

*Senator Rebecca J. Millett*  
3 State House Station  
Augusta, ME 04333-0003  
(207) 287-1515  
[senrebeccamillett@gmail.com](mailto:senrebeccamillett@gmail.com)

April 10, 2017

Good afternoon Senator Brakey, Representative Hymanson and distinguished members of the Joint Committee on Health and Human Services. I am Senator Rebecca Millett, representing District 29 which includes South Portland, Cape Elizabeth and part of Scarborough. I appreciate the opportunity to present to you today LD 383 "An Act to Increase Access to Child Care."

The earliest years of a child's life involve periods of incredible growth. Infants need many important inputs to properly shape their brains and build a healthy foundation for life, including consistent relationships with caring adults and adequate health and developmental supports. Research is clear that high-quality child care with warm, responsive, and skilled caregivers; healthy and safe environments; and linkages to community supports help promote healthy development for infants and toddlers and create a strong base for the future. Yet, far too many infants and toddlers lack access to child care environments that foster healthy outcomes. When state policies and services that help children grow and thrive are lacking, an incredible opportunity is missed.

State policies can promote the quality and continuity of early childhood experiences and positively impact the healthy growth and development of babies and toddlers in child care settings. These policies can not only advance basic health and safety but also increase the likelihood that those who care for infants and toddlers have the tools to: stimulate early learning and development; identify health and developmental issues; and potentially link families to necessary supports.

The Child Care and Development Block Grant (CCDBG) is the primary source of federal funding for child care subsidies for low-income working families and improvements to child care quality. Each state receives a set amount of federal funds and can receive additional funds by spending more state dollars on child care subsidies and quality initiatives. Annual CCDBG appropriations include an earmark for investments in infant-toddler care. Maine currently utilizes a system of direct subsidy payments to child care providers on behalf of eligible parents.

High-quality licensed infant and toddler care is more expensive for programs to offer, due to additional quality requirements such as fewer children per childcare provider, more space per child, special equipment (e.g., cribs), and additional health and safety requirements (e.g., sanitary areas for diaper changing).

This legislation would implement several approaches to increase access to high quality child care for infants. First, Maine should ensure that adequate funding is available so that child care rates

can be set at the levels needed to ensure that programs can provide high-quality infant and toddler care. This bill proposes incentives to increase the supply and improve the quality of child care by ensuring a higher rate of pay for those who accept infants. The incentives would increase the rate of pay by 15% for those at Step 2 of the quality rating system, 20% for those at Step 3, and 25% for those at Step 4.

Next, this bill would increase access to high quality care for at-risk infants. Research indicates that the strongest effects of quality child care are found with at-risk children—children from families with few resources and under great stress. Unfortunately, at-risk infants and toddlers often receive poor quality child care that can diminish their potential and lead to poor cognitive, social, and emotional developmental outcomes. Research suggests that “even small improvements in staff ratios and training and modest caregiver compensation initiatives can produce considerable improvements in the observed quality of care for young children.”<sup>1</sup>

An effective method to ensure that at-risk children receive high quality care is the use of contracts with high quality providers. These contracts can be a tool to create or stabilize care in particular communities, such as rural or low-income areas. Or they can provide specialized services for specific populations, such as infants with disabilities or those in the foster care system. The use of contracts can create child care slots that will provide high quality care for infants by extending the day for infants and toddlers and to improve the quality of infant/toddler family child care.

When infants and toddlers are in non-parental care, they need to form a secure attachment to their child care providers in order to thrive and they only form these critical attachments when their providers remain stable over time. Leading experts agree that “having one primary caregiver for more than a year, and optimally from entry into child care until the child is at least 3 years of age, is critical for an infant’s emotional development.”<sup>2</sup>

I have heard from childcare providers that the burden required to get paid through the subsidy system is nearly as important as the amount of the payment in determining whether a provider will accept the subsidy. Compared to contracts, direct subsidies are unstable for providers, as parents can leave their child care arrangement at any time, consequently taking away a provider’s payment without any guarantee that another child will fill the space. Contracts can guarantee payment for a specific number of children and may be paid prospectively, which provides even more stability for a child care provider.

Finally, the Department should create a contract to increase the number and quality of family child care providers who can reach Step 4 on the quality rating system by creating regional community-based networks comprised of family child care providers.”<sup>3</sup> These networks can support children and their families in accessing quality family child care and support family child care providers by lessening their isolation and providing peer support, resource sharing, and grants to support providers to increase their education. Family child care networks can provide

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<sup>1</sup> “Seizing the Potential: Quality Infant-Toddler Child Care”, Zero to Three

<sup>2</sup> “Seizing the Potential: Quality Infant-Toddler Child Care”, Zero to Three

<sup>3</sup> “Supporting Children Through Community-Based Coalitions”, Early Learning Challenge Technical Assistance

technical assistance to family child care providers in the form of curricula, professional development and training opportunities, and mentoring through site visits. Many states like Florida, Kentucky, Connecticut, Wisconsin are utilizing networks with great success.

The quality of child care ultimately relies on the quality of the relationship between the child care provider and the child and skilled and stable providers promoting positive development. "A secure relationship between the infant and the caregiver can complement the relationship between parents and young children and facilitate early learning and social development."<sup>4</sup> "Young children whose caregivers provide ample verbal and cognitive stimulation, who are sensitive and responsive, and who give them generous amounts of attention and support are more likely to be advanced in all aspects of development compared with children who fail to receive these important inputs."<sup>5</sup> Children who receive this type of quality care will be more likely to succeed in school, in life, and will support Maine's future economy.

I hope you will join me in supporting this bill. I have been before you with a number of bills this session, as it has become crystal clear to me, after more than 10 years of public service in education, that ensuring as many of our youngest children have the opportunity to build strong foundations, is the essential to anything we hope for them to accomplish during their school years and as responsible productive adults. I am happy to answer any questions.

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<sup>4</sup> Charting Progress for Babies in Child Care Supporting Growth and Development of Babies in Child Care: What does the Research Say? Anne Goldstein, Katie Hamm and Rachel Schumacher

<sup>5</sup> "From Neurons to Neighborhoods: The Science of Early Childhood Development", National Research Council (US) and Institute of Medicine (US) Committee on Integrating the Science of Early Childhood Development; Shonkoff JP, Phillips DA

**Maine Revised Statutes**  
**Title 22: HEALTH AND WELFARE**  
**Chapter 1052-A: CHILD CARE SERVICES**

**§3731. DEFINITIONS**

As used in this chapter, unless the context otherwise indicates or unless they are inconsistent with federal law, the following terms have the following meanings.

**1. Child care.** "Child care" means a regular service of care and education provided for compensation for any part of a day less than 24 hours to a child or children under 16 years of age whose parents work outside the home, attend an educational program or are otherwise unable to care for their children. "Child care" also means administrative functions related to the delivery of child care services, including, but not limited to, contract management, voucher administration, licensing, training, technical assistance and referral.

**2. Council.** "Council" means the Child Care Advisory Council established pursuant to Title 5, section 12004-I, subsection 35-B.

**2-A. Division.** "Division" means the early childhood division of the Department of Health and Human Services, Office of Child and Family Services.

**2-B. Infant.** "Infant" means a child six (6) weeks through twelve (12) months of age.

**3. Office.** "Office" means the Office of Child Care and Head Start.

**4. Region.** "Region" means a service delivery region established by the commissioner.

**§3737. PAYMENTS TO PROVIDERS**

**1. No payments to recipients.** The department may not make cash payments to recipients for child care services provided under this chapter, except when those payments represent reimbursement for services already provided to the recipient.

**2. Maintenance of existing options.** The department shall ensure that child care funds are distributed through a range of mechanisms, including, but not limited to, vouchers to recipients and contracts to providers.

**3. Quality differential.** To the extent permitted by federal law, the department shall pay a differential rate for child care services that meet or that make substantial progress toward meeting nationally recognized quality standards, such as those standards required by the Head Start program or required for accreditation by the National Association for the Education of Young Children, and shall do so from the Child Care Development Fund 25% Quality Set-aside funds or by other acceptable federal practices. Rules adopted pursuant to this subsection are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A. The rules must establish a 4-step child care quality rating system and must provide for graduated quality differential rates

for step 2, step 3 and step 4 child care services.

- A. [2013, c. 559, §1 (RP).]
- B. [2013, c. 559, §1 (RP).]

**4. Quality differential to improve supply of care for infants.** The department shall pay a differential rate to child care providers participating in the 4-step child care quality rating system who provide child care services to infants as defined in Title 22, section 3731, subsection 2-B. The department must provide the following schedule of payments:

- A. A 15% quality differential rate for step 2 child care services;
- B. A 20% quality differential rate for step 3 child care services; and
- C. A 25% quality differential rate for step 4 child care services.

**5. Use of contracts to improve supply of care for infants.** The department shall distribute child care funds through a contract with providers at step 4 of the quality rating system to increase the availability of care for infants as defined in Title 22, section 3731. The department must ensure that providers prioritize the following at-risk populations:

- A. Infants in the child welfare system;
- B. Infants with disabilities;
- C. Infants whose parents are participating in a substance abuse treatment program;
- D. Infants whose parents have been homeless in the preceding six months; or
- E. Infants in geographic areas of the state where parents have few opportunities to secure high quality infant care.

Nothing in this subsection requires the department to pay a quality differential rate for child care services provided through the Temporary Assistance for Needy Families block grant.

# MAINE

## Access to High Quality Early Learning Matters!

Research shows that during the earliest years of a child's life:

700 - 1,000 new  
neural connections  
form every second

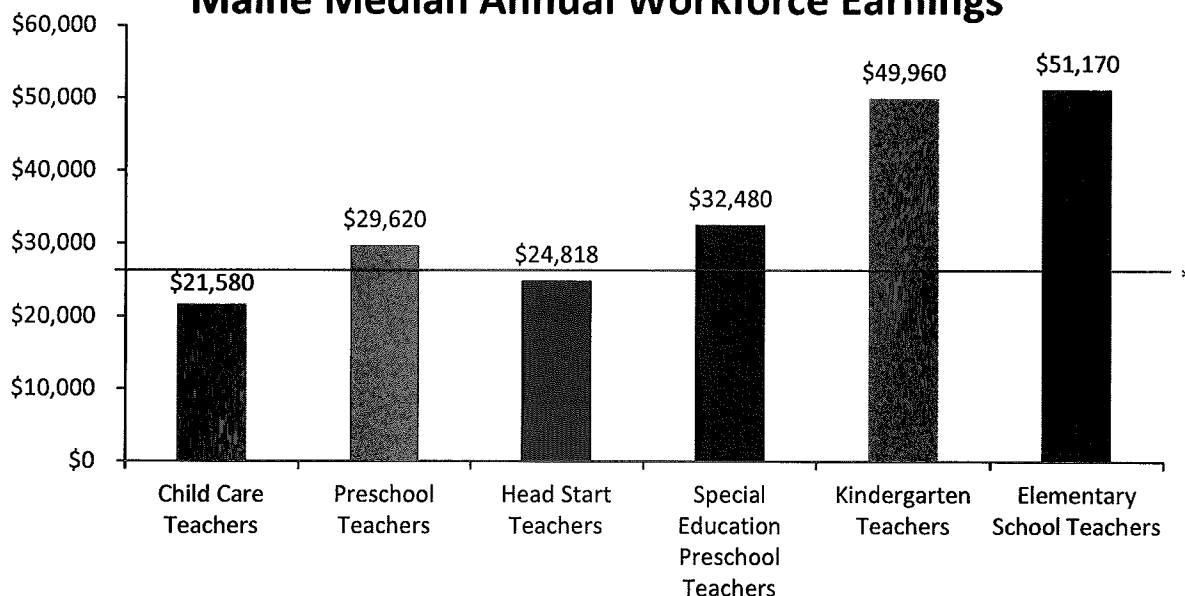
Genetics plus  
experiences shape  
the developing  
brain

The foundation  
forms for future  
cognitive abilities

Vocabulary at  
age 3 can predict  
3<sup>rd</sup> Grade Reading  
Achievement

## High Quality Programs Depend on a Quality Workforce Low Wages Undermine Quality

### Maine Median Annual Workforce Earnings



### Maine Demographics

- 75,585** Children Under Age 6
- 31,942** Children Under Age 6 Below 200% of Poverty
- 68.5%** Children Under Age 6 Living in Households with All Parents Working
- 54.7%** Families Led by a Single Mother with Children Under Age 5 Living in Poverty
- 25.1%** Children Under Age 5 Living in Poverty

### Maine Median Annual Wages for Other Occupations



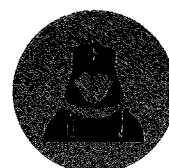
Parking Lot  
Attendants  
\$25,500



Manicurist &  
Pedicurist  
\$18,540



Word  
Processors/  
Typists  
\$36,310



Nurses  
\$62,840

Source: U.S. Census Bureau, ACS 1 Year data (2014); U.S. Bureau of Labor Statistics, Occupational Employment Statistics (2015); Head Start Program Information Report (2015).

