



Maine's Recommendations for Core Indicators of School Readiness 2004

Condensed Report

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.

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. 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.

Through its work with 16 other states, Maine has developed a formula for school readiness: **Ready Family + Ready Communities + Ready Early Care and Education + Ready Schools = Ready Child.** 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.



GOAL I: FAMILIES READY FOR CHILDREN

How prepared are families 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.

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.

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

Early and ongoing adequate prenatal care is essential to a healthy pregnancy and baby.

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, and overall life success.

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

By 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

How prepared are communities 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

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. Maine's childhood vaccination rates increased dramatically in the past decade. 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.

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.

Subindicator: Oral Health

- One third of Maine Kindergarten children (31.4%) and almost half of our third graders (44.7%) have had dental decay.
- Nearly one in five of these children are untreated.

Subindicator: Childhood Weight Status

In Maine, 15% of kindergartners and 13% of middle and high school students are overweight.

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.

Indicator: Education level of the mother

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.

Indicator: Percentage of Children under Age 18 Living in Female-headed Households below the Poverty Level

This is a developmental indicator. Being raised in economically deprived circumstances can have far-reaching negative consequences for children.

GOAL III: READY EARLY CARE AND EDUCATION

How prepared is the early care and education system 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 serves only 35% to 40% of the estimated 11,537 children eligible for Head Start (2000 Census Data) due to limited federal and state funding.

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

The total number of children receiving childcare subsidies is 13,045 or 27% of these eligible for subsidies. To offset the cost of childcare, Maine provides a state refundable child care tax credit allowable for child and dependent care expenses.

Indicator: Availability of early childhood education programs

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.



Subindicator: Number of available licensed child care slots

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.

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

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%.

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

Several outcome studies have found that quality early care enhances a child's educational level, level of socialization, and long-term earnings. 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. 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. The federal poverty rate for a family of four was \$18,100/yr in 2002 and \$18,400/yr in 2003. Average wages for child care providers and caregivers in Maine do not provide livable wages for most center staff.

GOAL IV: READY SCHOOLS

How prepared are the educational systems to support appropriate cognitive growth for children in their communities?

A ready school is one that meets families and children where they are; creates an environment that is safe and conducive to learn; monitors pupils for delays in development and readily utilizes resources to support the child(ren) in overcoming delay for 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

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 was a concurrent increase in the number of children served by the CDS system who exited to regular education upon school entry.

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

There are a number of districts that have established informal, localized mechanisms to enhance transition from family and community-based early childhood experiences to public school kindergarten programs.

Indicator: Opportunities for Expanded Day Kindergarten

The percentage of Maine's kindergartners who attend schools offering all-day kindergarten programs mushroomed to nearly 52% for the 2002-2003 school year. Increasing the length of time kindergartners are in school can increase their opportunities to participate in activities designed to strengthen language develop-



ment communication and relationships with peers. Full- and expanded-day kindergarteners 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

How prepared are children 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 Kindergartners Who Demonstrate Developmentally Appropriate Skills and Behaviors

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

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.

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

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.

Indicator: Percent with reading proficiency in fourth grade

Over the past five years the percentage of students meeting the MEA performance standard in reading has grown.

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

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. Maine parents, communities, and policymakers are poised to effect real change for our young children.

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 work is based 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. "As Maine goes, so goes the nation."