

April 2024

Revised 12-24-2024

2024

STATE OF MAINE NEEDS ASSESSMENT

Children Birth to Age 5 and Their Families

Update of 2019 Needs Assessment



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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 AND PROGRESS TOWARD 2020 STRATEGIC PLAN GOALS

This report updates the needs assessment conducted in 2019 as part of Maine's Preschool Development Grant (PDG-Birth to 5). The 2019 Needs Assessment¹ was the foundation for the 2020 Strategic Plan² which has contributed to policy and funding initiatives over the past 4 years. While the policy and practice landscape changed in many ways during the period as a result of the pandemic, many of the issues identified 5 years ago continue to be high priorities.

Some concerns are even greater now (e.g., workforce shortages and teachers' competence in addressing children's behaviors that are challenging to them) and others have been somewhat alleviated by the influx of pandemic-related and legislatively supported funding. Further, the experiences of the pandemic illuminated longstanding concerns, i.e., the specialized needs of New Mainers (immigrants, refugees, and asylees new to Maine), which may not have been as apparent previously. For all those reasons, it is timely to update the 2019 Needs Assessment.

Maine successfully competed for a PDG Renewal Grant which started in 2023. The grant anticipated updates to both the 2019 Needs Assessment and 2020 Strategic Plan. Maine leadership for the grant is shared by a team from the Departments of Health and Human Services and Education which includes Andrea Faurot, Ana Hicks, Lee Anne Larsen, Renee Reilly, and Tara Williams.

¹Dwyer, M.C. (October 2019). State of Maine Needs Assessment: Vulnerable Children Birth to Age 5 and Their Families. Portsmouth, NH: RMC Research Corporation.

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

The grant's leadership team contracted RMC Research, which had conducted the 2019 needs assessment and planning work, to conduct the 2024 Needs Assessment. RMC worked with the leadership team to plan needs assessment activities that were conducted in the fall 2023 and early winter 2024. RMC met with staff involved in the work of the Children's Cabinet to corroborate and gather additional information about strategies that had been initiated since the previous Strategic Plan.

RMC and the Leadership Team designed a needs assessment approach that featured:

- Documentation of the policy, program, and funding changes that have been made since the 2020 Strategic Plan,
- Engagement of a broad spectrum of stakeholders to provide input through in-person and remote meetings,
- Special attention to the perspectives of parents as consumers of early care and education and related supports,
- Gathering current perspectives through qualitative means (e.g., interviews, focus groups) to understand existing gaps in services and the implications and effects of policies and programs that are now in place,
- Implementation of a statewide survey of early care and education providers, and
- Use of secondary data sources in the form of national and state reports, dashboards, planning documents, and surveys which had been developed in the past 2 to 3 years.

Working from the previously identified areas of need, the leadership team prioritized these **broad topic areas** for gathering field and family perspectives:

- Development of the early care and education workforce, including pathways through higher education
- Meeting the needs of all families
- Supports for children with special needs
- Quality of programs and expansion with quality
- Transitions across various programs

Stakeholders. We prioritized gathering information from families and from early care and education providers. The following forums were discussion opportunities held in the fall and winter:

- In-person and virtual meetings with Parent Ambassadors (both experienced and those new in their roles),
- In-person open invitation meetings held in November in Saco and Brewer (covering a full range of topics),

- Three open invitation virtual meetings dedicated to the specific topics listed above,
- A virtual meeting with parents of children with special needs,
- A virtual meeting for providers who serve children with special needs, and
- A virtual meeting with Head Start directors.

Through those **discussion opportunities**, we engaged with approximately 150 individuals, gathering written feedback from them as well as documenting discussions. In addition, we were able to learn from the information gathered in the summer 2023 with New Mainers through focus groups conducted for the Early Childhood Comprehensive Systems Grant.³ We began each in-person and virtual session with a short overview of the types of policy, program and funding changes that had been implemented since the 2020 Strategic Plan as well as relevant contextual data (e.g., trends related to child care and pre-K slots, population characteristics, employment and turnover in the child care sector). Virtual participants had the opportunity to provide feedback through discussions as well as via online comment boards created for each session. To ensure the ability for all to participate, we employed breakout rooms with separate facilitators for the discussion portions of the virtual sessions. In-person participants had the opportunity to engage in small group discussions and also provide written feedback.

To supplement the discussions and reach a broader audience of providers, RMC administered a **survey to early care and education providers** in January 2024. A total of 126 providers responded.

Organization of Report

The remainder of the Introduction is a summary of the policies, programs, and funding that have been implemented since the 2020 Strategic Plan was completed, organized by the goals of the Strategic Plan: state and regional coordination, workforce development, access to child care, quality improvements, and integrated data systems.

Chapters II through V present the core findings of the updated 2024 needs assessment. Each chapter highlights major takeaways, provides background information to illuminate the current context, offers a discussion of the evidence about needs from multiple perspectives, and lists solutions that were offered by participants in discussion groups.

- II. **Workforce under Pressure**
- III. **Meeting the Needs of Families for Early Care and Education**
- IV. **Supporting Children with Special Needs**

³Maine Department of Health and Human Services (August 2023). Early Childhood Comprehensive Systems Grant Focus Group Feedback.

V. **Improving Quality: Program Quality Ratings, Professional Development, Seamless Transitions**

The chapters cross-reference needs that apply to several topics; for example, workforce shortages affect all topics but are primarily addressed in Chapter II, Workforce Development. Sources of evidence are footnoted with full citations to make it easier for the reader to understand the background for text.

Progress on 2020 Strategic Plan Goals

Maine's initial 2019 Preschool Development Planning grant produced both a detailed Needs Assessment and Strategic Plan designed to guide policy and program design. While Maine did not receive a follow-on implementation grant in that funding cycle, the state used the 2020 Strategic Plan as a guide for the subsequent 4 years. Through a combination of Governor's initiatives, legislative action, and the intentional use of pandemic-related funds, Maine was able to make substantial progress toward meeting the goals in the 2020 Strategic Plan. In this chapter, we provide a summary of those accomplishments using the goals in the original Strategic Plan as a guide.

The 2024 Needs Assessment builds on the work of the past 4 years. In the focus groups and discussion sessions that we held for updating the needs assessment, we incorporated short activity summaries of the past 4 years to provide a baseline of information for all participants.

The 2020 Strategic Plan had 5 major goals:

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

In the 2020 Strategic Plan, the goal statements were made actionable through 17 specific objectives and 63 major actions designed to accomplish the goals.

Goal 1—State and Regional Coordination

Increase and strengthen connections and communications among state agencies and with community partners to expand access to services, create efficiencies, and reduce overlap and redundancies

During the 2019 Needs Assessment process, stakeholders had consistently raised aspirational themes of communication, coordination and collaboration. State agency employees, local community providers, and parents had experienced the confusion and redundancy caused when coordination is lacking. During the time the 2019 Needs Assessment was conducted, Governor Mills convened the Children’s Cabinet, comprising the leaders of state agencies. By doing so, she realized one of the aims expressed by many stakeholders during earlier needs discussions. The Children’s Cabinet became the most visible evidence that collaboration is important at the highest levels of state government.

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

The 2020 Strategic Plan envisioned building the infrastructure for regular communication within and between state agencies (e.g., regulatory crosswalks, standing interagency meetings, joint planning). Stakeholders sought parallel cooperation at local levels, especially to facilitate access to services in rural areas by bringing together providers from different sectors (e.g., child care, medical, refugee services, housing providers). Those who know and serve the same families can build a base of common understanding that lead to efficiencies and improvements in services.

Progress since 2020. At the state level, the establishment of several standing groups with representatives from multiple agencies has facilitated communication and collaboration. The Children’s Cabinet has continued to provide leadership in cross-agency work, supported by a staff working group with representatives from many departments and agencies. Other examples of cross-agency groups that have been established to enhance collaborations include:

- The **Early Intervention Workgroup** is a collaboration of Office of Child and Family Services (OCFS), Maine CDC, DOE’s Early Learning team, MaineCare and Child Development Services (CDS) which coordinates efforts related to developmental screenings, evaluations and services.
- **The Collaborating Partners Advisory Group** includes health providers, community partners, parents, and state agency staff.
- Cross-agency collaborations were established to implement the **Early Childhood Consultation Partnership Program (ECCP)**, which includes the Early Learning team and

others, to implement the common online screening tool using the ASQ-3 online, and to share data for efficiency across those agencies whose grant programs use the CLASS instrument (e.g., First ME, pre-K, EECF) for evaluation.

- The **Whole Student and Community Collaboration Team** regularly meets to review and discuss the whole child models that are in place at the local level including First10, school-based health, family engagement, and First4 ME.

In the 2019 Needs Assessment, stakeholders often cited the need for greater collaboration with and within the medical community to better serve the needs of families. Progress has been made with the inclusion of medical representatives within the Children’s Cabinet and with the following:

- Maine Center for Disease Control (CDC) received a grant to establish the **Early Childhood Comprehensive Systems Health Integration P-3 Program** to increase access to improved early intervention with a focus on underserved populations, parental engagement, linkages between early childhood and health systems.
- CDC’s Maternal and Child Health Program, Maine Medical Association, and MaineHealth received a major grant to address **risk factors associated with pregnancy**, advance health equity, and strengthen telehealth infrastructure in rural areas.
- The **Perinatal System of Care Working Partners** developed a strategic plan which includes alignment with various early childhood initiatives.
- The newly established **Help Me Grow Maine** statewide initiative offers an information source to parents of young children and includes a dedicated outreach role to connect with health care providers.

The regional collaborations that were envisioned in the 2020 Strategic Plan have not been realized but some progress has been made along those lines:

- **First4ME Early Care and Education** pilot programs have been funded to establish community-based birth to K programs, engaging a variety of community providers.
- Maine’s Community Schools support students and families to access comprehensive services and resources in their communities. Newly funded **First 10 Community Schools** pilots foster connections between early childhood education system and elementary schools. The pilots also align resources and supports for children and their families from before they are born to age 10.
- Work has started on a statewide child safety and family well-being plan that includes identifying community places where parents gather which could become the basis for local and regional collaborations.

Goal 2—Workforce Development

Recruit, prepare, and retain a strong and diverse early childhood workforce

The 2020 Strategic Plan recognized that workforce shortages were at the root of many challenges associated with providing high quality early care and education for Maine’s vulnerable children and families. Stakeholders were especially concerned that the general public, policymakers and the business community did not recognize the value of the early childhood workforce and its central place in the overall economy of the state.

Low wages had led to predictable issues with recruitment, retention, and program quality. Then, as now, staff shortages were impacting the number of available child care slots and the availability of services for children with disabilities. Further, the expansion of public pre-K had also created pressures on the system because early childhood educators with the appropriate educational qualifications were migrating to the higher wage pre-K positions, creating shortages in other parts of the field.

The 2020 Strategic Plan recognized that there would be no easy solutions for building the early childhood workforce at the scale that Maine requires. Stakeholders asserted that raising wages would be necessary along with a campaign to promote the value of early childhood and early educators. The wage issue is complicated by providers’ desires to maintain affordability of care for families and to maintain the highest quality program—which rests in large part on staff credentials and experience.

Progress since 2020. Major progress was made on several fronts both in terms of improving wages and communicating the essential role of the early childhood workforce. The pandemic helped to illuminate to the broader public the importance of early educators (“the workforce behind the workforce”).

During the pandemic, the Governor used American Rescue Plan funds to provide \$200 monthly stipends to child care staff providing direct care for children in licensed child care programs that were receiving stabilization grants. Monthly stipends were continued with a General Fund annual appropriation of \$15 million in 2022 and an additional \$16 million in 2023. In the fall of 2023, a new system of tiered salary supplements was put in place with the \$31 million in General Fund support. 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. The Office of Child and Family Services (OCFS) has recently commissioned a cost modeling study. Collaborating with the Early Learning team at Maine DOE, the study is focusing on both child care and publicly funded preschool to update information (along with market rate surveys) about the actual costs of providing care and early learning.

Several initiatives now support the continued education of early childhood educators, enabling them to work toward higher levels of certification and increased salary supplements. For example, OCFS partnered with Maine AEYC to support TEACH scholarships for early educators

working in child care programs. During the pandemic, Maine began to underwrite the cost of community college tuition. Child Development Services (CDS) has partnered with Americorps to engage Americorps volunteers to work in CDS classrooms; volunteers received financial support to continue their education to become teachers.

CDS' Pathways program has supported staff to upgrade certification levels. Forty staff are currently working toward certification or increasing certification levels.

As one avenue to build the educator pipeline, the Departments of Health and Human Services and Labor have established an Early Childhood Education Registered Apprenticeship Program (RTAP) for child care workers administered through Maine Roads to Quality; the Department of Labor provides wage supplements and mentor stipends.

Goal 3—Access to Child care ;

Increase availability of affordable child care and access to family services for vulnerable children, including public pre-K and transition into K

The 2019 Needs Assessment estimated that about 9700 slots were needed for child care for children between ages 3 and 4 whose parents were in the workforce with the numbers of children in the 0–2 age range likely higher. The gap in care for children under the age of 6 with parents in the labor force was about 10%, with the rural gap about three times larger than the urban gap. Maine's families were facing a host of barriers in finding child care, most acute for families whose children have delays, disabilities or specialized medical needs. The number of licensed center-based child care centers had increased somewhat over the previous decade but the number of family child care homes had declined by more than one third, affecting rural areas disproportionately.

Families were concerned about locating and affording child care. They expressed frustration with duplicative requests for information from related agencies. Non-English-speaking parents found the paperwork daunting. A frequent complaint was lack of empathy for family circumstances on the part of frontline workers tasked with helping parents.

Progress since 2020. Maine has increased the licensed capacity of child care, which is an important step in reducing the gap between enrollment and need of care. Substantial progress has been made over the past few years to address the costs of care by providing additional funding to qualified child care providers in order to stabilize the mixed delivery system. Those supports included:

- Between September 2021 and September 2022, OCFS distributed **\$73 million in child care stabilization grants** to support child care programs with expenses related to the pandemic. These grants included the \$200 monthly stipends for staff. Between October 2022 through September 2023, OCFS continued **transitional grants with \$16.4 million** from the ARPA Child Care Development Fund.

- The Governor’s Jobs and Recovery Plan included \$15 million to provide **child care infrastructure** grants to start and expand child care programs, both center and home-based facilities. OCFS has awarded 136 grants, creating more than 3000 anticipated slots with 2200 of those slots completed. Between October 2022 and September 2023, in rural and gap areas, newly licensed child care centers were eligible for a one-time \$10,000 stipend and newly licensed family child care providers a one-time \$2000 stipend. To further support family care providers, OCFS covers the cost of licensing fees.
- To encourage programs to serve children with special needs, OCFS authorized higher reimbursement rates, a 35% increase in reimbursement in subsidy for child care programs serving children with special needs.
- A weekly stipend of \$100 per infant in the Child care Subsidy Program more than doubled the number of infants served statewide, and later the stipend was increased to \$150/week along with a 10% quality bump payment for infants and toddlers served through CCSP, now called the Child Care Affordability Program (CCAP).
- During the pandemic, several extra supports were designed to help low-income families afford child care: providers were incentivized by an additional \$500 per child in the Child Care Subsidy program; copayments were waived through the fall 2022 with an additional year for families earning below 60% of the median income. Further for a period of time during the pandemic, families earning 85–100% of the state median income became eligible for child care subsidies. Through the fall 2023, child care providers were reimbursed on the basis of enrollment rather than attendance, helping to stabilize funding received through the subsidy program.
- While the challenges faced by Child Development Services (CDS) are documented in other sections of this report, CDS has made improvements each year to meet increased demand, addressing expectations of serving children more quickly through building a stronger infrastructure.
- **Maine Roads to Quality Professional Development Network** has offered training in best business practices for child care program directors, designed to support efficient and professional financial management—especially important in light of the many new options available for increasing funding to providers.

Some strategies that state agencies and providers employed during the pandemic as a result of necessity have proven to be effective ways to provide services to families, including increased use of virtual connections. Agencies moved quickly to respond to the needs of families during the pandemic (e.g., during the formula shortage). Those actions have strengthened the pipeline of services and built new relationships.

Substantial progress was also achieved in developing resources to increase families' **access to information** including:

- The **Help Me Grow Maine** initiative connects parents with services including information about child development and community resources and referrals to child care, health care providers/services, and early intervention; the initiative employs cultural navigators who are able to make connections for immigrants, refugees, and asylees new to Maine.
- The **Child care Choices website** has been further developed to improve accessibility of information for families seeking child care.
- Providing **ASQ-3 online** makes it possible for parents to access developmental and social emotional screening in a timely fashion and interact with professionals about their child's development.
- A targeted information campaign encouraged families to access early intervention services for infants/toddlers.
- Several programs, including Women Infants Children (WIC) and Maine Home Visiting, have developed commitments and strategies to reach additional families, including recent immigrants, refugees and asylees. Child Care Affordability Program (formerly CCSP) information has been translated into the most common languages spoken in Maine.
- Educare Maine has expanded the **Parent Ambassador** program to include parents enrolled in licensed child care or CDS programs as well as immigrant parents new to America.

The 2020 Strategic Plan highlighted the needs expressed by both parents and providers for support to address children's behavioral issues. With funds from the Legislature, Maine implemented the Early Childhood Consultation Partnership (ECCP), offering core classroom, child-specific, and family child care provider services. ECCP works with early childhood educators and parents to support social emotional development and behavioral health needs of young children. ECCP consultants provide community training to providers on a quarterly basis and monthly mental health consultation groups.

To enable all early learning staff to better support children with disabilities, the state funded training and coaching support through MRTQ-PDN to encourage inclusionary practices in public pre-K and child care programs. CDS was able to expand its presence within School Administrative Units (SAU) to facilitate transition between early intervention and Part B special education services.

In addition to child care, the state also incentivized the expansion of public pre-K. The Governor's Jobs and Recovery Plan included \$10 million to expand public pre-K with grants to SAUs for startup costs or to expand from part-time to full day, full week programming.

Thirty-one (31) SAUs received grants for programming for 931 pre-K students.; almost all are now providing full day, full week programming.

Goal 4—Quality Improvements

| Increase the availability of high-quality early care and education

The 2020 Strategic Plan included objectives for improving program quality in public pre-K and child care programs and increasing the overall level of early educators' qualifications. One objective was increasing the number of children served full-time in high quality pre-K programs; a full day/full week schedule allows providers to offer the types of foundational learning and social experiences needed for success in elementary school and beyond.

Another Strategic Plan objective was encouraging more providers of all types to reach higher quality ratings on Maine's Quality Rating Improvement Systems (QRIS), now known as **Rising Stars for ME**. Though Maine had long had a QRIS, only half of licensed child care programs were participating with only a few added annually. More than half of the providers in the system were rated at the lowest level of quality (Level 1), disproportionately true of family child care.

Critically important for increasing quality is continued preparation of the early childhood workforce to improve the knowledge and skills to maintain quality interactions with all of Maine's children. The 2019 Needs Assessment surfaced two consistent themes as concerns of the early childhood workforce: the increasing number of children with high needs, including multiple adverse childhood experiences (ACES) and delays or disabilities; and the changing demographics represented by immigrants new to Maine, increasing the need for educators to become more culturally responsive. A majority of early childhood staff expressed interest in professional development to help them address children's challenging behaviors and promote social-emotional development. Lack of preparedness had manifested in the high rates of expulsion and suspension of young children in Maine—a rate 20 times higher in early care than in K–12.

Progress since 2020. Some progress has been made on the major areas called out in the 2020 Strategic Plan: expansion of full day/full week public pre-K programs; changes to the QRIS including requirements to participate and incentives to improve quality; and professional development and consultation in areas of high need.

As indicated in the description of Goal 3 progress, the Governor's Jobs and Recovery Plan included \$10 million to expand public pre-K with grants to SAUs for startup costs or to expand from part-time to full day, full week programming. Most school administrative units (86%) now offer public pre-K; 42% of districts offer full day/full week schedules; 84% schedule pre-K 5 days per week, either part or full day. Additionally, the Department of Education's Early Learning Team hired staff to provide technical assistance and professional development to new pre-K

programs. The team developed a guidebook, self-assessment tools and the ***Pre-K Partnership Series*** to promote best practices, quality programming and partnerships.

The revised QRIS, now known as ***Rising Stars for ME***, is designed to increase awareness of quality standards and encourage ongoing quality improvements. The revised QRIS has five levels, endorsed by the state legislature. To ensure that the QRIS has a meaningful influence on the quality of programs, several changes were made:

- All licensed child care programs are now required to enroll along with all nonrelative license-exempt providers receiving CCAP funds; enrollment must be updated ever 2 years. Advertising the “star levels” of programs makes quality more transparent to parents and members of the public.
- Providers who accept CCAP funding are eligible for higher-tiered reimbursement rates if they qualify at Star levels 3, 4, or 5. CCAP providers who are ranked as high quality are eligible for a 10% “quality bump” for infants and toddlers.
- Families receiving CCAP funding are eligible for a reduction in the parent fee, a 10% reduction for a Star 4 program, 20% for a Star 5 program. Parents with children enrolled in a Star 5 program can receive a double child tax credit on Maine income tax.
- Training and technical assistance are available to help programs address standards and improve quality, including reimbursements for the cost of accreditation and mini-grants for maintaining accreditation.

The state has responded in a number of ways to educators’ requests for professional development:

- The Early Childhood Consultation Partnership (ECCP) was expanded statewide, offering core classroom, child-specific, and family child care provider services. ECCP consultants provide community training to providers on quarterly basis and monthly mental health consultation groups. CCSP providers received incentives to participate (i.e., a one-time stipend of \$5000 with \$1500 for staff who completed the program). Consultations have had a significant effect on reducing suspension and expulsion from child care programs for those children referred.
- OCFS made updates to Maine Early Learning Development Standards (MELDS) for infants and toddlers to align with the pre-K MELDS and Maine’s K–12 learning standards. The Maine Roads to Quality Professional Development Network (MRTQ-PDN) has made 30-hour trainings available to early educators to acquaint them with the revised MELDS.
- MRTQ-PDN continues to provide training opportunities, including Strengthening Business Practices for Child care, recruiting additional trainers, and offering a community of practice.

- The Department of Education has sponsored several cohorts of the **Leading Early Learning Series** for elementary school administrators to provide greater understanding of the early childhood education system and needs and development of young children.
- The Early Learning Team, in partnership with OCFS, developed a **transitions module** and other online materials to provide technical assistance and tools to teachers to better support transitions into public school.
- The Department of Education's Office of School and Student Support increased support for educators to provide support for social-emotional learning.

The Maine Roads To Quality Registry is the professional recognition system that helps early educators track ongoing training and educational opportunities. As a result of requiring enrollment in the registry to receive subsidies, more early childhood educators have enrolled, growing the number from about 11,300 at the time of the 2019 Needs Assessment to over 20,000 active members currently.

Goal 5—Integrated Data Systems

Create an efficient, cross agency early childhood integrated data system (ECIDS) to inform policy, programming, and evaluation

The 2020 Strategic Plan identified the need for an Early Childhood Integrated Data System (ECIDS) to collect, integrate, maintain, store, and report information from early childhood programs across multiple agencies within Maine that serve children and families from birth to age 8. While Maine's agencies collect the information required by various federal and state programs, that information is not easily collated or compared to answer question about services and outcomes.

The 2019 Needs Assessment uncovered 15 gaps in available data and information—all related to decision making for planning, allocation of resources, and tracking outcomes—that could be addressed through an integrated data system. Such information would help policymakers understand barriers to services and anticipate needs and enable them to prioritize resources to meet the greatest needs.

Progress since 2020. Preliminary work for the ECIDS was undertaken by hiring a program manager to prepare foundational steps. Work accomplished included:

- Development of a road map to guide development and implementation of ECIDS based on mapping the data landscape within Maine agencies;
- Development of the vision for the ECIDS, including how it would connect to the Department of Education's Student Longitudinal Data System (SLDS); and
- Identification of use cases to identify policy questions and potential matching data

Through the Department of Education's SLDS grant, models are available for the ECIDS (e.g., MOUs, governance teams).



II. WORKFORCE UNDER PRESSURE

This chapter addresses needs associated with workforce recruitment, retention, and preparation. Underlying most other challenges identified in this report is the shortage of qualified staff in all parts of the early care and education system. While these challenges are not new ones, there is an urgency resulting from the combination of overall worker shortages in the economy post pandemic; competitive wages in adjacent and other sectors; demographic shifts (e.g., retirements of the Baby Boomers); and perhaps most important, the stress that accompanies the work. The shortage of qualified staff is often the root cause of other needs described in this report (e.g., serving children with special needs).

During the 2019 Needs Assessment, we heard many concerns about the need to professionalize early care and education to elevate the importance of the work in the eyes of the public and policymakers. The critical role of the early childhood sector and its workforce became clearer during the pandemic, and, as a result, the field has made meaningful progress toward greater recognition and respect. While more people now understand the field's persistent challenges, much more work lies ahead, as illustrated in the many ideas that were identified in focus groups for increasing professional development.

With the types of supports and programs now in place (e.g., salary supplements), expansion of the work force can draw from several sources: high school students interested in working with children, current workers in related fields who are interested in becoming teachers, and those who have left the profession but may be enticed to return.

Information for this chapter was gathered through focus groups and discussions with a wide array of stakeholders as well as surveys of early care and education providers supplemented by reports from secondary data sources.

Exhibit 1 Key Takeaways

- Shortage of qualified staff is a persistent and pervasive problem for providers. Staff turnover has increased post pandemic.
- Even though there have been major advancements in providing salary stipends, low wages remain a primary barrier to attracting and retaining staff.
- While the size of the workforce has rebounded post pandemic, turnover rates are higher, especially for the lowest wage workers.
- The pathways for entry into the profession are not easy to navigate (i.e., understanding the options and financial supports); the certification process can be lengthy.
- Maine does not have a predictable system of articulation among postsecondary institutions.
- Post pandemic, young children are presenting greater emotional and behavioral needs which many staff are not prepared to address—the resulting stress is contributing to high turnover.

Workforce Shortages

Workforce shortages were reflected in all encounters during the needs assessment process, and almost always, as a major concern. Almost 85% of respondents to the early care and education survey indicated that **recruiting qualified staff** was one of their greatest challenges (4 or 5 on a 5-point scale). Similarly, 75% rated **staff turnover** as a great challenge on the same scale.⁴

As described in the chapter on serving children with special needs, staff shortages are severely impacting the ability to provide services with one quarter of CDS vacancies unfilled in 2023. Some specialties, (e.g., speech language, occupational therapy and psychology) have had persistent shortages. As the number of inclusive early care/education classrooms expands, the need for specialist staff may be somewhat reduced.

⁴RMC Research (2024). Maine Departments of Health and Human Services and Education Survey.

The remainder of the information in this chapter unpacks the reasons for shortages, the strategies in place to address shortages, and the many suggestions that were offered for addressing the problem.

Workforce Compensation

Since the 2019 needs assessment, substantial progress has been made in increasing wages of the child care workforce through direct wage subsidies supported through federal and state funds, most recently culminating in a new tiered structured based on education and experience. Championship for wage increases has come from many stakeholders, including the business community which learned during the pandemic that early care and education workers really are “the workforce behind the workforce.” Over the past 5 years, the cost of child care for families and the low pay of workers in the field have become national issues with policymakers and parents alike aware of the challenges in the field.

We begin by reiterating the needs that have prompted recent initiatives (e.g., the tiered salary supplements have been put in place during the writing of this report), underscoring their continued importance to the field to make child care and education a financially viable option as a career path. While strides have been made to increase compensation, we heard in all focus groups that low wages and lack of benefits remain major obstacles to recruiting and retaining the early care workforce. We were also reminded that in addition to direct teaching staff, support staff (e.g., bus drivers, food service staff and services) also need competitive wages.

Prior to the advent of child care salary supplements, the average wage for child care staff in Maine in 2021 was \$14.90 per hour, equivalent to \$31,000 per year, which was 40% less than the state’s overall average wage.⁵ By comparison, average wages for beginning elementary school teachers were about \$10,000–\$15,000 more annually. Further, the level of benefits is typically significantly lower for child care teachers compared with public school teachers. Maine’s 2021 child care market rate study reported that fewer than half of child care programs offered health insurance and slightly less than two thirds offered paid sick leave.⁶ In focus groups, we heard that retirement benefits provided by school systems are important drivers of recruitment.

In focus groups, we heard that the recent salary supplements have played an important role in retaining staff but there are still challenges. For example, staff whose families have been eligible to receive MaineCare and Supplemental Nutrition Assistance Programs (SNAP) may lose those benefits when their wages increase modestly. The wage increase is insufficient to afford insurance yet over the threshold to qualify for MaineCare.

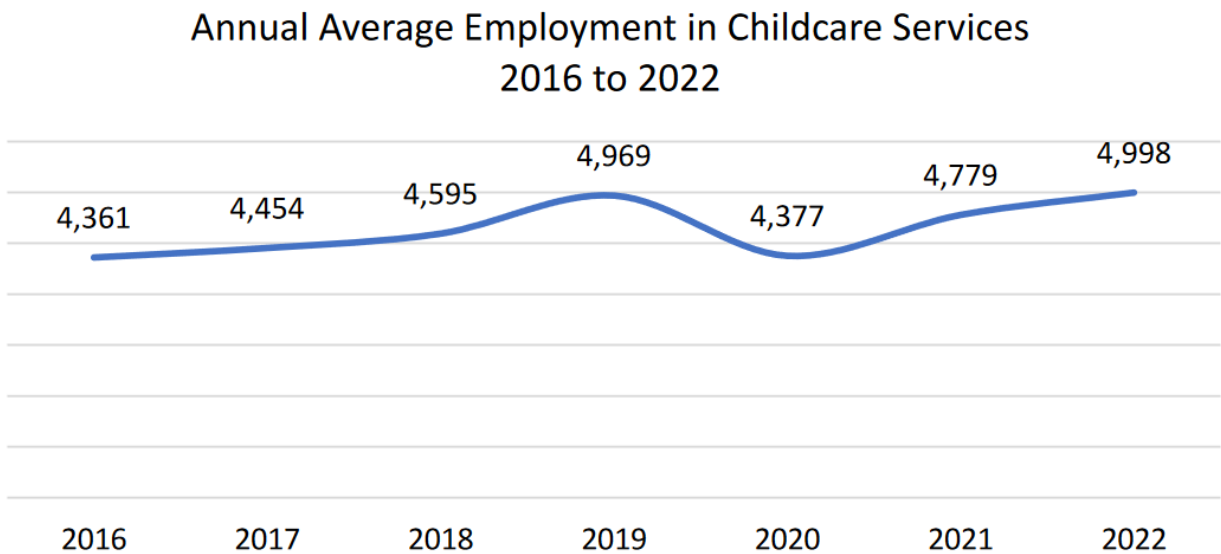
⁵U.S. Bureau of Labor Statistics (May 2022). *Occupational Employment and Wages*, 39-9011 Child care workers.

⁶Maine Department of Health and Human Services (2021). *Maine Child care Market Rate Survey*.

Workforce Retention

While the size of Maine’s child care workforce rebounded by 2022 to pre-pandemic levels (Exhibit 2) and the gap between needed and potentially available child care slots was smaller than in most states (about a 6.8% gap between demand and supply), the workforce is fragile as turnover data demonstrate. As Maine Department of Labor data in Exhibit 2 indicate, the size of the workforce has recovered from a low point during the pandemic. Note that the Maine Department of Labor statistics cover only child care providers who are covered by unemployment insurance tax law so self-employed providers, or family and friends who provide child care would not be included. As an aging workforce retires, the proportion of younger workers (under age 25) has increased modestly.

Exhibit 2 Employment Rebounds Postpandemic⁷

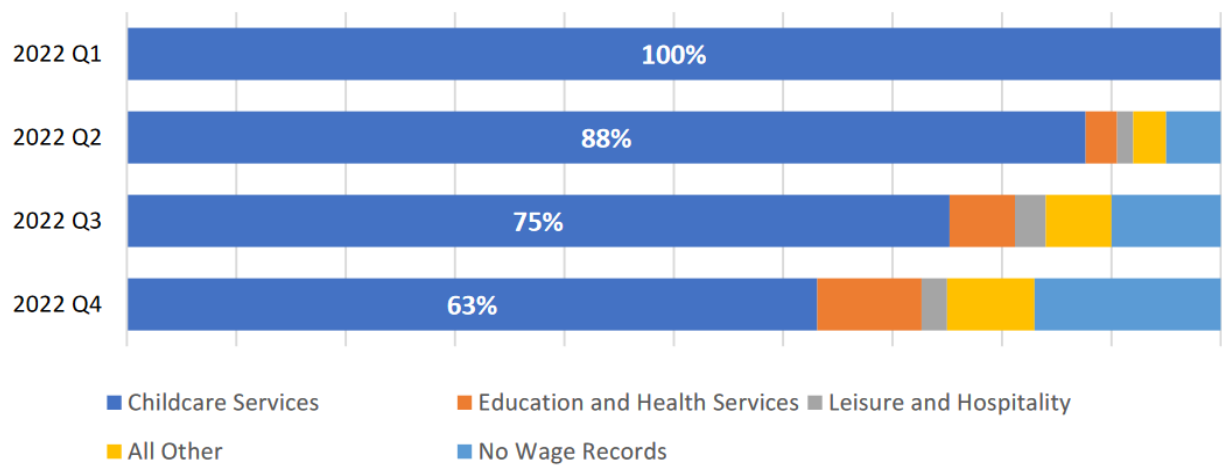


Similar to other industries, early care and education employers are experiencing difficulty in retaining workers. Exhibit 3 shows the loss of employees by quarter in 2022, not unlike the current patterns in other industries, but representing substantial “churn” within a year in an industry where stable relationships between adult caregivers and children are critical features of quality care. Further, child care retention rates prepandemic were stronger, (i.e., approximately 10% greater retention in 2019).

⁷Maine Department of Labor Center for Workforce Research and Information (October 2023). *Jobs Recovery and Worker Retention in Child care Services*.

In Exhibit 3 stacked bars show the industries that attracted those who left child care, largely human service jobs in educational and health services or leisure and hospitality. Further analysis of retention rates and industry switching by Maine’s Department of Labor clearly shows that the greatest turnover occurs with the lowest wage workers who may be the younger entry level workers. Increases in Maine’s minimum wage mean that retail and hospitality jobs are competitive and often come with easier working conditions.

Exhibit 3 Retention by Quarter of Child Care Staff in 2022⁸



High turnover is disruptive, costly and negatively interacts with other quality objectives. For example, we heard from the director of a child care center that high turnover “squeezes out time for mentoring” and makes it difficult for programs to progress through the *Rising Stars for ME* system. The issues compound when incoming staff have less training and experience than previously, noting that during the pandemic, there was less attention to trainings—even those required trainings. Because of staff shortages, there is less time for training and, as a result higher probability of teacher burnout. With fewer veteran staff available, opportunities for mentoring are reduced.

We are so mindful of the turnover in the workforce because we lose so many employees over time. We do an orientation at the beginning of the year but need to do consistent training through the year to provide the skills to support families. How do we ensure that workers have all the resources they need from the beginning, easing their burden as workers?

A long-time child care director

⁸Ibid.

Retention: Workforce Conditions

The most poignant discussions in focus groups involved parents' concerns about educators' emotional health and well-being, raising parents' anxieties about the safety and well-being of children. In both focus groups with Parent Ambassadors, we heard examples of parents removing their children from child care settings after observing teachers under stress. Parents have empathy for teachers who are often coping with larger groups as a result of staff shortages or illnesses (rarely are programs able to plan for substitutes) as well as sometimes unable to manage children's behaviors or support their needs.

Parents recognize that staff are underpaid and have many responsibilities. However, concerns about their own children's wellbeing outweighed other factors and, in several cases, parents had quit their own jobs to stay home with children until they reached school age.

Most frequently mentioned as a cause of teacher burnout are children's disruptive behaviors. Several factors converge to bring behavioral disruptions to a high stress level for staff, many of whom have not been trained in de-escalation strategies. Parents and educators acknowledge that the behavior of some young children born during the pandemic years manifests in surprising ways: "they are built differently now."

We heard from several providers about the importance of building a strong culture of peer support as a way to both reduce stress and retain staff. Recognition of staff and appreciation on the part of parents help to create a supportive culture. Retention bonuses and acknowledgement in salary of longevity/years of experience have proven effective motivators in some cases.

One Head Start director described the increase in administrative paperwork burdens that extend already busy days, echoing concerns about work/life balance that were raised during several discussion groups.

We have an increase in incoming children whose special needs have never been identified, have not received services, and have increased trauma. There are often children with significant explosive behaviors, and we have little capacity to address really significant behavior issues which have become a huge area of focus.

*A school administrator
describing the concern*

Turnover happens when you are just hiring staff because you need a body, not hiring someone with a passion for early childhood education. We need to help people build a passion.

Private child care program

Recruitment: Pathways Into the Field

In several of the focus groups, experienced child care directors talked about the importance of attracting people into the field who have a passion for working with young children. That goal may require development of a series of entry experiences (e.g., during middle and high school) as well as mentoring to help determine whether early care and education is a career “fit.” One suggested a “flexibility and grace” period for those entering the field.

In focus groups, we heard about a number of barriers that may be preventing individuals interested in teaching young children from obtaining the appropriate education and certification. In the current “patchwork” environment, it is difficult for aspiring teachers to understand their options, including financial supports and the credit they may receive for experience and courses already taken. One participant said that staff need “insider information” about what is actually available for supports to advance their education.

There are some articulation agreements among 2- and 4-year higher education institutions in Maine but not a unified predictable system. For example, at one institution a student may receive credits toward general education courses but not early childhood courses for coursework completed at a community college. In a different institution, the same student might receive the equivalent early childhood credits. Understandably students want to know with some assurance which classes will transfer across institutions.

There are pathway options for workforce development, but early childhood educators need to have individualized understanding of the options available to them.

Center director

A common problem is that credits that transfer from high school career technical courses (e.g., toward a CDA certificate) to community college may not be accepted by a 4-year college. Courses that do not have grades (e.g., micro credential courses, are typically not recognized by 4-year colleges). The necessity to retake courses is costly, especially distressing in a low-paid field. In Maine (and other states) these pathway barriers discourage some would-be early childhood teachers—even those who may be close to completing certification—from entering the field. Some programs have also experienced challenges with the CDA certification process, specifically crediting college courses, scheduling observations of staff (which is required to finish certification), and cost.

The reality is that many of those employed in early care and education who want to pursue further education can only do so while continuing employment. So in addition to financial support, they require flexible pathways and supports such as protected time to study, support for the care of their own children, and customized advising. We also heard about some challenges with Maine’s certification process, especially from special educators. The process can take months, discouraging for those who have completed necessary coursework and creating difficulties in hiring qualified staff from out of state. The issues are similar to those identified for articulation agreements (i.e., matching course identifications).

Solutions

Suggestions about operations

- Differentiate staffing to reduce administrative burdens on teaching staff
- Create a high quality *Grow Your Own* program based on partnerships and with multiyear mentoring to support teachers over several years
- Encourage high schools to operate lab schools as a way to prepare students for careers and increase the number of available early care slots

Suggestions about compensation and other benefits

- Offer benefits packages to provide parity with public school teachers
- Work toward salary parity with public school teachers
- Provide financial stipends to programs to cover costs for children of child care staff
- Provide financial support for professional development time outside classrooms

Suggestions about incentives to increase education

- Expand TEACH scholarships for early childhood professionals who may not be direct early childhood teachers (e.g., staff who work with families or in pediatric practices, those at the state or regional level who are interested in certification to become early care and education teachers).
- Provide resources that child care centers can use to hire substitutes while staff are receiving training
- Provide stipends and alternative work schedules to allow staff to continue educational advancement, especially for new hires to support retention (which may require incentives also for programs)
- Provide child care support for educators who are pursuing further education
- Provide degree programs at no cost or with loan forgiveness with the promise to remain employed in Maine for a certain number of years; make available to those working in child care settings, including family care

Suggestions about higher education and certification

- Create information packages about pathway options both for those entering the field and those who would like to return to the field, including information about various financial supports; target guidance counselors and advisors with information about pathways

- Work toward unified statewide articulation agreements to facilitate transfer of credits
- Work toward ensuring that those who have developed competencies can earn credits as well as credit for prior learning. Provide “credit” for educational experiences gained through high quality professional development
- Streamline the transferring certifications and credits from out of state
- Allow immigrants to demonstrate competency through experience-based portfolios and demonstrations (or perhaps a combination of competency and course work)
- Prepare the aspiring workforce in high school with courses for credit
- Create a model ECE curriculum that is flexible, cohort-based, and provides enhanced supports, e.g. mentorship, financial support
- Begin exploration programs in middle school to interest students in early childhood careers; as students get older, coordinate with afterschool programs to provide them with direct experiences with younger children
- Consider combining the certifications for Ed Techs and BHPs; in school systems, Ed Techs receive benefits which could be attractive for those with behavior management training
- Increase field placements of higher education students to support programs and their own development
- For high school CTE programs, focus on certification for BHP rather than CDA given the amount of time and cost the CDA requires

Suggestions about professional development

- Because teachers are increasingly working with students who have high needs, some may need intensive training in social and emotional development, emotional regulation and executive functioning, and trauma-informed practices
- Create equal access to professional development and support for family child care staff
- Make instruction and materials in languages accessible to the interested populations accompanied, as needed, with English language classes



III. MEETING THE NEEDS OF FAMILIES FOR EARLY CARE AND EDUCATION

This chapter describes Maine’s system of early childhood care and education along with recent trends and challenges experienced by providers and parents. Many of those challenges are rooted in the shortage of qualified staff, including the disruptions caused by staff turnover, workplace stresses experienced by existing staff, and lack of staffing for necessary services for families and children. See related information in the chapter on the workforce. Some challenges are inherent in the rural geography of the state (e.g., transportation issues) and some are associated with rapid demographic changes (e.g., immigrants who have settled in the state from many parts of the world). Needs specific to families with children who have disabilities are addressed in a separate chapter.

Both early childhood professionals and parents agree on the importance of better supporting the workforce which directly supports families so that they better understand and empathize with the needs of families and are able to connect them with all resources for which they are eligible. Exhibit 4 highlights the major needs associated with the system capacity for child care and education, including public pre-K.

Exhibit 4 Key Takeaways

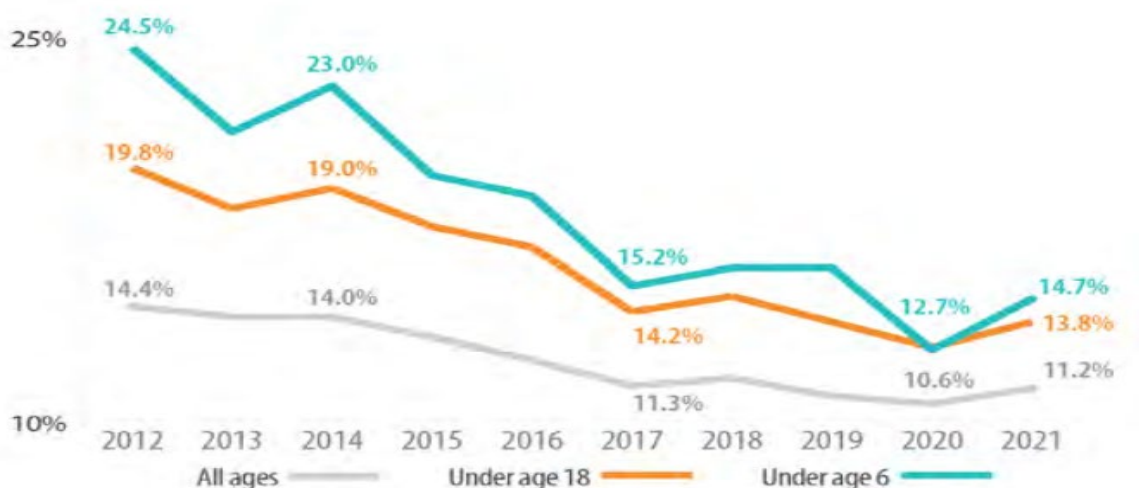
- Maine has a high proportion of households with all adults employed, hence the need for a robust early care and education system.
- While there has been progress in reducing the overall gap between demand and supply of early care and education slots, more options are needed for rural areas, care outside traditional daytime hours, and students with special needs.
- Affordability of care is challenging for many families even with increased subsidies; transportation remains a challenge in many areas.
- Public pre-K serves about half of Maine’s eligible 4-year-olds; a growing number of school administrative districts offer public pre-K and schedule coverage has been increasing.
- Child care programs’ greatest challenges are related to staffing and serving children with special needs, including those with behavioral challenges.
- *Help Me Grow* is serving important needs by providing information in response to parents’ concerns. Parents are interested in more options for parent education and peer support.
- Parents stress the importance of empathetic “no judgement” attitudes toward parents.
- Immigrants, refugees, and asylees perceive a lack of interest on the part of providers in learning about their cultures.

Maine Families Need Child Care

Maine made strides in reducing child poverty both before and during the pandemic through a combination of increases in the minimum wage, federal pandemic-related supports such as the child tax credit, and state changes to tax credits as well as family supports (e.g., affordable housing). Exhibit 5 shows the declining poverty rate for the state.⁹ While heartening, averages obscure the full picture: child poverty remains greater than 20% in 3 of the most rural counties, over 30% for single parent households, and over 30% for Black children.¹⁰

⁹Maine Children’s Alliance (2023) *Maine Kids Count*. Augusta, ME: Author.

¹⁰Ibid.

Exhibit 5 Maine poverty rate by age group¹¹

A relatively strong rate of employment is an important factor in the declining poverty rate. Maine's rate of unemployment has been lower than national averages for several decades, even during the pandemic.¹² The strong employment picture brings a high need for child care. Maine has a relatively high rate of households with children under age 6 that have all available parents working. Maine's rate of working parents with young children has typically been higher than national averages, most recently at about 69%, representing about 50,000 young children.¹³ Estimates from the Bipartisan Policy Center for Maine children under the age of 6 with parents in the labor force are a little higher at 52,138, representing a 2.2 % decrease between 2020 and 2023.¹⁴

Data from the Current Population Survey Annual Social and Economic Supplement show that by June 2023, 73.6% of mothers with children under age 5 were in the workforce, and that figure represents an increasing trend.¹⁵ An estimated 27% of mothers in the Maine workforce are single parents for whom access to child care is critical.¹⁶ Nationally, data from the National Survey of Children's Health showed that more than 1 in 10 children had a parent whose job

¹¹Ibid.

¹²Maine Center for Workforce Research and Information. <https://www.maine.gov/labor/cwri/laus.html>

¹³Maine Children's Alliance.

¹⁴Bipartisan Policy Center (January 2023). *Child Care Gap Assessment: Maine*. Washington, DC: Author.

¹⁵U.S. Census Bureau and U.S. Bureau of Labor Statistics (2023). *Current Population Survey Annual Social and Economic Supplement*.

¹⁶Federal Reserve Bank of St. Louis. *Child Care and the U.S. Economy in 2021*. https://www.stlouisfed.org/-/media/project/frbstl/stlouisfed/files/pdfs/community-development/child-care-fact-sheets/child-care-factsheets-allstates-us.pdf?sc_lang=en&hash=BEE2C7383F16E38DDAC7FC2A810376F1

status was affected by child care—they had turned down a job, quit a job, or changed jobs.¹⁷ The effects of difficulty finding child care fall disproportionately on mothers; national data suggest that about 50% of women who are not in the workforce cite caring for children as the primary reason.¹⁸

While the need for a robust system of early care and education is clear, it is difficult to estimate the number of families who are unable to find adequate child care because many factors are involved beyond simple availability of slots, including parents' comfort with available options, willingness of providers to accept children with special needs, and the degree to which care schedules match parents' work schedules. Further, Maine's demographics are changing with an increasing number of foreign-born families immigrating to the state who may have specific preferences for child care (i.e., providers who speak their language and have an understanding of their home cultures). Concentrations of immigrants, refugees, and asylees are in Cumberland and Androscoggin counties with one in every 10 residents in Portland and Lewiston-Auburn now being foreign born.¹⁹

Supply and Cost of Care and Education for Young Children

Early care. Over the past few years, Maine has seen a slight decrease in the gap between supply and demand of child care. Post pandemic, the number of licensed slots increased modestly. But as Exhibit 6 shows, the overall trend does not show the shift that was occurring from family-based to center-based openings. The number of approved family care slots decreased by approximately 20% while center-based openings increased by over 25%—which has implications for the availability of care in rural areas where family care predominates. More recent data show the trend continuing; that is, center-based slots increasing slightly and family-based slots decreasing slightly.

In 2023, the Bipartisan Policy Center (BPC) used a distance-based methodology to estimate the gap in supply of slots as 3,251 slots. Maine's largest gaps between demand and supply are almost all in rural locales, largely in Aroostook and Penobscot counties.²⁰ The BPC analysis and information about licensed slots help to illuminate current capacity in Maine child care; additional data on enrollment and staffing would allow the state to fully estimate the child care supply and demand gap.

Cost of care. Nationwide child care is one of the largest expenses for young families. Families of children under age 5 with incomes below the federal poverty line who pay for child care

¹⁷Child and Adolescent Health Measurement Initiative. *2022 National Survey of Children's Health (NSCH)* data query. Data Resource Center for Child and Adolescent Health. Retrieved from [www.childhealthdata.org].

¹⁸Wielk, E. (2023). *Women in the Workforce Need Family-focused Policy*. Bipartisan Policy Center. <https://bipartisanpolicy.org/blog/women-in-the-workforce-need-family-focused-policy/>

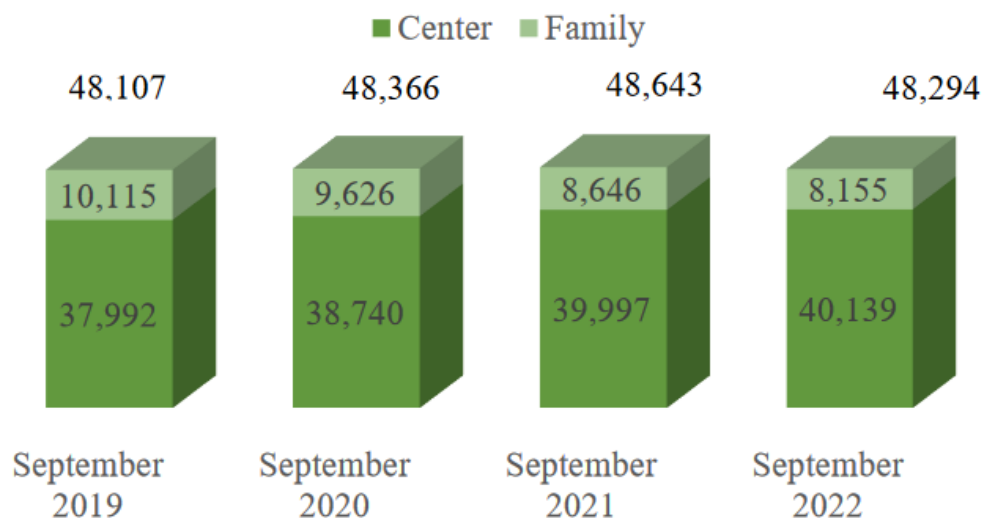
¹⁹Governor's Office of Policy Innovation and the Future (January 2024). *Plan to Establish the Maine Office of New Americans*. Augusta, ME: Author.

²⁰Bipartisan Policy Center.

spend 36% of their income on child care on average, which leaves insufficient funding for food, housing, and other basic costs. Households with incomes just above the federal poverty level spend on average more than 20% of their income on child care. The Maine Community Action Partnership's (MeCAP) statewide study of community needs listed child care as one of six top challenges (along with workforce shortages, transportation, housing, behavioral health, and rural infrastructure).²¹ More than half of the respondents to MeCAP's survey indicated that "much more" needed to be done to provide more flexible and affordable child care for working parents (ranking 5 out of 49 need areas). For respondents in households earning between \$50,000 and \$150,000 annually, the need for flexible and affordable child care ranked number one.

The most recently available data related to the cost of child care in Maine is from the 2021 market survey (to be updated soon). Exhibit 7 shows the estimated total costs of providing care for different age groups using the federal Office of Child care's Provider Cost of Quality Calculator (PCQC) which models the cost for meeting minimum licensing requirements-- although recognizing these costs may underestimate the cost of delivering high quality care. Subsidies for child care are based on market studies of the cost of care.

Exhibit 6 Decrease in Gap Between Supply and Demand in Child Care Approved Capacity



Note. Total number of providers represented = 2,261.²²

²¹Crescendo Consulting Group (December 2021). *Maine Community Action Partnership 2021 Statewide Community Needs Assessment*. Westbrook, ME: Author.

²²Maine Department of Health and Human Services, Office of Child and Family Services (December 2022). *Early Care and Education Annual Report 2022*. Augusta: Author.

Exhibit 7 Estimated Annual Cost of Full-Time Care for a Child Enrolled in a Child Care Facility (Part A) and Family Child Care (Part B)²³

Part A

Assumptions and Values	Infants and Toddlers	Preschoolers	School-Aged
Staffing ratios (single group)*	1:4	1:8	1:12
Staffing ratios and maximum group sizes (two groups)*	2:8	2:12	N/A
Number of classrooms	4	4	4
Total enrollment	32	48	48
Total annual cost estimate	\$600,021	\$629,601	\$537,861
Cost of care per child	\$18,750	\$13,117	\$11,205
Implied full-time weekly rate	\$360	\$252	\$216
*Based on the maximum staffing ratios described in Section 26 of 10-148 Code of Maine Rules, Chapter 32.			

Part B

Assumptions and Values	Infants and Toddlers	Preschoolers	School-Aged
Total enrollment*	4	8	12
Total annual cost estimate	\$49,918	\$57,118	\$64,318
Cost of care per child	\$12,480	\$7,140	\$5,360
Implied full-time weekly rate	\$240	\$137	\$103
*Based on the maximum staffing ratio for one provider for each age group (see Section 8 of 10-144 Code of Maine Rules, Chapter 33).			

Maine's Child care Affordability Program (CCAP) is designed to help eligible families who meet income guidelines pay for child care so parents can work, go to school, or participate in a job training program. CCAP is also available for eligible families in which the adult(s) are retired and are the legal guardians of a child. Parents pay a portion of child care costs on a sliding scale. Subsidies are based on the 75th percentile rates determined in the market rate survey.

Approximately 50% of center-based programs and 31% of family child care sites accept children with subsidies. The primary reasons that providers give for **not** accepting subsidy are: having full capacity with private payees, insufficient demand for subsidized care, difficulty meeting requirements, and reimbursements are too low.²⁴

²³Health Management Associates (2021). *2021 Maine Child Care Market Rate Survey*.

²⁴Ibid.

Exhibit 8 shows the calculated statewide median and 75th percentile rates for both center-based facilities and family child care from the 2021 market rate survey. Statewide medians are below the estimated cost of care in all cases except for preschool and school-aged family child care.

**Exhibit 8 Basis for Subsidized Rates in a Child Care Facility (Part A);
Family Child Care (Part B)²⁵**

Part A

Age Group	PCQC Implied Rate	50 th Percentile Rate from the 2021 Survey	75 th Percentile Rate from the 2021 Survey
Infants	\$360	\$230	\$250
Toddlers	\$360	\$217	\$250
Preschoolers	\$252	\$165	\$200
School-Aged	\$216	\$140	\$165

Part B

Age Group	PCQC Implied Rate	50 th Percentile Rate from the 2021 Survey	75 th Percentile Rate from the 2021 Survey
Infants	\$240	\$165	\$185
Toddlers	\$240	\$150	\$175
Preschoolers	\$137	\$150	\$170
School-Aged	\$103	\$125	\$150

In 2024, 2,163 young children are receiving subsidized child care services; over half (55%) are preschool age.²⁶ Children receiving subsidies tend to be in lower quality care; three fourths are in settings rated “Star 3” or below on the *Rising Stars for ME* rating system although there is some variation by county; child care sites in Washington and Oxford tend to have higher ratings.

Public pre-K. Maine has long had a public pre-K option for 4-year-olds. Compared to other states, Maine’s public pre-K programs are well regarded, meeting most of the quality benchmarks that have been established to rank preschool programs across the U.S.²⁷ Public

²⁵Ibid.

²⁶Early Childhood Education Data Dashboard (January 2024). <https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/early-childhood-education>.

²⁷ Friedman-Krauss, A. H., Barnett, W. S., Hodges, K. S., Garver, K. A., Jost, T. M., Weisenfeld, G., Duer J. (2024). *The State of Preschool 2023: State Preschool Yearbook*. New Brunswick, NJ: National Institute for Early Education Research.

pre-K programs are operated directly by school administrative units or in partnership with Head Start or child care programs. Most programs are run solely by districts.

Both the number and comprehensiveness of public pre-K have been increasing since 2006 when preschool was first included in the public education funding formula; now the large majority (86 percent) of Maine's school districts offer public pre-K. However, schedules and rates of participation vary widely by district. About half of the enrolled students are in programs that meet only half days; about half of those meet fewer than 5 days per week.²⁸

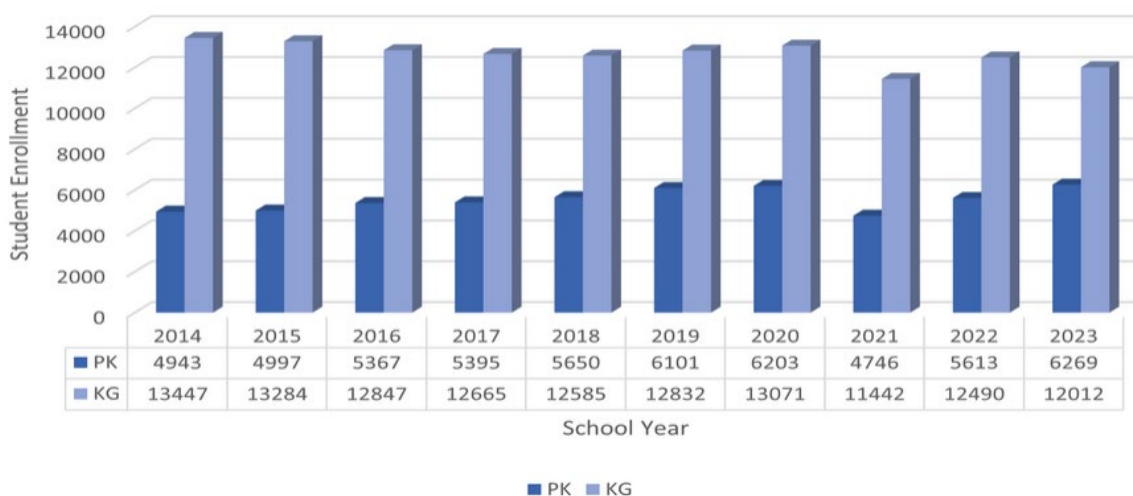
A total of 60% of districts offer full day pre-K schedules (5 or more hours per day); 84% schedule pre-K five days per week. Ninety percent now provide transportation to pre-K students, largely covering rural areas of the state. A survey of superintendents yielded the following factors as reasons for limited schedules: lack of space; startup costs and operating cost match; transportation issues; staffing challenges; and resistance by both parents and teachers to a full day schedule.

Exhibit 9 shows the trend of public pre-K enrollment compared with kindergarten enrollment. Participation rates in pre-K vary by county with the highest participation in Aroostook County and the lowest in Cumberland and Waldo counties. About half of the eligible children in Maine are enrolled in a pre-K program. Enrollment fell off during the pandemic but rebounded last year to pre-pandemic levels at 6,296 children.²⁹ Spending averages about \$9,063 per pupil with a little more than half contributed by the state (56%) and the remainder a local contribution.³⁰ The cost per 4-year-old is less than half (43%) of the per pupil K–12 cost.

²⁸Lech, P. L. and Fairman, J. (February 2020). *Public Preschool Programs in Maine: Program Design, Capacity and Expansion Challenges*. Orono, ME: University of Maine.

²⁹Maine Department of Education. Maine State-Wide Public Pre-K Data. <https://www.maine.gov/doe/node/4235>

³⁰Friedman-Krauss, A. H., Barnett, W. S., Hodges, K. S., Garver, K. A., Jost, T. M., Weisenfeld, G., Duer J. (2024).

Exhibit 9 Public Pre-K and Kindergarten Enrollment Trends³¹

Head Start. Maine has 11 Head Start grantees with 113 centers statewide representing almost 3,000 slots, including regular Head Start, Early Head Start, and tribal Head Start. About 70% of the slots are for children ages 3–5. About one third of Head Start programs partner with school administrative districts to offer public pre-K.

Providers' Perspectives on Needs

In January 2024 to gather current perspectives from providers RMC conducted a survey for this Needs Assessment. The survey gathered information about perspectives on strengths and weaknesses in the child care system, challenges and barriers faced by providers and families, and providers' needs for support. Provider responses to additional survey items are described in the section on program quality.

Respondents to the survey represent a range of roles, largely child care directors, teachers, and family care providers (about 40%) or pre-K teachers (20%). Other respondents were administrators, early childhood trainers/advocates, and interventionists. Respondents serve children across the age range with most serving multiple age groups. They represent all counties with the largest percentages from Cumberland, Androscoggin, and York counties.

Strengths. When asked about the **strengths of Maine's early care and education system**, fewer than half of the responding providers thought there had been improvements in expanding the **range of child care options** with about one third believing there has been steady improvement. Three quarters of respondents felt there had been limited improvements in **Child Development Services**. About half believe there have been steady improvements in providing **financial support for care providers**. Some private providers expressed concern that

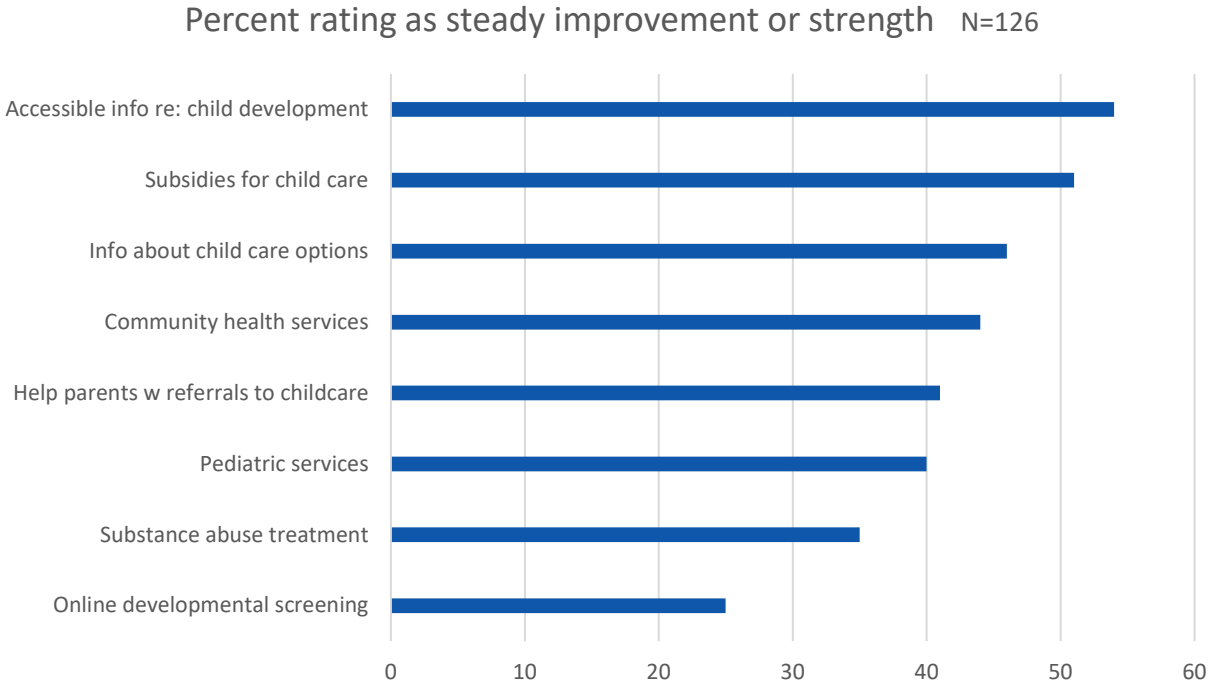
³¹Maine Department of Education. Maine Statewide Public Pre-K Data.

the increase in publicly provided options limited their enrollments. Others expressed concerns that public pre-K is less developmentally appropriate than the options they can provide through private child care.

In terms of **strengths of Maine's systems for vulnerable children and families** (Exhibit 10), providers see some degree of improvement in most areas with over half noting improvements in the availability of **information about child development**—likely an outcome of the initiation of **Help Me Grow**. The low rating for online screening may suggest that providers are not aware of the available option.

In an open-ended question, providers were asked about ideas for expanding on existing systems to better serve families. The major themes of responses:

- Offer salary subsidy for all child care staff in addition to teachers, all of whom are underpaid
- Provide more and better services for children with special needs, including better coordination between CDS and providers, quicker response times, better case management
- More options for infant care
- Parent education, including support for coping with stress
- Required training for school administrators in early childhood
- Tap into experiences of home visitors and early childhood professionals when developing policies and programs
- Take advantage of public health nursing program to schedule support contacts for mothers of all newborns.

Exhibit 10 Providers' Perspectives on Services for Vulnerable Children and Families

Concerns. When asked about challenges they face, providers were most concerned about recruiting staff and lack of services for children with special needs as shown in Exhibit 11. Comments were added about low pay and lack of benefits; burnout; lack of communication across service providers; an increase in the number of children with significant delays; and issues arising from the lack of services for early intervention.

In terms of the major **gaps in access and barriers to affordable child care**, providers identified affordability of child care as the top concern (80%), followed by access to care for children with special needs (77%) and availability of child care in rural areas (76%). Individuals added comments about burdensome regulations, including the challenge of applying for subsidies.

Providers identified **priority needs for services for families who have a range of vulnerabilities**. Exhibit 12 shows the highest rated concerns.³² In addition to the priorities noted below, individual providers underscored the importance of help in navigating systems, integrated case management, and mental health services.

³²Respondents who rated each choice at a 4 or 5 on a 5-point scale where 5 is the greatest barrier. RMC Research (2024). *Maine Departments of Health and Human Services and Education Survey*.

Exhibit 11 Challenges Faced by Providers

Percent identifying as a major challenge N=126



Survey respondents made suggestions about changes that would address gaps in services. The most common suggestions were related to:

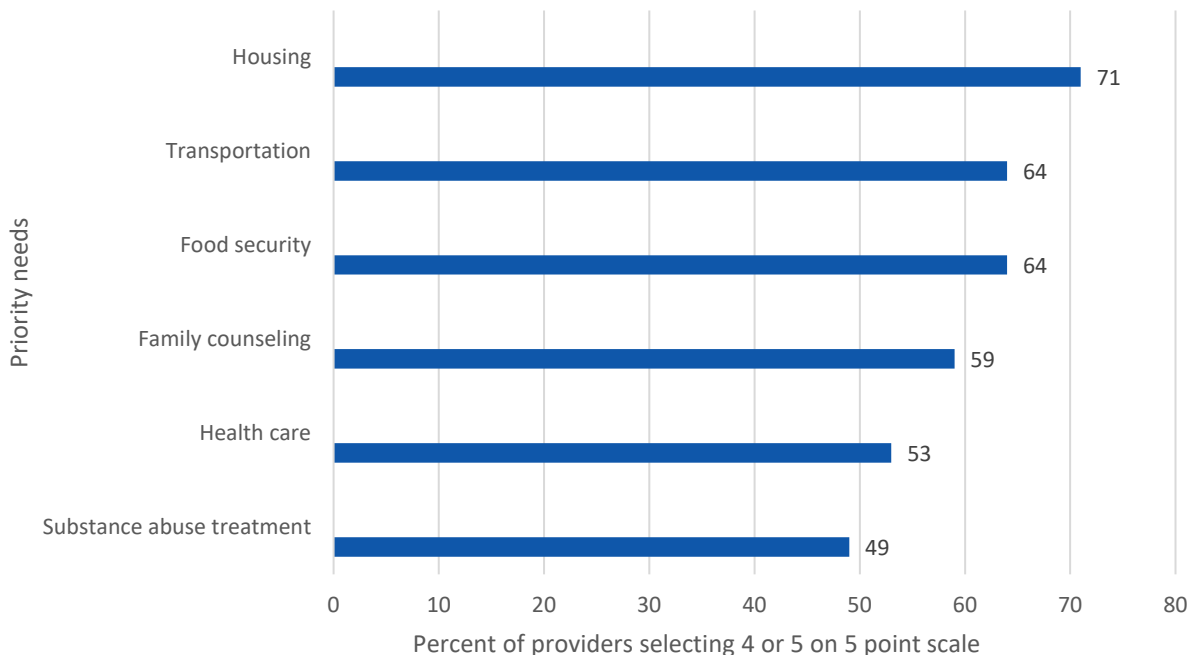
- Addressing gaps in services from CDS, including challenges in the transition between early intervention and pre-K. Respondents recognize that staff shortages are the root of the problem and suggest increased pay for those qualified to serve children with special needs
- The need for greater uniformity of supports for young children across the state with attention to addressing access to high quality programs in rural areas of the state
- Better communication across programs, especially those programs that offer subsidies. Use of hubs, navigators, and regional collaborations to support communication and access to services
- Better compensation for early educators, including benefits, while still making child care affordable
- Targeted education opportunities for providers, including training in trauma-informed practices
- Screenings to identify children and families with the greatest needs

Providers support a strong mixed delivery system with “healthy partnerships” among various types of providers in a community. The goal is building strong relationships among families, between families and providers, and across community partners. Parents and providers are aware of the problem of silos in state agencies and urge that departments and agencies strive to address the barriers that impede coordination.

We need a coordinated, collaborative, energized team approach as we move forward with these important initiatives.

Head Start Director

Exhibit 12 Providers’ Ratings of Priority Service Needs of Vulnerable Families N = 126



Families’ Perspectives on Their Needs

During focus groups, both parents and providers repeatedly noted appreciation for the opportunity to voice their concerns and emphasized the importance of continuing to provide multiple vehicles for families to speak about their needs and participate in decision making. To do so, more families will benefit from opportunities to develop leadership skills.

Ask families what they truly need.

Parent Ambassador

Parents in focus groups noted that the Parent Ambassador program and the Maine Parent Federation have played significant roles in helping families “stretch leadership muscles.”

Locating child care. Parents often described their needs for child care in terms of seeking high quality care and care well matched to their children’s needs—in contrast to the needs assessment done 5 years ago when parents were more likely to be simply looking for any available child care. Interestingly, only 13% of the calls over the past year to the *Help Me Grow* helpline were about locating child care.³³

But parents still find it difficult to locate child care during nontraditional working hours (e.g., outside 8–4- or 9–5 timeframes), including before and after school care and wraparound services. Shift workers have few options for child care. Families who are looking to find sites with room to accept several children in the family also reported difficulty. (See much more in the section on children with special needs about finding care/education suited to children’s needs.)

Child care is still costly even with the increased subsidies that have been provided. Parents emphasized the need for support from the Child care Affordability Program (CCAP) in cases where a single parent is receiving Social Security Disability Insurance and also for parents who are job hunting so families can have child care while they attend job interviews. We also heard about the need to support families as they transition from Fedcap services to CCAP.

See more in the section on the teacher workforce about stresses on the workforce and the need for more training for staff in addressing children’s behavioral needs. As indicated in that section, parents expressed concern about the safety of their children in situations where staff shortages have reduced the adult-child ratio available in classrooms. Early care and education providers agree with parents that they need more and better training in addressing children’s behavioral health needs, including behaviors perceived to be disruptive.

[Children] are built different now.

School leader

Providers frequently mentioned the increased number of children with needs for self-regulation and independent self-care skills; school principals and center directors reported children coming to pre-K and even Grade 1 who have not been completely toilet trained or who have regressed in toileting behaviors.

Transportation. Parents frequently noted transportation as a challenge, especially for those in rural areas and those disconnected from communities. Some noted that even in areas relatively near to larger communities, there is no available public transportation, so the challenges are as great for those families as for the families living in very rural areas. One third of the providers surveyed noted lack of transportation as a major barrier for parents. One parent noted that

³³Information about *Help Me Grow* presentation to Children’s Cabinet, January 2024.

“attendance matters” coupled with her worry about her child establishing a pattern of not attending child care when reliable transportation is not available.

Parent education and support. Parents frequently spoke to the need for parenting education and parent support groups. Parents liked the idea of peer support, including opportunities for parents to both model skills and learn approaches for other parents. One aspect of parent education is development of effective communication strategies to advocate for children’s needs. A member of the Parent Ambassadors suggested that participating in parent education might help parents feel less stigmatized when they seek services. Several Parent Ambassadors noted the importance of also targeting “alternative caregivers” for parent education, especially mentioning grandparents who are raising young children and foster parents. One mother noted that alternative caregivers may be less likely to have current information about children’s behavioral needs (e.g., autism and sensory needs).

We heard from several parents how important home visitors had been in their family lives. One mother described a 5-year relationship with a home visitor who had started visits shortly after she returned from the hospital after giving birth. This home visitor has been a source of information about development as well as resources ranging from diapers to food. Another mother in the same focus group described the importance of support from a home visitor when she was a nonworking and depressed mother of several young children. The home visitor was a reassuring source of reliable support.

Information needs. 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 in focus groups 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.” A persistent theme is that parents have difficulty navigating the many systems that they encounter and especially managing the paperwork (and in some cases,

Timing of events for families (e.g., enrollment, outreach) should take into account parents’ limitation in terms of transportation and work times. Provide multiple ways to communicate to build relationships with families, (e.g., text services, social media).

Parent in rural area

Parents trust other parents.

Parent Ambassador

Each family needs to be given literature educating them on the resources available, and have an advocate assigned for a period of time to make sure they are covered and helped.

Parent Ambassador

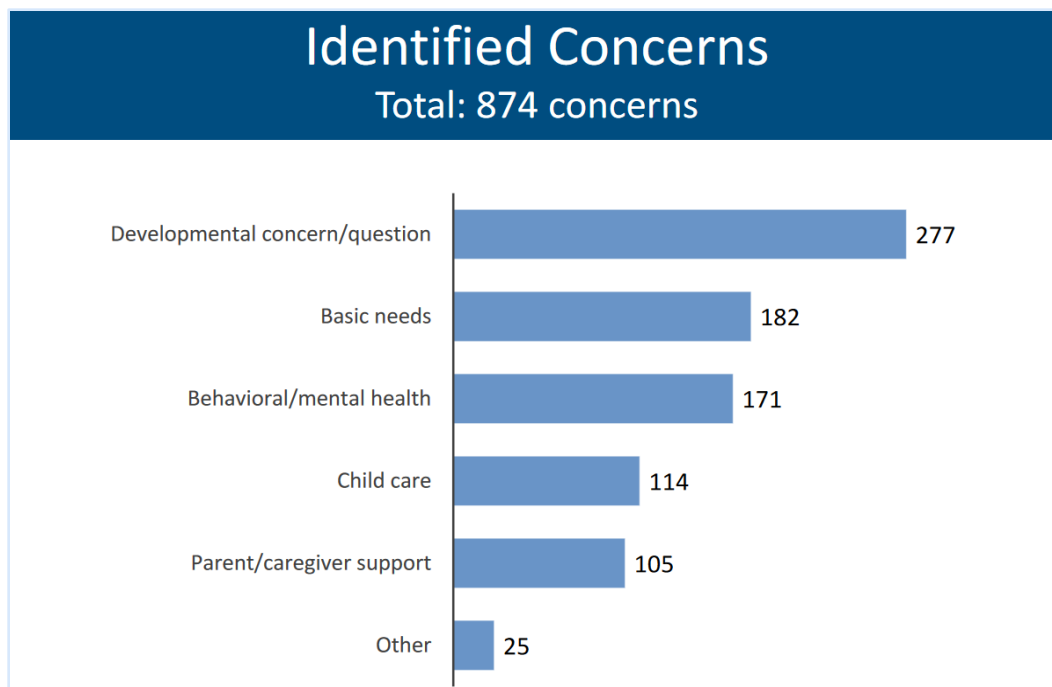
technologies) involved in accessing services; navigating systems is a special concern for immigrant parents (see more below) and for parents of children with special needs. Parents suggest using peers to share information with other parents: “Parents trust other parents.”

One of the most common concerns raised by parents is the lack of communication from public schools, especially in contrast with what they have come to expect from other care settings (e.g., Head Start, child care centers). One parent noted that she no longer had an idea of what is going on in her child’s school day; once her child reached pre-K, much of her child’s day is spent with Ed Techs and she has no access to them.

The experience of *Help Me Grow* in its first full year underscores the demand for information from trusted sources. In 2022–2023, *Help Me Grow* served 728 children from birth to age 8, with most under the age of 5.³⁴ Requests were received from families in all counties, most from Cumberland, Penobscot, and York counties. Of those whose ethnicity was known, about one third were families of color, primarily Black/African American. About one fifth of the requests came from non-English speakers, most frequently speakers of Lingala, Portuguese, and French (Lingala is spoken in the Democratic Republic of Congo and other central African states). Non-English-speaking families were more likely to have questions and needs related to prenatal care or babies less than one year old. English-speaking families had higher rates of concerns about their child’s behavioral/mental health.

Most families entered the *Help Me Grow* system through a healthcare provider, a caregiver, or by calling 211. Exhibit 13 shows the distribution of concerns that brought families to the information service. In all cases, resources were provided by *Help Me Grow* staff to address parents’ concerns, typically multiple resources were provided for a given concern although not all caregivers or parents followed through to take advantage of the resources. Designing responses to meet family needs requires substantial effort—about 80 to 100 days on average to fulfill requests (e.g., finding an appropriate child care placement).

³⁴Ibid.

Exhibit 13 Help Me Grow Requests for Information (January–December 2023)

Philosophies of support. Head Start directors, parents, and providers emphasized the importance of a “whole families” approach to providing services. The Head Start directors hoped there could be greater continuity of family engagement from Head Start and pre-K services into kindergarten. This goal is related to the “no wrong door” approach, allowing families to access any needed service no matter where they enter the system. A universal application process for as many services as possible would ease the administrative burden on families.

Parents voiced the importance of acknowledging the difficulty of parenting and ensuring that the attitudes of providers aspire to be “no judgement” or “no blame” avenues to services. Some parents may distrust the formal systems, and they fear being judged by people who are supposed to be supporting them. The value of peer support, such as the support provided by the Parent Ambassadors, offers a solution.

Parents express appreciation for one-on-one interactions and nonjudgmental delivery of information. Community health liaisons and advocates are providing a critical intermediary role in helping connect families to services.

The system is too complicated and siloed for families and for providers trying to help families navigate services.

Director of Special Services

Needs beyond child care. While discussions with parents were focused on the needs of children, family members frequently mentioned the need of greater access to mental health and behavioral health services for themselves as well as their children. About 20% of the concerns raised in **Help Me Grow** requests were related to behavioral and mental health.³⁵ Parents in several groups shared their own mental or behavioral health journeys and the supports they have received from providers who had taken the time to explain diagnoses. We heard about the importance of everyone feeling they have a connection or someone they can reach out to—the need for a shared commitment within communities to provide networking and support opportunities.

Help communities recognize that we can all support mental health through authentic connections with families.

Community provider

Needs of New Mainers

In this report, New Mainers refers to immigrants, refugees, and asylees new to Maine. New Mainers have needs that are similar to those of other parents as well as unique concerns. From New Mainer parents in focus groups conducted during the Summer 2023³⁶ and providers in other discussions, we heard about the range of challenges in communicating across cultural differences. For example, a staff member working with New Mainers noted that there may be cultural differences in the process of children attaining developmental milestones as well as language gaps. She noted that languages represented by some New Mainers may not have linguistic equivalents for concepts related to child development. Word-for-word translation can often be inadequate. Hence, the critical role of cultural brokers to help support access across all community resources (e.g., hospitals, schools, other services). Several providers stressed the need for reliable translation services and more cultural brokers as Maine's population continues to diversify.

New Mainers described challenges in locating affordable child care; those who are not U.S. citizens are not eligible for some types of child care support. Some who have experience in providing care in their home countries would like to provide similar services but have run into barriers in figuring out how to become licensed to provide family care or, if certified, how to be successful in their job searches if they are not yet citizens and lack work authorization.

New Mainers express concern about navigating the systems that provide support to families, especially local school systems and medical care. They often perceive a lack of respect for themselves and their cultures and impatience with their queries and concerns. In one discussion, an administrator explained how much longer it takes to register the child of a New Mainer for

³⁵Ibid.

³⁶Focus groups held by the Early Childhood Comprehensive Systems Grant with New Mainers during the summer 2023.

school (4–5 hours compared to 30 minutes), for example. With many schools short on staff, the needs of New Mainers may not be prioritized.

Some New Mainers are confused about aspects of American culture which they perceive to be negative or challenging to their family's values (e.g., the exposure of their children to LGBTQ issues, gender transitions, racism, bullying). They believe that teachers and school personnel should make more of an effort to learn about the cultures of their families; now, they feel the burden of culture bridging belongs solely to them. A pervasive fear is that their cultural practices, especially related to disciplining children, may be misunderstood and, as a result, their children taken away by authorities.

There is no bridge between cultures.

New Mainer parent

Given the cultural differences, parents are curious about what their children are learning in school. While this especially applies to their older children, parents also expressed interest in understanding more about what and how young children are learning. Parents of children with special needs expressed a range of concerns beginning with obtaining an appropriate diagnosis (i.e., separating language differences from disabilities). Parents would like to participate in support groups with their peers and learn more about how to help their children with basic living skills.

Non-English-speaking parents did contact the [Help Me Grow](#) helpline. They were more likely than English speaking parents to seek help with basic needs (47% of calls compared to 14%) and also more likely to be connected to Help Me Grow through a health care provider (40% of callers) rather than a 211 call.

Solutions

Parents and providers appreciate the opportunity to voice their needs and hope the vehicles for doing so continue to be prioritized. In that spirit, they offered ideas for improving services:

Suggestions about navigating systems

- Work toward more common applications for services, align requirements across agencies and employ data sharing agreements
- Facilitate more and stronger partnerships within communities among community providers
- Open welcome centers in school districts for New Mainers to ease school registration and give better access to services

Suggestions about information dissemination

- Reach families through community locales (e.g., food cupboards, laundromats, libraries) and use social media and YouTube for important messages
- Make it easier to register students for school by having registration sites throughout the community
- Engage Parent Ambassadors to share information about resources with other parents (e.g., Parent Ambassadors visiting CAP agencies to meet with parents)
- Improve the social media presence of *Help Me Grow*
- Leverage prenatal care providers to start preparing families for parenting roles
- Provide parent education and child development programs in high schools to educate the parents of the future

Suggestions for helping providers better support families

- Use home visits to connect with families
- Provide training for all providers in family-driven care
- Engage higher education students from various fields—medical, psychology, and the like—to provide support to programs through work-based learning
- Engage family peers to provide support for parent education
- Provide training in culturally responsive services
- Hire additional cultural navigators
- Increase the number of Ed Techs in classrooms

IV. SUPPORTING CHILDREN WITH SPECIAL NEEDS

In this chapter, we address needs associated with supporting children with delays and disabilities, a topic that emerged in all discussions as a major concern. In addition to regional and topical discussion groups, we held focus groups specifically for parents of children with special needs and providers with the support of the Maine Parent Federation. Participants in focus groups for New Mainer parents also addressed special needs. The major themes reported in this chapter are universally experienced although parents and providers experience some differences by region in the availability of services and collaboration among providers.

The needs identified are very similar to those identified in the 2019 Needs Assessment with greater urgency as a result of growing workforce shortages. Most participants who were critical of the current system also recognize that it is underfunded and challenged by shortages in several specialty areas. However, the urgency of concern is palpable. As one special needs provider noted, “we see more unmet needs with each cohort of students entering kindergarten.” The ripple effect of unmet needs is seen throughout the education system. Another noted that Maine is facing “a system failure that is impacting children now and will impact the state of Maine in the future.”

The information in this chapter is closely intertwined with the needs described in the other sections of the report, especially those concerns associated with the workforce, meeting family needs, and transitions. **Note that during the time this report was prepared, Maine’s legislature passed legislation to shift responsibility for Part B, 619 to public schools for a 4-year time span.**

Exhibit 14 Key Takeaways

- While efforts have been made on several fronts to expand early screening, Maine still has a relatively low rate of early identification compared to other states.
- Parents of children with delays and disabilities find systems of support difficult to access and navigate, facing long wait times at each stage of the process as well as frustrations associated with inaccurate diagnoses, and lack of service access and availability.
- Transitions can be especially difficult for children with special needs and their families (from Part C to Part B; preschool to K) because of gaps in receiving services.
- New Mainer families of children with delays and disabilities have unique needs.
- All teachers need training in working with children with special needs and understanding appropriate behavioral expectations.
- Shortages of staff with special needs preparation and certification is at the root of capacity to serve students adequately, in part the result of low compensation and underfunding.
- Parents and providers have many practical ideas about improving services.

Maine provides services for both Early Intervention (birth through 2 years, sometimes referred to as Part C services) and Appropriate Public Education (for ages 3–5 years, sometimes referred to as Part B/Section 619 services) through Child Development Services (CDS), a separate intermediate unit under the supervision of the Maine Department of Education. CDS consists of nine regional sites and a state office. The state CDS office maintains a central data management system and systemwide policies and procedures, and provides centralized fiscal services for regional CDS sites. Through the regional sites, CDS conducts Child Find to identify children eligible for services, addresses referrals, conducts evaluations to determine diagnoses, and provides services for eligible children.

In FY22³⁷ (the most recently available summary data), of the individual 8,979 children receiving direct services through CDS, 29% were in the 0–2 age group receiving early intervention for developmental delays. The total represents about a 6% increase in children served over the

³⁷Lucas, R. (March 2023). Child Development Services. *Annual Report to the Legislature*.

previous year. In the same time period, 3,716 children entered the CDS system (about 40% of the total are ages 0–2) and 3,240 exited the system. The most frequent primary disability for children ages 3–5 was speech or language impairment (46%) followed by autism (24%). About half of children served had Maine Care coverage for all or part of services.

CDS services for young children are provided directly by CDS staff, through contracted providers, and in a small number of preschool programs operated at regional CDS sites. Increasingly, 4-year-old children with special needs are served in public pre-K programs provided by school districts. The table below shows the breakdown of services by employee and contracted provider in terms of children served.³⁸

Exhibit 15 CDS Service Providers FY22

Services provided by	Part C	Part B
CDS employees	2176 (61%)	3985 (49%)
Contracted providers	1399 (39%)	4093 (51%)

Note. Some children receive multiple services.

Rates per hour for contracted service providers are considerably higher than costs for CDS employees (i.e., approximately 2.5 times for most types of services).

Through a relatively recent initiative, CDS has established nine preschools in Southern Maine designed to provide an inclusive education (with others under exploration) and has been working with SAUs to provide services to children in public pre-K through a growing number of contracted arrangements, now partnering with over one third of Maine’s SAUs. CDS reports that staffing these sites and encouraging participation from nondisabled peers remains challenging.

Entering the Child Development System

Screening. 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 PDG goal of having all children ready to succeed in kindergarten. Children who do not receive services lose valuable development opportunities and potentially have greater needs for special services later on.

CDS has made a major effort in the past few years to increase outreach statewide about Part C services, contacting all primary referral sources (e.g., physicians, Early Head Start, home health agencies and so forth) at least annually; in FY22, CDS reached almost 1,500 referral sources. Special efforts were made to reach referral sources in touch with families of infants (e.g., birthing hospitals). Data suggests those outreach services are having an effect: In one year (FY21–FY22)

³⁸Ibid.

there was an 88% increase in Part C referrals from hospitals and an almost 50% increase in the number of infants with Individualized Family Service Plans (IFSP).³⁹ Data from MaineCare show an improvement over the past several years from 30% to 36% of children with MaineCare receiving developmental screenings which is similar to the comparable national median but lower than other New England states.⁴⁰ *Help Me Grow* has also begun to conduct *ASQ* screenings at child care sites; during 2023, 121 screenings were conducted through *Help Me Grow*.⁴¹

CDS and the Maine Department of Health and Human Services recently established a memorandum of understanding that facilitates automatic referrals of all substance exposed infants and cases of child abuse and/or neglect; similar arrangements have been made with relevant Maine Center for Disease Control programs for referrals of infants at risk for delays.⁴²

These recent efforts are critical to overcome an historically low rate of identifications for early intervention. Comparing the rates of children identified for early intervention with the rates identified for special education in the school age population illustrates the concern. In the school age population (ages 5–21), Maine has the highest rate with an identified disability (12.95%)⁴³ Yet for the same time period Maine 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 (less than 1%). The same pattern of low rates of early identification has persisted for the past 2 decades.⁴⁴

Some parents in focus groups reported using the *ASQ* online and appreciated the guidance provided for understanding whether their children were meeting developmental milestones; one wished that the guidance covered the entire period from birth to age 5. While there have been strides made toward unifying referral systems, more work remains to improve rates of early identification, including with outreach to the medical community which sometimes distrusts the observations of parents and educators about the need for early intervention. Data from *Help Me Grow* reinforce parents' interests in finding out more about their children's development; about one third of the inquiries in 2023 were about developmental concerns, the largest category of inquiries.⁴⁵

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

³⁹Ibid.

⁴⁰Maine Children's Alliance.

⁴¹Help Me Grow.

⁴²Lucas.

⁴³For school year 2021–2022. Kids Count Data Center

⁴⁴Maine Children's Alliance.

⁴⁵Help Me Grow.

Referral, Evaluation and Diagnosis. In focus groups⁴⁶, parents and providers identified many concerns about the steps in the process from screening or referral to actually receiving appropriate services, frequently describing long time lags at each stage in the process. Further, even those parents who are themselves professionals in the field of special education found it difficult to navigate the system to obtain appropriate services for their own children. Parents and providers understand that many of the challenges they have experienced result from staff shortages and therefore the challenges faced by CDS are not easily resolved.

Examples of the challenges parents and providers report in getting to the point of diagnosis:

- Inequities in services, depending on where a family lives in Maine with rural areas disproportionately underserved
- Long wait time between referral and evaluation, or, in some cases before completion of an evaluation if the appropriate specialist is not available
- Yearlong wait to receive services after diagnosis
- No case manager available or multiple changes of case managers without notification to parents.

Several parents reported frustration with incorrect diagnoses; in these cases, parents eventually paid private vendors for evaluations or were able to get service recommendations through pediatricians. In one example, the child was not diagnosed with autism until he reached kindergarten when the school district contracted an outside evaluator.

During these long wait periods, parents (and child care or early education providers) often feel desperate for guidance to support their children, especially those exhibiting disruptive behaviors. Maine now has relatively new options for support, the *Help Me Grow* hotline and the Early Childhood Consultation Program; only a few parents and educators in our focus groups were aware of these opportunities.

We also heard from both parents and providers that they felt their own observations of children were discounted in the evaluation process by CDS staff, compounding the frustration experienced by long wait times and challenges in navigating the process. One child care director open to serving children with special

My son has Downs Syndrome. The lack of services started when he was very young and inappropriate services are still continuing. The one service that was helpful disappeared because reimbursement rates were too low. We spent 1000 days on the wait list because the case manager dropped the ball on paperwork. When he was old enough to go to kindergarten, we moved to a different community so we would be in a bigger system with better trained staff.

Parent of elementary age student

⁴⁶Information in this section was obtained from focus groups of parents and providers.

needs described CDS staff as “condescending.” One parent described difficulty in pinpointing a diagnosis, in part because the child’s teachers did not observe the same needs the parent did. The family waited one and a half years for an evaluation with a private clinic which was able to identify needed services.

We heard many stories, including from those who are both professionals in the field and also the parents of children with disabilities, about how strongly and persistently they advocated to move their children through the system to receive services. Parents who do not know how to ask for help, especially transient and homeless families, are particularly disadvantaged in navigating a system that requires persistence and facility with paperwork. Parents credit intermediaries for advocacy support, including the Maine Parent Federation, the Autism Society of Maine, child care staff, Head Start family workers and in some cases, CDS case managers. A participant described the helpful role that community health workers are taking in connecting families with medical models; the WIC program has grants to hire community health workers who are able to connect New Mainers with services of all types.

One of the persistent challenges that requires resources is referral of students for behavioral issues that do not qualify for special needs services—and which are compounded when child care and education staff are not well equipped to manage children’s behavior which is actually within developmental expectations (see more below).

Gaps in Service Delivery

Once children are determined eligible for early intervention or special education services, parents find that further advocacy is needed to ensure that children actually receive services. Parents sometimes expressed concerns about the length of time between diagnosis and the start of services. The official timelines for Part C allow 45 days from referral to have an Individualized Family Service Plan in place; the expected timeline for Part B/619 is 60 days from parental consent for evaluation to having an Individualized Education Plan. In some cases, parents reported delays because there were no case managers available. Parents are very aware of statewide staff shortages affecting CDS, particularly in the fields of speech/language and occupational therapy. A CDS participant in one focus group acknowledged that while there has been growth over the past few years in early intervention services, there are severe shortages in Part B services, especially in Cumberland County.

In the survey of early care and education providers, CDS services stood out as being the one area (of seven options) where there had been limited improvement. Over 70% of respondents gave that rating with fewer than 20% indicating they had seen steady improvement.⁴⁷

⁴⁷RMC Research (2024). Maine Departments of Health and Human Services and Education Survey.

Parents and providers identify many barriers to obtaining services, including:

- Lack of staff with appropriate specialties may mean a long wait for services after diagnosis. In some cases, a child diagnosed with multiple needs may receive only one of several services.
- If the child requires transportation to receive services, the family may not have the means to provide it, or the distance and time involved may be deterrents. For example, one family from York County who would have had to transport their child weekly to Bangor for specialized services—the only available service. While children ages 0–3 may receive services at home, children in center based or family care between ages 3–5 may require transportation from care sites to a point of CDS service. This situation can be disruptive for children and providers. Similarly, services may be offered through public pre-K but no transportation is available to the school site.
- Services scheduled for a care setting or preschool may be denied by CDS if the facility lacks an appropriate space.
- Support may be offered virtually but the value for young children (and for many diagnoses) is questionable. As one parent noted, “chasing her 3-year-old around the house with her phone” to receive speech therapy was not productive.

A set of cascading issues occurs because of the lack of readily accessible child care slots for children with special needs. Child care programs cannot afford to provide the 1-to-1 staff support that some children require. Parents may need to pay for additional support if it is available and they can afford to do so. Frequently, when placements do not have support or well-trained staff, children are expelled for behavioral reasons. In most focus groups, we heard from parents who had quit their jobs to stay home with their children until kindergarten once they realize that appropriate services were not going to be available.

As illustrated in the above examples, delivery of intervention services depends on effective communication and collaboration among all parties (i.e., parent, child care/education site, CDS providers, and medical personnel, in many cases). Breakdowns in communication are common. Several parents relayed, for example, that it was several months before they learned that services scheduled during child care had stopped because of loss of a staff member. Families who benefitted from early intervention home visits when the child was eligible for Part C

A 4-year-old in a foster care home has severe delays and is struggling in a pre-K setting. While she is diagnosed with multiple needs, she is only receiving speech therapy. CDS has no staff available to provide the other services; the school system will only go through CDS and there is no room in the school where services can be provided. The school frequently sends her home.

Story from one parent illustrating how barriers compound

services keenly feel the loss of communication when a child transfers to Part B services (see more below about transitions).

Collaboration among service providers is key. Parents expressed concern that the several specialists assigned to provide services to their children had no regular communication, operating in silos, which can lead to duplication or confusion. One Head Start provider with decades of experience described the positive changes in collaboration that immediately occurred with the change of regional CDS personnel who were open to frequent communication.

Transitions

Transitions can be especially difficult for families of children with special needs. Parents and providers noted gaps occur when children transfer from Part C services at age 3 to Part B services—representing a gap in coordination and communication between home-based providers and center-based care, often due to paperwork delays.⁴⁸ Sometimes children who have received Part C services (0–3) may not be eligible for Part B Section 619 services (3–5). Other transitions may also be occurring during the same time period: moving from child care setting/Head Start to public pre-K; moving from pre-K into formal schooling in kindergarten.

Given the lag times between referral and diagnosis and evaluation and the start of services described earlier, some providers said they felt they were always preparing families and children for transitions. Just as they had established a routine, it was time for a change of provider and/or setting. Most parents feel they were not prepared for transitions. It is important to remember that families are transitioning along with the child.

We did hear positive examples of transition efforts. One school system led community collaboration efforts with early care providers to initiate the process of

We might diagnose a child at age 2 years 6 months after they have been waiting for 6 months. Then we're in the "sweet spot" of the transition from Part C to Part B services but they won't get into the right program until age 4.

Interventionist

What shocked me most is how blind we are as parents to walk into transition. Only by word of mouth did I learn there would likely be a gap in services at age 3. Parents are ill-equipped to know what is coming next so we can adjust our expectations. Providers coming into the home to work collaboratively with parents make an intimate connection. Suddenly they are not coming into your house because your child turned 3. You were here helping me and now I don't have anyone coming.

Parent of child with multiple diagnoses

⁴⁸Focus groups with parents and providers.

transitioning well in advance, beginning in the month of March with families of 4-year-olds to prepare them for entry into kindergarten 7 months later. In some cases, the same district is providing services to child care programs with CDS as a partner to prepare for eventual transition. A participant from a different community noted that their community-based pre-K teachers were invited for the first time this year to sit in on meetings with CDS staff in the Spring to encourage better communication about children's needs prior to kindergarten entry. CDS has very recently provided school districts access to a database that will enable district officials to identify children in the 3- to 5-year-old range who will be entering their school system. The information will facilitate preparation for transition.

New Mainers

Cultural navigators and staff working directly with Maine's population of immigrants, refugees, and asylees participated in focus groups and were able to share the unique needs of those families who have children with disabilities.⁴⁹ Some New Mainers come from cultures that see disability and difference as immutable, not a condition that can benefit from educational supports. Their countries of origin do not have specialized educational supports. Families are unfamiliar with some diagnoses such as autism. Families without any experience of special education services may naturally hesitate to participate in screening and intervention programs. In other cases, some families believe their children are "being targeted" or singled out because of their New Mainer status, noting the high numbers of New Mainer children who have been identified with autism, for example.

In the summer 2023, New Mainers participated in a series of conversations covering a wide range of topics. While many of the issues raised were about experiences with older children in local school systems, some participating families had young children with special needs. Their experiences in receiving services are mixed. Families were unhappy with assessments conducted remotely; when they request a second assessment, delays impact the time before services can begin.

One mother had concerns that her almost-2-year-old son was not speaking; she talked with a pediatrician who made a referral to CDS. The assessment was done via Zoom; believing that the Zoom assessment was not accurate, the mother advocated for an in-person assessment. The result was her child was placed in a special school where he received speech therapy and OT. The school has since closed so she is searching for new services. In the meantime, she is working with him at home. She has met with a public pre-K program but realized his services will be outside of school.

New Mainer mother of 3 year old

⁴⁹Information in this section is from focus groups held by the Early Childhood Comprehensive Systems Grant with New Mainers during the summer 2023.

Mothers of children with special needs were interested in training that would help them support their children with daily living skills. Mothers also wanted opportunities to get together in support groups. They also want to participate in experiences with their children that are fun and educational which often requires support with transportation. One mother described such an experience as “eye opening.” She said “we may live in the United States but we don’t live in the United States.”

Building Staff Capacity

Shortages of qualified staff and contracted providers have hampered CDS’ ability to provide services. In spring 2023 one quarter of CDS positions were vacant. CDS salaries have not kept up with the increase in wages in public education; as noted, the reliance on contracted providers is much more expensive. To augment the workforce, CDS has created the CDS Pathways project (using federal pandemic funding) to provide an accelerated path to gaining teaching certificates in special education and is supporting increased training for existing staff.⁵⁰ CDS has also turned to retired special education staff and sought to establish contracts with additional service providers as well as expanding collaborations with SAUs.

In all discussions, we heard about the need for more training for mainstream staff of child care and education programs to better understand behavioral expectations appropriate for different age groups, helping teachers to understand and address the root causes of disruptive behaviors. Participants in focus groups believe that training in behavior management as well as trauma-informed care would help nonspecialist teachers in their roles. As one participant noted, children should have access to the services “they need to thrive and not be labeled as troubled due to lack of training and capacity to care for challenging behaviors.”

In the survey of early care and education providers, over 70% of providers rated serving children with special needs as among their greatest challenges (4 or 5 on a 5-point scale). When asked on the same survey for their professional development needs, 50% of providers indicated working with children who have special needs and almost 70% indicated addressing challenging behavioral issues.⁵¹ In each focus group, one or more parents relayed the negative effects on their young children of lack of teacher preparation.

Over the past few years, the state has offered training in creating and operating inclusive classrooms; the training outcomes should be reviewed for effectiveness and adaptations made if

The behaviors labelled as disruptive are not crazy—such things as 4-year-olds not sitting down or wanting to come in from recess. I am very concerned about labelling. My child has internalized that he is bad and can’t attend school with his friends.

Parent Ambassador

⁵⁰Lucas.

⁵¹RMC Research (2024). Maine Departments of Health and Human Services and Education Survey.

warranted before extending to more teachers. Of course, it can be very difficult for teachers to manage a classroom with several children who have complex IEP plans. A school district administrator noted the importance of careful attention to classroom makeup in addition to staff training.

Solutions

Everyone we spoke with, including those providing services for CDS, acknowledged the complexity of the system. Participants in each group who had experience in other states were perplexed by the difficulties they encountered in understanding or accessing services through Maine's system and agreed that streamlining processes and better collaboration would go a long way toward improvements even in the face of staffing shortages. Participants in focus groups offered a number of ideas to explore:

Suggestions about policy

- Explore the Part C Extension Option allowable under federal regulations to facilitate continuation of services between age 3 and kindergarten (currently in place in six states)
- Simplify paperwork for families
- Design a flowchart to help families navigate services
- Provide an administrative fee for CDS contractors to support operations, thereby strengthening the ability to offer quality programming
- Facilitate ability of professionals to share information about children directly with each other
- Ensure that tools being used to assess New Mainers are appropriate for the populations

Suggestions about collaboration/communication

- Increase collaboration and communication between CDS district sites and school districts offering public pre-K; facilitate collaboration between medical and education teams
- Continue to expand the role of school districts in providing services to young children with special needs, taking advantage of existing infrastructure
- Begin transition processes early—at least 6–7 months in advance
- Reestablish early childhood regional collaboratives as a locus for improving services
- Provide training to administrators to help them collaborate with providers
- Provide training to CDS staff to encourage improved communication with parents and teachers

- Expand access to programs being used through the Central Maine Youth Trauma Initiative to address mental health needs
- Reach child care and educational staff with information about CDS procedures so they can better support parents

Suggestions about supports for parents

- Disseminate more widely the support offered through the Early Childhood Consultation Partnership and *Help Me Grow*, especially to support parents and staff while waiting for evaluations and services
- Offer multiple opportunities for training in child development/behavior management, including expanding *Research Units in Behavioral Intervention* (RUBI) parent training (pilot opportunities are in the works to provide financial support to RUBI trainers to expand opportunities); differentiate training for New Mainers to address cultural differences
- Expand access for parents to various types of care navigators and provide navigators with consistent information/support; use community health workers to bridge the gap from parents to providers which has been working well with New Mainers
- Bring parenting education into high school health classes, specifically de-escalation training
- Collect and share testimonies from New Mainers whose children have received special education services are needed to encourage other parents to seek services.
- Organize support groups for New Mainer families who have children with disabilities

Suggestions about the workforce

- Increase pay scale and benefits for providers to retain staff; while CDS staff received a raise, inequity with public schools still exists
- Streamline certification system to remove obstacles
- Actively recruit out of state for shortage areas such as occupational therapy, speech/language therapy, and psychologists
- Provide financial incentives for agencies to sponsor graduate students in psychology as fellows or post-docs
- Increase the number of cultural brokers and translators
- Train parent and staff in behavior de-escalation techniques
- Offer dual certification for behavior health providers and Ed Techs so they can work in both positions; CDS has recently reached out to AmeriCorps as a partner to train staff as Ed Techs

- Provide tuition reimbursement for key specialties
- Engage college students who are training in special education fields to provide services in afterschool programs for credit
- Provide comprehensive support (training and classroom support) for teachers to work with special needs children inclusively
- Engage specialists in physical, occupational, and speech/language therapy to work with classroom teachers as consultants, providing modeling to support all children

Suggestions about programming

- Expand differentiated supports in pre-K (i.e., response-to-intervention) and offer universal access to physical and occupational therapy as well as speech and language services, including providing training to staff so that all children might benefit
- Public schools could provide more support to early care providers in the community using their current specialist staff, especially physical and occupational therapy



V. IMPROVING QUALITY: PROGRAM QUALITY RATINGS, PROFESSIONAL DEVELOPMENT, SEAMLESS TRANSITIONS

In this chapter, we address three major elements associated with the overall quality of the mixed delivery child care and education system: the influence of the **quality rating system**, *Rising Stars for ME*; **professional development** for early educators; and supports for smooth **transitions** across system levels for children and families. We have included smooth transitions as a feature of system quality, that is, an important characteristic of well-coordinated systems of care.

While the issue of transitions is on the radar screen of schools, much more needs to be done to break down the silos between community-based providers and school systems.

The information in this chapter is closely related to the chapters on Workforce Development, Meeting the Needs of Families for Early Care and Education, and Support for Children with Special Needs.

Exhibit 16 Key Takeaways

- Improvements to *Rising Stars for ME* have the potential to make it easier and more feasible for programs to improve their ratings but the value of making the required investments needs further demonstration.
- Programs need incentives for improving program quality given competing challenges, e.g., staff shortages.
- The greatest needs for professional development have not changed much in 5 years but may be felt even more acutely post pandemic: addressing challenging behaviors; working with children who have special needs; and learning about trauma-informed practices.

Rising Stars for ME: Maine's Quality Rating System (QRIS)

As indicated in the reporting on progress, Maine's QRIS was revised to broaden its reach, increase public awareness of quality features of programs, and increase its potential to encourage quality improvements by all programs. The QRIS is administered by the Department of Health and Human Services, Office of Child and Family Services (OCFS) through the Maine Roads to Quality Professional Development Network (MRTQ PDN).

Rising Stars for ME has two levels of standards: family child care programs and small centers (serving 12 or fewer children) and facility (serving 13 or more children). Progress on standards is rated in seven areas:

1. Learning Environment/Developmentally Appropriate Practice
2. Program Evaluation
3. Staff Qualifications and Professional Development
4. Administration and Business Practices
5. Family Engagement and Partnership
6. Child and Youth Assessment
7. Health, Safety, Nutrition and Physical Activity

Programs document their status in each standard area with a portfolio that is a combination of administrative data and self-report; portfolios are reviewed by OCFS staff who also conduct site visits to randomly selected programs. Based on the portfolio documentation (and site visit, if applicable), programs receive a rating of 1 to 5 stars; program status is reviewed every 2 years for renewal. The highest level, 5 stars, requires accreditation by a national organization (e.g., National Association for the Education of Young Children, National Association for Family Child care, Head Start programs that meet Head Start performance standards, Council on Accreditation, and American Montessori Society). Programs seeking some types of national accreditation are eligible for additional support to prepare documentation.

MRTQ provides technical assistance to help programs with establishing ratings through the application process and then improving their status in the form of consultations, trainings, resources, and toolkits. For example, MRTQ PDN trainings in learning and development standards and leadership development are designed to help staff with professional growth and at the same time, support enhanced ratings on the associated QRIS standards. The MRTQ Registry is a separate but complementary support through which early childhood practitioners can document their professional training and experience on a career lattice. All staff must be entered in the Registry for a program to apply to *Rising Stars for ME*.

At the time of the 2019 Needs Assessment, only half of the licensed child care programs in Maine had voluntarily chosen to participate in the QRIS, suggesting that it was not an effective mechanism for improving quality; moreover increases in participation over the years had been modest.⁵² In 2019, more than half of the enrolled programs were rated at the lowest level of quality and even those that had been in the system for several years had typically not made enough improvements to qualify them to move up a level, especially true of family child care providers.

Now all licensed child care programs are required to enroll 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). As described earlier, attaining higher star ratings brings incentives for providers (e.g., higher tiered reimbursement rates for those who accept CCAP at Star levels 3, 4, or 5 and a 10% quality bump for infants and toddlers) and families (e.g., for CCAP recipients, a reduction in the parent fee; for parents with children enrolled in a Star 5 program, a double child tax credit on Maine income tax).

Transition to the *Rising Stars for ME* from the former system occurred only about a year ago so it is too early to tell whether the changes are making a difference in terms of spurring program improvements.

In early 2024, OCFS conducted a small pilot study⁵³ to test the new process for portfolio review and site visit protocols. The pilot results suggest that improvements in the process are

⁵²Dwyer, M.C. (October 2019). *State of Maine Needs Assessment: Vulnerable Children Birth to Age 5 and Their Families*.

⁵³Taurasi, Amber (February 2024). *Rising Stars for ME Site Visit Pilot Report*. Office of Child and Family Supports.

appreciated by providers. Feedback from participating programs suggests that the online application process was easy for providers, the summary feedback was helpful, and the review/feedback seemed individualized to the program being reviewed.

Responses to follow-up interviews with pilot participants also touched upon comments about the QRIS process that we heard in our focus groups:

- Rural providers find it difficult to access the training required by staff to improve their ratings (e.g., a program pursuing a rating of 3 or above is required to have had training in Maine Early Learning and Development Standards).
- There are questions about whether the QRIS actually assesses the quality of a program.
- Given how much the ratings depend on formal staff qualifications, some feel that programs with staff whose qualifications have been gained through experience (but not formal education) are unfairly penalized.
- The documentation burden can seem overwhelming although the new system may have gone a long way toward addressing those concerns.

Participants in focus groups also expressed concerns with understanding the requirements for the QRIS and the Registry, emphasizing the importance of individualized assistance for applications to both systems. One provider described the challenge posed by a “fluctuating” workforce, noting that staff turnover may be high even though a program may be excellent. Achieving the required level of training with staff can be very difficult in those circumstances.

Another provider reiterated that the circumstances of different programs make it harder to achieve higher ratings even though a program may be high quality. The director of a large urban program said that she has only had two parents ask about QRIS ratings in the past 6 years so she questions whether families use the level designation when deciding on care options.

Participants recommend financial support and technical assistance for applying to *Rising Stars for ME*, and perhaps also for maintaining a Star level as well as for improving ratings. Striving for higher ratings and accreditation is especially important for smaller programs.

It is important to give some grace to the revamped QRIS. Many directors are feeling overwhelmed and question the investment of time when so many other needs are impacting daily operations. . . . it is going to take time to have the new ratings catch up to how thin everyone is stretched.

Private care provider

Credentials of Current Workforce

The relationship between early childhood preparation and credentials and quality outcomes has been well established through national studies. The evaluation of Maine's Preschool Expansion Grant showed that teachers with early childhood certification score higher on measures of classroom quality, including teacher-child interactions and providing emotional support to children, both predictive of child outcomes. Teachers who expressed confidence in their own instructional practices also scored higher on classroom quality measures.⁵⁴

The professional development Registry allows early childhood educators to track their education, certification, and professional development attainments, documenting their level on a career lattice. Maine recognizes levels within five career lattices (direct care, family education/support, administration, public school, license exempt). MRTQ PDN maintains the state's early care and education professional development Registry to track credentials and skill development. The Registry has an increasing number of active members.

Participation in the Registry is required for employees of licensed child care programs and those license exempt providers who are serving families receiving CCDF subsidy and voluntary for others. The requirement to join that accompanied the salary supplement seems to have had a major impact on increasing membership which now stands at 20,318 active members,⁵⁵ doubling in the past 5 years and growing at a much more rapid pace than previously. In the past year, 7% of those in the registry moved up a level on the career lattice.

Professional Development

Maine has made some headway in offering professional development for early educators in high needs topic areas over the past few years. To support training for early educators, the Departments of Education and Health and Human Services work through the MRTQ-PDN and partners with the Maine Association for the Education of Young Children (Maine AEYC) which supports the TEACH scholarship program. 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 as well as in-person sessions. The Early Childhood Consultation Partnership Program (ECCP) is a statewide response to the needs of educators for support in understanding and supporting the social-emotional needs of children.

⁵⁴Warren, L. & Reed, S. (n.d.). *Factors Associated with Classroom Quality in Preschool*. Framingham, MA: Early Childhood Associates, Inc.

⁵⁵ Data from MRTQ website downloaded April 2024. <https://www.mrtq.org/registry/>

Exhibit 17 shows how consistent Maine’s early educators have been over time when describing their needs for professional growth. In the survey of providers conducted for this needs assessment in 2024,⁵⁶ the responses were closely aligned with information gathered for the 2019 Needs Assessment. The most frequently selected responses about desired professional development align with the information reported in 2019: **addressing challenging behaviors; working with children with special needs; and trauma-informed practices.**

The 2019 Needs Assessment found that educators were most concerned with learning how to support the increasing number of children with high needs, including multiple adverse childhood experiences (ACES) and delays or disabilities.⁵⁷ In a survey that had been conducted for the QRIS Revision project, more than 80% of early childhood teachers reported feeling unprepared to work with children with disabilities and severe behavioral problems. The high rates of expulsion and suspension seen at that point corroborated the need for better training for educators.

Comments added to the 2024 survey elaborated on wanting more information about working with children who have been affected by substance abuse disorders, understanding the reasons behind children’s behaviors, learning more about invisible disabilities so as not to confuse them with behavior issues, and implications for operating in least restrictive environments. We heard several times the suggestion that if all teachers had more training in providing speech and language therapy, all children in their classrooms would benefit.

In 2019 educators also expressed the need to become more culturally responsive to Maine’s newcomers.⁵⁸ In the recent survey, about one quarter of respondents indicated that need. Note that almost 40% desire help in engaging and supporting parents, which may also include reference to newcomer parents.

It will become more and more common for classrooms to be filled with neurodivergent children.

Educator and parent of student with special needs

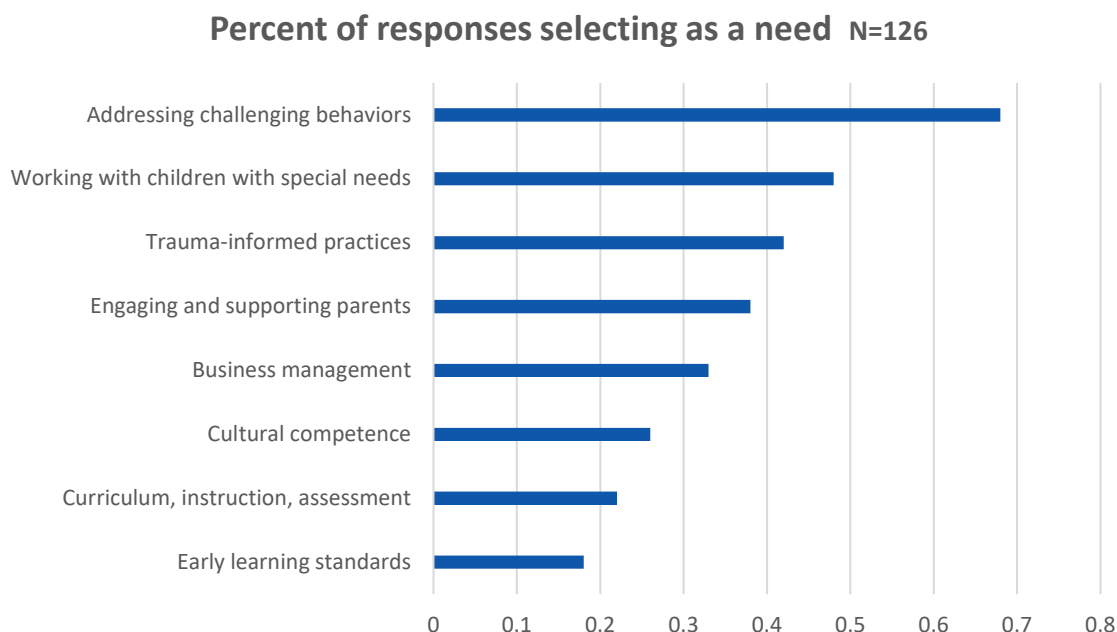
Without training, parents are seen as problems and not partners.

Organization leader

⁵⁶RMC Research (2024). Maine Departments of Health and Human Services and Education Survey.

⁵⁷Dwyer, M.C. (October 2019). *State of Maine Needs Assessment: Vulnerable Children Birth to Age 5 and Their Families*

⁵⁸Ibid.

Exhibit 17 Providers' Needs for Professional Development

The issue of educator training was frequently raised by parents during focus groups. As one parent noted, “when kids are placed in child care programs with teachers who have had virtually no training, it is the kids that are asked to leave.” Comments on the survey reiterated that additional training would help address the still high rates of suspension and expulsion from early care and education programs.

Other comments called for stronger relationships between teacher preparation institutions and child care programs so that the realities of the current classroom could influence the design of preparation programs to be more realistic about what it takes for teachers to do their jobs well. One comment suggested that mentor training could help to serve a similar purpose.

Some thought it would be helpful if teachers had a better understanding of the overall education and support system so they could be more helpful with parents.

In one focus group, we heard an experienced teacher describe the value of long-term coaching which she receives from a weekly coaching visit. She emphasized the value of establishing a trusting relationship with the coach, someone with whom she could troubleshoot emerging

My experience is that as soon as my child acted up, he was sent home so he was truant most of the year. The school never tried to get at the root cause of his behavioral problem.

Parent Ambassador

concerns. We also heard how important it is to ensure that professional development providers respect early educators and treat them as professionals—which had been cited as a problem in at least one school district. A superintendent who joined a focus group suggested that public schools could do a much better job in sharing professional development and other resources with local early care providers, being mindful of including them when scheduling training sessions. She described, for example, how helpful it was to have early care providers join with kindergarten teachers in a workshop to learn how to engage students in learning through play. As a result, the kindergarten teachers felt they needed to do more with play.

In the 2019 needs assessment, we heard a lot about the need for elementary school administrators to know more about child development—a need that has been addressed over the past few years through tailored training opportunities. In the 2024 survey, we received a comment about the importance of including in the administrator training information about supporting collaborations with community providers.

Transitions

Seamless transitions across services, providers, and levels within the mixed delivery system could be considered the mark of a **quality system** of early care and education services which is the reason we have included the topic of transitions in the chapter on improving quality. Attention to the smoothness of transitions could be considered an indicator of system progress; conversely, major challenges around transition points (e.g., early care to pre-K; pre-K to K; early intervention to Part B services; and even during daily schedules, moving from pre-K to a family child care setting) may signal the absence of supports, gaps in funding, and/or differences in values and perspectives. In other words, issues related to transitions illuminate system concerns that require attention.

In the past few years, the Department of Education has provided materials and training to school professionals to alert them to the importance of transitions and encourage making connections with early care providers. Clearly, there are districts in which leaders are making major efforts to smooth transitions into kindergarten but there is much room for improvement. On a positive note, we heard from one district administrator about bringing early care providers from the community into professional development sessions and providing them with materials, sharing pre-K materials with kindergarten teachers, bringing the staffs together to break down silos, and encouraging kindergarten teachers to integrate play-based learning. This example may seem aspirational but is within the realm of possibility for any district.

In discussion groups, we heard three major threads of concern around transitions (both of which can be especially difficult for New Mainer families):

- For children with special needs, the transition between early intervention services and Part B services is often met with gaps in services, delays in identifying service providers, and frustration on the part of families and providers,

- Lack of communication between early care providers who know young learners well and the child's kindergarten teacher, and
- For many families and children, the transition to kindergarten is an abrupt one, difficult for children in terms of expectations that may not be developmentally appropriate and for parents in the change in communication patterns (as well as coping with distressed children).

The first set of above transition concerns along with suggested solutions is described in the chapter on Supporting Children with Special Needs. The second set of transition concerns is recognized both by early care providers and teachers in the early grades and the roadblock to communication may be as simple as lack of a structure or routine for initiating communication.

The third set of transitions is experienced by all families, whether the child is moving from a child care setting or public pre-K or the home setting into kindergarten. For some families, the pressures of more demanding expectations in an academic setting clash with the child's developmental level. The consequences of the child's response to stress are calls home with warnings about behavior or even suspension or expulsion. For parents who relied upon frequent—often daily—updates from their child's early caregiver, lack of information can be alarming. The more distant relationships with parents that are typical of K–12 systems contribute to parents' worries about their child's adjustment to school.

It would really benefit children and families if there could be more communication between private programs and public schools. It is equally important for both to question, ponder and understand how needs have been met or what expectations are key to the pedagogy of that environment.

Private care provider

Solutions

Suggestions for strengthening existing systems were offered by providers:

Suggestions about program quality rating system

- Explore options for crediting the experience and prior learning of staff in lieu of credentials when considering rating levels
- Conduct an information campaign to inform parents and the public about the meaning of ratings
- Increase the assistance available to aid child care programs to increase their ratings

Suggestions about professional development

- Differentiate professional development for staff—which requires flexibility and creativity to give teachers more strategies and tools
- Reimagine teacher preparation and professional development to include more about building relationships, supporting all areas of development, and using appropriate assessments
- Establish mentorship programs for teachers, including the opportunity to spend time in the mentor’s classroom
- Consider additional pre-service requirements to better serve students with special needs, including coursework on identification, inclusion, speech and language therapy

Suggestions related to transitions

- Provide opportunities for early childhood educators to communicate with schools about young learners before and as they transition into public schools
- The flow of information between systems would be improved if early childhood professionals and the public school system used the same assessment approaches
- Showcase district and school leaders who have taken the initiative to set up communication pathways and routines between early grades teachers and community providers
- Encourage use of parent permissions, as necessary, to facilitate communication between early care providers and school teachers
- Encourage all school districts to include community providers in professional development sessions which are targeted at early education professionals
- Engage school health professionals and case workers in making contact with families who have children in early care settings

- Seek collaboration of early care providers for supporting registration of children into public schools, using the opportunity to share information about individual children's learning needs and strengths
- New roles in schools are needed to support early outreach (e.g., family liaisons)
- Treat early care and education professionals as professional educators
- Encourage districts to analyze the pre-K to grade 2 curriculum and assessment continuum to determine how and whether developmentally appropriate practice is represented
- Provide opportunities for early care providers and kindergarten teachers to observe in each other's settings

APPENDIX—SOURCES

- Bipartisan Policy Center (January 2023). *Child Care Gap Assessment: Maine*. Washington, DC: Author.
- Child and Adolescent Health Measurement Initiative. *2022 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health. Retrieved from [www.childhealthdata.org].
- Crescendo Consulting Group (December 2021). *Maine Community Action Partnership 2021 Statewide Community Needs Assessment*. Westbrook, ME: Author.
- Dwyer, M.C. (October 2019). *State of Maine Needs Assessment: Vulnerable Children Birth to Age 5 and Their Families*. Portsmouth, NH: RMC Research Corporation.
- Dwyer, M. C. (October 2020). *State of Maine Strategic Plan for Meeting the Needs of Vulnerable Children Birth to Age 5 and Their Families 2020–2025*. Portsmouth, NH: RMC Research Corporation.
- Early Childhood Education Data Dashboard (January 2024). <https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/early-childhood-education>.
- Federal Reserve Bank of St. Louis. *Child Care and the U.S. Economy in 2021*. https://www.stlouisfed.org/-/media/project/frbstl/stlouisfed/files/pdfs/community-development/child-care-fact-sheets/childcare-factsheets-allstates-us.pdf?sc_lang=en&hash=BEE2C7383F16E38DDAC7FC2A810376F1
- Friedman-Krauss, A. H., Barnett, W. S., Hodges, K. S., Garver, K. A., Jost, T. M., Weisenfeld, G., & Duer J. (2024). *The State of Preschool 2023: State Preschool Yearbook*. New Brunswick, NJ: National Institute for Early Education Research.
- Governor's Office of Policy Innovation and the Future (January 2024). *Plan to Establish the Maine Office of New Americans*. Augusta, ME: Author.
- Governor's Office of Policy Innovation and the Future. *2022 Maine Children's Cabinet Report*. Augusta, ME: Author.
- Health Management Associates (2021). *2021 Maine Child Care Market Rate Survey*.
- Help Me Grow* (January 2024). Presentation to Children's Cabinet.
- Kids Count Data Center 2021-22. <https://datacenter.aecf.org/data?location=ME#ME/2/0/char/0>
- Lech, P. L. and Fairman, J. (February 2020). *Public Preschool Programs in Maine: Program Design, Capacity and Expansion Challenges*. Orono, ME: University of Maine.
- Lucas, R. (March 2023). *Child Development Services: Annual Report to the Legislature*. Augusta, ME: Author.

Maine Applied Research (January 2022). *State Policy Options for Early Childhood Educator Compensation*. Augusta, ME: Maine's Zero to Three Work Group.

Maine Center for Workforce Research and Information. <https://www.maine.gov/labor/cwri/laus.html>

Maine Children's Alliance. 2023 *Maine Kids Count*. Augusta, ME: Author.

Maine Department of Education. Maine State-Wide Public Pre-K Data. <https://www.maine.gov/doe/node/4235>

Maine Department of Health and Human Services, Office of Child and Family Services (October 2022). *Child Care Plan for Maine Update*. Augusta, ME: Author.

Maine Department of Health and Human Services, Office of Child and Family Services (December 2022). *Early Care and Education Annual Report 2022*. Augusta, ME: Author.

Maine Department of Health and Human Services (August 2023). *Early Childhood Comprehensive Systems Grant Focus Group Feedback*.

Maine Department of Health and Human Services. 2021 *Maine Child care Market Rate Survey*.

Maine Department of Labor Center for Workforce Research and Information (October 2023). *Jobs Recovery and Worker Retention in Child care Services*.

MRTQ website in April 2024. <https://www.mrtq.org/registry/>

RegionTrack, Inc. (January 2024). *Child Care in State Economies*. Oklahoma City: Author.

RMC Research (2024). *Maine Departments of Health and Human Services and Education Survey*.

Taurasi, Amber (February 2024). *Rising Stars for ME Site Visit Pilot Report*. August, ME: Office of Child and Family Supports.

U. S. Bureau of Labor Statistics (May 2022). *Occupational Employment and Wages, 39-9011 Child care workers, May 2022*

U.S. Census Bureau and U.S. Bureau of Labor Statistics (2023). *Current Population Survey Annual Social and Economic Supplement*. Washington, DC: Author.

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

Wielk, E. (2023). *Women in the Workforce Need Family-focused Policy*. Bipartisan Policy Center. <https://bipartisanpolicy.org/blog/women-in-the-workforce-need-family-focused-policy/>



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