

B-5 for ME: Quality, Accessibility and Affordability of Services for Maine's Children & Families
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Abstract

Vision: *All Maine's children and their families will receive the services they need through an efficient, data-driven, evidenced-based and non-duplicative system to ensure they are ready for kindergarten.*

The Maine Department of Education, in collaboration with the Maine Department of Health and Human Services, along with many partners both internal and external to state government have put forth an ambitious but realistic plan to begin to create an aligned, efficient, and high quality mixed delivery system for children ages birth to five and their families. The accessibility of quality early care and education will be determined through reviewing available needs assessments, developing an interagency data system and conducting a statewide Needs Assessment, including strategies to determine efficiencies and unduplicated counts. In addition, the needs and availability of the workforce to provide high quality early care and education services will be examined through the Maine Roads to Quality Registry and the Needs Assessment.

The Maine Department of Education and Department of Health and Human Services, along with partners, will review current strategic plans and the information gathered from the needs assessment, to inform the development of Maine's Strategic Plan. This plan will address gaps in the birth-five mixed delivery system through coordination and collaboration between state departments and partner programs.

Parents' knowledge of available early care and education resources will be increased through the enhanced Child Care Choices website, social media and synchronization with other early care and education programs. The evidence-based Parent Ambassador Program from Educare Central Maine in Waterville will be implemented in Head Start agencies in three areas of the state, including one area with a high population of refugee and immigrant families. Transition strategies for children and families from multiple early childhood programs into kindergarten, including those developed and piloted from thirteen Preschool Expansion Grant districts, will be shared among programs to increase knowledge.

Current evidence-based training for providers will be expanded to include availability of ACES, trauma-informed, resilience training, inclusion cohorts involving teams from public and private prek program, and mini-grants to support family and center-based child care programs to meet NAFCC or NAEYC accreditation standards.

The entire project will have both a process and outcome evaluation which will include a cost-analysis to ensure proposed goals are being met. Finally, a plan for long-term sustainability ensures that the work can continue once grant funding is no longer available.

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