



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

June 3, 2025

12:00 p.m. – 1:00 p.m.

Attendees

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

DCF Staff: Andrea Cammilleri (tech/notes), Tina Feaster (facilitator), Daria Hall (facilitator/notes), Erin Mancoske-Anderson (facilitator), Amanda St. Martin (notes), Cassidy Peterson (tech), Heather Struck (facilitator)

Meeting Notes

11:00 – 11:10 **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 topic of supporting children and providers by addressing challenging behaviors in programs. Members were invited to share something about their program.

11:10 - 11:55 **Potential Licensing Rule Revisions**

Presentation & Discussion

Tina Feaster, Program and Policy Analyst Advanced

DCF Division of Early Care and Education

+

All WI-CARE Members

Notes

- DCF's core priority is to maintain children's health and safety
- Regulation is a hot topic
 - Providers are interested in potential changes to serve more children
 - Legislators are also raising the issue
- DCF is committed to being responsive while maintaining health and safety
- Making any changes to regulation is a lengthy process involving the legislature.
- DCF has a current project investigating ways to increase access to family child care while maintaining health and safety.
- DCF is also thoroughly reviewing all licensing rules to determine where they could be streamlined while maintaining health and safety.
- Reminder: Many health and safety regulations are required by the federal government. Wisconsin has added additional health and safety requirements. We look to several sources for guidance on our regulations.
- Since 2014, family child care (licensed and certified) has decreased in all regions of Wisconsin with the exception of the Southeast where the number of licensed family providers has increased. The other four regions have lost 20-47% of their licensed family providers since 2014. All regions have lost 20-90% of their certified family providers.
- Legislators introduced several bills related to child care regulation in 2023.
- Three quotes were shared from an Institute for Research on Poverty survey of providers:
 - "I remember there being talk about possibly allowing up to 12 children if there were two teachers, and I feel that should go into effect. It would help for me to be more comfortable to take on more under 2 as I wouldn't be by myself and there is a huge need for care for under the age of 2—most inquiries I get are for under 2."
 - If instead of counting a child over 18 months as an infant, it would help if they were considered a toddler. Usually, an 18-month-old can walk and eat normal food and communicate well, so putting them in an infant role should be looked into."
 - "...allow for additional school children to attend without counting as they currently do in my ratio. In my own personal setting, the school children are siblings of currently enrolled younger children or are children who have aged out of my full-time child care as they are in kindergarten or higher grades, but attended and built a relationship and connection with me and the other children here. On out of school days these parents do not have care they are comfortable with for their children..."

Discussion Notes:

- I support the comment in green around allowing more school age children in my program.
 - I agree.
- It would be nice to have the infant age cut be 18 months.
 - I agree.
 - I agree for sure!
 - Yes, 18 months should be toddler!

- Six providers agreed that if an 18-month-old was considered a toddler, it would help with ratios.

Question 1: There is a legislative proposal to create large family child care. If that were to move forward, what are your thoughts on ratios and max group sizes?

Discussion Notes:

- It's already harder to become certified with the new foundational trainings but it would be hard to find enough teachers to work in a certified program with more kids.
- My concern as a family provider would be to ask if the space requirement would also be changed, if you are allowing 12 children into the same amount of space that previously allowed only 6.
 - **DCF Facilitator:** The space requirement per child would not change, so licensors would need to verify if you're increasing the number of children in care, that you have adequate space for them.
- What is the formula for this and how does it relate to local municipal, fire codes, etc.? Where might that conflict with requirements for zoning, occupancy, building code... ?
 - **DCF Facilitator:** Building codes would have to change for us to make these changes and allow 9-12 children. DSPS is engaged in dialogue with us to ensure that large family providers would allow this size of group for family providers. Other local codes may also need to be reviewed.
- Would family providers be able to use prorated calculations like they can be used in group child care? Would it be beneficial?
 - **Facilitator:** We looked at having one ratios table but it would end up reducing the number of children allowed in family providers and be more restrictive, so that wasn't a good solution.
- I understand some programs also have too many kids to be safe but I think each provider knows what numbers their program runs best at, and being able to safely provide care for more would be a great thing for families and providers. Certified numbers are so low. Some families have 4 kids in their home but I can only care for 3 siblings. But space is important to consider and adjust to make sure there's enough space. Why do ratios vary so greatly from state to state for certified programs? I understand WI is low compared to others.
 - **DCF Facilitator:** Every state has its own process. Many of these ratios have been around for a long time. A lot of states look to Caring for Our Children for national guidance. Wisconsin rules are a little different than what they have in their recommendations but if we shifted to align with them, we would reduce the number of children in care, not increase.
- I think of Certified as our state's family, friend, and neighbor care.

- Speaking as a family provider, you have to also take the stress of caring for 4 infants into account and you're still not getting paid at the level you should be. You don't have a sub or back-up to help hold a baby that needs to be held. It would be a lot to handle.

Question 2: In response to legislative conversation, do you have feedback on group center ratios and group sizes?

Discussion Notes:

- Would the maximum number of students still be related to space?
 - **DCF Facilitator:** Yes, the number of students allowed in a space will still be dependent on available space per child. The 35 square feet of useable space per child is not changing.
- The challenge with a program-by-program by approval is that there is such a wide variety of interpretation between licensors. I think it would be very important to track the logic behind why something was/was not done for retaining historical thought processes.
- I fully agree that an 18-month-old should not be stuck with others under 2, it's almost impeding their development. They are held back and when they turn 2, they are running to the next room, they are so eager to move into the "big kid" room. I would definitely support 18-24 or 18-30 month range being added.
 - That is true about the 18 months olds. They're much more capable than even a 12-month-old.
 - But not as capable as a 24-month-old. They aren't walking the best yet, for fire safety, etc.
- On behalf of my public school program, overall we have expressed recommendations to revisit ratios for school age programs and I sat on an advisory committee for that some years ago now. Coming from a school setting where DCF doesn't monitor numbers but then transitioning to a different requirement during after school hours seems unnatural. I would support shifting DCF ratios to be more similar to what kids experience in their classrooms during the school day.
- I would not recommend changing the school age ratios as this is not within the four walls of a classroom. Yes, our ratios and health and safety standards are often higher and have greater accountability and oversight than a school does, it is what is best for children. Higher ratios will only harm staff recruitment and retention efforts.
- Higher ratios are not what is needed currently.
- Exactly.
- Nowadays in a classroom, out of twelve 2-year-olds, four or five of them may go on to be identified as neurodivergent. We're in a staffing crisis already. We're already attending to and making accommodations for children at this age and it's challenging with this group size. Our center was built to the requirements for space and we don't have extra funds, so we wouldn't be able to invest in updating the physical space to accommodate more children.

- I agree, our group center would have to remodel many classrooms to accommodate more kids and I feel like adding more kids would be stressful for teachers! However, I feel that changing ratios for 18-month-olds to be with 2-year-olds would be a good thing! Many 20–21 month-old kiddos are ready for the 2-year-old room.
- What about making the ratio 1:5 instead then, with a max of 10 kids?
- Do you have the proposed ratios?
 - **DCF Facilitator:** Not at this time. We are just gathering initial reactions to conversations happening among legislators and with our team.
- We base our groups more on development than ratio requirements. I understand the special needs concern, too. My biggest concern is that Minnesota sets toddler ratios as 1:7 and ours is 1:4. I prefer their way of splitting up kids. The 2–2.5 and 2.5–3 age ranges are the biggest challenge. Developmentally, they vary and to have to force them into a space that isn't quite right for them... there are times when I'm waiting for the exact date of their birthday to move them because they are very ready. I also agree with the previous comments about school age. Having the four-year-old ratio requirement differ from 5 and up is really difficult when you're trying to create school-age groups.
- I feel we as a state struggle with quality. I worry about adding more children and then the quality-of-care lacks! All to make more money!

Question 3: Without compromising health and safety of children in care, what rules are overly burdensome or not necessary?

Breakout Room 1 Notes

- Some of the requirements in the forms are excessive. We don't need addresses of clinics and providers—we are always going to call 9-1-1 if it's something we can't handle by calling the parent, not look up the child's clinic. Why do we need parents to report on immunization requirements at registration? Why don't we just get that from the physician? It would be great to add in clickable links into the rule book. On the Staff Health Report – there is no way to verify immunizations. Or on the Staff Record – why are we having staff fill out the entry-level and additional trainings on the staff record when we also have to have actual documents of the same trainings?
- I like those thoughts, I agree. The immunization hits hard, the child health report hits hard. You know people are having those forms signed by a chiropractor or whoever they can get. But I have parents who are waiting for appointments to get those signatures and I get written up because they can't schedule an appointment soon enough. It really hurts but I can't help the situation with child health reports and it looks terrible for me to have that as a repeat violation at my program. I don't refuse families who don't vaccinate their children but it's hard because if they don't return it, I get a violation. It would be great to consolidate the forms and not ask parents for names and addresses multiple times because they just stop filling it out again and again and then I have to fill it in. I have a standalone group center for ages 5 and up only. I have to get that center down to

8 kids before I can let one staff member leave and have just one person there, but I still have to have someone within 5 minutes in case of an issue. It's hard to keep two staff until we're down to just 8 kiddos waiting to be picked up. With the staffing shortage, in our community, we have people babysitting at 10 years old. We can't even hire a 16-year-old and count them in ratio. 17 and 18-year-olds are interested in other work. There's nothing for older teens and they're leaving our community. I would like to have 16-year-old assistants and 17-year-olds treated like how we currently treat 18-year-olds. I have a 17-year-old who has graduated high school but is still 17 and has completed all her courses, but can't be a lead teacher when I need her. It would create more continuity particularly for our summer programs if they could work summers during high school, potentially as a lead teacher once they have experience.

- We've got to create more on ramps for providers to get into the field and level the playing field for all providers. Schools should not be given an exemption. Park and recs must be licensed. All these other programs that aren't accountable is doing a disservice to children, working against staff recruitment into licensed programs, and it is inequitable.
- I'll chime in on the summer requirement. I have a 17-year-old high school graduate who will not be a lead teacher until midway through our summer camp, but her birthday is mid-summer and at that point on her birthday, she'll become a lead teacher but until then, she can't be alone with kids. Some other requirements are minute but they boggle my mind—such as not letting sunscreen sit out while adults and school age kids are all outside playing. This is critical as we reapply constantly. We can't constantly run inside to get sunscreen from a locked cabinet for school age children, which would put us out of ratio for the time it takes for an adult to go get it. Another example is that school age kids have hand sanitizer on their backpacks and available on desks at school, but they can't use it in our program. I also feel all children at school age should be able to walk down the hall to the bathroom by themselves just as they do at school.
- I am a Head Start director with 9 programs, some in a school that also offers 5K. We are all sharing the gym and playground. We have to write a shared space exemption. That's a major burden. If kids have already seen a doctor, licensing should allow us to get a print out of the record instead of having them fill out that one specific licensing form. That would be so much easier—let parents use their technology-based medical chart to log in and print out the last visit form and provide it to us. Many staff can't get into the doctor within 30 days to get a physical and forms signed.
- We need more consistency in exemption approvals. I agree with the comments about sunscreen, bug spray, and hand sanitizer.
- Having the ability to upload staff verification of intro courses, Abusive Head Trauma, Mandated Reporter in the Child Care Provider Portal so licensing staff are able to pull it up along with the staff's most recent background check results.

Breakout Room 2 Notes

- For kids under 2, doing intake forms every 2 months, our staff is talking with parents daily and conflicts with intake forms. With regard to the Registry – how long things take can lead to citations/write ups, continually trying to prove qualifications and they miss things (human error). Nap time bedding having to be sent home to wash every week is burdensome to parents.
- Yes, Wisconsin Registry trainer requirements mean you have to have a background check, and I have to apply for another one, I can't use the one I've already paid for through DCF.
- Navigating Training Sponsor Organizations for Child Care Foundational Training courses is confusing, and ditto on background check redundancy.
- I agree with everything said, the Registry is too complicated to become a trainer. I don't think we should need to be thinking so much about the Registry; all of the licensors should be on one page.
- Nap time rules such as napping children need to be two feet apart is impractical, they move a lot. I would like the rule to state they need to start out 2 feet apart, but you don't have to move them if they are sleeping and end up closer.
- As a certified family provider, I've looked into licensing and it's very overwhelming. One challenge is constantly having to give reminders every 3 months for health reports/exams to be submitted for records.
- I agree with everything others have said. And I agree with the recommendations we discussed earlier regarding infants up to 18 months can be its own group.

Breakout Room 3 Notes

- Car alarms are a barrier for individuals who are interested in becoming certified or licensed. Cars with bench seats may increase number of vehicles that would require a car alarm (bench seat makes 6 passengers) and children aren't allowed to sit in the front seat per rule. You need to get out of the car to turn the alarm off after checking all of the children are out of the car. The children are outside of the car with limited supervision while the alarm is being turned off. Some car alarm companies state that these alarms are not meant for their vehicle.
- Why are we required to have a vehicle on site for an emergency if the program does not provide transportation? I will be calling for an ambulance in emergencies.
- Yes, this can also cause an equity issue, providers in urban areas may not have vehicles.
- A lot of information between forms overlap, this is overly burdensome.
- The certified family provider requirement to record forms strictly on DCF forms vs other options (such as creating own form) is burdensome.
- Having proof of high school graduation on site for staff is redundant if a staff member has proof of completion of higher learning (associate's degree, bachelor, etc).
- Meal choices and menu options are burdensome, especially with food shortages and rising prices. Sometimes we need to repeat menu options.

- The minimum temperature of 67 degrees requirement seems high—I would like to open windows on nice days in spring.
- I would like to see total number of rules monitored displayed on Child Care Finder.
 - DCF: This is part of an active Child Care Finder enhancement project and will be implemented in 2025-26.
- I'm a certified family provider. The need to have an extra sink for diaper changes/hand washing is one that made me not want to try licensing. I'm sanitizing the sink now once or twice a day. I'm not sure how it would affect health and safety to add another sink. I'm a biologist & EMT so I understand germs.

Action Items:

- For family child care, consider increasing the number of school age children allowed to attend.
- For family child care, consider making 18-24 months part of the toddler age group, rather than infant age group.
- Consider the existing staffing crisis and stress levels already experienced by providers when considering shifting ratios to allow more children.
- Consider editing, streamlining, or removing regulatory rules as described in the notes above.

11:55– 12:00

Wrap-Up, Public Comment and Next Steps

Daria Hall, Policy Initiatives Advisor

DCF Division of Early Care and Education

Notes

- Next Meeting: Friday, July 11 at 12:00 p.m. to continue discussing regulatory feedback, including the Timeout Policy.

English

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

Spanish

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