

Preschool Development Grant Voices from Wisconsin's Early Care and Education Stakeholders: Listening Session Report

October 2020



“Quality early care and education really means setting a solid foundation. What we know from early brain development. It is the starting and building of strong society. A society that is anchored in caring and respect. Grounded in curiosity and knowledge and support. An investment in building a stronger and better Wisconsin.”



“There needs to be a legal policy framework to support early child educators or it’s difficult to feel validated. Now, early childhood educators don’t feel professional. They feel communities see them as babysitters. Educators have a vocation investment. Some of the issues are that society sees child care as a woman’s field and it’s gendered and left to the wayside as woman’s work. Leaders need to know that early care professional desire the same things that others do such as pay and benefits. Leaders need to support family providers.”



“The workforce is at a tipping point. The scales have tipped too far. And it’s more than we can deal with.”



“ECE is sometimes an escape and safe place for children.”



“As for development of a child, we can’t mold children for schools, we should mold ourselves to fit a child’s needs as there are different expectations for each child. Children have unique differences, strengths and needs.”



“Quality care means a place for families to feel confident that their children are having a good learning environment. They are being exposed to developmentally appropriate curriculum. I think the word quality means trust for families and a safe and thriving environment for their children, that families have options to select in their community. That families feel safe and secure with their selection.”



“The pandemic has added a lot of stress to parents. When parents are in stressful state, they don’t have capacity to attune to children. Supporting parents to get themselves into a better place. I think that has a huge impact on the care of young children because of stress on the whole family system.”



Table of Contents

The Preschool Development Grant	3
Listening Sessions Key Findings	4–6
Listening Sessions Analysis	7–8
Planning and Implementation	9–12
Listening Sessions Participant Information	13
Quality	14–18
Regional Sessions	
Spanish-Language Session	
Tribal Sessions	
In-Person Sessions	
Quality, Access and Affordability	19–23
Regional Sessions	
Spanish-Language Session	
Tribal Sessions	
In-Person Sessions	
Workforce	24–28
Regional Sessions	
Spanish-Language Session	
Tribal Sessions	
In-Person Sessions	
COVID-19	29–32
Regional Sessions	
Spanish-Language Session	
Tribal Sessions	
Additional Questions	33–34
Tribal Sessions	
In-Person Sessions	



The Preschool Development Grant

The Preschool Development Grant (PDG) is a one-year federal grant administered by the Department of Children and Families (DCF) in collaboration with the Department of Public Instruction (DPI) and additional partners.

PDG has several main components, including:

1. Sharing best practices
2. Maximizing parental choice and knowledge
3. Developing a comprehensive Needs Assessment, including Listening Sessions
4. Creating a Birth to 5 Statewide Strategic Plan

Listening Sessions

PDG held a variety of Listening Sessions from February-August 2020. PDG, DCF, DPI and other organizations invited people from across the state to participate to help guide the work of the PDG. The goal was to gather their ideas on challenges, solutions and issues impacting families of children from birth to age 5, early care and education programs and communities.

PDG sought input from:

- Tribal, community, business and government leaders
- Parents, grandparents, relatives and other primary care givers
- Early care and education program teachers and administrators
- Child care providers
- Related service organizations (home visitors, Head Start, social workers, health care providers, family support programs, teacher educators and more)

A total of 17 Listening Sessions took place, with more than 600 participants from across Wisconsin:

- 10 Virtual Regional Listening Sessions (Regional Sessions)
- 1 Virtual Spanish-language Listening Session (Spanish-Language Session)
- 2 Virtual Tribal Listening Sessions (Tribal Sessions)
- 4 In-Person Regional Listening Sessions (In-Person Sessions)

DCF divides Wisconsin's 72 counties into five regions: Northeastern (NER), Northern (NR), Southeastern (SER), Southern (SR) and Western (WR).

Wisconsin is home to 11 federally recognized Indigenous Tribes: Bad River Band of Lake Superior Chippewa, Forest County Potawatomi, Ho-Chunk Nation, Lac Courte Oreilles Band of Lake Superior Chippewa, Lac du Flambeau Band of Lake Superior Chippewa, Menominee Indian Tribe of Wisconsin, Oneida Nation, Red Cliff Band of Lake Superior Chippewa, Mole Lake (Sokaogon Chippewa Community) Band of Lake Superior Chippewa, Saint Croix Chippewa Indians of Wisconsin and Stockbridge-Munsee Community Band of Mohican Indians.





PDG Framework for Transforming Early Care and Education



The PDG and DCF framework for evaluating and transforming ECE include the core areas of Access, Affordability, Quality and Workforce—all through a Lens of Equity and Inclusion. PDG’s Needs Assessment, including the Listening Sessions, use this framework, and Listening Session questions were developed based on it. Key Listening Session findings are presented below:

Access

Participants described:

- A lack of child care across Wisconsin and an inability to access the care that does exist.
- Lack of access disproportionately impacting families with infants and toddlers, children with special needs, children of color and families working non-standard hours.
- Barriers impacting access, including:
 - Transportation challenges (distance, lack of public transportation, difficulties with public transportation, etc.)
 - Lengthy wait lists (in some cases of more than a year) forcing families to choose alternative child care options, make family planning decisions based on child care and/or pay to be on multiple wait lists
 - COVID-19’s impact on child care access and child care closures
 - Affordability—families cannot afford care even when it is available

“Quality care does not exist for everyone. There are pockets of it, but it is part of a larger problem that has to do with structural racism and classism and who has access to opportunities. Early childhood centers can change some policy, explore internal bias, but the larger structures of opportunity still exist, it is bigger than individual centers. Who is at the table making policy decisions? At the school who is doing outreach? Who is hiring teachers? Does the staff reflect the community? There are so many variables that are tied into larger societal structures.”

“Like many things in life, if you have money and connections, yes, quality care exists. However, for people who struggle with income security or for our Black and Brown neighbors, it’s much more difficult to find affordable child care. The exception, I think, is Head Start, because you have accessibility and affordability. But there is a big gap between qualifying for Head Start and being able to afford high-quality centers.”



Affordability

- Across all Sessions, participants reported that quality care is not affordable where they live or work.
- Listening Session themes related to affordability include:
 - Discrepancy between the price of child care and the amount families receive from Wisconsin Shares
 - Difficulty families have affording care when they don't qualify for subsidies or other assistance
 - Lack of support for unlicensed care
 - Difficulty maintaining a high quality child care business that parents can afford
 - Parents forced to make job decisions based on child care availability and subsidy qualifications, with parents not advancing in their work place because it would mean losing child care subsidy
- Participants identified a strong linkage between access and affordability across all Listening Sessions.

"We do not have enough quality care available. Our centers are great, but always have a waiting list. Families on public assistance often are not able to take or keep employment due to availability and affordability. This keeps them in the cycle of needing assistance."

"I have worked with my families financially. My own children are all grown and out of the home so I can financially work with my families. I go months with my families who are not able to pay. I allow them to go \$700-1000 and they can pay me when they get the money. We don't have the slots available. The calls I get and the waiting list I have are miles long."

Quality

- Participants believed quality care exists in their area, but access and affordability were significant barriers to children receiving high-quality care. Tribal participants believed high-quality care was lacking in their area.
- Participants described quality in terms of:
 - Provider or setting qualities and characteristics: school readiness, developmentally appropriate activities, play-based, whole-child approach, safe, clean, trained/qualified staff, supported staff, culturally responsive, diverse, representative of community
 - Community considerations: wait lists, transportation, affordability and community connections
 - Support for children's Well-being: social-emotional health/development, social interactions, trauma-informed care, family engagement, family-teacher relationships, trust, infant mental health, culture, parent outreach and engagement and communication

"YoungStar rating doesn't mean quality—I've had families come from 5 Star to my 3 Star setting because they feel the quality is better. I hire people who want to be in the field and have heart and soul and passion."

"Quality is cultural responsiveness and relationship-building. Pyramid model framework. We build relationships with children, families, coworkers."

"It is about building strong relationships. Being here for the families. Being a consistent and safe place for children and families."

"For me, what communities hope to gain from high-quality education or programs is a foundation—so children are set up as best as possible for success. So that means access to adequate materials, developmentally appropriate environments and practices. One of the most important things is having that parent-child care connection"



Workforce

Participants described pervasive issues impacting the ECE workforce, including lack of wages, benefits, support and training.

Participants described:

- The impact the lack of a living wage has on providers, the ECE field and the children and families they serve
- A workforce already under stress made even more difficult by the COVID-19 pandemic
- A desire for recognition for their work and the ECE career and concern for its future
- The need for more connection and opportunities to meet with, talk to, receive coaching, mentorship from other providers
- The need for more affordable and accessible training opportunities
 - For some providers, COVID-19 led positively to more accessible online trainings that they could access whenever they are able.
 - Participants in the Spanish-language Session discussed the need for more trainings in Spanish and opportunities for Spanish-speaking providers to become involved in the ECE field.
- Tribal participants discussed the need for more inclusive care for indigenous children, including incorporating more community knowledge, such as Tribal Elders' story telling, into child care settings
- The need for community support, connections to the business community, the connection between local jobs and available child care, and the need for funding and support for the field.

"Teachers are exhausted. More self-care is needed to support them so they can support our youngest children."

"Early childhood organizations need support in meeting the exceptional needs of children. When we have the little ones with extra supports, we don't have the resources."

"Higher wages are key to keeping child care teachers. We have been asking for higher wages for more than 20 years and teachers are still making what I made when I started in child care over 20 years ago. That is not okay. It is not realistic to expect child care programs to continually take on more to meet the ever growing demands of quality. Providers are at capacity."

"I lose quality staff to factory work. They make more money in factory. Wages and benefits. They start out at \$18/hour in factory. They deserve more than I can pay. All have at least an associates degree. Half of them have bachelor's degree. They have tears when they leave my center. They can't make work. I can't keep them. I feel like I can't help my community if I can't keep staff."

"Child care needs to be seen as a professional, critical service. The Governor, DCF, DPI Leaders need to know that respect is needed for the field. This should start at the top."

"Getting business involved is key. Research is out there about the return on investment. We want to invest early on rather than invest in penitentiaries."

"I think one of the supports I don't see a lot of is just overall community supports. Providers supporting providers, other businesses in the community supporting providers. Without child care, our communities and our industries would not continue to run."

"Child care providers need good mentors or to shadow successful programs. But we need time and money to do this."



Methodology

- All participant responses were included in the Session in which they participated.
- All responses were taken from the documents the notetakers submitted.

Note: during virtual Listening Sessions, some Sessions were recorded. This was not standard and the recordings were not used to identify or analyze responses.

- Documented answers from every Session were reviewed and evaluated for recurring themes.
- Themes were identified and definitions created for categorizing response narratives into identified themes.
- Responses were categorized using these established definitions and results presented based on these categories.
- PDG Research Team collaborated to validate the definitions and categorizations.
- PDG Research Team discussed discrepancies among categorizations and definitions and modified categories as needed.
- Data was analyzed and this report created.

Limitations

Virtual Listening Sessions

- Zoom/virtual had potential limitations, including technology not working correctly, internet access issues, phone connectivity issues, participant discomfort with a virtual format and fatigue with virtual meetings.
- While sessions were set up based on region, some participants attended a session based on their schedule availability. Documentation of participants attending sessions that did not correlate to their region was not consistent. Some participants reported working across multiple regions or statewide and attended the session that best fit their schedule. Some participants attended multiple sessions. Due to misspelling of names, job titles or other documentation discrepancies, not all participants attending multiple sessions were identified.
- Some participants did not identify their ECE affiliations or notetakers did not document them. Registered participants did not always attend. Some participants arrived late, left early or came and left without participating.

In-Person Listening Sessions

- Additional in-person sessions planned throughout the state were suspended due to COVID-19. An additional session was held in Green Bay in conjunction with an already-established local group. This session did not have standard questions or notetaking procedures and is not included in this report.
- Participant information and demographic information were not documented for the in-person sessions, limiting the information able to be compiled about participants.
- Only the Southern Region and Northern region were represented in these Listening Sessions based on the cities in which the Sessions took place. Additional information on where participants were from was not documented.
- Notetaking procedures were not uniform. Many notes were made up of summary statements rather than full participant statements or discussion. This limited the analysis.



Listening Sessions Analysis

- Many responses documented did not pertain to the question that was asked. This also limited the analysis able to be completed on the in-person Listening Sessions. Additional information regarding the discussions that took place was not available.
- Questions asked during the in-person Sessions differed slightly from those asked during the virtual sessions. Questions regarding COVID-19's impact were not asked because the pandemic had not started yet.

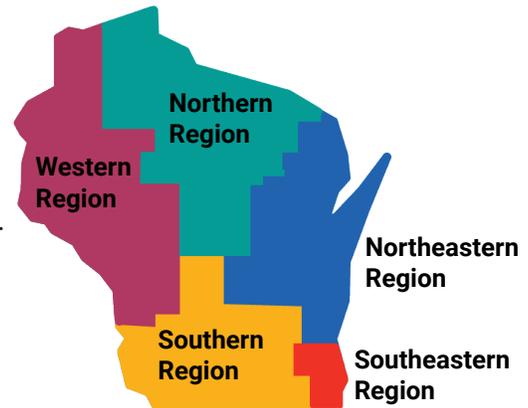
Note: In both the virtual sessions and the in-person sessions, the questions were designed around the core areas of Access, Affordability, Quality and Workforce. Within each question, responses varied and did not always address the intended question or the core area. In-person sessions occurred in February 2020 and questions were modified for the virtual sessions held in July and August 2020. Some sessions also included additional questions, including two questions in the in-person sessions and one question in the Tribal sessions. COVID-19's impact on ECE was addressed only in the virtual sessions.



Regional Sessions

Regional leaders and stakeholders identified dates and times for their Sessions with two sessions held per region. Dates and times varied and included some evenings.

- To promote the sessions, flyers and information were sent out via the Child care listserv, the PDG listserv, the PDG newsletter and social media. Information was promoted on the PDG website. PDG partners promoted the Listening Sessions through their communication methods.
- Potential participants were invited to fill out an online registration survey. Registrants were emailed reminders and information about participating.
- Listening Sessions began with introductory remarks, followed by a presentation (live or recorded) from DCF Division of Early Care and Education Administrator Erin Arango-Escalante, and an accompanying PowerPoint.
 - Introductory remarks were provided by Caleb Frostman, Secretary, Department of Workforce Development; Missy Hughes, Wisconsin Economic Development Corps Secretary and Chief Executive Officer; Rebecca Murray, Child Abuse, Neglect and Prevention Board Executive Director; and May yer Thao, Assistant Deputy Director, Wisconsin Housing and Economic Development Authority.
- Zoom was used as the virtual platform. Participants participated in virtual breakout rooms in Zoom. Each breakout room had a facilitator and a notetaker.
- Notetakers had a uniform document to use across all Sessions. Notetakers and facilitators were encouraged to attend a PDG Listening Session training prior to the Listening Sessions.
- Regional partners, notetakers and facilitators received multiple communications from the PDG Strategic Initiatives Advisor throughout the planning process. PDG Strategic Initiatives Advisor facilitated the Sessions and managed Zoom technology.





Spanish-Language Session

- DCF, the PDG team and partners worked together to identify bilingual staff and community partners to facilitate, take notes and promote the Spanish-Language Listening Session.
- Information about the Listening Session and flyers promoting it were sent out via the Child care listserv, the PDG listserv, the PDG newsletter and social media. Information was also promoted on the PDG website. PDG partners promoted the Listening Sessions through their communication methods as well. All information was provided in Spanish.
- Potential participants were invited to fill out an online registration survey in Spanish. Registrants were emailed reminders and information about how to participate prior to the Listening Session.
- The Listening Session PowerPoint was translated into Spanish by an external entity. The PowerPoint translation was vetted by multiple bilingual DCF staff and community partners to ensure it was culturally and linguistically appropriate for the audience. Word choice and other adjustments were made as necessary during this process.
- Notetakers and facilitators attended a training session prior to the Spanish-language Listening Session.
- Bilingual DCF staff Rebecca Martin, PDG Research Analyst, provided the introduction and PowerPoint presentation.
- Participants were divided into three breakout rooms to discuss the translated Listening Session questions. Notetakers had uniform notetaking forms to use. Questions were translated from the original English-language virtual regional sessions.
- Notetakers, facilitators and other volunteers for the Spanish-language Listening Session were in contact with the PDG Research Analyst and Strategic Initiatives Advisor throughout the process.

Tribal Sessions

- DCF and the PDG team in partnership with the Great Lakes Inter-Tribal Council (GLITC) promoted and facilitated the Listening Sessions.
- Information and invitational flyers were distributed via the Child care listserv, the PDG listserv, the PDG newsletter and social media. Information was promoted on the PDG website. PDG partners also promoted the Listening Sessions through their communication methods. GLITC partners also promoted the Listening Sessions through their communication channels.
- Potential participants were invited to fill out an online registration survey. Registrants were emailed reminders and information about how to participate prior to the Listening Session.
- Notetakers and facilitators attended a training session prior to the Tribal Listening Session.
- DCF Secretary Emilie Amundson and Chairman Tahissi Hill from the Oneida Nation provided introductory remarks at the first Listening Session and DCF Administrator Erin Arango-Escalante presented the PowerPoint.



<https://wisconsinfirstnations.org/seats-of-government/>

- In the second Listening Session, Suzette Rembert of GLITC provided introductory remarks followed by DCF Administrator Erin Arango-Escalante presenting the PowerPoint presentation.
- Participants were divided into two breakout rooms. Questions were the same as in previous virtual Listening Sessions, with the exception of one Tribal-specific question that was added.
- DCF Tribal Liaison and PDG Strategic Initiatives Advisor were available throughout the process.



In-Person Sessions

- Prior to the “Safer At Home” order at the onset of the COVID-19 pandemic, PDG held in-person Regional Listening Sessions in Watertown, Beloit and Wausau (see map).
- Participants met in person, in small groups with a facilitator and a notetaker.
- Groups were asked the following set of questions.
 1. What does healthy development and well-being mean to you?
 2. What does quality early care and education mean to you? Do you think quality ECE exists in your community and that families have access to it?
 3. What are your expectations about the cost of care for children in your community?
 4. What supports would benefit the workforce in your community?
- Facilitators and notetakers were provided with training handouts prior to sessions.





Listening Sessions Participant Information

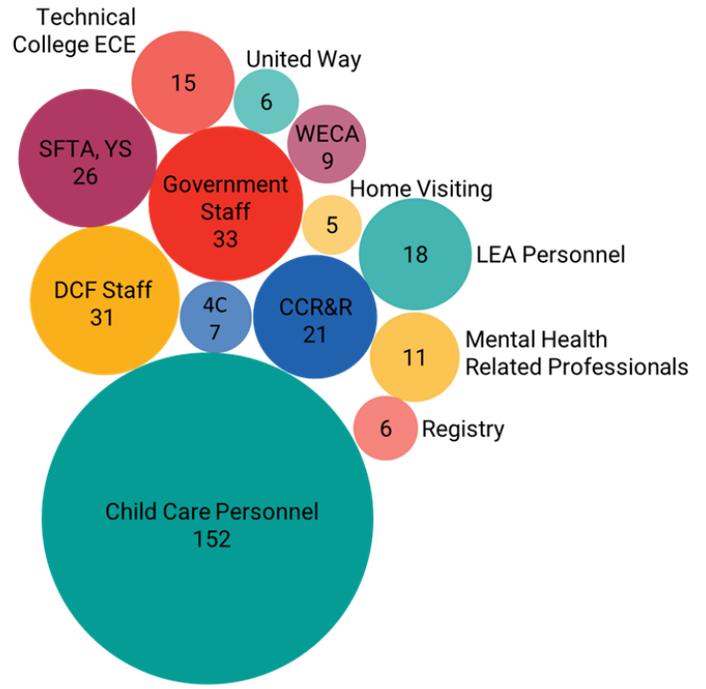
Regional Sessions

Approximately, 105 people attended the NER Sessions, 69 attended the NR Sessions, 93 attended the SER Sessions, 99 attended the SR Sessions and 85 attended the WR Sessions.

There were at least 420 unique participants who attended the Regional Sessions. While many participants spoke about their own experiences as parents with children in child care, very few participants (<5) were documented as attending solely as a parent or grandparent. Most participants were attending in their professional capacity.

The largest group of participants were child care professionals, including providers (family and center-based), owners, administrators and directors.

Government/UW system employees made up the second largest group, followed by DCF staff (state and regional staff). Other participants included Child Care Resource and Referral (CCR&R) agencies, Supporting Families Together Association (SFTA) and YoungStar (YS) technical assistance staff. Wisconsin Alliance for Infant Mental Health (WI-AIMH)/Pyramid Model, 4C, United Way, WECA and other organizations were also represented. Local education agency (LEA) staff also attended, including 4K and early childhood special education teachers. Several technical college ECE professors also attended. In addition to these main groups of people attending, several business leaders, employers or HR staff participated. Political leaders and their representatives also attended.



Participant Roles Virtual Regional Sessions

Spanish-Language Session

There were 21 documented participants. The majority of Listening Session participants were child care owners and providers.

Tribal Sessions

There were 29 unique participants in documented over the two Tribal Listening Sessions. Participants included child care professionals, Great-Lakes Inter-Tribal Council members, Supporting Families Together Association staff, Head Start staff, CESA (Cooperative Education Service Agency) staff, PDG team members, DPI staff and DCF staff. Participants self-disclosed Tribal affiliations included Bad River, Oneida, Red Cliff and Lac Courte Oreilles. (Other Tribes may have been represented but were not documented by notetakers and so are not included here.)

In-Person Sessions

Participant information was not documented.

Regional Sessions

Question: What does quality early care and education mean to you and members of your community?

Responses were categorized into the following thematic areas (responses could be included in multiple categories):

- **Provider:** Response includes narrative about the type of education or academics offered (school readiness, developmentally appropriate, play-based, whole-child); descriptions of the child care setting (safe, clean, nature-based); staff (staff support, staff training, qualified staff, trained staff, coaching and mentoring, staff education); culture and diversity (culturally responsive, diversity, representative of community)
- **Community:** Response includes narrative about access (wait lists, transportation); affordability (cost, Wisconsin Shares co-pays); community connections (businesses, HR, community leaders, linkages between child care and workforce); culture and equity related to the community
- **Well-being:** Response includes narrative about social-emotional health/development, social interactions, trauma, family engagement, family partnerships, family-teacher relationship, teacher-child relationship, trust, pyramid model, infant mental health, culture and equity related to well-being

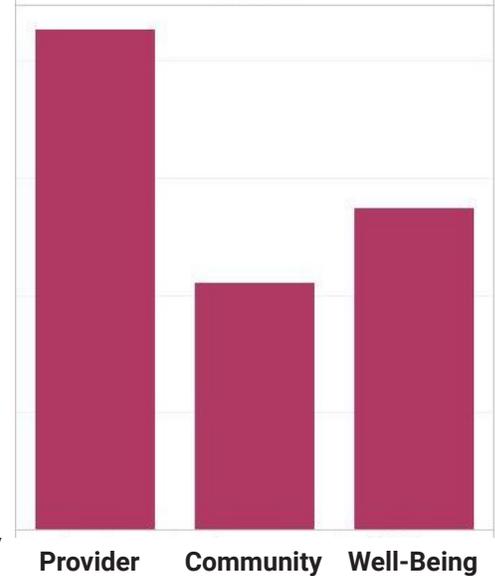
Responses primarily included themes in the category of Provider, followed by Well-Being. Regional responses had similar proportions as the state.

Western Region (WR) responses differed, with more responses in the Community category than Well-Being. WR Session participants discussed lack of access, child care deserts and in particular, the connection between child care and community workforce.

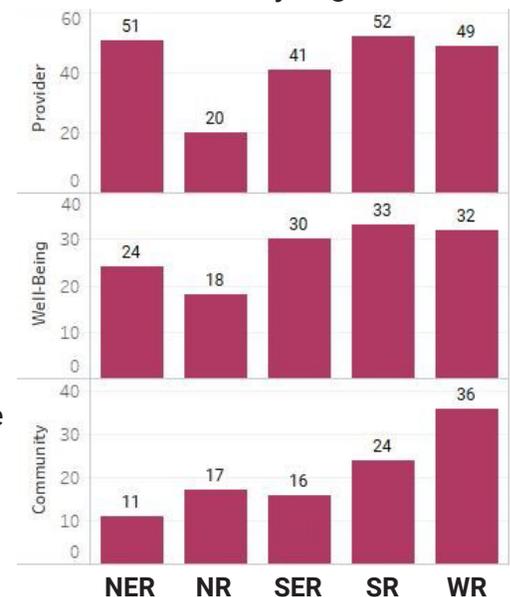
“I work with community leaders in the area. They are hoping to gain stability in the workforce and not lose productivity because of unstable child care.”

“Parents cannot afford quality care. We need smaller groups, children getting attention, parents involved, play-based, where children can thrive and develop. Everyone wants this. We are forced to make decisions of lesser evil in rural communities.”

The Number of Responses per Theme Statewide



The Number of Responses per Theme by Region



Regional Sessions Highlighted Responses Quality

“Quality for us means that the care piece comes first, followed by the education piece. We served children 6 weeks to 12 years old. The family/home-school connections start early and get families off to a positive start. The education piece comes for both educating the children and the families. We are huge advocates for play-based learning and that is very challenging for families to understand. That means keeping up with our continued learning.”

“[Quality is] the importance of relationships that children have with teachers and families...the interactions happening, a safe environment and welcome feel. All families feel welcome regardless of backgrounds. Qualified teachers are important. It is important for teachers to have the needed educational background.”

“For me it means that we take the time to get to know our families and communities and people around us. Create beautiful environments. They feel welcomed. They feel their cultures are important to us.”

“Trust, especially for children with special needs. Parents want to feel their children are in good hands. Great communication and teacher knowledge within the center and the community is necessary for that trust to be built. Family wants to feel like it is family.”

“Families are really just needing care. There are not many choices for families here. Families really enjoy the relationships we have built. This is a high poverty area and there are a lot of families struggling and looking for a place that is safe and to let their children be children. A lot of children with trauma at the center and provide a safe place and interact in a positive way.”

“Comprehensive child, emotional well-being, effective communication with parents and center leadership. Holistic perspective-autonomy and creativity given to children and staff. Must be able to ebb and flow with this in the classroom setting. Progress with society.”

“Community-how upside down our world has been-racial disparity, trauma. Social emotional competence is huge. When children return to school, child care teachers are going to need to be able to be with those children in a trauma-informed care lens.”

“I believe that quality early care and education starts with the workforce. Some of the research on quality environments emphasizes the importance of supportive work environments for adults. For programs to have/offer a high-quality environment workforce issues need to be addressed. Teachers need to earn a living wage and there needs to be community input into child care programming. High-quality care also means equity for all children. Quality care is expensive, but we need to provide access to it for all children. I believe that quality care is a workforce issue.”

“I was pro-education. I still am. I have two children now. My perspective completely swapped. I am now care first, education later. When children cry, we need to be responsive. When parents worry, we need to be responsive...we need to maintain that relationship in meeting their needs.”

“Besides all of the criteria we have with YoungStar, personally the #1 thing I look for is relationship between provider and the family, teacher and children. That relationship to me is the foundation. ‘Bells and whistles’ and wonderful equipment, they’re great-but if we don’t have that relationship, we can’t go forward.”

“Diversity, inclusion and equity are very important. Wisconsin lacks leadership-important to have leadership connected with child care. Everything is important for children. Family child care settings for children with disabilities equal to settings for children without disabilities. Quality care can’t guarantee they are safe outside of care. Some centers could provide an extra meal to children who need it. Supports in place for staff and programs, more challenging kiddos, high expulsion rates in day cares. We need staff emotional support going forward because of COVID.”

“Quality care is a partnership with caregiver and parent, but also with county, agency and school district that our children may attend. So the more that quality child care is a part of the community, the higher the quality programming.”

Spanish-Language Session

Question: What does quality early care and education mean to you and members of your community?

Participant responses paralleled those of the Regional Sessions with the majority of responses related to Provider themes, followed by Well-Being and Community themes.

- **Provider:** Responses that fit into this category included discussion about teachers, the pay and teacher preparation as well as the environment, food and services.

“El centro, las maestras, el ambiente, la comida, todo lo que ofrece a los niños y las familias” (“the center, the teachers, the environment, the food, everything we offer to children and families”).

“Pero además es la educación y preparación de las maestras, así como el ambiente y el servicio que se ofrece.” (“On top of everything else is the education and preparation of the teachers, just as important as the environment and the services we offer”).

- **Well-Being:** Participants discussed their work with children, child development and overall well-being. Participants also expressed their dedication to quality.

“Lo más importante, es el compromiso de nosotros con el trabajo por los niños.” (“The most important thing is our promise and work for the children”).

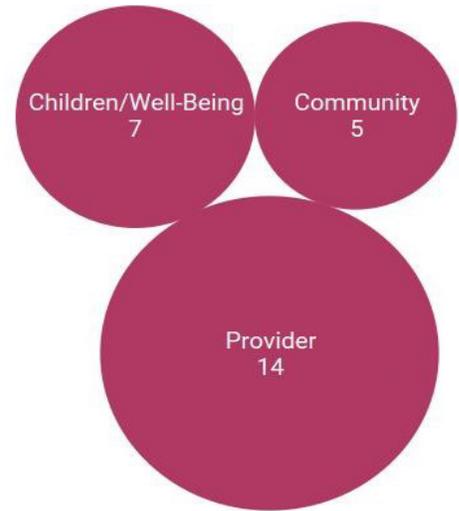
“Somos como sus segundos padres. El amor de los proveedores hacia los niños y la seguridad como lo primordial.” (“We are like their second parents. The love providers have for the children and safety are essential”).

“Calidad es dar lo mejor de ti.” (“Quality is giving the best of yourself”).

- **Community:** Response narratives also included information about quality meaning being part of the community.

“Calidad significa compromiso y trabajar con la comunidad. Involucrarte en la comunidad, y ser parte de ella.” (“Quality means a promise and working with the community, becoming involved in the community and part of it”).

Number of Responses by Theme



Tribal Sessions

Question: What does quality early care and education mean to you and members of your community?

Unlike the Regional and Spanish-Language Sessions, Community was the largest category of themes during the Tribal Sessions.

Participants discussed ideas of collaboration among child care providers and the need for more knowledge and education around culture. They also discussed training, licensing and issues pertaining to establishing child care.

Number of Responses by Theme



Tribal Sessions Highlighted Responses Quality

“Providing safe and healthy learning environments for the children, but also having parents involved with their child’s education. I’ve reviewed our community assessment and it appears that our community respects and wants quality child care. There may not be enough space. Having more quality staff will help.”

“I think sometimes the idea of cultural identity and both identity of the students and little ones, but also the education and opportunities for the teachers to learn about a culture they may not be a part of is so important to get to the place where quality feels like quality for the community and members of people serving the community. I’ve talked with African American community around that and sometimes the formal structures don’t necessarily feel to parents like the kinds of high-quality pieces that they would be looking for. So they might be looking for a provider who looks like them or their kid and talks to the child the way they would talk to the child. This isn’t something you could teach or take a class on. It’s about recognizing culture and putting cultural identity at the forefront. We don’t know what we don’t know about little ones in the classroom and creating cross-cultural learning and experiences.”

“I think a struggle is education. Some of our teachers don’t want to go back to school. We try to support their higher education by allowing them to do classes during work hours, but it is a struggle to keep them on board. I think their days in high school were not the best. They do want to work with our children, but they are afraid to go back to school.”

“We do reflect and support our communities. Parents and caregivers are involved and everyone has access to child development information. Parents are the first and most important teachers for children. We look at quality care as the whole child, not just education. For young people it is the same. They learn through talking, interactions, eating, etc. We need to look at how we phrase things so everyone is knowledgeable about how we learn and what that means for us.”

“This is hard to speak of after being locked down for so long, but the parents like that we provide transportation. They like the language that is included in our program. They like the cultural activities such as sugar bushes and they like that they get to take part. Not everyone got to do that as kids, so they are glad their kids get to do it.”

In-Person Sessions

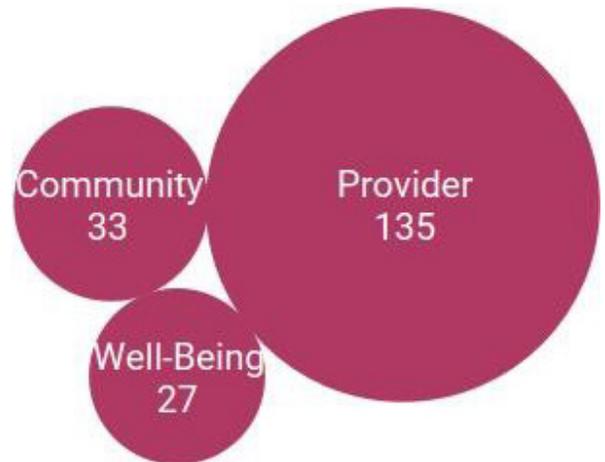
Question: What does quality early care and education mean to you?

The responses were also categorized into the themes of Provider, Community and Well-Being. Similar to their counterparts in the Regional and Spanish-Language Sessions, the majority of responses included narrative fitting in the Provider category. Participants discussed many issues, ranging from pay to best practices.

Similar to the Tribal Session participants, Community had more responses than Well-Being.

Some responses did not fit in any category or did not address the question being asked and are not included here. Some responses fit more than one category.

Number of Responses by Theme



In-Person Sessions Highlighted Responses Quality

“It shouldn’t be just child care, it should be parent engagement.”

“Making sure families are taken care of, when families are taken care of, they can better care for each other.”

“Quality means being educated based on age-appropriate learning.”

“Quality ECE is beyond safety. Child doesn’t have to worry about basic needs being met. Where a child can learn and play. Learn and build on foundational skills. Provides nutritional starts. Curriculum is play-based. A place where a child can be a child. Assessments build up child. See them where they are. Supports key developmental milestones, but as a guide. It’s ok if child “not here yet,” but help all children and families get to where child needs to be. Support the family at home. “Whole package approach.” Child care can be the one constant place for a child.”

“Adults model positive behaviors and should focus on positive reinforcement. Compliments should be the norm vs. criticisms of children’s behavior. Older kids tear each other down. Culture of compliments and encouragement is needed vs. criticisms/scolding.”

“Big piece of quality is that children’s needs are being met whatever they are. Every child is different and needs different things from educators and their environment.”

Regional Sessions

Question: Do you think quality early care and education exists in your community? Can families access and afford it?

Responses were categorized into:

- Yes (response was in the affirmative or described an affirmative answer)
- No (response was in the negative or described a non-affirmative answer)
- No Definitive Answer Given (response did not fit into a Yes or No and did not describe a situation that could reasonably be defined as Yes or No).

The response to each part of the question (quality, accessibility, affordability) was categorized. Non-definitive answers are not included in the graphs.

 **Quality:** The majority of participants responded that quality does exist. The Northeastern and Northern Regions had the lowest percentage of Yes responses (86%).

 **Accessibility:** The majority of participants indicated that quality care is not accessible. The Western Region had the highest percentage of responses indicating that it is not accessible (97%).

 **Affordability:** The majority of responses indicated that quality care is not affordable.

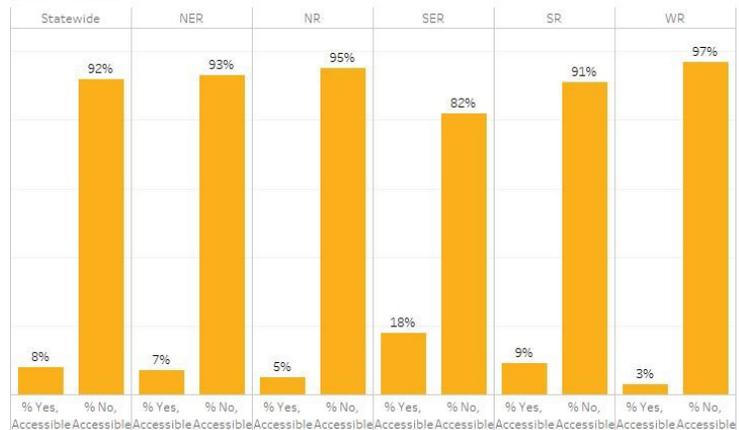
Participants at the Northern and Western Region Sessions described border issues with Minnesota and Michigan, unique to their areas. Participants explained that in Minnesota, a one-year-old is considered a toddler, while in Wisconsin they are considered an infant. This can impact price of care for the family and the income for the provider. This also impacts staffing and a participant reported, “all up and down the Western Region, staff are migrating to work in MN.”

Percentage of Responses Quality, Access, Affordability

Quality



Accessibility



Affordability





Regional Sessions Highlighted Responses Quality, Access, Affordability

"I own a day care center and part of the reason we've lost some care is the implementation of 4K in school districts. We've created day care deserts because we don't make a dime on kids under two. As much as we are in it because we love it, we also have to make a living. Every day people are making decisions that affect child care. You're going to see a time when infant/toddler care becomes so expensive that there isn't any because no one can afford to provide it. We have to be able to maintain an income. And we can't."

"In the rural area, not very much access. Travel time to child care can be an issue. It is not very accessible or affordable in the Northwoods."

"Even more challenging to access and afford it, is infant and toddler care, opposed to 3, 4 and 5-year-olds. Infant and toddler care is so expensive to provide, my center doesn't offer it."

"I've seen providers really needing that extra assistance with things to support children that need that extra help. They are struggling to provide the services, but not having resources to meet the needs. When I say community I say broadly—6 counties. Quality ECE does exist, but accessibility and affordability there just is not enough. Providers are struggling to make it and feeling like they can't raise rates and parents feeling like they can't afford quality for their children."

"YoungStar is not in alignment with the field. YoungStar is more of a threat. It took 6 years to get to 4 stars. YoungStar is pulling us down not lifting us up. YoungStar does not seem to be a good indicator of quality. YoungStar is self-serving not for the providers. Accessibility and affordability are issues. Providers need to be more respectful to families. When DCF gives funding, it relieves pressure on families."

"We are a pretty rural area and I think that our program offers excellent quality, but besides Head Start, we are the only programs. Many families can't afford it, including the teachers who work here. Many families look for, and choose, unlicensed in-home care."

"Quality exists, but it isn't available in all areas. Access issue. Can they afford it? Not necessarily. This is really tough on families. I come from rural communities, represent over 10 counties. I hear from families they have to drop off at multiple places and drive a distance to find care. I think it is really tough to piece together in our smaller communities."

"I agree that quality care does exist in our community, but we can't retain staff. The staff can't live on the pay. The turnaround rate is unacceptable and it's because of the wages. I can't hit the education qualifications of YoungStar any way with staffing shortages. Quality care is not accessible to all of my community. Only those families that make enough can afford our center. All children should have access to high-quality care, and they aren't getting this."



Spanish-Language Session

Question: Do you think quality early care and education exists in your community? Can families access and afford it?

All respondents expressed that quality exists. Very few participants directly responded to the questions of whether families could access or afford quality care and education. Participants discussed opportunities for child care providers and families, particularly training and support for teachers and financial support for parents.

Spanish-Language Sessions Highlighted Responses Quality, Access, Affordability

“En Kenosha hay centros con mucha calidad. Reciben apoyo de programas para capacitarse y ofrecer calidad a través de agencias que les ayudan.”

“In Kenosha, there are centers with high-quality. They receive help from programs to train them and offer quality through agencies that can help them.”

“Estos últimos años se han ofrecido muchos recursos en Madison y el Dane County que no deben ser desaprovechados para que la ayuda pueda seguir siendo ofrecida para el beneficio de las maestras, los niños y familias. Hay muchas ayudas profesionales a través de las agencias que nos apoyan.”

“In these last few years there have been many resources available in Madison and Dane County that you shouldn't miss out on because they help you keep offering benefits to teachers, children and families. There are a lot of professional help available through the agencies that help us.”

“Hay muchos programas con mucha calidad y otros trabajando para lograrlo. Hay mucha ayuda para que puedan ofrecer esa calidad. Hay muchas capacitaciones y apoyo por parte de las agencias como 4C, Satellite, WECA, Licencia que nos apoyan para que los programas puedan ofrecer mucha calidad.”

“There are many programs with a lot of quality and others working to achieve this. There is a lot of help out there to offer this quality. There are many trainings and help from agencies like 4C, Satellite, WECA that help us so that our programs can offer high-quality.”

“Aquí en Rock County se ofrecen programas de calidad y algunos ofrecen becas si los padres no pueden pagar el precio total. Además hay agencias específicas que les pueden ayudar.”

“Here in Rock County, they offer quality programs and some offer scholarships if the parents can't pay full price. There are also specific agencies that can help you.”

“Económicamente, muchas familias pueden tener acceso en cuanto al precio, pues algunos programas ofrecen becas y tienen la ayuda del condado para que los padres puedan tener los niños en programas de calidad.”

“Economically, many families have access except for the price, well, some programs offer scholarships and have help from the county that parents can put their kids in quality programs.”

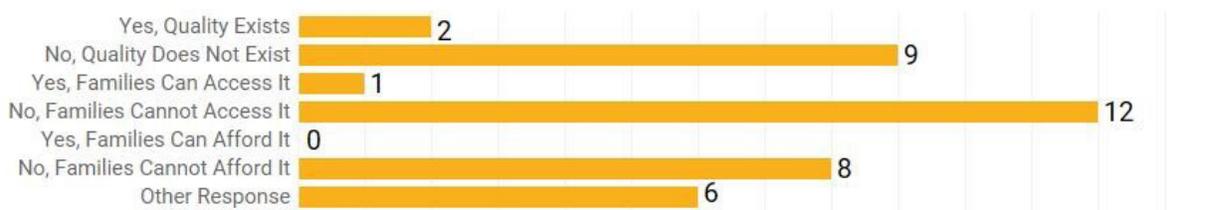


Tribal Sessions

Question: Do you think quality early care and education exists in your community? If so, can families access and afford it?

Unlike participants in the other sessions, the majority of participants responded that quality does not exist in their community (nine responses). Participants responded that most families are not able to access or afford child care—eight responses indicated that affordability does not exist and 12 indicated that access did not exist. Participants discussed the lack of child care in the area and the impact of a child care desert on choices families were making, particularly the use of unregulated child care.

Percentage of Responses Quality, Access, Affordability



Tribal Sessions Highlighted Responses Quality, Access, Affordability

“We know in the Northern Region we can’t find care for babies. I do foster care and I couldn’t because there wasn’t anyone to watch babies. You don’t want to put kids in situations that is going to be more trauma. You can see it in Indian Child Welfare.”

“That’s such a struggle because we don’t have care, they can’t afford it even if they do have it and what you find has waiting list, usually you have to find a family member to stay home and watch them, might be an elderly person and might not be as safe or educational as well, making sure that care is there. That’s a struggle each family has up here.”

“It’s such a balance because you want them to have the quality care that their child is taken care of while you’re gone and then the wages aren’t that great. We have some grants from DCF, but helping those low-income parents but they start making a little bit of money they get kicked off and they were better off not making money. It’s hard to keep day care expenses because you can’t keep workers and people don’t pay their bills and you go under. That’s a huge struggle.”

“I think this is one of the reasons that people do not become certified or licensed is because of the wage gap. If you have a high-quality day care in Ashland or Oneida, you can’t afford it-the cost of living up here doesn’t match that. So many jobs have a lower wage. It’s tough to hit that gap, even with subsidies.”

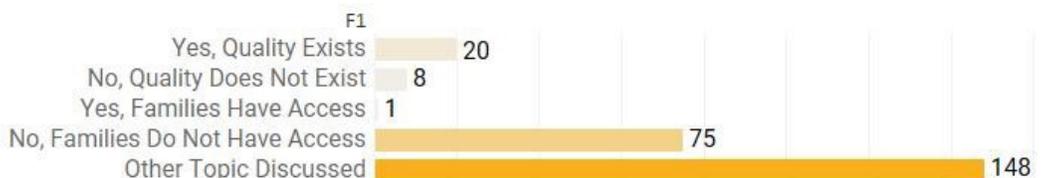


In-Person Sessions

Question: Do you think quality ECE exists in your community and that families have access to it?

There were 232 documented responses to this question. However, many did not answer the question. Several unrelated topics were discussed instead. In fact, 148 of the documented responses did not pertain to the question. Participants discussed the state of ECE in their areas, discussing finances, rates, the price of care for infants and toddlers, etc.

Number of Responses Quality, Access, Affordability



In-Person Sessions Highlighted Responses Quality, Access

“Parents need more flexible care because not all jobs are 9-5. Paying for a full-time slot just to have a slot when you only need part-time care. Low-income parents can’t even do that, so they tend to group up and have their neighbor or friend watch groups of kids. Access drives less than adequate care.”

“Employers are feeling the repercussions of the lack of child care. We have had conversations with employers about employer-sponsored care, starting their own center, the availability to buy/hold slots for employees.”

“How do we expect providers to keep up with the demands we are asking from them?”

Question: What are your expectations about the cost of care for children in your community?

Participant responses were categorized into the following themes:

- Unequal Cost-Pay (19 responses): Participants discussed the disconnect between the price of child care being too much for parents, but too little pay for providers; costs to open and maintain their business; what it would take to increase pay and to create sustainable businesses compared to what parents would actually be able to pay.
- Public Funding/Alternative Funding (60 responses): Participants discussed the current system of supporting families in paying for child care; ideas of how to improve the system and maintain a high level of care. Ideas discussed included universal child care funding, collaboration with businesses and schools, having businesses “reserve” child care slots and more.
- What You Get for the Money (16 responses): Participants discussed investing in child care and children and leading to a healthier community.
- Other (89 responses): responses included narrative that did not relate to other categories or to the question being asked.

In-Person Sessions Highlighted Responses Affordability

“I work a second job because I haven’t been able to pay myself as the owner of my center. How much longer can a provider stay in it before running out of heart for the business?”

“We don’t even break even with our summer camps. We partner with the city, but we are priced out of reach for many people. Can’t sustain low-income programs without external grant sources to provide these experiences for children.”

“Find a funding source so all kids can have quality care earlier. Tax dollars. We’re paying for it eventually with the prison systems. It’s the most important time to be spending money on education. In their appropriate environment.”

“Our center has a multi-child discount, but when I have more than one child from a family, my center really can’t afford to give the discount. But we give it.”

Regional Sessions

Question: What ideas do you have to improve the early care and education system in your community and across Wisconsin? What supports would benefit the early care and education workforce in your community?

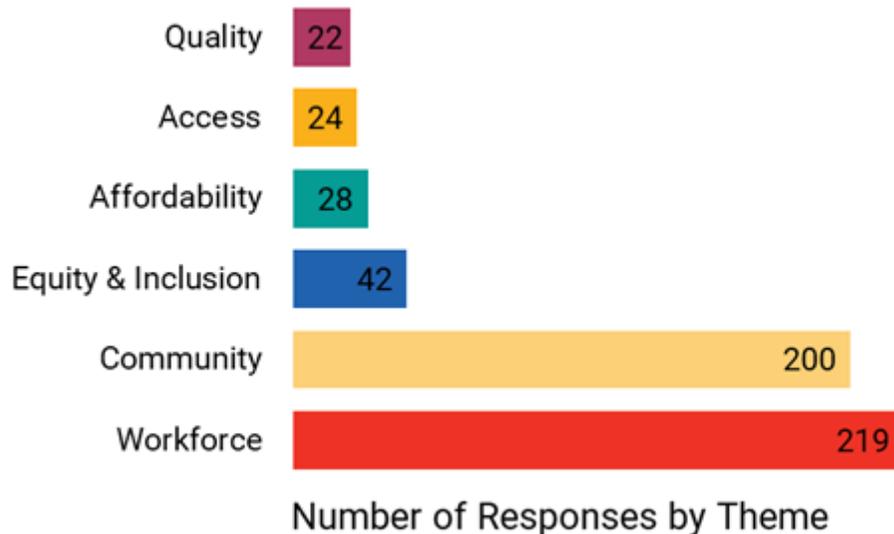
Responses were analyzed for trends across the focus areas of Accessibility, Affordability, Quality, Workforce and Equity and Inclusion.

The overwhelming majority of answers discussed issues related to Workforce (219). Responses with narrative related to Workforce included issues such as wages, training, education, staff retention and more.

An additional category that is not part of the ECE Framework emerged from this question: Community. Responses with narrative discussing issues such as community connections, business collaboration, relationships, peers, support, respect for the field and the impact on the community, children and families—became a new category. There were 200 responses that included narrative related to this new category.

Other responses related to Accessibility (access to care), Affordability (price of child care), Quality (measuring the quality of ECE) and Equity and Inclusion (equitable access to care and inclusionary policies) were not discussed as much.

Only 24 responses included narrative addressing Access, 28 regarding Affordability, 22 regarding Quality and 42 about Equity and Inclusion.



Regional Sessions Highlighted Responses Workforce

“More collaboration with other agencies in the community. Child care, home visiting. There is an agency that offers parenting classes and parent supports. The agency was just down the road and had no idea they existed. I felt so hopeless sometimes because we couldn’t control the child. More spreading the word about what is out there and connecting with each other. Child care field felt very competitive so I wouldn’t reach out to another center to ask for support about how they are dealing with children’s behaviors. There aren’t enough centers in the area to serve all the children. We shouldn’t be competing against each other, we should be working together.”

“Help teachers get more education, make it easy for them to get training and pay them more. Underprivileged kids have the right to child care. Policy makers need to come and spend a week in day care before they make child care policies. Need to step into day care and see what teachers go through every day. Hoping things will change now that more people are talking about child care. Improve the child care system. Need legislators to see the needs of children and their families. Dealing with the whole family. Underprivileged kids coming from troubled homes have emotional issues and social issues, policy makers need to see these issues.”

“Stronger relationships between community partners, support for more access to learning for all students, access to all (including kiddos with disabilities), higher wages, and staff learning how to work with all students and being accepting to all students.”

“COVID is going to make us all change opinions on the profession, Field leaders need to find new ways to redefine the industry, Going to take leaders to listen to the workforce and parents and include them in the decision making, This administration is more proactive, need a more uniform way of notifying parents of quality besides just YoungStar ratings, parents come from all different backgrounds. Need a better way to define the many definitions of quality, what kind of standing are the providers in currently (citations, CPS reports and investigations) parents should know this and be able to access if they want to take children to that provider/ center, In Milwaukee, there are ‘mental health zip codes’ that have extra consultation services, expulsions are a problem, weight on ECE industry needs relationship supports.”

“I really like sites that focus on Social Emotion – pyramid model, this could help drastically with the outcomes of our children. This really needs to change. May change the expulsion rate in child care. We need better support as we need to be proactive. We need to support them before there is a problem.”

“I feel like people give this lip service, but there’s no teeth to the policies. I feel like there’s still this sense that child care is a personal decision and you should figure it out on your own. There isn’t commitment to making sure that all the children in our state have high –quality access. And that we support that also with a living wage. How do the folks who make the decisions really think they’re going to sustain high-quality care at \$10 an hour? No one can live on that. We aren’t a bunch of charitable people happy to live below the poverty line because we like kids. If we really want this, it has to move in that direction to be viable. It’s an endless cycle.”

“So part of the dream—having a system for in-home caregivers to support them, to give them resources, seminars, ideas for activities, healthy food/meals—so they feel like they are truly valued in terms of the work they do. And supporting them financially.”

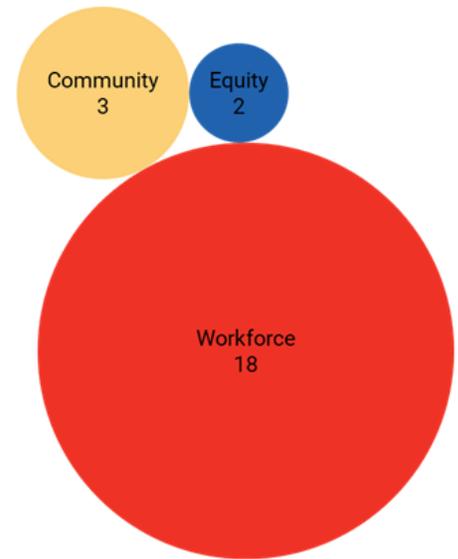
“Give respect to teachers, teachers to be paid well and continue their own education to provide children’s education. To pay teachers more our program will need to charge a 25% tuition increase. Number one thing needed is continued education for teachers and increased teacher compensation.”

“One thing I think we really need is continuous affordable higher education for the teachers. I feel that we should offer formal education at a reasonable cost to retain staff and draw people into the profession. Right now, programs can’t afford to add addition expense such as paying tuition. There should be funding made available for teachers to continue on with education in a formal setting. This is not taking away from training and workshops, but an enhance that will boost the educational qualifications of teachers and lead to best practices in classrooms. Also, funding support will make the staff understand that they are valued and meeting the needs of the communities.”

Spanish-Language Session

Question: What ideas do you have to improve the early care and education system in your community and across Wisconsin? What supports would benefit the early care and education workforce in your community?

Responses were categorized by Access, Affordability, Quality, Equity and Inclusion and Workforce. Similar to the other Sessions, Community also emerged as a category. Participants expressed interest in attending trainings and barriers such as cost, language and logistics of when/how/where they are held. They also discussed the need for more connection with other providers as well as streamlined pathways to information, not just about COVID but about other topics important in the field of ECE.



Number of Responses by Theme

Spanish-Language Session Highlighted Responses Workforce

“No hay en español pirámide – educación de profesor es todo por que aplica a los niños. Transmita todo a grupo a clase, cada grupo de edad. Entrenándose más más más. Se necesita un acceso de capacitación en español.

“Pyramid training isn’t in Spanish—educating teachers about everything that applies to kids. It carries over for every class group and for every age group. More, more, more training. We need access to training in Spanish.”

“Continuar preparándose para ayudar los niños. Las clases que pueden tener debe ser todos las mismas oportunidades en español que hay en ingles. Misma para todos.” “Eso sería muy bueno, un grupo de apoyo, a mí me encantaría tener más contacto con otras proveedoras para aprender de sus experiencias, aprender de lo que hacen y hace comentarios.”

“Continuing education to help children. The classes should be for everyone-the same opportunities in Spanish as in English. The same for everyone.” “This would be really good, a support group. I would love to have more contact with other providers to learn about their experiences, learn what they’re doing and hear their stories.”

“Yo he visto un cambio últimamente que están llegando las comunicaciones en español y aplaudo eso porque creo que antes nos costaba era un poco difícil porque no es nuestra lengua. Seria bueno que los DCF si estén traducidos, porque yo me he encargado de traducirlos, pero siempre ha habido cambios.”

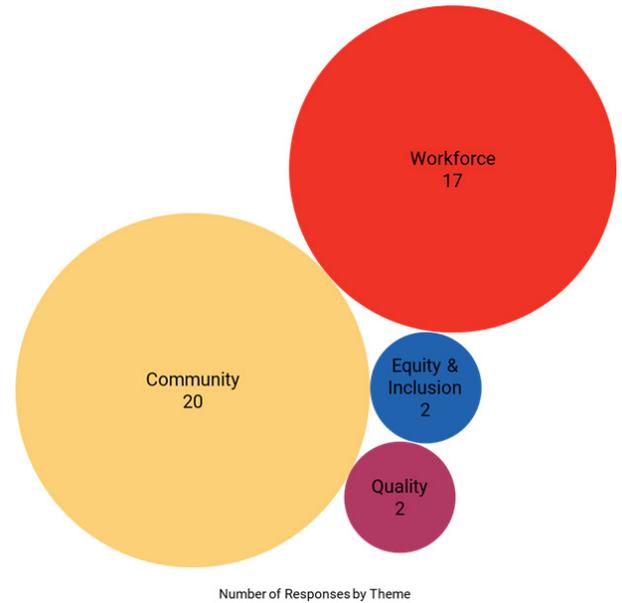
“I have seen a change recently that we are getting more communications in Spanish and I applaud this because I believe before it was so difficult for us because it’s not our language. It would be good if DCF information was translated, because in the past I put myself in charge of translating it, but there were always changes.”

Tribal Sessions

Question: What ideas do you have to improve the early care and education system in your community and across Wisconsin? What supports would benefit the early care and education workforce in your community?

Similar to the other Listening Sessions, responses were categorized by Access, Affordability, Quality, Equity and Inclusion and Workforce. Community also emerged as a category in the Tribal Listening Sessions. In fact, this category surpassed all the others.

There were not any comments that were categorized under Access or Affordability. And just a few responses fell under Equity and Inclusion and Quality.



Tribal Sessions Highlighted Responses Workforce

“I think one of the things they could do is look at how they define family-based child care because so many aunts, grandparents, etc. care for children before they go to school, as well as before and after school. The system seems to emphasize group care over family care, and we do need to re-emphasize the importance of what families do to care for their kids and it is quality.”

“I think we love our kids and our community and we really just want things to be the best they can for everybody. Plus, our employees are community members.”

“We placed a high priority on providing high-quality experiences for children that are culturally appropriate, but this comes at a high cost. Our challenge is we don’t have places to send children and we need the capacity to provide this high-quality program to all children.”

“If people thought of this as a profession, maybe more people would get involved. I’m not babysitting, it’s a profession and I can do this for a job. I don’t think there’s a good answer re wage resources. Like the Reward program. The amount of work it takes to open up child care. People need help.”

“ECE workers don’t make enough. Why work 10 hours a day for nothing when you can go make more at Walmart. Rewards and T.E.A.C.H programs help with that. How can we subsidize more? How do you keep up with the things you need? Let alone when you can’t even make ends meet for yourself?”

“We need to go back to our high schools and offer childhood development classes. We don’t have a lot of people coming into the programs. A lot of people get hired out of their practicum and don’t come back to finish their education. We should work with DPI to have a better curriculum.”

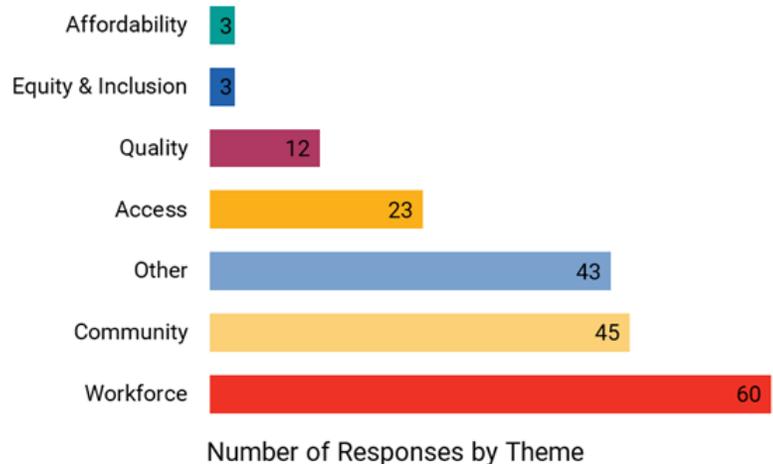
In-Person Sessions

Question: What supports would benefit the workforce in your community?

The in-person and virtual Sessions had similar responses to this question. Responses were analyzed for trends across the focus areas of Accessibility, Affordability, Quality, Workforce, Equity and Inclusion. The majority of responses related to Workforce, including topics such as wages, training, education and staff retention.

As responses were being evaluated, answers also formed the additional category of Community. These responses included issues such as community connections, business collaboration.

Other responses related to Accessibility (access to care), Affordability (cost of care), Quality (measuring the quality of ECE) and Equity and Inclusion (equitable access to care and inclusionary policies) were not discussed as much. There were 23 responses that included narrative addressing Access, three regarding Affordability, 12 regarding Quality and three about Equity and Inclusion.



In-Person Sessions Highlighted Responses Workforce

“Need more trauma-informed care training for child care providers so they better understand parents and children. I feel this would lessen expulsion rates in child care.”

“I lose quality staff to factory work. They make more money in factory. Wages and benefits. They start out at \$18/hour in factory. They deserve more than I can pay. All have at least an Associates degree. Half of them have bachelor’s degree. They have tears when they leave my center. They can’t make work. I can’t keep them. I feel like I can’t help my community of I can’t keep staff.”

“Child care workers pay are crappy, they don’t get benefits, no sick or vacation time. Can’t retire, taking on second jobs to pay for the cost of health care.”

“Parents don’t have a lot of care options for children with disabilities. We need to explore the needs of those families. And equip caregivers to provide for their needs.”

“How can we get all the players that are helping the family and get benefits as a large group and kick politics out to help families create supports together in one area?”

“I want to see a living wage for child care providers. We have a low retention rate. How can we make this an occupation that people want as a career?”

“After YoungStar, the number of family child cares took a dip, felt like they were being told they don’t have what it takes. As a parent, though, I really do want to know that my provider is CPR certified. All the information for family child care providers is I think overwhelming for them, even if the actual requirements aren’t that great and are spread out. Some of these certifications are good for a couple years, it’s just overwhelming when they get the information all at once.”

Regional Sessions

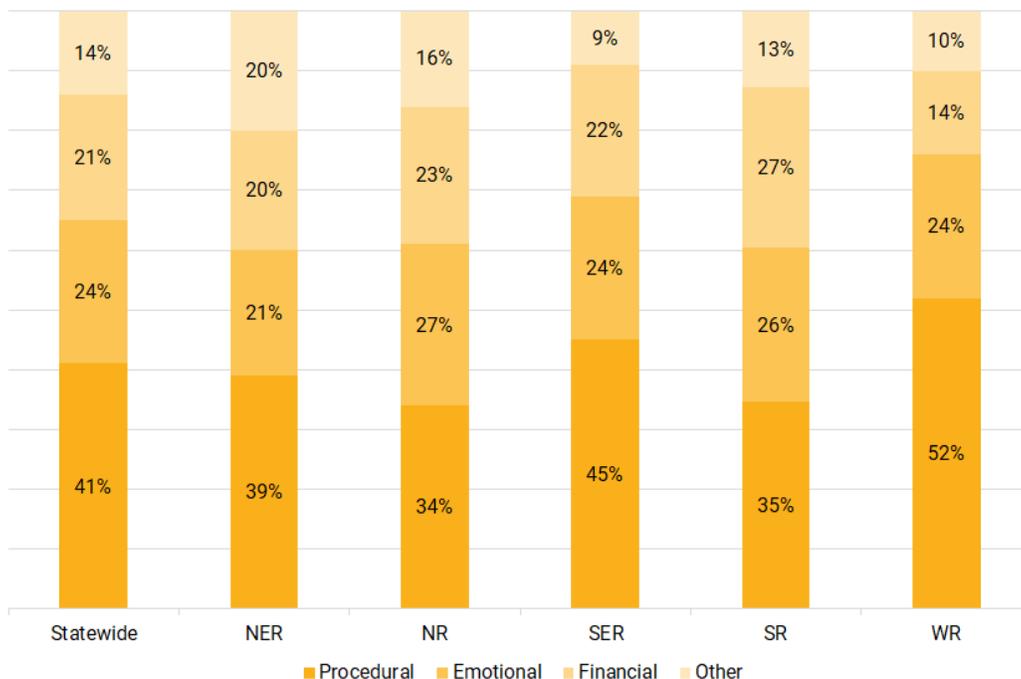
Question: What has been the impact of COVID-19 on early care and education in your community? What are the challenges of reopening or returning to early care and education since the pandemic?

Responses were categorized into the following areas of impact:

- **Financial:** response includes narrative that describes the impact COVID has had on them financially (purchasing PPE, charging families, changes in enrollment, buying food, staff changes, unemployment, cost of supplies, etc.); 111 responses included narrative that fit this category
- **Emotional:** response includes narrative that describes the impact COVID has had on them emotionally (social/emotional development, relationships, feelings of stress/anxiety/fear, trauma, emotional support, concerns about the future, description of emotions, etc.); 128 responses included narrative that fit this category
- **Procedural:** response includes narrative that describes the impact COVID has had on them regarding procedures or logistics related to ECE (policy and procedure changes, masks, social distancing, cleaning, ratios, staffing); 219 responses included narrative that fit this category
- **Other:** response includes narrative that describes the impact COVID has had in other aspects or participants discussed unrelated topics/questions (ECE teacher placement, future unknowns with upcoming school year, etc.); 73 responses included narrative that fit this category

The majority of responses included comments about the impact COVID has had on their policies and procedures, such as not allowing parents to come into the building, sanitizing, ratios and other logistical issues associated with adhering to rules. Alongside the procedural changes were financial challenges such as the cost of added supplies, loss of income due to reduced number of children and staff making more money through unemployment. The emotional toll that the COVID pandemic is taking on ECE was discussed as well, with many participants expressing fear, stress and anxiety.

Percentage of Responses by Category



There were some differences in the distribution of responses by region. The Western Region had a higher proportion of responses that fit the category of Procedure—52% of responses aligned with this category compared to 41% overall statewide. In both Sessions of the Western Region, participants discussed COVID and the response to it in their area, in particular, the lack of belief in COVID and its potential impact on the community. Participants disclosed that families refused to wear masks and preferred centers where masks were not being used (this was prior to the public health order mandating face mask use).

“In our community it’s half and half, those that are overly cautious and those that don’t think it really exists.”

“We ask parents to wear masks at drop-off and pick-up, but parents don’t want to see teachers with masks on.”

“We’ve had a lot of phone calls not wanting to wear masks, people wanting to come here because we are not requiring masks—scary to think about wearing masks all the time for teachers and kids—just not going to work with younger children. Not having masks has been a boost to enrollment—parents have said they will be withdrawing if masks are required—all really comfortable in the situation they’re in without masks.”

“Families are pushing back on the new processes and rules.”

Regional Sessions Highlighted Responses COVID-19

“Programs can’t operate at full capacity. It’s hard to recover. The cost of PPE is prohibitive—if you can even find it. Providers have to bring the whole family to the grocery store and everyone stand in line with a jug of milk just to purchase milk for their program.”

“From the perspective of infant and early child mental health, we have growing concerns regarding infants receiving care from caregivers wearing masks or who are experiencing adults and not being able to have full facial range of emotions and expressions. I worry about infant mental health development.”

“Our family was very sick. I was afraid to go to sleep. All I could think about was the children in my care and that this illness would kill them. We are in a pandemic and feel like that we are at the bottom of the food chain, but are relied upon for the economy to reopen. If it isn’t safe to open schools, it isn’t safe to reopen centers.”

“One of our biggest challenges is staffing. We’ve shut down several times because of positives at the center. The parents have been great. But our staff don’t want to come back. They make more money on unemployment. Their morale is low. We qualified for some PPP loans and gave staff \$5 more per hour, but that’s done now.”

“With decreased enrollment we are struggling to meet bills because we aren’t getting paid. Staff found jobs somewhere else and many are not coming back.”

“I never closed. I had a few weeks with 0 or very low attendance. Last week a family with sniffles came and I ended up sick, so I had to go get a COVID test and am waiting on the results, meaning I had to close 5-7 days. I am out of sick time. There is no money for this.”



Percentage of Procedure Responses by Region

Spanish-Language Session

Question: What has been the impact of COVID-19 on early care and education in your community? What are the challenges of reopening or returning to early care and education since the pandemic?

Respondents indicated that they did not close their child care during the pandemic. Responses were categorized into Procedural, Emotional and Financial. Most responses fit into the category of Procedural, with discussion and comments about following COVID precautions, obtaining supplies and incorporating best practice into care.

Participants also discussed the emotional impact COVID has had, such as concerns that children need to socialize but can't. They also discussed overall worry about everyone's health and safety. A few responses discussed the pandemic's financial impact, particularly the cost of supplies such as hand sanitizer, as well as the cost burden of lowered enrollment.

Spanish-Language Session Highlighted Responses COVID-19

"Las familias dieron cuenta que necesitan educación temprana. No quieren que pierdan las habilidades."

"Families are realizing they need early education. They don't want to lose their abilities [that children learn at school]."

"El impacto es universal en todas las áreas de nuestras vidas. En mi programa esperamos a ver cómo se desarrollaba este cambio y estuvimos pendientes de la información a través de los medios. Tuvimos una asesoría excelente de las agencias con las que trabajamos. Nosotros no cerramos; fuimos día a día haciendo los ajustes necesarios de acuerdo con lo que iba sucediendo. Fuimos paso-a-paso y poco-a-poco para ir saliendo adelante como familia y como trabajadores. El desafío ha sido salir adelante."

"The impact is universal in all areas of our lives. In my program we were waiting to see how to manage this change and we were on top of all the information. We had an excellent colleague at one of the agencies we work with. We never closed. We took it day-by-day making adjustments, as necessary, with what was going on. We took it step-by-step and little by little to keep going as family and as workers. The barrier was how to move forward."

"El mundo cambió—todo el mundo. Cambió. Inscritos de bajo. Seguir políticas. Difícil. No tenemos el número de niños. Tienen miedo."

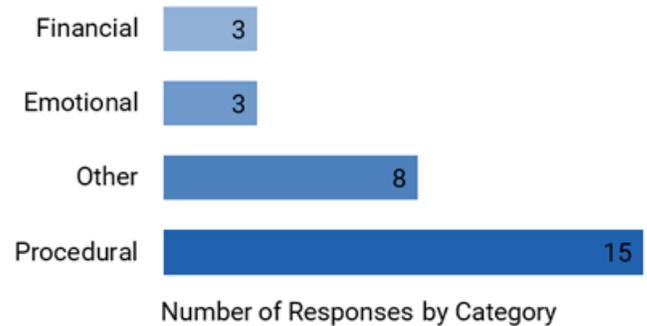
"The world changed—the whole world. Changed. Lower numbers of kids. Following policies. Difficult. We don't have the same number of kids. They're afraid."

Tribal Sessions

Question: What has been the impact of COVID-19 on early care and education in your community? What are the challenges of reopening or returning to early care and education since the pandemic?

Responses were categorized into Procedural, Financial, Emotional and Other. The majority of responses pertained to the category of Procedural, followed by Other, Financial and Emotional.

Responses in the Other category included discussions unrelated to COVID-19.



Tribal Sessions Highlighted Responses COVID-19

“Our community is still under a stay-at-home executive order and day care is still closed. We are trying to stay healthy and do what’s best for children and elders, but we are still struggling with supplies. Stores in this area are having a difficult time to keep stock for the center. Trying to work through guidance such as social distancing and all the extras we try to implement. We’re in the middle of some big projects and the pandemic has made everything more difficult. We try to rely on relative care, but it is tough.”

“People were freaking out we have to open the schools because people have to go to work and I kept trying to explain school is not child care, you are trying to provide education and in the safest place possible, that might mean virtual. That isn’t child care. Obviously we have a huge issue and we need quality child care and everyone was scrambling and needing help. I really thought maybe that message would get out and how important cc is and maybe change the value. But I think it’s just that we can never do enough. I’m not sure where we are with the valuing and it needs to be valued and made a profession-a respected profession that people want to get in to.”

“This has hit everyone big time-our families, our quality care, our centers. People are in need of any kind of support they can get. And people couldn’t keep jobs and were sent home and it just hit everyone. Because now there’s virtual. We don’t have internet or ways for people to connect. We have to go beyond that to reach in other ways to provide resources they need. We’re even trying to feed them. Families are struggling across the board to address the pandemic.”



Tribal Session

Question: Do you feel the current structure of early care and education sufficiently honors Tribal traditions and customs? How could this be improved or enhanced?

Only two responses addressed the first part of the question and both indicated “No” current structure does not sufficiently honor Tribal traditions and customs.

Participant responses primarily addressed the second question, with responses describing concepts including:

- Inclusivity and the need for books, toys, pictures, etc. that reflect Tribal cultures.
- Language and the need for more native languages represented in ECE, both oral and written.
- Community, including connections with Tribal Elders and incorporating community traditions such as ricing and sugarbushes. Participants also discussed advocacy for the community and collaboration with non-Tribal governmental organizations, such as DCF and DPI.

Other comments included discussion of topics unrelated to the question, including information provided about DCF certification, collaboration with other providers while getting certified and discussions about quality programming.

Tribal Sessions Highlighted Responses Culture

“We are a hands-on, oral culture. The current structure doesn’t align with our culture and beliefs. For example, speak English.”

“You are an extension of their home, they want to see the foods they eat and the customs from their homes, and if we remember to be inclusive, that definitely helps especially with native communities.”

“More resources – we need more people involved, reading material, books, etc. Cultural books are a struggle. We are working with DPI to get books written in Ojibwe for our language immersion classes. Resources would be helpful.”

“Show present time, not just historical! We need books and things that represent everything going on, not just things that happened in the past.”

“We’ve had elders come in and demonstrate ricing with our kiddos, showing them sticks and how they can make the rice sticks. We’re in the sugarbush every year.”

“Licensing has been relatively willing to work with us. We have to get a couple exceptions such as smudge, using dikinaagan, and baby swings. Need waivers for that, but for the most part they have been willing to work with us.”



In-Person Sessions

Question: What does healthy development and well-being mean to you?

Participants primarily discussed healthy development in terms of support and training for staff and meeting the foundational needs of children. Participants also discussed healthy development and well-being in terms of providers and the need for providers to be healthy and supported in order to support children.

In-Person Sessions Highlighted Responses Development

“Being happy, attached, bonded. Starts with parent education, communication, engagement. Support from birth to school. To help kids be healthy.”

“Well-being includes the needs of child care teachers. We need to value them more and provide them with health insurance.”

“Teacher well-being. Teachers are exhausted. More self-care is needed to support them so they can support our youngest children.”

“As a provider, I feel I need to be a jack of all trades and maintain awareness of other community resources because I can’t provide to all children’s needs.”

“Healthy development starts with teachers.”

“Healthy development stems from basic needs being met which includes consistency in people.”

“Brain development and providing children the fundamentals of life.”

“We need to be more knowledgeable about barriers to well-being and the community as a whole. Be more aware of cultural differences regarding well-being and aware of poverty issues.”

“Developing a sense of belonging in children.”