The data presented here reflect those programs funded by the federal Office of Head Start and are based on the 2009-10 Program Information Report (PIR), a federally mandated report submitted annually to the Office of Head Start. The program year is September 1, 2009, to August 31, 2010. Eleven Head Start grantees in Maine are funded primarily through the federal Office of Head Start. Three additional Head Start programs are funded by the Tribal Office of Head Start and are managed by the Passamaquoddy, Micmac and Maliseet tribes within their communities.

The charts in this report reflect data from the PIR unless otherwise indicated.

The term “Head Start” in this report refers to both Early Head Start and Head Start serving children prenatal up to 5 years of age, unless otherwise specified.

This report was written by the Maine Children’s Alliance in cooperation with the Maine Head Start Directors Association (MHSDA) and the Maine Department of Health and Human Services, Early Childhood Division.

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FEDERAL HEAD STARTS

ANDROSCOGGIN HEAD START & CHILD CARE
County Served: Androscoggin
Coburn School, 209 Bates St., Lewiston, ME 04240
(207) 795-4040
Estelle Rubinstein, Director: erubinstein@androkids.com

AROOSTOOK COUNTY ACTION PROGRAM
County Served: Aroostook
P.O.Box 1116, Presque Isle, ME 04769
(207) 768-3045
Sue Powers, Director: spowers@cap-me.org

MIDCOAST MAINE COMMUNITY ACTION
County Served: Sagadahoc, Lincoln and Greater Brunswick
34 Wing Farm Pkwy., Bath, ME 04530
(207) 442-7963 ext 214 or 1-800-834-4378
Sue Kingsland, Director: sue.kingsland@mmacorp.org

CHILD & FAMILY OPPORTUNITIES (CFO)
County Served: Hancock and Washington
P.O.Box 648, Ellsworth, ME 04605
(207) 667-2995 or 1-800-834-4378
Doug Orville: dougo@childandfamilyopp.org

COMMUNITY CONCEPTS
County Served: Oxford and Franklin
P.O. Box 278, S. Paris, ME 04281
(207) 739-6574
Doug Orville: dflorenz@community-concepts.org

KENNEBEC VALLEY COMMUNITY ACTION PROGRAM (KVCAP)
County Served: No. Kennebec and Somerset
97 Water St., Waterville, ME 04901
(207) 859-3110
Rick Getchell, Director: rgetchell@micmac-nsn.gov

THE OPPORTUNITY ALLIANCE
County Served: Cumberland
510 Cumberland Ave., Portland, ME 04101
(207) 553-5823
Louise Marsden, VP Child and Family Services Director: lmarsden@propeople.org

PENQUIS COMMUNITY ACTION PROGRAM
County Served: Penobscot, Piscataquis and Knox
P.O.Box 1162, Bangor, ME 04402-1162
(207) 973-3500
Jean Bridges, Director: jbridges@penquiscap.org

SOUTHERN KENNEBEC CHILD DEVELOPMENT
County Served: So. Kennebec
337 Maine Ave., Farmingdale, ME 04344
(207) 582-3110
Michele Pino, Director: michelep@skcdc.org

WALDO COUNTY HEAD START
County Served: Waldo
P.O.Box 130, Belfast, ME 04915
(207) 338-3827
Katherine Johnston, Director: Kjohnston@waldocap.org

YORK COUNTY COMMUNITY ACTION CORPORATION
County Served: York
P.O.Box 72, Sanford, ME 04073
Betty Graffam, Acting Director: bettyg@yccac.org
(207) 710-2404

TRIBAL HEAD STARTS

LITTLE FEATHERS HEAD START
Aroostook Band of Micmacs
County Served: Aroostook
13 Northern Rd.
Presque Isle, ME 04769
(207) 768-3217
Rick Getchell, Director: rgetchell@micmac-nsn.gov

MALISEET HEAD START
1 Maliseet Dr.
Houlton, Maine 04730
(207) 521-2410
Cindy Fitzpatrick, Director: cindyfitz@maliseets.com

PASSAMAQUODDY HEAD START
County Served: Washington
P.O.Box 344
Perry, ME 04667
(207) 853-4388 &
(207) 454-2128
Beth Cousins, Director: beth.cousins@bie.edu
Head Start provides early care and education, as well as health, nutrition, mental health, social and family support, to low-income families with children from prenatal to five years old. Head Start services are delivered in a variety of ways, for example: a home visitor meets with a child and the child’s family for 90 minutes each week; an infant is enrolled in Early Head Start either at a family child care home or at an early childhood center; a four-year-old attends a collaborative partnership program of the local Head Start grantee and the public school; and three- and four-year-old Head Start preschoolers attend a center in the community.

The total number of Maine children funded and enrolled in Head Start or Early Head Start is 3,819, according to the 2009-2010 Program Information Report (PIR).

<table>
<thead>
<tr>
<th>Enrollment by Program Option, 2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Child Care</strong></td>
</tr>
<tr>
<td><strong>Home Visitation</strong></td>
</tr>
<tr>
<td><strong>Center-based Full Day</strong></td>
</tr>
<tr>
<td><strong>Center-based Part Day</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrollment by Age, 2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 years and older</strong></td>
</tr>
<tr>
<td><strong>Under 1 year</strong></td>
</tr>
<tr>
<td><strong>1 year</strong></td>
</tr>
<tr>
<td><strong>2 years</strong></td>
</tr>
<tr>
<td><strong>3 years</strong></td>
</tr>
<tr>
<td><strong>4 years</strong></td>
</tr>
</tbody>
</table>

The early years of a child’s life are extremely important because early experiences affect the architecture of the maturing brain. When building a house, the foundation is laid carefully and with exact measurements so that the remaining structure will be sturdy and strong. In the same way, as a child’s brain grows, the quality of the architecture establishes either a sturdy or a fragile foundation for all of the development and behavior that follows. Getting things right initially is easier and less expensive than fixing problems later.

A recent national study of Head Start found that children who were enrolled in Head Start continuously for at least three years before entering kindergarten displayed greater rates of kindergarten readiness than children participating in Head Start for two years or less. The results of this study, along with the latest research on brain development, demonstrate the need to increase the number of children in Early Head Start programs that serve children prenatal to three years old.¹

Maine currently has the capacity to serve only an estimated 29.8% of children who are income-eligible for Head Start.²

In Maine, 1,290 children (28%) were enrolled for a second year of Head Start, while 314 (7%) were enrolled for three or more years in 2009-2010.

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² The 2011 Maine KIDS COUNT Data Book, Maine Children’s Alliance
Head Start programs receive most of their funding directly from federal grants. Additional funding is received from the state.

Federal funding streams for Head Start have shifted and changed significantly over the past few years. As a result of a state rule change in MaineCare (Medicaid), $4.8 million in federal Medicaid funding for Head Start was eliminated, starting in 2009-2010.

New Head Start funding included in the American Recovery and Reinvestment Act (ARRA) in 2009-2010 helped stabilize programs and mitigate the loss of federal Medicaid funds. Maine Head Start programs also made programmatic changes and administrative cuts: combining direct service positions, cutting managerial staff and changing program options from center-based to home visiting models. As a result, the total number of Head Start slots in 2009-2010 increased slightly over the 2008-2009 number.

Although the ARRA funding was not renewed by Congress for the 2010-2011 year, the federal Head Start Office re-distributed funds nationally. This resulted in Maine receiving an increased allocation for the year. The increase enabled programs to maintain the participation level established with ARRA funds.

Maine is one of 16 states that provide funds for Head Start. State general funds were first allocated in 1983 as a part of a broad education reform effort. Since 1999, Head Start has been included in the Fund for a Healthy Maine (FHM) allocation. With the termination of federal Medicaid and ARRA funding, both streams of state funding are essential in order to maintain the current number of Head Start slots in Maine. A reduction in state funding would result in a significant loss of service to Maine families.
Head Start enrollment priority is given to families living in poverty as well as children who are: homeless; in foster care; living in areas defined as medically underserved; or have special needs. Programs use the Federal Poverty Guidelines. Families with financial resources above the poverty guidelines are also eligible if they receive public assistance.

### Who is Eligible to Enroll in Head Start?

- **Homeless Children:** 3.2%
- **Children in Foster Care:** 2.0%
- **Over Income:** 6.6%
- **Income Eligible:** 88.2%

#### Enrollment by Type of Eligibility, 2009-10

In 2009-2010, 147 (3.2%) of Head Start children were homeless, up from 94 (2.0%) in 2008-2009.

### 2010 Federal Poverty Level

<table>
<thead>
<tr>
<th>FAMILY SIZE</th>
<th>ANNUAL INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,830</td>
</tr>
<tr>
<td>2</td>
<td>$14,570</td>
</tr>
<tr>
<td>3</td>
<td>$18,310</td>
</tr>
<tr>
<td>4</td>
<td>$22,050</td>
</tr>
<tr>
<td>5</td>
<td>$25,790</td>
</tr>
<tr>
<td>6</td>
<td>$29,530</td>
</tr>
<tr>
<td>7</td>
<td>$33,270</td>
</tr>
<tr>
<td>8</td>
<td>$37,010</td>
</tr>
</tbody>
</table>

Add 3,740 for each additional family member above 8
The composition of Head Start families has stayed consistent over time, with slightly more two-parent families than single-parent families enrolled in Head Start programs during 2009-2010.

In 2009-2010, one-third of Head Start parents were unemployed, an increase from three years ago when 27% of Head Start parents were unemployed. This increase reflects Maine’s elevated unemployment rate and difficult economic conditions. The employment status of Head Start families serves as an indicator of how the economy affects the general population of lower-income citizens in Maine.

Most Head Start parents have at least a high school diploma or a GED. Many are employed and/or actively pursuing higher education in community college settings. Head Start programs provide support to families in efforts to improve their economic opportunities.

**WHO ARE MAINE’S HEAD START FAMILIES?**

Head Start contributes to Maine’s economy by employing 1,250 people. Head Start is also committed to supporting parents as they work toward achieving employment goals. The program often provides the first step toward employment for parents, thus contributing to the economic development of a community.

Head Start programs support the local economy by purchasing food, classroom supplies and furniture, and by contracting for services such as snow removal, landscaping and trash removal.

### HEAD START AND THE LOCAL ECONOMY

**Composition of Head Start Families, 2009-10**

- Single-parent families: 48%
- Two-parent families: 52%

**Employment Status of Head Start Parents, 2009-10**

- Unemployed: 33%
- Employed: 53%
- Job training or school: 15%

**Comparison of Educational Attainment for Head Start Parents and All Maine Families**

- Bachelor's or advanced degree: 6% (Head Start families) vs. 29% (All Maine families)
- Associate degree, some college or vocational school: 31% (Head Start families) vs. 32% (All Maine families)
- High school graduate or GED: 45% (Head Start families) vs. 32% (All Maine families)
- Less than high school: 8% (Head Start families) vs. 17% (All Maine families)

In 2009-2010, 25% of Head Start staff was comprised of Head Start or Early Head Start parents.
Federal Head Start regulations require that classroom teachers have formal early childhood training. Currently, Head Start programs are working toward meeting a national standard by 2013 that requires 50% of all classroom teachers to have at least a bachelor’s degree in early childhood.

Because Head Start is mandating increased credential requirements without increasing funding, there is a concern that Head Start will become the “farm league” of public schools, with Head Start teachers leaving for more lucrative public school positions. Specifically, the increased need for well-trained, qualified teachers in public pre-K classrooms may cause increased teacher turnover in Head Start programs. Continuity of care is of utmost importance for young children, thus a high turnover rate can significantly reduce the quality of a program.

* Child Development Associate (CDA) is an early childhood credential typically equal to 11 college credits.
Early Head Start focuses on fostering social/emotional development, promoting secure attachments, and supporting positive brain development. Evaluation of each child’s progress is ongoing, so that areas of concern are identified and appropriate supports are received. All assessments include parent input and all information is shared with the family. Ensuring the emotional well-being of infants and toddlers is part of the foundation for future school success.

Head Start focuses on kindergarten readiness skills. Parent input, along with ongoing observations and assessments, provide important information on the growth and progress of each child. Individual assessments focus on social/emotional development, language, literacy, math and science. Teachers use these assessments when planning individual and group activities to support each child’s progress. This information is also reviewed for overall program improvement goals.

SCHOOL READINESS

Children are assessed in four areas of development: social/emotional, physical, cognitive and language/literacy. Within these four areas, there are additional subsets of development, highlighted in the following chart. Head Start teachers assess each child’s developmental progress a minimum of three times per year. These assessments are used to inform curriculum planning for the individual child and for small groups of children. The assessments are also used for parent-teacher conferences that occur at least twice each year. Aggregate child data are used by each program to inform systemic planning and professional development activities.

## CHILDREN WITH SPECIAL NEEDS

Early identification of developmental delays and behavioral problems can lead to timely interventions that best support a child’s development and decrease parental stress. Research has demonstrated that there are specific moments in the development of a young child when intervention can be the most effective and can reverse negative impacts. It is essential that such interventions occur within the first five years of life.

Federal Head Start standards require that children with special needs comprise at least 10% of a grantee’s total enrollment. In 2009-2010, almost 20% of Maine children enrolled in Head Start had a diagnosed disability. Programs are required to conduct developmental screenings within the first 45 days of a child’s enrollment to determine whether referral for special services is needed.

![Most Prevalent Disabilities of Head Start Students, 2008-10](chart)

Program staff work with parents, the local Child Development Services office and public school departments as members of an Early Childhood Team (ECT). These teams develop individualized plans for children with special needs.

![Readiness Indicators for Head Start Children Entering Kindergarten in Fall 2011](chart)
HEALTH SERVICES
Evidence strongly indicates that success in adult life is directly linked to early childhood health. Supporting families by ensuring that their children have access to ongoing preventative medical, mental health and dental services is a hallmark of the Head Start program.

Physical Health:
Head Start staff work closely with parents and guardians to ensure that their children have access to health insurance, receive timely immunizations, set up well-child visits and have a regular health care provider. Since 2008, the number of Head Start children receiving treatment for being overweight has doubled. During the same time period, the number receiving treatment for hearing difficulties and asthma has decreased.

Mental Health:
When children are exposed to what scientists call “toxic stress” such as domestic violence, caregiver depression, abuse or neglect, the result can be lifelong difficulty in learning, memory and self-regulation—all key indicators for kindergarten readiness. As adults, their risk of developing chronic health conditions such as diabetes, obesity and heart disease increases. Supportive and respectful family interventions can result in substantial improvements in the well-being of both the child and the parent or guardian.

Head Start programs provide mental health services and referrals to community mental health providers, according to the needs of the child and the family.

Dental Health:
When a child’s oral health suffers, so does school performance. Children who are in pain fall behind because they cannot pay attention to teachers or parents. Untreated oral disease has been linked with long-term health problems such as heart and respiratory diseases.

In Maine, there is a considerable shortage of dentists, particularly dentists who accept MaineCare (Medicaid). This is the one category in the annual Program Information Report in which Maine Head Start programs fall behind programs in the rest of New England and most of the nation. The Maine Head Start Directors Association is working closely with the Maine Dental Access Coalition to address this health concern.
FAMILY SERVICES

The Family Partnership Agreement (FPA) is a key element in Head Start’s comprehensive approach. The FPA is used by Head Start Family Advocates to support parents in developing short- and long-range goals for family success.

Head Start Programs provide support services to families and make appropriate community referrals. Training opportunities are also provided to parents, ranging from how to support a child’s cognitive development to parent leadership development.

There has been a significant increase in the number of homeless families served by Head Start from 2009 to 2010, reflecting the serious economic challenges Maine families face. Head Start family partnership staff work with parents to find stable housing arrangements. Being homeless as a child is an adverse childhood experience (ACE) that can result in a profound negative impact on brain development. Known as “toxic stress,” adverse childhood experiences often influence physical health and cognitive ability later in life.

Parent involvement is integral to the success of Head Start. Parents volunteer in the classrooms, participate in decision making at both the center and program level, and have a strong influence, through a Policy Council, over policies and procedures implemented by the Head Start program.

Every Head Start program has a Policy Council. Head Start parents comprise at least 51% of the Policy Council; other members are community representatives. The Council works in collaboration with each agency’s staff and board of directors to administer responsive, relevant programs that comply with federal Head Start regulations.
COMMUNITY RELATIONSHIPS
Head Start programs in Maine are supported by community partners. Every Head Start program in Maine has local partnerships in the communities in which services are provided.

Volunteers:
A total of 5,835 volunteers provided their time and talents to Maine Head Start programs in 2009-2010. Volunteers in Head Start programs include parents, community members, and health professionals who donate their time. All Head Start programs are required to generate a local match equal to 25% of their federal grant. This is accomplished through a combination of monetary and in-kind contributions.

Relationships with Public Schools:
Head Start programs have formal collaboration agreements with public schools. Over the past few years, there has been an increase in the number of partnerships between Head Start programs and public pre-K programs.

Sharing buildings, staff and transportation costs, Head Start programs and public schools across the state have combined forces to ensure that a high quality preschool program is provided to the children in their communities. This shared use of resources is often termed, “braided funding.” With braided funding, local schools and community early childhood providers use various public and private funding sources to deliver comprehensive early childhood services. They are able to provide comprehensive services using cost allocation and other strategies to weave together a program that offers the quality and dosage required to ensure positive school readiness outcomes and, at the same time, meets the needs of the families in their communities.

As a result of this braided funding approach, an additional 579 children who were enrolled in pre-K programs received comprehensive Head Start services.

Relationships with Family Child Care Providers:
In rural communities, some Head Start programs collaborate with family child care providers. These local providers implement a curriculum designed for the family child care setting that meets Head Start requirements. Providers gain access to professional development opportunities and supplies and materials. Head Start family and community partnership staff visit the family child care setting to deliver health and family services.

Maine Head Start programs promote school readiness by providing comprehensive services for children and their families, including education, medical assessment, social skills and parenting education. Head Start places significant emphasis on parental involvement, with programs that engage parents in their children’s learning and help them make progress toward their own educational and employment goals. As Head Start programs expand opportunities and options for children and their families, Maine communities are also strengthened and enriched.

Relationship to Maine’s Home Visiting System:
Maine Head Start programs provide home visitation services to 421 children. The majority of these services are provided to families with infants and toddlers. Home visiting in Head Start includes a weekly visit, usually 90 minutes in length, and at least two opportunities every month to socialize with other families in the program. The parents and home visitor work together to plan activities and establish goals within an established curriculum.

Federal health care reform provides new opportunities for collaboration between Head Start and Maine Families (Maine’s home visitation program). In the coming year, the leadership of Maine Head Start and Maine Families will work together to develop a comprehensive, fully integrated home visiting system for Maine.
This report was written by the Maine Children’s Alliance in cooperation with the Maine Head Start Directors Association (MHSDA) and the Maine Department of Health and Human Services, Early Childhood Division.