

# **WISCONSIN'S EARLY CARE AND EDUCATION LANDSCAPE**

**A January 2025 Center for Policy, Research  
and Engagement Brief**



**Center for Policy, Research  
and Engagement**



**E**arly care and education (ECE) plays a critical role in fostering positive child development, supports parents' needs to work outside of the home, and through these [benefits brings a significant return on investment to communities](#) by fostering economic growth, enhancing workforce productivity, and building a strong foundation for lifelong learning and success.<sup>i</sup>

This landscape brief identifies Wisconsin's significant gap in available care, particularly in rural areas and for children under the age of 2. We offer a comprehensive analysis of the availability, demand, and challenges facing Wisconsin's ECE system and the factors driving these changes. We also delve into the economics of the industry that present affordability concerns and the sustainability of programs amidst rising costs and limited resources. Taken together, this brief underscores the urgent need for strategic investments and policy interventions to ensure equitable access to high-quality, affordable ECE services across the state.

## **EARLY CARE AND EDUCATION SUPPLY**

There are [three types of regulated ECE programs](#) in Wisconsin that serve children ages 0-5 with full-year options, as well as school aged children when public school is not in session:

- **Certified Family Child Care** - Provides care and education for up to 3 children under the age of 7 who are unrelated to the provider (with a maximum group size of 6 children, including the provider's own children under 7) in a residential setting
- **Licensed Family Child Care** - Provides care and education for up to 8 children under the age of 7 (including the provider's own children under 7) in a residential setting
- **Licensed Group Child Care** - Provides care and supervision for less than 24 hours a day for nine or more children in settings such as a commercial property, public school, church basement, or within a larger organization; Group care programs also are inclusive of specific programming such as Head Start or Four-Year-Old Kindergarten (4K)

When talking about this ECE sector, the terms early childhood education, early care and education, child care provider, child care program, preschool, and the acronym ECE are all used interchangeably. Outdated terminology often refers to this work as "daycare," but this term is no longer used to describe the care and education of young children. Providers do not care for the "day" but rather the child.

According to Wisconsin [Department of Children and Families \(DCF\)](#), the number of ECE providers operating in Wisconsin has steadily declined within over the past decade. There is a combined 30% decline in all programs between February 2013 and August 2024. However, the number of licensed ECE seats or the capacity of care available for children aged 5 and under has only declined by 10%. This is likely due to the steep decline in Family Child Care providers (43%) who care for smaller numbers of children while group programs only declined by 8%.<sup>ii</sup>

### Change in ECE Supply from February 2013 to August 2024

Program Type	2013 Programs	2024 Programs	Change	% Change	2013 Seats	2024 Seats	Change	% Change
<b>FCC</b>	<b>3,721</b>	<b>2,105</b>	<b>-1616</b>	<b>-43%</b>	<b>25,581</b>	<b>15,181</b>	<b>-10,400</b>	<b>-41%</b>
GCC	2,351	2,165	-186	-8%	135,243	128,965	-6,278	-5%
<b>TOTAL</b>	<b>6,072</b>	<b>4,270</b>	<b>-1802</b>	<b>-30%</b>	<b>160,824</b>	<b>144,146</b>	<b>-16,678</b>	<b>-10%</b>

Retrieved from: Wisconsin Department of Children and Families Wisconsin Regulated Child Care Provider Trends Over Time

[Family child care programs](#) often provide care and education at lower cost, with extended hours, through diverse programming options and are the most suitable care option for rural communities.<sup>iii</sup> Researchers at Institute for Research on Poverty (IRP) have [attributed the stark decline in Family Child Care](#) to the increase of [Four-Year-Old Kindergarten \(4K\)](#), decline of use in child care subsidy, and challenges of administrative burden.<sup>iv</sup> Urban areas have maintained a greater proportion of the overall ECE capacity relative to their share of the total population. For example, Milwaukee County accounts for [17% of the child population](#) under 5 in Wisconsin but carries 23% of the ECE capacity in the state.<sup>v</sup>

Fond du Lac, Marathon, Outagamie, Portage and Racine counties have each experienced a decline of more than 1,000 ECE seats since 2013. Dane, Marathon, and Racine counties have lost more than 100 ECE programs. Iron, Forest, Richland, and Rusk counties have seen a 70% decline in ECE programs per county. [Click here](#) to see additional, county specific data on ECE supply.

The 2024 IRP report, [Child Care Supply and Demand Challenges](#), includes data from 3,546 ECE providers, representing 77% of all regulated programs. This report shows that even though programs are licensed for their maximum capacity (as listed above), most programs are not fully enrolled, meaning they have open seats.<sup>1</sup> In fact, programs in Milwaukee, Dane, Waukesha, and Brown counties have significantly 1,000 open seats per county. There are 28 counties in which ECE providers reported having collectively more than 200 open seats. Across the state, the surveyed providers reported a total of 33,064 open seats, including seats for school-age children when school is not in session.

**Everyone wants infant care, and my 2 infant spots are filled until 2025. I need to fill 2 spots for age 2 or older but my wait list is for younger than that.**

*Family Child Care Provider, IRP<sup>ix</sup>*

<sup>1</sup> Open seats occur when a child care provider cannot provide care for the full licensed capacity for the program. In most instances, these open seats are due to lack of adequate staffing. It's important to understand that each child care seat is designated for a specific aged child. This is due to health and safety rules designated to keep children of a specific age safe. For example, diaper changing stations, sinks and cribs for infant classrooms. Open seats cannot be easily transferred from one age group to another.

## Respondents in the study were asked why they had unfilled spots:

- 63.9% of the group program respondents attributed the unfilled spots to being understaffed (Because they were understaffed, respondents had to close classrooms or reduce group sizes)
- 16.8% of Family Child Care providers also attributed open seats to staffing challenges
- Lack of demand for seats designated for children 3+ years was attributed to the rise of 4K (62% of the open seats were in classrooms for children aged 3 and older)

The distribution of ECE programs and the supply of care varies greatly across the state. Rural regions have far less care available than urban and suburban areas. A child care desert is defined as an area with more than three children under age 5 for every licensed child care seat. In Wisconsin, [approximately 54% of children reside in such deserts](#), with the percentage rising to 68% in rural areas.<sup>vii</sup> DCF provides a per-county analysis of child care desert, affordability, quality, and workforce information [here](#).

## DEMAND FOR CARE

The [Child Care Supply and Demand Challenges survey](#) also shows that demand for care remains high. ECE providers in 12 counties reported having more than 1,000 children on waitlists needing care.<sup>2 viii</sup>

Collectively, providers in the state reported more than 48,000 waitlist spots, of which 71% were needed particularly for children under the age of 3. Each of the state's DCF licensing regions had different percentages of ECE programs with waitlists. The regions with the highest waitlist percentages also have the least capacity of care available.

- 70% of Northern region providers reported having a waitlist
- 69% of Northeastern providers reported having a waitlist
- 69% of Western providers reported having a waitlist
- 62% of Southern Region providers reported having a waitlist
- 29% of Southeastern providers reported having a waitlist

[We need] more qualified staff who will stay in their positions. With closed classrooms it is difficult to move forward with opening closed classrooms when staff turnover is high and finding new staff is slow. We don't want to open a classroom and enroll new children just to have staff leave and not have qualified staff to maintain our enrollment.

*Group Program Director, IRP<sup>vi</sup>*

<sup>2</sup> It's important to note that the data does not specify that each child on a waiting list is a unique individual. For example, children could be placed on waitlists in multiple care programs. It is also possible that once care is found, the parent may not notify all other programs and remove the child's name from the list.

## GAP IN AVAILABLE CARE

To determine the gap in care needed, we analyze the following:

- Licensed capacity for care - not all children need full-time care, we assume that each ECE seat serves 1.2 children<sup>x</sup>
- Open ECE seats that cannot be filled due to staffing challenges
- Number of children aged 5 and under in state and per county<sup>xi</sup>
- Percentage of children who need care because all available adults are in the workforce (73%)

When examining the amount of care available and the overall need for care, Wisconsin has an ECE capacity gap of 53%.<sup>3</sup> The gap in care is not uniform across the state. 46% of counties in the state have a 60%+ gap in care. Counties with the greatest gap are in primarily rural areas. For example, Florence County has no regulated ECE providers in operation and a need to serve 142 children.

<b>Child Care Need</b>		
391,168 children total under 5 of which 73% need care	$391,168 \times .73$	285,553
<b>285,553 Children who need care</b>		
<b>Child Care Supply</b>		
144,146 seats that can serve 1.2 children each	$144,146 \times 1.2$	172,975 capacity
33,064 open seats that could serve 1.2 children each	$33,064 \times 1.2$	-39,677 open seats capacity
<b>133,298 Total care capacity available</b>		
<b>Gap in Care Needed</b>		
285,553 Children that need care with 133,298 Total care capacity available	$285,553 - 133,298$	152,255 Children not served
152,255 Children not served out of 285,553 Children that need care	$152,255 / 285,553$	.53
<b>53% Gap in care needed</b>		

<sup>3</sup> A gap of child care capacity is seen when the need for child care is greater than the supply of regulated care available.

## COST OF CARE

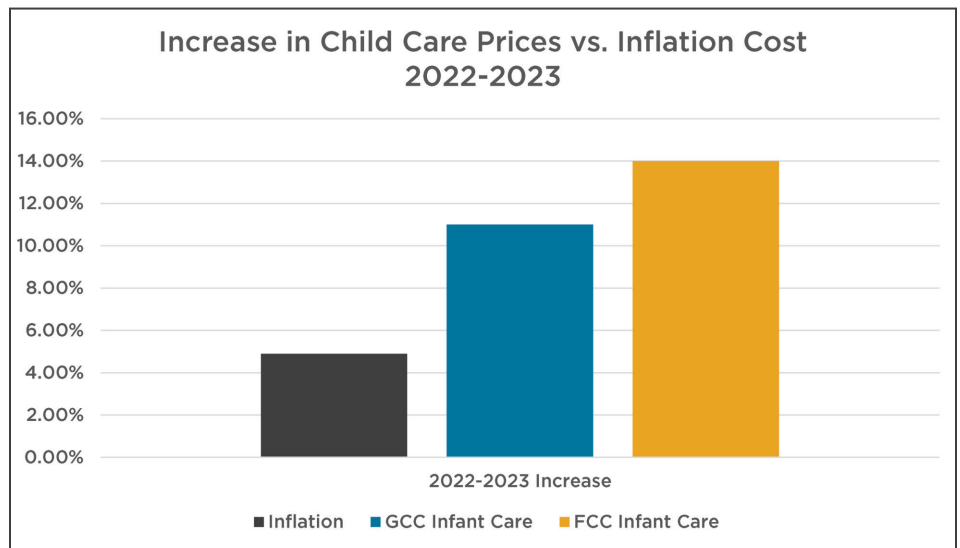
ECE costs have steadily increased over time. The [2024 Child Care Market Survey Results](#) report from DCF found a nearly 25% drop in affordable care options for families from 2022 to 2023. Wisconsin families with an infant in Group Child Care saw an average 11% increase in monthly tuition, while those with an infant in Family Child Care had an average 14% increase. These rising costs have outpaced Wisconsin's overall inflation rate of 4.9% during the same period.<sup>xii</sup>

The [Early Learning Policy Group](#) shows nine counties of the state (Dane, Racine, La Crosse, Brown, Rock, Winnebago, Kenosha, Eau Claire, and Milwaukee) have the highest rates of ECE costs for a family with one

infant and one toddler, totaling \$2,890 in Group Child Care and \$2,275 in Family Child Care. When accounting for median family income, families in Menominee County struggle the most to afford care, leaving them with a deficit of \$4,098 per month after paying for average basic

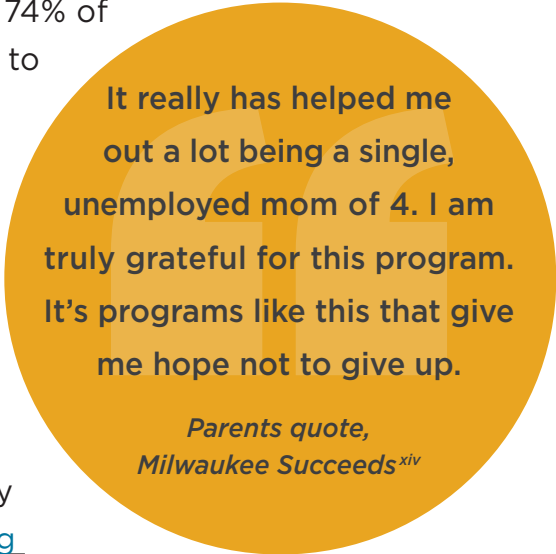
expenses. Milwaukee, Racine, Rusk, Rock, and Barron counties leave families in a monthly deficit of more than \$2,000 per month. In fact, sixty-two counties have ECE costs that push families into the red each month, well exceeding the federally recommended 7% or less of gross income.<sup>xiii</sup>

The [Wisconsin Shares child care subsidy program](#) helps reduce child care costs for working families with a gross income at or below 200% of the [Federal Poverty Level](#). Eligible families can continue to utilize the program until their income exceeds 85% of the state median income. Parents or caregivers receive funds monthly on an electronic benefits transfer (EBT) card. They use this card to pay for the portion of tuition covered by the subsidy, which is determined by family size, full-time or part-time care needed and family income. Parents or caregivers are responsible for a predetermined copayment as well as the difference between the full cost of care and the subsidy + copayment amount.<sup>4</sup>



<sup>4</sup> A Wisconsin Shares copayment is a fee that families must pay toward the cost of child care, based on their income and family size. This copayment is required because Wisconsin Shares is designed to assist with child care costs but not cover the full expense. Certain families are exempt from this payment including court ordered kinship care, foster care, teen parents etc.

Wisconsin has had a challenging experience keeping up with competitive subsidy rates because DCF underestimated tuition cost projections. For example, in 2022, the maximum subsidy rate was sufficient for a family to afford up to 74% of the available ECE seats in a given region. However, due to the rising costs of care, that same subsidy amount only enabled families to access 50% of care options in 2024 – the least expensive and likely lower quality as quality programs are more expensive. Roughly 60% of Shares payments have been utilized by families with school aged children (5+) and less than 15% is used to help pay for care for children under the age of 2. This imbalance could be connected to the availability of care for young children and the cost of care outside of what the subsidy covers. A 2024 report by [Milwaukee Succeeds, Unlocking Wisconsin Shares](#), found that 29% of Milwaukee families interviewed didn't know about the program and another 21% were unsure if they qualified for the subsidy. The number of families that use the child care subsidy is [just a small percentage](#) of those that are eligible to use it.<sup>xv</sup>



It really has helped me out a lot being a single, unemployed mom of 4. I am truly grateful for this program. It's programs like this that give me hope not to give up.

*Parents quote,  
Milwaukee Succeeds<sup>xiv</sup>*

This Wisconsin Shares program is supported by the federal Child Care Development Fund (CCDF). This funding serves as the primary public funding source for ECE services throughout the state. CCDF rules state that the subsidy amount must be enough to ensure families utilizing it have the same access to quality care that private pay families have.

## **THE EARLY CARE AND EDUCATION WORKFORCE**

As noted above, the inability to hire and retain staff holds back supply of licensed child care. The lack of financial resources to pay a competitive wage and benefits package was the top reason given in the [Supply and Demand Challenges survey](#) for lack of staff. Caring for and educating children demands expertise in child development and the skills to nurture children during the most critical phase of brain development.<sup>xvi</sup> Providers in the study noted wages needed to be commensurate with the demanding nature of the job, long hours, and the educational qualifications required. They also highlighted challenges competing with the wages and benefits offered by other industries, schools, or publicly funded preschool programs.<sup>xvii</sup>

According to the [U.S. Bureau of Labor Statistics](#), the 2023 median wage in Wisconsin across all job categories (Head Start, 4K, ECE, substitutes, lead teachers etc.), except Directors and Administrators in child care settings, was \$13.78 per hour. The ECE field earns less than half the average income of the overall workforce in our state. The majority have some form of



higher education yet earn almost \$5 an hour less than the average Wisconsin worker with a high school diploma. [According to the 2021 Wisconsin Early Care and Education Workforce: Summary Report on the Survey of Center-Based Teachers](#), ECE teachers have an average of 10 years of experience in the field. The majority of teachers (82.7%) had some college education or a college degree, with 20% holding an associate's degree and 27.3% with a bachelor's or post-graduate degree. As education increases for ECE workers, wages compress. The summary report shows that a Lead Teacher with a master's degree on average earned only \$15 per hour – the same as the starting wage for a retail clerk.<sup>xviii</sup>

Approximately half of group ECE programs offer health insurance, but only 20% of employees use the benefit. In a small study commissioned by WECA through the [Center for Community and Nonprofit Studies](#), employees identified cost as the primary reason for not enrolling in the offered insurance plan. Additionally, some employees noted that even when they had insurance, the high cost of office visits discouraged them from using it unless they faced a health crisis.<sup>xix</sup> It's estimated 26% of employees receive health insurance from a spouse/partner's place of employment, 26% reported they (or someone else in their household) were enrolled in Medicaid or Medicare, and 12% had no health insurance coverage. Milwaukee Succeeds found in a [2021 Snapshot of Early Care and Education Teachers in Milwaukee](#) that 45% of Milwaukee's early educators lived in a household that received public health benefits and 40% lived in a household that received FoodShare or Supplemental Nutrition Assistance Program Benefits (SNAP).

[According to the 2021 Wisconsin Early Care and Education Workforce: Summary Report on the Survey of Family Providers](#), the average Wisconsin Family Child Care provider cares for five children in their home and works 60 hours each week.

The report shows a net monthly income of \$1,790, or \$7.46 per hour. For many providers, these wages are just under the federal poverty threshold. Family providers are predominantly women, with a median age of 51 years and an average of 15 years of experience in the field. In 2021, 26% held an associate's degree, 12% held a bachelor's degree and 4% held a master's degree. One quarter of family providers purchase their own health insurance and 38% receive insurance through their spouse/partner's employer. Just more than one third of family providers reported they (or someone else in their household) were enrolled in Medicaid or Medicare and 8% had no health insurance coverage.

I am 60 years now as of January 2021. I shut down my child care center for 2 months. Reopened but had to close 2 times for 2-3 weeks because of COVID exposure from day care parents. My health insurance is very expensive, so with a heavy heart I closed my day care. The risk is too high. I had planned to provide care for about 3 more years. I followed all protocols and then some.

*Family Child Care Provider  
reflecting to on the COVID-19  
onset, DCF<sup>xx</sup>*

The workforce studies of Center-Based Teachers and Family Child Care providers also found burnout rates of more than 25%, food insecurity rates of more than 20%, and 22% said it felt extremely difficult to live on their household income. Notably, 37% of Family Child Care providers said they would leave the field within 5 years.

To bridge the gap in child care, we estimate Wisconsin would need 19,000 more early childhood teachers. Visit DCF's Wisconsin's Early Care and Education Workforce at a Glance for more about the early care and education workforce [here](#).

## THE BUSINESS OF CHILD CARE

In 2023, the [Wisconsin Policy Forum](#) released a report entitled, [Not Mere Child's Play; Unpacking the Economics of Early Childhood Education and Care](#). It used state and national data to model a budget for a small Group Child Care program in Milwaukee. They assumed:

- Personnel costs of \$363,053 annually (\$12/ hour for lead teachers, \$10.65/hour for teaching assistants and 13% fringe)
- 85% enrollment rate/utilization factor
- Tuition rates of \$225-\$293/week depending on the age of the child (between 21.3% and 27.8% of the county's median household income)
- Non-personnel costs of \$356,816 annually for food, rent, maintenance, supplies, utilities, insurance, marketing, accounting, etc.
- A 2 out of 5 Stars YoungStar quality rating<sup>5</sup>, using the Department of Health and Human Services [Cost of Quality](#) calculator
- Low turnover rates of staff

The Policy Forum found this hypothetical program of baseline quality could make roughly 9% annual net revenue. When enrollment percentage was lowered to 80% and the quality increased by 1 star, the net revenue shrank to just 1%. Overall, the Policy Forum found providers face significant limitations in offering higher wages, enhanced benefits, or facility/programming upgrades that would improve the quality of care they could provide. Each of these changes can quickly impact the bottom line or lead to unaffordable cost increases for families. They also found the costs of increasing quality star ratings outweighed a realistic tuition increase that parents could afford.<sup>xxi</sup>

## STABILIZATION FUNDING

Though the child care sector has been challenged for a long time, the [Committee for Economic Development](#) found it [endured incredible struggles](#) with the onset of the pandemic. Revenues plummeted by 36% (twice as much as all service sectors) as parents took their children out

<sup>5</sup> YoungStar is a five-star quality rating system for child care providers based on education, learning environment, business methods, and policy/teaching practices focused on child health and well-being. This rating system helps parents who are seeking child care understand how to pick a quality environment. DCF finds that programs meeting a 3 star or higher rating are high-quality.

of care and programs shuttered their doors or reduced staffing. Employment rates also declined at a much higher rate in ECE at 31% opposed to only 14% across all other sectors.<sup>xxii</sup>

The Child Care Counts program, administered by DCF, was established in 2020 to support ECE providers with operational costs as well as to retain and recruit staff. This program has been funded primarily through federal COVID-19 relief programs such as the Coronavirus Aid, Relief, and Economic Security (CARES) Act and American Rescue Plan Act (ARPA). The payments to programs have decreased over time and the program funds will expire June 30, 2025.

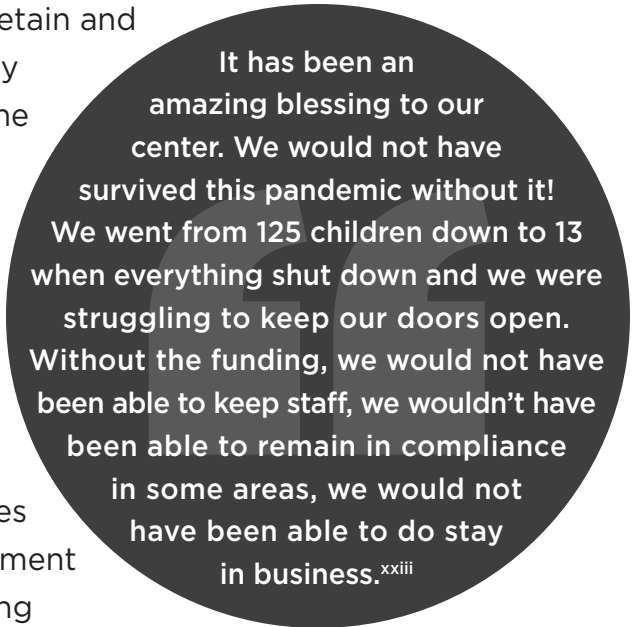
Each month, ECE programs apply for these funds through the Child Care Provider Portal during a designated application period. The application requires providers to enter the names, birthdates, and enrollment schedules of each child served, as well as identifying information for each staff member employed with required background check approvals. Child Care Counts includes two main programs:

- **Program A**, which aims to support high quality ECE by basing payments on the number of children served per provider. Funding can be used on facilities costs and health and safety measures.
- **Program B**, which aims to support recruitment and retention of the ECE workforce. Payments are calculated on the number of staff a program employs and includes Family Child Care providers. Funding can be used to support wages, benefits, and professional development.

To ensure overall program integrity, Child Care Counts has been reviewed and audited by DCF, the Department of Administration, and the Legislative Audit Bureau.

The [Study of the Child Care Counts Stabilization Payment Program](#), conducted by IRP, looked at utilization, impact, and unmet needs of participating ECE providers. Researchers found:

- Providers used Program A for physical operating expenses (84%), materials and supplies to enhance programs (76%), payroll and benefits (70%), COVID-19 risk reduction (66%), and to reduce tuition costs (50%).
- Providers used Program B to provide bonuses or stipends for current staff (84%), increase hourly wages or annual salaries (60%), and increase benefits (17%).
- Providers reported the funds stabilized program finances and enabled them to remain in operation. They also reported using the funds to increase the quality of programming and invest in training for staff.



It has been an amazing blessing to our center. We would not have survived this pandemic without it! We went from 125 children down to 13 when everything shut down and we were struggling to keep our doors open. Without the funding, we would not have been able to keep staff, we wouldn't have been able to remain in compliance in some areas, we would not have been able to do stay in business.<sup>xxiii</sup>

DCF reports Child Care Counts has assisted 4,978 ECE and school-age care programs in remaining open and providing quality care that served collectively 340,746 children. This funding also supported increased wages for 60,438 ECE professionals.<sup>6</sup> They note that to date, \$574,777,909 has been invested in the program, 340,746 children have been impacted by the funds. To look up an area of the state or specific program that received Child Care Counts funding, [click here](#).

## **STATE AND FEDERAL INVESTMENTS IN CHILD CARE**

The Child Care and Development Block Grant (CCDBG), awarded by the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), is the primary federal program enabling states to offer child care assistance to low-income working families with children under age 13 to access quality ECE in the setting of their choice. CCDBG funds also support child care licensing and quality initiatives to ensure children are cared for in safe and nurturing environments. To draw down federal CCDBG dollars, the state is required to commit matching funds. These funds are made up of state general purpose revenue, Department of Public Instruction (4K) and Temporary Assistance for Needy Families (TANF) money. To learn more about CCDBG funds in Wisconsin, [click here](#). Additionally, Wisconsin receives federal funding for Head Start services, home visiting, and early intervention services. You can learn more about those funds and services [here](#). Other than the required match funds and funding towards 4-year-old kindergarten, the state does not dedicate general purpose revenue into child care services.

## **SUSTAINING THE EARLY CARE AND EDUCATION SECTOR IN WISCONSIN**

It is clear that the decline of regulated child care began much farther back than the onset of the COVID-19 pandemic. The economics of operating within the private sector constrict the supply of care available. Parents alone cannot afford tuition costs high enough to ensure early educators are able to make commensurate compensation for the important work they do. While the pandemic presented great challenges to the sector, it also prompted the development of programs like Child Care Counts that provided necessary funding to keep programs from shuttering. [Many states are now investing](#) general purpose revenue into the sector and [the impact can already be seen](#).

<sup>6</sup> The number of programs impacted by Child Care Counts is larger than the universe of ECE programs regulated today because the program has been operating for five years and Wisconsin represents the closure of some programs and the opening of others. The same logic relates to the number of children served over this time and the number of teachers impacted.

## **THE TAKEAWAY**

This brief underscores the urgent need for ongoing investments and policy changes to ensure equitable, affordable, and sustainable early care and education across Wisconsin. The brief reveals a consistent decline of care over the past decade and the utility of the Child Care Counts program to stabilize the industry. With significant gaps in the availability and affordability of child care, targeted investments to increase the supply, support wages and target key demographics such as infants and toddlers and rural communities is necessary to meet the challenges presented. Addressing these problems will not only support families in accessing high-quality care but also strengthen the state's workforce and economic development. Moving forward, collaboration among policymakers, ECE providers, and communities will be essential to building a more sustainable and equitable early care and education system that benefits all Wisconsin families.

[This companion piece](#) includes additional county specific data.

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