Wisconsin Department of Children and Families

Wisconsin Child Care Advisory and Recommendation Exchange (WI-CARE) Meeting Minutes June 12, 2026

12:00 p.m. – 1:00 p.m.

Attendees

WI-CARE Child Care Provider Members

- Bianca Hill, Milwaukee
- Christine Larson Salerno, Waukesha County
- Cynthia Reineking, La Crosse
- Jay Martinez, Oneida
- Jen Kalis, Onalaska
- Joahna Shelton, Spooner
- Jolynn Wendt, Arcadia
- Jose Martinez, Statewide
- Kishaunda Ransaw, Milwaukee
- Margarita Ugalde, Madison
- Rose Catlett, Middleton
- Ryann Counce Barnes
- Shelly Boelter, Hager City
- Sheri Bishop, Pulaski
- Suzette Mayotte, Ashland
- Tammy Dannhoff, Oshkosh
- Thanh Bui-Duquette, Eau Claire
- Tricia Peterson, Juneau

DCF Staff

- Andrea Cammilleri (tech/notes)
- Michelle Evans (observing)
- Tina Feaster (facilitator)
- Kaitlin Ferrick (facilitator)
- Daria Hall (facilitator)
- Cassidy Peterson (tech)
- Jason Rahn (facilitator)

Guest Note Takers

- Molly Dillman, Strategist at KW2
- Maggie Kahn, Account Coordinator and Research Associate at KW2
- Allison Trapp, Director of Strategy at KW2

Meeting Notes

Welcome, Reminder of Meeting Norms

Presented by: Daria Hall, Policy Initiatives Advisor, DCF Division of Early Care and Education

- Daria went over member logistics, meeting norms and the meeting agenda.

Supporting Families of Children with Disabilities or Developmental Delays

Presented by: Kaitlin Ferrick, Early Childhood Systems Collaboration Unit Manager, Division of Early Care & Education

- Focus areas for this project will include
    - Resources for families navigating care and transitions from Birth to 3, 4K, and kindergarten, especially for families of children with disabilities or developmental delays
    - Resources to communicate about regulation
- Goal today: learn more about what providers need to help support families
- Current phase: KW2 is reviewing the current landscape to identify gaps, insights, and opportunities
- Kaitlin shared what we've already heard from parents and providers on this topic:
    - Need more access and opportunities for children with disabilities
    - Increase accessibility accommodations
    - Desire for programs that specialize in serving children with autism
    - Need for more parent education/support on child development and disabilities
    - Concerns/fear from parents re: sending children with disabilities to child care
    - Provide mental health consultants and behavioral specialists
    - Utilize local lived experience experts in communities to help families navigate
- Kaitlin provided an overview of services for children Birth to 3 years old with developmental delays or suspected disabilities
    - The Department of Health Services oversees the Early Intervention (Birth to 3) program for Wisconsin
    - If you have developmental concerns about a child in your care, you can have the family contact the Birth to 3 program in their county
    - Participants qualify for Individualized Family Services Plans (IFSPs)
    - IFSP goals focus on the needs of the child and family
    - Services take place in the child's "natural environment"—often home or child care, could be another place in the community
    - IFSPs contain a list of team members, the services provided (OT, PT, Speech, etc.), and location of services
- Kaitlin asked Jason Rahn (DCF) to provide an overview of services for children 3 to 5 years old
    - The Department of Public Instruction oversees Early Childhood Special Education (ECSE) services, which are provided by the child's local/home school district
    - If you have developmental concerns about a child in your care, the family can contact their local/home school district for help
    - If a child qualifies for ECSE, an Individualized Education Program (IEP) will be developed
    - IEP goals focus on supporting the needs of the child within an educational setting or program
    - IEPs contain a list of team members, the services provided (ECSE, OT, PT, Speech, etc.), and location of services (classroom, early childhood program, etc.)

- Jason Rahn compared some differences between Birth to 3 (Early Intervention) and ECSE:
    - Birth to 3 is governed by Part C of the Individuals with Disabilities Education Act, serves children birth to 3, its goal is to help families meet the developmental needs of their child with a delay or disability, and evaluation includes two or more professionals from different disciplines evaluating all five areas of development.
    - ECSE is governed by Part B of the Individuals with Disabilities Education Act, serves individuals ages 3 through 21, its goal is to help the child achieve success within the educational setting, and evaluation includes a team of professionals across disciplines completing an evaluation in the area(s) of suspected disability/concern.
    - Full comparison chart available online
- Jason shared that transitions from Birth to 3 to ECSE require a planning conference
    - When: Not less than 90 days and not more than 9 months before the child's 3rd birthday
    - Team members: Birth to 3 team, family, ECSE team
    - Purpose: Determine possible eligibility for ECSE services
    - Resource Interactive Transition Timeline

Question 1: What information would you like DCF and its partners to communicate to families about regulation? What should it look like?

Breakout Room 1 Notes

- Right now, the content is on a website, right? As a provider, we get emails every week about updates (the child care listserv), but are our families on these lists.
    - DCF Facilitator: Anyone can sign up for that listserv but it is designed for providers. Where, how, and what kind of information would be most helpful to families?
- I think a one-pager about regulation would help. Just provide basic information, then include a link to jump to more detailed information. We don't want to overwhelm users with too much information at once. Providing the basics on a flyer or brochure and including a link to the DCF website will help people navigate the website more easily.
- With a portal, if they search for daycare, maybe list the things that licensing checked that are GOOD, not just non-compliance, and what is BAD. Just show what providers are doing well. Parents also want to know what is being checked by licensing.
- For napping, sometimes parents don't understand why children need naps during the day, which can prevent them from sleeping through the night at home. I don't know what providers can do to briefly explain it: go to this website; this is the rule for licensing, instead of having to explain it to every parent who asks.

Breakout Room 2 Notes

- Can I be honest with you? I feel families are nonexistent when it comes to stuff like that. They have enough on their plate. They don't really engage, unless it's a learned experience or a situation they're dealing with in your center. I don't even think my parents, even when we explain to them about YoungStar, have a clue. They just want to drop their kid off, they want to know how much it costs, and if you have availability. But if

people come in with questions, I take them to the website. Ours is always: "Does my kid need to lay down for a nap or go to sleep if they're three years old, can we stop naps?" I'll show them the actual rule. I'll put state licensing rules in a newsletter. And a lot of times that is something non-negotiable. I wish I could say that parents want to read about that stuff. Even at the school level, teachers struggle with this too.

- Discipline is another one. Time outs. Trying to explain that we don't give time outs when they're like "Put her in a timeout." We try to explain why. That's a big one, the time outs. And trying to explain the hours they can be in care for the day. That's number one.
- The programming, what is the schedule like, what are they participating in. That there are built-in educational components in the care that is being provided to them. It's just a need for care, they're most concerned about getting the child enrolled. The important thing to emphasize is the type of care. The rules are the other piece. We all do a good job of explaining the rules and have parents sign off on it. And someone else has mentioned discipline. Nowadays, we're dealing with a lot of behavioral issues, some behavioral challenges. It seems like it's more post-COVID, an uptick in behaviors. And I think it may just be stressors right now that a lot of our families are going through. So whatever mom and dad or the household feels in terms of stressors, we see that in children's behaviors. They may not be able to articulate it, but we certainly see some of these behaviors that erupt through.
- I agree with what everyone has said. I do get questions. I'm certified but I get a lot of questions about the difference between a certified or licensed child care versus an unregulated and why it's important to go to a certified child care vs. unlicensed. And like everyone, I get a lot of questions about potty training and nap times and "why can't you do this or why can't you do that?" I do my best to explain it and there's definitely times that I've copied and pasted stuff from the website or shown them the regulation highlighting that it's because I'm certified that I'm not able to do X, Y, and Z.
- One of the big things lately is all the different dietary restrictions. And on top of dietary restrictions, it's people's kids who don't want to eat a casserole or fruits and vegetables. So they get a packed lunch with McDonald's, Gatorade, fruit snacks and chips because that's what they like and the kids aren't eating our lunch as much as the parents would like them to, even though they're not there. That's one of the big things that I've had to educate parents about lately, you though there's a reason why we have to feed a healthy lunch and we do serve lunches. But kiddos that are used to chips and Gatorade are not going to like milk, green beans, and mandarin oranges along with a casserole. They would rather have McDonald's. So that's one of the things we have been dealing with a lot lately, especially with summer because kids have been used to bringing their own lunches to school. I guess maybe they don't watch super close at school what they bring in the lunches, but I'm not sure about that.
- Can I add to that? It would be super helpful to have a one-pager to be sent to parents about the importance of nutrition to explain to parents the correlation between food and behavior. Because I feel like how you fuel your body is how you're going to react to behaviors. Trying to get rid of that red dye and all that kind of stuff that has been such a huge issue. We've been trying to put something together, but what a great opportunity because nutrition is such a big deal, nutrition and sleep and their importance. They're such a big component to kids learning. And if we can help bridge the gap of these post-COVID kiddos, that would be something that I think would be very useful.
- I agree with others, especially with milk. The parents prefer oat milk, soy milk, almond milk. And I always have to give reasoning, we can't use alternative milks without proper

documentation. If they don't have an allergy to it, it's just what they prefer. Until you give me some type of documentation, I have to provide them with cow's milk.
    - **DCF Facilitator:** I think we could partner with the Department of Health Services on some of these. So they probably already have a lot of content like this created that we could look at either partnering with them to create and tailoring to child care, or looking to see if they already have them created and then just bringing them into DCF and making them more accessible for childcare providers to share out, and then for us to also make them available on our pages.
- One more thing, not just for the parents. I teach the foundational courses. A lot of providers don't know some of this stuff too. If they're in the center and they need skills to become a lead teacher, there's some topics while I'm teaching, they don't know that. So maybe a one-pager for us too, as a refresher.

Breakout Room 3 Notes

- One of the things our program struggles with is how important the paperwork is and how we communicate that to our families. Licensing requires health reports and access to immunization records/exemptions and all those things. We communicate that to our families but then sometimes parents don't take it seriously, and we can be written up. So, I'm not exactly sure what a resource about this should look like. Anything that is short... seems to work better. Needs to be short and readable at-a-glance, not 2 pages. This could be a matter of us losing our program.
- Spot on. I love that. I see a lot on social media suggesting sending kids to unregulated child care. I think the importance of safety and oversight is missed... families are compromising our license status. Sometimes citations look really bad as a "chemical violation" but it was that a parent left hand sanitizer attached to a diaper bag. That could make us look bad. Parents pick up late--we can be fined for that. So, helping to educate families forward as much as possible, it's state law. It's very important, even if it's just a little icon you can hover over and it says "explain why." Helping to educate families in multiple avenues is great, but always simple, short, and sweet. Child Care Finder has a lot of information. So, anyway we can keep it simplified and a consistent reiterated message. This gap in education then hits us because people don't know. The rules we have to adhere too are sometimes higher than schools even.
- I don't know if there is any easy way to convey, but for some reason there is a misconception that if we take away the regulations, more child care programs will open. How can we convey that these regulations are important for the health and safety of the children in our care? It's important to have a low staff-to-child ratio. How can we educate the public on the importance of regulation? There's a lot of public, and even our families, that believe it's the regulations hurting child care centers and having them closed. How do we educate them? These regulations are really important, especially when you are providing care for the youngest population.
    - Agreed! Excellent points!
- Educating parents on the differences between the type of licenses would be very helpful. What is the public school exempt center versus a family program? Those are very different. I know we all know about that, but parents do not. And then, again, like they were stating before, unlicensed doesn't mean more spots. It means less oversight and less safety, less people checking on things. Explain who oversees these rules.

- Toilet training and diapering regulations would be helpful to cover. The regulations say children have to be 18 months and older for age-appropriate toilet training but more and more parents are starting earlier. I know these are things that are already communicated from DCF, but I appreciate any secondary communications. Definitely about naps and outside time, too. We're in Wisconsin and there are a lot of cold days. A lot of parents bring this up if their child has a cold and they ask if we keep them inside and then the other group still go outside? The license says we have to get outside if the weather is above a certain temperature. Any emergency closure guidance information would be helpful. Parents do not seem to understand that if the power goes out, I can't really open for the next 8 hours if the building is not at a certain temperature. So, any safety or regulatory things like that.
- The concept of exclusive use of space and having to get this preapproved in child care programs is different than in schools. We can't just move the toddler class to another space and add two more kids any time. It has to be a group approved by licensing and that can take up to 60 days to do. The other thing is the amount of training required of staff. We are educators, not just baby-sitters. The time and qualifications that going into becoming educators. We want what's best for your child so we aren't just going to put a warm body in a classroom. Parents don't understand we can't just move a classroom to the choir room for the day like they might at a school, or play on the playground with another group of kids. It's not allowed. There are overlapping rules around qualifications, ratios, rest time, outdoor spaces. I think there are also some rules that are unique to each type of regulation. If you don't get your child's health report in, we will get a citation on that.
- In the scenario around child health reports, is there any way a provider or teacher can put into a record saying we asked for the child's health report several times with a date and a signature so that when your licenser comes and you still don't have it, that record is there? I don't know if that would work. I guess it would be up to the integrity of the provider, but there are many times when that happens. You've asked the parent for it and they drag their feet and don't get it back and then we're the ones that are in trouble.
    - That's a really good idea.
    - We've also asked, is there a possibility that there could be proof of an upcoming appointment. I put screenshots of the MyChart upcoming date in their file. Could that work? If my licenser comes, that may be my last ditch attempt to show that I tried. Medical providers can't drop everything to do this quickly. That's just the reality of the medical world.
    - Our families are struggling to get into the doctor in a timely fashion. They are booking months out, and then it's past the required deadline. It would be good if we could show them something that says we are working with the parent. We have some families that are really trying... it's keeping us out of compliance due to that. We don't want that violation.
    - Doctors do not email immunizations or health reports (only fax and who uses that anymore?). Doctors mail it or you have to pick it up which can become a transportation challenge for many, especially during office hours

Question 2: What questions do you as providers have about services for children with disabilities and developmental delays?

Breakout Room 1 Notes

- A lot of times, parents are very hesitant about identifying whether their child needs help, even with speech. I had a child going on 2.5, and his speech was very concerning. I tried to identify that with his parents, but they kept saying he was fine. I'm wondering if there's a way we can have someone else identify that their child needs support, such as a speech pathologist? Not trying to blame the parents, but they often become guarded and take offense that their child needs special treatment. Maybe hearing from a licensed professional in addition to my perspective could help ease the transition with the parents.
    - Yes, I agree. We need guidance on the best way to share information/referrals with parents/families without pointing fingers, so they don't get upset.
- I have a question about qualifying for testing to determine whether children have a disability and need an IFSP or IEP. If we had a pamphlet or brochure explaining how and when to be tested for developmental delays, that could help.

Breakout Room 2 Notes

- I'm with the school district, and also most of my background is really childhood special ed, also supporting kids in the natural environments. One thing families will ask us if they're doing a half-day preschool and half-day childcare, can we go out and provide services in the daycare? And then the other question that families are not clear is that whole idea of least restrictive environment. The IDEA law says that IEP teams should consider least restrictive first, which a lot of times is the child care provider. And families that I've worked with over the years don't feel confident in advocating when they want things to happen in their child's least restrictive environment or even know that they can ask for it.
- I agree with that, I taught students with intellectual disabilities for 22 years, so all my parents think I know everything, so I do a lot of advocating for them. They don't know how to advocate. I utilized the Birth-3 program. Every year in the past 5 years, we've had a child we've referred to B-3. And I think it's because of the knowledge that I have with special education, the parents know that they can rely on me for a lot of information. I work with the parents to advocate for themselves. So maybe some type of training for parents on how to advocate for themselves. I've thought about putting together a training for them.
- Families are looking to someone they have a relationship with. I worry about centers that don't have somebody like us that's well-versed, especially in law.
- Certain topics like language development. What are the commonalities in infants, toddlers, and older children and language development always comes up. A QR code for a provider to be able to look at how can I support a child's language development would be wonderful. These would be wonderful resources that providers could access to be informed. Very small, 5-minute videos. I was looking at the web pages for Birth-3 and there's great stuff there. It's about also being able to connect, connect this information with other resource materials that are available out there in the community and the market to be able to tie those in. I would love to see something about gross motor development. Quick 5-min video that explains what it is and how you can support,

explains what families can do and what you can do. At least gives them some basis or some fundamental tools and then we can build from there.

Breakout Room 3 Notes

- Where would one go, other than Birth to 3 or community resources, to get training and/or to find out more about certain developmental or physical disabilities? Training so that we can provide the quality of care that is needed for different types of disabilities. We always go to Birth to 3 but I know there are others out there. I use Birth to 3, I know that process. I know what that looks like. I know they will come in to help with the children. But, I don't know of any other resources. Maybe there is opportunity for some collaborative efforts. I know of a group on supporting challenging behaviors that providers can sit in on with parents who may be struggling. How can that information be given to providers so that we can support families that have children with disabilities?
- Why do some children who were receiving services in Birth to 3 but then don't qualify for ECSE when they turn 3 (even when we give the staff perspective that they would benefit from speech)?
- I have a question in relation to this and licensing. We know Birth to 3 is busy. They come in twice a month, depending on their schedule. They're offering tools and services for families and teachers and the students in a small amount of time. We've also had to reach out to ABA therapists and other outside support to bring into our program. I never got clarity on licensing… Should I be doing background checks on them? How do we make sure that we're getting the services. We as providers have to find the supports ourselves, and how do we make sure it's allowable by Licensing? We need clarity around these rules.
    - I agree that it's a gray area. Where is the liability if they're coming in to help a child in my program? They have to stay in our line of sight and hearing range but sometimes a child needs to step out into the hallway as a regulating space to work through something, but then we can't see or hear them. We can't just have people added to emergency pick up so they can sign the child out because it might be a different person coming in every time. There might be a third party aid coming in to assist. Do these individuals have full supervision of the child or do we? That's a gray area that could use some clarification.
    - If they need to step into the hall, are we signing [the child] out of our program? Do they have permission to do that? None of us would know. We need clarity.
    - Honestly, it may vary by your licensor.
- Why do we still struggle with some districts not wanting to provide special education services at Head Start and child care centers? They tell our families that if they want services, it has to be done at the school.
- How does this situation look now with Get Kids Ready? Now that our programs can deliver kindergarten readiness curriculum, does that change where kids might get better support for implementing Early Childhood Special Ed? Do we know how that's going to look?
    - **DCF Facilitator:** We will bring this question to our team.

Question 3: Do you have the information you need about who to contact/how to guide families? What resources would be helpful for you as you support families in navigating the system?

Breakout Room 1 Notes

- During observations with parents, it can be hard for them to internalize and to agree with the idea that their child may have a disability or needs another pair of eyes to observe. It is not easy for parents, so it's important to provide very detailed information to parents about what providers do in the program to help the children and what/how their child needs further observation. Enrollment packets as well.
- What if I were to receive an email that says "My child has disabilities, what do I do and where do I go?" Where exactly can I link them to provide the most information?
- Maybe a spot for parents to put on enrollment if children are born early/premature? To help plan for delays in their future and best help/support a child when they attend the program. Or a QR code they can scan.
- As a provider, it is easiest for us to provide parents with information in a brochure/pamphlet type of material. Something we can physically give them to do on their own time would be best. When parents come in and out of a daycare, they're usually only interacting with us for 5-10 minutes.

Breakout Room 2 Notes

- One of the biggest struggles we have, and Birth to 3 is in and out of the center weekly, is the struggle connecting them back to the school district. After Birth to 3 is done, they navigate them over to the school district. It's really hard when they evaluate them and they don't make it. They make it for Birth to 3 but then they don't qualify for an IEP. We're a center that wants to do something. School district doesn't communicate well, summer is a huge gap, unless we really push, we never get asked to be a part of an IEP meeting. When the parents bring the IEP back to us and we read it to them, I get so frustrated when they say the "actual teacher" is the 4k teacher. The teachers have never met the child, they don't ask the center questions, they don't interview us. So that's a huge gap. Each county is so different. In our county, autism is huge, but we have no resources for it, we have to go to other cities, so we struggle with that. A library of resources who centers can contact would be helpful. OTs and PTs would be very helpful.
- One other thing I want to make sure this group is aware of is the amount of private autism centers that do ABA therapy that are private or paid through medical. In our area they're spreading a lot of misinformation and are taking children as young as 18 months.
- It would be helpful to have information or communication for families to understand and help families decide what to do. It can be very confusing for families.
- Another issue is access to appropriate mental health. In my county, I've had a 9-year-old say he was going to go home to kill himself that night. I called our county and they threw it out because he wasn't being abused or neglected and I didn't sleep for weeks after that. About three weeks later he ended up getting chapter 51. Mental health resources are very hard to come by.

Breakout Room 3 Notes

- We 100% do not have this information. It's a matter of google searching and having personal contacts at the programs.

Next Steps

Presented by: Kaitlin Ferrick,

- KW2 will complete the Discovery Phase analysis and develop a communications plan.
- Later this year, they will develop resources and implement the communications plan.

Wrap-Up

Presented by: Daria Hall, Policy Initiatives Advisor, DCF Division of Early Care and Education

- Next meeting: Jul. 14, 2026 at 12:00p.m.; Topic: YoungStar Updates

Action Items

- Consider developing the following information in communication resources for parents/caregivers to learn about regulation:
    - One-page flyer of basic information with a link to more detailed information
    - Explain the nap time/rest requirement
    - Include reasons why timeouts are not encouraged, explain the rule
    - Legal hours of care allowable
    - Age when providers can begin supporting toilet training
    - Differences among regulation types and unregulated care
    - Nutrition requirements for food served, what dietary needs/preferences can be accommodated
    - Why parents/caregivers need to submit health and immunization records
    - Requirements for outside time and what weather warrants staying indoors
    - Emergency closure procedures/requirements
    - What type of monitoring DCF provides
    - Qualifications and training requirements for regulated providers
- Consider developing the following communication information and resources for parents/caregivers to learn about health, development, disabilities, delays, and other related topics:
    - Link between healthy food, rest and child behavior
    - Importance of regulation for ensuring health and safety, push back on deregulation talking points
    - Guidance for providers on the best way to share information/referrals with parents/families when they suspect a delay/disability
    - A brochure explaining how and when to be tested for developmental delays
    - Explanation about least restrictive environments and that they can receive services in child care programs
    - Training on how they can advocate for their child
    - Small, 5-minute videos on expected language development and how to support it
    - Basic information on gross motor development
    - What resources are available to families in addition to Birth to 3 and Early Childhood Special Education
    - Connections between Early Childhood Special Education delivery and Get Kids Ready program participation
    - Appropriate ages and types of autism supports

    - Mental health support options and what to do if you're concerned
- Consider ways that providers could submit documentation of attempts to collect health/immunization records from families and/or evidence of an upcoming appointment.
- Consider how regulation could clarify guidance around supervision of children receiving Birth to 3 services in child care programs.
- Develop a library of resources for providers on supporting families of children with disabilities and developmental delays.
- Consider adding a question on enrollment forms about whether a child was born early/premature.

English
The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Division of Early Care and Education at 608-422-6002. Individuals who are deaf, hard of hearing, deaf-blind, or speech disabled can use the free Wisconsin Relay Service (WRS) – 711 to contact the department.

Spanish
El Department of Children and Families es un empleador y proveedor de servicios que ofrece igualdad de oportunidades. Si tiene alguna discapacidad y necesita acceder a servicios, recibir información en un formato alternativo o necesita que le traduzcan la información a otro idioma, comuníquese con el Division of Early Care and Education (Sección del cuidado y educación temprana) al 608-422-6002. Las personas sordas, con dificultades auditivas, sordo-ciegas o con discapacidad del habla pueden utilizar el Wisconsin Relay Service (WRS) – llame al 711 para comunicarse con el departamento.