

MAINE STATE LEGISLATURE

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Maine's Recommendations for Core Indicators of School Readiness **2004**





TABLE OF CONTENTS

4 Introduction

5 Goal I: Ready Families

Percent of mothers who receive prenatal care in the first trimester

6 Percent of families who read to their children at least once a day

Number of first time families enrolled in a home visiting program for three or greater months

7 Goal II: Ready Communities

Percent of Young Children Age Two Appropriately Immunized

Percent of insured children

8 Childhood Lead Poisoning

Oral health

Childhood weight status

9 Asthma

Education Level of the Mother

Percent of children under age 18 Living in Female Headed Households Below the Poverty Level

10 Goal III: Ready Early Care and Education

Percent of eligible children enrolled in Head Start

Percent of eligible children receiving child care subsidies

11 Availability of early childhood education programs

Number of available licensed child care slots

Number of schools with public 4-year-old programs

12 Percent of child care centers and family child care homes with Quality Certificates

Compensation and turnover

14 Goal IV: Ready Schools

Young children in special education Part C (0-2 years)—Section 619 (3-5 years)

Number of children entering kindergarten exiting special education to regular education

15 Percent of schools with formal working transition plans between early childhood settings and kindergarten (developmental)

Opportunities for Expanded-day kindergarten

16 Goal V: Ready Children

Percent of Kindergarteners Who Demonstrate Developmentally Appropriate Skills and Behaviors (developmental)

Kindergarten students who can establish and maintain positive relationship with peers and adults

Kindergarten students who can function appropriately in group learning activities, participating actively, talking, taking turns, following directions and working cooperatively

Children experiencing difficulties in language development when arriving at kindergarten

Children experiencing difficulties in basic academics when arriving at kindergarten

17 Percent with reading proficiency in fourth grade

Visual ability—percent of children entering kindergarten with untreated vision problems

Auditory ability—percent of children entering kindergarten with untreated hearing problems

18 Summary

INTRODUCTION

Too many children enter kindergarten with physical, social, emotional and cognitive limitations that could have been minimized or eliminated through early attention to child and family needs. Ongoing research confirms that children's readiness for school is multi-faceted, encompassing the whole range of physical, social, emotional, and cognitive skills that children need to thrive.

Recent brain research and other child development research indicate that access to early and continuous prenatal care, well-child care, mental health services, comprehensive family support programs, early intervention programs, high quality child care and early education, and economic security have a great impact on the likelihood that children will enter school ready to learn. A growing consensus on the characteristics of the school-ready child suggests that supports are most critical—and often show the most benefit—for children who are at high developmental risk due to their own or their parent's physical or mental health issues, poverty, or other risk factors.

Experience in states and communities across the nation has proven that indicators of child well-being can be an important tool for bringing government and community leaders together to make strategic investments in children and families. When indicator systems are developed and owned by government there is greater accountability for results. The regular reporting of indicators that describe the physical, social, emotional, and cognitive well-being of children enables state policymakers and opinion leaders to track the results of their investments and watch trends over time. These child outcome indicators are a powerful tool for public policy decision-making. They are particularly effective when combined with system indicators that monitor the capacity of child and family programs to meet the variable needs that exist across communities.

Without a doubt, top-notch school readiness indicator systems at the state and local level are necessary to sustain current investments in the most effective

programs for children and to celebrate improvements and identify additional improvements needed.

Maine has been funded to participate as one of seventeen states on School Readiness Indicators: Making Progress for Young Children which is a partnership funded by the Packard Foundation, the Kauffman Foundation, and the Ford Foundation. This multi-state initiative will use child well-being indicators to build a change agenda in states and local communities in order to improve school readiness and ensure early school success. State and local government leaders have three objectives:

Objective 1: To create a set of measurable indicators related to and defining school readiness that can be tracked regularly over time at the state and local levels.

Objective 2: To have states and local governments adopt this indicators-based definition of school readiness, fill in the gaps in data availability, track data over time, and report findings to their citizens.

Objective 3: To stimulate policy, program, and other actions to improve the ability for all children to read on grade level by the end of third grade.

Our indicators focus on young children from birth to the beginning of fourth grade, building on brain research and the knowledge base regarding child development from birth to age three, the preschool years, and early elementary school.



The purpose of this document is to describe the school readiness indicators in each of five goal areas: Ready Families, Ready Early Care and Education, Ready Communities, Ready Schools and Ready Child. Within each of these goals,

there are generalized outcome areas and specific indicators to measure those outcomes. Some indicators are well established and the data to track progress have been collected for years. Others are developmental indicators that are truly in their infancy. These newer indicators are identified by the term “developmental” throughout this document. With appropriate nurturing and welcoming environments, these indicators have the potential to develop into standards of measurement for school readiness.

GOAL I: FAMILIES READY FOR CHILDREN

First Goal: assess how prepared families are for the increased responsibilities demanded by parenting roles

A ready family is one that has economic resources sufficient to meet the basic needs of children (a safe living environment, adequate nutrition and clothing, and necessary medical care); sufficient cognitive, emotional, and spiritual resources to place the needs of the child(ren) above others; and the knowledge and ability to obtain additional knowledge and support when necessary.

As Jack Shonkoff noted in *From Neurons to Neighborhoods*, communities and the educational and medical systems that work with them to support families must consider the complex and converging influences of genetics, environment and experiences on a child's development. Among the most important and more readily controlled are the latter two factors, both of which can be modified with accessible and available mental health, physical health and community supports for the primary caregivers of children. Shonkoff warns that

“the daily experiences of a significant number of young children are burdened by untreated mental health problems in their families, recurrent exposure to family violence, and the psychological fallout from living in a demoralized and violent neighborhood. Circumstances characterized by multiple, interrelated, and cumulative risk factors impose particularly heavy developmental burdens during early childhood and are the most likely to incur substantial costs to both the individual and society in the future.”¹

Maine agrees that its families and communities thrive when all children enjoy optimal health; feel physically and emotionally safe; are treated with dignity and respect; enter adulthood equipped with intense curiosity about the world, a deep desire to learn, a resilient spirit, and a healthy balance of cognitive and emotional skills; and have a sense of purpose, hope, and power about their lives. Our vision for Maine is one in which all children live, grow, and learn in a safe, nurturing, and healthy environment, in which all families assume responsibility to nurture their children, all communities assume responsibility to nurture and strengthen families, and the state as a whole assumes responsibility to

assure that systems for early childhood share common quality standards and respect the diversity and uniqueness of families.



Indicator: Percent of mothers who receive prenatal care in the first trimester

Prenatal care includes screening for risks, treating any medical condition or risk that arises and providing education. Early and ongoing adequate prenatal care is essential to a healthy pregnancy and baby.

Proportion of Women Giving Birth Who Received Prenatal Care During First Trimester
Maine 1996-2000



*preliminary data

Challenges to receiving or accessing prenatal care include:

- geographic distribution of providers in relation to the population;
- ability to pay for the services;
- transportation for women living in rural areas or without access to a vehicle; and
- ability for pregnant women to balance health and employment demands within the hours that provider services are available.

Data source: Maine Department of Human Services, Bureau of Health, Office of Data, Research and Vital Statistics

¹National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: the Science of Early Child Development*, Committee on Integrating the Science of Early Child Development. Jack P. Shonkoff and Deborah A. Phillips, Eds. Board on Children, Youth and Families, Commission on Behavioral and Social Science and Education. Washington, D.C.: National Academy Press. p. 6-7.



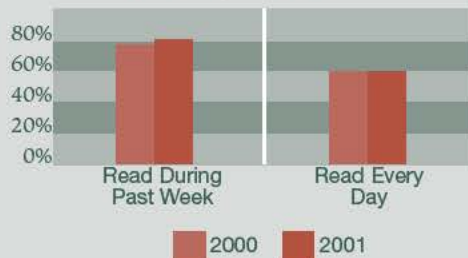
GOAL 1: FAMILIES READY FOR CHILDREN (continued)

Indicator: Percent of families who read to their children at least once a day

Reading to children is fundamental to:

- literacy development,
- language acquisition,
- problem solving,
- numeracy,
- overall life success.

Frequency of Maine Household Reading to Children



Research has also shown that reading to and engaging children in literacy-related activities promotes language acquisition and correlates with literacy development, enhanced reading comprehension and overall success in school. By introducing books and imaginative play associated with stories, families create a nurturing environment for their young children. Reading promotes school readiness by building letter recognition skills and fostering social and emotional development.

Number of families receiving greater than one home visit in the first year of life

The Maine Bureau of Health contracts with 14 agencies to provide parent education and support services to first time parents in all 16 counties. Together with PHN and CHN these programs are developing a system where all Maine families can receive information and support related to child health, growth, and development.

This indicator is important because by assessing a family's needs, providing early parental support and education, and linking families to appropriate resources, we can work toward eliminating many health disparities and challenges faced by our maternal and child population.



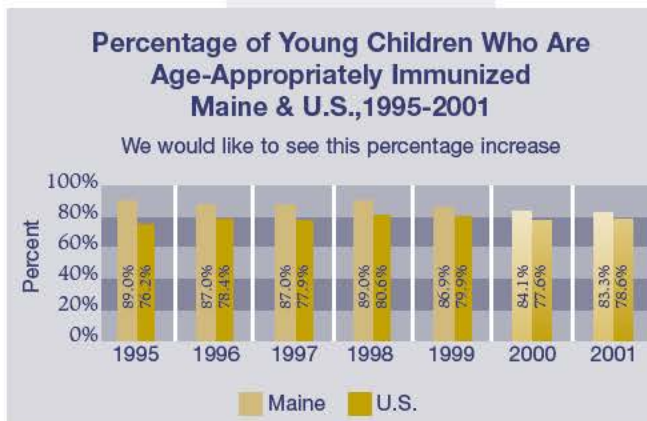
GOAL II: READY COMMUNITIES

Second Goal: assess how prepared communities are to nurture and support families raising young children

A ready community is one that identifies families and children as its number one resource; identifies the importance of nurturing families and children; and chooses to utilize its human and economic resources to nurture and support families and children living within their geographic area.

Indicator: Percent of Young Children Age Two Appropriately Immunized

Childhood vaccinations can prevent the diseases that killed or permanently impaired many children in past decades. Vaccination is particularly important before children enter preschool to prevent the spread of diseases and so children can be present and ready to learn in school.



***Important Note:** The source of information for Maine immunizations changed in 2000, so data for that year is not comparable to the period from 1995 to 1999.

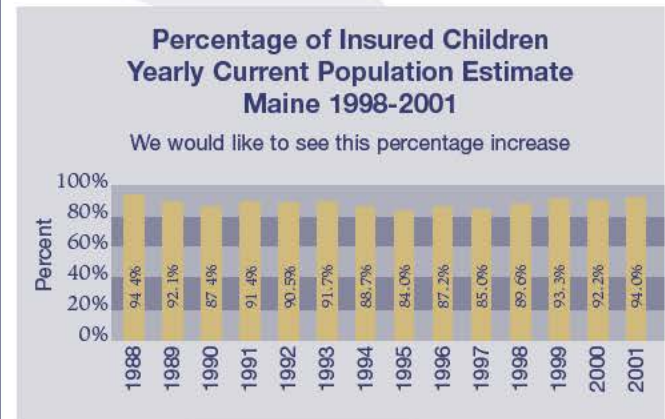
Maine's childhood vaccination rates increased dramatically in the past decade; in 1997, Maine had the highest rates in the nation.

- Maine continues to be one of the top five states in the U.S. for 2-year-old immunization rates.
- No records exist of a Maine child dying of a vaccine-preventable disease during the 1990s.
- As of 2000, 84% of Maine's 19-35 month old children were age-appropriately immunized. (the national average is only 78%)

Studies have shown that over \$13 is saved for every dollar invested in measles/mumps/rubella vaccination

Indicator: Percent of Insured Children

Health care coverage (insurance), especially for preventive health services, creates an optimal environment for improved health outcomes. Insurance coverage of well child care in Maine has improved our rates of immunization and early detection of physiological health problems and developmental delays. This translates to children with more robust health upon school entry and fewer school days lost to illness.



Maine children without health insurance are

- less likely to have a regular health care provider;
- less likely to have a regular dentist, or to have had a dental visit in the last year; and
- more likely to be in fair or poor health than low-income, privately-insured children.





GOAL II: READY COMMUNITIES (continued)

Subindicator: Childhood Lead Poisoning

Childhood lead poisoning continues to be a major, preventable environmental health problem for Maine children. Approximately 500 children are identified each year in Maine with elevated blood lead levels and approximately 10% of these children have lead levels high enough to require immediate medical and environmental intervention.

Elevated Blood Lead Level Trend Comparison Between One & Two Year Old Children Maine 1997-2000

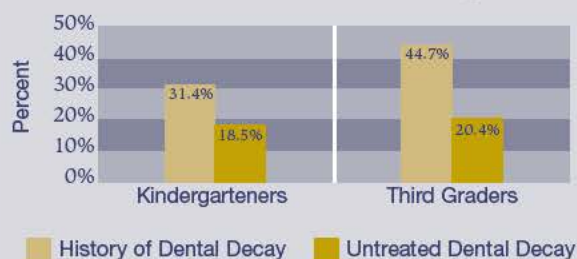


- Blood lead levels as low as 10 mcg/dl will affect children's learning and behavior.
- Children with severe lead intoxication may suffer from neurobehavioral problems such as impulsivity, aggression, and short attention span.²
- There are no geographic pockets of lead poisoned children in Maine; lead poisoned children are identified in every Maine county, in both rural and urban communities.
- Children enrolled in MaineCare insurance programs consistently show a rate of lead poisoning that is double that of the non-Maine Care insured population.

Subindicator: Oral Health

Early oral health intervention remains elusive for many children: there are few Maine dentists who will care for very young children and many primary care providers do not routinely conduct oral assessments, document findings nor make referrals.

Oral Health of Maine Kindergarten and Third Grade Children



The 1999 Maine State Smile Survey,³ coordinated by the state's Oral Health Program, provides the most recent and comprehensive information on the oral health status of Maine's children.

- One third of kindergarten children (31.4%) and almost half of third graders (44.7%) have had dental decay.
- Nearly one in five kindergarten children (18.5%) and over one in five third graders (20.4%) in Maine have untreated dental decay.

Subindicator: Childhood Weight Status

Maine currently collects data for children and youth on height and weight through two surveys. The first is the newly established Maine Child Health Survey (MCHS); the second is the Youth Risk Behavior Survey (YRBS). In Maine:

- 15% of kindergartners and 13% of middle and high school students are overweight
- Children considered at-risk-for overweight varied from 15% to 21%.
- Boys in grades 7-9 and 10-12 were statistically significantly more likely to be overweight than girls.
- Overweight is pervasive throughout Maine: regional differences were not seen within Maine for kindergartners at-risk-for overweight or overweight.

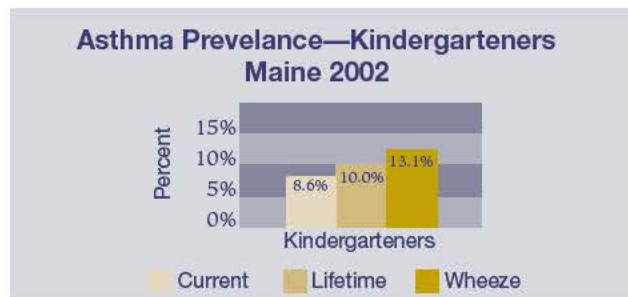
²CDC, March 2002

³Maine Department of Human Services, Division of Community Health, Oral Health Program. The 1999 Smile Survey. Augusta, ME



Subindicator: Asthma

Asthma rates in Maine and New England are on the rise.

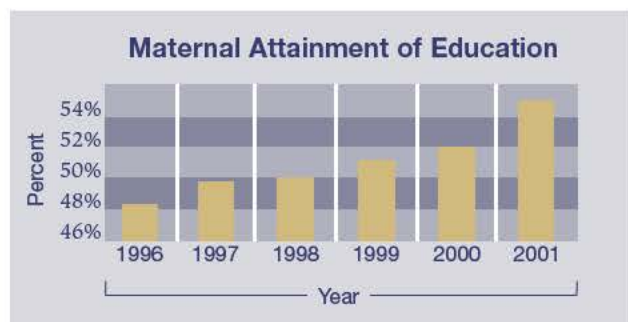


- In Maine, there are estimated 28,100 (9.3%) children ages 0-18 years who currently live with asthma.
- Interestingly, the prevalence of lifetime childhood asthma is inversely proportional to household income: the greater the household income, the lower the rate of asthma.

Data Source: MCHS, State of Maine

Indicator: Education level of the mother

The level of education of the mother is a more important determinant of child outcomes than even family income levels. According to some, the more formal the education attained by the mother, “the better the baby’s chances for arriving at school ready to learn.”⁴

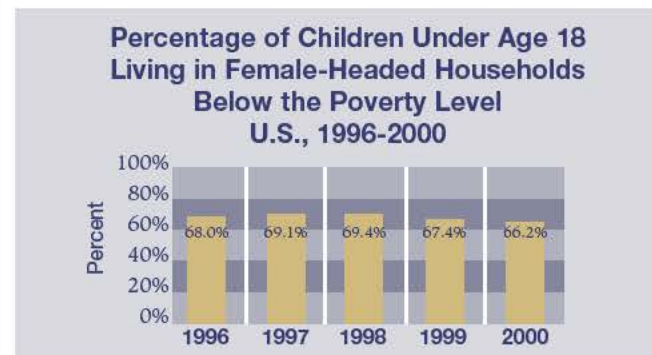


The trend in the past decade is that fewer Maine women are having children during their teenage years and are more likely to complete their high school education. Parental attainment of education is a reflection on the parent’s ability to be self-sufficient and meet the economic challenges of raising children.

Indicator: Percent of Children Under Age 18 Living in Female-headed Households Below the Poverty Level

This is a developmental indicator.

There is no baseline data on this specifically for Maine at this time. National data appears in the chart. Being raised in economically deprived circumstances can have far reaching negative consequences for children. The chances of a child experiencing poverty are strongly influenced by the type of family in which he or she lives.⁵



⁴Oser, Cindy and Cohen, Julie. America’s Babies. Washington, DC: Zero to Three Press. 2003. P. 45.

⁵Maine Marks, June 2003



GOAL III: READY EARLY CARE AND EDUCATION

Third Goal: assess how prepared the early care and education system is for the increased responsibility of school readiness.

The selected indicators measure the availability of early care and education; the availability of subsidies to support the cost of early care and education; and finally, proxies related to the quality of care.

Indicator: Percent of eligible children enrolled in Head Start

Maine Head Start programs receive funding from both federal and state governments. This funding provides free early care and education to low-income families. Since 1985 state funds have supplemented federal funds to expand Head Start to serve additional children. While many states supplement the federal Head Start program, Maine is one of only a few states whose funding slightly expands the income eligibility.

Federal guidelines require that no more than 10 % of children enrolled is over 100% of poverty; Maine's expanded eligibility allows 35% of children enrolled to be over 100% of poverty. Maine serves only 35% to 40% of the estimated 11,537 children eligible for Head Start (2000 Census Data) due to limited funding.

Number and Percent of Children Served in Head Start in Maine

School Year	Percent of Eligible Served	Number Enrolled
2000-2001	34.9%	4,021
2002-2003	40.0%	4,663

Indicator: Percent of eligible children receiving child care subsidies (vouchers and slots)

Child care subsidies are funded through the federal Child Care and Development Fund, TANF, Maine's Fund for a Healthy Maine and state revenue funds. Child care subsidies can reduce the costs of child care, thereby providing greater access to and choices in early care and education for children.⁶

Typically, the cost of child care is the fourth largest family expense after housing, food, and taxes. In all 50 states, including Maine, the cost of a year of full-time child care exceeds the cost of a year of college tuition.⁷ Maine sets the market rate at the 75th percentile to enable families with subsidies access to three-quarters of the available slots. To further offset the cost of child care, Maine provides a state refundable child care tax-credit allowable for child and dependent care expenses. The credit may result in a refund of up to \$500.

Maine's current eligibility level extends to families with up to 85% of the State's Median Income. The estimated total number of children in Maine eligible for child care subsidies is 48,122, an eligibility estimate developed by the Urban Institute. The total number of children receiving child care subsidies is 13,045, or 27% of those eligible for subsidies. The parent co-payment for subsidized child care is kept at or below 10% of family income and is waived below the poverty line.

Working parents need access to quality, affordable early care and education programs in Maine. The 2000 Census reports that 67% of Maine children live in a household in which all adults are working. With an increasing number of children younger than five now spending a substantial amount of time in child care settings, there is a growing recognition of the importance of meeting the needs of children and families through comprehensive early care and education systems.

⁶Giannarelli, L. and J. Barsimantov. (2000). Child Care Expenses of American's Families. Washington, D.C.: The Urban Institute.

⁷Maine Child Care Market Rate and Workforce Study September 2002. Mills Consulting Group Inc., page 8



Indicator: Availability of early childhood education programs

Subindicator: Number of available licensed child care slots

Demographic Trends in Maine (increasing numbers of children under five, families with both or an only parent in the labor force) indicate that the demand for child care will continue to rise.

There are approximately 150,000 children in Maine with both or an only parent working. Combining the capacity of licensed child care centers and certificated family child care, Maine has licensed slots for only 41,906 children in full-time child care in 2002 (27.9 % of required need) and 44,690 children in full-time care in 2004 (29.8% of required need). There is a need for a greater supply of child care slots as indicated by waiting lists, in particular for infant care. Over half of centers report having waiting lists in 2002 and 2004.

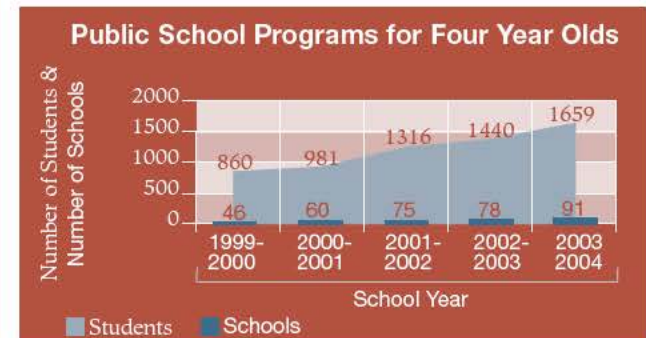
Waiting Lists for Centers	2002		2004	
	%	Average Number on Waiting List	%	Average Number on Waiting List
Serving Infants	71%	9	63%	8
Serving Toddlers	56%	9	61%	7
Serving Preschool Age	59%	9	62%	8



Subindicator: Number of Schools with Public 4-year-old Programs and students served

Effective early childhood experiences can serve as a strong foundation for life long learning. Our public school systems are strengthening the foundation by: (1) enhancing the opportunities for young children to participate in an early childhood experience before kindergarten; (2) encouraging the transition communication mechanisms between early care professionals and public schools; (3) supporting the development of a variety of full day kindergarten options which reflect recognition of the broad developmental spectrum of entering kindergartners; and (4) encouraging teachers serving young children to attain the early childhood endorsements.

Within the last four years the State has experienced a steady growth in the number of public schools opting to develop programs for four-year-old children, from 46 schools in 1999-00 to 91 during the 2003-04 school year. During this same period, the number of children served in those programs has increased by approximately 48%.





GOAL III: READY EARLY CARE AND EDUCATION (continued)

Subindicator: Percent of child care centers and family child care homes with Quality Certificates

High quality care and early education promote school readiness. Several outcome studies have found that quality early care enhances a child's educational level, level of socialization, and long-term earnings.⁸ Drawing on our confidence in each child's strengths, competency and natural curiosity, we seek programming and community partnerships that encourage exploration and support children to develop independence, critical and creative thinking, and social relationship skills. Among the key elements of our approach:

- Educational responsiveness to children's natural curiosity
- Developmentally appropriate programs that nurture children's strengths and competencies
- Balanced learning environments that encourage children to construct their own thinking
- Equal partnerships among children, families, teachers, clients, and communities
- Integration of theory and practice that demonstrates ethics, values, and service

We know that parents choose a variety of types of care for their children including unlicensed care such as informal care, relative care and in-home care. While licensing standards are not indicators of quality per se, they are a measure of health and safety, which is the baseline for a quality program. Maine recently revised child care center licensing regulations to improve staff-child ratios.

The Maine Department of Health and Human Services awards quality certificates to centers that are designated as Head Start Programs of Quality or Programs of Excellence or to centers that are accredited by the National Association for the Education of Young Children (NAEYC), the National School Age Care Alliance (NSACA) or the American Montessori Society. Family child care providers can receive a quality certificate if the provider has a Child Development Associate credential or a college degree (associate, bachelors, masters or doctorate degree) in Early Childhood Education or a related field. Family child care programs that are nationally accredited by one of four national accrediting NAEYC; the National

Association of Family Child Care; NSACA; and American Montessori Society). The number of Maine child care centers in 2004 is 696 of which 107 (15.4%) have quality certificates. The number of child care homes in 2004 is 1,854, of which 150 (8.1%) have quality certificates.

Subindicator: Compensation and turnover

Consistency of care for young children promotes healthy social and emotional growth. Developing a child's sense of trust is necessary for children's emotional and cognitive development.⁹ Children who receive care from a small number of consistent providers can be better adjusted in the first grade and over the long term.

Wages are the primary, although not the only determinant of staff turnover; when wages are increased, turnover declines. "Turnover is a significant factor associated with poorer quality programs and poorer child outcomes in language and social skills." Low staff turnover provides the opportunity for caregivers and children to form stable relationships, "which makes it possible for staff to support children's social and emotional development through consistent nurturing relationships."¹⁰

The strong correlation with wages and turnover is not endemic to child care. However, much like the costs faced by employers with recruitment and training, we are faced with the human cost of lost opportunities for strong, nurturing bonds among caregivers and children.

Current Data on Child Care Salaries and Benefits in the United States (March 2002), by the Center for the Child Care Workforce (CCW), presents the most recent salary and benefits data available for the U.S. child care workforce, as collected by the federal Bureau of Labor Statistics (BLS). A comparison of mean hourly wages between child care jobs and other occupations based on Bureau of Labor Statistics data 2000, compiled by the Center for the Child Care Workforce shows: Child care worker: \$7.86 Preschool teacher: \$9.66. On average, child care workers receive minimal or no benefits and often earn no paid vacation leave.

⁸Maine Child Care Market Rate and Workforce Study 2002, Mills Consulting Group

⁹The State of Child Care in Maine 2002, Maine Child Care Advisory Council (From Neurons to Neighborhoods)

¹⁰Borg, Amy, M.Ed., MPH and Irwin, Martha, LICSW. "Strategies to Support the Emotional Wellbeing of Children, Families and Staff: Findings from a Head Start Mental Health Task Force. Education Development Center, Inc. 2002. P. 8



The federal poverty rate for a family of four was \$18,100/yr in 2002 and \$18,400/yr in 2003. As evidenced by the table below, average wages for child care providers and caregivers in Maine do not provide livable wages for most center staff. Only Center Directors (\$27, 570) and Lead Teachers (\$21,139) earn an average annual salary that amounts to a livable wage.

Maine Child Care Center Staff Average Salary and Average Hourly Wage (2002)

Position	Average Yearly Salary	Average Hourly Wage
Center Director	\$27,570	\$12.78
Head/Lead Teacher	\$21,139	\$9.82
Teachers	\$15,281	\$8.99
Teacher Assistants	\$12,008	\$7.76
Teacher Aides	\$10,551	\$7.55

Maine Child Care Center Staff Average Salary and Average Hourly Wage (2004)

Position	Average Yearly Salary	Average Hourly Wage
Center Director	\$28,392	\$12.77
Head/Lead Teacher	\$23,283	\$10.18
Teachers	\$19,089	\$9.19
Teacher Assistants	\$10,795	\$8.18
Teacher Aides	\$11,988	\$7.61

The annual national turnover rate reached 27 percent among child care workers in 1997 and 39 percent for child care assistants (by contrast, the average turnover rate for public school teachers is just 6.6 percent per year).

Turnover During the Past Twelve Months in Maine Child Care Centers (2002)

Maine Child Care Market Rate and Workforce Study
2002 and 2004

Position	Average turnover rate for the position 2002	Average turnover rate for the position 2004
Center Director	16%	10%
Head/Lead Teacher	27%	15%
Teachers	31%	21%
Teacher Assistants	33%	25%
Teacher Aides	20%	34%

Both formal education levels of providers and recent professional development training in child development are consistently associated with high-quality interaction and children's development in center-based childcare, and family child care.¹¹

Through Maine Roads to Quality, Maine's child care and early care and education career development center, the number of providers registered for training has nearly tripled in two years to more than 2500 people.

Maine has developed Early Childhood Learning Guidelines to identify what skills and knowledge children need when they enter kindergarten. Early Childhood Education teachers are being trained in the application of these guidelines.



¹¹From Neurons to Neighborhoods- The Science of Early Childhood Development, National Academy of Science

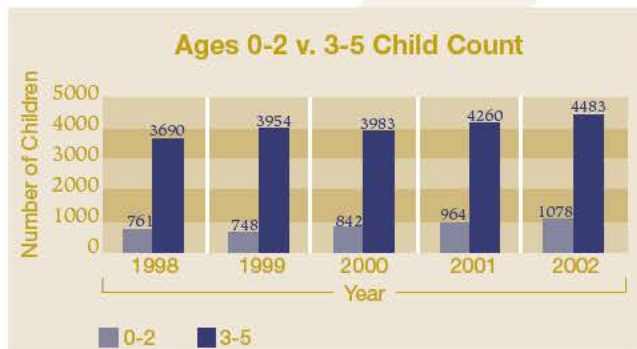


GOAL IV: READY SCHOOLS

Goal Four: assess how prepared the educational systems are to support appropriate cognitive growth for children in their community

A ready school is one that meets families and children where they are; creates an environment that is safe and conducive to learning; monitors pupils for delays in development and readily utilizes resources to support the child(ren) in overcoming delays to return to appropriate growth and development; and plans for transitions at key points such as early care to early education, early education to kindergarten, and kindergarten into grade school.

Indicator: Young Children in Part C (0-2 year olds) and Section 619 (3-5 year olds)



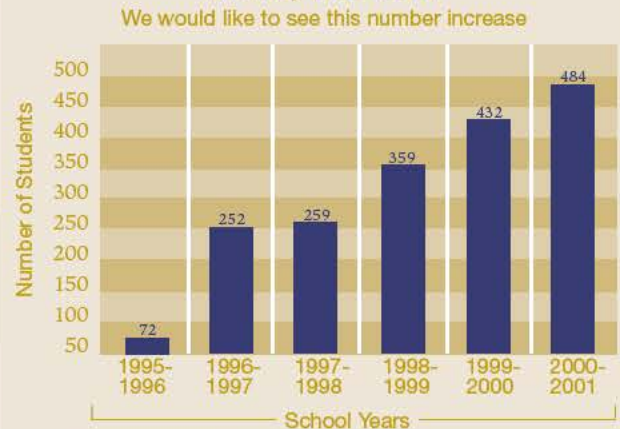
The number of children both 0-2 and 3-5 who are served by the Child Development Services (CDS) system has been steadily increasing. Early identification of delays allows earlier intervention and reduces the number of students needing special education as their school years progress.

Indicator: Children Entering Kindergarten Exiting Special Education to Regular Education

For children with special learning related needs, being ready to enter school and to succeed in school partly depends on having had early intervention and perhaps ongoing supports in place at the time of school entry for the child and family.

Early diagnosis of developmental delays and early intervention results in greater numbers of children ready to learn on school entry and lessened special education costs. As the State's Child Count of eligible children birth through five has increased over the last five years, there has been a concurrent increase in the number of children served by the CDS system who exited to regular education upon school entry.

Number of Children Entering Kindergarten Who Exited Special Education to Regular Education Maine, 1995-2001





Indicator (Developmental): Percent of schools that have formal working transition plans between early childhood and kindergarten programs

On a local level there are a number of districts that have established informal mechanisms to enhance transition from family and community-based early childhood experiences to public school kindergarten programs. Such mechanisms include visits by the kindergarten teacher to the community-based early childhood program to observe the children and to dialogue with the teachers, visits to the kindergarten classroom by the community-based provider to observe and discuss continuity of expectations, sharing of work sampling and assessment of school readiness, and the development of local level policies. There is no state level policy pertaining to this transition, nor is there a specific data element to determine the actual percentage of districts with a formal transition process at this time.

However, as the School Readiness Indicator Project comes to a close, leaders from the Departments of Behavioral and Developmental Services, Corrections, Education, and Human Services have begun working together to develop a systems approach to address these issues. This initiative, Keeping Maine's Children Connected, is an integrated approach to helping children and youth who experience school disruption due to homelessness, foster care placement, correctional facility placement, in-patient psychiatric care, or combinations of the above.



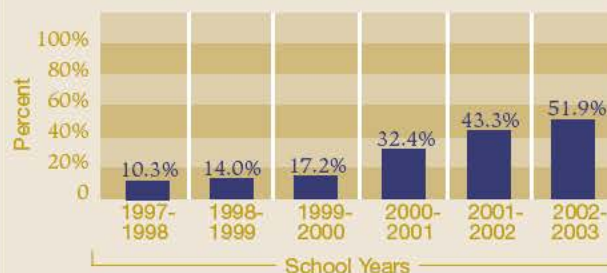
Indicator: Opportunities for Expanded Day Kindergarten

Concurrent with the growth in public school programs for four year olds has been the significant increase in the number of districts with full day kindergarten programs. The percentage of Maine's kindergartners who attend schools offering all-day kindergarten programs grew gradually at the end of the 1990's and then mushroomed to nearly 52% for the 2002-2003 school year. Of the 223 school districts with kindergarten in 2002-2003, 123 (55.2%) offered all-day kindergarten in at least some of their schools.

All eligible students might not be participating in an all-day kindergarten even when it is offered; many programs offer parents the choice of half-day or all-day kindergarten. Many programs also offer all-day kindergarten only part of the time (for example, three days a week, or for only part of the school year).

Percentage of All Public Kindergarten Student Schools Offering All-Day Kindergarten Maine, 1997-2003

We would like to see this number increase



Increasing the length of time kindergartners are in school can increase their opportunities to participate in activities designed to strengthen language development, communication and relationships with peers. Full-and expanded-day kindergartens also have greater access to other school services, such as the school lunch program, guidance hours, special education services, and Title I services.



GOAL V: READY CHILDREN

Fifth Goal: assess how prepared children are to learn and to contribute to their communities

A ready child is one who enters his school years equipped with intense curiosity, a deep desire to learn, a passion for reading, a resilient spirit, and a healthy balance of cognitive and emotional skills. A ready child is one who has a sense of dignity, hope, and power about her life, so she can become a compassionate and productive citizen of our state and nation, and is well poised to enlighten and inspire the world.

Indicator (Developmental): Percent of Kindergarteners Who Demonstrate Developmentally Appropriate Skills and Behaviors

Subindicator (Developmental): Percent of kindergarten students who can establish and maintain positive relationships with peers and adults.

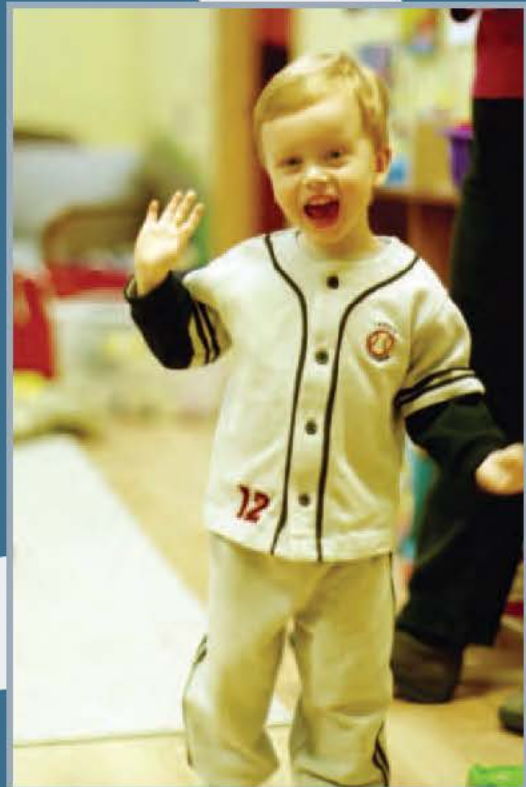
The Success by 6 School Readiness Survey provides important data on Social Skills and Emotional Development, two indicators of a child's ability to establish positive relationships. In 2002, 22% of children (up from 19% in 2000) in Mid Coast Maine schools were experiencing difficulties in **Social Skills**. Social Skills include, the ability to interact appropriately with others in the school setting, to maintain positive peer relationships, to join into others' play, and to make choices and problem solve.

In 2002, 19% of children (up from 15% in 2000) in Mid Coast Maine schools were experiencing difficulties in **Emotional Development**, defined as feelings of self-confidence and self-esteem, ability to stand up for his/her rights, and ability to share with others and take turns.

Subindicator (Developmental): Percent of kindergarten students who can function appropriately in group learning activities, participating actively, talking, taking turns, following directions and working cooperatively.

According to the Success By 6 School Readiness Survey in 2002, 21% of children (down from 23% in 2000) in Mid Coast Maine schools were experiencing difficulties in Behavioral Skills (Attention to task and demonstrates self-control, follows and understands classroom rules, shows ability to compromise, follows and understands daily routines).

High quality programs provide opportunities that support each child's developmental state and need to engage in awareness and exploration activities. Communication skills, particularly spoken language, are key to the development of literacy skills. Children who struggle with spoken language skills and are not introduced to a full and varied vocabulary often struggle with learning to read and write as well.





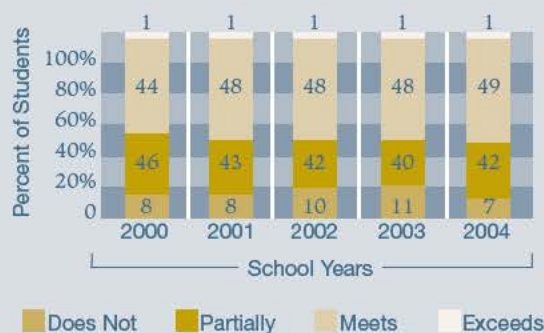
Indicator: Percent with reading proficiency in fourth grade

Reading skills are critical for children in school. Fourth grade reading scores can be considered a predictor of academic success and a reliable indicator of school readiness.

The MEA performance standards were set on 1998-99 school year results through processes that asked teachers and citizens to judge the quality of student responses. Over the past five years the percentage of students meeting the standard in reading has slowly grown.

- Does Not Meet the Standards ~ The student demonstrates limited understanding and application skills.
- Partially Meets the Standards ~ The student demonstrates inconsistent understanding and application skills.
- Meets the Standards ~ The student demonstrates consistency in understanding and application skills.
- Exceeds the Standards ~ The student demonstrates exemplary accomplishment in understanding and application skills.

**MEA Reading Performance Analysis
Grade Four Performance Level Distribution**



Subindicator: Visual ability important to classroom activities-percent of children entering kindergarten with untreated vision problems

In 2003-2004, nearly 87% of students (12,286) enrolled in kindergarten or Grades 1, 3, 5, 7, and 9, were screened for visual ability. At that time, 476 (3.9%) were referred to their health care provider as having failed the screening. Of those referred, 203 (43%) were found to have a vision problem by their provider, while a nearly equal amount had no problem identified.

Subindicator: Auditory Ability--Percent of children entering Kindergarten with untreated hearing problems

In 2003-2004, 85% of students (12,077) enrolled in kindergarten or Grades 1, 3, 5, 7, and 9, were screened for hearing ability. At that time, 239 (2%) were referred to their health care provider as having failed the screening. Of those referred, 154 (64%) were found to have a hearing problem by their provider, while only a third had no problem identified.



SUMMARY

To achieve the outcomes of ready children to become productive citizens requires the integrated investment of economic and human resources at the local, state and national levels. In order to utilize those resources efficiently and without duplication it is critical to monitor key components of the systems as well as key points along the path of human growth and development. The indicators and subindicators outlined in the formula (Ready Family + Ready Communities + Ready Early Care and Education + Ready Schools = Ready Child) provide measures for monitoring progress and provide opportunities to celebrate achievements as well as opportunities to adjust resource investments when achievements slow or decline.

Recent brain and other child development research indicate the access to early prenatal care, well-child care, mental health services, comprehensive family support programs, early intervention programs, high quality child care and early education, and economic security have a great impact on the likelihood that children will enter school ready to learn. This emerging focus on “school readiness” has brought to light the complexity of measuring the whole range of physical, social, emotional, and cognitive skills that children need to thrive. School readiness is not the responsibility of a developing and growing child. In fact, consensus on the characteristics of the school-ready child suggest that supports are most critical—and often show the most benefit—when families, early care and education efforts, and community and state systems are prepared to anticipate and collectively meet the needs of all children.

Further, experience in states and communities across the nation has proven that indicators of child well-being can be an important tool for bringing government and community leaders together to make strategic investments in children and families. Both public and private leaders must feel accountable for results if the outcomes for Maine’s children are to improve. The regular reporting of indicators that describe the physical, social, emotional, and cognitive well-being of children enables state policymakers and opinion leaders to track the results of their investments and watch trends over time. These child outcome indicators are powerful tools for public policy decision-making. They are particularly effective when combined with system indicators that monitor the capacity of child and family programs to meet the variable needs that exist across communities.

How This Will Direct Our Activities

“As Maine goes, so goes the nation.” Maine parents, communities, and policymakers are poised to effect real change for our young children. The innovative framework of the early childhood stakeholders, the nimble responsiveness to unique demographics in this rural state, the involvement and leadership from the Children’s Cabinet, and the creative approaches to ensuring that work gets done has already captured the interest of other states seeking to change early childhood systems.

This School Readiness Indicators Report will help realize the vision of integrated state agency and family collaborations. Connections are being established as this document goes to print that highlight the linkages of school readiness to the programs offered by Maine’s Maternal and Child Health agency, the Infant/Toddler initiative and the State Early Childhood Comprehensive Systems project. This report provides us with baseline data to better inform policy development and enhance community supports for Maine’s young children and their families. Over time, it will serve as a litmus test of program efficacy. Most importantly, it was developed on the premise that both this report and its message of the value of investing in young children will transcend administrations. By revising this work to guide our state leaders, the Maine School Readiness Indicators will be a living document for generations of Maine families.





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