



Early Childhood Care & Education in Maine Landscape Report

Prepared for
Maine Children's Cabinet Early Childhood Advisory Council

Prepared by
Catherine deLutio, Maine Applied Research, LLC

February 2020

CONTENTS

- Introduction 3
- Data Summary..... 4
 - Maine Children..... 4
 - Maine Families 8
 - Maine Childcare Providers 11
 - Maine Early Childhood Professionals..... 15
- A Misaligned Market..... 19
- Policy Recommendations..... 23
- Key Themes 25
 - Capacity..... 25
 - Workforce Development 26
 - Affordability 27
 - Family Friendliness..... 28
 - Quality 29
 - Better Integration and Coordination of Services 30
 - Funding..... 31
- Sources..... 32

INTRODUCTION

The Maine Legislature established the Children’s Cabinet Early Childhood Advisory Council (CCECAC) in 2019 to advise the newly reinstated Children’s Cabinet. The CCECAC focuses on policy and programming for children from birth to third grade, with a special priority on kindergarten readiness.

This report surveys the current landscape of early childhood care and education in Maine. It establishes a common foundation of information on which the CCECAC can begin building its policy and program recommendations. This report is intended to complement, and not duplicate, other recent reports on this topic, particularly the Preschool Development Grant’s (PDG) *State of Maine Needs Assessment* commissioned by the Maine Department of Education (Dwyer, C. 2019) and the “LD 1635” report by the Maine Department of Health and Human Services. Where appropriate, this report directs readers to those sources for more information on certain topics.

This report begins with summative data on Maine children, families, and childcare providers. The next section synthesizes the top recommendations for improving early childhood outcomes proposed by various state and national agencies and organizations. The final section explores the highest priority themes that emerge from this review of data and recommendations: capacity, workforce, affordability, family friendliness, quality, and system integration. For each theme, policy recommendations are summarized and, where applicable, exemplary programs from Maine and other states are highlighted.

DATA SUMMARY

This section presents data on Maine children, families, childcare providers, and childcare professionals. It is not an exhaustive profile of these groups. Rather, it presents available information that illuminates some of the conditions and trends occurring in the early childhood care and education field in Maine.

Maine Children

Maine lacks an integrated system for identifying and tracking children before they reach school age. In 2016, the State Agency Interdepartmental Early Learning team (SAIEL), a partnership between the Maine Department of Health and Human Services (DHHS) and the Maine Department of Education (DOE), created the following maps of data available from various agencies. Although portions of this map may have changed since 2016, it illuminates the lack of an integrated system for data on Maine children. DOE staff report that this map will be updated in the spring of 2020.

Source	Data System	Age of Children in Data System																				
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
MaineCare	MaineCare																					
MDOE	Infinite Campus																					
Home Visiting	Home Visiting																					
SAMHS ¹	SAMHS									?	?	?	?	?	?	?	?					
Child Dev Services	Case-E/CINC																					
Children's Beh Health	Enterprise Info System																					
OCFS-Child Welfare	MACWIS ² (Child Welfare)																					
OCFS-Childcare	MACWIS (Childcare)																					
KVCAP Head Start	COPA/Child Plus/Promise																					
Maine CDC	ChildLINK																					

Source: SAIEL Data Linkage Map, 2016

Source	Data System	Approximate Percentage of Maine Children in System																				
		5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	
MaineCare	MaineCare																					
MDOE	Infinite Campus																					
Home Visiting	Home Visiting																					
SAMHS	SAMHS																					
Child Dev Services	Case-E/CINC																					
Children's Beh Health	Enterprise Info System																					
OCFS-Child Welfare	MACWIS (Child Welfare)																					
OCFS-Childcare	MACWIS (Childcare)																					
KVCAP Head Start	COPA/Child Plus/Promise																					
Maine CDC	ChildLINK																					

Source: SAIEL Data Linkage Map, 2016

General Domain	Variables	Data System
----------------	-----------	-------------


¹ Substance Abuse and Mental Health Services

² Maine Automated Child Welfare Information System

		MaineCare	Infinite Campus	Home Visiting	SAMHS	Case-E/CINC	Enterprise Info System	MACMWS (Child Welfare)	MACWIS (Childcare)	COPA/Child Plus/Promise	ChildLINK
IDs	Social Security Number	Available					Available	Available	Available	Available	
	MaineCare ID/A-Number	Available					Available	Available	Available	Available	
	MEDMS/MDOE ID		Available							Available	
Demographics	Child Name	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available
	Child Date of Birth	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available
	Child State of Birth			Available	Available	Available	Available	Available	Available	Available	Available
	Child Born in Maine			Available	Available	Available	Available	Available	Available	Available	Available
	Mother Name	Available but may not be consistent	Available	Available	Available	Available	Available	Available	Available	Available	Available
	Mother Maiden Name			Available	Available	Available	Available	Available	Available	Available	Available
	Mother Date of Birth	Available but may not be consistent	Available	Available	Available	Available	Available	Available	Available	Available	Available
	Father Name	Available but may not be consistent	Available	Available	Available	Available	Available	Available	Available	Available	Available
	Father Date of Birth	Available but may not be consistent	Available	Available	Available	Available	Available	Available	Available	Available	Available
Service Data	Academic		Available	Available	Available	Available	Available	Available	Available	Available	Available
	Health	Available		Available	Available	Available	Available	Available	Available	Available	Available
	Social/Emotional Development	Available		Available	Available	Available	Available	Available	Available	Available	Available
	Behavioral	Available		Available	Available	Available	Available	Available	Available	Available	Available
	Type/Name of Service	Available		Available	Available	Available	Available	Available	Available	Available	Available
	Start/End Dates			Available	Available	Available	Available	Available	Available	Available	Available
	Dosage			Available	Available	Available	Available	Available	Available	Available	Available
	Cost	Available		Available	Available	Available	Available	Available	Available	Available	Available
Screening/Testing Data	Academic	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available
	Health	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available
	Social/Emotional Development			Available	Available	Available	Available	Available	Available	Available	Available
	Behavioral			Available	Available	Available	Available	Available	Available	Available	Available
	Other Data			Available	Available	Available	Available	Available	Available	Available	Available
Other Demographics	Sex	Available	Available	Available	Available	Available	Available	Available	Available	Available	Available
	Race	Available but may not be consistent	Available	Available	Available	Available	Available	Available	Available	Available	Available
	Ethnicity		Available	Available	Available	Available	Available	Available	Available	Available	Available
	Marital Status			Available	Available	Available	Available	Available	Available	Available	Available
	Employment Status			Available	Available	Available	Available	Available	Available	Available	Available
	Parent Education			Available	Available	Available	Available	Available	Available	Available	Available
	Income			Available	Available	Available	Available	Available	Available	Available	Available
	Low-Income Flag		Available	Available	Available	Available	Available	Available	Available	Available	Available

Source: SAIEL Data Linkage Map, 2016

 Available

 Available but may not be consistent

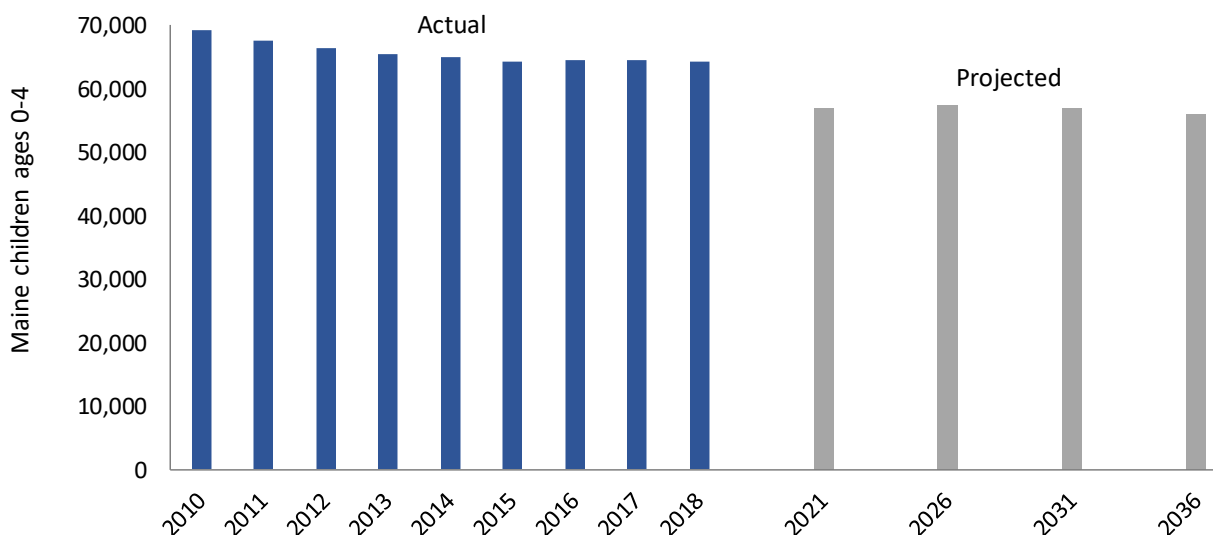
Through the Preschool Development Grant, DOE has reinvigorated conversations about establishing an Early Childhood Integrated Data System. Staff are currently meeting to discuss updating the data map

and to identify the steps needed to develop a data governance team and allow for data sharing between agencies to begin to answer key policy questions about the State’s investments in early care and education.

Population Trends

The U.S. Census Bureau provides helpful summative data on Maine children. Their estimates cannot pinpoint children in need, but they reveal trends and conditions that impact the experiences of Maine children and their caregivers. The Census Bureau estimates that there were 65,000 children in Maine under age 5 in 2018.³ The state’s population of young children is slowly shrinking as the overall population ages. From 2010 to 2018, the number of children under age 5 fell from 70,000 in 2010 to 64,000 in 2018. State projections suggest that this decline will continue, plateauing at around 57,000 after 2021.

The number of young children in Maine is declining...



Source: Census Bureau and Maine State Economist

The table below shows how this demographic shift has occurred differently throughout Maine. In the past decade, the largest percentage declines were mostly in Mid-Coast counties. (This recent snapshot does not show previous, significant declines experienced by some rural counties.)

...but the rate of decline varies by region.

Androscoggin	-6%	Kennebec	-3%	Piscataquis	-6%
Aroostook	-5%	Knox	-10%	Sagadahoc	-12%
Cumberland	-5%	Lincoln	-20%	Somerset	-16%
Franklin	-6%	Oxford	-12%	Waldo	-12%
Hancock	-7%	Penobscot	-10%	Washington	-11%
				York	-8%

Decline of children ages 0-4, 2014-2018 compared to 2006-2010 (five-year averages)

³ All data in this section are from the U.S. Census Bureau’s American Community Survey.

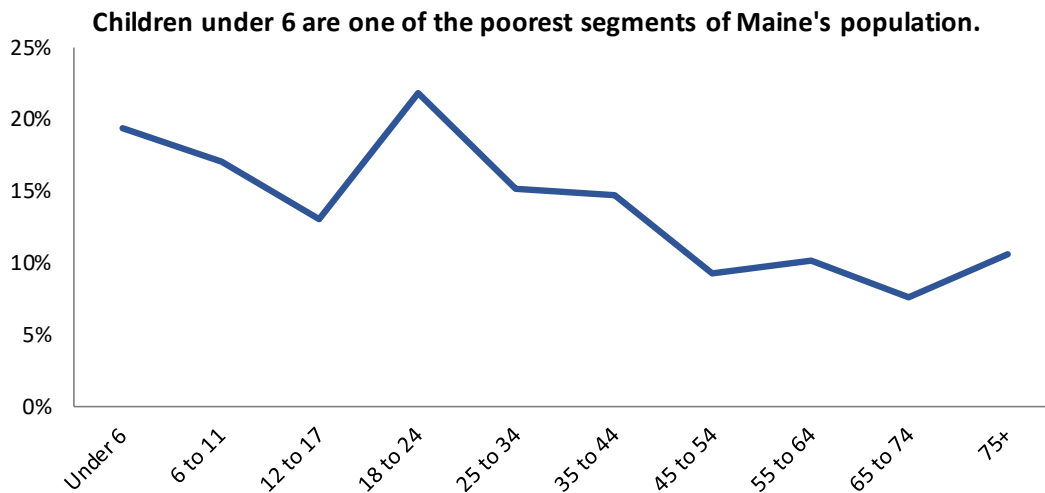
This demographic shift affects demand for childcare services as each cohort of children is slightly smaller than the previous one. For instance, the Census Bureau estimates there were 13,188 four-year-olds in Maine in 2018 compared to 12,409 children under age one, an estimated decline of about 800 children (6%) in just four years. This, along with many other factors discussed elsewhere in this report, impacts the nature of care sought by Maine families.

Even as Maine’s population of young children is shrinking, their needs are growing. The Preschool Development Grant’s *State of Maine Needs Assessment* thoroughly describes Maine’s changing demographics and the growing needs of children who face barriers due to language, disabilities, poverty, adverse childhood conditions (ACEs), and other challenges.

Age (years)	Number of Children in Maine (2018)
0	12,409
1	12,629
2	12,930
3	13,126
4	13,188
Total	64,282

20% of Maine children under age 6 (15,000) are living in poverty.

One of the distinct characteristics of Maine’s young children is their high rate of poverty. As the chart below shows, 20% of Maine children under age 6 are living in households with incomes below the federal poverty threshold. This makes them one of the poorest segments of Maine’s population, along with 18- to 24-year-olds.



Source: U.S. Census Bureau, American Community Survey, 2014-2018 five-year average

Maine Families

From 2014 to 2018, approximately 53,000 Maine children under age 6 lived in households where all parents were in the labor force (Census 2020). The need for accessible, reliable childcare is critical for these families. One recent survey found that 7% of Maine families have had a family member quit a job, decline a job, or greatly change their job because of a childcare problem (DRCCAH 2020). This represents the guardians of nearly 6,000 Maine

71% of Maine children under age 6 (53,000) live in households where all parents work.

4,000 Maine adults are working only part-time due to a “childcare problem.”

children. Another survey finds that approximately 4,000 Maine adults are working part-time rather than full-time due to a childcare problem (DOL 2020). Most (about 75%) are women.

Childcare challenges that limit parents’ ability to work may contribute to above average poverty rates for households with young children. Approximately 16% of Maine families with children under age 5 have incomes below the poverty rate, compared to 8% of all families. Nearly half (47%) of households headed by single women with young children are in poverty. Households headed by individuals who are African American, Native American, and other races and ethnicities also tend to have higher poverty rates.

In Maine, poverty rates vary widely by family type.

Family by Type	Poverty Rate (2018)
All families	8%
All families with children	14%
All families with children under age 5	16%
Married couple with children under age 5	5%
Female householder (no husband present) with children under age 5	48%
Householder is Black or African American	36%
Householder is Native American	25%

Source: U.S. Census Bureau, American Community Survey, 2014-2018 five-year average

The high cost of childcare places a financial burden on these families. The following table shows the statewide median weekly cost of full- and part-time care for children of various ages. Over the course of a year, these fees add up to thousands of dollars for Maine families.

Below is DHHS’s assessment of the percentage of median family income required for one child (prior to subsidies, vouchers, or tax credits). DHHS notes that one-in-four Maine children are being raised by single mothers. “...The median income for a single mother in Maine is \$24,899. For full-time care in a childcare center, a single mother at the median income level with one child would spend 45% of income for infant care, 42% for toddler care, 39% for preschool care and 24% for school-age care. Family providers are more affordable, but still accounts for 31% of income for infant and toddler care, 29% for preschool care and 21% for school-age care” (DHHS 2018).

Childcare is a large expense for many Maine families.

Percent of Median Income for
One Child in Care

	Age of Child	Annual Cost	Married Couple	Single Parent
Center	Infant	\$11,180	14%	45%
	Toddler	\$10,400	13%	42%
	Preschool	\$9,828	12%	39%
	School-age	\$5,980	7%	24%
Family	Infant	\$7,800	9%	31%
	Toddler	\$7,800	9%	31%
	Preschool	\$7,280	9%	29%
	School-age	\$5,200	6%	21%

Source: Maine DHHS 2018 Market Rate Survey

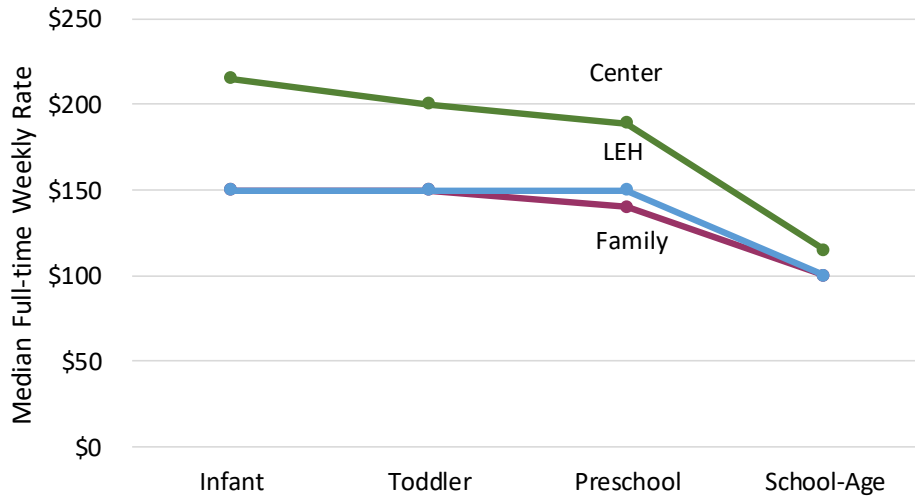
The following table shows the median weekly rates for full- and part-time care. These rates vary by region, with lower rates in Maine’s rural areas and higher rates in southern coastal counties, specifically Cumberland and York.

Childcare is most expensive for infants, and least expensive for school-age children.

	Age Group	Median Weekly Rate	
		Full-time	Part-time
Center	Infant	\$215	\$171
	Toddler	\$200	\$153
	Preschool	\$189	\$135
	School-age	\$115	\$75
Family	Infant	\$150	\$113
	Toddler	\$150	\$111
	Preschool	\$140	\$103
	School-age	\$100	\$69
LEH Providers	Infant	\$150	\$83
	Toddler	\$150	\$90
	Preschool	\$150	\$85
	School-age	\$100	\$75

Source: Maine DHHS 2018 Market Rate Survey

Childcare centers are more expensive than family and license-exempt providers, although this comparison does not account for quality of care.



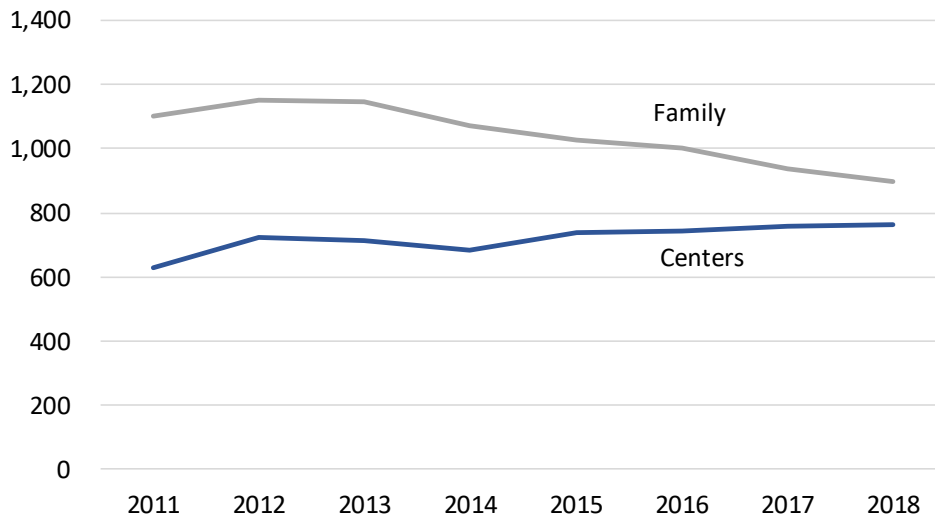
Source: Maine DHHS, 2018 Market Rate Survey

Affordability may be “the single biggest challenge that families at all income levels face,” (MWPC and MCA 2017), but other barriers exist as well. Transportation problems, nonstandard works schedules, cultural barriers, and myriad other factors can exacerbate the challenge of finding affordable childcare. Families in need of assistance report difficulty navigating the web of programs and services offered by various agencies and organizations. For many families, especially those with limited resources or those in crisis, these challenges may prevent them and their children from receiving the help they need and for which they are eligible. The *PDG Needs Assessment* describes these challenges in detail.

Maine Childcare Providers

In 2018, there were approximately 1,972 licensed and unlicensed childcare providers in Maine (DHHS 2018). Of these, 39% were childcare centers, 50% were family providers, and 11% were license-exempt home providers (who care for two or fewer children inside their homes). Through its licensing process, DHHS has basic information about the number of providers in each county, the type of providers (centers, home providers, etc.), and their capacity. Through its market rate survey, DHHS collects additional information on childcare rates, wages and benefits, vacancies, and providers' desired capacity. There is very little publicly available data on license-exempt providers.

The number of family providers in Maine is falling as centers slowly grow.



Source: Kids Count Data Center based on data from Maine DHHS

From 2011 to 2018, the number of licensed providers in Maine fell 18%. However, there was a sharp divide between a 30% decline of family providers and a 3% increase of childcare centers. It is important to note that some family providers may have switched categories during this time, however, these occurrences are relatively rare and are not driving the overall trend (Dwyer T. 2019). Furthermore, these statistics do not reflect capacity or quality. In 2018, 28% of center providers had, or were obtaining accreditation compared to 15% of family providers (DHHS 2018). A high-capacity, high-quality childcare center could potentially serve the same population previously served by multiple family providers.

The number of family childcare providers in Maine has fallen 30% since 2011.

The decline in family providers has occurred throughout Maine, as shown in the table below. This shift in the composition of Maine's childcare landscape may impact the number and diversity of options available to Maine families. In some counties, an increase in childcare centers has offset the decline. In others, centers have declined as well.

The decline of family providers is occurring across Maine.

County	Total Licensed Providers			Centers			Family		
	2011	2018	Change	2011	2018	Change	2011	2018	Change
Washington	37	26	-30%	14	10	-29%	23	16	-30%
Franklin	65	48	-26%	19	19	0%	46	29	-37%
Lincoln	46	36	-22%	23	23	0%	23	13	-43%
Androscoggin	213	168	-21%	56	54	-4%	157	114	-27%
Aroostook	109	86	-21%	33	29	-12%	76	57	-25%
Oxford	82	65	-21%	44	36	-18%	38	29	-24%
Hancock	76	61	-20%	28	33	18%	48	28	-42%
Cumberland	436	350	-20%	186	200	8%	250	150	-40%
York	289	232	-20%	114	106	-7%	175	126	-28%
Somerset	78	63	-19%	20	26	30%	58	37	-36%
Penobscot	178	152	-15%	62	71	15%	116	81	-30%
Piscataquis	22	19	-14%	9	11	22%	13	8	-38%
Waldo	60	53	-12%	21	24	14%	39	29	-26%
Sagadahoc	64	57	-11%	25	26	4%	39	31	-21%
Kennebec	215	200	-7%	66	71	8%	149	129	-13%
Knox	49	46	-6%	21	26	24%	28	20	-29%
Maine	2,019	1,662	-18%	741	765	3%	1,278	897	-30%

Source: Kids Count Data Center based on data from Maine DHHS

A survey of family providers in Maine (95% licensed and 5% license-exempt) by Tammy Dwyer, a graduate student at the University of Maine Farmington, found that reaching retirement age was the most common reason for closing or planning to close (Dwyer T. 2019). About one-quarter of respondents chose the need for health care or retirement benefits, or their health.

“What was or would be your reason for closing your family childcare program?”

(Multiple selections allowed)

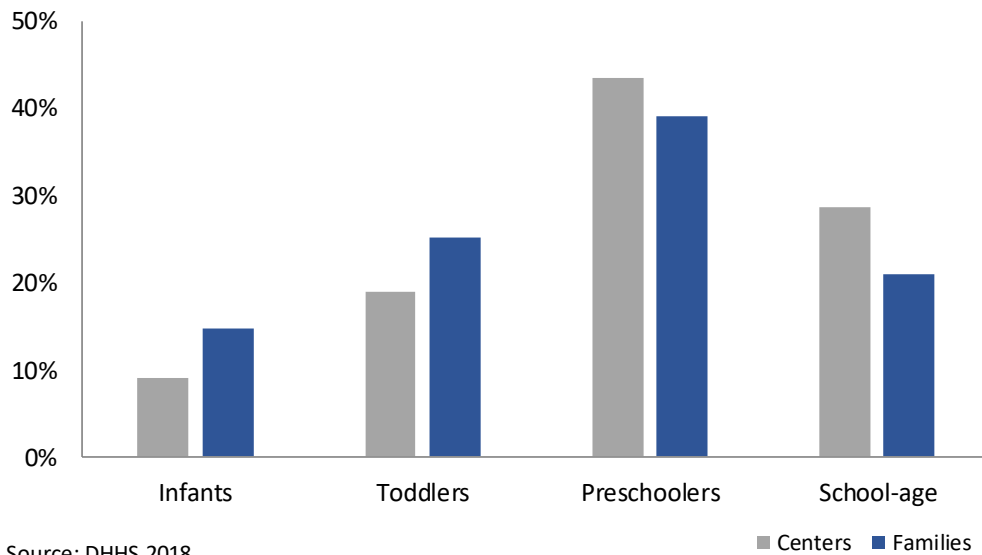
Reached retirement age	38%
Need for health care / retirement benefits	27%
Health	24%
A change in profession	22%
Change of financial needs within the family	19%
My own children are old enough to care for themselves	17%

Source: Dwyer T. 2019; n=365 licensed and license-exempt family providers

Even as the total number of providers has declined in recent years, their combined capacity has slightly increased, from 43,687 in 2016 to 45,150 in 2018 (DHHS 2019). However, this licensed capacity does not necessarily reflect providers’ actual or desired capacity, since staffing limitations and other considerations may reduce the number of children providers can accept. For instance, the PDG *Needs Assessment* cites a survey by the Maine Association for the Education of Young Children showing that 57% of its provider members had reduced their services for the 2018-2019 year because they were unable to hire staff. Therefore, the actual number of children currently attending a Maine childcare facility is likely much less than 45,150. In 2018, the estimated vacancy rate of all licensed providers was 12% (DHHS 2018). DHHS does not have information on the number of children receiving care at any given time. (Furthermore, there is no centralized place where families in need to care can find openings in their area.)

The growing capacity of center providers may have implications for the nature of care and education available to Maine families. For instance, center providers express less desire to care for infants and toddlers than center providers, as shown below (DHHS 2018). This may be in part due to legally required staff/child ratios at childcare centers, which mandate lower ratios if a center enrolls even one young child (DHHS 2008). Nevertheless, in some areas, family providers have been the historical providers of care for communities’ youngest children, while centers have served older children.

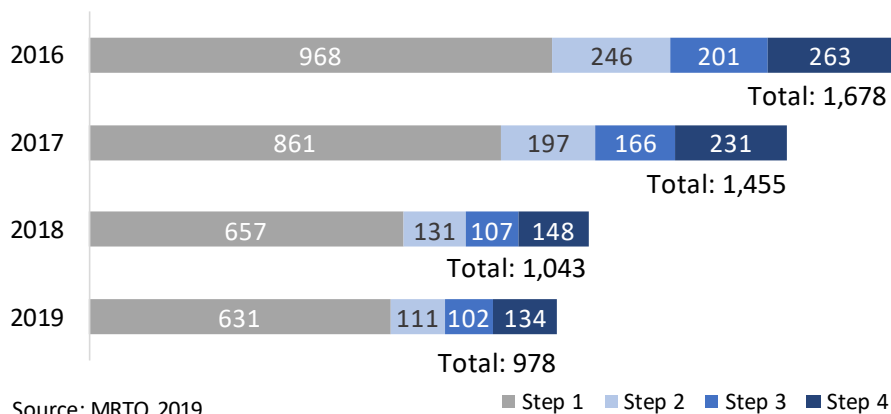
Maine’s family providers desire proportionately more infants and toddlers than centers.



Of the state’s roughly 2,000 licensed childcare providers, about half are enrolled in Quality for ME, Maine’s voluntary quality rating and improvement system (DHHS 2019). Enrollment has declined in recent years, falling nearly 60% from 1,678 in 2016 to 978 in 2019. Industry leaders suggest the decline is due to the cost and lack of financial incentives to move to higher levels in the system. Currently, Maine increases the subsidies paid to providers by 2% at Step 2, 5% at Step 3, and 10% at Step 4. These “quality bumps” appear to be insufficient for encouraging more providers to enroll in the system.

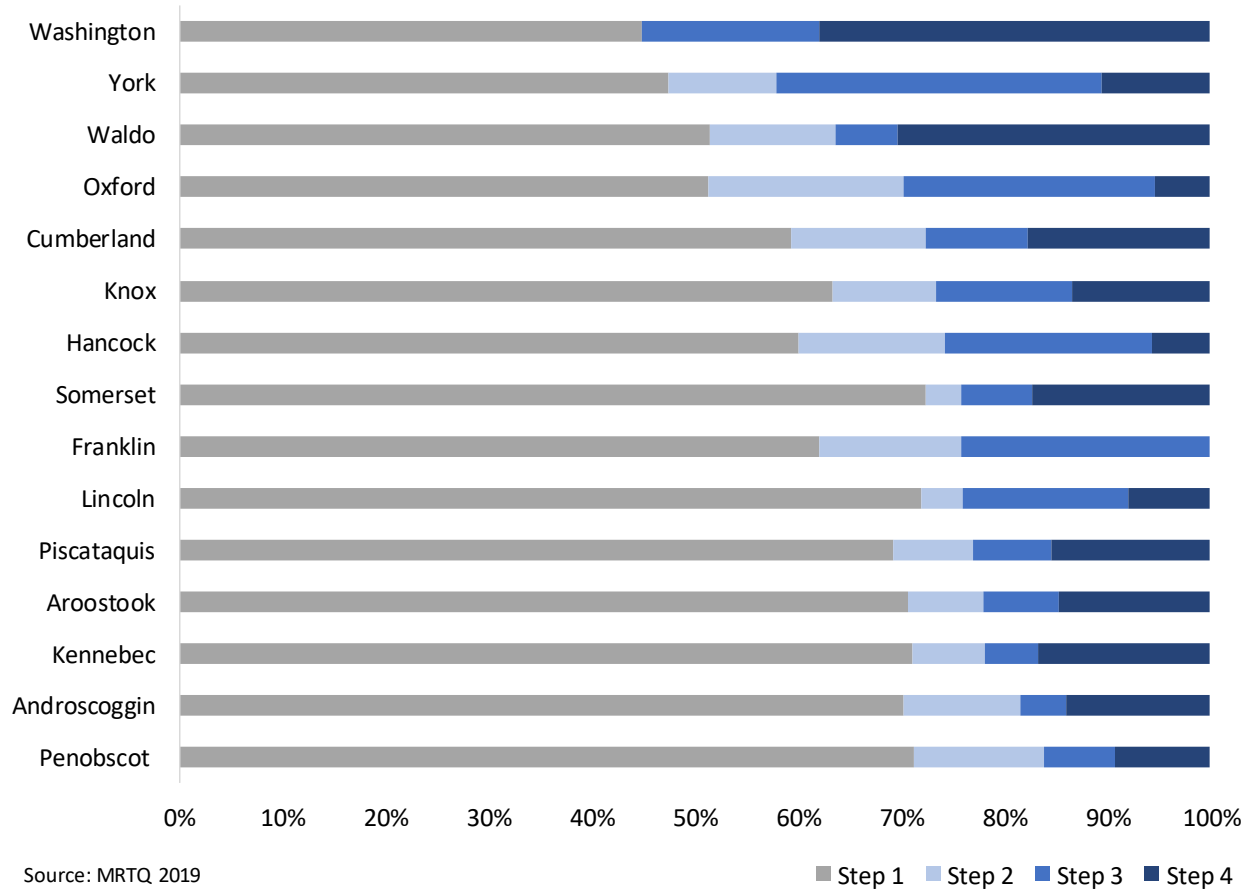
Enrollment in Maine’s quality rating and improvement system has fallen 60% since 2016.

About one-quarter of Maine childcare providers are at Step 3 or 4 of Quality for ME.



The quality ratings of Maine’s childcare providers vary by region. In 2019, 24% of enrolled providers were Step 3 or 4 (the highest quality levels). This percentage ranged from 16% in Penobscot and York counties to 55% in Waldo County (MRTQ 2019). There is no clear trend about the nature or location of counties with higher quality providers, but it is important to note that these statistics may not reflect the actual presence of higher quality providers within a particular county because many providers are not enrolled in Quality for ME. The following chart ranks counties by their percentage of Step 3 and 4 providers.

The percentage of Step 3 and 4 providers does not follow a clear rural/urban pattern.



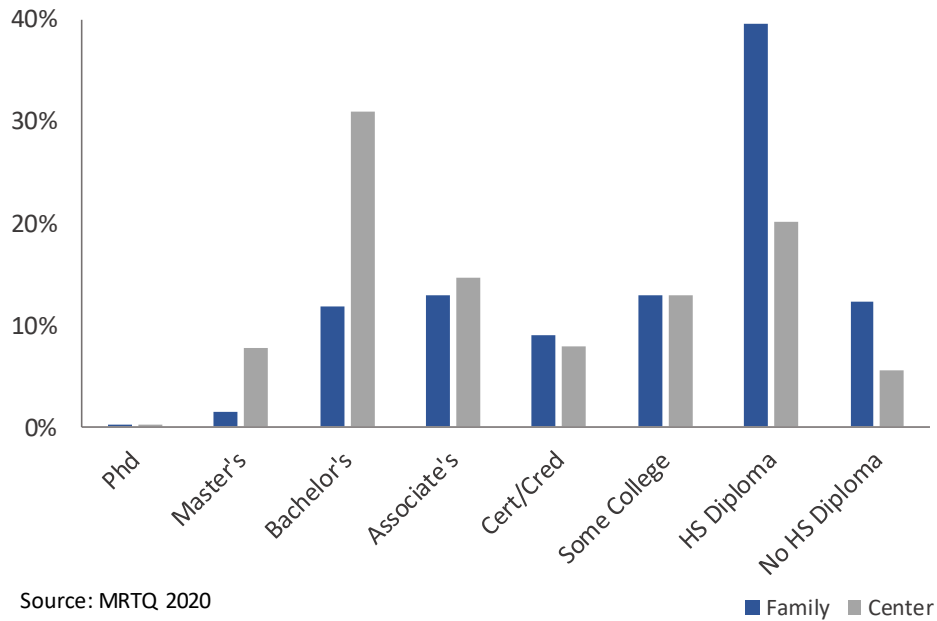
Maine Early Childhood Professionals

The exact number of people working in early childhood care and education in Maine is unknown, but several data sources suggest it is likely between 7,000 and 10,000. There are currently about 5,500 individuals in the voluntary Maine Roads to Quality Professional Development Network for people working in early childhood care and education in Maine (MRTQ 2020). This registry may include some people who are no longer working in the field and it excludes people who work in the field who have chosen not to register. The Maine Department of Labor (DOL) reports there were about 4,500 childcare employees covered by unemployment insurance in 2018 (DOL 2018). This includes workers, teachers, and administrators. Based on the number of licensed and unlicensed providers, there are likely an additional 1,200 self-employed proprietors not included in the DOL statistics.⁴ Licensed providers also reportedly employ roughly 1,500 (and likely more) part-time employees who may not appear in DOL statistics because they do not qualify for unemployment insurance.⁵

The number of people working in childcare in Maine may be 7,000 to 10,000. The exact number is unknown.

Data from MRTQ show the range of credentials of Maine’s early childhood professionals. They vary by the type of provider, with center providers employing a higher percentage of individuals with college degrees in early care and education and other fields. Thirty-nine percent of MRTQ registrants working at centers have a Bachelor’s degree or higher, compared to 13% of individuals working at family providers; 26% of center registrants have a high school diploma or less, compared to 52% of family registrants.

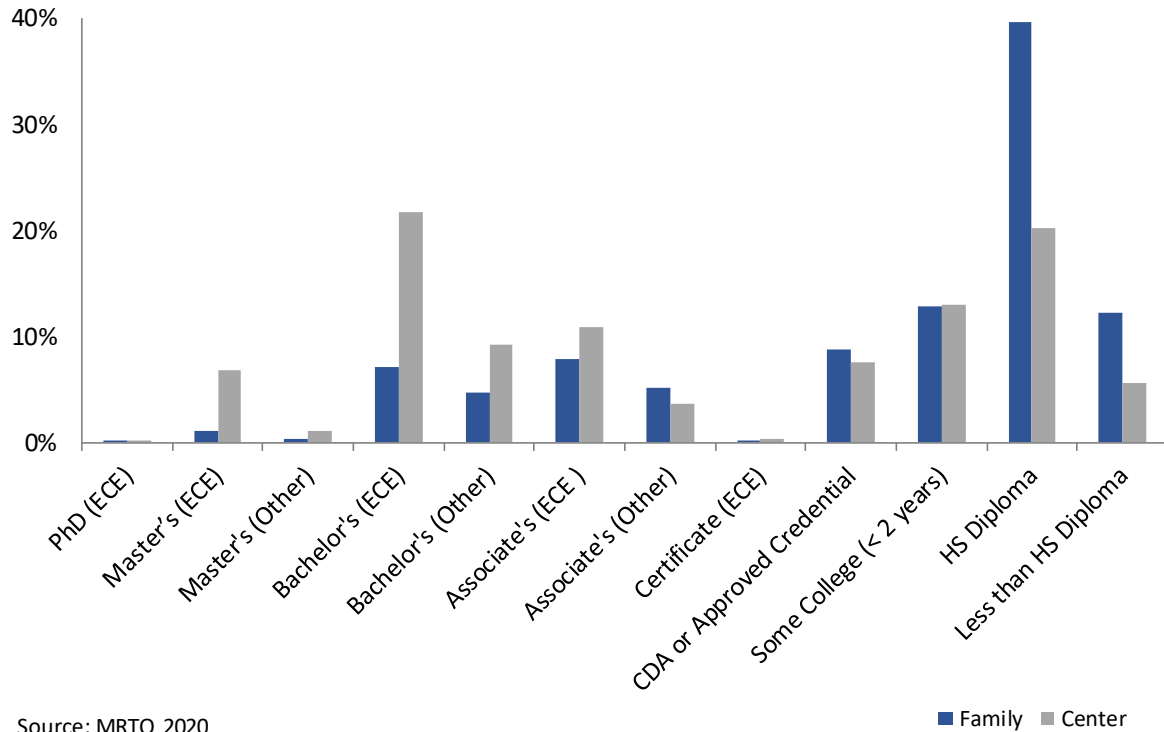
The credentials of MRTQ registrants varies by the type of childcare center where they work.



⁴ In 2018, there were 979 family providers and 225 license-exempt home providers (DHHS 2018).

⁵ In 2018, 66% of family providers reported hiring an average of two part-time employees (about 1,300 total); 25% of centers reported hiring at least one part-time employee (at least 200 total) (DHHS 2018). In Maine, employers are not required to pay unemployment insurance for workers who earn less than \$1,500 in a calendar quarter or who work (for any amount of time) during fewer than 20 weeks of a calendar year.

MRTQ registrants with degrees in early care and education (ECE) more frequently work at childcare centers than family providers.



Source: MRTQ 2020

The wages and benefits of Maine’s childcare professionals are low, especially compared to their peers in elementary schools and the stresses of working in a professional that can be emotionally and physically tiring. These factors hinder the industry’s ability to attract and retain qualified workers. DHHS’s Market Rate Survey gathers information on salaries for various positions, shown below.

The salary progression for early childhood workers in Maine is relatively flat.

Position	Median Starting Salary	Median Highest Salary
Director	\$31,225	\$40,000
Assistant Director	\$29,120	\$33,280
Administrative Assistant	\$26,500	\$31,299
Classroom Teachers (Full-Time)	\$24,960	\$30,000
Teacher Assistants (Full-Time)	\$22,000	\$25,344
Consultants/Trainers	\$25,500	\$39,578
Other Full-Time Staff	\$22,000	\$28,224
Other Part-Time Staff	\$21,528	\$24,752

Source: Maine DHHS 2018 Market Rate Survey

These low wages are especially problematic when compared to the wages of elementary school employees. The table and chart below show the wage progression of individuals working in early childhood compared to kindergarten and elementary schools.⁶

The median wage of Maine preschool teachers is 36% less than Maine kindergarten teachers.

Wages for early childhood workers start low and plateau early. For example, in May 2018, the median annual wage of Maine’s 1,420 preschool teachers was \$34,060. By comparison, the median wage of kindergarten teachers was \$53,270 – 56% higher. Maine recently passed a law that will increase minimum teacher salaries to \$40,000 by 2022, further separating the wages individuals can expect to earn in these fields.⁷

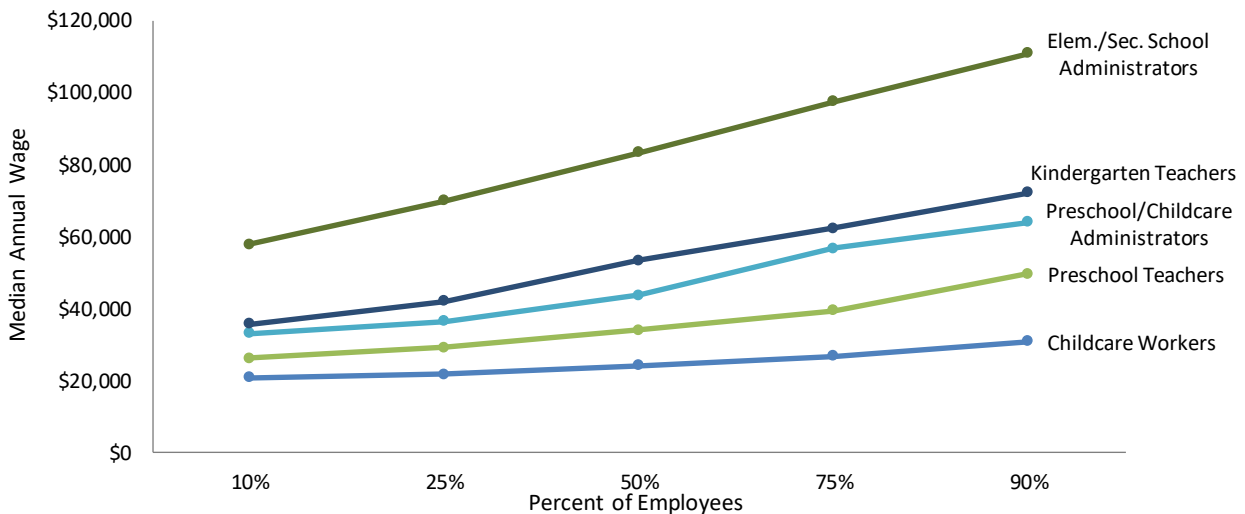
Maine’s early childhood professionals earn significantly less than their peers in elementary schools.

	Number	Annual Wage by Percentile*				
		10%	25%	50% (median)	75%	90%
Childcare Workers	2,830	\$20,820	\$21,750	\$24,030	\$26,800	\$30,860
Teachers: Preschool	1,420	\$26,110	\$29,170	\$34,060	\$39,400	\$49,630
Teachers: Preschool Special Education	ND	\$28,590	\$32,320	\$35,140	\$37,950	\$39,650
Administrators: Preschool and Childcare Center/Program	240	\$33,040	\$36,410	\$43,720	\$56,760	\$64,060
Teachers: Kindergarten	1,120	\$35,720	\$41,920	\$53,270	\$62,270	\$72,100
Teachers: Kindergarten and Elementary School Special Education	1,040	\$35,620	\$41,470	\$50,430	\$61,760	\$72,880
Administrators: Elementary and Secondary School	1,420	\$57,740	\$69,840	\$83,320	\$97,580	\$110,860

Source: U.S. Bureau of Labor Statistics, Occupational Employment and Wages, May 2018

*The percentile is the value below which a certain percentage of wages fall. For instance, the 10% of childcare workers earning the lowest wages make less than \$20,820 annually. The median is the wage at which 50% of employees earn less and 50% earn more.

Comparative wages of Maine early childhood workers



Source: Maine DOL, Occupational Employment Statistics Survey, May 2018

⁶ This information is based on surveys of employers and only covers workers covered by unemployment insurance.

⁷ 20-A M.R.S.A. §13407

The deterrent of low wages in early childhood occupations is compounded by a lack of benefits, especially compared to public school employees. Less than half of center providers, and fewer than 5% of family providers, are able to offer benefits such as health, dental, and vision insurance, and a retirement plan, and many do not offer paid leave to full-time staff. For instance, over 50% of family providers and 20% of center providers do not offer paid sick leave. The PDG *Needs Assessment* describes other non-financial stressors that contributes to individuals leaving the early childhood field, including long hours and the stress of working with children with high needs.

Some childcare centers in Maine offer health, dental, vision, and retirement benefits.

Benefit	Percent Providing the Benefit	
	Family	Center
Health	3%	43%
Dental	1%	38%
Vision	1%	29%
Retirement	1%	41%
Other	4%	47%

Source: Maine DHHS 2018 Market Rate Survey

Most childcare centers in Maine offer paid leave to full-time staff.

Type of Paid Leave	Family		Center	
	Percent Providing	Median Days of Leave	Percent Providing	Median Days of Leave
Holidays	79.3%	10	92.5%	10
Vacation	71.4%	10	89.2%	10
Sick/Personal Leave	48.5%	5	79.8%	5
Professional Development	20.0%	2	71.1%	3
Other	5.2%	5	43.6%	4

Source: Maine DHHS 2018 Market Rate Survey

A MISALIGNED MARKET

Those familiar with Maine’s early childhood landscape describe fundamental misalignments between supply and demand, costs and revenues. Many families are not receiving subsidies for which they are eligible, what they can afford to pay does not cover providers’ true costs, and they need care for younger children and nonstandard hours, which providers are not always able to provide.

The State of Maine provides subsidies to families with incomes up to 85% of the median income, but analysis shows that many families are not receiving them. The U.S. Department of Health and Human Services estimates that approximately 32,800 children are eligible for childcare subsidies in 2015 (Chien 2019), while data from Maine DHHS shows only 12,500 received subsidies through Temporary Aid for Needy Families and Child Care Development Funds. These statistics include some school-age children and older children with disabilities. Nevertheless, they illustrate the large number of Maine families who are not receiving childcare subsidies for which they are eligible.

Further exacerbating affordability issues is a fundamental disconnect between the children needing care and the preferences of childcare providers. The table below shows the difference between the hypothetical needs of Maine families and the desired capacity of licensed providers. For three age groups (infants, toddlers, and preschoolers), the table shows the estimated number of children in Maine, the hypothetical number needing care based on the assumption that 20% of mothers prefer to stay home (Horowitz 2019), and the number of children enrolled in school-based PreK. These estimates are compared with the desired capacity reported by providers to DHHS. The comparison reveals a potential deficit of care for infants and toddlers, and a potential surplus for preschoolers.

It is important to note that not all families turn to licensed providers for childcare. They could turn to unlicensed providers or informal arrangements with family and friends. Therefore, the number of additional spaces at licensed providers required to meet families’ “Hypothetical Need” would be much lower than “Hypothetical Difference.” Nevertheless, this simple exercise points to a disconnect between supply and demand in Maine’s childcare market.

The hypothetical demand for childcare in Maine varies sharply from providers’ desired supply.

	Estimated number in Maine ¹	Hypothetical number that desire care ²	Number enrolled in public or private school-based PreK ³	Hypothetical Need ⁴	Desired capacity of licensed providers ⁵	Hypothetical Difference ⁶
Infants (6 weeks to 1 year old)	11,000	9,000	-	9,000	3,500	-5,500
Toddlers (1-3 years old)	38,500	31,000	-	31,000	6,500	-24,500
Preschool (4 years old)	13,000	10,500	6,500	4,000	13,500	+10,000

1 U.S. Census Bureau, one-year estimate, 2018

2 Assumes 20% of mother prefer to stay at home rather than work (Horowitz 2019)

3 Maine DOE, October 1, 2018 attending enrollment

4 Estimated number that desire care minus number enrolled in school-based programs

5 Maine DHHS 2018 Market Rate Survey

6 Hypothetical need minus desired capacity of licensed providers; numbers may not add due to rounding.

Providers' desire for children of various ages is likely influenced by the required number of individuals needed to care for them. State guidelines, which are intended to promote safe, high-quality care, require a higher staff-child ratio for younger children. Therefore, accepting infants and young toddlers significantly reduces the number of children for which a provider can care.

State rules limit the ability of providers to easily reorient toward infant and toddler care.

Family Provider Staff Requirements

Child Ages	Provider : Child Ratio
All children 6 weeks to 2 years	1: 4
All children 2 to 5 years	1: 8
All children over 5 years	1: 12
Mixed ages	1 Provider: 3 children under 2 years old + 3 children 2 to 5 years old + 2 children over 5 years old
	OR 8 children 2 to 5 years old + 2 children over 5 years old

Source: DHHS Family Provider Licensing Rule

Childcare Center Provider Staff Requirements

Child Ages	Provider : Child Ratio	Maximum Group Size
6 weeks to 1 year	1: 4	8
1 year to 2.5 years	1: 4 (or 1:5)	12 (or 10)
2.5 to 3.5 years	1:7	21
3.5 years to "not yet school age 5 years"	1:8 (or 1:10)	24 (or 20)
"School age 5 years" to 15 years	1:13	--
Mixed ages	Requirements are based on the age of the youngest child	

Source: DHHS Center Provider Licensing Rule

The rapid expansion of public PreK in Maine in the past decade has highlighted the potential tensions created by these requirements. From 2008 to 2018, the number of children enrolled in public PreK more than doubled, from 2,850 to 6,130 (DOE 2020). If a 4- or 5-year-old leaves a provider to enroll in a new PreK, the provider may not be able to replace that child easily with a younger child without significantly reducing the number of children they can accept and, by extension, their revenue. Providers could charge more for infants and toddlers, which they already do to some extent, but families' limited ability to pay prohibits providers from charging the full rate needed to make caring for younger children financially viable.

For example, suppose a family provider caring for eight 4-year-olds decided instead to care for four 1-year-olds. With half of the clients, they would have to double their rates to maintain the same revenue. Revisiting DHHS's income comparison discussed earlier, doubling the median infant rate at childcare

centers would increase the percentage of median income needed (prior to subsidies) for one child to 18% for married couples and 58% for single parents (for family providers, it would be 24% and 78%). Without a corresponding increase in subsidies, this doubling would be unsustainable for most families.

Doubling infant rates to compensate for the loss of preschoolers would consume a larger percentage of family income, even for one child.

		State Median Annual Cost	Percent of Median Income for One Child in Care	
	Age of Child		Married Couple	Single Parent
Center	Preschool	\$9,828	12%	39%
	Infant – Current rate	\$11,180	14%	45%
	<i>Infant – If double preschool rate</i>	<i>\$19,656</i>	<i>24%</i>	<i>78%</i>
Family	Preschool	\$7,280	9%	29%
	Infant – Current rate	\$7,800	9%	31%
	<i>Infant – If double preschool rate</i>	<i>\$14,560</i>	<i>18%</i>	<i>58%</i>

Source: Author’s calculations based on Maine DHHS 2018 Market Rate Survey

Another aspect of misaligned demand and supply in the childcare market occurs around hours of operation. Many parents, especially those in low-wage jobs, have schedules that require them to work evenings and weekends, outside the traditional operating hours of most childcare providers. A report by the Urban Institute estimates that 52% of parents of younger children in low-income households work at least some nonstandard hours (Henly and Adams 2018b). (This measure considers care prior to 8 a.m. One childcare provider observes that most Maine providers open earlier than this (Shunk 2020).) Many childcare providers in Maine also report offering some weekend hours (DHHS 2018), but the number of hours and whether they align with parents’ needs is unclear, as is whether they offer evening hours.

About half of low-income children’s parents work nonstandard hours.

Parents need childcare during nonstandard hours when many providers are closed.

	Number	Percentage	Providers Offering Weekend Hours	
			Center	Family
Low-income children under 6 with all parents in workforce	15,400		64%	55%
Children whose parents work <i>some</i> nonstandard hours*	7,900	52%		
Children whose parents work <i>majority</i> nonstandard hours*	1,400	9%	46%	

Source: Henly and Adams, 2018b based on 2011-2015 American Community Survey; DHHS 2018

*“Nonstandard hours” is defined as before 8 a.m. or after 6 p.m.

Finally, in a rural state like Maine, the location and sparsity of childcare providers in some areas further exacerbates the disconnect between what families need and what providers can offer. According to the Center for American Progress, 22% of Maine residents live in a “childcare desert,” where the number of children under age 5 far exceeds the number of childcare slots (Malik et al, 2018).⁸ In research for Maine DHHS, the Bipartisan Policy Center mapped the locations of Maine’s licensed childcare providers and

An estimated 5,500 Maine children do not live within close proximity of a childcare provider.

public PreKs, and compared it to the locations of households with young children (Landry 2020). By identifying households located more than 3.5 miles from a childcare in urban areas or 7.5 miles in rural areas, they found a “distance gap” of 5,500 children, mainly in rural areas.

⁸ The Center for American Progress defines a “child care desert” as “any census tract with more than 50 children under age 5 that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots.”

POLICY RECOMMENDATIONS

Early childhood care and education has received growing attention over the past decade as more and more researchers, policy makers, and advocacy groups, including business organizations, have recognized the long-term implications of childhood experiences.

The following table summarizes the top recommendations of a representative sample of recent reports on improving early childhood care and education in Maine and nationally. It is important to note that the level of detail of the recommendations in these reports vary. For example, some recommend “workforce development” while others offer more specific recommendations, such as apprenticeships, scholarships, and training for school administrators. For the sake of comparison, all recommendations are divided into six categories:

Capacity Building: Expand capacity for children age 3 and younger by encouraging more family providers, expanding Head Start, or providing public preschool for 3-year-olds; expand capacity for 4-year-olds by funding universal public PreK, providing start-up grants for public PreK, or encouraging more full-day programs; expand community outreach through home visits or public health nurses.

Workforce Development: Increase the skills and knowledge of early childhood workers through apprenticeships, ongoing professional training, expanded consultation services, training on working with children with special needs and English language learners, early childhood training for school administrators, or improved workforce data collection; increase compensation for early childhood workers through tuition assistance, scholarships, wage supplements, or other financial incentives; attract and retain more childcare professionals through outreach, marketing campaigns, career pathways, or streamlining license and certification processes.

Affordability: Increase funding or subsidies to providers, improve childcare tax deductions, streamline and accelerate the subsidy application process.

Family-Friendliness: Make childcare more family-friendly, and promote family stability, through more child- and family-centric approaches, build local childcare resource and referral services, provide transportation for PreK students, offer more full-day programs or nonstandard hours, improve transitions from early childhood care into the public K-12 school system.

Quality: Improve screening for high needs and risks, strengthen Maine Roads to Quality, increase technical support for providers, improve Quality for ME or strengthen related financial incentives, better coordinate and utilize standards and curriculum.

Integration: Improve communication and coordination of services and resources across all entities involved with early childhood care and education, from state and local agencies to private organizations and providers; unify the delivery and oversight of state programs within one department or partnership; coordinate data collection and sharing; better align, measure, evaluate, and report standards, outcomes, and progress.

Report	Author	Year	CAPACITY BUILDING			WORKFORCE DEVELOPMENT			AFFORDABILITY		FAMILY FRIENDLY	QUALITY	SYSTEM INTERGRATION		
			3-year-olds and younger	4-year-olds	Community outreach	Prof. development	Increase compensation	Attraction /retention	Funding/subsidies	Process improvements			Coordinate across state/local/public/ private	Unify state programs/ oversight	Coordinate standards, data
2018 Annual Report: A Call to Action	Maine Children’s Growth Council	2018	•	•	•	•	•		•		•	•	•	•	•
3 Practices and 3 Policies Indispensable for High-Quality Teaching and Learning in Pre-K	The Alliance for Early Success	2018				•			•		•	•			•
A Blueprint for The Nation	Maryland Commission on Innovation and Excellence in Education	2019	•	•		•	•		•			•		•	•
Early Childhood: A Strong Foundation for Maine	Educate Maine	2016	•	•		•						•	•	•	•
Increasing Access to Quality Child Care for Four Priority Populations	Urban Institute	2018	•	•		•			•		•				
Investing in Our Future	Maine Women’s Policy Center and Maine Children’s Alliance	2017		•	•	•	•		•	•	•	•	•		
Maine Economic Development Strategy 2020-2029	Maine Department of Economic and Community Development	2019					•					•			
MaineSpark Strong Foundations: Overview Sheet	MaineSpark Strong Foundations	2019						•			•				•
Preschool Development Grant, B-5 Needs Assessment	Maine Department of Education	2019	•	•		•	•	•	•		•	•	•	•	•
Report: Resolve, To Improve Access to Early and Periodic Screening, Diagnostic, And Treatment Services for Children (LD 1635 Report)	Maine Department of Health and Human Services	2020				•	•				•			•	•
Strengthening the Early Childhood Education Continuum	Education Commission of the States	2018				•								•	•

KEY THEMES

Several key themes emerge from the growing body of data and research highlighted above: capacity, workforce development, affordability, family friendliness, quality, and integration of services. This section explores policy recommendations associated with each theme and relevant initiatives in Maine and other states.

Capacity

The declining number of childcare providers, discussed above, creates a potential challenge for Maine families seeking childcare. Strategies to increase capacity vary by the children's age, but nearly all involve increasing resources and support to help providers build capacity. Maine's recent experience with the expansion of public PreK, and its impact on childcare providers, highlights the need for a systems approach to capacity building that considers the potential impact of age-specific initiatives on care for other children.

Encourage more family providers for children age 3 and younger: Better supporting family providers could reduce the number of closures or encourage new family providers to open. Start-up funds and improved training for new providers could ease the process of opening a new business. One Maine group has advocated for universal preschool for 3-year-olds, which could be achieved through a mixed delivery approach that utilizes public and private schools and family and center childcare providers.

Expand Head Start and Early Head Start: There are fourteen Head Start grantees throughout Maine. Collectively, they serve about 3,900 children and had a waiting list of about 1,000 children in 2018 (Dwyer C. 2019). Several reports call for expanding and increasing access to this valued and well-utilized program through better funding and staff support.

Expand public PreK: The number of children in Maine's public PreKs has more than doubled in the past decade, but 20% of districts still do not have a program (DOE 2020a and 2020b). Many reports recommend completing the expansion of public PreK in the remaining school districts that lack them and expanding existing programs to serve all students within a district. Additional changes, such as lengthening all programs to full-day and providing transportation, could increase rates of use by working families and further benefit children.

Community outreach: Increasing supports for families and providers is another recurring theme within capacity building. Recommendations include reaching parents of infants early, using technology to support more home-based services, and expanding the Maine Parent Federation that supports families of children with special needs. Some groups recommend hiring more public health nurses and universal home visits for all children from birth to age 5.

Example Initiatives

- **Coastal Enterprises Incorporated** recently created an incubator program to help launch childcare businesses in Maine's underserved rural areas (CEI 2019). The program will help individuals open childcare facilities by providing training, mentoring, technical assistance, and access to capital. The program is funded through a five-year grant from the U.S. Department of Health and Human Services.

- Rhode Island’s permanent **Child Care and Early Learning Facilities Fund** provides small grants and low- or zero-interest loans to providers looking to upgrade their facilities and increase access to quality care (RICSELF 2019).

Workforce Development

Nearly every report on early childhood care and education, both in Maine and nationally, calls for better training, compensating, and supporting the individuals working in this field. The aging of Maine’s workforce adds urgency to this recommendation. Maine faces a “massive wave of retirements” across all industries (Mills 2019). There is no data on the age of Maine’s childcare professionals, but they likely reflect Maine’s broader workforce. The lack of new entrants into the field, and providers’ reported difficulty in finding qualified staff, suggests that current pay and benefits are too low. Providing incentives to attract and retain qualified educators and caregivers is necessary to stabilize and grow this important workforce.

Wage support: Maine’s new economic development strategy calls for “supplementing salaries for early childhood educators, rewarding them for their experience in the field and completing postsecondary programs” (DECD 2019). Other reports reinforce this recommendation and point out the need for the pay of early childhood professional to be on par with elementary school professionals.

Other financial supports: In addition to salary supplements, other practical financial benefits such as scholarships and student loan forgiveness could encourage more individuals to enter and remain in early childhood occupations.

Knowledge and skills development: Improving the professional knowledge and skills of early childhood workers is another important component of workforce development. For individuals, this could mean apprenticeship or mentoring programs, on-the-job coaching, certificate programs, and continuing professional development. For providers, this could mean on-site support from trained experts (for instance, on caring for children with high needs or for whom English is a second language). One report recommends specialized training for school administrators who may be unfamiliar with early childhood issues and seeking information on how best to integrate new PreK programs into their schools.

Professional support: Several reports recommend better support for the entire profession of early childhood care and education. A summit of Maine’s higher education institutions could build understanding about the industry’s current workforce needs. Other groups recommend working across state agencies (DOE, DOL, and DHHS) to clarify licensing and certification requirements and processes. An expanded MRTQ could be a platform for better communicating with childhood professionals, sharing information with them about training and employment opportunities, career pathways, new research, and regional information. Communications could be tailored to each individual’s credentials, location, and provider type.

Recruitment: Marketing campaigns to attract more early childhood professionals, and better support for college students and others interested in the field, could help grow the workforce. Recruiting new Mainers could diversify the profession, providing valuable language and cultural skills to providers caring for diverse populations.

Data: The lack of data on early childhood professionals is not unique to this industry, but it poses challenges to practitioners and policy makers. Filling data gaps is a recommended step toward growing the field and better understanding gaps and barriers.

Example Initiatives

- The **T.E.A.C.H.** Early Childhood Scholarship Initiative, now active in the District of Columbia (DC) and twenty-one states, including Maine, helps childcare workers with diverse educational backgrounds advance their skills and earnings through a sequenced program and comprehensive scholarships.
- The **Child Care Wage\$** Program, now active in six states, provides cash incentives to childcare providers who pursue higher levels of education. Supplement levels vary by state. In North Carolina, the average six-month subsidy was \$974 in 2019 (CCSA 2019a). North Carolina also has an **Infant Toddler Educator Award\$** program, which provided an average six-month subsidy of \$1,295 in 2019 (CCSA 2019b).
- Louisiana and Nebraska offer **School Readiness Tax Credits** to individuals who own and operate childcare facilities, and to certain childcare employees. The credits increase with the quality rating of the facility and the credentials of its employees.
- The Maine Department of Labor’s **Maine Apprenticeship Program** (MAP) provides a model for industry-specific apprenticeship initiatives. MAP has partnered with businesses and higher education institutions to create apprenticeships in hospitality, shipbuilding, culinary arts, and other professions.

Affordability

“The single biggest challenge that families at all income levels face when looking for child care is affordability,” according to the Maine Women’s Policy Center and Maine Children’s Alliance (MWPC and MCA 2017). Many others agree. Financial strategies to address this problem fall into three categories: funds to providers (start-up funds, salary supplements, etc.), funds paid to providers on behalf of families. (e.g., Child Care Subsidy Program), and funds to families (e.g., Dependent Care Tax Credit).

Increase funding for providers: Recommendations for increasing and stabilizing provider revenues include increasing funding for Head Start, simplifying the paperwork for providers accepting subsidies and making payments more predictable, increasing the “quality bump,” establishing minimum reimbursement rates for childcare subsidies, and working with Maine businesses to promote the practice of reserving or subsidizing slots at high-quality childcare providers as a tool for recruitment and retention.

Increase funding for families: Tax credits and tax deductions are the primary tool for federal and state subsidies to families with childcare expenses. A common criticism of these programs is that families must pay for childcare out-of-pocket long before they file taxes. Furthermore, the federal credit is nonrefundable, which limits its benefit to low-income families with little or no tax liability. However, the credits are widely utilized. Several reports recommend improvements to increase their impact, especially for low-income households.

Example Initiatives

- **North Carolina** recently increased payments to providers in economically distressed counties by increasing subsidy reimbursements to the 100th percentile of rates for children under age 6 (North Carolina 2019). Maine recently increased its reimbursement to the 75th percentile of market rates, which aligns with federal recommendations.
- **Vermont** provides universal publicly funded preschool for all 3- and 4-year-olds, through a mixed delivery approach that incorporates schools, center and family childcare providers, and Head Start (Vermont 2019). All providers must meet certain quality standards. The program pays for 10 hours of preschool per week for 35 weeks per year.
- RSU 1's **CHOICES** program in Bath provides mixed delivery public PreK. The district runs programs in its schools and partners with childcare programs in the community to provide PreK to 4-year-olds, offering parents a variety of options and helping to offset the cost of care for their 4-year-olds in quality childcare settings.

Family Friendliness

Creating a more child- and family-centric system is an overarching theme of many reports on early childhood care and education in Maine. They call for policies and programs that recognize the needs and limitations of families with young children, especially those with special needs, limited resources, nonstandard work schedules, and new Mainers. There is a broad call for improving the coordination and delivery of programs and services, and for a more family-friendly approach that eases the process of navigating services for young children.

Streamlined processes: Difficulties accessing childcare subsidies can place additional burdens on families with high needs. Long delays can leave families without childcare or force them to ask providers to deliver care for which they may not be paid. One report calls for simplifying and accelerating the subsidy approval process for these families, ideally within five business days.

Local resources: Childcare markets are inherently local; most families and providers operate within a relatively small geographic area. Several reports call for building local knowledge, trust, and expertise to strengthen local institutions and increase public awareness of childcare options.

Expand nonstandard hours: Early morning, evening, weekend, and even overnight childcare is needed by many families, especially the more than half of low-income parents working at least some nontraditional hours. Suggestions for helping providers expand their hours include higher payment rates for nonstandard hours, direct contracts for nonstandard hours, and technical and financial assistance for providers who need to modify their program or facility to offer care during nontraditional hours.

Promote family stability: Research shows how the stresses of childhood poverty can hinder healthy brain development (Hayashi 2016). Therefore, supporting stability in children's home lives may be just as important as improving their experiences in childcare. Several reports recommend wholistic approaches that help parents access services and supports to create more stable lives for their children.

Example Initiatives

- **Help ME Grow (HMG)**, currently being explored by the State of Maine, is a comprehensive approach to early childhood system-building created by the Connecticut Children's Office for Community Child Health. Its four components are 1) a centralized telephone access point to

connect children and their families to services and care coordination, 2) community and family outreach and networking opportunities, 3) medical provider outreach to support early detection and intervention, and 4) data collection and analysis to understand all aspects of the HMG system, including gaps and barriers.

- **DC’s Early Learning Standards** include guidelines for parent engagement and the transition to kindergarten. DC also has a guide for kindergarten parents that includes readiness standards, a year-long curriculum overview, ways to help children at home, and questions to ask teachers.
- **CenteringPregnancy** is a prenatal care model that forms groups of pregnant women who are due around the same time and supports them through the course of their pregnancy. The group setting, and increased time with providers, has been shown to improve birth outcomes, especially for minority populations (HMA 2019). Group sessions give women important medical information and provide opportunities for them to receive and exchange information about non-medical services and resources in their communities.

Quality

Maine’s new economic development strategy sets the goal of having a world-class childcare system, both to serve current residents and to attract new ones (DECD 2019). Investing in the early childhood workforce, discussed above, is critical to achieving this goal. Other recommendations range from improved screenings for high-need or high-risk children to better utilizing standards and curriculum. Most recommendations fall into the following categories:

Maine Roads to Quality: The state’s voluntary registry for childcare professionals is a valuable tool for disseminating information about training opportunities, career pathways, and other professional development information. Strengthening this network and increasing its impact would require increased financing and support. Funding could also provide incentives for all childcare workers to enroll in the registry and reward them for increasing their credentials.

Quality for ME: Changes to Quality for ME, Maine’s quality rating and improvement system, are underway. Improving the system and building families’ awareness of it could give providers more incentive to strive for higher quality ratings.

Improve financial incentives for quality: Many reports note that the current “quality bump” incentive for providers enrolled in Quality for ME is insufficient. It does not create enough financial incentive for providers to devote the time and resources necessary to achieve higher quality ratings. Increasing these incentives and supporting them with non-financial rewards such as technical assistance, could encourage more providers to improve the quality of their programs.

Special populations: Many reports call for better services for children and families with special needs, starting with expanding and streamlining screenings for high-need or high-risk children. Providers caring for children with special needs could benefit from specialized training, on-site coaching, and technical support. Providers serving new Mainers could use assistance with language and cultural matters.

Public PreK: The rapid expansion of public PreK in Maine in the last decade has yielded programs of varying duration and nature. These programs could benefit from increased technical support and quality incentives, and perhaps be incorporated into the Quality for ME rating system. One report recommends revisiting the DOE rules for public preschool standards.

Target small providers: License-exempt home providers are a small but valued group of caregivers with varying levels of formal training on early care and education. A program tailored to these caregivers could provide training and information most applicable to operations of their size. Specialized support may also help to stem the loss of small family providers

Example Initiatives

- **All Our Kin** is a Connecticut-based non-profit that manages Family Child Care Networks that help small providers connect with each other and offers them professional development opportunities, business consultation, low-cost financing, and other supports tailored to the needs and strengths of family childcare providers (AOK 2020).

Better Integration and Coordination of Services

Many organizations and industry leaders aspire to a coordinated, high-quality system of care and education that begins at birth (or during pregnancy) and follows students and their families through childhood. This would require better coordination and integration of existing programs and services, consistent use of best practices, and better measurement, evaluation, and reporting of outcomes.

State agencies: Reestablishing Maine’s Children’s Cabinet was recommended as a valuable step toward aligning the State’s early childhood programs and services. Some reports recommend further unifying as many early childhood programs as possible into one state department or partnership, to create a “one-stop-shop” for local organizations, childcare providers, and families.

Local providers: Similarly, better collaboration and communication among local groups could help improve services to families. It is not uncommon for multiple local entities, such as schools, childcare providers, housing authorities, and municipal offices, to serve the same families and children. In addition to improving outcomes for families, better collaboration could create opportunities to coordinate resources and gain financial efficiencies.

Data and standards: Better measuring, evaluating, and reporting the progress and outcomes of Maine’s childcare system is another common recommendation. Several reports note the lack of information on various aspects of the system and call for a tool to better track success and identify gaps. Other recommendations suggest aligning standards and curriculum across the system to increase quality, ease children’s transitions, and promote best practices.

Example Initiatives

- **First 10** initiatives are coordinated local efforts to improve services and resources for children from birth through age 10, their families, and the professionals who work with them (Jacobson 2019). Some are based around elementary schools while others are community partnerships. One example is the Sugar Creek Elementary School in Normal, Illinois, where teachers receive extensive training and a family coordinator provides a range of services for families, including home visits for pre-kindergarteners.
- Similarly, Oregon’s regional **Early Learning Hubs** bring together public, private, and non-profit agencies, organizations, and businesses with the goal of aligning and improving their services and programs and maximizing their resources (ODOE 2019). The Hubs cover prenatal services through third grade.

- Colorado created a **Preschool-3rd Grade Office** within its Department of Education to build coherence and alignment within its early learning programs.
- New Mexico’s and North Carolina’s **Early Childhood Integrated Data Systems**, which Maine is exploring, create a single source of data on early childhood education, health, and social services from participating state agencies.
- **Shared Services Alliances** are local or regional partnerships of small childcare providers that band together to save money on business functions such as billing, human resources, and accounting. Examples include the San Francisco Early Learning Alliance, the Richmond Area Service Alliance, and the Chambliss Center for Children in Chattanooga, Tennessee.
- D.C.’s **Early Learning Standards** for infants, toddlers, 2-year-olds, and preschoolers align with Common Core State Standards and outline expectations for kindergarten readiness (DC 2019).

Funding

Nearly all reports on improving early childhood care in Maine and the U.S. mention, either directly or indirectly, the need for more funding. Many of the above recommendations would require additional state or local resources. Most reports do not suggest specific funding sources. The Children’s Funding Project and the Education Redesign Lab at the Harvard Graduate School of Education identify ten potential sources for early childhood funds, some of which may be possible in Maine:

1. **Local dedicated funds** (e.g., local sales taxes, which are not currently permitted in Maine)
2. **Community Benefit Agreements** between developers and local communities
3. **Tax credits** for donations to early childhood funds or programs
4. **Pay for Success** (also called Social Impact Bonds), that reward investors for funding successful programs that solve social challenges
5. **Community Reinvestment Act** agreements that require banks to invest in disadvantaged areas
6. **Payments in Lieu of Tax** agreements between businesses with property tax liabilities and local communities or organizations
7. **Non-profit hospitals** that are required to provide community benefits
8. **Tax exemption reform**
9. **Profits from public assets** such as buildings and land
10. **In-kind public facilities use** granted to childcare providers

SOURCES

- All Our Kin, "[All Our Kin: Building a Strong Community of Quality Family Child Care Programs](#)," online brochure, accessed February 5, 2020.
- Bornfreund, Laura, Harriet Dichter, Miriam Calderon, and Amaya Garcia, "[Unlocking ESSA's Potential to Support Early Learning](#)," New America and Build Initiative, 2017.
- Chien, Nina, "[Factsheet: Estimates of Child Care Eligibility and Receipt for Fiscal Year 2015](#)," U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2019.
- Child Care Services Association (CCSA), "[Child Care Wage\\$ 2018-2019 Annual Report](#)," 2019a.
- CCSA, "[Infant-Toddler Educator Award\\$ Annual Report](#)," 2019b.
- Coastal Enterprises Incorporated, "[CEI Receives \\$400,000 to Incubate Child Care Businesses](#)," 2019.
- Data Resource Center for Child & Adolescent Health (DRCCA), National Survey of Children's Health, <https://www.childhealthdata.org/NSCH>, accessed January 24, 2020.
- District of Columbia (DC), "[Early Learning Standards](#)," 2019.
- Dwyer, Christine, "State of Maine Needs Assessment: Vulnerable Children Birth to Age 5 and Their Families," RMC Research, 2019.
- Dwyer, Tammy, "[The Decline of Family Child Care in Maine](#)," M.S.Ed. in Early Childhood Research Projects, 43, University of Maine Farmington, 2019.
- Educate Maine, [Early Childhood Education: A Strong Foundation for Maine](#), 2016.
- Evans, Alyssa, Bruce Atchison, and Tom Keily, "[Strengthening the Early Childhood Education Continuum](#)," Education Commission of the States, 2019.
- Glasmeier, Amy, [Living Wage Calculator](#), Massachusetts Institute of Technology, 2018.
- Hayaski, Erika, "[How Poverty Affects the Brain](#)," *Newsweek*, August 25, 2016.
- Health Management Associates (HMA), "[How Centering Pregnancy Can Support Birth Equity](#)," 2019.
- Henly, Julia R., and Gina Adams, "[Increasing Access to Quality Child Care for Four Priority Populations](#)," Urban Institute, 2018a.
- Henly, Julia R., and Gina Adams, "[Insights on Access to Quality Child Care for Families with Nontraditional Work Schedules](#)," Urban Institute, 2018b.
- Horowitz, Juliana Menasce, "[Despite Challenges at Home and Work, Most Working Moms and Dads Say Being Employed Is What's Best for Them](#)," Pew Research Center, 2019.
- Landry, Todd A., and Elissa M. Wynne, "OCFS Presentation to the Children's Cabinet Early Childhood Advisory Council," January 17, 2020.
- Levert, Michael, "[Benefits Cliffs Policy Brief](#)," written for the John T. Gorman Foundation, 2018.
- LISC Rhode Island Child Care and Early Learning Facilities Fund (RICSELF), "[Funding](#)," accessed January 24, 2020.

Jacobson, David, "[All Children Learn and Thrive: Building First 10 Schools and Communities](#)," Education Development Center, 2019.

Maine Children's Alliance, [Maine KIDS COUNT Data Book](#), 2019.

Maine Children's Growth Council (MCGC), "[2018 Annual Report of the Maine Children's Growth Council](#)," 2018.

Maine Roads to Quality (MRTQ), data provided by Pamela Prevost, Evaluation and Registry Manager, August 2, 2019 and January 16, 2020.

Maine Women's Policy Center and Maine Children's Alliance (MWPC and MCA), [Investing in Our Future: How Maine Can Prepare Our Children to Become Tomorrow's Leaders](#), 2017.

MaineSpark Strong Foundations, [Overview Sheet](#), 2019.

Malik, Rasheed, Katie Hamm, Leila Schochet, Cristina Novoa, Simon Workman, and Steven Jessen-Howard, "[America's Child Care Deserts in 2018](#)," Center for American Progress, December 6, 2018.

Mattingly, Marybeth and Marija Bingulac, "Early Child Care – An Economic and Employment Issue: Results from a Stakeholder Survey Across New England," Federal Reserve Bank of Boston, PowerPoint presentation, January 2, 2020.

Mills, Glenn, "[Workforce Trends and Outlook in Maine](#)," presentation to the Maine State Legislature Committee on Innovation, Development, Economic Advancement and Business, February 12, 2019.

National Council of State Legislatures, "[No Time to Lose: How to Build a World-Class Education System State by State](#)," 2017.

National Institute for Early Education Research (NIEER), "[The State of Preschool 2018](#)," 2018.

National Women's Law Center (NWLC), "[Helping Parents in Low-Wage Jobs Access Affordable Child Care: Opportunities Under the Reauthorized Child Care and Development Block Grant](#)," 2018.

North Carolina General Assembly, Fiscal Research Division, Division of Child Development and Early Education. 2019. "[Child Care Subsidy Market Rates](#)," March 5, 2019.

Palmer, Jennifer, "[Building a Qualified and Supported Early Care and Education Workforce](#)," National Council of State Legislatures, 2018.

Palmer, Jennifer, "[Social and Emotional Development in Early Learning Settings](#)," National Council of State Legislatures, 2019.

Pizzonia C., Lichter E.L., Teach F., Birkhimer N., and Morian-Lozano E., "[The Way Health Should Be: Social Determinants of Health in Maine 2019](#)," Maine Center for Disease Control and Prevention, 2019.

Shunk, Sasha, personal communication, February 7, 2020.

State of Louisiana, Department of Revenue, "[School Readiness Tax Credit](#)," 2019.

State of Maine, Department of Administrative and Financial Affairs (DAFS), [Demographic Projections](#), accessed February 2, 2020.

State of Maine, Department of Economic and Community Development (DECD), "[Maine Economic Development Strategy 2020-2029](#)," 2019.

State of Maine, Department of Education (DOE), "[B-5 for ME: Quality, Accessibility, and Affordability of Services for Maine's Children & Families](#)" (Preschool Development Grant Application), 2018.

State of Maine, DOE, State Agency Interdepartmental Early Learning Team (SAIEL), Data Linkage Map, 2016.

State of Maine, DOE, [Student Enrollment Data](#), accessed February 2, 2020.

State of Maine, Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS), "[2018 Maine Child Care Market Rate Survey](#)," 2018.

State of Maine, DHHS, "Report to the Legislature pursuant to Resolve 2018, ch. 50," First Regular Session, 129th Maine Legislature, 2019.

State of Maine, DHHS, "Report: Resolve, To Improve Access to Early and Periodic Screening, Diagnostic, and Treatment Services for Children," 2020.

State of Maine, DHHS, "Family Child Care Provider Licensing Rule," 10-144 CMR Chapter 33," 2018.

State of Maine, DHHS, "Rules for the Licensing of Child Care Facilities: 10-148 CMR Chapter 32," 2008.

State of Maine, Department of Labor (DOL), "[Reasons for Working Part-Time Work by Gender, 2000 to 2018](#)," 2020.

State of Oregon, Department of Education (ODOE), Early Learning Division, "[What are Hubs?](#)" 2019.

State of Nebraska, Department of Health and Human Services, "[School Readiness Tax Credits for the Early Childhood Workforce and Step Up to Quality Program Participants](#)," 2019.

State of Vermont, Agency of Education, "[PreKindergarten Education Study: Interim Report](#)," 2019.

Stevens, Katharine, "[Workforce of Today, Workforce of Tomorrow: The Business Case for High-Quality Childcare](#)," U.S. Chamber of Commerce Foundation, 2017.

T.E.A.C.H. "[Child Care WAGE\\$ Overview](#)," Early Childhood National Center, 2015.

T.E.A.C.H. "[T.E.A.C.H. Early Childhood overview](#)," Early Childhood National Center, 2015.

The Alliance for Early Success, "[Indispensables for Quality PreK: 3 Practices and 3 Policies Indispensable for High-Quality Teaching and Learning in PreK](#)," 2018.

United States Department of Commerce, Census Bureau, American Community Survey, accessed January-February 2020.

United States Department of Labor, Bureau of Labor Statistics (BLS), Occupational Employment Statistics, accessed January 2020.

Vaughn, Amelia, Jennifer Davis, and Elizabeth Gaines, "[Innovative Financing to Expand Services to Children Can Thrive](#)," Children's Funding Project and the Education Redesign Lab at the Harvard Graduate School of Education (CFP and ERL), 2019.

Wechsler, Marjorie, David L. Kirp, Titilayo Tinubu Ali, Madelyn Gardner, Anna Maier, Hanna Melnick, Patrick M. Shields, "[On the Road to High-Quality Early Learning: Changing Children's Lives](#)," Learning Policy Institute, 2018.