



Wisconsin Child Care Advisory and Recommendation Exchange (WI-CARE)

February 11, 2025

12:00 – 1:00 p.m.

Attendees

Attended	First and Last Name	Location	Attended	First and Last Name	Location
	Amanda Kight	Kenosha	X	Kishaunda Ransaw	Milwaukee
	Annette Willburn	Milwaukee	X	Leighton Cooper	Milwaukee
X	Bianca Hill	Milwaukee		Liz Tittle	Little Chute
X	Carol Jackomino	Rhineland	X	Lynda Nelson	Middleton
X	Cassie Koch	Madison		Margarita Ugalde	Madison
	Christine Larson Salerno	Milwaukee	X	Rose Catlett	Middleton
X	Corrine Hendrickson	New Glarus	X	Ryann Counce Barnes	Milwaukee
X	Courtney Zwick	New Glarus		Sarah Smith	Racine
X	Cynthia Reineking	La Crosse	X	Sheri Bishop	Pulaski
X	Jay Martinez	Green Bay		Suzette Mayotte	Ashland
X	Joahna Shelton	Spooner	X	Thanh Bui-Duquette	Eau Claire
	Jolynn Wendt	Arcadia	X	Tricia Peterson	Juneau
X	Kahlila Fennel	Milwaukee			

DCF Staff: Andrea Cammilleri (tech/notes), Sarah Dillinger (facilitator), Tina Feaster (notes), Kaitlin Ferrick (facilitator), Tessa Freedberg (facilitator), Daria Hall (facilitator/notes), Cassidy Peterson (tech), Jason Rahn (notes), Sherri Underwood (notes)

Meeting Notes

12:00 – 1:10

Welcome, Reminder of Meeting Norms, Recap of last meeting

Daria Hall, Policy Initiatives Advisor

DCF Division of Early Care and Education

Notes: Daria read through the meeting norms, meeting agenda, and shared a recap of ideas that members shared about the YoungStar Staff Qualifications topic. Members were invited to share something about their program.

11:10 - 11:55 Supporting Children and Providers: Addressing Challenging Behaviors in Wisconsin's Child Care Programs

Presentation & Discussion

Kaitlin Ferrick, Sarah Dillinger, and Tessa Freedberg
DCF Division of Early Care and Education

+
All WI-CARE Members

Notes

- DCF is working on a guidance document that is required by federal funding. The guidance will focus on:
 - Setting definitions for exclusionary practices in clear language that allows for shared understanding of key terms
 - Providing resources and information for providers on developmentally appropriate practices to address challenging behaviors in the classroom
- The guidance is NOT a new regulation nor a requirement for providers
- Over the last 12 months, DCF hosted listening sessions for YoungStar and Infant and Early Childhood Mental Health Consultation. We heard from providers that:
 - They see an increase in children exhibiting severe challenging behaviors in their programs.
 - Severe challenging behaviors impact staff stress levels.
 - It is sometimes difficult to balance the needs of children needing extra supports while maintaining staff retention.
 - The variety of resources and supports can feel overwhelming.

Question for Chat Responses: Does the themes and quotes we shared align with your current experiences?

- Yes this aligns with what I have experienced in my program.
- Definitely have these same comments. I am currently dealing with a child who may have autism but i don't know where to go to get a diagnosis or help for the parent.
- Our program definitely experiences all of this and more!
- I definitely see more tantrums.
- Yes, behaviors have been at an all time high. There are so many stressors going on.
- Yes, it is very difficult to get resources, many of us in the field don't know that we can and should refer, who to refer, and how to refer—it gets complicated since children frequently cross county or school district boundaries to even access child care.
- Yes. As a single provider in an in home day care, when one child is having a hard time my focus must shift to that one child.
- In the past couple years, we have seen an increase in severe challenging behaviors with our students

- Yes this is aligning with what I'm hearing not necessarily experiencing.
- I care for three infants to age 2 so my experience is different. I noted the tantrums comment but I feel it is part of how they're growing. I model their feelings and what would be an appropriate response. If they're not able to think coherently, I wait and avoid giving (much) attention until they seem ready to interact.
- Yes, behavior challenges are becoming increasingly difficult to manage.
- Something I've seen recently is children with an autism diagnosis who qualify for a one-on-one therapist from the county, are not actually getting the support needed due to lack of staffing (on the county level). This leaves the burden on my staff as we wait for long periods of time for these children to receive a new therapist.

Question 1: What child behaviors or other circumstances disrupt your day the most?

Breakout Room 1 Notes

- More children with a medical diagnosis or in referral process for autism.
- Lots of kids with impulsive behaviors, like they try to leave the classroom. Teachers are making sure the kids don't hurt themselves. It's concerning, we are providing support to staff in a variety of ways.
- I'm a family child care provider and think one child has autism, but I think the child's mother wants me to do everything for her because she wants help but doesn't know what to do. Mom doesn't follow through with reaching out to resources for support. There's only so much I can do without the mom's support/action. It's very frustrating.
- Some behavior issues, but what I have been doing is practicing with teachers how to identify the issue/behavior, and then identifying how the teacher can respond.
 - Coaching takes time; teachers changing their approach to children is often very helpful.
 - Working with the parents is another job, and it's hard enough caring for the kids.
 - If the child's needs are outside of their center's expertise, they do sometimes have to refer the child elsewhere.
 - Some of it is beyond the program's control.
 - If they had funding, they could potentially bring others in to help with behaviors.
 - We need to provide individualized support for children at times.
- Biting has happened in older children's classrooms, which we haven't seen before.
 - Speech issues or emotional regulation issues
 - We're working very hard on this.
- Swearing, likely coming from tablet and YouTube usage, has gotten out of control
- Once there's one kid that starts the negative behavior (a ring leader), it's really hard to get a class of 10 kids back into order, it's exhausting.
- Severe trauma – anything from homelessness to money.

- One child diagnosed with Oppositional Defiance Disorder, no resources, no help, provider is trying to google ideas to help him.
- It takes a large team to try to figure out what works for the one child; they're fantastic kiddos, but it's taking a lot of work to help that one, when there are 9 other children in the classroom.
- Sometimes we feel like lifeguards, just trying to keep everything intact.
- Looking forward to retirement.
- Birth to 3 is not great in their area – screens everyone out so kids don't receive services.
- We see one child pushing into another child's play or taking their toy. These are very age appropriate behaviors compared to over age 2, where this isn't as common. Occasionally I have incidents of biting, pulling hair, etc. but not more than once a week.

Breakout Room 2 Notes

- When kids transition from one activity to another. For children with autism, we try and use visual supports.
- Transitions, drop off and pickup, and at lunchtime. I'm a family provider on my own trying to make lunch and keep kids engaged and entertained.
- Disruptions I see are normally from my 2-3 year olds not wanting to following directions and that slows down transitions or instructions.
- Transitions outside in winter, not wanting to follow the general directions, kids just sitting and not wanting to move when asked, peer to peer conflicts, more hitting and yelling including angry outbursts. Child dysregulation in the classroom creates stress for teachers and peers. This happens a lot when trying to get hand washing complete many times a day, outside gear on, or standing in line to move somewhere.
- Transitioning school agers into before/after care programs; they can be overstimulated and there are more and more young people with an inability to self-regulate or control emotions. Most distracting is when they're picking fights.
- When kids have hard time communicating needs—getting them referred to speech therapy is huge. I see more issues with regulation, lots of device time at home.
- Throwing furniture, hitting teachers, biting children, hitting their own heads on the wall or other objects

Breakout Room 3 Notes

- Unsafe, aggressive with self or teachers, misbehaviors like screaming, outbursts, tantrums or meltdowns, noncompliance. Teachers try to hand off to family service workers and we are trying to get teachers not to do that.
- Agree, but don't have it to point of physically hurting teachers but kids will put up an arm like they're going to hurt them. It makes a difference that we are a Pyramid Model site. Communication builds relationships with families, know what's going on at home. Emotional outbursts have been extreme—can't come back for an hour. Unsure what it is. Kids can't express themselves except in this way. This has put emotional stress on

teachers. We have a mental health consultant through other funding that has helped. If not for her and support of each other, we probably wouldn't be here for another year.

- Staff who have been in field for a long time can sometimes identify patterns of behaviors but it's getting harder to identify the triggers. We have a team of mental health consultants that have worked with us. Increase in autism diagnoses. Not a lot of resources exist but we need 1-1 support, we utilize WEAP for autism support. Kids are starting at lower developmental levels so we have begun training staff in infant/toddler curriculum because we have 2-3 year olds who are not ready to be at preschool level and aren't meeting developmental milestones.
- DCF facilitator: are challenging behaviors on the rise since pandemic?
 - Yes, we are seeing that and I believe that technology has set kids back developmentally.
 - It's not new that the stress level is high, but some of the behaviors are so significant. A lot of strategies are long-term, and that can be hard for staff. It's hard to find a balance to support staff. Change doesn't happen overnight, yet that's what teachers want. The continued behaviors become hard on staff and increase their stress levels. New staff changes team dynamics, too.

Question 2: If children leave before the end of your program year, what are the circumstances?

Breakout Room 1 Notes

- Outside the provider's control:
 - Jobs and Housing: one recently left due to a change in jobs, not in the same area. Another family will be leaving because they're moving to another area.
 - Most kids leave because of moving to 4K or an older sibling moves to 4K so the younger child also moves to the center that has 4K.
 - I hold families to high standards with policies. If families can't adhere to payment policies, they have to leave. I'm losing kids to Head Start programs.
 - One family moved out of state but I was able to fill in from waitlist right away.
 - Our Head Start program partners with child care programs because we don't offer year round services. Families leave because their housing or work is not in the area or they find better opportunities in other areas. Head Start is prohibited from suspending/expelling, so we don't lose kids because of that.
 - Families not keeping up on their payments. It's getting harder and harder to let payments go because things are getting so much more expensive for me. With Child Care Counts, I can help people who are on Wisconsin Shares, but can't help those who don't qualify for Shares because of income but can barely afford it. I wish I could provide care for free.
- DCF: What about not being a good fit for the program?

- o We had one instance where a provider didn't get along with the parents, the child wasn't an issue. The family chose to leave because they had a lot of requirements (this was many years ago).
- o I prefer only working with children under 2 because of my personal strengths, what my home has to offer, etc. I once had a child until 4 but should have asked her to leave sooner.
- o I very rarely dismiss for behaviors, though with some newer behaviors it's getting difficult.

Breakout Room 2 Notes

- If we have to remove a kids, it's because they were endangering other students or staff but we only do so after interventions with social/psych workers and conversations with family
- I just had to let a child go because of challenging behavior. I did 1:1 support, exhausted all options and had to discharge. I would've liked to have something set up for that child but that wasn't the case. Many teachers were calling in because they didn't want to work with that family.
- In 14 years, there have been 3 families I had to let go, due to families not the children. It was for contract breach or financial reasons. One family chose to leave due to finances.
- I've never had anyone leave due to behavior. I got very close with kids with special needs. In my contract, I have language that parents have to work with me. They got evaluated and received services. I got inclusion credentials which promoted my contract change. It's not the kids, it's the parents. I've accessed extra subsidy from Birth to 3 by filling out the [Wisconsin Shares Inclusion Rate](#) Request form.
- In our summer program we did not have the support or resources to work with a high needs school age student. The student tried to run away from the program and was actively physical with staff and kids. We had many parent meetings and we had great communications but it came down to the student needing support we could not provide.

Breakout Room 3 Notes

- Raised rates
- Transience, we have a large homeless population
- We don't have a lot of families leave unless they are moving out of the area. Recently had a parent having issues with transportation, and it was really they were not getting up and getting ready or getting the child ready on time. The parent was hostile. We have basically two criteria for children to leave: unsafe behaviors (repeat offenders) and children sleeping a lot or seeming very sleepy as if they are not getting enough rest and are not ready to start their day.
- We don't typically have kids leave. I was formerly a special education teacher, and a lot of these kids...their parents were my students so they know I know how to work with them. We offer training for parents and staff. The parents are very receptive, need support.

- We don't typically have kids leave early; a handful have recently had difficulty paying or moved. They were on waitlists and may get into a center closer to their home. Had one behavior issue they couldn't support in the program. There's not enough 1-1 support from county (therapist turnover or changes).

Question 3: What resources and/or trainings do your staff use to address challenging behaviors? What other supports could be helpful?

Breakout Room 1 Notes

- Currently being done at their programs:
 - Pyramid model program/level 1 implementation (resource for teachers). We are only in the beginning, but it has provided some insight to the families to understand social-emotional development. These programs come at a cost.
 - I use Healthy Children Healthy Minds, they offer some emotional support for families but I am in limbo with this because of funding.
 - I want to bring in more programs to help, but funds get cut, pilot programs get cut, etc.
 - Head Start partnership to help support families
 - Challenging Behaviors series
 - The Devereux Early Childhood Assessment (DECA) tool/program gives strategies specific to that child including strategies that parents can use at home and strategies that teachers can use in the classroom. It's absolutely fantastic, I can't say enough about the success we've had with it.
 - Yes, Pyramid Model for Family CC and for Infants/Toddlers. I love that you also help parents understand it. I teach the toddlers, before it's needed, to take a big breath, blow things like feathers or tissues - calming behaviors. And I recognize when they do these own their own.

Breakout Room 2 Notes

- My CCR&R's online training for autism is free and I will also look into the inclusion credential. One on one support can help but it's financially difficult.
- TEACH scholarships through the Registry
- Conscious Discipline was amazing, the Positive Early Childhood Education (PECE) Program
- Our best training to date was having a trainer come in from the City of Madison to consult and help our preschool class. A lot of times our staff just search conferences/4C listings to find a course. It's hard to narrow down good resources for our veteran staff – they feel things are repetitive. Pyramid model and WMELS trainings are our go-to for our new staff. School age seasonal staff need training they can do online before programs start in the summer.

- I join a monthly call for family child care providers that offers peer support through the Parenting Place.
- The Infant Early Childhood Mental Health (IECMH) Masters Capstone is helpful, but also intense and expensive.
- Birth to 3
- Milwaukee Public Schools provides training on working with students with special needs
- DPI is knowledgeable and helps to navigate the school IEP process.
- Day camps feel lost on their own island without resources to help with our own behavior as adults– I want online training staff can take. Maybe there could be a group of camps that can get together to talk through things throughout the summer?
- Now we can reach out to licensors to ask for support. In the past, we didn't want to draw attention to the fact that we were having issues.
- I agree—kudos to the new licensors. It's really refreshing to have someone you can get honest feedback from and not feel like you're going to be under a microscope.
- DCF Facilitator: What would be helpful to include in guidance policy?
 - Applicable resources are always the most helpful. For example, Head Start Early Learning Knowledge Center
 - Things staff CAN do during difficult situations. A lot of times, we tell staff what that can't do.
 - Funds to support trainings

Breakout Room 3 Notes

- WEAP for autism support
- Pyramid Model but supports cost money that programs don't have. 1 on 1 support is necessary but not available (too costly). Consistency is so important. Funding is needed.
- We utilize a quiet spot in classroom or quiet room away from other children. We partner with Behavioral Health – they visit each classroom 2x/week plus have a weekly morning meeting with the leadership team. An Early Intervention partnership would be helpful. We would like to hire a teacher mentor/coach position. We need more hands-on behavior help specialists.
- That's amazing you have all those supports because a typical center wouldn't have all those supports. Quality costs money. If you have supports, your program is going to be better. More education won't matter. We don't have the staff to provide 1-1 support. I am often in the classroom supporting my staff. We support each other, and I don't have turnover like others which provides consistency for the kids. We need to keep on our representatives for funding. No more trainings, that won't help.
- We have Pyramid Model, too. Staff have been signed up for trainings like biting, sign language. Lately, I have staff with more credentials or experience support the newer

staff (and give them a bump in hourly pay) until the newer staff can get credentials or decide where to go in their careers.

- Expanding mental health consultation options for all providers. If any funding is available in the state, that's what's been creating stability and support for our program. I'm interested in combining resources like training and supports to maximize our investments in community and break out of siloes/isolation. For example: if one is a Pyramid Model site, how could they support another who may be isolated? Combining the resources Head Start provides—we need the power of collaboration, especially in rural communities.
- We are in it because we care, but now we need to advocate for what we are worth. We deserve better.

Action Items:

- Take meeting notes into consideration when designing guidance.
- Make sure guidance offers things providers *can do*, not just what they can't or shouldn't do.
- Explore resources that were noted as helpful to gain insight into the type of resources and support providers find helpful.

11:55– 12:00

Wrap-Up, Public Comment and Next Steps

Daria Hall, Policy Initiatives Advisor

DCF Division of Early Care and Education

Notes

- Members can still sign up for a short one-on-one call to give feedback on the WI-CARE experience to date. This is completely optional and DCF is not able to compensate for this time.
- Next Meeting: Friday, March 14 at 11:00 a.m. to discuss potential regulation changes.

English

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Spanish

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