (pre-pandemic) has meant that families’ incomes fluctuated, causing concerns about retaining eligibility for childcare subsidies. Some families who had been able to afford childcare with subsidy were concerned that a \$1/hour increase and/or their employers’ requirement to work longer hours would make them ineligible for subsidy—just when they needed childcare most. Further, changes in Maine’s TANF (Temporary Assistance to Needy Families) regulations resulted in other parents facing reduced childcare subsidies when they were required to increase work hours.

In addition to determining whether they continued to meet eligibility requirements for subsidy, parents find other aspects of enrollment confusing. They are frustrated by duplicative requests for information from related agencies. Non-English-speaking parents find the paperwork daunting. As they wend their way through the enrollment and subsidy procedures, parents report little encouragement from agency staff. A frequent complaint is lack of empathy for family circumstances on the part of front-line workers tasked with helping parents.

On the positive side, the needs assessment did identify strong interest among agency staff in building statewide “no wrong door” or “one stop” approaches to coordinating services, as already in practice locally in some parts of the state, e.g., through Community Action programs.

3.2 Help families find, navigate and transition among/across services.	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
3.2.a Enhance and promote Child Care Choices website to families <ul style="list-style-type: none"> Strengthen “real time” information and promote through other State agencies/departments 	DHHS MRTQ PDN	x		
3.2.b Ensure that substance use screening, treatment and support for recovery is available for families with infants and young children <ul style="list-style-type: none"> Promote professional learning around substance-exposed babies for childcare programs and other early childhood programs Implement Maine Maternal Opioid Misuse (MaineMOM) grant Coordinate Safe Plan of Care across agencies 	DHHS	x		
3.2.c Ensure access to and utilization of a full range of high-quality prevention services for young children and their families <ul style="list-style-type: none"> Advance preventive screenings and services such as developmental, medical (lead), immunizations, Child Find outreach, Early and Periodic Screening, Diagnostic and Treatment (EPDST), other types of screenings, home visiting, and other two-generation programs Identify barriers to needed early intervention services such as Occupational, Physical and Speech Therapy and explore opportunities to minimize or eliminate barriers 	DHHS CDS			x
3.2 d Support families to navigate Child Find, EPSDT in MaineCare and CDS to ensure children receive necessary health and intervention services <ul style="list-style-type: none"> Hire EPDST Coordinator to conduct outreach Promote screenings through ECE professional groups, regional/local coalitions, and other statewide groups, e.g., Head Start, Maine Families, Public Health Nursing, food/nutrition programs, Maine AEYC and Family Child Care Association of Maine Develop statewide resource guide for families 	DHHS CDS		x	
3.2.e Establish a centralized entity to support families and children to find and enroll in comprehensive services <ul style="list-style-type: none"> Seek funding for Help Me Grow Explore with regional coalitions opportunities to connect families with needed resources 	Children’s Cabinet		x	

Maine parents from all socioeconomic and education levels have experienced difficulty finding the right services for their children, and not knowing where to turn for information. Parents who expected help from their child’s medical providers were almost always disappointed. While centralized information

referral services (e.g., 211) can provide general help, they do not maintain the specific details about childcare that parents need, e.g., ages served, hours of operation, whether subsidy is accepted. Further, information is not available in multiple languages as needed by the growing Newcomer population.

The recently upgraded Child Care Choices website is certainly a step in the right direction, but vulnerable parents and children may need more personalized support to make good use of the website.

Early and periodic screening at the community level is a “gateway” for identifying children’s needs for intervention services. Some Maine communities have piloted robust collaborative screening initiatives to improve identification rates, but those efforts are isolated. Children who miss out on screening tend to be from rural areas, children who are born at home, or children who are New Mainers. As a result of inconsistent screening efforts, children with delays miss out on early intervention. Maine has a very low rate of early intervention--the lowest in the nation for intervention prior to children’s first birthdays. The consequences of delaying intervention show up in Maine’s higher rates of children with special needs when children reach school age and receive formal screening.

Parents who suspect their children need services and want to refer their children for screening and evaluation report challenges in obtaining accurate information. Parents who had the support of childcare providers and family advocates to complete paperwork fared better in navigating Child Development Services referral and evaluation processes. For example, Head Start and Pre-K partnership family advocates work with parents through every step of the referral process; families who are simply referred by pediatricians may give up if they have no extra support to work through the steps.

3.3 Increase the availability of childcare in Maine for vulnerable children with an emphasis on infant and toddler care, in rural areas, for children with special needs/health care needs, and care between 6 pm and 6 am and weekends.	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
3.3.a Continue to understand the needs and availability of childcare across the state <ul style="list-style-type: none"> Work with Bipartisan Policy Center (BPC) to improve collection of information about childcare needs, including gap analysis, expanding types of care recorded, parent survey, and unduplicated counts 	DHHS		x	
3.3.b Provide start-up funds to existing or new childcare programs to create additional care, particularly in rural areas, for infants and toddlers <ul style="list-style-type: none"> Waive licensing fees for all providers for a two-year period Provide mini-grants to prepare for increased capacity 	DHHS	x		
3.3.c Incentivize childcare programs to increase infant care <ul style="list-style-type: none"> Offer stipends to infant providers Increase reimbursement percentage for care settings with higher quality ratings (“quality bump”) 	DHHS	x		
3.3.d Increase placements of children with disabilities and special health care needs in ECE settings <ul style="list-style-type: none"> Seek funding to provide training for additional Inclusion Initiative cohorts and stipends for completing coursework in special education Promote supports, including warmlines, mental health consultation, technical assistance, CDS services, and Children with Special Health Care Needs Coordinator Implement the Early Childhood Mental Health Consultation Project statewide 	DHHS CDS MRTQ PDN DOE Center for Community Inclusion and Disability Studies (CCIDS)		x	

Shortages of infant care are acute especially in rural areas of Maine. Some providers have stopped serving infants because of the high cost of providing infant care, resulting from the required low adult-child ratio. The cost of infant care varies widely by county, but the average single parent with one child in infant care pays approximately 45 percent of their annual income for care.

Almost all available childcare and education in Maine falls short of the hours that parents say they need. Working parents are interested in full day care; some require care for evenings and weekends. Traditional childcare hours simply do not work for many working parents.

Parents of children with disabilities and special health care needs experience particular difficulties in finding childcare. Providers may be reluctant to accept children with special needs because they do not feel prepared to serve them. Some family day care providers do not accept children who are receiving CDS services because they do not want the disruption of other adults coming into their homes.

3.4 Support families, children and educators and communities with transitions between early care and PK-12 education experiences, including transitions for children with special needs.	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
3.4 a Educate public schools and childcare programs to improve transitions for students moving from IDEA Part B to public/private systems <ul style="list-style-type: none"> • Create resources and identify models, partnering with Maine Parent Federation and other similar organizations • Include resources and education around special needs laws and legal requirements 	DOE DHHS		x	
3.4 b Increase Family Engagement strategies in school systems to support families transitioning into school communities <ul style="list-style-type: none"> • Complete the Family Engagement Framework • Create web site for materials, provide training, share lessons 	DOE		x	
3.4.c Create guide/resource about transitions, highlighting ideas and examples of champions at the district level <ul style="list-style-type: none"> • Gather best practices information from schools • Promote through existing information vehicles and directly to educators, including incorporating into training for administrators 	DOE DHHS CDS		x	
3.4.d Provide educational materials and promote opportunities for schools and childcare programs to network and learn about the importance of coordinating to support smooth transitions from ECE system to PK-12 school system	DOE DHHS CDS	x		

For vulnerable families, the transition between early care and the K-12 school system can be disruptive. The support that some families had been receiving from Head Start or other providers is likely no longer available. Parents whose children had been in full-day care settings may be faced with arranging before and after school care for shorter school days.

Parents of children with disabilities report they were not prepared for the transition between developmental services and special education. The delivery of CDS services changes at age 3 and again at age 5. Parents report a gap in coordination and communication between home-based providers and center-based care providers and then again with the school setting.

Service agencies who work with families from other cultures (e.g., migrants, refugees, immigrants) express concerns that K-12 school systems are not well prepared to receive students from different languages and cultures. School staff may not understand children’s backgrounds nor recognize families’ communication needs. As a result, children who had successful Pre-K experiences may fall behind quickly in kindergarten.

GOAL 4: QUALITY IMPROVEMENTS

Quality matters! Research links the quality of early childhood education to better short-term outcomes in terms of children’s cognitive and language development and longer-term success in education and employment. Chapter 124 – Basic Approval Standards: Public Preschool Programs includes basic approval standards for public Pre-K, including indicators associated with quality. The standards are currently under review to clarify and refine requirements. 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*, a four-tier rating scale, has been in place since 2008. A QRIS validation study confirmed that programs at higher step levels did appear somewhat higher in classroom quality.

Ongoing professional development is critical for maintaining quality interactions with children. The 2019 PDG needs assessment surfaced two consistent themes as concerns of 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. A majority of early childhood staff want professional development to help them address children’s challenging behaviors and promote social-emotional development, including onsite assistance from specialists.

To increase access to quality care and education statewide, Maine will implement a three-part strategy. The state will work to increase the number of children served full-time in high-quality Pre-K while encouraging more providers of all types to reach higher quality ratings on the QRIS (tiers 3 and 4). Critically important for increasing quality is continued preparation of the early childhood workforce to improve the knowledge and skills to work with all children in Maine.

Fully meeting this goal will take a long time. Quality of care and education is expensive, and those costs have long been underestimated by members of the public and policymakers.

GOAL 4: INCREASE THE AVAILABILITY OF HIGH-QUALITY EARLY CARE AND EDUCATION	
PDG Recommendations	Related Children’s Cabinet Strategies
4.1 Increase the number of quality full-time, full-day Pre-K slots.	Expand public Pre-K for 4 year olds and fund start-up grants to incentivize partnerships between schools, Head Start and child care programs.
4.2 Increase the number of providers reaching high quality on the Quality Rating Improvement System (QRIS).	Increase the quality bump to childcare programs on the QRIS serving infants and toddlers.
	Revise the QRIS system to be a five-star system to bring all licensed childcare programs into the state’s quality rating system.
4.3 Increase professional learning and technical assistance for educators, administrators, and other frontline staff.	Implement the early childhood mental health consultation pilot sites and expand statewide to help parents and educators support the social and emotional development of young children, especially children with special needs.
	Expand professional learning opportunities that support inclusive and trauma informed practices in early care and education settings.
	Offer a professional learning series on early childhood education to school administrators, particularly for those with ECE programs.
	Increase professional development and coaching opportunities for early education in center-based and family childcare programs.
Indicators of Progress	
<ul style="list-style-type: none"> • Increased proportion of all children enrolled in the Child Care Subsidy Program who attend a quality (QRIS rated 3 or 4) early care and education program • Increased proportion of 4 years olds in public slots and % of those in full day/full week settings • Increased number of school districts that include Head Start and/or childcare partnerships for Pre-K • Increased percent of early care and education programs participating in QRIS that are rated at levels 3 or 4 	

See also Appendices for additional implementation strategies for sub-objectives.

4.1 Increase the number of quality full-time, full-day Pre-K slots.	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
4.1.a Update Rule 124: Basic Approval Standards for public Pre-K programs <ul style="list-style-type: none"> Engage internal/external stakeholders, increase quality of programming and address increasing full day programming options 	DOE	x		
4.1.b Explore changing the Essential Programs and Services (EPS) Funding Formula to financially support and incentivize schools to increase hours of Pre-K programming per week <ul style="list-style-type: none"> Gather information/input about Pre-K budgets and spending levels 			x	
4.1.c Create toolkit for schools to help expand and improve their Pre-K programs <ul style="list-style-type: none"> Address quality elements, including forming partnership and increasing full day programming hours and assuring equity, access and inclusion 		x		
4.1.d Provide funding and support for start-up grants to expand public Pre-K <ul style="list-style-type: none"> Incentivize partnerships Create priority list of communities 	Children's Cabinet			x
4.1.e Explore options for a Kindergarten readiness assessment <ul style="list-style-type: none"> Gather information about assessments currently in use along with information from other states 	DOE	x		
4.1.f Explore opportunities for wraparound care for children enrolled in public Pre-K <ul style="list-style-type: none"> Gather information from schools about what they offer, different models, barriers, level of interest 			x	

Public Pre-K is an important part of Maine’s system of early care and education, serving an increasing number of children over the past decade--although still less than half of Maine’s 4-year-olds. About three-fourths of Maine’s school administrative units offer public Pre-K with considerable variation in enrollment by county (a high of 90% in Aroostook County and a low of 13% in Cumberland County). However, most Maine school administrative units do not yet offer full day/full week sessions. Only about one fourth offer five full days of public Pre-K (a full day is defined as five or more hours).

The evaluation of the state’s current Preschool Expansion grant found that having full day programming was important for attracting enrollment from working parents. In addition, if public Pre-K programs

offered wraparound care, families would not face arranging multiple transitions for children each day or from day to day.

A full day/full week schedule allows providers to offer the types of foundational learning and social experiences needed for success in elementary school and beyond. Compliance by public Pre-K with Maine's early learning and development standards is voluntary, and as a result, implementation is uneven.

Currently, public school settings do not participate in the *Quality for ME* system although their partners in providing care, e.g. Head Start, center-based childcare programs, may be enrolled. Some stakeholders expressed the concern that public-school staff may be more distant from the needs of vulnerable children and families than childcare providers. In surveys staff did express the need for more information about the cultures of families they serve. One strategy for improving quality and increasing the connections between public school systems and vulnerable families is to expand and strengthen partnerships with Head Start and community providers to provide Pre-K.

There is no statewide requirement for a kindergarten entry assessment so there is no way to determine the outcomes of Pre-K experiences—and therefore no leverage for quality improvements. Stakeholders in Maine echoed a need that has been identified in other states: with the expansion of public Pre-K, elementary school principals need specialized training to help them understand the ingredients of high quality Pre-K, know how to align Pre-K and K-3 expectations, and provide for successful transitions into kindergarten.

4.2 Increase the number of providers reaching high quality on the Quality Rating and Improvement System (QRIS)	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
4.2.a Promote and increase participation on QRIS by emphasizing benefits and offering support <ul style="list-style-type: none"> • Pilot the new 5-star system, provide technical assistance for new entrants • Update licensing requirements to include QRIS participation 	DHHS MRTQ PDN	x		
4.2.b. Provide financial support, technical assistance and other incentives to childcare programs to improve quality <ul style="list-style-type: none"> • Incentives could include mini-grants, opportunity to provide additional information on Child Care Choices website, quality bumps for infant/toddler care, and available mentoring opportunities 				
4.2.c Conduct validation study of 5-Star QRIS	DHHS			x

While Maine has long had a QRIS, only half of licensed childcare programs are participating and only a few are added annually to those numbers. Moreover, more than half of the providers in the system are currently rated at the lowest level of quality (Level 1), and this is disproportionately true of family child care. There is little evidence that programs advance across QRIS levels over time. QRIS administrators and others note that programs simply may not have the resources to make the required improvements.

While there are some incentives for increasing quality (e.g., increased reimbursements), they have not been adequate to encourage changes the equate to meaningful improvements in quality. Work is underway to improve the QRIS. Most important is providing financial support and technical support to help more programs meet and sustain higher quality standards.

In large part, meeting quality program standards is about hiring sufficient numbers of well-qualified staff which will be increasingly difficult given the current and projected workforce shortages. Staff wages represent the most significant portion of the costs of care.

4.3 Increase professional learning and technical assistance for educators, administrators, and other frontline staff	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
4.3.a Increase use of MRTQ PDN registry system to track qualifications and promote professional learning offerings <ul style="list-style-type: none"> Require licensed programs to enroll staff in registry Promote registry as locus of professional learning resources (including connecting ECE students to registry early) 	DHHS MRTQ PDN	x		
4.3.b Increase professional learning opportunities for school administrators around elements of high quality and appropriate early childhood development and settings <ul style="list-style-type: none"> Create ECE leadership training program for school administrators and connect schools to ECE professional learning resources 	DOE DHHS MRTQ PDN			
4.3.c Increase professional learning, including training and technical assistance support for early childhood educators in cultural responsiveness, trauma informed practices and inclusionary practices <ul style="list-style-type: none"> Build on and expand current training available through MRTQ PDN and DOE 	DHHS DOE MRTQ PDN	x		
4.3.d Offer professional learning opportunities to support staff in ECE programs <ul style="list-style-type: none"> Promote ECE trainings to support staff (transportation, dining services, front office workers) through DOE Support Services, Schools, MRTQ PDN, and Child Care Programs 	DHHS DOE MRTQ PDN		x	
4.3.e Provide professional learning in business practices to family and center based childcare programs <ul style="list-style-type: none"> Identify and expand training opportunities, learn from CEI Child Care Business Lab 	DHHS		x	
4.3.f Implement initial five sites for the early childhood mental health consultation pilot (In the long term, expand program statewide)	DHHS	x		

The quality of services rests on the preparation of staff for their roles and the continual updating and refreshing of skill sets to meet the changing needs of children and their families. Stakeholders frequently commented on the increasing number of Maine children with high needs, including multiple adverse childhood experiences, developmental delays or disabilities. In some parts of the state, providers are now engaging with families from cultures very different from their own as New Mainers resettle from Africa, the Middle East, and Eastern Europe.

Needs assessment data clearly show desire on the part of early care and education staff for increased professional learning opportunities. Eighty percent of teachers reported feeling unprepared to work with children with disabilities and severe behavioral problems. The lack of preparedness manifests in the high rates of expulsion and suspension in Maine—a rate 20 times higher in early care than in K-12. Child Development Services staff also believe that a substantial number of over-referrals for special needs screening are related to teachers' frustration with children's behavior. Recent legislation has recognized these concerns and created funding for a pilot effort to support early childhood teachers and parents by providing consultation around mental health issues.

Providing professional development is difficult and costly when the workforce is widely scattered and cannot easily take time away from caring for children. Low wages and tight budgets compound the challenge of freeing up time and attention for professional learning.

Some mechanisms are in place through which onsite and online training can be offered; expansion and better use of the existing infrastructure could support additional professional development. Maine's professional registry system (through Maine Roads to Quality Professional Development Network (MRTQ PDN) is a source of professional development opportunities. Yet only about 40 percent of professionals working in early care and education are currently registered. MRTQ's Professional Development Network provides onsite support and operates communities of practice for early care and education professionals. The newly funded mental health consultation pilot will offer direct support to providers and parents.

GOAL 5: INTEGRATED DATA SYSTEMS

Better data lead to better decisions. During needs assessment and strategic planning conversations, the need for more complete and consistent information became evident to policymakers. Maine’s agencies collect the information required by various federal and state programs, but that information is not easily collated or compared to answer question about services and outcomes.

An Early Childhood Integrated Data System (ECIDS) collects, integrates, maintains, stores, and reports information from early childhood programs across multiple agencies within a state that serve children and families from birth to age eight. Many states link ECIDS to other statewide longitudinal data systems (SLDSs) in order to conduct longitudinal analyses. A cross-agency integrated data systems that is student-family unit based could permit longitudinal tracking of outcomes and facilitate understanding of the effects of participation in various services. Leaders of Maine state agencies aspire to develop such an integrated system.

The needs assessment uncovered 15 gaps in available data and information—all related to decision making for planning, allocation of resources, and tracking outcomes—that could be addressed through an integrated data system. If the data and other information were available, policymakers would have a better understanding of:

- who is and is not served by various programs and services, including the availability of services in various locales;
- the outcomes and trajectory of progress of children and families;
- the effectiveness of various services, dosages of services, and combinations of services (linking services to outcomes);
- how participation and outcomes differ based on population characteristics and opportunities;
- the costs of services;
- the preparation and stability of the workforce; and
- the degree that services are duplicated, including the potential for coordination and alignment exist.

Such information would help policymakers understand barriers to services and anticipate needs and enable them to prioritize resources to meet the greatest needs.

GOAL 5: CREATE AN EFFICIENT, CROSS-AGENCY EARLY CHILDHOOD INTEGRATED DATA SYSTEM (ECIDS) TO INFORM POLICY, PROGRAMMING, AND EVALUATION		
PDG Recommendations		Related Children’s Cabinet Recommendations
5.1	Inventory and regularly update data elements routinely collected by agencies that serve vulnerable children and families and determine methods for sharing.	Build the infrastructure for an Early Childhood Integrated Data System.
5.2	Design/implement ECIDS connected to State Longitudinal Data System (SLDS).	Establish an Early Childhood Integrated Data System to track progress on early childhood goals and to analyze impact of policy decisions.
5.3	Establish public reporting mechanism to create statewide data culture.	
Indicators of Progress		
<ul style="list-style-type: none"> • Increased number of MOU agreements for data sharing in operation between agencies • Increased number of agencies/departments/programs actively participating in creation and use of ECIDS • Increased number of children assigned a unique identifier • Increased number of State’s Commissioners adopting the policies and protocols of SLDS governance structure 		

See also Appendices for additional implementation strategies for sub-objectives.

5.1 Inventory and regularly update data elements routinely collected by agencies that serve vulnerable children and families and determine methods for sharing.	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
5.1.a Update 2016 inventory of data elements and operational definitions <ul style="list-style-type: none"> • Survey relevant groups • Revise mapping document to compare data sets 	Children's Cabinet	x		
5.1.b. Map opportunities to align data elements to streamline and coordinate data collection. <ul style="list-style-type: none"> • Identify overlaps and explore possibilities for streamlining, including barriers to implementation 				

Maine currently faces the challenge of data systems that are not coordinated and have limited interoperability; however, there is a base of information that can serve as a starting point for an integrated system. Initial efforts were made in 2016 to inventory data elements from these data systems: MaineCare, the DOE, Home Visiting, Substance Abuse and Mental Health Services, Child Development Services, Children’s Behavioral Health, Office of Child and Family Services-Child Welfare, Office of Child and Family Services-Child care, Kennebec Valley Community Action Program-Head Start, and Maine Centers for Disease Control and Prevention.

The inventory was the initial step in developing common definitions for data elements in order 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 and other information requirements of policymakers.

5.2 Design and implement ECIDS connected to State Longitudinal Data System (SLDS).	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
5.2.a Develop and promote vision of integrated data system and its capacities to respond to policy and program questions <ul style="list-style-type: none"> Develop key policy questions that can be answered by data 	Children's Cabinet			
5.2.b Convene data governance entity <ul style="list-style-type: none"> Establish a cross-agency team to determine data governance for ECIDS Establish governance structure to address key principles and policies around access, privacy, internal and external requests for data, data sharing agreements, etc. 		x		
5.2.c Identify required data elements and determine indicators to answer key policy and program questions			x	
5.2.d Develop data sharing agreements across agencies <ul style="list-style-type: none"> Address legal and other policy barriers to sharing data Assign ownership and accountability for sharing data 			x	
5.2.e Engage vendors and hire staff to design and maintain system and to conduct analysis <ul style="list-style-type: none"> Develop specifications for Request for Proposals (RFP) (data collection, analytic and reporting functions; matching by unique identifiers) Selected vendor works with internal team on design 			x	
5.2.f Establish unique identifiers for children, enabling capacity to report unduplicated counts to identify types of duplication and service gaps <ul style="list-style-type: none"> Consider options for assigning identifiers, taking barriers into account Conduct targeted pilot(s) to assess and refine system capacity to report unduplicated counts Apply results of pilots to inform refinements in assignment of identifiers, data integration, and service coordination 				x

In 2013 and 2019, the federal government engaged a working group of state leaders with experience in statewide longitudinal data systems for early childhood. The working group identified the necessary steps for system development and shared best practices which will help to guide the development work in Maine. Solid preparation is critical because establishing ECIDS and linking data across programs takes time, money, and effort.

States that have built effective systems started with a vision for how they would like the system to be used and identified the essential questions to be answered with the data. They established expectations for reporting data and instituted appropriate governance for making technical decisions, e.g., a cross-agency data governance committee. Data governance is an important consideration for managing differences across agencies, facilitating inter-agency agreements about data sharing, and assuring privacy controls.

Once end users and their questions have been identified, next steps involve specifying data elements needed to answer the essential questions and sub-questions, locating existing data elements and determining any necessary modifications as well as establishing the parameters for new data to be collected, and deciding on the analytic procedures to respond to essential questions. An important step is making decisions about assigning unique identifiers or establishing a matching process to ensure an accurate, unduplicated count of children, staff, and programs across the state.

5.3 Establish public reporting mechanism to create statewide data culture.	Leadership Collaborators	Short (1-2 years)	Medium (3-5 years)	Long+ (5 plus years)
5.3.a Convene parents and stakeholders to inform development of a consumer-facing early childhood data dashboard	Children's Cabinet		x	
5.3.b Develop initial data dashboard using key indicators <ul style="list-style-type: none"> • Identify consumer-facing content delivery and format • Determine "home" and responsibility for dashboard • Develop stakeholder and public capacity to use and interpret data 				x

Once a centralized database structure has been established, it can be used for aggregate data reporting, responding to queries of all types, populating dashboards, and research. Best practice is to engage various stakeholders in developing the formats for data products such as reports and dashboards.

Different role groups will have different questions and therefore require tailored versions of reports. For example, policymakers are likely to want information about the education and economic returns on investments in early childhood, the readiness of children for kindergarten, and whether children are on track for school success. Providers and families will likely want to know the characteristics of programs associated with positive child outcomes, and researchers may be interested in the relationships between quality ratings, the demographic characteristics and risk status of children, and child outcomes.

Some questions are perennial, e.g., the examples above of policymakers' questions, and therefore ideal for standing reports or dashboards. Others such as the questions posed by researchers may be the focus of one-time inquiries or periodic analyses. Ideally, the data governance entity will engage stakeholders during the design phase to make decisions about the needs for standing reports and dashboards, ensuring that the system design can accommodate the information needs.

Once the system is developed, the data governance team will also develop supports that enable different user groups to interpret and apply the information accurately and effectively.

MEASURING PROGRESS

Progress toward each goal will be tracked on an annual basis using the indicators listed with each goal. For the most part, the indicators will take advantage of established data collection sources and practices in place.

Existing Sources of Data for Indicators

- Child Care Subsidy Program: children by age and program quality level
- Professional Registry: degree attainment, concentrations, credentials, endorsements by participants
- Chapter 124 reporting: partnerships, enrollments, schedules
- MaineCare: screenings and well-child visit reports by age
- Child Development Services: referrals, assessments, children determined eligible for services
- Quality for ME/QRIS: tracking of programs by quality level
- Child Care Choices website: page views
- CTE and postsecondary graduation reports; may require modification to report student characteristics (gender/ethnicity) of early childhood graduates

The goals associated with collaboration and data systems (Goals 1 and 5) will require new data collection.

New Data Collection Required

- Surveys of state agencies and community partners re: coordination and networking opportunities
- Tracking of policies that involve collaborations between departments, agencies, and programs at the state level
- Tracking of ECIDS outputs: programs participating in creation of ECIDS; children with assigned unique identifiers, MOU agreements between agencies related to ECIDS; adoption of policies and protocols by agencies

APPENDICES

APPENDIX A: WORK GROUP MEMBERS

Work Groups met beginning in August 2019 to review needs assessment information and continued into Winter 2020 to 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 B: 2020 PRESCHOOL DEVELOPMENT GRANT STRATEGIC PLAN

SHORT TERM TASKS 1-2 YEARS

GOAL 1: Increase and strengthen connections and communication among state agencies and with community partners to expand access to services, create efficiencies, and reduce overlap and redundancies	
1.1 In coordination with the Children’s Cabinet, State Agencies will review and align policies, including resource allocation, related to the early care and education workforce, access, quality, and accountability	
WHAT?	HOW?
1.1.a Convene standing cross agency group to exchange information about current programs, eligibility and processes for enrollment, and other information	<ul style="list-style-type: none"> • Create opportunities for face to face networking and knowledge building • Create a communication system to share information across state agencies • Develop guidance tool for understanding different programs • Create a directory of staff, highlighting staff positions, staff expertise, etc.
1.3 Create and strengthen connections between early care and education regional coalitions and community partners, including the medical field, social service systems, and public schools	
WHAT?	HOW?
1.3.c Encourage connection between early care and education programs and public schools	<ul style="list-style-type: none"> • Provide suggestions to educators and parents about school transition plans and activities • Provide examples of school-based models that connect with community and families before school age • Promote school/childcare connections and seek funding to support facilitated meetings with schools and community programs • Promote shared professional learning and Maine Roads to Quality Professional Development Network’s (MRTQ PDN) communities of practice (CoPs) offerings among public school and childcare educators
GOAL 2: Recruit, prepare, and retain a strong and diverse early childhood workforce	
2.4 Ensure education and professional development pathways are affordable, accessible and equitable	
WHAT?	HOW?
2.4.c Work with ECE IHE Committee to foster greater understanding of education pathways, student options and to identify barriers to education achievement	<ul style="list-style-type: none"> • Inventory IHEs to understand pathways and requirements for students through survey • Create toolkit/guidance document making pathways clear and share with institutions and students

GOAL 3: Increase availability of affordable childcare and access to family services for vulnerable children	
3.2 Help families find, navigate and transition among/across services	
WHAT?	HOW?
3.2.a Enhance and Promote Child Care Choices website to families	<ul style="list-style-type: none"> • Strengthen availability of “real time” information on website • Add Department of Education’s (DOE) Pre-K and K transition information to website • Promote website through state agencies communications with partners and parents
3.2.b Ensure that substance use screening, treatment and support for recovery is available for families with infants and young children	<ul style="list-style-type: none"> • Implement the Maine Maternal Opioid Misuse (MaineMOM) program and assist enrolled families with developmental screenings and early intervention services, if needed • Encourage and promote professional learning around substance exposed babies for early childhood programs • Coordinate across departments for work on Safe Plan of Care led by Department of Health and Human Resources (DHHS)
3.3 Increase the availability of childcare in Maine for vulnerable children with an emphasis on infant and toddler care, in rural areas, for children with special needs/health care needs, and care between 6 pm and 6 am and weekends	
WHAT?	HOW?
3.3.b Provide start-up funds to existing or new child care programs to create additional care, particularly in rural areas, for infants and toddlers	<ul style="list-style-type: none"> • Waive licensing fees for all providers for a two-year period • Provide mini-grants through MRTQ PDN to increase capacity
3.3.c Incentivize childcare programs to increase infant care	<ul style="list-style-type: none"> • Increase reimbursement percentage for child care subsidy for infants and toddlers in care settings with higher quality ratings (“quality bump”) • Seek funding • Offer weekly stipends of \$100 per infant to programs receiving Child Care Subsidy Program (CCSP)
3.4 Support families, children and educators/communities with transitions between early care and PK-12 education experiences, including transitions for children with special needs	
WHAT?	HOW?
3.4.d Provide educational materials and promote opportunities for schools and childcare programs to network and learn about the importance of coordinating to support smooth transitions from ECE system to school	<ul style="list-style-type: none"> • Promote at annual ECE conference, other professional learning offerings and at regional meetings (established via Goal 1 strategies) • Encourage school systems to hosts convenings with community programs and seek funding for facilitators, as needed

GOAL 4: Increase the availability of high-quality early care and education	
4.1 Increase the number of quality full-time, full-day Pre-K slots	
WHAT?	HOW?
4.1.a Update Rule Chapter 124: Basic Approval Standards for Public Pre-K programs	<ul style="list-style-type: none"> • Internal DOE Pre-K stakeholder group to review current Chapter 124 guidelines and suggest revisions to increase quality, such as increasing minimum numbers of hours • Host a Conceptual Conversation to gather input on the current rules and ideas for improvements • Obtain approval from DOE Commissioner to advance proposed rule changes and provide to State revisors office to enter rule-making process • Publish and disseminate updated Chapter 124 information to school districts
4.1.c Create a toolkit for schools to help expand and improve their Pre-K programs	<ul style="list-style-type: none"> • Create a Pre-K toolkit, seek internal and external stakeholders' feedback, and distribute to school districts • Highlight full day/full week programming, partnerships, transportation, transition activities, family engagement, and other elements that are considered quality
4.1.e Explore options for a Kindergarten readiness/entry assessment	<ul style="list-style-type: none"> • Examine findings from Maine Education Policy Research Institute's survey of Kindergarten screening instruments • Learn about current assessments used in the beginning of Kindergarten through monitor visits and surveys • Share research collected from other states and John Hopkins Institute to identify models • Generate conversations about Kindergarten assessments • Potentially identify stakeholder group (longer term) to convene to focus on topic
4.2 Increase the number of providers reaching high quality on the Quality Rating Improvement System (QRIS)	
WHAT?	HOW?
4.2.a Promote and Increase participation on QRIS by emphasizing benefits and offering support	<ul style="list-style-type: none"> • Require participation by Maine's Office of Child and Family Services (OCFS) and Office of Family Independence (OFI) • Complete pilot of the new 5-star system • Provide sources of technical assistance to help new entrants with application/documentation • Explore bringing Pre-K into QRIS

<p>4.2.b Provide financial support, technical assistance and other incentives to child care programs to improve quality</p>	<ul style="list-style-type: none"> • Conduct survey/focus groups to understand meaningful incentives to move through levels • Provide mini-grants to support programs to move up QRIS levels and continue to provide support to programs through MRTQ PDN’s Technical Assistance (TA) and Community of Practices (CoPs) • Provide opportunity for higher rated programs to have more content on Child Care Choices website • Reduce the child care subsidy co-payments for parents who select high-quality programs • Provide quality bumps and weekly stipends for infant and toddler care programs participating in CCSP • Explore opportunities for a family child-care peer-to-peer support/mentorship program with funding for substitutes in order to participate
<p>4.3 Increase professional learning and technical assistance for educators, administrators, and other frontline staff</p>	
<p>WHAT?</p>	<p>HOW?</p>
<p>4.3.a Increase use of MRTQ PDN registry system to track qualifications and promote professional learning offerings</p>	<ul style="list-style-type: none"> • Change licensing rules to require every program to join QRIS, increasing registry members • Promote the registry to CTE and higher education ECE students
<p>4.3.b Increase professional learning opportunities for school administrators around elements of high quality and appropriate early childhood development and settings</p>	<ul style="list-style-type: none"> • Seek funding for professional learning opportunities • Adopt or create a training program for administrators, focused on ECE • Identify administrators with ECE backgrounds to promote program and be mentors • Seek partner to create CoPs for administrators
<p>4.3.c Increase professional learning, including training and technical assistance support for early childhood educators in cultural responsiveness, trauma informed practices and inclusionary practices</p>	<ul style="list-style-type: none"> • Seek funding for providing additional trainings that include technical assistance and to incentivize participation • Encourage participation with MRTQ PDN’s technical assistance and CoPs • Expand professional learning offerings to include ECE educators from various settings (i.e. schools and childcare together) • Require the completion of MRTQ PDN’s Inclusionary Inventory for higher level QRIS programs and include in Child Care Choices listing • Seek funding for the continuation of the MRTQ PDN/Center for the Community Inclusion and Disability Studies (CCIDS) Inclusion Initiative • Create and promote a Technical Assistance credential

4.3.f Implement initial five sites for the early childhood mental health consultation pilot (In the long term, expand program statewide)	<ul style="list-style-type: none"> • Hire consultants who will work directly with providers and parents, and complete the 2020/2021 pilot • Conduct implementation/formative evaluation of the pilot • Seek funding for statewide implementation
GOAL 5: Create an efficient, cross-agency Early Childhood Integrated Data System (ECIDS) to inform policy, programming, and evaluation	
5.1 Inventory and regularly update data elements routinely collected by agencies that serve vulnerable children and families and determine methods for sharing	
WHAT?	HOW?
5.1.a Update 2016 inventory of data elements and operational definitions	<ul style="list-style-type: none"> • Survey data and management representatives • Create a new mapping document
5.1.b Map opportunities to align data elements to streamline and coordinate data collection	<ul style="list-style-type: none"> • Use information from inventory to identify overlapping data collection • Identify areas for possible streamlining of data collection Propose strategies for streamlining and explore barriers to implementation
5.2 Design/implement ECIDS connected to State Longitudinal Data System (SLDS)	
WHAT?	HOW?
5.2.a Develop and promote vision of integrated data system and its capacities to respond to policy and program questions	<ul style="list-style-type: none"> • Work with PDG B-5 Technical Assistance Center to develop a road map for the ECIDS • Develop key policy questions that can be answered by data
5.2.b Convene data governance entity	<ul style="list-style-type: none"> • Establish a cross-agency team to determine data governance for ECIDS within the SLDS • Establish governance structure responsible to address key principles/policies around access, privacy, internal and external requests for data, data sharing agreements, etc.

APPENDIX C: 2020 PRESCHOOL DEVELOPMENT GRANT STRATEGIC PLAN

MEDIUM TERM TASKS: 3-5 YEARS

GOAL 1: Increase and strengthen connections and communication among state agencies and with community partners to expand access to services, create efficiencies, and reduce overlap and redundancies	
1.1 In coordination with the Children’s Cabinet, State Agencies will review and align policies, including resource allocation, related to the early care and education workforce, access, quality, and accountability	
WHAT?	HOW?
1.1.b Cross agency group will identify areas for better coordination and alignment and create and implement plans for improvement (i.e. rewriting policies, reporting requirements)	<ul style="list-style-type: none"> • Inventory programs/projects (policies, rules, requirements, background checks, eligibility) related to the early care and education • Identify areas of intersections and duplication • Identify areas for creating efficiencies
1.2 Enhance or create local and regional networking opportunities for early care and education providers and nurture cross-sector partnerships to serve as information hubs	
WHAT?	HOW?
1.2.a Develop information about existing early childhood coalitions across the state by learning about each group’s member representation, focus and goals, and areas of needed support	<ul style="list-style-type: none"> • Seek funding for staff to support this work • Reach out to stakeholders/partners across the state to learn about and conduct inventory of coalition’s work and memberships • Encourage increased representation of entire early childhood system in coalitions • Provide opportunities for State and/or Children’s Cabinet staff to attend meetings, as appropriate
1.2.b Assess needs of locales that do not have a regional coalition and plan and facilitate convenings of stakeholders from the full range of the early childhood system, if needed	<ul style="list-style-type: none"> • Identify areas without local coalitions and support regional partners to build infrastructure for new groups • Connect new coalitions with existing groups for information and support, and to other community partners to build membership • Seek funding for facilitator to support the start of new coalitions • Provide opportunities for State and or Children’s Cabinet staff to attend meetings, as appropriate
1.2.c Organize convenings for coalition representatives to meet	<ul style="list-style-type: none"> • Seek community partner to assist with organizing and scheduling

with the Children’s Cabinet staff to share information, problem solve and network	<ul style="list-style-type: none"> • Invite coalitions representative to network, share knowledge and problem solve • Plan time for representatives to meet with Children’s Cabinet Staff
1.3 Create and strengthen connections between early care and education regional coalitions and community partners, including the medical field, social service systems, and public schools	
WHAT?	HOW?
1.3.a Connect with Maine Chapter of American Academy of Pediatrics, Maine Academy of Family Physicians, and other medical associations to gather questions and present information requested.	<ul style="list-style-type: none"> • Seek funding for staff, if needed • Reach out to professional medical groups to learn about ideas and needs around information flow to families and creating stronger connections with early childhood field. • Create or use existing system for regular communication, and attend their meetings, as needed • Invite organizations to regional early childhood meetings
1.3.b Develop/provide and promote early childhood resources to social services field	<ul style="list-style-type: none"> • Seek funding for staff, if needed • Identify current programs connected with State and with local early childhood networks, and programs not well connected • Share resource/information and understand ways to support the connections to early childhood networks • Invite to early childhood regional coalition meetings
GOAL 2: Recruit, prepare, and retain a strong and diverse early childhood workforce	
2.1 Promote early childhood as an essential profession and desirable career path	
WHAT?	HOW?
2.1.a Develop and implement information campaign to create interest for pursuing a career in early childhood education	<ul style="list-style-type: none"> • Introduce early childhood education to middle school and high school students • Encourage all Career and Technical Education (CTE) and higher education early childhood students to join Maine Roads to Quality Professional Development Network (MRTQ PDN) registry • Encourage professional early childhood educators to visit CTE and higher education classes • Communicate the value of working in field • Seek funding for CTE and higher education early childhood education (ECE) students to attend the annual ECE conference and other early childhood trainings and create unique opportunities for the students to connect with professionals while attending • Leverage the Maine Department of Education’s (DOE) “I Teach” campaign to help raise awareness of the early childhood profession

<p>2.1.b Work with middle and high school guidance counselors to encourage enrollment in early childhood programs</p>	<ul style="list-style-type: none"> • Learn how CTE communicates with school counselors • Reach out to counselors through DOE’s Support Services • Provide information related to ECE field to counselors or other relevant staff
<p>2.1.c Promote early childhood in specialty programs (Occupational Therapy, Speech, Physical Therapy, Special Education, Social Work)</p>	<ul style="list-style-type: none"> • Connect and increase communication with professional organizations • Connect with specialty programs at higher education institutes • Encourage schools to create dual certification programs between specialties and ECE • Explore involvement in Job Fairs
<p>2.2 Analyze and align the current career pathways for entering and advancing in the early care and education profession</p>	
<p>WHAT?</p>	<p>HOW?</p>
<p>2.2.a Study and clarify the variety of certifications, credentials, career lattices, and professional registry for ECE professions</p>	<ul style="list-style-type: none"> • Convene cross-agency group to review standards and processes related to certifications, credentials, lattices, etc. associated with ECE positions • Identify gap, overlaps, and confusions, including unique needs of licensing agencies and registries and apprenticeship programs, in order to recommend changes • Create guide to promote options and processes for entering field
<p>2.2.b Evaluate alignment of background checks and fingerprinting across early childhood systems</p>	<ul style="list-style-type: none"> • Convene cross-agency group • Identify areas of overlap, gaps, and areas for improvement • Make recommended changes and seek approval for feasible changes
<p>2.2.c Align certification for those transferring from other states and countries (i.e. teaching certifications from other countries)</p>	<ul style="list-style-type: none"> • Above group to learn about the current process and barriers when transferring • Learn how other states address this situation • Identify areas for improvement and seek approval for feasible changes
<p>2.3 Provide supports for a worthy and family-sustaining wage for the early childhood workforce</p>	
<p>WHAT?</p>	<p>HOW?</p>
<p>2.3.a Reward early childhood educators who have attained a postsecondary degree with a supplement to their wages, either</p>	<ul style="list-style-type: none"> • Seek funding, consider looking at state dollars to allow for long-term funding • If funded, create system and guidelines

through a direct supplement or a tax credit	
2.3.b Support opportunities and strategies for increasing wages for early childhood educators	<ul style="list-style-type: none"> Identify what has worked in other states, seek guidance from national experts, and promote blending and braiding of funds
2.3.c Explore shared services (insurance, discounts at stores, other administrative support) for early childhood program staff	<ul style="list-style-type: none"> Seek partner to organize Connect with organizations that have information and experience Learn from national models Make recommendations to the field
2.4 Ensure education and professional development pathways are affordable, accessible and equitable	
WHAT?	HOW?
2.4.a Provide scholarships to help students with low and moderate income attain associate’s and bachelor’s degrees in early care and education	<ul style="list-style-type: none"> Adopt T.E.A.C.H. program to support associate’s and bachelor’s degrees Promote tuition assistance from Additional Support for People in Retraining and Employment (ASPIRE), Temporary Assistance for Needy Families (TANF)/Parents as Scholars (PaS), Higher Opportunities for Pathways to Employment (HOPE), Competitive Skills Scholarship Program (CSSP), Food Supplement Employment and Training Program (FSET) for students interested in and participating in Early Childhood Education (ECE) programming
2.4.b Partner with IHEs, MRTQ PDN and CTE to facilitate development and enhancement of articulation agreements among and between early childhood education postsecondary degree programs and early childhood training programs	<ul style="list-style-type: none"> Learn what currently exists and what elements are included in agreements between CTE and community colleges, as well as between community colleges and universities Create document/tool to share highlighted elements, benefits, barriers Assist with creating new or changing current agreements, when needed
2.4.d Increase access to, expand and strengthen early childhood programming at Career and Technical Education schools	<ul style="list-style-type: none"> Learn about CTE’s ECE programming Identify areas of needed support for program or curriculum expansion Explore and promote articulation agreements between CTE and community colleges DOE and Department of Health and Human Services (DHHS) assist in review of CTE ECE programs and standards
GOAL 3: Increase availability of affordable childcare and access to family services for vulnerable children	

3.1 Streamline eligibility requirements and enrollment process for services/supports	
WHAT?	HOW?
3.1.a. Increase accessibility and public knowledge of Child Care Subsidy Program (CCSP)	<ul style="list-style-type: none"> • Promote benefit to families • Understand/identify parent perspective of processes and identify barriers • Provide application in multiple formats and languages • Communicate information about benefits and process with other departments • Learn from current process of transitioning families from Temporary Assistance for Needy Families (TANF) to CCSP to create or improve this transition and transitions from other departments
3.1.b. Ensure “no wrong door” for families to access services, such as MaineCare, SNAP, home visiting, Women, Infants and Children Nutrition Program (WIC), housing, employment, transportation, behavioral health services and other social services	<ul style="list-style-type: none"> • Learn from community partners such as Head Start agencies about their work around “no wrong door” • Communicate and collaborate across agencies to understand eligibility requirements and enrollment processes for individual programs, identify opportunities to streamline these processes, needs for policy changes, and contacts for information sharing • Enhance existing or create new tools that serves as road maps for services to be shared across agencies/departments • Explore creating a system for parent feedback to understand their challenges of processes
3.2 Help families find, navigate and transition among/across services	
WHAT?	HOW?
3.2 d. Support families to navigate Child Find and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) in MaineCare to improve access to health and intervention services	<ul style="list-style-type: none"> • Hire EPDST coordinator to conduct outreach (short term) • Promote screening and services through ECE professional groups, coalitions and other statewide groups • Child Development Services (CDS) continued outreach efforts to clarify process and encourage appropriate referrals
3.2.e. Establish a centralized entity to support families and children to find and enroll in comprehensive services	<ul style="list-style-type: none"> • Seek funding for Help Me Grow and hire staff to implement • Explore with regional coalitions opportunities to connect families with needed resources
3.3 Increase the availability of childcare in Maine for vulnerable children with an emphasis on infant and toddler care, in rural areas, for children with special needs/health care needs, and care between 6 pm and 6 am and weekends	

WHAT?	HOW?
3.3.a Continue to understand the needs and availability of childcare across the state	<ul style="list-style-type: none"> • Work with Bipartisan Policy Center (BPC) for a child care gap analysis and survey family’s child care needs • Add other programs to BPC’s graphic; tribal, recreation programs, part time Pre-K, nanny, kin care, New Hampshire programs providing care to Maine residents • Create system that enables unduplicated counts data • Make changes to existing data bases/resources to gather necessary data in the future
3.3.d Increase placements of children with disabilities and special health care needs in ECE settings	<ul style="list-style-type: none"> • Seek funding to provide additional Inclusion Initiative cohorts and stipends for completing coursework in special education • Promote supports, including warmline, mental health consultation, technical assistance • Implement Statewide Early Childhood Mental Health Consultation program • Promote CDS contracts with Schools Administrative Units (SAU) and private child care programs • Promote CDS as resource for programs not currently connected to a CDS site
3.4 Support families, children and educators/communities with transitions between early care and PK-12 education experiences, including transitions for children with special needs	
WHAT?	HOW?
3.4.a Educate public schools and childcare programs to improve transitions for students moving from IDEA Part B to public/private systems	<ul style="list-style-type: none"> • Partner with and learn from Maine Parent Federation and other similar organizations to evaluate current resources and needs, create needed materials and toolkits for child care and schools, and highlight models and champions • Connect with legal community for resources and expertise • Include topic in annual ECE conference, other professional learning offerings and regional early childhood meetings
3.4.b Increase Family Engagement strategies in school systems to support families transitioning into school community	<ul style="list-style-type: none"> • Complete the Family Engagement Framework and webpage • Create and offer training sessions • Pilot framework in certain areas with vulnerable children, and share learning widely
3.4.c Create guide/resource about transitions, highlighting ideas and examples/champions at the district level that exist	<ul style="list-style-type: none"> • Create transition recommendations for educators and families, including best practices from schools • Highlight models that focus on transition into the school system • Promote through existing information vehicles and educational associations

	<ul style="list-style-type: none"> • Include in training for administrators
GOAL 4: Increase the availability of high-quality early care and education	
4.1 Increase the number of quality full-time, full-day Pre-K slots	
WHAT?	HOW?
4.1.b Explore changing the Essential Programs and Services (EPS) Funding Formula to financially support and incentivize schools to increase hours of Pre-K programming per week	<ul style="list-style-type: none"> • Learn about current Pre-K funding trends • Edit Pre-K Annual Progress Report (APR) to collect more information about budgets and spending for Pre-K • Study DOE funding options related to Pre-K and understand the process and implications related to modifying the school funding formula • Work with stakeholder group to consider adjustments to the funding formula for Pre-K programs and seek approval
4.1.f Explore opportunities for wraparound care for children enrolled in Public Pre-K	<ul style="list-style-type: none"> • Gather information about current afterschool programs, different models, barriers, and level of interest • Learn about family’s needs and factors considered important when making afterschool decisions • Add questions about wrap-around care to the APR survey and discuss at monitoring visits • Provide information and support school districts to create and sustain before and after school programs where needed • Potentially convene stakeholder group to focus on topic
4.3 Increase professional learning and technical assistance for educators, administrators, and other frontline staff	
WHAT?	HOW?
4.3.d Offer professional learning opportunities to support staff in ECE programs	<ul style="list-style-type: none"> • Learn about current training opportunities offered to support staff (transportation, dining services, front office workers) across State departments and within community programs • Promote ECE trainings to support staff through DOE Support Services, Schools, DHHS, MRTQ PDN, and Child Care Programs
4.3.e Provide professional learning in business practices to family and center based childcare programs	<ul style="list-style-type: none"> • Partner with MRTQ PDN, CEI Child Care Business Lab, and New Ventures Maine to identify and expand existing trainings • Identify training provider • Seek funding to provide training and support

GOAL 5: Create an efficient, cross-agency Early Childhood Integrated Data System (ECIDS) to inform policy, programming, and evaluation	
5.2 Design and implement ECIDS connected to State Longitudinal Data System (SLDS)	
WHAT?	HOW?
5.2.c Identify required data elements and determine indicators to answer key policy and program questions	<ul style="list-style-type: none"> Determine indicators and data elements needed to answer established key policy questions
5.2.d Develop data sharing agreements across agencies	<ul style="list-style-type: none"> Address legal and other policy barriers to sharing data Assign ownership and accountability for sharing data
5.2.e Engage vendor/hire staff to design and maintain system and to conduct analysis	<ul style="list-style-type: none"> Develop Request for Proposals (RFP) and hire vendor to design and maintain system, conduct analysis and report to internal State team Define early childhood data information reporting and analytic functions
5.3 Establish public reporting mechanism to create statewide data culture	
WHAT?	HOW?
5.3.a Convene parents and stakeholders to inform development of a consumer-facing early childhood data dashboard	<ul style="list-style-type: none"> Hold series of forums with parents and key stakeholders across Maine to receive input

APPENDIX D: 2020 PRESCHOOL DEVELOPMENT GRANT STRATEGIC PLAN

LONG TERM TASKS: 5+ YEARS

GOAL 2: Recruit, prepare, and retain a strong and diverse early childhood workforce	
2.3 Provide supports for a worthy and family-sustaining wage for the early childhood workforce	
WHAT?	HOW?
2.3.d Encourage partnerships for braiding funding that result in family-sustaining wages	<ul style="list-style-type: none"> • Seek partner to spearhead this work, including larger Maine companies, colleges and universities • Learn from public Pre-K partnerships, businesses, and communities with experience • Develop toolkit to support businesses that might provide childcare and encourage partnerships to offer childcare • Create pilot project
2.4 Ensure education and professional development pathways are affordable, accessible and equitable	
WHAT?	HOW?
2.4.e Support higher education institutions to expand programs offering early childhood specialty degrees (speech/language, occupational, and physical therapy)	<ul style="list-style-type: none"> • Understand current offerings • Identify priorities and barriers for expanding • Identify support needed and seek out support to promote expansion
GOAL 3. Increase availability of affordable childcare and access to family services for vulnerable children	
3.2 Help families find, navigate and transition among/across services	
WHAT?	HOW?
3.2.c Ensure access to and utilization of a full range of high-quality preventive services for young children and their families	<ul style="list-style-type: none"> • A Children's Cabinet subgroup will coordinate to advance preventive screenings and services such as developmental, medical (lead), immunizations, Child Find outreach, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), other types of screenings, home visiting, and other two-generation programs • Explore ASQ Online, implement, and promote (short term) • Develop statewide resource guide for families
GOAL 4: Increase the availability of high-quality early care and education	

4.1 Increase the number of quality full-time, full-day pre-K slots	
WHAT?	HOW?
4.1.d Provide funding and support for start-up grants to expand public pre-K	<ul style="list-style-type: none"> • Seek funding to provide start-up grants that will incentivize partnerships • Create Request for Proposals (RFP) to determine requirements for receiving the funds, prioritizing communities without public Pre-K or currently serving small portions of 4 year-olds
4.2 Increase the number of providers reaching high quality on the Quality Rating Improvement System (QRIS)	
4.2.c Conduct validation study of 5-Star QRIS	<ul style="list-style-type: none"> • Conduct study and review to inform any addition updates to the system • Implement identified updates and/or changes • If necessary, seek funding
Goal 5: Create an efficient, cross agency Early Childhood Integrated Data System (ECIDS) to inform policy, programming, and evaluation	
5.2 Design/implement ECIDS connected to State Longitudinal Data System (SLDS)	
WHAT?	HOW?
5.2.f Establish unique identifiers for children, enabling capacity to report unduplicated counts to identify types of duplication and service gaps	<ul style="list-style-type: none"> • Consider options for assigning identifiers, taking barriers into account, and make recommendations • Conduct targeted pilot(s) to implement process for assignment of unique identifiers and to assess and refine system capacity to report unduplicated counts • Apply results of pilots to inform refinements in assignment of identifiers, data integration, and service coordination
5.3 Establish public reporting mechanism to create statewide data culture	
WHAT?	HOW?
5.3.b Develop initial data dashboard using key indicators	<ul style="list-style-type: none"> • Identify consumer-facing content delivery and format • Determine “home” and responsibility for dashboard • Develop stakeholder and public capacity to use and interpret data, including data literacy • Create ongoing feedback loops between parents and stakeholders to determine dashboard refinements