

2025-2030

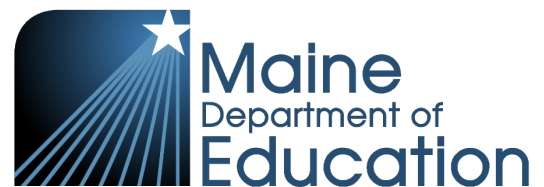
STATE OF MAINE STRATEGIC PLAN

Children Birth to Age 5 and Their Families



STATE OF MAINE
Department of
Health and Human Services

STATE OF MAINE GOVERNOR'S OFFICE OF
Policy Innovation and the Future





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I. Introduction

Maine's Strategic Plan, conducted under the auspices of the Preschool Development Grant (PDG), provides recommendations in 6 goal areas based on priority concerns that were identified in the 2024 statewide needs assessment.¹

The Strategic Plan is a menu of suggested strategies to be implemented between 2025 and 2030 to improve learning outcomes for Maine's young children and their families.

The 6 goals are:

Goal 1: Workforce Retention and Recruitment

Elevate the early childhood field and workforce to be seen as a critical and valued profession, attracting and retaining a stable, high-quality early education workforce. Grow a well-qualified field of early educators and caregivers who are supported by fair pay, benefits, training, coaching, career advancement and job satisfaction.

Goal 2: Family Partnerships

Build a comprehensive continuum from which all families and caregivers can access quality care, education and support from models that best fit their family's needs.

Goal 3: Promote Inclusive Classrooms and Programs

Identify the need for inclusive intervention services for young children early, ensure they are readily available and delivered in culturally sustainable least restrictive environments across a well-supported mixed delivery system.

¹Dwyer, M.C. (2024, April). State of Maine Needs Assessment: Children Birth to Age 5 and Their Families. Portsmouth NH: RMC Research Corporation.

Goal 4: Public Pre-K in a Mixed Delivery System

Develop practical, community responsive strategies for expanded access to public pre-K through the mixed delivery system of early education.

Goal 5: Improving Quality through Professional Development

Support varied and accessible pathways to professional development.

Goal 6: Improving Quality through Rising Stars for ME

Improve quality programming across early childhood education settings, while moving the needle toward a broadly applicable, holistic and evidence-based definition of quality.

Within each goal area, the Strategic Plan includes short-, medium- and long-term strategies recommended by stakeholders including parents, child care providers, educators, specialists, and the leaders of state and regional initiatives within the Maine Departments of Education (DOE) and Health and Human Services (DHHS). Implementation of the strategies over the next 5 years will continue the substantial progress that has been made since the 2020 Strategic Plan.²

The recommended strategies take the form of:

- New or amended policies.
- New or expanded initiatives or modifications of existing work.
- New sources of funding and other resources.
- Partnerships and coordination of existing and/or new initiatives and resources.
- Promotion of critical messages, including the availability of services and resources.
- Changes in and improvements to current practices at local, regional and state levels.

²Dwyer, M. C. (2020, October). *State of Maine Strategic Plan for Meeting the Needs of Vulnerable Children Birth to 5 and Their Families 2020–2025*. Portsmouth, NH: RMC Research Corporation.

Some strategies, but not all, will require additional financial and human resources; many strategies are modest in cost but require leadership to coalesce collective will and bring about new ways of operating.

The strategies reflect action steps which are grounded in **underlying principles and values that inform the mission of achieving successful learning outcomes for all of Maine's young children.** These key aspirational value statements were often articulated by stakeholders at different points in their reflections on needs and development of recommendations and provide context for the goals:

Children's well-being
is a collective
community responsibility.

Public investment
is essential to ensure
quality early care and
education.

Authentic, respectful relationships
are fundamental to all success.

Families in need
of services should
experience
"no wrong door."

The early childhood
profession deserves parity
with other educators.

Early childhood educators
should have the capacity
to support all the children
in their care.

Life transitions
are critical:
school entry is
as worthy
of celebration
as graduation.

These aspirations are integral to the priorities that inform stakeholders' priorities and ambitions for the 5-year Strategic Plan.

Background

In 2024 through the Preschool Development Grant (PDG-Birth to 5) program, Maine's state agencies had the opportunity to update the earlier 2019 needs assessment of the state's children ages birth to 5 and their families. The earlier assessment was conducted at the beginning of the pandemic and informed the 2020 Strategic Plan which Maine's Departments of Education and Health and Human Services and the Children's Cabinet used to guide early childhood investments over the past 5 years. The 2025 Strategic Plan updates the 2020 plan by addressing both persistent and newly emerging needs.

Planning work actually began during the process of updating the needs assessment in 2023-2024; as participants in discussions identified and reflected on needs, they were also asked to suggest potential solutions. Staff members of both DOE and DHHS had the opportunity during the summit held in July 2024 to work with the completed needs assessment to inform the topics for priority solutions.

Between November 2024 and January 2025, topical work groups led and staffed by members of Maine's Departments of Education and Health and Human Services developed and refined the recommendations which form the basis for this plan. The planning work was overseen by the Preschool Development Grant Leadership Team, a joint DOE-DHHS committee supported in all phases by M. Christine Dwyer of RMC Research of Portsmouth, New Hampshire.

PDG Leadership Team	
Ana Hicks	Policy Director, Human Services, Governor's Office of Policy Innovation and the Future, Children's Cabinet
Lee Anne Larsen	Early Learning Director (DOE)
Tara Williams	Associate Director of Early Care and Education (DHHS)
Andrea Faurot	Preschool Development Grant Manager, Office of Child and Family Services (DHHS)
Renee Reilly	Preschool Development Grant Manager (DOE)

Topical Work Groups. Five topical work groups served as the bridge between the needs assessment and strategic planning; the groups took on the important tasks of prioritizing needs and generating potential solutions. Dwyer organized information about needs and solutions for each work group; the groups then met 3-4 times to review and augment information and shape recommendations for solutions. Work groups each had 6 to 9 members selected for their experience and knowledge of the primary topic.

Work Group Team Leads		
Topic	DOE	DHHS
Workforce	Stacie McCoy	Diane Nicholson
Family Partnerships	Sue Gallant	Jessica Wood
Inclusive Classrooms	Lee Anne Larsen	Tara Williams
Mixed Delivery	Michelle Belanger	Meg Swanson
Quality Improvement ³	Nicole Madore	Gina Forbes

Dwyer, Faurot, and Reilly were able to attend meetings of the work groups to help guide the process and capture the emerging priorities from each group. Dwyer synthesized the results of discussions which teams reviewed for accuracy.

In mid-December 2024, DOE and DHHS held a joint daylong session during which team leads were able to present “recommendations in progress” to approximately 100 state and regional staff members. Feedback on the emerging ideas for solutions was captured through discussions and written comments and incorporated by team leads into recommendations. Dwyer prepared a final set of recommendations, combining similar strategies from different work groups and sequencing the ideas. In a few cases, similar recommendations appeared in multiple work groups; those cross-cutting recommendations are presented in the final chapter of this document.

³This group addressed both professional development and Rising Stars for ME.

In March 2025 participants in the needs assessment input sessions (representing parents, providers, representatives from interest groups and associations) and the December meeting along with staff of the Children’s Cabinet were invited to provide feedback on the final set of recommendations through a series of virtual meetings. Approximately 100 participants joined in one or more of the 5 sessions which were designed to surface priorities among the recommendations and bring refinements to the ideas presented. Comments from participants in the vetting sessions are provided throughout this document in sidebars.

Organization of the Strategic Plan

Each chapter addresses one goal and begins with a short review of the related needs and a statement about priority strategies. Recommendations are organized within 2 to 4 larger subtopics; each of which includes the recommended set of strategies described in narrative and summarized in a table. For example, the chapter on workforce includes **5 strategies** for the subtopic of retention and **4 strategies** for the subtopics of recruitment.

The tables in each chapter provide more detail about each strategy, providing details about **2 to 6 action steps**. Those action steps are roughly sequenced across a 5-year period. The tables include all the recommendations so the reader might simply refer to the tables to get a complete picture of recommendations.

Strategic Plan		
Topic	General Strategy Abbreviated	# Action Categories
Workforce	Retaining Staff	5
	Recruiting Staff	4
Family Partnerships	Building Authentic Relationships	3
	Connecting Families to K-12 Schools	4
Inclusive Classrooms	Timely Identification of Needs	2
	Navigating Systems	4
	Building Educator Capacity	4
	Smooth Transitions	2
Mixed Delivery	Promoting Benefits	2
	Establishing Supports	3
Quality: Professional Development	Expanding Access	3
	Opportunities for Application	2
Quality: Rising Stars for ME	Consensus About Quality	3
	Continuous Improvement	2
	Bolstering Credibility	3



II. Workforce Retention and Recruitment

GOAL

Elevate the early childhood education field and workforce to be seen as a critical and valued profession, attracting and retaining a stable, high-quality early education workforce.

Grow a well-qualified field of early educators and caregivers who are supported by fair pay, benefits, training, coaching, career advancement and job satisfaction.

The 2024 needs assessment documented significant continuing needs related to the adequacy, quality, and satisfaction of the early childhood workforce. Most are needs that were also identified in the 2019 statewide needs assessment, but the period of the pandemic exacerbated the challenges of retaining well-qualified staff and cast more light for the broader public on the concerns of the early childhood workforce.



Workforce

HIGH-PRIORITY NEEDS

Shortage of qualified staff.

High turnover rates, especially for the lowest paid workers.

Low wages and limited benefits are barriers to recruitment.

Pathways into the early childhood profession are difficult to navigate.

Lack of articulation among postsecondary institutions.

Improved working conditions are key for retention.

Postpandemic stress related to behavioral challenges has increased.

In the past few years, Maine has taken important steps toward addressing the goal of parity between early childhood educators and other educators—a major factor in **retaining the early learning workforce**. Staff turnover has always been a challenge for the early childhood workforce given historically low pay and limited or no benefits. Turnover is especially disruptive in this field given the cost of recruitment and the negative effect on relationships with children and families. Since the pandemic, staff have faced increased stresses arising from children’s behavioral needs, further aggravating already high turnover rates. Competition from other human service jobs, including the expansion of public pre-K, remains a key factor in turnover.

In addition to the tangible factors (e.g., salary, benefits, working conditions) that affect retention of the workforce, another factor in achieving parity is greater **respect for the value of early education** and early childhood educators. Public perceptions of value may be influenced by lower salaries, higher turnover, and lack of understanding of the role of educators in supporting young children’s development as well as underappreciation of the importance of the early years to long term well-being. While the value of the “workforce behind the workforce” was demonstrated during the pandemic, the perception remains in the general public that working with young children is more akin to custodial care than educational development which requires unique expertise.

Given these factors and persistent workforce shortages, extra attention must be paid to **recruiting appropriate and interested candidates into the early education field**. Fruitful sources of candidates include:

- High school students learning about career pathways.
- Individuals from other countries who have legally resettled in Maine and wish to work with young children.
- Certified teachers and specialists who are interested in working with younger children.
- Paraprofessionals who are seeking advancement.

Each of those populations faces particular **obstacles in navigating the complex pathways** into the early learning professions (e.g., the availability of necessary coursework, child care supports). Without robust recruitment efforts, new programs will not emerge, existing

classrooms will close, the number of available slots will be reduced, and children diagnosed with special needs will continue to wait for services.

While there are no quick and easy solutions for building the early childhood workforce at the scale that Maine will require over the coming decade, there are practical actions that can stabilize the existing workforce, alter public perceptions of the field and clarify pathways in the field to support recruitment.

The highest priority recommendations are stabilizing the salary supplement, exploring group insurance/benefits pools, focusing attention on first year teachers, strengthening alternative pathways into the profession, and supporting new entrants to the early childhood field.



Work group participants believe that over the next 5 years it is **critical to implement strategies to:**

Retain and stabilize the early education workforce.

Actively recruit a range of individuals into the early education workforce.



RECOMMENDATIONS TO

Retain Staff and Stabilize the Early Education Workforce

Five major strategies are recommended to retain staff and stabilize both the workforce and child care businesses. Each strategy is accompanied by a series of short-, medium-, and long-term action steps (see Exhibit 1).

The most critical strategy for retaining staff is continuation of the salary supplement. The state's efforts to supplement staff salaries have been critical for stabilizing the workforce and represent a major public investment in early care and education. American Rescue Plan funds supported \$200 monthly stipends to staff providing direct care for children in licensed child care programs which were continued with General Fund appropriations in 2022 and 2023. By fall 2023, depending on level of education/certification, teachers and other direct care staff working in licensed child care programs became eligible for supplements ranging from \$275 to \$625 monthly.

A key action step is to document the role of the **salary supplement** in retaining staff includes independent evaluation and analysis of the impact of the supplement on retention, including:

- The threshold amount associated with employment decisions.
- Variations in impact based on geographic location, experience, setting, and education.
- Changes in quality ratings associated with retention and turnover.
- Long-term effects on program stability.

Such analyses will serve as critical information for policymakers to weigh when allocating resources. It will be important to accompany data about the impact of the salary supplement with information about the importance of the early years and the value of a high-quality, well-prepared, and stable early childhood workforce.

“Opportunity to access benefits is a huge reason people leave ECE to work in other places. They should have the same access to benefits that public school educators and ed techs do!”

Child care director

“[The need for special attention for first year teachers] may even go beyond the first year and into the second as teachers begin to settle in to their role and realize where there are additional questions and needs to be addressed.”

Anonymous comment

Because benefits are an important factor in parity with the rest of the educator workforce, early childhood educators are interested in the potential for increasing the availability of affordable insurances (i.e., health insurance, liability coverage) through group **insurance risk pools**. Some participants who reviewed the recommendations believe that relief on benefits could be as important for staff retention as salary supplements. Initial steps include learning from other locales (e.g., the District of Columbia’s pay parity model) as well as determining statewide interest in participation.

Participants in discussion groups described the challenges that lead to new teachers dropping out of the workforce, emphasizing the need for support during the **critical first year** of working in the field when staff may feel overwhelmed by both their need for additional training and support but also are faced by an array of options and resources. Addressing the needs of first year teachers was rated as one of the highest priorities for action during final vetting sessions.

Providing first year teachers, including those initiating family care settings, with specific guidance about the essential competencies and training for the challenges they will encounter first requires exploration with experienced teachers and supervisors about the most critical competencies and useful information; next steps may be revisions of current professional learning offerings. A **statewide orientation** for new teachers could reinforce the importance of their roles and introduce them to statewide resources such as the Early Childhood Consultation Partnership (ECCP) Program consultants.

Exhibit 1 Retain Staff and Stabilize the Early Childhood Workforce



STRATEGY »»»	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Salary Supplement	▶ Evaluate the effects of the salary supplement program.	▶ Disseminate information about the value of salary investments (e.g., quality, long-term retention) as the foundation for advocating for increases.	▶ Make permanent/increase state salary investment in alignment with an ECE salary scale.
Group Insurance Risk Pools	▶ Explore educator interest in setting up a group insurance pool (e.g., liability, feasibility). Identify models from other states and explore potential partners.	▶ Engage one or more insurance providers to establish pool.	▶ Expand pools if interest warrants.
First Year Staff	▶ Identify the training/competencies most critical for first year teachers. Employ focus groups for different stages of the workforce.	▶ Evaluate utility of targeted training options; develop and pilot training to fill any gaps identified. ▶ Provide orientation for first year teachers to introduce statewide resources; include opportunities for peer exchange.	▶ Develop statewide mentoring framework; provide training and incentives for mentors.
Positive Supervision	▶ Develop and pilot training for center directors to provide positive supervision and support for classroom educators.	▶ Build portable training modules; include in preparation/ competencies for directors. Identify peer leaders.	▶ Develop coaching network for leaders/directors.



STRATEGY
ΣΣΣ

SHORT TERM
1–2 years

MEDIUM TERM
3–4 years

LONG TERM
5+ years

Business Practices
That Create Stability

- ▶ Expand **business practice training offerings** (beyond Child Care Business Lab courses) to ensure broad access.

- ▶ Provide **orientation for new directors** to introduce them to statewide resources.

- ▶ Pilot **shared services/coop model** for family care providers.

All teachers—but especially first year teachers—can benefit from **support from their supervisors** when challenges arise. For first year teachers, support is likely needed to understand developmental expectations, address behaviors perceived to be disruptive and provide appropriate learning activities for children with varying levels of need. Participants in discussions agreed that center directors and supervisors require additional training and/or coaching to be able to provide the support that is needed, noting that frequently teachers are now left on their own with no guidance provided by program leaders. This strategy generated a lot of comments:

“Because of the workforce struggle directors are doing multiple jobs which does not allow for the classroom support. Teachers need a director on hand.”

“Ensure that . . . [there] is also a director on the floor modeling the skills/follow through expected.”

“I would also highlight the need for leadership and skill development for the middle management in the larger early childhood settings.”

“Training, yes, and also coaching and mentoring for administrators and supervisors.”

Along the same lines, participants recommended additional and expanded training in business management for center directors, beyond what is currently available, noting that the existing courses typically fill quickly. Features of training that support staff retention and recruitment include:

- How to build a positive climate/working culture.
- Right-sizing the number of children served to achieve stability.
- Effective use of social media for recruitment.
- How to take maximum advantage of various incentives.
- Positive staff supervision.
- Ways to support staff through mentoring and peer exchanges.

There was a lot of interest in the topic of **substitute pools** (see the Professional Development chapter), which would contribute to stability (i.e., not cancelling services if a staff member is ill) and professionalism (i.e., affording staff the opportunity for peer exchanges or attending training during the workday).



RECOMMENDATIONS TO

Recruit Staff Into the Profession

Four types of strategies are recommended to facilitate recruitment of new staff into the early childhood workforce (see Exhibit 2). Each strategy is accompanied by a series of short-, medium-, long-term action steps.

Participants in discussions want to make it easier for more individuals to enter the profession and receive appropriate preparation in essential competencies. Some potential applicants, including those who have recently resettled in Maine and those working at entry levels who cannot afford to become full time students, face numerous obstacles. At this point in time, the lack of consistency and coordination related to requirements can be a hindrance to attaining credentials. Three types of obstacles were cited by several participants:

- **Articulation issues.** Courses taken at one institution may not be granted credit by another institution, making it difficult financially and in terms of available time to accumulate course credits that lead to a credential.
- **Non-credit bearing learning.** Time spent in high-quality workshops or online short courses may be useful background but not carry any credit.
- **Credit for experience.** Individuals who have worked at low-wage entry levels for years and may have deep experience in working with young children could be on their way to becoming credentialed teachers if they receive some credit for competencies gained through lived experiences.

Recommended reforms start with a review of the essential competencies and requirements along with associated preparation to ensure that they are realistic and lead to high quality. Because many different players are involved in preparation and training (e.g., Institutes of Higher Education [IHEs], community colleges, Maine Roads to Quality Professional Development Network [MRTQ-PDN]), the work would start with **consensus building at a statewide level** on foundations for certification. Work could build

“CTE programs do an incredibly good job at preparing future early educators—let's pay attention to them!”

Professor of early childhood

upon MRTQ-PDN's work with the Higher Education Committee that is currently focusing on streamlining requirements; other steps are determining a process for crediting prior learning and creating a shared database of course offerings. MRTQ-PDN will convene an alternative pathways summit in Summer 2025 which could serve as the basis for a longer term effort.

It is essential that Maine's institutions work out articulation agreements to make it easier for transfer of credits and ensure that substantive training successfully leading to mastery of competencies carries transferrable credit.

While the several pathways and supports into the profession (e.g., traditional degrees, apprenticeships, Career and Technical Education (CTE) certificates, Teacher Education and Compensation Helps (TEACH) scholarships add up to a complex system, the variety of available options is an asset—but only IF candidates are **informed about the options and the supports** to pursue the paths available to them. Solid sources of information are critical for diversifying the profession.

Participants in discussions recommend a centralized database readily accessible to potential candidates and promoted through community venues such as libraries, local Women, Infants, and Children (WIC) sites, and through high school career fairs.

Career interest begins in early adolescence so **high school** is an ideal time to encourage students to explore career opportunities for working with young children. For those with established interest, high school is the optimal time to begin a pathway toward earning credits and/or a credential that will be a jump start toward postsecondary education and/or entry level employment in an early childhood center.

Exhibit 2 Recruit Staff into the Profession



STRATEGY »»»	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Update/Revise Credentials	▶ Begin regular meetings among those responsible for preparing staff to develop consensus about expanding options for entering the early childhood profession. Develop commitments to improve articulation—explore whether require legislative action is needed.	▶ Develop statewide consensus about competencies (and the language used to describe competencies) for various early childhood roles.	▶ Formalize alternative pathways into the profession: (a) credit for lived experience, (b) identify half steps in career lattice, and (c) arrange for college credit for MRTQ-PDN credentials.
Information About Pathways	▶ Collate information about the multiple pathways into early childhood profession in a database. ▶ Prepare readily accessible recruitment materials that explain different pathways/supports into the profession.	▶ Centralize updating/maintenance of database.	
CTE Programs	▶ Expand CTE programs with early childhood and related pathways; advocate value of ECE roles with school/career counselors.		



STRATEGY
DDD

SHORT TERM
1–2 years

MEDIUM TERM
3–4 years

LONG TERM
5+ years

Increase Options for all
Maine Residents

- ▶ Proactively **recruit individuals from other countries who have resettled in Maine for early childhood roles** through outreach to associations, religious leaders, community groups.
- ▶ Identify, recognize, and financially **support appropriate mentors/job shadowing/placement sites.**
- ▶ **Create training materials** in commonly used languages.
- ▶ **Develop case management system** (similar to success coordinators in apprenticeships) for New Mainers working toward early childhood credentials.

“We're missing a big potential swath of workforce by not having stronger [participation in] CTE for ECE.”

Reviewer

“Our new friends are highly skilled but need assistance with contextualized language support. This group will be the built in [navigators] or offer a place for family engagement to be meaningful and bidirectional.”

Comment on the need for and benefit of engaging newcomers to the state

Ideally, high school students in all parts of the state would have access to a CTE early education pathway to earn a credential. This work would build upon the activities underway to map pathways, identify appropriate credentials (e.g., the state's early childhood assistant credential), and establish pre-apprenticeship models. Other states with robust CTE early education programs have found that proactive work with school and career counselors is critical so that they don't discourage young people from entering what may be perceived to be a low wage profession.

Finally, interested **individuals from other countries who have legally resettled in Maine represent a potential boost** to the state's early childhood workforce but some additional measures may be required to ensure successful entry. First, it will be important to learn from those who have entered the early childhood field about the obstacles they faced and how best to overcome them.

Those mentors who have gained experience working with candidates who have resettled from other countries suggest:

- Recruiting interest through outreach to cultural/ethnic associations and spiritual/religious communities.
- Providing a picture of what different early childhood roles entail including a chance to spend time in appropriate sites.
- Offering specialized mentorship, exploration, and some financial support so that candidates feel comfortable with the roles they could play.
- Providing learning materials in home languages and interpretation as needed.
- Case management for supports similar to that used in Maine's apprenticeship program.

Other chapters in the Strategic Plan also connect to workforce recruitment and retention:

- **Improving Quality through Professional Development**—describes the types of support that educators need to feel comfortable in their abilities to have positive impacts on young children.

- **Inclusive Classrooms and Programming**—includes recommendations for increasing the early education specialist workforce.
- **Family Partnerships**—describes the need for frontline workers who interact with families along with necessary training.



III. Family Partnerships

GOAL

Build a comprehensive continuum from which all families and caregivers can access quality care, education and support from models that best fit their family's needs.

The work group that addressed working with families⁴ believed that terminology describing the topic needed a reset, and they chose Family Partnerships as a more apt term to describe the optimal relationship between providers and parents, replacing Family Engagement. During discussions with families informing the 2024 statewide needs assessment, parents expressed concern about their relationships with education and human service professionals. Parents sometimes felt demeaned, had their perspectives and experiences disregarded, or otherwise received unsatisfactory responses when interacting with educational, medical, or social services.



Family Partnerships

HIGH-PRIORITY NEEDS

Parents desire more options for training and peer support.

Families from other countries who have resettled in Maine often perceive lack of interest from providers in learning more about their backgrounds.

Parents of children with special needs find systems of support difficult to access and navigate.

Transitions (especially into public school) are difficult for all families—even more so for families of children with special needs and those new to Maine.

Families stress the importance of empathetic “no judgement” attitudes on the part of professionals.

These experiences can lead to unwillingness to seek services for themselves or their children, frustration added to circumstances which might already be stressful, and confusion resulting in delays in receiving services.

These concerns were felt especially strongly by parents of children with special needs and by those who have resettled in Maine. Entrance into the public school system (whether at pre-K or kindergarten) marked a challenging point for many parents who felt they had lost connection to their child's educational experiences after the transition. Educators in the K-12 system are much less likely than early educators to routinely communicate with parents.

Parents expressed their needs for more and clearer information to help them be strong partners with educators to improve outcomes for their children. Even parents who themselves are professional educators expressed frustration with the opacity of systems of support and the unwillingness of educators to take them seriously when sharing observations about their own children's strengths and needs. Families highly value opportunities for input and want to be more involved in shaping systems that affect the lives of their children.

While Maine has new resources in place to provide information about child development and services to parents, (e.g., **Help Me Grow**) a common theme continued to be the need to find better ways to disseminate information to families. As one parent noted, "Services that are available are not readily advertised."

5
YEARS

Work group participants believe that over the next 5 years it is **critical to implement strategies to:**

Expand **authentic relationships with families** at all levels

Implement best practice routines, structures and training to **connect families and K-12 schools**, including facilitating smoother transitions

⁴This report uses the terms "families," "caregivers," and "parents" interchangeably, acknowledging that families and caregivers take many forms and structures.

Note that the work group also discussed ways to enhance support for families and caregivers of children who have special needs. Those recommendations are included in the chapter Promoting Inclusive Classrooms and Programming.

The highest priority recommendations are creating a universal application for services and developing a common framework and training for frontline family workers (e.g., navigators, community health workers and other intermediaries).



A CONTINUUM OF CONNECTIONS

Though true partnership might be the ideal descriptor of relationships with families, there are other forms of relationship (e.g., communication, engagement, and participation) that might better describe some interactions—all of which can be carried out in the context of authentic relationships.

RECOMMENDATIONS TO

Expand Authentic Relationships With Families at all Levels

Three major strategies are recommended to improve relationships with families; each strategy is accompanied by a series of short-, medium-, long-term action steps (see Exhibit 3).

Though building authentic relationships is achieved at the personal and individual level, one bond at a time, there are steps that state agencies can take to **create the conditions in which authentic relationships can develop and deepen**.

Maine already has in place some structures that are essential for building such conditions, including the Parent Ambassador program and the growing leadership practice of gathering feedback from families to inform policy by engaging the voices of families in identify needs and shaping future plans.

More can be done to build on strategies already in place, beginning with ensuring that there is a unified understanding of goals for empowering families. Because connecting with families is important in many programs that otherwise have different goals—and families interact with all of them—it is important to **define expectations for providers and parents by establishing a common framework** with definitions of terms and goals. During the vetting of strategies, we learned that both the Maternal and Child Health Program and the Child Safety and Family Well-Being Plan are working on similar frameworks that could serve as starting points.

As noted above, the **Parent Ambassador program**, a leadership program for families of young children which empowers them to speak up for themselves and their children, has been successful in building skills and motivating positive action. Initiating additional parent peer support and empowerment groups at the local level will enable more families to learn skills similar to those in the Parent Ambassadors program.

“Perhaps create a universal description of role, and then determine who can provide service in that role.”

Reference to frontline family workers

To facilitate meaningful involvement parents will need materials to promote their interests, including:

- Explanations of how to become involved in programs.
- Questions to ask of teachers, principals, school boards.
- Explanation of parental rights.
- Mixed delivery options.
- Key opportunities to influence policy and budget.

Over recent years, various state initiatives have funded **frontline roles in order to better serve families**. Depending on the initiative, individuals in those roles may be known by titles such as navigators and community health workers. Demand for the work of frontline intermediaries has increased. While the roles vary by initiative purpose, both the family partnerships work group and the work group on inclusive classrooms recommended codifying aspects of frontline roles, including developing an inventory and basic descriptive information along with a statewide framework of common expectations and desired characteristics.

To leverage navigation roles more fully, work group members recommended **periodic convenings** of those in frontline roles for purposes of:

- Exchanging information.
- Promoting cross-training.
- Sharing resources.
- Providing priority information (e.g., early identification/screening options, immigration rights/opportunities).
- Setting up a structure for ongoing communication.

We heard that frontline workers may already be supporting parents in areas outside their specific initiative area, and cross-training could encourage more information sharing with families by individuals with whom they have already formed trusting relationships.

Exhibit 3 Expand Authentic Relationships With Families at all Levels



STRATEGY >>>	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Develop Common Expectations	▶ Develop statewide framework for family partnerships. ▶ Clarify expectations for engaging parents to provide input into policies/program design.		
Expand Parent Training and Materials to Promote Parent Voice	▶ Expand Parent Ambassador programs to reach more parents throughout the state. ▶ Develop resource materials to support parent voice.	▶ Design and pilot models for promoting family voice, including parent-led empowerment groups that school districts and community groups could initiate.	▶ Provide support to expand family voice and parent-led support/empowerment groups.
Strengthen System of Frontline Workers	▶ Inventory information about existing frontline roles. ▶ Convene frontline workers; develop training program and communication structure.	▶ Evaluate effectiveness of various roles/approaches.	▶ Expand number and availability of frontline workers to support families, especially those who have resettled in Maine from other countries.



PREPARATION FOR WORKING WITH FAMILIES

- Understanding family background
- Relationship building
- Communication tools
- Responsiveness to different parenting approaches
- Strategies for families that are difficult to reach

RECOMMENDATIONS TO

Implement Best Practice Routines, Structures, and Training to Connect Families and K-12 Schools, Including Smoother Transitions

Four major strategies are recommended to improve relationships with families; each strategy is accompanied by a series of short-, medium-, long-term action steps (see Exhibit 4).

During the process of gathering information for the needs assessment, we heard from families about their disappointment in the lack of communication from schools, leading to a sense that K–12 educators are not interested in parents’ perspectives and don’t value the role that parents play in their children’s education. This experience is especially jarring when families have become used to frequent communication from early care providers.

Work group members recommended a concrete effort to persuade district and school leaders about the **benefits of treating families as partners**. They recognize that education leaders and teachers need preparation for working with families and ideas for best practice strategies.

Fortunately, along with the body of literature about involving parents, through the Preschool Development grant Maine educators can learn from the experiences of the First4ME and First 10 pilots. District and school leaders can benefit from such options as:

- Inviting families to share their skills and interest with students.
- Encouraging families to “adopt” classrooms.
- Providing a range of options for volunteering, including those that can be done remotely.
- Participating in community celebrations.

“I heard from many educators and school staff during COVID that they had no idea how many of the children in their classrooms lived until they were helping deliver the free meals for remote education, and it really changed their perspectives.”

Superintendent of schools

- Initiating collaborative service opportunities that engage educators, parents and students.
- Working with trusted community leaders to adapt strategies for families from various countries.
- Engaging intermediaries to support families' participation in school-based engagement opportunities.

The work group highlighted **home visits** as an especially effective strategy for building trusting relationships with families but also recognized that there are attitudinal and administrative obstacles to overcome in order to implement the practice in public school settings.

Home visits for establishing relationships may not literally be held in families' homes but rather in a non-institutional setting where family members are likely to feel comfortable—potentially a local coffee shop, private space in a library, or a recreational space. Because K-12 educators have typically not carried out home visits, special attention will need to be given to overcoming roadblocks including perceived or real provisions in teacher contracts that limit work outside of the school day.

Both the family partnership and the inclusive classrooms work groups highlighted strategies for improving **transition experiences from early care into pre-K and between pre-K and kindergarten**. They note that DOE has developed some resources to support multiphase transition plans that recognize that transition is not an event but a process and requires thoughtful advance planning. However, education leaders likely will need additional persuasion and support (and potentially additional materials) to improve transition practices at a statewide scale. The work group also recognized the need to provide differentiated protocols and models appropriate for different settings and for children with varying needs.

Exhibit 4 Implement Best Practice Routines, Structures, and Training to Connect Families and K–12 Schools, Including Smoother Transitions



STRATEGY DDD	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Prepare Education Staff to Work With Parents	▶ Inventory and centralize learning options for pre-K-Grade 3 educators about working with families.	▶ Work with IHEs and CTE instructors to build family partnership concepts into preparation courses.	▶ Assess adequacy of teacher preparation standards to determine need for upgrading information about family partnerships.
Adapt Lessons About Family Partnerships to K-3 Settings	▶ Provide information to SAU and school leaders and encourage a wide range of options for connecting with families.	▶ Identify and develop tools/protocols that SAUs/schools need to step up connection to families.	
Home Visits	▶ Promote home visits to build trusting relationships outside of school setting. ▶ Identify common obstacles to conducting home visits and solutions.	▶ Work with teacher union leaders to promote the benefits of partnerships with families including home visits.	▶ Recognize and profile SAUs/schools that have incorporated home visits.
Multiphase Transition Plans	▶ Promote DOE transition-to-K resources to SAU and school leaders. ▶ Document effective transition strategies used in First 10, community schools, and First4ME. Design and pilot protocols/models for transition plans.	▶ Provide assistance to district and school administrators to develop multiphase transition plans.	

“I think it's important to ensure that we're being mindful of the capacity of parents to engage and partner and remember that this is something that they're doing in addition to their many other responsibilities.”

*Department of Education
consultant*

Lessons about transition from the pilots in process are already providing ideas that could be replicated in other sites. Examples include:

- Older children develop welcome videos for younger children to introduce new settings and experiences.
- Young children's entry into school is celebrated as an important event (akin to the celebration of graduation).
- Plans for transition of children with special needs start 6 to 8 months in advance of the transition.
- Families are invited to participate in lead-up activities designed to familiarize them and children with staff and facilities.
- During the welcome period, families receive introductions to expectations as well as opportunities for advocacy.
- Home visits are part of the welcome from the site.
- Transitions are characterized as warm handoffs, meaning they are in person and personal, not accomplished as a paper process.

Other chapters in the Strategic Plan also connect to family partnerships:

- **Inclusive Classrooms and Programming** includes recommendations about the specialized information needs of families whose children may have special needs.
- **Public Pre-K in Mixed Delivery System** includes recommendations about the benefits for families and supports such as universal enrollment.



IV. Promoting Inclusive* Classrooms and Programs

GOAL

Inclusive intervention services for young children will be identified early, readily available and delivered in least restrictive environments across a well-supported mixed delivery system.



Promoting Inclusive Classrooms and Programs

HIGH-PRIORITY NEEDS

Early educators who are not trained in special education may not be prepared to identify or address specialized needs of children.

There are chronic shortages of education and health care specialists who are prepared to work with young children.

Maine has had a relatively low rate of early identification but the rate has been steadily improving as a result of targeted campaigns.

Parents of children with special needs find systems of support difficult to access and navigate—especially families who have legally resettled in Maine from other countries.

Families often face long wait times for accurate diagnoses and services because of the shortage of professionals required to make these diagnoses.

Transitions can result in gaps in services (especially the Part C to Part B transition) as children turn 3 years of age. Efforts are underway to increase preschool programming.

*The term inclusive is used to mean serving all children no matter their needs or background.

This work group intended inclusive classrooms and programs to extend beyond early intervention to include any child who may need specialized attention to be successful, including children from non-English speaking families, children who might have experienced trauma, and children living in challenging circumstances. The 2024 needs assessment documented the specific concerns of parents whose children required early intervention for special needs, but many of their concerns and the resulting recommendations also apply to a broader population.

Concerns about the level and quality of early intervention services have been long standing and were previously presented in the 2019 needs assessment. More recently, the Maine legislature passed legislation designed to improve service delivery by shifting responsibility for Part B, 619 services to SAUs. That shift will take place over a 4-year period. Many of the work group's recommendations should be helpful in planning the transition to a new system of services.

The recommendations in this chapter are closely intertwined with those in the chapter on Family Partnerships. Highest priorities are building the capacity of all educators to identify potential needs and provide supports to children; developing tools to help families navigate the systems of support; and supporting families who have resettled in Maine from other countries and who have children with special needs in order to ensure accurate diagnosis and offer peer support opportunities.

5
YEARS

Work group participants believe that over the next 5 years it is **critical to implement strategies to:**

Ensure timely **identification of children's needs.**

Facilitate **parents navigating support systems.**

Build the **capacity of educators** to serve all children.

Smooth the **transition for all young children** into school systems.



RECOMMENDATIONS TO

Ensure Timely Identification of Children's Needs

“I have a pipe dream about opening a walk-in developmental screening clinic in partnership with our friends at CDS and HMG. Families need so many opportunities to access and engage with providers.”

Special education director

“[The phrase] ‘early and often’ comes to mind. People need to know about resources as soon as [they are available], but also [later] . . . because we often aren't ready to access something the moment it's offered. Every parent is in a different place in their journey and that resource could be just what they need a year from now.”

Educator serving children of families new to Maine

Two strategies are recommended to improve identification and diagnosis of needs (see Exhibit 5). Each strategy is accompanied by a series of short-, medium-, long-term action steps.

Efforts have been made over the past few years to **improve developmental screening** to increase the number of children identified early for services which is critical for reaching the goal of having all children ready to succeed in kindergarten. Data about rates of children identified for early intervention at different ages illustrate this concern. In the school age population (ages 5–21), Maine has the highest rate of children with an identified disability (13%). Yet for the same time period while Maine's rate of early identification has improved over the past few years as a result of targeted campaigns, the state still ranks lower than the national average (and lower than all New England states) in the percent of young children receiving early intervention between birth and age one (at 1.24%).⁵

The work group recognized that there are many types of screenings that lead to referrals for service (e.g., developmental, health, language, trauma). A first step for identifying gaps in identification opportunities is creating an inventory of what is in place statewide, including information about the tools in use and their cultural appropriateness. Such an inventory would provide helpful information for navigators and other frontline workers.

The next step would be to determine gaps in the type of screening available by provider, location, and target population in order to prioritize the need for additional options. A known gap is the lack of instruments appropriate for children from families who have resettled in Maine from other countries. In addition to more appropriate screeners, the work group advocated prioritizing

⁵<https://www.ideainfanttoddler.org/pdf/2023-Child-Count-Data-Charts.pdf>

“It might be helpful to offer parents . . . an early prenatal visit because many are potentially missing out on [resources] that are available during pregnancy such as WIC, Maine Families, and HMG Maine. Maybe this already happens at some offices, but it seems more common at birthing hospitals.”

Anonymous

screening options that could be performed during medical visits such as well-child checkups as a way to reach more children.

To support early identification of needs, the goal is to **connect families to services** as early as possible—optimally in the pre-natal, birthing, and immediate post-natal stages. Some efforts to connect with new parents already exist in the state (e.g., CradleME, Maine Centers for Disease Control Maternal and Child Health) and could be expanded. Expansion could include services beyond what is currently provided, such as care for maternal depression.

Exhibit 5 Ensure Timely Identification of Children's Needs



STRATEGY DDD	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Early Identification/ Screening	▶ Inventory information about existing screening options of all types for birth through K to determine gaps and prioritize needs for additional options, giving priority to medical visits. ▶ Identify screening/diagnostic tools appropriate for all children.	▶ Assess effectiveness of initiatives to promote screening and adjust as needed. ▶ Provide training options to expand staff qualified to administer screening instruments.	
Outreach Prior to Birth	▶ Inventory existing services that connect to families during prenatal/birthing/postnatal time periods.	▶ Explore/pilot options for expanding and coordinating existing outreach services to serve additional families. ▶ Provide more expansive care/training, including mental health care (e.g., maternal depression).	▶ Reach every birthing mother during prenatal period.



RECOMMENDATION TO

Facilitate Parents Navigating Support Systems

Work group members and others identified several related strategies for supporting parents (see Exhibit 6). Among the highest priorities is the need for **family-friendly tools to help parents and the frontline workers** who support them understand the options that are available, including information such as:

- The pathways/flow charts of related services following a diagnosis.
- Choices and comparisons among services depending on child's need.
- Explanation of the differences between medical and educational supports.
- Key decision points.
- Case descriptions of parents' experiences with services.
- Questions to ask of various providers.
- Information about family rights.
- Contacts for sources of support (e.g., Help Me Grow, navigators).

One suggestion is to engage parent organizations, such as the Maine Parent Federation, to develop and pilot new tools to ensure that they are meeting parents' information needs.

Recommendations to **strengthen and expand care coordination** share similarities with those about coordinating the various frontline navigator roles identified in the chapter on Family Partnerships, including:

- Create definitions and expectations (e.g., warm handoffs during transitions) for different types of care coordination.

- Identify common points of connection that exist among types of service providers (e.g., home visitors and public health nurses).
- Provide universal baseline training for those involved in care coordination.
- Develop models for ways that services could be coordinated in local communities.
- Establish mechanisms for cross-system communication.

Work is underway to pilot a training for those in the position to coordinate care services with the goal of ensuring that each provider has basic information about requirements, expectations, and opportunities.

Parents expressed strong interest in access to training and peer support groups to learn more about topics such as:

- Ways to help them address their children's particular needs.
- Preparation for transitions (e.g., moving from Part C to Part B services).
- Inclusive practices in the classroom.
- Addressing challenging behaviors.
- Supporting children with autism (specifically Research Units in Behavioral Intervention [RUBI] training).

The chapter on Family Partnerships includes parents' interests in receiving training to support parent voice.

Exhibit 6 Facilitate Parents Navigating Support Systems



STRATEGY »»»	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Navigation Tools	Develop an array of family-friendly information tools.	Develop case studies that illustrate application of the various tools for use in professional development.	
Care Coordination	Create common definitions of different types of care coordination and identify common points of connection.		Explore funding sources for expanding care coordination.
	Document various models for coordinating services in a variety of community settings.		
Training and Peer Support for All Families	- Identify, inventory, expand and promote existing opportunities for parents to obtain training in topics they have identified as important. - Establish peer support groups for families of children with special needs who have resettled to Maine. - Provide training for translators/interpreters to develop baseline knowledge of the systems they are working in along with specialized terminology.	Evaluate impact of various training opportunities and revise as necessary. - Continue parent café/ listening sessions for families of children with special needs who have resettled to Maine.	



STRATEGY
DDD

SHORT TERM
1–2 years

MEDIUM TERM
3–4 years

LONG TERM
5+ years

One-Stop Common
Application for Services

- ▶ Gather information about **how other states have approached common application**/common referral mechanisms. Document how common barriers have been addressed.
- ▶ Gather information about **existing efforts in Maine** with similar goals and common referrals. Identify policy and legal roadblocks and ways they have been overcome.
- ▶ Develop and pilot **prototype of common application**, engaging multiple services.
- ▶ **Refine common application** and include additional services.

“Peer support networks would be beneficial to all families, but we need better systems for engaging . . . trusted peers in supporting [those from other countries who have resettled to Maine].”

First 10 consultant

“Our family support specialists who work a lot with [families who do not speak English] have encountered so many really serious situations where the issues could have been mitigated or even prevented if interpreters had better support and training. They are really overlooked and a lot is asked of them!”

Center director

“I envision this like the Common App used for the college application process.”

OCFS consultant

Work group members and others recognize that families who have resettled in Maine and who have children with special needs have distinct needs for support. Diagnosis of children who do not yet speak English can be difficult and imprecise, i.e., confusing language difference with disability. Some families are from cultures and countries that neither recognize disabilities nor provide specialized services and so they are unfamiliar with the purposes and potential of special education services. Peer group support can be especially valuable in these circumstances.

Participants in discussions urged **training for interpreters and translators** to fully engage them as members of service provider teams, and not only as a tool for communication. The implication is that interpreters and translators need to be respected as professionals and compensated appropriately.

Participants informing the 2024 needs assessment reiterated the needs expressed in 2019 for a **common application for services** to eliminate the stress on parents who find themselves completing similar forms on multiple occasions and/or who may not even know about services that could potentially be beneficial. Recognizing the practical, technical, and even legal challenges of developing a universal application, work group members recommended approaching this strategy in stages.

Progress toward designing Maine’s system would begin with information gathering from the states that have pioneered universal application models (e.g., South Carolina), and identifying existing initiatives within Maine where common applications for referrals to several services are in place. The initial work involves documenting the roadblocks that have been encountered and overcome in other states and Maine as well as surfacing remaining obstacles.

Next steps could be working with programs in the state that already share similar goals and information needs, on a voluntary basis, to develop and pilot prototypes of common applications; n later expand by adding other programs to a universal compact once initial challenges have been addressed.



RECOMMENDATIONS TO

Build the Capacity of Educators to Serve All Children

The work group believes that more could be done by all providers of professional development to **incorporate information about serving children with a wide array of needs**, including explicitly addressing adaptations (see Exhibit 7). Commitment to universal design would strengthen the skills of Maine’s early learning workforce without necessarily requiring specialized coursework for all staff. For example:

- A workshop in oral language and vocabulary development could address techniques that are especially important for second language learners.
- A child development course might assist teachers to identify developmental delays.
- Sessions on managing behavior would help learners identify developmental considerations appropriate for children with different learning profiles.

The work group suggests starting with a review and update of the most common professional development offerings, including any that are required. As noted in the Improving Quality Through Professional Development chapter, participants believe that existing training offerings could be improved by adding opportunities for application of knowledge and theory to actual settings. These expectations could be partly met by incorporating adaptations for children who present with different needs.

Maine’s population of multilingual families and children is increasing, creating the need for more educators to learn **strategies for supporting English learners**—especially to distinguish language differences from learning and development delays. Work group members highlighted existing resources from the World-class Instructional Design and Assessment (WIDA) Consortium that could form the basis of professional development.

“It’s really important to move this concept forward for fuller inclusion of students where possible—and for teachers to feel more empowered and resourced for managing children with varying needs.”

Reference to professional development for all educators from member of the work group

“I think there is a lack of understanding about inclusive curriculum and practice.”

Trainer

The 2024 needs assessment listed **examples of high-priority professional development topics** that seem to be persistent needs, specifically in the areas of:

- Guiding behavioral development and managing challenging behaviors.
- Supporting social-emotional development.
- Identifying and supporting child with delays and disabilities.
- Supporting multilingual learners.
- Tailoring instruction.

Though increasing access to training in those topics is important, it is important at the same time to critically evaluate offerings to ensure that they have been designed with **practical application of learning** as the goal. As described both in the Family Partnerships and Mixed Delivery chapters, education leaders are recognizing the need to better prepare staff to work with parents as partners, including those who are hard to reach, have experienced trauma, and have newly resettled to Maine.

Exhibit 7 Build the Capacity of Educators to Serve All Children



STRATEGY ▶▶▶	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Expand Inclusiveness of Professional Development	▶ Review commonly offered and required training sessions to incorporate adaptations for children who have specialized needs. Document the types of adaptations required to provide guidance for other trainers.	▶ Expand guidance for adapting professional development to additional trainers and providers. ▶ Identify gaps in existing professional development options to enable early educators to learn more about serving a wide array of needs.	
	▶ Promote WIDA Consortium resources to support multilingual children and families.		
Provide Targeted Professional Development	▶ Expand access to professional development in areas of high demand: Regulated Classroom, Positive Childhood Experience training, Pyramid Model, Multi-tiered Systems of Support (MTSS), Positive Behavioral Interventions and Supports (PBIS). Ensure any training includes opportunities to apply learning. Provide training for educators in partnering with families.	▶ Provide follow-up and refresher training. Offer application opportunities such as facilitated communities of practice to promote use of learning.	▶ Identify strong implementation sites that can serve as models for peer exchange.



STRATEGY
DDD

SHORT TERM
1–2 years

MEDIUM TERM
3–4 years

LONG TERM
5+ years

Enhance Educator
Preparation

- ▶ Review **standards for general early childhood teacher preparation** to determine whether modifications are required to assure capacity to support children with an array of special needs.
- ▶ Initiate **voluntary program reviews** of educator preparation programs to strengthen offerings.
- ▶ Explore **incentives for dual certification**.

Increase Number of
Specialists With Early
Childhood Background

- ▶ Encourage IHEs to incorporate information about early childhood specialization into **courses designed for nurses and other medical providers, psychologists, social workers, and special educators**. Include field placement and practicum opportunities in early childhood settings.
- ▶ Augment **apprenticeship programs for specialist professions** to include early childhood field.
- ▶ Provide information to **high school and college career counselors** about opportunities available in the early childhood field, including for medical and special education professionals.
- ▶ Explore options for **ECE endorsements in specialist licenses** and certifications.
- ▶ Explore potential of early learning paraprofessionals to **expand specialists' services under clinical supervision**.

While in-service professional development will always be important in the areas identified, the work group agreed that **educators in training should be well prepared** for the realities of today's population of young children and their needs. The chapter on Workforce Recruitment and Retention describes the high priority that work group members placed on supporting teachers during their first year in the classroom—partly in response to concerns that education preparation programs may not provide enough practical training, specifically in areas such as:

- Identifying needs for support.
- Understanding social-emotional development.
- Creating a supportive environment.
- Positive behavior management.
- Universal design practices.
- Working with families.

A first step is review of standards of program approval to ascertain whether requirements should be updated. If requirements are adequate, a next option would be setting up a process for voluntary program reviews to strengthen courses of study.

The better prepared Maine's early education workforce, the greater likelihood of success for the state's youngest learners. With appropriate incentives, more early educators might pursue additional formal training leading to **dual certification** (e.g., special education combined with early childhood, English for Speakers of Other Languages combined with early childhood).

In addition to developing the capacity of general education teachers, Maine also needs a greater number of **medical and educational specialists who have a background in early childhood development**, including nurses, psychologists, social workers, and special education teachers. Work group members believe that expanding information about opportunities in early childhood as well as offering direct experiences with young children during practicum, field work and apprenticeships would help attract specialists to the early learning field.



RECOMMENDATIONS TO

Smooth Transitions for All Young Children into School Systems

“This is a helpful option for parents who want [Part C services]. Like many other options, it comes with significant workforce development needs to staff it.”

Referring to continuity of Part C services

Two strategies are recommended to improve identification and diagnosis of needs (see Exhibit 8). Each strategy is accompanied by a series of short-, medium-, long-term action steps.

Improving transition experiences, especially for those children with special needs, is a high priority for both families and educators. The chapter on Family Partnerships includes strategies related to treating transition for all children as a multi-phase process. As documented in both the 2019 and 2024 needs assessments, the shift to new providers often causes disruption and even gaps in services for children who have been receiving educational assistance through Part C/Child Development Services.

While Maine is transitioning over time to shifting responsibility for Part B, 619 services to public schools, work group members agreed that Maine should continue to pursue with the federal Office of Special Programs a waiver/extension to allow families to choose **continuity of Part C providers**.

Exhibit 8 Smooth Transitions for All Young Children Into School Systems



STRATEGY ▶▶▶▶	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Varied Models of Transitions	▶ Continue to pursue Part C extension option in partnership with the Office of Special Education Programs (OSEP).	▶ If successful with the waiver, implement information campaign with providers and parents.	
	▶ Design model protocol for transition of children with special needs into pre-K and from pre-K to kindergarten.	▶ Develop vignettes that describe transition from the perspective of families in different circumstances.	
Administrator Preparation	▶ Identify and promote professional learning opportunities, including Leading Early Learning series, to enable administrators to learn how to support educators to serve children with varying needs.		
	▶ Promote policies that encourage specialists to support classroom teachers in serving all children including community-based early education providers. Identify barriers to broadening deployment of specialists to early care/education settings and craft solutions.		

“Something I've been thinking about is having a navigator (a parent) assist another family through the transition process such as from Part C to Part B or into school.”

Family advocate

Work group members believe that early care providers, families, and schools could benefit from **more explicit and specific guidance related to transitions of children with different types of needs** and diagnoses, including information such as:

- A timeline /milestones of transition activities.
- Terminology associated with transitions.
- Descriptions of family, specialist, sending and receiving educator roles.
- Key decision points.
- Questions for families to ask of specialists and educators.
- Components of family support plans.
- Resources for families.
- Use cases illustrating actual experiences.

More important than guidance, however, is the will to fully implement transition plans. For that reason, the work group highlighted the need to **prepare program and school administrators** with strategies for addressing the needs of all children. Those roles include organizing and overseeing transitions. During needs assessment interviews, a few district and school leaders noted that successful transitions require 6 or more months of preparation.

The same administrators promoted the benefits of developing **connections between school specialist staff and community-based providers**, encouraging specialist staff to share skills with early educators (e.g., providing group speech and language support).

Finally, as the responsibility shifts to public schools for Part B, 619 services, there is an opportunity to **reconceptualize Child Development Services (CDS) hubs** to support school districts and community-based providers in new ways, including providing various types of screening and serving as regional sites for training and supports such as the Early Childhood Consultation Partnership. Such a change may require re-staffing and/or providing training to existing staff to assume new responsibilities.

Other chapters also connect to promoting inclusive classrooms and programs. **Family Partnerships** includes recommendations about families' information needs, customized transition plans, training parents to promote their interests, and strengthening the system of frontline workers who interface with parents.



V. Public Pre-K in a Mixed Delivery System

GOAL

Develop practical, community responsive strategies for expanded access to public pre-K throughout the mixed delivery system of early education.

The ultimate goal of incorporating pre-K in mixed delivery is to increase enrollment of 4-year-olds in high-quality pre-K so that all of Maine's young children are well prepared to succeed in kindergarten and the primary grades. Maine is among the states that have an interest in meeting the challenge of providing access to high quality public pre-K to benefit families, children, school systems and community-based providers.



Mixed Delivery System

HIGH-PRIORITY NEEDS

Public pre-K serves only about half of Maine's 4-year-olds.

While most school administrative units offer pre-K, schedules and rates of participation vary widely by district.

Because Maine has a high proportion of young children with all household adults in the workforce, families have a need for full day (or more) care and education for their children.

School-based educators and community-based providers often have had little communication.

Encouraging well-coordinated partnerships will both increase access to high quality pre-K and prevent child care choices.

“A great area to investigate. We struggle with the barriers.”

Reference to mixed delivery options

As others have learned, however, there are many roadblocks to overcome in realizing this goal which requires healthy partnerships between school districts and community-based providers.

Why is mixed delivery important? Families may need care for a longer day than school-based pre-K schedules offer, prefer a setting closer to their home or work location (especially true when district-based pre-K serves multiple towns), prefer to have siblings remain together in the same site, and/or desire continuity with the same provider based on a child’s individual needs (e.g., smaller setting, early intervention). For providers with capacity to offer public pre-K slots, the additional income may help to stabilize a community-based asset.

Certainly, children entering kindergarten will have a better experience if they have had a high-quality pre-K experience and be less likely to require additional intervention to catch up during their primary years. Alternative settings for public pre-K may vary in approach but similar standards of quality apply.

While the benefits of offering public pre-K in a variety of early care and learning settings may be clear, the **obstacles may still seem unsurmountable**. Most stem from lack of parity between school districts and community-based providers, especially in terms of finances and compensation as well as administrative structures.

5
YEARS

Work group participants believe that over the next 5 years it is **critical to implement strategies to:**

Promote the **benefits of mixed delivery options to facilitate family access to high quality pre-K** in a variety of options.

Establish **support for SAUs and community providers** to partner in providing public pre-K.



RECOMMENDATIONS TO

Promote the Benefits of Mixed Delivery Options to Facilitate Access to High-Quality Pre-K Programs

“Do programs outside of public pre-K and Head Start understand the benefits and how to become part of a mixed delivery system?”

Child care provider

“Some facilitated conversations among partners can be helpful in gathering information from all stakeholders.”

Work group member

Two strategies are recommended to promote benefits (Exhibit 9). The work group believes that the **benefits of partnerships** are known but could be codified and widely disseminated to ensure consistent messages in all communications about public pre-K. Benefits and best communication methods vary by audiences: children and their families, school administrative units (SAUs), primary grade teachers, communities and local businesses.

To learn more about the obstacles that hold school districts and communities back from pursuing mixed delivery options, the work group recommends using multiple methods of inquiry (e.g., focus groups and surveys of partnership stakeholders and potential partners). Collecting information from current and past partners will facilitate capturing lessons about solutions to these common issues:

- Lack of parity in staff pay and benefits.
- Limiting provisions in teacher union contracts.
- Differences in credentials.
- Determining oversight/supervision.
- Lack of substitutes to minimize disruptions.

Lessons from successful partnerships along with descriptions of start-up and sustainability strategies could be documented in case study form. The recommended strategies also anticipate technical assistance support in the form of active promotion of partnerships and support for brokering relationships (see Exhibit 9).

Exhibit 9 Promote the Benefits of Mixed Delivery Options to Facilitate Family Participation in a Variety of Options



STRATEGY »»»»	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Develop Communication Strategy	▶ Document benefits of mixed delivery to speak consistently to different audiences. ▶ Incorporate information about solutions to barriers in frequently asked questions. ▶ Develop introductory workshops for several different audiences.	▶ Document and promote innovative partnerships. ▶ Establish centralized responsibility for supporting partner connections.	▶ Evaluate the comparative effectiveness of pre-K options using a variety of outcomes including readiness, parent satisfaction, enrollment.
Identify Solutions	▶ Use multiple methods to gather information about obstacles to partnerships to capture lessons about solutions from current and past partners.	▶ Continue to document practices used by successful partnerships.	



RECOMMENDATIONS TO

Establish Support for SAUs and Community Providers to Partner in Providing Public Pre-K

Three strategies are recommended to provide support to partnerships. SAUs and community-based providers that are interested in considering how public pre-K options might be expanded in their communities will benefit from **training and ongoing peer support**. Work group members suggested several models for training and support:

- Targeted training for family care providers.
- Professional development for staff working with children from birth to age 8.
- Preparation of administrative unit partners with attention to collaborations, relationship building and facilitation.
- Cohort groups of partnership teams.
- Engaging role-alike communities of practice (e.g., family care providers).
- Community-based professional learning communities to target particular problems of practice.

The various models are intended for different stages: targeted training to prepare each partner comes first followed by a cohort group and role-alike communities of practice to sustain peer-to-peer interest; and then more specific cross-level work to integrate pre-K work with kindergarten and the primary grades.

Exhibit 10 Establish Support for SAUs and Community Providers to Partner in Providing Public Pre-K



STRATEGY >>>>	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Prepare Partners	▶ Develop and implement a foundational training model for SAUs and community providers.	▶ Expand menu of training options based on evaluation. ▶ Facilitate a cohort of mixed delivery partnerships.	▶ Expand training and cohort opportunities and codify lessons shared.
Identify/Develop Practices and Tools to Support Partners	▶ Gather information about centralized enrollment systems. Identify solutions.	▶ Pilot centralized system in communities/regions for communicating options, including before- and after-school care options.	▶ Use lessons from pilot to encourage establishment of universal enrollment initiatives. ▶ Evaluate enrollment patterns by type of setting.
Expand Financing Options	▶ Develop a plan to identify funding for incentives for full day and full week programming.	▶ Develop tools to facilitate financial forecasting, including startup/ maintenance funds for partners.	
	▶ Apply information from the most recent child care cost modeling studies to determine reimbursements.		▶ Explore a fiscal structure/ sources of funding that includes infant and toddler care.

“Ensure new partners are given training and that the SAU is communicating with the current public pre-K partners or new partners, to ensure that folks already partnered get their slots filled too.”

Work group member

The work group anticipated other types of supports that could make an important difference in encouraging participation in non-school based public pre-K. **Centralized or coordinated enrollment** levels the playing field by providing an opportunity for parents to learn about all the options available for pre-K in a given locale and consider the best fit for their child and the family. In some cases, Head Start and public school partners have already implemented centralized enrollment (e.g., the Gorham community).

Some work group members believe that more parents might enroll children in pre-K if they understood more about their child's developmental needs and how attending pre-K would be helpful in setting a solid foundation for the primary grades. A suggestion is expanding and **enhancing screening options**, including encouraging SAU-community provider partnerships to promote screening. (See more about screening in the chapter Inclusive Classrooms and Programming).

Partnerships will not be successful unless community-based providers view them as financially viable. Providers will need tools that help them forecast expenses and the amount of funding they are likely to receive both during start-up and longer-term operations. Financial support for offering full-day and full-week schedules would be a strong incentive to participate in a partnership and provide greater benefits to children.



VI. Improving Quality Through Professional Development

GOAL

Support varied and accessible pathways to professional development.

The 2024 needs assessment documented early educators' continued need for professional development in topics similar to those identified in the 2019 needs assessment even though there have been significant additions to the menu of options. For example, ECCP has been a successful statewide response to the needs of educators for support in understanding and supporting the behavioral and social-emotional needs of children.



Professional Development

HIGH-PRIORITY NEEDS

The greatest needs for professional development are addressing challenging behaviors; working with children who have special needs; and learning about trauma-informed practices.

Providers and staff are often not aware of professional development opportunities.

Lack of time for participating in professional development remains a major barrier.

Providers have few opportunities to observe best practice and often feel isolated.

MRTQ-PDN maintains the Maine Early Care and Education Calendar which is intended to list **all** training and course work related to early care and education, including online and college course work and in-person sessions. MRTQ-PDN maintains the state's early care and education professional development Registry to track credentials and skill development.

The work group explored reasons why the need for training remains high in a consistent set of topics. The group surfaced a number of concerns and barriers that may be limiting return on the existing investments in professional development which include:

- Online and asynchronous professional development, a much more common training model since the pandemic, is convenient but lacks the personalization and peer learning context that facilitates meaningful learning.
- Becoming proficient with complex instructional practices (such as those involved in supporting language development or guiding social emotional learning) requires the opportunity for application through guided practice and coaching—which is lacking in many professional development offerings.
- Practical barriers may be systematically limiting participation in professional development by some groups of early childhood staff, including those who live in rural and remote areas, family care providers and others who cannot easily find time to participate, and those with limited English language skills.
- While in-person learning is desired by many, the cost of transportation and taking time during the workday to engage are real concerns.

In addition to considering access issues, members of this work group (and other work groups as well) highlighted the need to:

- Address particular topics in professional development aimed at target audiences (e.g., developmentally appropriate practice and social emotional development for K-2 teachers).

- Recognize that early childhood staff work with children who have a wide range of needs and therefore can benefit from understanding how to adapt and customize what they are learning (see more in the chapter on Inclusive Classrooms and Programs).
- Engage practitioners across the pre-K to Grade 2 continuum in joint learning opportunities.

Highest priority needs are increasing the opportunities for coaching to apply professional learning, regional substitute pools and training for substitutes, and engaging pre-K through grade 2 teachers in common training that focuses on developmentally appropriate practices.

5
YEARS

Work group participants believe that over the next 5 years it is **critical to implement strategies to:**

Expand access to high-quality professional development.

Expand opportunities for application of learning.



RECOMMENDATIONS TO

Expand Access to High-Quality Professional Development

Three major strategies are recommended to expand access; each strategy is accompanied by a series of short-, medium-, long-term action steps (see Exhibit 11).

Depending on individual circumstances, it may be difficult for all early childhood staff to participate in high quality professional learning due to access issues. In addition to access, motivation to participate depends on the utility of offerings. The work group members recommend a statewide assessment to identify who is/is not reached by professional development offerings in order to understand patterns associated with access. They speculate that certain staff populations (e.g., family care providers, staff from rural sites) experience issues that systematically prevent them from benefiting from current options. These include:

- Distance/remote location.
- Lack of transportation.
- The cost or inaccessibility of necessary materials.
- Need for interpretation.
- Child care for their own children.
- Most important, lack of time.

Regional or community-based **substitute pools** have been proposed to address the major issues of finding time in the workday for professional learning. The opportunity to attend training during the workday (rather than on nights, weekends, mealtime breaks) is a mark of professionalism and parity with other educators. Piloting the feasibility of the substitute pool is a next step. A pilot would provide lessons about recruitment, vetting, compensation, scale/service region, required training, and so forth.

ADULT LEARNING PRINCIPLES

- Build on prior experience
- Provide rationale for learning/need to know
- Respect importance of learner autonomy/allow for self-directed learning
- Incorporate applicability to current work and problems
- Learn by doing

Depending on the findings of an assessment of access gaps, remedies could include small grants (available to early childhood programs or to professional development providers) to support costs of attending in-person meetings, underwriting substitutes, or purchasing materials. Given the likely volume of requests, such support might be offered in high-demand topics such as behavior management, and inclusive classrooms.

Work group members also raised concerns about whether current professional development offerings reflect **best practice in instructional design for adult learners**—reinforcing a call for more voice and choice in learning opportunities. They urged review and modification of any required training (e.g., Maine Early Learning and Development Standards, MELDS) and high-demand workshops and courses to enhance effectiveness. For example, questions to guide reviews might include:

- How can participants' current classroom experiences be incorporated?
- Where are there opportunities for peer-peer interaction around common concerns?
- How adequate are the opportunities for modeling, demonstration and guided practice?
- Is information included about how to adapt practices to the needs of different children?
- Do participants have the opportunity for self-assessment?

Enhancing current offerings will require collaborative work with major professional development providers and funders. **In-depth evaluations** of how participants actually apply or do not apply what they have learned from targeted professional development courses and workshops could be used to determine return on investment in terms of impact on classroom practice.

Though adult learning principles can apply to online learning, it may be easier to incorporate them in the design of **in-person learning**. Throughout various discussions leading to the Strategic Plan, many participants described the loss of in-person learning experiences and hoped that more of a balance of online and in-person could be restored. In-person learning opportunities facilitate peer-to-peer learning and help to break down the

“There are some siloed trainings that could intentionally be shared.”

Anonymous

isolation that providers describe as important for retention in the field. Of course in-person delivery comes with access concerns which would need to be addressed as discussed above.

Finally, more early childhood staff could enjoy improved access to the benefits of professional development if **school-based educators and community providers shared responsibility** for offering embedded/job-related training across the pre-K to Grade 3 years. Shared training brings the benefit of strengthening relationships and aligning teaching philosophies and approaches, building the base for smooth transitions into pre-K and between pre-K and kindergarten. Several work groups described primary grade teachers' needs for a better understanding of developmentally appropriate practice, including how to support young children's social and emotional development.

Exhibit 11 Expand Access to Quality Professional Development



STRATEGY »»»	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Support for Participants	▶ Identify gaps in reaching staff with professional development and learn about associated barriers.	▶ Develop source for access funding to enable all early educators to fully participate.	▶ Periodically evaluate levels of participation and identify gaps in reaching staff.
	▶ Pilot substitute pools.	▶ Create centralized management/training for substitutes.	
Improve Quality and Utility of Offerings	▶ Review most popular/common offerings to identify and recommend enhancements (e.g., peer engagement, application).	▶ If access funding is available, identify online training that could also be offered in person.	
Pre-K to Grade 3 Shared Training	▶ Develop and pilot training modules appropriate for pre-K to Grade 3 teams, including community providers, to illustrate developmentally appropriate practice and social-emotional learning at different levels and in different settings.	▶ Evaluate modules and scale up offerings in both in-person and online forms.	



INGREDIENTS OF EFFECTIVE COACHING

- Strong partnership between teacher and coach.
- Focused observations.
- Reflection and individual feedback.
- Intentional coaching plans.
- Modeling practice for job-embedded learning.

RECOMMENDATIONS TO

Expand Opportunities for Application of Learning

As noted previously, the opportunity to apply learning in context was frequently identified as essential for achieving value and impact from professional development—and often thought to be a missing ingredient which has limited the benefits of the investments made in training courses and workshops.

Exhibit 12 highlights recommendations for expanding the availability of experienced coaches and identifying options to expand peer-to-peer exchanges. The success of Maine’s Early Childhood Consultation Partnership Program, initiated in the past few years, demonstrates the power of coaching to address a high-priority need, this is, supporting teachers and parents to address children’s social and emotional needs and better manage behaviors that are perceived to be challenging.

Work group members and others expressed strong interest in **expanding coaching** as a strategy to improve the quality of early childhood practice. As Exhibit 12 shows, expansion could include:

- Developing and/or adopting a statewide **coaching framework** with standards of practice reflecting research-based coaching methods to achieve desired results; a coaching framework helps to align practices with other expectations and systems of quality (e.g., Rising Stars for ME).
- Identifying options that exist within current early childhood initiatives to build a statewide **pool of qualified coaches** and bring consistency to the practice of coaching; an inventory of coaching options could also be the basis for a shared collection of resources and training for coaches.
- Evaluation of **persistent gaps in quality** that could benefit from the use of coaching models to work with directors/administrators and/or staff on targeted issues; using a process similar to ECCP, the focus could be topical

“So many ECE providers need in-classroom coaching for challenging behaviors (which may be perfectly typical developmentally—but that doesn't mean staff know how to [respond]). We need ECE providers and parents to know they have so much power and capability; they don't need experts to “fix” behaviors, rather opportunities to develop their skills in real time.”

*Professional development
provider*

(e.g., inclusion, behavioral challenges) or type of setting (e.g., remote/isolated providers) or problem based.

- Documentation, expansion of and building on the **success of ECCP** to demonstrate the value of a systematic coaching model and encourage practitioners who may be hesitant to seek coaching to see the potential benefits.

Exhibit 12 Expand Opportunities for Application of Learning



STRATEGY ▶▶▶▶	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Coaching and Technical Assistance	▶ Adopt a statewide coaching framework .	▶ Prioritize needs for coaching (by topic, setting) and seek funding for coaches.	▶ Seek targeted funding to expand availability of high-quality coaches.
	▶ Inventory current opportunities for coaching within various initiatives.	▶ Identify centralized location for coaching resources .	
	▶ Evaluate/document effectiveness of ECCP . Expand ECCP services as demand increases.	▶ Employ case studies of ECCP successes for use in training coaches and to encourage educators to seek support through coaching.	▶ Use ECCP as platform for expansion of coaching.
Peer Interactions	▶ Inventory opportunities for communities of practice, staff exchanges, mentoring . Assess effectiveness and where demand suggests opportunity for expansion.		

WHAT'S THE DIFFERENCE BETWEEN A CoP AND A PLC?

A **community of practice (CoP)** is typically centered around a set of topics or practices; peer led; and characterized by sharing information, joint problem solving, and discussion.

A **professional learning community (PLC)** is often site based with members who work together to achieve a common goal under a leader, characterized by inquiry into best practices.

Another persistent theme in discussions about professional development is the **value of peer-to-peer exchanges** to expand perspectives, bolster confidence, spark new ideas, and reinforce commitment to the early childhood profession. As described earlier, course and workshop planners can more often incorporate peer work into learning activities. Other options include:

- Scheduling informal group check-ins following a workshop or class meeting to discuss how participants are adapting a practice in their own sites.
- Establishing a community of practice (CoP), engaging staff from similar settings to meet on a scheduled basis to exchange information around topics of interest.
- Establishing a professional learning community (PLC) to address a common challenge; for example, a PLC might include community pre-K providers along with K-2 staff to work together on transitions.
- Encouraging more early childhood professionals to earn the MRTQ-PDN technical assistance credential.
- In-person or virtual facilitated exchanges between peer sites.

Other chapters in the Strategic Plan also connect to professional development needs of different types:

- **Workforce Retention and Recruitment** includes recommendations related to the learning needs of first year educators, positive supervision training for directors and administrators, and training in business practices.
- **Family Partnerships** includes recommendations related to preparing school staff to work with families.
- **Public Pre-K in Mixed Delivery** includes recommendations related to preparing school administrators and staff and community-based providers to work together in partnerships.
- **Inclusive Classrooms and Programming** includes recommendations for cross-training for those in frontline roles working with families (e.g., navigators, community health workers), adaptations in professional development to address the needs of all students, and specific training

topics that support educators to operate in inclusive environments.

- **Improving Quality Through Rising Stars for ME** includes expanding supports, including webinars and materials, related to the quality standards.



VII. Improving Quality Through Rising Stars for ME

GOAL

Improve quality programming across ECE settings while moving the needle toward an equitable, holistic and evidence-based definition of quality.

Over the past 2 decades, most states have implemented a Quality Rating and Improvement System (QRIS) to measure quality in early childhood settings, improve children's outcomes, and market quality programs to parents. Similar to other states, Maine's original QRIS, now known as Rising Stars for ME, has been revised in the past few years with the goal of broadening reach, increasing public awareness of quality features of programs, and increasing its potential to encourage quality improvements by all programs.



Rising Stars for ME

HIGH-PRIORITY NEEDS

Many providers feel the investment required to improve their star ratings will not yield commensurate benefits.

Most families do not use ratings as a guide for selecting child care.

Family care providers believe that Rising Stars for ME standards do not accurately reflect their circumstances.

Many educators express the belief that Rising Stars for ME may not measure the quality characteristics that are most important to children's development and to providers.

The documentation requirements can seem overwhelming to smaller providers.

In addition to revised requirements and a 5-tier system, all licensed child care programs are now required to enroll in the QRIS along with all non-relative license exempt providers receiving Child Care Affordability Program (CCAP) funds. All licensed programs enter at a minimum level of 2 (of 5 levels/stars). By May 2025, all programs should be enrolled.

Transition to Rising Stars for ME from the former system occurred only about two years ago so it is still early to determine how the changes will play out. However, many raised concerns and suggestions for improvement during vetting sessions, including from staff who are closest to the initiative.

The highest priority recommendations are gathering information from parents and others about their perceptions of quality and expanding the technical assistance available to help programs understand the standards and document their responses.

5
YEARS

Work group participants believe that over the next 5 years it is **critical to implement strategies to:**

Build **consensus among providers and consumers** about program quality factors.

Promote Rising Stars for ME as a continuous quality improvement initiative.

Bolster the **credibility of Rising Stars for ME** as a high-quality assessment.

While the recommendations from the work group that addressed Rising Stars for ME are discussed below separately, they are closely intertwined. For example, active promotion of the Rising Stars for ME to parents and school administrators would enhance its value but may be effective only after some changes are made to the system, and those changes may depend on considering additional perspectives on quality.



RECOMMENDATIONS TO

Build Consensus Among Providers and Consumers About Program Quality Factors

“ [It’s helpful to] see quality through the lens of a variety of . . . norms appropriate for early childhood education. ”

Work group member

“ This [how quality looks in different settings] is especially salient in programs that house both early childhood and a separate after-school program. ”

Anonymous

Exhibit 13 provides information about two strategies for addressing definitions of quality. One of the primary purposes of QRIS initiatives is offering parents a way to make distinctions among child care providers by highlighting quality factors. However, during needs assessment discussions, staff members indicated that parents do not typically use the ratings in their decision making.

Work group members speculated that part of the reason may be that **parents’ perspectives on quality** differ from the standards built into Rising Stars for ME. They recommended gathering information from parents to understand their views on markers of quality, assess alignment with current standards, and determine whether substantive changes are required and/or whether terminology and message changes are warranted.

Discussions about different perspectives on quality were intense and work group members agreed that the field would benefit from **illustrations of quality in different settings**. In general, participants in discussions, including those who work closely with Rising Stars for ME, observed that higher ratings are not necessarily correlated with their own views of quality programming. They recognize, of course, that there are critical elements of quality such as adult-child interactions which a documentation-based system cannot capture. Child care providers are especially concerned that Rising Stars for ME’s standards do not reflect the philosophy of family-focused care.

Exhibit 13 Build Consensus Among Providers and Consumers About Program Quality Factors



STRATEGY ▶▶▶	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Parent Perspectives	▶ Gather information from families about their perspectives on what constitutes quality and why they see those factors as important for children’s development and well-being.	▶ Develop and promote messages/materials that link parent views of quality to Rising Stars for ME. Identify parent-friendly ways to describe qualities of programs.	
Represent Quality in Different Settings	▶ Engage stakeholders from the full mixed delivery system in defining quality attributes. ▶ Reframe messaging to clarify that a QRIS cannot capture all important aspects of quality (e.g., adult-child relationships).	▶ Use information from parents and others to modify standards and terminology. ▶ Ensure that standards and terminology align with other goals such as inclusive classrooms, culture responsiveness. ▶ Revisit expectations of family care to ensure that they are rooted in philosophy/values of family care.	▶ Build a library (written cases, video cases) to illustrate how quality manifests in different settings, with different ages.
	▶ As part of teacher preparation, include visitations to different types of programs deemed to be of quality.		



RECOMMENDATIONS TO

Promote Rising Stars ME as a Continuous Quality Improvement Initiative

Work group members agreed with perspectives from the field that QRIS instruments work best when they emanate from and are **aligned to the goal of continuous improvement**. Exhibit 14 includes two strategies for emphasizing continuous improvement. Some suggested changes that might be fairer and better communicate this goal:

- Employ an average rating across standards to determine star level.
- Calculate the percentage of standards attained to determine the star level.
- Do not use an overall rating but focus on attainment of specific standards.
- Gear incentives to making improvements (i.e., in specific areas where the program believes they need to improve) rather than attaining a specific level.
- Focus on crediting assets/strong features, perhaps through a badge system, rather than a simple overall ranking.

Currently there is a limited amount of **customized technical assistance** available to help programs understand Rising Stars for ME and prepare materials to demonstrate how they meet standards. By all accounts, the personal onsite support is highly valued and provides the type of assistance that truly can improve programs, i.e., observation of site operations with feedback, discussion of problems of practice, and introduction to resources for improvement.

In addition to adding experienced staff who could provide onsite assistance to providers, a variety of resources could ease the burden on Rising Stars for ME applicants and support best practice

by providing information about the rationale for standards.
Among the suggestions of supports are:

- Templates for preparing documentation.
- Short online video explanations of individual standards.
- Model responses illustrating various approaches to documentation for standards.
- Peer programs that are willing to help others.
- Explanatory webinars.

MRTQ staff are already working on making improvements to the user interface to facilitate recording documentation.

Exhibit 14 Promote Rising Stars for ME as a Continuous Quality Improvement Initiative



STRATEGY ➡➡➡	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Technical Changes	Explore approaches for deemphasizing the ranking/scoring features of Rising Stars for ME.	Pilot any resulting changes with representatives from the full range of mixed delivery providers.	Implement tested changes.
Capacity Building	- Expand opportunities for individualized support for program self-assessment/ documentation. - Develop resources to support understanding of standards and approaches for documentation.	Pilot use of peer network/ peer support for those working to improve their programs.	



RECOMMENDATIONS TO

Bolster the Credibility of Rising Stars for ME as a High-Quality Assessment

The recommendations described in the preceding two sections will help to strengthen Rising Stars for ME and should increase its value in the eyes of providers. Exhibit 15 offers three strategies for doing so. Over the long term, other steps can be taken to ensure that the measure has validity for multiple audiences, thereby increasing providers' perceptions that the investment in moving levels is worthwhile.

Once revisions to the current version have been stabilized, a **validation study** would be useful to determine whether there is a positive correlation between star rating and child outcomes (which could be measured in terms of child growth, readiness, parent satisfaction). Validation studies are necessary periodically to ensure that quality factors do predict value for children and families.

Based on the results of a validation study, it might be time to consider adding an **objective measure** (e.g., an observational measure such as the Classroom Assessment System Scoring System--CLASS or an age-appropriate child outcome assessment). There is a substantial cost associated with some measures so this would need to be carefully considered. The benefit of an objective measure is that it can strengthen the meaningfulness of ratings—and, of course, also have additional informational benefits to providers.

A validation study ensures that quality in terms of outcomes is fairly measured; an **evaluation** could take additional questions into account such as:

- To what extent are parents using star ratings in making choices of child care?

- Are districts/schools aware of star ratings of the providers in their communities, and how do they make use of that information?
- What motivates providers to increase their ratings?
- What is the pattern of improvement (by level) in terms of different settings and locations?
- Where do programs tend to get stuck?
- What are cost estimates for moving between specific levels, and how does that vary by setting?

In addition to capacity building support as described above, many providers need the motivation of **financial and other incentives** to support the time and investment required to prepare documentation. Mini-grants have been helpful but larger or different types of incentives may be needed depending on revisions to Rising Stars for ME. For example, for a continuous improvement emphasis, incentives could be distributed differently than current practice. Members of the work group highlighted the value of other types of incentives, including broader public recognition of the value carried by the star ratings and benefits conveyed to providers who attain higher levels (e.g., discounts at community businesses).

Exhibit 15 Bolster the Credibility of Rising Stars for ME as a High-Quality Assessment



STRATEGY ▶▶▶	SHORT TERM 1–2 years	MEDIUM TERM 3–4 years	LONG TERM 5+ years
Validation/Evaluation		▶ Conduct validation study of the link between star ratings and child outcomes with separate study of family care. ▶ Evaluate options for adding an objective measure to Rising Stars for ME (e.g., CLASS observation).	▶ Evaluate the larger effects of the Rising Stars for ME on the system on child care. ▶ Revise Rising Stars for ME and related supports as needed based on results of the studies.
Incentives			▶ Identify plan to offer financial supports to increase star levels. ▶ Develop public understanding and statewide recognition of the meaning and value of quality levels.
Promotion to Schools		▶ Provide information to school administrators about Rising Stars for ME and ratings of providers in their communities.	

Other chapters in the Strategic Plan also have a relationship to improving program quality through Rising Stars for ME:

- **Family Partnerships** includes recommendations about families' information needs, inclusion in decision making and parent voice.
- **Public Pre-K in a Mixed Delivery System** promotes the benefits of a variety of settings and encourages centralized enrollment initiatives.
- **Improving Quality Through Professional Development** includes recommendations for preparation and in-service offerings to strengthen the workforce, a major element of quality assessments.



VIII. Overall System Recommendations, High Priorities, and Progress Measures

Cross-Cutting Recommendations

The planning process organized work groups by topic for efficiency, recognizing that in reality the needs and solutions are intertwined. Similarly, some themes were repeated in multiple groups and are reported here because they affect the overall system of family and early care. No matter which strategies are eventually implemented, these 5 strategies will be necessary for sustained success.

- 1. Strengthen inter- and intra-agency communication vehicles and routines.** Over the past decade, Maine has added new initiatives and services designed to assist families and young children—as well as adding agency staff and increasingly collaborating with external organizations to support those initiatives. To be maximally effective in their roles, provide the best services to families, and avoid duplication of effort, agency staff need to stay informed about the opportunities that have been created and are emerging. Through the work groups and the summits, participants expressed appreciation for all efforts to share information—a great sign of an engaged, thoughtful, and collaborative state workforce. Implementation of communication routines may vary by agency and department, but should be an explicit priority.

Several work groups recommended strategies that will strengthen communication such as developing common frameworks and definitions (e.g., family engagement) and convening those in similar roles (e.g., navigators, cultural brokers).

- 2. Increase public promotion and external dissemination of information about resources and services.** Similar to the first theme, in recent years Maine's educational, social service, and

health agencies and organizations have developed valuable resources and services for families of young children. As with internal communications, explicit recognition of the time and resources required for ongoing dissemination is essential to realize the return on investment in the creation of resources and the staffing of services. As with internal communication, dedicating roles or portions of roles to the task may be necessary, and it is also important to set the tone that sharing information is part of everyone's responsibilities.

Several work groups suggested working with stakeholders to develop additional resources targeted to particular audiences (e.g., help for navigating services for children with varying needs). Universal application, base level training for those in care coordination roles, and expansion of community-based advocacy groups would all support knowledge sharing.

3. **Recognize the value of coordinated public messaging campaigns.**

Work group members rue the lack of understanding on the part of the general public about the importance of the early years to lifelong development, the benefits of high-quality care and education, and therefore, the value of the early childhood workforce. Underlying many issues (e.g., lack of workforce parity, low identification rates for early intervention, and limited schedules for pre-K) is this fundamental lack of knowledge—hence the frequent call for getting information to the public. Doing so effectively requires professional support, appropriate message framing, direct targeting of specific audiences, and coordination among different interest groups for efficiency and clarity.

Rising to the top in workgroup discussions are messages to the public about:

- The benefits of early identification.
- The need for parity in salary and benefits for the early childhood workforce.
- The benefits to children of a highly rated provider.
- The importance of pre-K to children's school success.
- The importance of continued professional development for early childhood staff.
- The many benefits of parents partnering with their children's educators and caregivers.

4. **Understand the importance of differentiation and personalization.**

It can be tempting to believe that single solutions will work to fix persistent problems (i.e., a single course will address professional development needs in behavior management). Similarly, as professionals have turned more to virtual experiences, it is easy to assume that knowledge and understanding are most efficiently delivered in a “packaged,” asynchronous, and/or online manner (i.e., online modules or recorded instructions).

But participants in discussions expressed the opposite of both concepts. They want (a) more customized opportunities that speak to their experience levels, geographic or program contexts, (b) meaningful connections with peers, (c) in-person experiences, and (d) opportunities for coaching to apply suggestions in their own settings in real time.

These comments came out most strongly in relation to professional development but also apply to preparation for and expectations of Rising Stars for ME; encouraging new entrants to the early childhood workforce; crafting the rationale for mixed delivery options for public pre-K; and designing options for engaging and partnering with families.

5. **Pay special attention to transitions for adults and children.**

Transitions between settings can be traumatic for adults and children—whether the person is an early childhood teacher beginning her first year in the classroom or a 4-year-old entering pre-K or a parent coping with the abrupt replacement of the trusted specialist who worked with her child. The need to highlight transitions at a time of vulnerability was a consistent topic of conversation in the work groups. Those who are already experiencing challenges (e.g., children with special needs and their families) are especially likely to be affected by transitions.

Recommended transition strategies are found in the chapters on family partnerships, inclusive classrooms, and workforce retention and recruitment (in the form of special attention to first year teachers).

Priorities

During the March vetting sessions, participants were asked for preferences in order to establish approximate priorities among the many strategies that work groups proposed. The table below shows the following actions were most often identified as critical within each of the topical work groups.

Recommended Priorities	
Workforce Retention and Recruitment	▶ Stabilize salary supplement ▶ Explore group insurance/benefits pools ▶ Focus on first year teachers ▶ Strengthen/coalesce around alternative pathways ▶ Support those resettled from other countries entering the ECE field
Family Partnerships	▶ Create a universal application for services ▶ Convene/organize frontline workers who interface with parents
Inclusive Classrooms and Programs	▶ Integrate inclusion practices in general professional development ▶ Develop tools to navigate pathways for services ▶ Organize peer support groups for families of children with special needs and who have resettled from other countries; provide training for translators
Public Pre-K in Mixed Delivery Systems	▶ Document benefits of public pre-K in mixed delivery system for different audiences; document barriers and propose solutions
Improving Quality Through Professional Development	▶ Increase opportunities for coaching to apply learnings from professional development ▶ Pilot substitute pools; training for prospective substitutes ▶ Engage pre-K through Grade 2 teachers in common professional development with a focus on developmentally appropriate practice
Improving Quality Through Rising Stars for ME	▶ Define quality from multiple perspectives

Progress Measures

Progress toward the goal areas can be tracked by a combination of existing data collection sources and specially developed measures. Examples of measures and sources that could be used to assess progress toward the goals include:

- Position turnover (Department of Labor)
- Number of position vacancies
- Degree attainment/credentials of workforce (Professional Registry)
- CTE programs/credentials earned (Perkins reports)
- Rates of early identification (Child Development Services)
- Referrals, assessments, eligibility, services (Child Development Services)
- Number of SAU/community partnerships for pre-K (DOE)
- High-needs professional development topics (MRTQ)
- Number/type of programs by star level (MRTQ)

APPENDIX—GLOSSARY

CBO

Community based organization is a private or public, typically nonprofit, entity that addresses local needs.

CCAP

The Child Care Affordability Program is Maine's program that helps eligible families pay for child care so that families can work, attend school or participate in-job training.

CDS

Child Development Services provides early intervention for children birth through 2 years and Free Appropriate Public Education for ages 3 through 5 years under the supervision of the Maine Department of Education.

CLASS

The Classroom Assessment Scoring System is an observation tool that measures the quality of teacher-child interactions.

CoP

A community of practice is a professional development strategy, typically a peer-led group for sharing information and joint problem solving.

CTE

Career technical education develops practical skills and knowledge associated with various careers, including the teaching profession.

DOE

Refers to Maine's Department of Education.

DHHS

Refers to Maine's Department of Health and Human Services.

ECCP

Maine's Early Childhood Consultation Program is an early childhood mental health program that offers support, education, and consultation to the adults who care for children, including parents and educators.

FAQ

Frequently asked questions.

First 10

A program developed by Education Development Center to support young children through community partnerships. In Maine, First 10 has been implemented in pilot sites.

First4ME

A pilot project that promotes high quality early care and education characterized by empowering family choice, strengthening communities, and ensuring every child has the opportunity to thrive.

IHE

Institute of higher education.

MELDS

Maine's Early Learning and Development Standards includes recommendations for birth to school entry in five domains: social emotional, cognitive, approaches to learning, physical development and health, and language and literacy.

MRTQ-PDN

Maine Roads to Quality Professional Development Network is a partnership that supports early childhood and out-of-school-time professionals in developing the expertise to provide high-quality, inclusive, and culturally responsive care to Maine's children.

MTSS

Multi-tiered system of supports is a framework that ensures all children receive support to meet their needs. The framework includes screening, progress monitoring, and different levels of prevention/intervention.

OSEP

The U.S. Department of Education's Offices of Special Education Programs which provides financial and leadership support to states and districts as they serve children with disabilities.

Part B

Part B of the Individuals with Disabilities Education Act mandates that children with disabilities, ages 3 through 21, 2 receive a free appropriate public education (FAPE).

Part C

Part C of the Individuals with Disabilities Education Act mandates early intervention for infants and toddlers with disabilities.

PBIS

Positive Behavioral Interventions and Supports is a tiered framework for supporting students' behavioral, academic, social, emotional, and mental health.

PDG

The Preschool Development Grant Birth through Five (PDG B-5) program is a competitive federal grant designed to strengthen states' early childhood systems

PLC

A professional learning community is a continuous improvement strategy whereby educators work together to address common goals, focusing on learning about and implementing best practices.

QRIS

Quality Rating and Improvement Systems are state systems that define and measure indicators of quality for early childhood programs.

RUBI

Research Units in Behavioral Intervention is a training program designed to provide guidance for parents and caregivers of children with autism and disruptive behaviors.

SAU

School administrative units are governance units that oversee one or more school districts.

TEACH

Teacher Education and Compensation Helps is a nationwide program that supports educational advancement of educators through scholarships for completing college courses and earning degrees.

WIC

The Women, Infants, and Children program is a supplemental nutrition initiative that provides healthy foods, personalized nutrition education, breastfeeding support and referrals to other services for eligible families.

WIDA

World-class Instructional Design and Assessment is a consortium of states working together to support English language learners through proficiency standards, assessments, and professional development.



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