Child Care Supply and Demand Challenges in Wisconsin
Final Report

Hilary Shager, Zachary Bauer, and Liesl Hostetter
Institute for Research on Poverty
University of Wisconsin–Madison

September 2024

The study reported in this paper was supported by a contract between the Wisconsin Department of Children and Families (DCF) and the Institute for Research on Poverty (IRP). The views expressed here are those of the authors alone. The authors thank DCF staff for their guidance in developing the study and the report, child care providers who gave feedback on questionnaire development and responded to questionnaires, University of Wisconsin Survey Center (UWSC) staff for their expert review of the questionnaire, and IRP communications staff for assistance with editing and production.

Table of Contents

List of Tables

Introduction

The following report presents findings from the Child Care Supply and Demand Challenges study developed in partnership with the Wisconsin Department of Children and Families (DCF). Wisconsin child care providers (N=3,546) completed a questionnaire embedded in the February 2024 Child Care Counts (CCC) Stabilization application with the goal of learning more about demand for child care, providers' potential ability to serve more children at existing sites, and responses to staffing challenges. Respondents composed a large, diverse, and representative sample of the full population of child care providers throughout Wisconsin.

The report includes information about the questionnaire sample (including comparison to the full child care provider population) and descriptive results for each question. The authors also conducted analyses of findings by provider type, region (including by individual region and Southeastern compared to Balance of State), urbanicity, YoungStar rating, and Wisconsin Shares receipt, both individually and in combination with other provider characteristics such as number of full-time children enrolled and whether infant care was available. Given consistent, significant differences in findings between group and family child care providers, the authors provide separate results for each of these provider types and note salient differences by other provider characteristics within the text. The authors also present prominent themes and illustrative quotes from responses to the open-ended question asking what, if anything, could help providers serve more children at their sites. The report concludes with key take-aways, a series of appendices with tabled descriptive results for sub-group analyses, a select group of results by county, and combined regression results.

Methods

IRP and DCF carefully balanced the desire to learn more about child care supply and demand challenges with concerns about imposing more burden on child care providers during a time of already intense demands and evidence of "survey fatigue" in the social science research field. Thus, to maximize response rate but minimize the burden of data collection on providers, we decided to leverage the fourth round of CCC Stabilization funding, embedding a brief questionnaire in the February 2024 application for the program. IRP researchers worked with DCF staff to identify key study constructs of interest and minimize the number of questions, and to also beta-test questions with several child care providers identified by DCF. IRP then worked with the University of Wisconsin Survey Center (UWSC) to word questions in ways that would prompt the most accurate recall and highest quality data collection.

Questionnaire results were combined with the Child Care Counts application data for February 2024 to understand each provider's type, YoungStar rating, region, full-time and part-time enrollment, WI Shares enrollment, and staff size. Additionally, a measure of urbanicity was attached to each provider based on their county of operation. This measure, developed by DCF,

was based on the percentage of a county's population that lived in urban settings.[1] The authors then investigated potentially different results by theoretically salient characteristics, both individually and in combination.

Data cleaning included several additional steps. First, questionnaire responses were evaluated and adjusted for missing or seemingly erroneous responses. "Something else" responses for questions 2, 6, and 9 were re-coded if the response fit into an existing response category for that question. Re-coding is further documented in Appendix A.

The authors used Excel and R to conduct quantitative analyses. Excel (namely the pivot table feature) was used mainly for descriptive analyses and reporting questionnaire results by different sub-groups, including provider type (reported in main report narrative for questions 1 through 9), region (see Appendix B: Results by Region and Appendix C: Results by Southeastern Region versus Balance of State), urbanicity (see Appendix D: Results by Urbanicity Level), YoungStar Rating[2] (see Appendix E: Results by YoungStar Rating), and WI Shares enrollment[3] (see Appendix F: Results by Level of WI Shares Enrollment).[4]

The authors used R (the "lm" function) to produce ordinary least squares (OLS) linear regression results for each question, which estimate associations between provider type, region, YoungStar level, WI Shares receipt, full time enrollment, and whether a provider served infants, and the response to each question. It is important to note that the relationship between independent and dependent variables are not causal in nature; however, the regressions do provide additional context to the descriptive results and allow us to see what differences between sub-groups remain after accounting for multiple provider characteristics (see Appendix H: Regression Results).

Qualitative responses were coded in NVIVO software using an inductive and deductive approach. From these codes, the research team identified patterns and developed themes related to the research questions and DCF areas of interest.[5]

[1]The measure included four groupings of urbanicity: 0-24%, 25-49%, 50-74%, and 75-100% of population living in urban settings.

[2]For YoungStar analyses, comparisons are provided between 2-star and 3-,4-, or 5-star rated providers.

[3]For WI Shares enrollment analyses, comparisons are provided between providers with 0% WI Shares enrollment, Any WI Shares enrollment (>0% and <100%), and 100% WI Shares enrollment.

[4]Per DCF's request, we also provide a select group of results by county (see Appendix G: Results by County). Because of the small number of respondents in many counties, we do not attempt to measure differences by county, and it is important to use caution when interpreting descriptive results at this level.

[5]Braun, V., & Clarke, V. (2012). Thematic analysis. In APA Handbook of Research Methods in Psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological. (pp. 57–71). American Psychological Association. https://doi.org/10.1037/13620-004

All results are subject to limitations associated with surveys that utilize self-report recall measures.[6] Although response rates are high for voluntary questions,[7] these results are further limited due to non-response bias.[8]

Questionnaire Sample Characteristics

As shown in Table 1 below, group providers made up the majority of the questionnaire sample (54.4%), with a high proportion of providers coming from the Southeastern region (42.0%) or in urban counties (65.6%). Thus, although the sample is diverse, it is important to understand that overall state results will be driven by these provider characteristics. As noted above, for each question, we discuss potentially meaningful differences across region and urbanicity categorization that remain when controlling for other factors. Also, given the important differences between group and family providers in terms of staffing, number of children served, etc., we provide separate quantitative results for these provider types for each question (1 through 9), as well as relevant attestation for question 10.

Table 1: Child Care Provider Respondent Characteristics

Provider Type	**#**	**%**
Group	1,929	54.4
Family	1,185	33.4
Public School	132	3.7
Certified	300	8.5
Region	**#**	**%**
Northern	252	7.1
Northeastern	579	16.3
Western	475	13.4
Southeastern	1,491	42.0
Southern	749	21.1
Urbanicity Level	**#**	**%**
A (0-24% Pop. In Urban Setting)	238	6.7
B (25-49%)	439	12.4
C (50-74%)	544	15.4
D (75-100%)	2,325	65.6

N = 3,546 Total Respondents

[6]Dex, S. (1995). The Reliability of Recall Data: A Literature Review. *BMS: Bulletin of Sociological Methodology / Bulletin de Méthodologie Sociologique*, *49*, 58–89. https://www.jstor.org/stable/24359695

[7]Questions 1 and 4 were required for all providers; others were voluntary or may draw from a sub-sample due to programmed skip patterns. Response rates for all questions were quite high.

[8]Okafor, F. C. (2010). Addressing the problem of non-response and response bias. *CBN Journal of Applied Statistics*, 1(1), 91-97. https://www.econstor.eu/bitstream/10419/142038/1/cbn-jas_v1-i1-pp091-097.pdf

Table 2 provides additional information about characteristics of providers, including average YoungStar rating (2.41), average full- and part-time enrollment (21.85, 14.29, respectively), average staff size (7.43), and average percentage of WI Shares enrollment (32.9%). Again, there are some meaningful differences between group and family providers, with group providers having higher average enrollment and staff size, as well as YoungStar rating, but a lower average percentage of WI Shares enrollment. To highlight any potential equity issues, we also consider findings for each question by YoungStar rating and WI Shares Enrollment that remain when controlling for other provider characteristics.

Table 2: Average Characteristics of Survey Respondents by Provider Type

Characteristic	All Providers	Group Providers	Family Providers
Average YoungStar Rating	2.41	2.75	2.03
Average Full Time Enrollment	21.85	34.82	6.34
Average Part Time Enrollment	14.29	21.43	2.29
Average Staff Size	7.43	12.21	1.30
Average WI Shares Enrollment Percentage	32.9%	23.6%	41.9%

N = 3,546 Total Respondents

The sample appears to be fairly representative of the full population of child care providers in Wisconsin (see Appendix I: Statistical Testing Between Sample and Full Provider Population).[9] Compared to the overall provider population, the sample includes a slightly larger proportion of group providers, and smaller proportions of public school and certified providers. The sample also includes a slightly smaller proportion of providers from the Southeastern region of the state.

Results

Question #1: Currently, does your site have any "unfilled spots" that you could potentially use to serve more children?

(If yes, continue to question #2. If no or don't know, skip to question #4.)

As shown in Table 3, more than half (58.8%) of respondents reported having unfilled spots that they could potentially use to serve more children.[10] A higher percentage of group providers reported having potential unfilled spots (67.7%) compared to family providers (46.2%).

[9]These analyses merged Child Care Counts application data with February 2024 Active Provider Directory data provided by DCF.

[10]An "unfilled spot" was defined as "the number of additional children you could serve full-time while maintaining compliance with your program's maximum capacity as determined by your regulatory rules. For example, if you have a closed classroom, the number of children who could have been served in that classroom. Or if only one teacher is currently working in a classroom designed for two teachers, the number of additional children who could have been served with two teachers."

Table 3: Number and Percentage of Providers Reporting Potential "Unfilled Spots"

	All Providers		Group Providers		Family Providers	
Any Unfilled Spots	**# Providers**	**%**	**# Providers**	**%**	**# Providers**	**%**
Yes	2,084	58.8	1,305	67.7	548	46.2
No	1,323	37.3	547	28.4	600	50.6
Don't Know	139	3.9	77	4.0	37	3.1

N = 3,546 for all providers; 1,929 for Group; 1,185 for Family

As noted in Appendices B and F, the proportion of providers with potential unfilled spots varied most by geography and WI Shares enrollment level (provider characteristics that are likely correlated, yet significant differences remained when controlling for these and other factors). The Southeastern region had the highest percentage of providers reporting potential unfilled spots (69%); the next highest proportion of providers reporting potential unfilled spots was in the Northeastern region (58%). In most regions, the proportion reporting potential unfilled spots was driven by group providers; however, the Southeastern region had a much larger proportion of family providers reporting potential unfilled spots (65%) compared to the next highest of 32% in the Northern and Northeastern regions. Similarly, potential unfilled spots were more common in the most urban counties for both group and family providers (see Appendix D). The percentage reporting potential unfilled spots did not appear to differ greatly by YoungStar rating but did appear to vary with level of WI Shares enrollment. Providers enrolling zero WI Shares recipients were less likely to report potential unfilled spots than providers serving families who received subsidies. Those with 100% of their enrollment receiving WI Shares most commonly reported having potential unfilled spots (73%), including 89% of these group providers and 72% of these family providers (see Appendix F).

Question #2: Which of the following are reasons why your site has "unfilled spots"?

Table 4 shows that for providers who reported having potential unfilled spots, "not having enough staff" was the most commonly reported reason (47.4%), although the percentage of group providers indicating staff shortages (63.9%) was much higher than the percentage of family providers (16.8%). A similar percentage of providers (39.7% group; 45.4% family) reported lack of demand to serve more children, while a higher percentage of family providers (22.9%) than group providers (7.4%) indicated they were already serving the number of children they wanted to serve.

Table 4: Reasons for Potential "Unfilled Spots"

Reason for Unfilled Spots	% Yes (All)	% Yes (Group)	% Yes (Family)
Your site does not have enough qualified child care staff?	47.4	63.9	16.8
There are not enough families interested in child care?	42.0	39.7	45.4
Your site does not want to operate at full or peak capacity; that is, you are serving the number of children you want to?	12.9	7.4	22.9
Another Reason (Comment)	25.4	19.4	35.3

N = 2,076 for all; 8 providers removed for all blank responses
N = 1,301 for Group; 4 providers removed for all blank responses
N = 546 for Family; 2 providers removed for all blank responses

As shown in Appendices B through F, lack of staff remained the most common reason for potential unfilled spots across most sub-groups, again primarily driven by group providers. Across regions, urbanicity levels, YoungStar rating, and WI Shares enrollment, family providers cited lack of demand or not wanting to enroll more children as the main reasons for potential unfilled spots. The Southeastern region stood out as having the highest percentage of providers report issues with lack of demand, as well as the highest proportion of family providers that reported a lack of staff (see Appendix B). Providers serving infants were more likely to report issues with lack of staff, while those with 100% Shares enrollment were more likely to report lack of demand as their most common reason for potential unfilled spots (see Appendix H).

Providers also had the chance to write in "another reason" for having potential unfilled spots.[11] Common responses included having a family that recently disenrolled and the provider had not yet filled the spot, holding a spot for a particular child/sibling, or holding spots for seasonal enrollment. Providers also used this as an opportunity to elaborate on their selected yes or no responses and explain some of the reasons behind these issues. For example, providers gave reasons for why they didn't have enough staff, which included inability to increase wages or benefits to compete in the labor market; inability to pay additional staff; challenges finding qualified, motivated, or reliable candidates; high costs of hiring, training, and onboarding; and high turnover rates. Similarly, providers described some reasons for not enough families being interested in care, including families working more from home, too many providers in the area competing for children, or living in a rural location. Providers cited reducing staff stress and burnout (including their own) and focusing on quality of care as reasons for not wanting to operate at capacity.

Many providers described a "mismatch" between potential spots available and family needs. This included providers who reported high demand for certain age groups, but because of licensed capacity rules, were not able to enroll those children. This issue particularly affected infant spots and families with younger siblings needing care. A few providers said they had taken on the infant sibling of an enrolled child because they knew how much it helped parents to have

[11]Some open-ended responses (to this question and others with this type of option) mapped onto pre-existing answer categories and were recoded as such by the authors. Other comments appeared to be further explanations of "yes" or "no" responses to pre-existing answer categories. See Appendix A: Recoding Documentation for examples and further explanation.

all children enrolled at the same site, but that they were losing income as a result because this reduced the number of children they could care for overall. Others were not willing to take more infants and toddlers because it was not profitable to do so, and so lost some families as a result. For example, these providers explained:

> *"Everyone is looking to start infants and under age 2. We are so limited in this availability. Then as soon as they turn 4, they are going to 4K in the school district because it is free. So, our opportunities of care are between newborn and age 3. This is very challenging."*

> *"...Baby rooms are full, and more parents need care in that age group. We currently have openings in both our 2-year-old room and our 4-5-year-old room but not as many parents are seeking care in that age group... those that do seem to have multiple children where care can only be found for a few of the children in the family due to age. We also have much interest in our school age program but have limited seats on vans for transportation..."*

Additionally, some providers experienced a lack of demand for spots that they did have available, particularly for older children, which some providers attributed to availability of publicly funded child care. Others struggled to fill school-age spots because they could only offer before or after school care; they were unable to take these children during school vacations or closures because they would then be over capacity. As one provider said:

> *"I have parents interested, but at this time I can only take children that the families do not need child care on school days off using the traditional school calendar. Due to families I have enrolled already fill the spots on school days off. That is always mentioned to the families. If that works for schedule, I have spots that can be filled."*

Providers also described needing to plan current enrollments to make sure they would stay in compliance with age-group ratios in the future as children "aged-up," so that they didn't have to disenroll any families. Providers also struggled to fill available part-time spots, as these were dependent on the schedules of currently enrolled families, as described by this provider:

> *"I have found that since Covid, parents have very unique schedules and have enlisted the help of grandparents. Therefore, almost all of my children are on random part-time schedules, and filling every spot is a puzzle. But I also feel that I am at my limit personally and would not want to add more children on most days."*

Some providers described parents wanting care for shifts or hours they didn't offer, or before or after school, often because they couldn't find or couldn't afford staff willing to work those hours. For example, one provider explained, "We do not have before or after care for our preschool because our facility does not have staffing/finances for this, and many families need this in order to send their child to preschool." Other providers said that they only accepted full-time spots, but interested parents only wanted part-time spots. Some providers said there was less demand for certain shifts that they did provide, such as second shift or weekend shifts.

Some providers also struggled to provide requested transportation services, either because they didn't have enough staff or didn't have enough funding to purchase a vehicle and pay for the gas and maintenance. Not having transportation significantly limited providers' ability to fill spots as this seemed to be a key need for some families. Some providers experienced challenges advertising their available spots, and some wanted financial and/or technical support to market their services and find families with matching needs. Others had trouble finding families who could afford their child care, including both families receiving WI Shares and families who were over the income threshold. Providers suggested increasing the WI Shares amount, reducing eligibility requirements, or reducing the administrative burden of applying for the subsidy (see Question #10 analysis for additional quotes relevant to this topic).

Some providers also explained they couldn't enroll more children because they needed more staff than required by the current staff-child ratios to care for children with disabilities or special needs. Others needed extra staff to be able to accommodate staff calling in sick or taking time off, or to accommodate having less qualified staff that needed more support or supervision. Other constraints included insurance restrictions or needing to prioritize children whose families were employed by or went to school at a certain organization or institution.

Question #3: Currently, if all the issues in the previous question were addressed, how many more children in each of the following age groups could you serve at your site?

Your best estimate is fine. If the unfilled spot could be filled by children of multiple ages, only include the spot once. For example, if the spot could be filled by a 2-year-old or a 3-year-old, include it in either category, but not both.

As shown in Table 5, when asked more specifically how many more children and of what age each site could serve if they were able to address all issues indicated in Question #2 and fill vacant spots, 2,045 providers indicated potential capacity to serve an additional 33,055 children (27,087 in group sites and 3,572 in family provider sites).[12] Approximately 25% (N=8,295) of this increased capacity would be for serving school-age children; only 11.2% (N=3,711) of increased capacity would be available for serving infants. Further analysis suggests that the majority of potential unfilled spots are in the Southeastern region (N=17,009 spots, or about 51% the total). The Southern region had the second highest concentration of potential unfilled spots at 19%, or 6,115 potential unfilled spots. The Southern region also reported the highest average number of potential unfilled spots for school age children and 4-5-year-olds, at 9.18 and 6.88, respectively (see Appendix B).

[12]Note that providers may not have distinguished between full-time and part-time spots; thus, "total spots" may be an imprecise measure of child care supply.

Table 5: Number of Children Potentially Served in "Unfilled Spots" by Age

	All Providers			Group Providers			Family Providers		
Potential Spots by Age	**Providers**	**Avg Spots**	**Total Spots**	**Providers**	**Avg Spots**	**Total Spots**	**Providers**	**Avg Spots**	**Total Spots**
Infant	1,014	3.68	3,711	624	4.94	3,065	283	1.59	447
Toddler	1,091	3.41	3,716	669	4.45	2,980	324	1.71	553
2-year-old	1,313	3.79	4,970	803	5.00	4,016	395	1.87	738
3-year-old	1,321	4.76	6,284	883	6.01	5,310	324	1.88	610
4-5-year-old	1,199	5.07	6,079	822	6.33	5,200	262	2.10	550
School Age	1,110	7.48	8,295	690	9.46	6,516	265	2.54	674
Total	**2,045**		**33,055**	**1,286**		**27,087**	**539**		**3,572**

Infant defined as 0-11 months; Toddler defined as 12-23 months; N = 2,045 for all providers, 39 providers removed for all blank responses; N = 1,286 for Group, 19 removed for all blank responses; N = 539 for Family, 8 removed for all blank responses

Not surprisingly, potential unfilled spots were concentrated in the most urban counties, which accounted for about 73% of the total potential unfilled spots. The most urban counties also reported the highest average potential unfilled spots per provider; however, the most rural counties reported the next highest average (see Appendix D).

Question #4: Does your site currently have a waitlist?

(If yes, continue to question #5. If no, skip to question #6.)

Table 6 shows that just over half (50.8%) of providers reported having a waitlist, including 58.0% of group providers and 45.1% of family providers. The percentage of providers reporting waitlists varied across multiple subgroups. All regions had about 60-70% of providers report having a waitlist, except for the Southeastern region, in which only 29% of providers reported having a waitlist. This same pattern held with both group and family providers, with only 19% of Southeastern family providers saying they had a waitlist (see Appendix B). A similar pattern was found regarding urbanicity level; the most urban counties had a much higher proportion of providers without a waitlist (see Appendix D). Higher YoungStar rated providers were more likely to report having a waitlist compared to 2-star providers, and providers offering infant care were also more likely than those not offering such care to report having a waitlist (see Appendix H). WI Shares enrollment was also associated with waitlist status: approximately 61% of those with no Shares enrollment reported a waitlist, compared to only 12% of providers with 100% WI Shares enrollment (see Appendix F).

Table 6: Number and Percentage of Providers with a Waitlist

	All Providers		Group Providers		Family Providers	
Waitlist?	**# Providers**	**%**	**# Providers**	**%**	**# Providers**	**%**
Yes	1,803	50.8	1,119	58.0	535	45.1
No	1,743	49.2	810	42.0	650	54.9

N = 3,546 for all providers; 1,929 for Group; 1,185 for Family

Question #5: Currently, how many children from each of the following ages are on your site's waitlist?

Your best estimate is fine.

Table 7 provides results for the 1,753 providers who reported having any children on their waitlist and who answered Question #5. These providers reported having approximately 48,917 total and an average of 27.49 children on their waitlists.[13] Group providers accounted for 40,857, or approximately 85%, of all waitlist spots. Demand for school age spots was also much stronger for group providers: 32% of group providers had school age children on their waitlist compared to 12% of family providers. The largest unmet demand appeared to be infant care; 1,215 providers indicated an average of approximately 9 infants on their waitlists; an additional 971 providers reported an average of 8.21 pregnant people holding waitlist spots.

Table 7: Number of Spots on Waitlists, by Age

	All Providers			Group Providers			Family Providers		
Age Range	**Providers**	**Avg Spots**	**Total Spots**	**Providers**	**Avg Spots**	**Total Spots**	**Providers**	**Avg Spots**	**Total Spots**
Prenatal	971	8.21	7,976	623	10.53	6,560	297	4.18	1,241
Infant	1,215	8.99	10,924	742	12.19	9,047	408	3.96	1,617
Toddler	1,063	8.01	8,510	699	10.47	7,311	312	3.24	1,010
2-year-old	971	6.95	6,748	652	9.05	5,901	263	2.53	665
3-year-old	838	6.65	5,575	617	7.89	4,868	171	3.10	530
4-5-year-old	581	6.61	3,842	439	7.94	3,487	107	2.19	34
School Age	476	9.71	4,622	348	10.58	3,683	62	2.36	144
Total	**1,753**	**27.49**	**48,197**	**1,082**	**37.76**	**40,857**	**530**	**10.27**	**5,441**

Infant defined as 0-11 months; Toddler defined as 12-23 months; N = 1,753 for all providers, 50 providers removed for all blank responses; N = 1,082 for Group, 37 removed for all blank responses; N = 530 for Family, 5 removed for all blank responses

The Southern region reported the greatest number of waitlist spots (N=12,404); the second highest total was in the Southeastern region (N=10,287), despite having a significantly lower proportion of providers with a waitlist. The Northeastern region had the highest waitlist totals for prenatal spots (N=2,156), while the Southern region had the highest number of infant spots (N=2,871; see Appendix B). Providers rated 3-, 4-, or 5-stars reported a higher average number of waitlist spots compared to 2-star providers, across both group and family.

Question #6: Which of the following are reasons why your site is unable to enroll children on the waitlist?

Table 8 shows that overall, for providers who reported having a waitlist, "not having enough staff" was the most commonly reported reason (52.3%), although the percentage of group providers indicating staff shortages (68.5%) was much higher than the percentage of family providers (18.8%). The most common reason for having a waitlist reported by family providers

[13]One child could be on multiple waitlists for different providers. Thus, "total spots" is not a precise measure of demand for child care.

was that they were already serving the number of children they wanted to (47%); only 23.8% of group providers indicated this as a reason for not serving waitlisted children. Approximately 40% of group providers reported not having enough physical space to serve children on their waitlist, while only 17.9% of family providers indicated this as a barrier.

Table 8: Reasons for Waitlist

Reason for Waitlist	% Yes (All)	% Yes (Group)	% Yes (Family)
Does not have enough physical space	32.9	40.0	17.9
Does not have enough staff	52.3	68.5	18.8
Does not have enough supplies or equipment	6.4	6.7	4.9
Cannot provide care for children on the waitlist with special needs or disabilities	5.1	6.4	2.4
Cannot provide care for families needing non-traditional hours for care	17.0	19.3	13.0
Cannot provide care for families who are unable to pay tuition	14.8	18.7	8.5
Your site is serving the number of children you want to	31.8	23.8	47.0
Another Reason (Comment)	27.1	12.6	57.0

N = 1,772 for all providers, 31 providers removed for all blank response; N = 1,099 for Group, 20 removed for all blank responses; N = 532 for Family, 3 removed for all blank responses

"Not enough staff" was also consistently cited as the main reason for a provider's waitlist across most sub-groups, again, primarily driven by group providers. Although this included a sample of only 63 providers, group providers in the most rural counties had the highest percentage (81%) citing staffing as a cause of their waitlist (see Appendix D). Providers serving 100% of their families enrolled in WI Shares were more likely to cite a variety of reasons for not being able to enroll children on their waitlist, including lack of staff, not enough space, not enough supplies, not being able to provide non-traditional hours, and not being able to serve parents who could not afford tuition (see Appendix H).

Providers were able to write in other reasons for not being able to enroll children from the waitlist, and many of the write-in responses were similar to those given for having potential "unfilled spots" (Question 2). For example, providers explained that spots on their waitlist were typically for age-groups (primarily infants and toddlers) or time slots that were already at licensed capacity. Some explained that the layout of their building limited what age-groups they could enroll; for example, having stairs or not enough bathrooms meant some providers could only take infants, whereas not having enough room for cribs and changing stations meant others could not take infants. Other providers reported that it wasn't profitable to enroll children of certain age groups on the waitlist (especially infant or school-aged kids) because with licensed capacity ratios, they reduced the total number of children they could enroll. For example:

> *"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."*

"I would love to serve all the families on my wait list. Some families are looking for a floating schedule that we do not accommodate unless full week's tuition is paid, and we do not have the staff."

"Several of our waitlisted children have siblings that are under 2. Families generally do not want to split up siblings, so we tend to not get them enrolled if they have younger siblings. We have the ability to open at least one additional under 30-month classroom, but do not have the qualified staff."

"I am unable to take children who are not independent walkers, or who need to rest in a crib. The physical space is limiting for young children who require separate sleeping space and/or cribs. Bottom line is I do not have the facility capacity to offer such a large range of ages and provide a safe, high quality, and nurturing environment. In addition, I do not have the financial ability to hire another caregiver, which would also make a difference and some changes."

Additionally, some providers described a preference to be "overstaffed" to provide higher quality care, especially if they had children with special needs. Some providers couldn't enroll children off the waitlist because they had to account for staff time off or sick days or were anticipating high staff turnover.

Question #7: In a typical week, about how many inquiries asking about openings for child care does your site receive?

Table 9 shows that a large majority of providers (84.2%) reported receiving one or more inquiries about openings for child care in a typical week. Group providers reported more inquiries than family providers. Over a third (34.6%) of providers, including 46.9% of group providers and 19.5% of family providers, reported getting three or more calls per week.

Table 9: Typical Number of Inquiries Asking about Openings for Child Care

	All Providers		Group Providers		Family Providers	
Range of Weekly Inquiries	**Providers**	**%**	**Providers**	**%**	**Providers**	**%**
None	558	15.8	209	10.9	227	19.3
1-2	1,751	49.6	810	42.1	722	61.4
3-5	831	23.5	573	29.8	185	15.7
6-10	263	7.5	218	11.3	33	2.8
11 or more	126	3.6	112	5.8	*	*

N = 3,529 for all providers, 17 providers removed for all blank responses
N = 1,922 for Group, 7 removed for all blank responses
N = 1,175 for Family, 10 removed for all blank responses
*N < 10, rounded to nearest 10% would be 0

Responses to this question were relatively consistent across subgroups and provider types. Most regions had a similar distribution of weekly inquiries, although consistent with findings from other questions, the Southeastern region had a higher percentage of providers reporting zero

inquiries or a lower volume of calls per week (see Appendix C). Providers rated 3-, 4-, or 5-stars reported a higher number of inquiries than 2-star providers, and providers serving at least some (but not 100%) WI Shares recipients, as well as those serving infants, were more likely to report higher call volumes (see Appendix H).

Question #8: Since May 2023, how challenging has it been to keep staff or fill staff vacancies at your site?

(If answer "A little challenging," "Somewhat challenging," "Very challenging," or "Extremely challenging," continue to Question 9. If answer "Not at all challenging" or "Not applicable, I am the only employee at my site," skip to Question 10.)

Table 10 shows that on average, providers reported that it had been "somewhat challenging" to keep staff or fill vacancies at their site since May 2023 (when Child Care Counts Stabilization funding was reduced), and over a third (35.0%) of all providers reported keeping staff or filling staff vacancies had been "extremely" or "very" challenging. These overall results masked important differences between group and family providers, however. Although the majority of family providers indicated that staffing was "not challenging" (26.4%) or that the question was not applicable/they were the only employee (46.7%), group providers most often indicated that it had been "extremely challenging" to keep staff or fill vacancies (29.7%).

Table 10: How Challenging It Has Been to Keep Staff or Fill Vacancies

Challenge Finding/Keeping Staff	% (All)	% (Group)	% (Family)
Not Challenging	15.8	7.3	26.4
A Little Challenging	12.0	13.5	10.3
Somewhat Challenging	17.1	23.1	7.4
Very Challenging	16.9	25.4	5.8
Extremely Challenging	18.1	29.7	3.4
Not Applicable/Only Employee	20.1	1.0	46.7
Average Difficulty[14]	**3.12**	**3.57**	**2.05**

N = 3,540 for all providers, 6 removed for blank responses; N = 1,928 for Group, 1 removed for blank responses; N = 1,183 for Family, 2 removed for blank responses

The Northern region had the highest percentage of providers that reported finding and keeping staff was "not challenging" (22%), while the Northeastern region had the highest percentage reporting that staffing was "extremely challenging" (21%). Family providers in the Southeastern region stood out as they had the greatest proportion reporting no staffing challenge, but also the highest percentages for all other levels of staffing challenge (see Appendix B). Providers rated at the 3-, 4-, or 5-star level reported slightly more difficulty with staffing than 2-star providers (see Appendix E). Providers serving at least some (but not 100%) of Shares recipients reported higher levels of staffing challenges, as did providers who offered infant care (see Appendix H).

[14]To calculate this average, responses were assigned a numerical value, with 1 for "Not Challenging" to 5 for "Extremely Challenging." The values in the table are the averages for these responses. Reponses of "Not Applicable" or "Only Employee" were excluded.

Question #9: Some sites have to make operational changes as a result of staffing challenges. Since May 2023, have staffing difficulties led to any of the following at your site?

Table 11 shows results for the 2,211 providers who indicated staffing challenges in Question #8 and reported operational changes resulting from these challenges. Overall, these providers most commonly reported asking current staff to work more hours or take less time off (66.6%), asking current staff to take on additional duties (63.5%), and hiring less qualified applicants (62.6%). These overall results, however, are largely driven by group provider responses. The most common responses to staffing challenges reported by family providers included asking current staff to work more hours or take less time off (45%), but also included serving fewer children (41.1%) and turning families away (40.8%). Over 52% of providers, including approximately 57% of group providers and 38% of family providers, reported raising tuition as a result of staffing challenges since Child Care Counts Stabilization funding was reduced in May 2023.

Table 11: Operational Changes Resulting from Staffing Challenges

Since May 2023, have staffing difficulties led your site to…	% Yes (All)	% Yes (Group)	% Yes (Family)
Reduce its licensed capacity?	13.6	13.1	16.8
Serve fewer children?	54.4	55.7	41.1
Turn families away?	51.2	53.0	40.8
Reduce number of classes or classrooms?	33.8	37.4	12.3
Reduce its operating hours?	19.9	20.8	17.5
Eliminate additional services (transportation, meals, etc.)?	11.8	10.6	18.4
Hire an applicant who has less experience or qualifications than desired?	62.6	68.8	29.8
Ask current staff to work more hours or take less time off?	66.6	72.4	45.0
Ask current staff to take on additional duties?	63.5	68.6	38.8
Raise tuition?	52.2	56.9	38.2
Something Else? (Comment)	5.4	5.6	5.5

N = 2,211 (Providers that indicated staffing challenges in Question 8); N = 1,722 for Group, 309 for Family

The Northern region reported the highest percentage of providers serving fewer children and turning families away due to staffing issues (68% and 60%, respectively; see Appendix B). Staffing issues resulted in different outcomes in the Southeastern region, with providers less likely to raise tuition and more likely to eliminate services compared to all other regions. About 18% of family providers in the Southeastern region reported eliminating some services (see Appendix C). Approximately 26% of providers with 100% WI Shares enrollment reported eliminating some additional services, compared to only 5% of providers with no WI Shares enrollment (see Appendix F).

Other operational changes described in the "something else" category included reducing staff pay or benefits; spending more on staff pay, benefits, professional development or other recruitment efforts; rearranging classroom groups and sizes; having to cut certain shifts or seasonal programs; turning away specific age groups; reducing the quantity and quality of food or supplies purchased; and having last-minute closures on days they were short-staffed. Some providers also explained they were unable to increase capacity or enrollment as desired, were considering or planning to implement one of the changes listed (especially raising tuition), or were considering closing. Some providers also listed impacts of their staffing challenges that were not operational changes, such as reduced profits, increased staff stress and burnout, staff leaving, falling behind on directorial or administrative work, families disenrolling, and reduced quality of care.

Question #10: What, if anything, would help you serve more children at your site?

Most providers (N=2,240) responded to the open-ended question, "What, if anything, would help you serve more children at your site?"[15] Several prominent themes appeared: the need to address staffing challenges, potential adjustments to licensing rules, an overall need for increased funding, and the need for non-tuition revenue sources, such as child care subsidies, to help keep costs down for families. As with the rest of the questionnaire, responses often varied by type of provider. It is important to acknowledge that we cannot derive generalizations from these responses; however, we can look to them to provide context for quantitative results, as well as helpful examples of providers' experiences and suggestions for improvement.

The Need to Address Staffing Challenges

The most common theme mentioned by over 1,000 providers in response to the question of how they could serve more children was "staffing"—a theme including issues of staff recruitment, retention, and quality. Not surprisingly, staffing was more commonly noted as a concern by group providers; almost 75% of group providers that responded to Question #10 mentioned staffing issues, compared to a little over 15% of family provider respondents.

A common barrier to serving more children for providers was **not being able to sufficiently compensate staff**. Providers discussed the need for better compensation for the stressful work, long hours, and level of education required of staff, and mentioned struggling to compete with the wages and benefits provided by other industries, schools, or publicly funded pre-school programs. This was a barrier to both hiring and retaining staff, even more so for hiring and retaining *qualified* staff, as these providers explained:

> *"Also looking at the pay rate in the early childhood field. People are not going to pay for a degree and end up only making $10 an hour and have student loans/debt when they can go to just about any retail store and make more money without the college debt."*

[15]Thirty-four responses written in Spanish were translated to English for the analysis. Occasionally, illustrative quotes presented were lightly edited for clarity or brevity.

"Qualified dedicated staff, additional funding for staff. Staff are expected to care for children for 8+ hours for $10-14 per hour. That is not enough income for them to realistically take care of their own children, which is causing people to leave the field. I had someone tell me before that they can make more working at McDonald's, so why would they watch kids all day. Very disheartening, especially when owners are paying out as much as they possibly can, while having less-than-qualified staff. Raises should be made for everyone; we are caring for people's children; have a lot of rules we have to follow from licensing and MECA; we should all be compensated fairly. The lack of income, and the lack of motivation, is causing people to leave the field. If something isn't done soon, our childcare field is going to continue to suffer."

Generally, providers desired **increased funding**, or continued and increased support from existing funding programs so they could increase wages and benefits or maintain previously implemented increases. They also noted that continuing to cover wage shortfalls with tuition raises was not a sustainable solution:

"The cost of providing care is more expensive than most families can afford. Wages need to be increased, but families cannot afford to pay more. Subsidizing childcare is essential for a quality work force and quality care for our children."

"Being able to afford higher wages and benefits for our qualified staff! We are in desperate need of financial assistance that is permanent (we can't increase wages or start health insurance because we won't be able to sustain it when funding ends. We currently increase wages per hour by giving it in the form of a monthly bonus)."

Responding providers also wanted supports for costly, but highly desired **staff benefits**, either via increased funding to providers to enable benefit expansion, policies that would reduce the costs of providing benefits, or by directly providing benefits to staff through public programs. For example, some providers advocated for creating a child care **group health plan** or adding child care providers to the State group health plan, similar to benefit systems available to school teachers:

"We need more quality staff. The less staff we have and the less qualified our staff is, the harder it is on our staff. Our current high-quality staff is getting burned out; heck, I am, too. Eventually they, too, will leave for an easier job with better benefits. If we have a better, more affordable, health insurance plan, this would help immensely. This industry needs a Health Insurance Purchasing Cooperative (HIPC). As a small business owner, I have no buying power for health insurance plans as I have so few employees who take our insurance because it's so expensive ... they get it through the marketplace, qualify for BadgerCare or use a spouse's plan...and some even go without. The smaller the policy, the more expensive; the more expensive the less who take it and the smaller the policy...a true vicious circle. Why not just work at a big

box store...easier job with benefits!!!!! But if the childcare industry as a whole had benefits, we could hire people who wanted a meaningful job working with children."

Some providers also wanted **support for child care workers' children**; for example, by providing free tuition, by continuing and increasing amounts for the Partner Up program, or by making staff automatically eligible for Wisconsin Shares:

"The child care centers are fighting over the same pool of staff. Too many of our teachers have left the industry for jobs that pay more, or they are burnt out of the demanding duties of an early education teacher. Most of the staff I am able to hire have 1-3 children and are looking for free childcare and $18+/dollars an hour. I cannot afford that even with participating in the Partner Up program. The program is good, but when I crunch the numbers, I am still absorbing 35-60% of their childcare costs because the low amount the Partner Up program assigns to the 'true cost of care.' I truly think that if I were able to offer 'free' child care to my employees through a state program, I would be able to hire a lot more employees and not spend $500,000.00/year (between all three of my centers) in staff child care discounts. If I wasn't having to pay for that I would be able to offer my other teachers a large pay raise."

"Continued financial support to pay teachers a quality rate of pay and also financial support for payment of employee's children. To compensate teachers' rate of pay, we lose income on spots taken by teachers' children."

Other suggestions for increasing staff compensation included supports directly offered to staff (e.g., increasing the REWARD program stipend amount) and making child care staff automatically eligible for certain public benefits regardless of income (e.g., WI Shares, FoodShare, and BadgerCare). Many providers simply mentioned that low compensation was a significant barrier to hiring and recruiting staff, without offering or requesting a specific solution.

Another barrier to serving more children was the **inability to recruit candidates,** especially qualified candidates or staff for specific shifts. Suggested supports for finding staff included funding to help cover the high expense of posting jobs on job sites or having a state-administered child care-specific job site where providers could list staff vacancies.

Many providers also suggested that **educational requirements** created barriers to finding and hiring staff, arguing that such requirements were **expensive and time-intensive** for both potential staff and employers. Some respondents suggested that training requirements plus low pay disincentivized potential candidates from entering the child care field or led them to quit soon after starting. Several providers described how the high costs of hiring, training, and onboarding (including security requirements) ended up being sunk costs when new staff quit right away. Some providers claimed new hires joined to get free training from the provider, then quit after completing it to get a higher-paying job.

Suggestions to address these issues included reducing the education level required for various positions, reducing the number or length of various required trainings, extending the deadlines to complete, streamlining trainings, offering in-person options, embedding trainings into college or high-school courses, and/or promoting more on-the-job training as an alternative. For example:

> *"Staffing is the primary limitation. In general, the hiring process takes time and effort. Adding the numerous requirements from DCF, YoungStar, and the Registry have deterred individuals from applying and/or accepting offered positions. Adjustments to staff qualifications and a significant simplification of steps to enter the childcare field are needed."*
>
> *"Lessen the amount of training required. People are quitting before they even start due to the amount of training and education they have to do for a part-time position. 80+ hours of books is more than most people are willing to do anymore."*
>
> *"Exchange the qualifying coursework training to qualifying onsite learning. Our 2 main types of applicants are mature mothers and younger women. The empty nester applicants come with plenty of child rearing experience that they are wanting and willing to share. However, they are completely turned off and do not accept the position when they learn they will need to spend personal time doing hours and hours of on-line training. We also have eager, energized young women out of high school who have not chosen to go to college because they are afraid and turned off by coursework. Sadly, they are actually intimidated by the training courses and walk when their 3-month time period is up."*
>
> *"If a teacher aid did not have to have the 2-year child development course, which I was recently told by my licenser. I thought they just needed shaken baby, abuse and report, background check, orientation, and some experience. With such a shortage of childcare providers, I feel these few steps would help yet quality care would still be provided."*
>
> *"Finding qualified teachers. Most are turned off by starting pay, which we have even raised to $15.00 an hour without prior experience or education. And once they are hired, they are working overtime right away, which leads them too burnt out to work on completing their required education ahead of schedule, and [they] usually just make the 6-month deadline to complete in order to stay working."*
>
> *"We strongly believe 'onsite learning' to qualify staff should be implemented to secure the future of child care. Until child care centers are given the secured subsidies that are offered to public schools, we cannot compete for 'teachers' who are expecting earnings above minimum wage. We have amazing childcare applicants willing to do the hard work, yet we expect them to be able to do coursework out of their desired career path. We can still*

produce safe and sound caregivers without the grueling qualifications by simply leading the way!"

"Free introductory coursework for new staff, having high schools more broadly offer intro coursework as a viable pathway and opportunity to gain foundational skills for anything related to youth including pediatric medicine, social work, mental health, etc., not only child care and teaching as a profession."

Some providers explained that streamlining or reducing training requirements would not only increase the number of people interested in positions; it would also help them save significant costs – especially by reducing the quitting rate of new hires. Notably, several of the providers calling for reductions in education requirements felt the trainings were not applicable or necessary for those who only worked with school-aged children. For example:

"Lower the qualifications to be SPECIFICALLY... A BEFORE AND AFTER SCHOOL TEACHER. We are not a preschool. We are only with our students 1-3 hours/day. We help kids with homework, feed them snacks, play games with them, play outside, do fun projects, help them to become good human beings."

A few providers suggested lowering the age requirements for staff, and specifically to allow high-schoolers in school-age child care programs in order to increase the number of candidates available for hire.

Some providers noted that because of the shortage of qualified candidates, they were forced to hire candidates that required extensive and costly training. Providers wanted programs to **help cover the costs of the required trainings for unqualified new hires**. For example, one provider said they needed "additional state support for funding the state classes; the entry level people we are hiring can't afford them, so it is blowing our budget to pay for them all, but also they can't start classes before starting because they can't pay for it themselves." A few respondents struggled with the other costs of hiring and employing additional staff, such as fingerprinting, other onboarding, payroll taxes, additional insurance, and workers' compensation.

Some providers were **concerned with the quality, reliability, motivation and work ethic of the current child care workforce and potential applicants**. Some providers seemed to struggle with a high degree of staff absences, applicants not showing up for interviews, and high turnover. This concern about reliability made some providers hesitant to enroll more children. For example, this provider requested:

"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."

Some providers had suggestions for **supports that would help them serve more children without having to hire additional staff**. This included having access to a *reliable* pool of

substitutes and other **shared services**, as well as access to services that would reduce the number of staff needed or reduce staff workload. Specific suggestions included making transportation services available through the school district, a food delivery program, and additional supports for children with special needs.

Some providers seemed concerned about the possible trade-off between the quantity of care offered and the quality of care. For example, some providers did not want to enroll more children unless they were able to hire high-quality staff, and a few had even reduced their enrollment to ensure high quality care. For example, to serve more children, this provider said they needed: "The ability to retain QUALITY staff. We have chosen to lessen the number we serve in classrooms because we would rather have less kids with good, quality staff than more kids with mediocre staff just here as a body in a classroom." Similarly, a few providers discussed a preference to have more staff than ratios required, including providers who reported purposefully staying under-capacity to better support children with disabilities.

Some comments were directed at improving the quality of care—instead of just increasing the number of children providers could serve—through **supports to improve the quality of staffing**. For example, some providers wanted to strengthen current required qualifications, which they argued were insufficient for providing quality care: "The two 'workbooks' needed to qualify for a lead teacher is bare minimum education. There may be results giving funds to local communities to support more child care spaces, but the quality of care is and will go down." A few also wanted support and funding for continuing education and professional development above the required basic trainings; for example, by continuing the TEACH program.

Other providers explained they could serve more children if they hired more staff, but that it would not be profitable. For example, one provider said, "I don't have the extra money to hire more staff. If I hire more staff, I have to pay them, which means my facility and I will receive less money. I am already struggling with paying bills; I can't receive less money for myself."

Suggested Changes to Licensing Rules and Other Policies

Another key way providers suggested that they could serve more children was by **changing the rules around licensed capacity**. This type of response was more common among family providers, where almost 40% of Question #10 family provider respondents discussed some desire to change licensing capacity rules in order to serve more children, although providers also noted potential trade-offs and the need to maintain safety, quality, and well-being.

Specifically, many providers wanted to **increase the maximum number of children they were allowed to care for** at any given time, especially if they had sufficient staff, experience, and/or space. Requests to increase maximum capacity were more common among family commenters. Several said they understood limits were needed but felt the limit should be increased. A few others wanted to eliminate the maximum group size altogether and just have the number of children determined by space and staff. A few providers suggested factoring YoungStar ratings or parent reviews or complaints into decisions about capacity. Some providers brought up neighboring states' capacity rules (e.g., there were several references to Minnesota) or COVID-era exemptions as evidence for increasing the maximum capacity limits without negative effects. For example, these providers explained:

"I believe that family child cares could up their number of children they can have at one time like some of our neighboring states. This would provide more spots available at each child care that is currently open. During the Covid-19 pandemic they allowed us to take on more children during this pandemic to help provide care to the essential workers. I know there has to be limits on how many we can take at one time, but I think looking into neighboring states and seeing what they are doing to make this work would be helpful to our state and communities."

"I am at capacity currently unless they open up more spots for family child care. […] Longevity in the field should also be considered when allowing a provider to possibly have a couple extra children within capacity. A provider with many years' experience would have more patience and understanding of children versus someone who is new to the field."

"Allowing a higher ratio if there were two teachers for an in-home daycare. 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."

"We can only speak for our own program, but with two highly experienced and educated long-term staff, we could easily serve more children than state law currently allows. I understand this may not be the case for some or most programs, but our program is certainly equipped to handle additional enrollment. There have been numerous times we have regretfully had to turn families away because of state enrollment limitations."

"The only thing would be changing the license to expanded family allowing 10 or 12 children - I have, counting myself, two people here at all times—my house and yard are plenty big enough—I have been doing this for literally decades."

"I believe that the DCF regulations should be changed to be less restrictive in the ratios, and total number of children in all age categories served per provider. [...] Common sense dictates that there are other limiting factors such as physical space, and YoungStar quality ratings that should be part of the mix. If there are more qualified providers than are required, why not have the enrollment limits adjusted?"

"Allowing more than 2 groups per classroom as long as in ratio. My classroom can easily accommodate 30 students and 5 teachers but because of group size I can only max my huge classroom with 18-20 students depending on their age."

A few providers wanted to increase the child-staff ratio or expand what staff were included in the ratio. Similarly, some providers wanted to reduce the square footage required per child or expand what space was included in the measurements (such as including outdoor space or a basement).

Another common suggested change in the licensing rules was to allow more children of a particular age group. Again, a few providers alluded to neighboring states' rules; for example, "If Wisconsin had more similar rules to those in Minnesota, children over one year old would not be counted as infants. This would allow the possibility of accepting more one-year to school age children without an effect on the ratio."

Such suggestions were often made either as an alternative to or in addition to allowing more total children. Overall, this issue was more common for family providers than group, with 12% of all family providers that responded to question 10 discussing some change to the age-related licensing rules. The issue was particularly salient for respondents serving infants or toddlers: around 75% of respondents that mentioned infants or toddlers in question 10 also discussed some change to age-related licensing rules, compared to around 30% of comments mentioning school-aged kids (note that these were not mutually exclusive sub-themes). In general, it seemed most providers wanted to be able to serve more 0 to 2-year-old children, as they saw a higher need for infant spots, without reducing the overall number they could have enrolled at a time.

Another common suggestion was to change the ranges for age brackets. Specifically, several providers wanted to change the infant age range from under 2 years old to under 18 months or under 1 year old. Providers explained the significant differences in the care and supervision needs of a child of 1 to 2 years old versus 0 to 1 year old as a reason for lowering the infant cut-off age. Even without any other changes to ratios or maximum capacities, this rule change could allow providers to take on one to three additional children and, thus, receive additional income. Such changes would also decrease how long providers would have to wait for a child to age out of the infant/toddler bracket, which could reduce the length of time families would have to wait for an infant spot to open up. For example, providers explained:

> *"At this time, I have three children under the age of two years. The ages of those three kids are 9 months, 20 months, and 22 months. I find that once children are 18 months, they are more independent and don't require my help as much. I would be able to take in one or two of my children on my waitlist if the age for infants would change from 2 years to 18 months. As a provider, I feel I would know best what I can handle, and the parents would too. There is a shortage of infant care, as for two years you are locked into not wanting another infant as they will cut your pay by one enrollment (talking about two under age two you can only have seven total). I only have six kids in care […] I'm losing pay for two full time kiddos. It's a big cut in my income. I only did this as the littles have siblings already in my care."*

> *"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."*

"I am at capacity. I am licensed for eight children or two infants and five over the age of two, which is what I have now. If we could lower the infant age bracket to 0-1 that would help us be able to provide care for more children. Infants become much less 'needy' when they are more mobile and are not drinking the bottles and infant foods, and for me that all stops sometimes before they turn one year. So, keeping children listed as infants until two takes up spots that could be used for another infant on someone's waitlist."

"If the age range 0-2 were changed to maybe 0-18 months that would help me add 1-2 children. There is a HUGE difference in that age range, and I feel with my 35+ years of experience I am quite capable. I have had exceptions for this reason. The 0-2 age is the most that I receive inquiries about, and if the age range were to change it would open up many slots across the state."

Another suggestion made by numerous providers was to **change the ratios of age groups allowed while keeping the overall capacity the same**. Typically, this involved increasing the ratios of infants to older kids. Providers explained that the current ratios disincentivize adding infants, despite the high demand. As this provider explained:

"Change the ratios for in-home daycares. Depending on how many children I have under the age of two determines how many I can have over the age of two. For a while I was able to enroll six; now I am back to only five because of the infants. All the calls that I have had in the past year inquiring about open spots have been for infants."

Often, providers wanted these changes in ratios and age bracket ranges to be able to care for eight children even if they had multiple infants enrolled but no part-time, school-aged children. For example:

"2 children under 18 months; 6 children over 18 months; I never have school agers so I can only have 7 children; I wish I could have 8!!!"

"Changing the infant age to 18 months would help along with keeping the total at 8 with 2 infants instead of 7. I try and help as many needs as possible, and when I have to turn a sibling away because I don't have room, it is extremely difficult for all involved."

"I run a family daycare in my home. The amount of children I can enroll depends on how many babies I have enrolled. If we were allowed to have 8 children, not depending on ages, I would be able to serve more children."

A few providers wanted a **grace period or temporary exceptions to the age limit or ratio rules**; for example: "Having a grace period for when current families are expanding, and you have a few months of having more under 2 than you can legally care for. Often times there is an overlap, and I need to let go of other children to allow a baby for a few months."

Some providers wanted **changes in the age-related rules to take on more children before or after school and during summer, school holidays, or closures**, often above current capacity

limitations. Solutions included lowering the cut-off age for children to count in the child care ratios, having an exemption or additional flexibility when school is out, or increasing or eliminating the hours-per-day limitation on school-age children. These providers explained:

> *"Change in the regulations to 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. […] The most difficult piece for me on out of school days is having to say no to any of the families seeking my care for their school agers."*

> *"If you got rid of the 3 hours a school ager can come and let them have the same hours as the rest of children because these school age children need care when there is NO SCHOOL during the year and also need SUMMER care."*

A few providers wanted to **change how their own children were counted in the number they could care for**, specifically lowering the age for when their own child would no longer be counted in their maximum capacity. For example:

> *"I also believe that the ages of [when] a provider's own child being counted in their ratio should be changed from [age] 7 to when they are in school full time, which is either age 5 or 6. I believe this change would be a huge help to many in-home daycare providers, as it would help open up enrollment. A lot of in-home providers become licensed so they can be home with their children; but as they get older, those kids can take up a lot of space in ratio. Therefore, we cannot take on the enrollment we'd like to because we need to keep spots available for our own kids for when school is out."*

A few certified respondents also wanted changes in age bracket ranges and ratios, the ratio of kids related to them versus not related, and maximum enrollment number:

> *"If the capacity rules were changed that would help a lot. It shouldn't matter if children are related or unrelated. A provider should be able to care for the same amount of children even if they are unrelated."*

> *"It would be extremely beneficial to the daycare crisis if certified providers could care for four children under seven versus three children with the maximum overall children remaining at six."*

In addition, about 50 providers discussed wanting or needing to **change their license type** (commonly going from family to group, or certified to licensed family) in order to serve more children. Some of these providers also discussed needing some support (such as financial or administrative) or wanting an exemption to a current rule (e.g., needing to be commercially zoned) in order to achieve this change.

Some providers said they could serve more children if the licensing capacity rules were changed, but they were comfortable with the current rules and the number and ages of kids they were serving. For example:

> *"A capacity of eight is extremely hard to keep up with for one individual in a home environment. Especially when dealing with mixed age groups. Supervision is sometimes compromised in order to complete other necessary activities such as diaper changing, infant feeding, and transitional changes from activities."*

> *"The only way I could take more children is if the licensing guidelines that cap enrollment at eight for a family environment would increase. However, I also think that more than eight children would be too much, especially if they were younger than age two."*

> *"Maybe a category allowing more children and a second provider. I used to really want that, but at my age now, I really do not (I have been licensed for nearly 30 years)."*

An Overall Need for Increased Funding, Including Non-Tuition Revenue Sources

Providers discussed a general lack of financial resources as a barrier to serving more children and emphasized the need for additional funding to be able to do so. Overall, this was more commonly reported by group providers, with about 20% of group provider respondents explicitly mentioning needing additional revenue, compared to about 5% of family provider respondents. Providers talked about the importance of **general state funding** and/or **continuing existing funding programs**, such as the Child Care Counts Stabilization program, REWARD, Partner Up, and TEACH. A few providers discussed some of the changes they had to make because of the decrease in Child Care Counts Stabilization payments, such as increasing tuition or cutting staff benefits; however, continuing to increase tuition was generally not seen as a sustainable practice for covering this funding gap. Several providers were also concerned about having to shut down without additional funds. For example:

> *"We believe that giving our team members paid benefits and living wages is important. We also often end up needing to increase tuition to do that and will have to have more increases in tuition or reduce our transportation and food services if/when DCF funding goes away."*

> *"CCC was a great help in the beginning to retain employees and increase wages. Now that the grant amount has been cut, we are left with higher wages and less income, resulting in 20%+ increase in tuition to families to keep staff at the new wage levels. We fear taking the bonus away will result in loss of staff."*

Additionally, without additional revenue, providers **couldn't expand their physical space**, by building an additional facility, expanding their current building, or renovating or reorganizing their space to create additional classrooms. About 10% of responses referred to a lack of physical

space, and for some, the high cost of expansion was the primary limitation on the number of children they could serve. This issue was slightly more prevalent for group providers, with about 12% of group respondents and 5% percent of family respondents referencing space-related issues. A few providers explained that there just weren't many options for funding streams for providers to expand, especially as they often weren't profitable enough for traditional bank loans, so suggested having a grant or loan program specifically for child cares to expand. As these providers explained:

> *"If there were low or no interest loans for expansion or building, enough to cover a few extra rooms, I would consider building a new building and doubling my capacity. Really, anything to help us offset financial costs at the moment. I think there are many ways to help without using Child Care Counts as the method if the legislature prefers not to pass it."*

> *"Most centers are also not 'profitable' enough (bank standards require 25% profit margins to receive traditional lines of credit) to expand the physical structures of the centers and create additional classrooms, nor would it make fiscal sense to do so when profit margins are so low."*

Other providers needed funds to address **other facility related issues** to either stay up to licensing standards, to change their license type, or to make their facility more attractive to new families. Providers also needed additional money to add or **expand transportation capacity, or purchase the supplies, equipment, and food** necessary to serve more children. A handful of respondents also discussed **increasing their operating hours**, which would allow them to serve more families; however, this would require additional staff.

Some providers said they wanted support to **increase the quality of their program** or services offered, typically through hiring and retaining quality staff, but also via funding to support quality improvement efforts, such as "Promoting a happy and healthy childcare environment, with lots of fun, creative activities and toys," or "Knowing what other grant options are there and exist for improving STEAM activities, etc."

There were also some **demand-side issues** providers faced that limited their ability to increase the number of children served. Providers acknowledged **the need for non-tuition revenue sources in order to keep costs down for families.** This was slightly more salient for group provider respondents. Providers suggested increasing funding to reduce the need for tuition increases. For example:

> *"We have also increased staff wages to be able to recruit and maintain staff, and without the Counts money, we had to drastically raise tuition to cover wages. So, of course, keeping Counts and increasing it [would] help us tremendously. We have even thought about closing because it is getting harder and harder to raise tuitions for our families and cover our costs."*

> *"If we had more income/money. We raised tuition and we are still not making ends meet. We are currently looking at increasing tuition again, and we know that our families will not be happy or financially afford another increase."*

Some providers suggested demand-side supports to make child care more affordable, such as **expanding WI Shares** funding amounts for families, reducing copay amounts, expanding WI Shares eligibility criteria, making the application process easier, supporting private pay families that don't meet WI Shares eligibility, or creating a voucher system for all families. Examples included:

> *"The ability for subsidized child care recipients to not have to make a copayment. For the SHARES program to pay my full tuition rate or increase rates paid."*

> *"More parents getting state aid. We have families interested until their Wisconsin [Shares] childcare application gets denied. We have had to deny families a start date until they are approved and have the state funds to cover child care, due to recent families having started prior to authorization and then left will an outstanding bill once child care was denied."*

> *"I would serve more children if they were able to get their child care renewed in a timely manner. I've been told by several parents that it's been hard for them to receive childcare due to changing jobs. (Their case workers are asking for old paperwork that the parents are not able to get from their previous job.) The parents are also stating that their case worker(s) have been rude and are not trying to help them at all."*

> *"I've observed a challenge with Wisconsin Shares Families, as they require extensive child care hours that aren't aligned with the state's provided pay. While I understand there's a co-pay, the gap can be substantial, ranging from $400 to $500. It's unclear if parents misrepresent their approved hours, but it complicates servicing families on Shares assistance. There seems to be a disconnect between parents' provided information and what the state shares with childcare providers. Aligning Wisconsin Shares and child care providers with a unified database would enhance accountability and streamline communication."*

> *"I find over the years that child care assistance does not explain the program enough so they can understand it. They do not explain to the parents the fact that if they authorize for 100 hours biweekly, that the system does not pay for them to go 100 hours biweekly to daycare and that they only pay for so many hours. They need to explain what they pay for. Like the max 35 hours and the rest is the parent portion."*

> *"Families need more help with daycare expenses. Today's inflation rate leaves many families over the limit to get help with daycare, yet their income is maxed out just trying to survive and keep roofs over their heads."*

> *"Private pay families also need additional help. They don't qualify for state assistance; however, [they] don't make enough to really afford childcare either. I have had so many children leave because they need care but can't*

afford it, and when they leave, they mostly all leave owing a bill that doesn't get paid."

Some providers struggled with **not having enough interested families**—about 10% of responses to Question 10 (consistent across group and family providers)—mentioned not having enough demand either overall or for specific time or age slots. For some providers, the families that reached out to them needed **additional services or accommodations**, such as transportation services or certain time slots, that the providers either couldn't offer or didn't have available. A few providers wanted additional funds to offer or expand services or have access to shared resources (e.g., transportation from school districts). Others wanted support finding families whose needs aligned with the services and slots providers had available, such as through a **centralized way to advertise vacant spots** or having a way to match or assign families to providers. Others wanted additional funding to help advertise or promote their child care. A few providers said they had challenges finding parents that valued high-quality care, who were willing and able to pay tuition or copays, and who respected the rules and pick-up times.

Some providers also **struggled to compete financially with other child care options** for families. They were especially impacted by publicly funded 3K, 4K, or pre-school programs—providers felt these programs had an unfair advantage because they were publicly funded and were subject to different licensing rules for staffing and capacity, allowing them to take more children. This made it more challenging for responding providers to fill 3- and 4-year-old spots, which tended to be more profitable for private providers. A couple providers described having to compete with unregulated child cares that offered cheaper but lower-quality care; some advocated for a crackdown on these "illegal" child cares.

Finally, many providers felt that state government and society should **value and fund child care** at a level better reflecting the important work they do, and often said they should be treated more like schools, in terms of the funding, resources, and staffing supports available. Providers also emphasized a need for **sustained public investment** and even fully (publicly) funding child care in order to serve more children and serve them better. For example, providers suggested:

"A radical reorganization of our society that could prioritize children."

"Subsidizing child care for everyone and helping create a society where caregivers are paid a fair wage, and families are able to better afford it."

"More funding for qualified staff— for a 5-star, many staff have to have a bachelor's degree, and industry salaries do not support these individuals at this educational level. You might say this age level is one of the greater indicators of future success in school and life. If we offer the best educational support to children and families at this level, we can eliminate more negative outcomes for the future."

"Provide funds to allow early childhood employees competitive wages for the challenging behaviors they navigate daily. The responsibility of child care is significant, and most staff are not paid accordingly. Unfortunately, paying staff more money is required through tuition increases, which is difficult for

families to sustain. Public education provides significant supports for children who benefit from them; though in child care, there are few supports that are consistently available to these same children. Some children attend public school and a child care center. The regulations are significantly different for the same child in the two different environments, making it difficult to serve that child at a center. Public education is provided for all families once a child enrolls in public school, though the same child is served less in a child care setting, and the cost is significant to individual families."

Responses Reflecting the Desire to Maintain Current Number of Children Served

Despite not being asked directly, approximately 3% of providers (N=62) responding to this question explicitly said that they did not want to take on more children. Such a response was slightly more common for family providers compared to group providers. Comments included not wanting to implement changes necessary to increase licensing capacity (such as adding space or staff, or increasing ratios), or not wanting to operate at their current licensed capacity. As noted previously, concerns included required changes not being profitable; the potential of decreased quality of care, especially for providers serving children with high individual or special needs; and concern for the wellbeing and stress levels of staff and administrators. For example:

"As the only provider of a family daycare, I feel I am providing care for the number of children that I can handle at this time. Operating under capacity is definitely by choice and not due to lack of interest in my program."

"Actually, I am nearing the age of retiring and would prefer to not 'max out' at this time."

"The children attending have higher needs than in the past. We essentially reduced our class size to help meet their needs."

Conclusion and Key Takeaways

Results from this study suggest that Wisconsin faces substantial child care and demand challenges. Key takeaways include:

- The majority of child care providers reported having potential "unfilled spots." Providers reported a total of over 33,000 potential unfilled spots statewide; just over half of these unfilled spots were in the Southeast region.

- Group centers reported not having enough staff as the most common reason for having potential "unfilled spots." Family providers reported not enough interested families (including mismatch between available spots, services, and family needs) as their top reason.

- Just over half of child care providers reported having a waitlist. Providers reported over 48,000 waitlist spots; waitlist demand was greatest for infants.

- Group centers reported not enough staff as the top reason for having waitlists, while family providers' top reason was that they were serving the number of children they wanted to.

- Most (84%) providers reported getting at least one inquiry a week for child care openings, and a third of providers reported getting three or more calls a week.

- Over one third (35%) of all providers, and over half (55%) of group centers reported that keeping staff or filling staff vacancies has been "very" or "extremely" challenging.

- For providers experiencing staffing challenges, the most common impact reported was asking current staff to work more hours or take on more duties. Other impacts reported by more than half of providers included hiring less qualified staff, serving fewer children, turning families away, and raising tuition.

- When asked what if anything would help them serve more children, providers' most common answer was the need to address staffing challenges.

Appendix A: Recoding Documentation

Question 2 (Which of the following are reasons why your site has unfilled spots?) Recoding Decisions:

- Started with 668 "other comments" and removed 134 "other comments," resulting from either recoding into a pre-existing reason category or the comment being just a further explanation for provider's Y/N selections. For example:
    - Provider restated their selected answer or wrote in one of the answers but hadn't selected Y/N for any item.
    - Explanations for lack of staff were not included in "another reason" count; e.g., staff don't show up to interviews, can't pay staff enough, losing staff to other industries, other challenges hiring qualified staff.
    - Explanations for lack of interested families wanting child care were not included in "another reason" count; e.g., rural area; advertising efforts that haven't resulted in families enrolling; can't find families or haven't been contacted; parents don't have jobs, don't want to work, or work remotely and keep children at home.
    - Explanations for not operating at full capacity were not included in "another reason" count; e.g., personal circumstances, reducing workload/stress, preferences about group make-up and size, preferences about quality of care provided, planning for staff absences, or concerns about unreliability of staff.
    - Comments where provider said "no reason" or response was irrelevant were also removed and not counted as "another reason."

Question 6 (Which of the following are reasons why your site is unable to enroll children on the waitlist?) Recoding Decisions:

- Started with 562 "another reason" comments and recoded 81 comments either into a pre-existing response category (very few) or removed if they were not truly another separate reason. For example:
    - Providers' comments explaining why they didn't have enough staff were not counted as a true other reason; e.g., couldn't find qualified applicants, high costs of hiring staff, couldn't afford to increase compensation, barriers of professional development or new-hire trainings/requirements.
    - Providers' comments explaining why they didn't have enough physical space were not counted as a true other reason; e.g., were currently building/expanding or waiting for additional funds to build or expand.
    - Providers' comments explaining more about families not affording care were not counted as a true other reason; e.g., families not income eligible.
    - Providers' comments explaining why they didn't want to enroll more children were not counted as a true other reason; e.g., decreasing stress/burnout, personal circumstances, wanting to maintain quality of care.
    - Comments that weren't relevant to taking on children from waitlist (e.g., comments about spending on advertising or other reasons for having potential unfilled spots or lack of demand) were not counted as another reason.
    - Comments stating "at capacity" or "full" were kept as "another reason."

Question 9 (Some sites have to make operational changes as a result of staffing challenges. Since May 2023, have staffing difficulties led to any of the following at your site?) Recoding Decisions:

- Started with 214 "something else" comments; recoded 95 comments either into a pre-existing response category (very few) or removed if were not truly another separate operational change. For example:
    - Comments describing which staff had to take on extra roles (e.g., themselves as director).
    - Comments that weren't relevant to impacts of lack of staff (e.g., comments about why they had lack of staff, staff being unreliable and not showing up, challenges finding substitutes, or letting staff go) were not counted as another reason.
    - Providers who responded "yes" to increasing tuition because of lack of staff, but then said in comment they just implemented a normal tuition raise: "yes" was recoded as "no," and comment not counted as "something else."
    - Provider who responded No to turning away families, but then said they added children to the waitlist; response was recoded to "yes" and comment not counted as "something else."
- Some comments didn't directly answer question but were kept as "something else":
    - Some comments described changes happening after COVID or in 2022—even though question asks about changes made since May 2023—these comments were not recoded and left as "something else."
    - Some comments described impacts of lack of staffing, but not operational changes (e.g., fewer profits, increased staff stress/burnout, increased turnover, lower quality of care, etc.). These comments were not recoded and left as "something else."
    - Comments where provider described considering implementing one of listed operating changes were also not recoded but left as "something else" (e.g., considering cutting pay or increasing tuition).
- Six providers wrote that they were the only staff member; their response to Question #8 was recoded to N/A (007), and answers to #9 were removed from analysis.

Appendix B: Results by Region

Question #1		All Provider Types					Overall Group	Group Providers					Overall Family	Family Providers				
Any Unfilled Spots?	**Overall**	**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**
Yes	59%	51%	58%	48%	69%	49%	68%	65%	69%	63%	75%	59%	46%	32%	32%	29%	65%	30%
No	37%	46%	40%	48%	27%	46%	28%	31%	29%	32%	22%	34%	51%	65%	65%	69%	31%	69%
Don't Know	4%	4%	2%	4%	4%	5%	4%	4%	2%	5%	3%	7%	3%	3%	3%	2%	4%	1%
N	**3546**	**252**	**579**	**475**	**1491**	**749**	**1929**	**122**	**400**	**241**	**683**	**483**	**1185**	**97**	**147**	**182**	**547**	**212**

Question #2		All Providers					Overall Group	Group Providers					Overall Family	Family Providers				
Reason for Unfilled Spots	**Overall**	**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**
Not Enough Staff	47%	47%	56%	43%	44%	52%	64%	66%	64%	59%	65%	64%	17%	6%	9%	4%	23%	5%
Not Enough Demand	42%	29%	31%	39%	50%	36%	40%	28%	31%	41%	47%	37%	45%	32%	35%	32%	52%	37%
Do Not Want to Enroll More	13%	23%	15%	16%	11%	11%	7%	15%	8%	7%	7%	6%	23%	35%	43%	40%	15%	30%
Something Else (Comment)	25%	34%	21%	27%	24%	31%	19%	24%	18%	20%	16%	25%	35%	58%	35%	38%	31%	48%
N	**2076**	**128**	**334**	**228**	**1020**	**366**	**1301**	**79**	**274**	**153**	**511**	**284**	**546**	**31**	**46**	**53**	**353**	**63**

Question #3		All Providers					Overall Group	Group Providers					Overall Family	Family Providers				
Total Potential Spots by Age	**Overall**	**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**
Infant (0-11 Months)	3711	191	458	277	2201	584	3065	165	458	224	1689	584	447	15	14	15	387	16
Toddler (12-23 Months)	3716	206	483	359	2029	640	2980	179	483	285	1503	640	553	19	30	39	417	48
2-year-old	4970	328	786	443	2458	956	4016	288	786	345	1811	956	738	30	56	55	517	80
3-year-old	6284	329	1082	603	3057	1214	5310	284	1082	517	2337	1214	610	25	35	36	463	51
4-5-year-old	6079	278	1168	538	2789	1307	5200	250	1168	424	2169	1307	550	17	29	25	440	39
School Age	8295	353	1623	431	4475	1414	6516	321	1623	284	3010	1414	674	14	31	22	568	39
N	**2045**	**125**	**335**	**227**	**995**	**363**	**1286**	**78**	**274**	**152**	**501**	**281**	**539**	**31**	**47**	**53**	**345**	**63**

Question #4		All Providers					Overall Group	Group Providers					Overall Family	Family Providers				
Do You Have a Waitlist?	**Overall**	**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**
Yes	51%	70%	69%	69%	29%	62%	58%	77%	70%	71%	41%	61%	45%	68%	68%	70%	19%	65%
No	49%	30%	31%	31%	71%	38%	42%	23%	30%	29%	59%	39%	55%	32%	32%	30%	81%	35%
N	**3546**	**252**	**579**	**475**	**1491**	**749**	**1929**	**122**	**400**	**241**	**683**	**483**	**1185**	**97**	**147**	**182**	**547**	**212**

Question #5		All Providers					Overall Group	Group Providers					Overall Family	Family Providers				
Total Waitlist Spots by Age	**Overall**	**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**
Prenatal	7976	818	2156	1423	1442	2137	6560	544	1916	1423	1363	1632	1241	247	185	257	68	484
Infant (0-11 Months)	10924	1139	2576	2208	2130	2871	9047	864	2252	2208	1920	2255	1617	225	253	356	194	589
Toddler (12-23 Months)	8510	907	2157	1696	1691	2059	7311	727	1952	1696	1583	1664	1010	165	154	231	91	369
2-year-old	6748	695	1728	1259	1333	1733	5901	564	1569	1259	1224	1524	665	108	93	176	97	191
3-year-old	5575	557	1377	1067	1085	1489	4868	489	1268	1067	969	1251	530	58	69	105	72	226
4-5-year-old	3842	381	993	629	815	1024	3487	342	931	629	703	981	234	31	41	75	60	27
School Age	4622	246	1104	390	1791	1091	3683	233	1049	390	1135	932	144	12	20	38	59	15
N	**1753**	**174**	**394**	**319**	**423**	**443**	**1082**	**92**	**278**	**163**	**268**	**281**	**530**	**65**	**100**	**128**	**65**	**137**

Question #6		All Providers					Overall Group	Group Providers					Overall Family	Family Providers				
Reason for Waitlist	**Overall**	**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**
Not Enough Space	33%	27%	31%	31%	37%	34%	40%	35%	36%	42%	39%	45%	18%	14%	17%	10%	37%	14%
Not Enough Staff	52%	45%	57%	49%	59%	47%	69%	66%	72%	72%	71%	62%	19%	15%	16%	21%	26%	15%
Not Enough Supplies	6%	5%	4%	6%	9%	7%	7%	4%	3%	9%	7%	9%	5%	3%	4%	2%	12%	4%
Cannot care for children with special needs	5%	4%	4%	4%	7%	5%	6%	4%	4%	6%	9%	8%	2%	3%	4%	2%	3%	1%
Cannot provide non-traditional hours	17%	21%	15%	19%	15%	18%	19%	24%	15%	24%	15%	23%	13%	20%	15%	13%	12%	9%
Cannot provide for families unable to pay tuition	15%	15%	10%	20%	15%	15%	19%	22%	11%	30%	17%	20%	8%	5%	6%	10%	15%	6%
Serving the number of children they want	32%	35%	30%	39%	23%	35%	24%	21%	23%	23%	20%	30%	47%	47%	46%	57%	32%	50%
Something Else (Comment)	27%	32%	25%	34%	21%	28%	13%	16%	10%	15%	11%	14%	57%	58%	64%	57%	50%	56%
N	**1772**	**177**	**395**	**318**	**427**	**455**	**1099**	**94**	**279**	**163**	**270**	**293**	**532**	**66**	**100**	**127**	**101**	**138**

Question #7		All Providers					Overall Group	Group Providers					Overall Family	Family Providers				
Number of Weekly Inquiries	**Overall**	**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**
None	16%	15%	13%	13%	21%	10%	11%	13%	13%	7%	13%	8%	19%	13%	14%	12%	27%	13%
1-2	50%	52%	45%	51%	49%	53%	42%	42%	36%	38%	45%	45%	61%	63%	67%	69%	55%	66%
3-5	24%	23%	25%	26%	21%	25%	30%	29%	29%	36%	28%	31%	16%	19%	15%	16%	14%	18%
6-10	7%	6%	11%	7%	6%	9%	11%	10%	16%	11%	9%	12%	3%	4%	3%	2%	3%	2%
11+	4%	4%	6%	4%	3%	3%	6%	7%	7%	8%	5%	5%	1%	1%	1%	0%	1%	0%
N	**3529**	**252**	**577**	**475**	**1480**	**745**	**1922**	**122**	**399**	**241**	**679**	**481**	**1175**	**97**	**146**	**182**	**540**	**210**

Question #8		All Providers					Overall Group	Group Providers					Overall Family	Family Providers				
Challenge Keeping/Finding Staff	**Overall**	**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**
Not Challenging	16%	22%	12%	14%	19%	11%	7%	17%	7%	6%	7%	6%	26%	28%	23%	22%	31%	20%
A Little Challenging	12%	8%	13%	9%	14%	11%	14%	11%	17%	12%	13%	12%	10%	3%	5%	5%	15%	9%
Somewhat Challenging	17%	13%	19%	17%	16%	20%	23%	23%	24%	25%	21%	24%	7%	2%	3%	4%	11%	7%
Very Challenging	17%	12%	17%	13%	18%	19%	25%	23%	23%	24%	27%	27%	6%	1%	2%	2%	10%	4%
Extremely Challenging	18%	13%	21%	17%	17%	19%	30%	25%	29%	32%	31%	29%	3%	3%	1%	0%	5%	3%
NA/Only Employee	20%	32%	19%	29%	16%	20%	1%	1%	0%	1%	1%	1%	47%	63%	65%	66%	28%	58%
N	**3540**	**252**	**578**	**475**	**1487**	**748**	**1928**	**122**	**400**	**241**	**682**	**483**	**1183**	**97**	**147**	**182**	**546**	**211**

Question #9		All Providers					Overall Group	Group Providers					Overall Family	Family Providers				
Have Staffing Issues Caused You to...	**Overall**	**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**		**Northern**	**Northeastern**	**Western**	**Southeastern**	**Southern**
Reduce Licensed Capacity	14%	17%	12%	11%	14%	14%	13%	17%	12%	11%	13%	14%	17%	30%	12%	11%	17%	18%
Serve Fewer Children	54%	68%	54%	57%	55%	49%	56%	67%	55%	61%	57%	50%	41%	90%	29%	26%	44%	30%
Turn Families Away	51%	60%	55%	52%	48%	51%	53%	59%	56%	55%	51%	51%	41%	90%	47%	32%	42%	32%
Reduce Number of Classrooms	34%	41%	33%	34%	36%	28%	37%	45%	35%	39%	44%	27%	12%	0%	6%	5%	14%	9%
Reduce Operating Hours	20%	15%	19%	20%	21%	19%	21%	14%	21%	20%	23%	20%	17%	0%	6%	16%	19%	16%
Eliminate Additional Services	12%	4%	7%	4%	18%	10%	11%	4%	8%	5%	16%	10%	18%	0%	6%	0%	23%	14%
Hire Less Qualified Staff	63%	68%	67%	63%	59%	65%	69%	72%	69%	68%	70%	66%	30%	0%	29%	0%	30%	45%
Ask Current Staff to Work More Hours	67%	74%	74%	71%	64%	61%	72%	77%	75%	75%	74%	65%	45%	30%	53%	26%	47%	45%
Ask Current Staff to Take On More Duties	64%	68%	67%	68%	62%	60%	69%	72%	68%	73%	72%	62%	39%	30%	47%	32%	42%	25%
Raise Tuition	52%	62%	54%	61%	44%	58%	57%	65%	53%	67%	51%	62%	38%	40%	59%	37%	35%	45%
Something Else (Comment)	5%	8%	4%	5%	5%	7%	6%	9%	4%	5%	5%	7%	6%	0%	0%	11%	5%	7%
N	**2211**	**114**	**392**	**259**	**934**	**512**	**1722**	**100**	**360**	**215**	**603**	**444**	**309**	*	**17**	**19**	**221**	**45**

*N < 10

Appendix C: Results by Southeastern Region versus Balance of State

Question #1		All Provider Types		Overall	Group Providers		Overall	Family Providers	
Any Unfilled Spots?	**Overall**	**Southeastern**	**BOS**	**Group**	**Southeastern**	**BOS**	**Family**	**Southeastern**	**BOS**
Yes	59%	69%	52%	68%	75%	64%	46%	65%	30%
No	37%	27%	45%	28%	22%	32%	51%	31%	67%
Don't Know	4%	4%	4%	4%	3%	4%	3%	4%	2%
N	**3546**	**1491**	**2055**	**1929**	**683**	**1246**	**1185**	**547**	**638**
Question #2		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Reason for Unfilled Spots	**Overall**	**Southeastern**	**BOS**	**Group**	**Southeastern**	**BOS**	**Family**	**Southeastern**	**BOS**
Not Enough Staff	47%	44%	51%	64%	65%	63%	17%	23%	6%
Not Enough Demand	42%	50%	34%	40%	47%	35%	45%	52%	34%
Do Not Want to Enroll More	13%	11%	15%	7%	7%	8%	23%	15%	37%
Something Else (Comment)	25%	24%	27%	19%	16%	22%	35%	31%	44%
N	**2076**	**1020**	**1056**	**1301**	**511**	**790**	**546**	**353**	**193**
Question #3		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Total Potential Spots by Age	**Overall**	**Southeastern**	**BOS**	**Group**	**Southeastern**	**BOS**	**Family**	**Southeastern**	**BOS**
Infant (0-11 Months)	3711	2201	1511	3065	1689	1376	447	387	61
Toddler (12-23 Months)	3716	2029	1687	2980	1503	1478	553	417	136
2-year-old	4970	2458	2512	4016	1811	2206	738	517	221
3-year-old	6284	3057	3226	5310	2337	2974	610	463	147
4-5-year-old	6079	2789	3289	5200	2169	3031	550	440	110
School Age	8295	4475	3820	6516	3010	3507	674	568	106
N	**2045**	**995**	**1050**	**1286**	**501**	**785**	**539**	**345**	**194**
Question #4		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Do You Have a Waitlist?	**Overall**	**Southeastern**	**BOS**	**Group**	**Southeastern**	**BOS**	**Family**	**Southeastern**	**BOS**
Yes	51%	29%	66%	58%	41%	67%	45%	19%	68%
No	49%	71%	34%	42%	59%	33%	55%	81%	32%
N	**3546**	**1491**	**2055**	**1929**	**683**	**1246**	**1185**	**547**	**638**
Question #5		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Total Waitlist Spots by Age	**Overall**	**Southeastern**	**BOS**	**Group**	**Southeastern**	**BOS**	**Family**	**Southeastern**	**BOS**
Prenatal	7976	1442	6534	6560	1363	5197	1241	68	1173
Infant (0-11 Months)	10924	2130	8794	9047	1920	7127	1617	194	1423
Toddler (12-23 Months)	8510	1691	6819	7311	1583	5728	1010	91	919
2-year-old	6748	1333	5415	5901	1224	4677	665	97	568
3-year-old	5575	1085	4490	4868	969	3899	530	72	458
4-5-year-old	3842	815	3027	3487	703	2784	234	60	174
School Age	4622	1791	2831	3683	1135	2548	144	59	85
N	**1753**	**423**	**1330**	**1082**	**268**	**814**	**530**	**65**	**430**

Question #6		All Providers		Overall	Group Providers		Overall	Family Providers	
Reason for Waitlist	**Overall**	**Southeastern**	**BOS**	**Group**	**Southeastern**	**BOS**	**Family**	**Southeastern**	**BOS**
Not Enough Space	33%	37%	32%	40%	39%	40%	18%	37%	13%
Not Enough Staff	52%	59%	50%	69%	71%	68%	19%	26%	17%
Not Enough Supplies	6%	9%	6%	7%	7%	7%	5%	12%	3%
Cannot care for children w/special needs	5%	7%	5%	6%	9%	6%	2%	3%	2%
Cannot provide non-traditional hours	17%	15%	18%	19%	15%	21%	13%	12%	13%
Cannot provide for families unable to pay tuition	15%	15%	15%	19%	17%	19%	8%	15%	7%
Serving the number of children they want	32%	23%	34%	24%	20%	25%	47%	32%	51%
Something Else (Comment)	27%	21%	29%	13%	11%	13%	57%	50%	58%
N	**1772**	**427**	**1345**	**1099**	**270**	**829**	**532**	**101**	**431**
Question #7		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Number of Weekly Inquiries	**Overall**	**Southeastern**	**BOS**	**Group**	**Southeastern**	**BOS**	**Family**	**Southeastern**	**BOS**
None	16%	21%	12%	11%	13%	10%	19%	27%	13%
1-2	50%	49%	50%	42%	45%	40%	61%	55%	67%
3-5	24%	21%	25%	30%	28%	31%	16%	14%	17%
6-10	7%	6%	9%	11%	9%	13%	3%	3%	3%
11+	4%	3%	4%	6%	5%	6%	1%	1%	1%
N	**3529**	**1480**	**2049**	**1922**	**679**	**1243**	**1175**	**540**	**635**
Question #8		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Challenge Keeping/Finding Staff	**Overall**	**Southeastern**	**BOS**	**Group**	**Southeastern**	**BOS**	**Family**	**Southeastern**	**BOS**
Not Challenging	16%	19%	13%	7%	7%	8%	26%	31%	22%
A Little Challenging	12%	14%	11%	14%	13%	14%	10%	15%	6%
Somewhat Challenging	17%	16%	18%	23%	21%	24%	7%	11%	5%
Very Challenging	17%	18%	16%	25%	27%	25%	6%	10%	2%
Extremely Challenging	18%	17%	19%	30%	31%	29%	3%	5%	2%
NA/Only Employee	20%	16%	23%	1%	1%	1%	47%	28%	63%
N	**3540**	**1487**	**2053**	**1928**	**682**	**1246**	**1183**	**546**	**637**
Question #9		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Have Staffing Issues Caused You to...	**Overall**	**Southeastern**	**BOS**	**Group**	**Southeastern**	**BOS**	**Family**	**Southeastern**	**BOS**
Reduce Licensed Capacity	14%	14%	13%	13%	13%	13%	17%	17%	16%
Serve Fewer Children	54%	55%	54%	56%	57%	55%	41%	44%	33%
Turn Families Away	51%	48%	53%	53%	51%	54%	41%	42%	39%
Reduce Number of Classrooms	34%	36%	32%	37%	44%	34%	12%	14%	7%
Reduce Operating Hours	20%	21%	19%	21%	23%	20%	17%	19%	13%
Eliminate Additional Services	12%	18%	8%	11%	16%	8%	18%	23%	8%
Hire Less Qualified Staff	63%	59%	66%	69%	70%	68%	30%	30%	28%
Ask Current Staff to Work More Hours	67%	64%	68%	72%	74%	71%	45%	47%	41%
Ask Current Staff to Take On More Duties	64%	62%	64%	69%	72%	67%	39%	42%	31%
Raise Tuition	52%	44%	58%	57%	51%	60%	38%	35%	45%
Something Else (Comment)	5%	5%	6%	6%	5%	6%	6%	5%	6%
N	**2211**	**934**	**1277**	**1722**	**603**	**1119**	**309**	**221**	**88**

Appendix D: Results by Urbanicity Level

Question #1		All Provider Types				Overall	Group Providers				Overall	Family Providers			
Any Unfilled Spots?	**Overall**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Group**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Family**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**
Yes	59%	48%	48%	55%	63%	68%	68%	60%	66%	70%	46%	34%	30%	27%	55%
No	37%	50%	50%	43%	32%	28%	30%	37%	32%	25%	51%	65%	68%	68%	42%
Don't Know	4%	2%	2%	3%	5%	4%	2%	2%	2%	5%	3%	2%	2%	5%	3%
N	**3546**	**238**	**439**	**544**	**2325**	**1929**	**93**	**235**	**373**	**1228**	**1185**	**116**	**171**	**133**	**765**
Question #2		**All Providers**				**Overall**	**Group Providers**				**Overall**	**Family Providers**			
Reason for Unfilled Spots	**Overall**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Group**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Family**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**
Not Enough Staff	47%	43%	43%	55%	47%	64%	67%	58%	64%	65%	17%	3%	4%	11%	20%
Not Enough Demand	42%	33%	32%	33%	46%	40%	30%	34%	33%	43%	45%	41%	25%	33%	49%
Do Not Want to Enroll More	13%	27%	18%	11%	11%	7%	17%	7%	6%	7%	23%	41%	43%	31%	18%
Something Else (Comment)	25%	35%	30%	22%	25%	19%	33%	23%	18%	18%	35%	41%	49%	44%	32%
N	**2076**	**115**	**210**	**295**	**1456**	**1301**	**63**	**142**	**243**	**853**	**546**	**39**	**51**	**36**	**420**
Question #3		**All Providers**				**Overall**	**Group Providers**				**Overall**	**Family Providers**			
Total Potential Spots by Age	**Overall**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Group**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Family**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**
Infant (0-11 Months)	3711	162	282	450	2818	3065	113	249	432	2271	447	15	13	14	406
Toddler (12-23 Months)	3716	176	337	388	2815	2980	123	289	362	2207	553	25	36	19	472
2-year-old	4970	286	469	659	3556	4016	205	402	610	2800	738	46	48	40	603
3-year-old	6284	419	511	758	4596	5310	346	455	728	3783	610	26	33	25	525
4-5-year-old	6079	345	546	929	4259	5200	264	481	902	3554	550	22	26	16	485
School Age	8295	309	568	1264	6154	6516	197	496	1229	4595	674	17	28	12	616
N	**2045**	**114**	**208**	**294**	**1429**	**1286**	**62**	**141**	**243**	**840**	**539**	**39**	**51**	**36**	**413**
Question #4		**All Providers**				**Overall**	**Group Providers**				**Overall**	**Family Providers**			
Do You Have a Waitlist?	**Overall**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Group**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Family**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**
Yes	51%	69%	71%	67%	41%	58%	69%	73%	70%	51%	45%	70%	73%	64%	32%
No	49%	31%	29%	33%	59%	42%	31%	27%	30%	49%	55%	30%	27%	36%	68%
N	**3546**	**238**	**439**	**544**	**2325**	**1929**	**93**	**235**	**373**	**1228**	**1185**	**116**	**171**	**133**	**765**
Question #5		**All Providers**				**Overall**	**Group Providers**				**Overall**	**Family Providers**			
Total Waitlist Spots by Age	**Overall**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Group**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Family**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**
Prenatal	7976	430	978	1957	4611	6560	224	723	1640	3973	1241	140	221	276	604
Infant (0-11 Months)	10924	707	1251	2573	6393	9047	399	913	2208	5527	1617	188	313	307	809
Toddler (12-23 Months)	8510	444	1032	2178	4856	7311	260	779	1926	4346	1010	115	225	207	463
2-year-old	6748	358	842	1700	3848	5901	211	662	1528	3500	665	71	157	124	313
3-year-old	5575	351	725	1338	3161	4868	234	615	1232	2787	530	62	90	74	304
4-5-year-old	3842	228	457	949	2208	3487	165	369	904	2049	234	38	62	35	99
School Age	4622	157	396	977	3092	3683	132	343	936	2272	144	24	28	14	78
N	**1753**	**162**	**305**	**358**	**928**	**1082**	**62**	**164**	**254**	**602**	**530**	**81**	**124**	**84**	**241**
Question #6		**All Providers**				**Overall**	**Group Providers**				**Overall**	**Family Providers**			
Reason for Waitlist	**Overall**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Group**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Family**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**
Not Enough Space	33%	26%	31%	31%	35%	40%	38%	45%	35%	41%	18%	11%	11%	14%	25%
Not Enough Staff	52%	45%	44%	56%	55%	69%	81%	65%	70%	68%	19%	12%	15%	21%	22%
Not Enough Supplies	6%	7%	7%	5%	7%	7%	10%	12%	5%	6%	5%	2%	1%	4%	8%
Cannot care for children w/special needs	5%	6%	5%	5%	5%	6%	6%	7%	6%	7%	2%	4%	2%	4%	2%
Cannot provide non-traditional hours	17%	18%	19%	20%	15%	19%	22%	23%	21%	17%	13%	15%	12%	19%	11%
Cannot provide for families who are unable to pay tuition	15%	13%	16%	13%	15%	19%	24%	22%	17%	18%	8%	5%	7%	5%	12%
Serving number of children they want	32%	42%	37%	31%	28%	24%	24%	24%	24%	24%	47%	54%	54%	45%	42%
Something Else (Comment)	27%	36%	34%	26%	24%	13%	14%	17%	11%	12%	57%	58%	60%	64%	53%
N	**1772**	**163**	**308**	**363**	**938**	**1099**	**63**	**168**	**258**	**610**	**532**	**81**	**123**	**85**	**243**

Question #7		All Providers				Overall	Group Providers				Overall	Family Providers			
Number of Weekly Inquiries	**Overall**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Group**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Family**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**
None	16%	18%	12%	10%	18%	11%	10%	8%	11%	11%	19%	23%	12%	7%	23%
1-2	50%	61%	59%	46%	47%	42%	59%	49%	37%	41%	61%	66%	75%	69%	56%
3-5	24%	17%	21%	28%	24%	30%	24%	30%	32%	30%	16%	10%	12%	19%	17%
6-10	7%	3%	5%	10%	8%	11%	6%	9%	14%	12%	3%	0%	1%	5%	3%
11+	4%	1%	3%	5%	4%	6%	1%	5%	6%	6%	1%	1%	0%	1%	1%
N	**3529**	**238**	**439**	**543**	**2309**	**1922**	**93**	**235**	**372**	**1222**	**1175**	**116**	**171**	**133**	**755**
Question #8		**All Providers**				**Overall**	**Group Providers**				**Overall**	**Family Providers**			
Challenge Keeping/Finding Staff	**Overall**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Group**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Family**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**
Not Challenging	16%	15%	16%	12%	17%	7%	10%	9%	9%	6%	26%	19%	24%	21%	29%
A Little Challenging	12%	11%	9%	12%	13%	14%	15%	11%	16%	13%	10%	8%	5%	4%	13%
Somewhat Challenging	17%	12%	15%	18%	18%	23%	19%	23%	23%	24%	7%	2%	4%	5%	9%
Very Challenging	17%	11%	15%	16%	18%	25%	22%	25%	23%	27%	6%	2%	2%	2%	8%
Extremely Challenging	18%	16%	17%	21%	18%	30%	34%	30%	30%	29%	3%	3%	0%	2%	5%
NA/Only Employee	20%	35%	28%	20%	17%	1%	0%	1%	1%	1%	47%	67%	65%	67%	36%
N	**3540**	**238**	**439**	**544**	**2319**	**1928**	**93**	**235**	**373**	**1227**	**1183**	**116**	**171**	**133**	**763**
Question #9		**All Providers**				**Overall**	**Group Providers**				**Overall**	**Family Providers**			
Have Staffing Issues Caused You to...	**Overall**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Group**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**	**Family**	**A (0-24%)**	**B (25-49%)**	**C (50-74%)**	**D (75-100%)**
Reduce Licensed Capacity	14%	9%	15%	13%	14%	13%	10%	15%	13%	13%	17%	0%	13%	13%	18%
Serve Fewer Children	54%	61%	53%	52%	55%	56%	66%	56%	53%	56%	41%	21%	19%	50%	43%
Turn Families Away	51%	59%	54%	56%	49%	53%	63%	57%	57%	50%	41%	36%	31%	50%	41%
Reduce Number of Classrooms	34%	36%	33%	30%	35%	37%	42%	36%	33%	39%	12%	0%	13%	6%	13%
Reduce Operating Hours	20%	18%	21%	17%	21%	21%	18%	22%	18%	22%	17%	7%	13%	6%	19%
Eliminate Additional Services	12%	4%	8%	6%	14%	11%	6%	9%	7%	12%	18%	0%	6%	0%	21%
Hire Less Qualified Staff	63%	64%	68%	69%	60%	69%	66%	72%	72%	67%	30%	21%	13%	13%	32%
Ask Current Staff to Work More Hours	67%	72%	78%	71%	63%	72%	75%	82%	73%	70%	45%	21%	38%	38%	47%
Ask Current Staff to Take On More Duties	64%	59%	79%	68%	60%	69%	65%	83%	69%	66%	39%	29%	38%	44%	39%
Raise Tuition	52%	51%	60%	56%	50%	57%	57%	61%	57%	56%	38%	21%	50%	50%	38%
Something Else (Comment)	5%	6%	6%	5%	5%	6%	7%	5%	6%	6%	6%	0%	19%	0%	5%
N	**2211**	**116**	**238**	**362**	**1495**	**1722**	**83**	**207**	**335**	**1097**	**309**	**14**	**16**	**16**	**263**

Appendix E: Results by YoungStar Rating

Question #1		All Provider Types		Overall	Group Providers		Overall	Family Providers	
Any Unfilled Spots?	**Overall**	**2 Star**	**3, 4, 5 Star**	**Group**	**2 Star**	**3, 4, 5 Star**	**Family**	**2 Star**	**3, 4, 5 Star**
Yes	59%	59%	61%	68%	70%	67%	46%	48%	49%
No	37%	36%	36%	28%	24%	30%	51%	48%	48%
Don't Know	4%	5%	3%	4%	5%	3%	3%	4%	3%
N	**3546**	**1343**	**1598**	**1929**	**621**	**1061**	**1185**	**467**	**435**
Question #2		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Reason for Unfilled Spots	**Overall**	**2 Star**	**3, 4, 5 Star**	**Group**	**2 Star**	**3, 4, 5 Star**	**Family**	**2 Star**	**3, 4, 5 Star**
Not Enough Staff	47%	44%	56%	64%	63%	69%	17%	19%	15%
Not Enough Demand	42%	45%	38%	40%	44%	34%	45%	43%	50%
Do Not Want to Enroll More	13%	14%	11%	7%	7%	7%	23%	22%	20%
Something Else (Comment)	25%	25%	25%	19%	16%	20%	35%	36%	38%
N	**2076**	**790**	**971**	**1301**	**435**	**704**	**546**	**223**	**211**
Question #3		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Total Potential Spots by Age	**Overall**	**2 Star**	**3, 4, 5 Star**	**Group**	**2 Star**	**3, 4, 5 Star**	**Family**	**2 Star**	**3, 4, 5 Star**
Infant (0-11 Months)	3711	1268	2042	3065	1004	1805	447	176	178
Toddler (12-23 Months)	3716	1277	2021	2980	966	1745	553	217	219
2-year-old	4970	1639	2728	4016	1218	2389	738	309	274
3-year-old	6284	1841	3638	5310	1436	3233	610	260	225
4-5-year-old	6079	1844	3302	5200	1442	2994	550	236	200
School Age	8295	3592	3834	6516	2690	3160	674	306	240
N	**2045**	**777**	**964**	**1286**	**429**	**700**	**539**	**222**	**209**
Question #4		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Do You Have a Waitlist?	**Overall**	**2 Star**	**3, 4, 5 Star**	**Group**	**2 Star**	**3, 4, 5 Star**	**Family**	**2 Star**	**3, 4, 5 Star**
Yes	51%	42%	61%	58%	46%	68%	45%	40%	46%
No	49%	58%	39%	42%	54%	32%	55%	60%	54%
N	**3546**	**1343**	**1598**	**1929**	**621**	**1061**	**1185**	**467**	**433**
Question #5		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Total Waitlist Spots by Age	**Overall**	**2 Star**	**3, 4, 5 Star**	**Group**	**2 Star**	**3, 4, 5 Star**	**Family**	**2 Star**	**3, 4, 5 Star**
Prenatal	7976	1547	5654	6560	1109	4965	1241	384	595
Infant (0-11 Months)	10924	1679	8037	9047	1128	7197	1617	445	715
Toddler (12-23 Months)	8510	1126	6506	7311	760	5964	1010	291	453
2-year-old	6748	897	5090	5901	613	4717	665	216	279
3-year-old	5575	722	4132	4868	539	3831	530	123	191
4-5-year-old	3842	513	2921	3487	382	2761	234	67	109
School Age	4622	1911	2195	3683	1298	1913	144	60	64
N	**1753**	**542**	**940**	**1082**	**613**	**1035**	**530**	**464**	**433**

Question #6		All Providers		Overall	Group Providers		Overall	Family Providers	
Reason for Waitlist	**Overall**	**2 Star**	**3, 4, 5 Star**	**Group**	**2 Star**	**3, 4, 5 Star**	**Family**	**2 Star**	**3, 4, 5 Star**
Not Enough Space	33%	30%	37%	40%	33%	43%	18%	22%	17%
Not Enough Staff	52%	54%	55%	69%	74%	66%	19%	21%	18%
Not Enough Supplies	6%	8%	6%	7%	8%	6%	5%	6%	4%
Cannot care for children with special needs	5%	6%	5%	6%	9%	5%	2%	1%	3%
Cannot provide non-traditional hours	17%	14%	20%	19%	14%	21%	13%	3%	12%
Cannot provide for families who are unable to pay tuition	15%	12%	18%	19%	16%	20%	8%	9%	11%
Serving the number of children they want	32%	31%	29%	24%	21%	24%	47%	44%	44%
Something Else (Comment)	27%	28%	23%	13%	11%	12%	57%	57%	60%
N	**1772**	**547**	**952**	**1099**	**283**	**707**	**532**	**185**	**202**
Question #7		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Number of Weekly Inquiries	**Overall**	**2 Star**	**3, 4, 5 Star**	**Group**	**2 Star**	**3, 4, 5 Star**	**Family**	**2 Star**	**3, 4, 5 Star**
None	16%	19%	12%	11%	15%	7%	19%	18%	22%
1-2	50%	55%	43%	42%	51%	36%	61%	63%	58%
3-5	24%	21%	28%	30%	25%	34%	16%	16%	17%
6-10	7%	4%	11%	11%	7%	15%	3%	3%	3%
11+	4%	1%	6%	6%	2%	9%	1%	1%	0%
N	**3529**	**1335**	**1591**	**1922**	**616**	**1059**	**1175**	**464**	**430**
Question #8		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Challenge Keeping/Finding Staff	**Overall**	**2 Star**	**3, 4, 5 Star**	**Group**	**2 Star**	**3, 4, 5 Star**	**Family**	**2 Star**	**3, 4, 5 Star**
Not Challenging	16%	18%	13%	7%	8%	6%	26%	28%	26%
A Little Challenging	12%	13%	12%	14%	15%	12%	10%	13%	11%
Somewhat Challenging	17%	16%	19%	23%	22%	24%	7%	6%	8%
Very Challenging	17%	14%	21%	25%	23%	27%	6%	4%	8%
Extremely Challenging	18%	17%	22%	30%	32%	31%	3%	4%	4%
NA/Only Employee	20%	22%	13%	1%	1%	0%	47%	44%	43%
N	**3540**	**1339**	**1597**	**1928**	**620**	**1061**	**1183**	**467**	**434**
Question #9		**All Providers**		**Overall**	**Group Providers**		**Overall**	**Family Providers**	
Have Staffing Issues Caused You to...	**Overall**	**2 Star**	**3, 4, 5 Star**	**Group**	**2 Star**	**3, 4, 5 Star**	**Family**	**2 Star**	**3, 4, 5 Star**
Reduce Licensed Capacity	14%	15%	12%	13%	16%	12%	17%	16%	17%
Serve Fewer Children	54%	54%	57%	56%	54%	59%	41%	41%	41%
Turn Families Away	51%	48%	55%	53%	49%	57%	41%	41%	40%
Reduce Number of Classrooms	34%	33%	36%	37%	36%	39%	12%	13%	11%
Reduce Operating Hours	20%	19%	21%	21%	20%	22%	17%	17%	18%
Eliminate Additional Services	12%	13%	11%	11%	12%	11%	18%	23%	13%
Hire Less Qualified Staff	63%	58%	67%	69%	65%	72%	30%	27%	31%
Ask Current Staff to Work More Hours	67%	63%	71%	72%	71%	74%	45%	42%	51%
Ask Current Staff to Take On More Duties	64%	59%	67%	69%	65%	71%	39%	35%	40%
Raise Tuition	52%	45%	59%	57%	52%	62%	38%	30%	47%
Something Else (Comment)	5%	5%	6%	6%	5%	6%	6%	5%	8%
N	**2211**	**785**	**1156**	**1722**	**551**	**970**	**309**	**125**	**133**

Appendix F: Results by Level of WI Shares Enrollment

Question #1		All Provider Types				Group Providers				Family Providers		
Any Unfilled Spots?	Overall	0% Shares	Any Shares	100% Shares	Overall Group	0% Shares	Any Shares	100% Shares	Overall Family	0% Shares	Any Shares	100% Shares
Yes	59%	40%	65%	73%	68%	51%	71%	89%	46%	29%	49%	72%
No	37%	57%	31%	24%	28%	45%	25%	8%	51%	69%	48%	25%
Don't Know	4%	4%	4%	3%	4%	4%	4%	3%	3%	3%	4%	3%
N	**3546**	**1039**	**1951**	**553**	**1929**	**450**	**1365**	**114**	**1185**	**490**	**400**	**292**
Question #2		**All Providers**				**Group Providers**				**Family Providers**		
Reason for Unfilled Spots	**Overall**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Group**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Family**	**0% Shares**	**Any Shares**	**100% Shares**
Not Enough Staff	47%	32%	59%	29%	64%	53%	68%	52%	17%	2%	22%	22%
Not Enough Demand	42%	36%	40%	52%	40%	41%	37%	61%	45%	30%	53%	49%
Do Not Want to Enroll More	13%	22%	9%	14%	7%	10%	7%	8%	23%	41%	17%	17%
Something Else (Comment)	25%	35%	22%	28%	19%	27%	18%	18%	35%	43%	38%	28%
N	**2076**	**411**	**1257**	**405**	**1301**	**231**	**968**	**102**	**546**	**140**	**194**	**209**
Question #3		**All Providers**				**Group Providers**				**Family Providers**		
Total Potential Spots by Age	**Overall**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Group**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Family**	**0% Shares**	**Any Shares**	**100% Shares**
Infant (0-11 Months)	3711	356	2559	795	3065	287	2322	456	447	41	162	456
Toddler (12-23 Months)	3716	428	2503	783	2980	319	2241	420	553	87	194	420
2-year-old	4970	653	3446	865	4016	453	3107	456	738	170	258	456
3-year-old	6284	1085	4319	872	5310	944	3895	472	610	113	206	472
4-5-year-old	6079	1053	4247	774	5200	917	3899	384	550	90	184	384
School Age	8295	1082	6068	1142	6516	780	5183	553	674	77	206	553
N	**2045**	**406**	**1239**	**397**	**1286**	**227**	**957**	**102**	**539**	**140**	**194**	**202**
Question #4		**All Providers**				**Group Providers**				**Family Providers**		
Do You Have a Waitlist?	**Overall**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Group**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Family**	**0% Shares**	**Any Shares**	**100% Shares**
Yes	51%	61%	57%	12%	58%	54%	63%	11%	45%	70%	39%	12%
No	49%	39%	43%	88%	42%	46%	37%	89%	55%	30%	61%	88%
N	**3546**	**1039**	**1951**	**553**	**1929**	**450**	**1365**	**114**	**1185**	**490**	**400**	**292**
Question #5		**All Providers**				**Group Providers**				**Family Providers**		
Total Waitlist Spots by Age	**Overall**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Group**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Family**	**0% Shares**	**Any Shares**	**100% Shares**
Prenatal	7976	1988	5952	36	6560	964	5584	12	1241	963	262	16
Infant (0-11 Months)	10924	2493	8347	84	9047	1302	7713	32	1617	1115	470	32
Toddler (12-23 Months)	8510	1846	6595	69	7311	1042	6229	40	1010	748	245	17
2-year-old	6748	1442	5232	74	5901	950	4914	37	665	448	193	24
3-year-old	5575	1716	3785	74	4868	1282	3563	23	530	393	101	36
4-5-year-old	3842	1061	2718	63	3487	917	2546	24	234	138	74	22
School Age	4622	825	3724	73	3683	682	2981	20	144	63	48	33
N	**1753**	**617**	**1074**	**62**	**1082**	**230**	**840**	**12**	**530**	**344**	**154**	**32**
	Overall	**All Providers**				**Group Providers**				**Family Providers**		

Question #6												
Reason for Waitlist		**0% Shares**	**Any Shares**	**100% Shares**	**Overall Group**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Family**	**0% Shares**	**Any Shares**	**100% Shares**
Not Enough Space	33%	24%	37%	42%	40%	37%	41%	38%	18%	14%	19%	48%
Not Enough Staff	52%	32%	65%	38%	69%	59%	71%	62%	19%	15%	25%	33%
Not Enough Supplies	6%	4%	7%	14%	7%	5%	7%	0%	5%	3%	6%	18%
Cannot care for children w/special needs	5%	3%	6%	8%	6%	6%	6%	15%	2%	2%	4%	3%
Cannot provide non-traditional hours	17%	14%	19%	20%	19%	15%	20%	15%	13%	13%	13%	18%
Cannot provide for families who are unable to pay tuition	15%	8%	19%	16%	19%	10%	21%	15%	8%	6%	11%	21%
Serving # of children they want	32%	45%	24%	30%	24%	33%	22%	15%	47%	52%	40%	24%
Something Else (Comment)	27%	42%	18%	33%	13%	16%	12%	8%	57%	58%	56%	45%
N	**1772**	**619**	**1089**	**64**	**1099**	**233**	**853**	**13**	**532**	**344**	**155**	**33**
Question #7		**All Providers**				**Group Providers**				**Family Providers**		
Number of Weekly Inquiries	**Overall**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Group**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Family**	**0% Shares**	**Any Shares**	**100% Shares**
None	16%	16%	13%	26%	11%	16%	8%	19%	19%	14%	20%	28%
1-2	50%	60%	44%	52%	42%	52%	38%	57%	61%	68%	61%	51%
3-5	24%	18%	28%	18%	30%	22%	33%	21%	16%	15%	15%	18%
6-10	7%	5%	10%	2%	11%	8%	13%	3%	3%	3%	4%	2%
11+	4%	1%	5%	1%	6%	2%	8%	1%	1%	1%	0%	1%
N	**3529**	**1036**	**1942**	**547**	**1922**	**450**	**1359**	**113**	**1175**	**488**	**397**	**287**
Question #8		**All Providers**				**Group Providers**				**Family Providers**		
Challenge Keeping/Finding Staff	**Overall**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Group**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Family**	**0% Shares**	**Any Shares**	**100% Shares**
Not Challenging	16%	18%	11%	29%	7%	12%	6%	7%	26%	21%	27%	35%
A Little Challenging	12%	10%	12%	15%	14%	17%	12%	18%	10%	5%	12%	17%
Somewhat Challenging	17%	12%	21%	13%	23%	20%	24%	28%	7%	5%	9%	10%
Very Challenging	17%	11%	22%	12%	25%	22%	27%	20%	6%	2%	7%	10%
Extremely Challenging	18%	13%	23%	9%	30%	28%	31%	25%	3%	1%	4%	5%
NA/Only Employee	20%	36%	11%	22%	1%	2%	1%	2%	47%	66%	41%	23%
N	**3540**	**1036**	**1949**	**552**	**1928**	**450**	**1364**	**114**	**1183**	**488**	**400**	**292**
Question #9		**All Providers**				**Group Providers**				**Family Providers**		
Have Staffing Issues Caused You to...	**Overall**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Group**	**0% Shares**	**Any Shares**	**100% Shares**	**Overall Family**	**0% Shares**	**Any Shares**	**100% Shares**
Reduce Licensed Capacity	14%	13%	13%	17%	13%	13%	13%	17%	17%	16%	20%	13%
Serve Fewer Children	54%	44%	59%	49%	56%	46%	58%	57%	41%	26%	50%	38%
Turn Families Away	51%	41%	56%	39%	53%	41%	58%	37%	41%	31%	46%	40%
Reduce Number of Classrooms	34%	23%	38%	32%	37%	25%	40%	54%	12%	3%	17%	13%
Reduce Operating Hours	20%	14%	21%	26%	21%	14%	22%	31%	17%	11%	18%	20%
Eliminate Additional Services	12%	5%	11%	26%	11%	5%	11%	24%	18%	7%	19%	24%
Hire Less Qualified Staff	63%	55%	69%	40%	69%	58%	73%	59%	30%	28%	33%	28%
Ask Current Staff to Work More Hours	67%	57%	72%	54%	72%	61%	76%	68%	45%	38%	50%	44%
Ask Current Staff to Take On More Duties	64%	60%	67%	52%	69%	65%	70%	69%	39%	28%	44%	38%
Raise Tuition	52%	45%	57%	37%	57%	46%	61%	48%	38%	48%	43%	29%
Something Else (Comment)	5%	5%	6%	5%	6%	5%	6%	5%	6%	8%	6%	4%
N	**2211**	**451**	**1496**	**263**	**1722**	**364**	**1255**	**103**	**309**	**61**	**127**	**120**

Appendix G: Results by County[16]

						Q1 - Unfilled Spots	Q2 - Reason for Unfilled Spots		Q3 - Total Unfilled Spots	Q4 - Waitlist	Q5 - Total Waitlist Spots	Q6 - Reason for Waitlist		Q8 - Staffing Challenge	Q9 - Effects of Staffing Challenge		
County	Total N	Group N	Group %	Family N	Family %	% Yes	Most Common	% Yes	Total	% Yes	Total	Most Common	% Yes	Avg. Challenge	% Reduce Access/Services	% Change Staffing	% Raise Tuition
ADAMS COUNTY	*	*	30%	*	80%	75%	Lack of Demand; Max Enrollment	33%	29	25%	1	Max Enrollment	100%	4.5	0%	100%	0%
ASHLAND COUNTY	24	*	20%	14	58%	58%	Max Enrollment	50%	90	67%	136	Max Enrollment	50%	2.3	83%	67%	33%
BARRON COUNTY	26	12	46%	11	42%	38%	Lack of Demand	50%	60	73%	278	Max Enrollment	42%	2.9	64%	93%	57%
BAYFIELD COUNTY	*	*	50%	*	30%	75%	Staff; Max Enrollment	67%	24	25%	53	Space; Staff; Supplies	100%	2.0	67%	67%	67%
BROWN COUNTY	105	81	77%	22	21%	62%	Staff	55%	1132	69%	2534	Staff	61%	3.3	71%	86%	44%
BUFFALO COUNTY	11	*	20%	*	80%	45%	Lack of Demand	80%	28	18%	15	Space; Staff; After hours	50%	2.3	0%	0%	0%
BURNETT COUNTY	*	*	80%	*	30%	75%	Staff	100%	34	75%	17	Staff	67%	4.3	100%	100%	33%
CALUMET COUNTY	18	11	61%	*	30%	67%	Staff	58%	236	50%	336	Staff	78%	3.8	73%	100%	73%
CHIPPEWA COUNTY	44	25	57%	18	41%	50%	Staff	41%	157	73%	616	Staff	55%	3.3	67%	89%	44%
CLARK COUNTY	19	*	30%	12	63%	58%	Staff; Lack of Demand	45%	81	79%	153	Staff; Max Enrollment	47%	3.5	89%	89%	67%
COLUMBIA COUNTY	33	24	73%	*	20%	55%	Staff	67%	247	73%	441	Staff	63%	3.6	78%	96%	61%
CRAWFORD COUNTY	*	*	30%	*	60%	33%	Staff	67%	34	67%	77	Staff; Max Enrollment	50%	2.7	100%	75%	50%
DANE COUNTY	420	255	61%	120	29%	46%	Staff	51%	3650	61%	8022	Staff	42%	3.2	65%	72%	63%
DODGE COUNTY	26	22	85%	*	20%	54%	Lack of Demand	57%	215	65%	364	Space	53%	3.4	59%	91%	32%
DOOR COUNTY	*	*	70%	*	20%	33%	Staff; Lack of Demand	50%	45	83%	110	Max Enrollment	60%	2.3	50%	100%	50%
DOUGLAS COUNTY	21	10	48%	*	30%	57%	Staff	50%	122	62%	121	Staff; Max Enrollment	46%	2.9	62%	85%	31%
DUNN COUNTY	16	*	60%	*	40%	50%	Staff; Max Enrollment	38%	103	88%	244	Max Enrollment	57%	3.8	33%	100%	78%
EAU CLAIRE COUNTY	71	50	70%	15	21%	55%	Staff	46%	550	65%	2333	Staff	50%	2.8	57%	70%	52%
FOND DU LAC COUNTY	31	24	77%	*	20%	58%	Staff	61%	266	68%	1221	Staff	70%	3.8	60%	76%	48%
FOREST COUNTY	*	*	50%	*	20%	83%	Staff	60%	31	100%	42	Staff	67%	3.5	67%	50%	17%
GRANT COUNTY	26	17	65%	*	40%	46%	Staff	25%	95	77%	452	Max Enrollment	40%	3.3	67%	100%	53%
GREEN COUNTY	29	15	52%	14	48%	45%	Staff	62%	226	66%	285	Staff	47%	3.2	67%	67%	73%
GREEN LAKE COUNTY	*	*	30%	*	70%	33%	Staff	67%	25	100%	55	Staff	44%	3.6	100%	100%	50%
IOWA COUNTY	14	*	50%	*	50%	50%	Staff; Lack of Demand	29%	70	71%	208	Max Enrollment	40%	2.6	60%	60%	40%
IRON COUNTY	*	*	50%	*	50%	50%	Lack of Demand	100%	5	50%	4	Space	100%	3.0	100%	100%	0%
JACKSON COUNTY	17	*	40%	*	40%	47%	Lack of Demand; Max Enrollment	38%	43	53%	71	Max Enrollment	44%	2.6	40%	80%	40%
JEFFERSON COUNTY	34	32	94%	*	10%	62%	Staff; Lack of Demand	52%	401	50%	141	Staff	65%	3.4	52%	86%	38%
JUNEAU COUNTY	11	*	70%	*	20%	64%	Lack of Demand	57%	59	45%	58	Space; Staff; After hours	60%	2.6	33%	89%	44%
KENOSHA COUNTY	81	59	73%	16	20%	79%	Staff	55%	888	51%	707	Staff	51%	3.7	74%	86%	89%
KEWAUNEE COUNTY	11	*	40%	*	60%	36%	Max Enrollment	50%	37	73%	99	Staff	63%	3.5	100%	100%	40%
LA CROSSE COUNTY	82	52	63%	22	27%	56%	Lack of Demand	50%	516	68%	2301	Staff	65%	3.4	85%	88%	81%
LAFAYETTE COUNTY	*	*	30%	*	60%	14%	Staff; Lack of Demand; Max Enrollment	0%	2	86%	136	Staff; Max Enrollment	33%	2.8	100%	100%	67%
LANGLADE COUNTY	*	*	40%	*	40%	57%	Staff; Lack of Demand	50%	84	71%	43	Max Enrollment	60%	2.5	67%	67%	67%
LINCOLN COUNTY	10	*	50%	*	50%	40%	Staff; Lack of Demand	50%	126	90%	76	Max Enrollment	44%	1.9	50%	100%	50%

[16]Florence County had zero responses and is not included in this table.

						Q1 - Unfilled Spots	Q2 - Reason for Unfilled Spots		Q3 - Total Unfilled Spots	Q4 - Waitlist	Q5 - Total Waitlist Spots	Q6 - Reason for Waitlist		Q8 - Staffing Challenge	Q9 - Effects of Staffing Challenge		
County	Total N	Group N	Group %	Family N	Family %	% Yes	Most Common	% Yes	Total	% Yes	Total	Most Common	% Yes	Avg. Challenge	% Reduce Access/Services	% Change Staffing	% Raise Tuition
MANITOWOC COUNTY	22	18	82%	*	20%	64%	Staff	50%	171	82%	609	Staff	50%	3.6	63%	95%	53%
MARATHON COUNTY	64	32	50%	27	42%	45%	Lack of Demand	45%	324	66%	1910	Max Enrollment	48%	2.7	63%	88%	56%
MARINETTE COUNTY	15	10	67%	*	30%	40%	Staff	83%	201	73%	269	Space; Staff	36%	3.0	80%	100%	70%
MARQUETTE COUNTY	*	*	80%	*	20%	80%	Staff	50%	24	60%	22	Staff	100%	4.0	100%	100%	100%
MENOMINEE COUNTY	*	*	100%	0	0%	100%	Staff	100%	397	100%	285	Staff	100%	5.0	100%	50%	0%
MILWAUKEE COUNTY	1171	428	37%	502	43%	70%	Lack of Demand	54%	13245	22%	5445	Staff	60%	2.9	69%	79%	37%
MONROE COUNTY	22	*	40%	10	45%	50%	Staff; Lack of Demand	27%	57	73%	244	Staff	38%	3.4	67%	83%	83%
OCONTO COUNTY	16	*	40%	*	50%	44%	Max Enrollment	71%	101	81%	156	Max Enrollment	69%	3.0	57%	71%	43%
ONEIDA COUNTY	13	*	70%	*	20%	46%	Staff	67%	138	77%	139	Staff	80%	3.1	88%	75%	75%
OUTAGAMIE COUNTY	83	56	67%	22	27%	51%	Staff	43%	603	70%	2641	Staff	43%	3.6	57%	88%	53%
OZAUKEE COUNTY	40	37	93%	*	10%	83%	Staff	70%	622	63%	575	Staff	76%	3.3	75%	84%	66%
PEPIN COUNTY	*	*	30%	*	80%	13%	Staff; Lack of Demand; Max Enrollment	0%	2	88%	125	Max Enrollment	43%	3.0	100%	100%	100%
PIERCE COUNTY	27	*	20%	17	63%	22%	Lack of Demand	83%	68	67%	580	Max Enrollment	33%	2.5	45%	64%	64%
POLK COUNTY	22	*	10%	*	40%	23%	Staff	40%	248	73%	294	Max Enrollment	56%	3.3	71%	86%	50%
PORTAGE COUNTY	41	23	56%	18	44%	39%	Staff	75%	279	76%	1139	Staff	58%	3.3	80%	85%	85%
PRICE COUNTY	11	*	20%	*	70%	64%	Staff; Lack of Demand; Max Enrollment	29%	33	55%	32	Space	50%	2.3	100%	100%	33%
RACINE COUNTY	76	54	71%	10	13%	71%	Staff	59%	932	51%	896	Staff	64%	3.3	75%	94%	55%
RICHLAND COUNTY	*	*	60%	*	40%	43%	Staff	100%	90	43%	26	Max Enrollment	100%	4.5	50%	100%	25%
ROCK COUNTY	74	55	74%	16	22%	59%	Staff	75%	597	55%	1470	Staff	68%	3.7	60%	85%	66%
RUSK COUNTY	*	*	70%	*	30%	67%	Staff	100%	61	100%	28	Staff	67%	3.3	67%	100%	67%
SAUK COUNTY	29	14	48%	13	45%	31%	Staff	67%	123	62%	300	Staff	44%	2.6	33%	87%	53%
SAWYER COUNTY	*	*	60%	*	30%	67%	Staff	33%	72	78%	31	Staff	57%	3.3	80%	100%	40%
SHAWANO COUNTY	10	*	60%	*	30%	40%	Staff	75%	60	80%	354	Staff; Max Enrollment	63%	3.0	71%	100%	86%
SHEBOYGAN COUNTY	41	28	68%	*	20%	51%	Staff	75%	223	80%	580	Staff	59%	3.1	75%	97%	50%
ST. CROIX COUNTY	44	28	64%	13	30%	50%	Staff	45%	357	73%	919	Staff	59%	3.3	83%	93%	83%
TAYLOR COUNTY	*	*	30%	*	80%	50%	Lack of Demand	50%	38	75%	36	Max Enrollment	50%	1.2	100%	100%	100%
TREMPEALEAU COUNTY	17	*	40%	*	40%	41%	Max Enrollment	43%	34	71%	154	Max Enrollment	58%	3.0	57%	57%	57%
VERNON COUNTY	12	*	50%	*	50%	42%	Staff; Lack of Demand	60%	70	75%	118	Max Enrollment	63%	3.1	71%	86%	71%
VILAS COUNTY	*	*	80%	*	10%	75%	Staff	67%	145	75%	138	Staff	67%	3.4	83%	100%	67%
WALWORTH COUNTY	26	24	92%	*	10%	65%	Staff; Lack of Demand	47%	281	77%	423	Staff	70%	4.1	87%	91%	48%
WASHBURN COUNTY	*	*	30%	*	70%	56%	Staff	60%	63	56%	61	Staff; Tuition	60%	3.2	75%	75%	0%
WASHINGTON COUNTY	49	39	80%	*	20%	61%	Staff	59%	511	59%	712	Staff	79%	3.0	69%	86%	63%
WAUKESHA COUNTY	163	142	87%	19	12%	55%	Staff	68%	1947	58%	3239	Staff	58%	3.6	68%	79%	60%
WAUPACA COUNTY	24	14	58%	*	30%	75%	Staff	33%	179	58%	224	Space	57%	2.8	60%	87%	73%
WAUSHARA COUNTY	10	*	10%	*	80%	30%	Lack of Demand	67%	30	70%	87	Max Enrollment	71%	2.5	100%	100%	100%
WINNEBAGO COUNTY	82	52	63%	23	28%	60%	Staff	52%	742	63%	1222	Staff	56%	2.9	67%	92%	45%
WOOD COUNTY	45	25	56%	*	20%	51%	Staff	57%	301	69%	964	Staff	52%	3.0	83%	83%	78%

An * indicates an N <10, and any associated percentages for such cells have been rounded to the nearest 10%. This is done in compliance with IRP's data security policies and to maintain promised confidentiality for providers responding to the questionnaire.

Appendix H: Regression Results [17]

Predictor	Q1 - Unfilled Spots		Q2 - Reason for Unfilled Spots				Q3 - Total Unfilled Spots
	Y/N Unfilled Spots		Lack of Staff	Lack of Demand	Max Enrollment		# Unfilled Spots
Provider Type (Group is Reference)							
Certified	-0.202***		-0.368***	-0.135***	0.143***		-11.95***
Family	-0.242***		-0.387***	-0.084***	0.156***		-12.14***
School	-0.264***		0.029	-0.032	0.118***		6.16**
Region (Northeastern is Reference)							
Northern	-0.017		0.006	-0.027	0.036		-0.27
Southeastern	0.053**		0.023	0.150***	-0.074***		4.66***
Southern	-0.078***		-0.001	0.044	-0.056**		1.35
Western	-0.055*		-0.063*	0.067	-0.018		-3.13**
Star Level	-0.011*		0.016**	-0.014*	-0.002		0.18
Shares Category (0% Shares is Reference)							
100% Shares	0.303***		0.054	0.097**	-0.083***		2.00
Any Shares	0.176***		0.102***	0.074**	-0.073***		0.34
Full Time Enrollment	-0.001*		0.001**	-0.002***	0.000		0.10***
Serves Infants (1/0)	0.026		0.133***	-0.156***	0.000		3.59***
Intercept	0.581***		0.388***	0.482***	0.193***		12.41***

* p < 10%, ** p < 5%, *** p < 1%

For Q1 and Q2—Dependent variable is (1/0) for Y/N response to the question
Coefficients for these questions can be interpreted as percentage point changes in the likelihood of responding "Yes"
Example: Coefficient of 0.25 means that this predictor variable is associated with a 25 percentage point increase in the likelihood of responding "Yes"

For Q3—Dependent variable is the total number of unfilled spots; Coefficients can be interpreted as change in total unfilled spots

[17] Urbanicity was excluded from the regressions as it is highly correlated with geographic region. Robustness checks run with the urbanicity variables suggest that urbanicity was often insignificant and overall results did not differ greatly from regressions without urbanicity.

	Q4 - Waitlist		Q5 - Total Waitlist Spots		Q6 - Reason for Waitlist						
Predictor	**(1/0) Waitlist**		**Waitlist Spots**		**Lack of Space**	**Lack of Staff**	**Lack of Supplies**	**Cannot Serve Children with Special Needs**	**Cannot Provide After Hours Care**	**Cannot Serve Parents that Cannot Afford Tuition**	**Serving the Preferred Number of Children**
Provider Type (Group is Reference)											
Certified	-0.011		-5.52		-0.037	-0.512***	0.015	-0.051*	-0.010	-0.106**	0.244***
Family	0.057***		-4.41		-0.151***	-0.530***	-0.027	-0.042***	-0.047*	-0.082***	0.208***
School	0.233***		4.74		0.056	0.065	0.021	0.007	-0.040	-0.114**	0.014
Region (Northeastern is Reference)											
Northern	0.048		5.28		-0.001	-0.052	0.008	0.003	0.075**	0.069**	0.012
Southeastern	-0.267***		-5.10*		0.034	-0.006	0.036**	0.019	-0.013	0.038	-0.047
Southern	-0.056**		0.94		0.044	-0.070**	0.036**	0.014	0.038	0.056**	0.040
Western	0.008		2.32		0.033	-0.015	0.025	0.000	0.050*	0.116***	0.060*
Star Level	0.022***		1.45**		0.000	-0.024***	-0.002	-0.006	-0.003	-0.002	0.007
Shares Category (0% Shares is Reference)											
100% Shares	-0.277***		-1.39		0.187***	0.129**	0.078**	0.046	0.108**	0.110**	-0.146**
Any Shares	-0.079***		-0.73		0.011	0.133***	0.020	0.015	0.035	0.082***	-0.103***
Full Time Enrollment	0.004***		0.57***		0.002***	-0.002***	0.000*	0.000	0.000	0.000	0.001*
Serves Infants (1/0)	0.166***		4.87**		0.079***	0.068***	0.027*	-0.007	0.042**	0.023	-0.089***
Intercept	0.454***		4.64		0.225***	0.717***	0.031	0.069***	0.108***	0.066**	0.323***

* p < 10%, ** p < 5%, *** p < 1%

For Q4 and Q6—Dependent variable is (1/0) for Y/N response to the question
Coefficients for these questions can be interpreted as percentage point changes in the likelihood of responding “Yes”
For Q5—Dependent variable is the total number of waitlist spots; Coefficients can be interpreted as change in total waitlist spots

	Q7 - Weekly Inquiries		Q8 - Challenge with Staffing
Predictor	**Weekly Inquiries**		**Challenge #**
Provider Type (Group is Reference)			
Certified	0.031		-1.431***
Family	-0.159		-1.427***
School	-0.088		-0.394***
Region (Northeastern is Reference)			
Northern	-0.126		-0.207*
Southeastern	-0.493***		0.201***
Southern	-0.226*		0.134*
Western	-0.201		0.053
Star Level	0.077***		0.036**
Shares Category (0% Shares is Reference)			
100% Shares	0.128		0.003
Any Shares	0.298***		0.136**
Full Time Enrollment	0.042***		0.002**
Serves Infants (1/0)	0.643***		0.356***
Intercept	1.400***		2.992***

* p < 10%, ** p < 5%, *** p < 1%

Q7—Coefficients represent changes in the total number of weekly inquiries
The ranges used in the survey were converted to averages for the regression
Example: 3-5 was converted to 4 weekly inquiries, 11+ was converted to 12

Q8—Dependent variable is the numeric representation of staffing challenges (1 = Not Challenging, 5 = Extremely Challenging, etc.)
Coefficients represent changes in this number

	Q9 - Effects of Staffing Challenges									
Predictor	**Reduce Capacity**	**Serve Fewer Children**	**Turn Away Families**	**Reduce Classes**	**Reduce Hours**	**Eliminate Services**	**Hire Less Experienced Staff**	**Ask Staff to Work More Hours**	**Ask Staff to Take On Additional Duties**	**Raise Tuition**
Provider Type (Group is Reference)										
Certified	0.127***	0.001	0.024	-0.055	0.088*	0.138***	-0.295***	-0.215***	-0.189***	-0.068
Family	0.005	-0.171***	-0.054	-0.297***	-0.062**	0.016	-0.322***	-0.236***	-0.289***	-0.064**
School	-0.117***	0.174***	0.116**	0.048	-0.074*	-0.079**	0.189***	-0.127***	-0.001	-0.173***
Region (Northeastern is Reference)										
Northern	0.042	0.125**	0.044	0.077	-0.052	-0.044	0.014	0.010	0.009	0.105**
Southeastern	0.009	0.027	-0.052*	0.067**	0.005	0.061***	0.011	-0.027	0.027	-0.050
Southern	0.019	-0.033	-0.021	-0.032	0.008	0.031	0.014	-0.094***	-0.055*	0.071**
Western	-0.002	0.024	-0.038	0.017	0.006	-0.032	-0.044	-0.008	0.022	0.085**
Star Level	0.001	0.013*	-0.002	0.004	0.006	0.002	-0.001	-0.007	-0.002	-0.008
Shares Category (0% Shares is Reference)										
100% Shares	-0.002	0.016	-0.020	0.063	0.064*	0.109***	-0.041	0.004	-0.035	0.024
Any Shares	0.011	0.086***	0.106***	0.064**	0.026	0.041**	0.060**	0.078***	-0.009	0.098***
Full Time Enrollment	-0.001***	-0.002***	0.000	-0.001***	-0.001***	-0.001***	0.001***	0.000	0.000	0.002***
Serves Infants (1/0)	0.024	0.193***	0.182***	0.213***	0.162***	0.078***	0.173***	0.196***	0.126***	0.091***
Intercept	0.138***	0.388***	0.360***	0.195***	0.093***	0.019	0.494***	0.582***	0.605***	0.361***

* p < 10%, ** p < 5%, *** p < 1%

Q9—Dependent variable is (1/0) for Y/N response to the effect of staffing challenges
Coefficients for these questions can be interpreted as percentage point changes in the likelihood of responding “Yes”

Appendix I: Statistical Testing Between Sample and Full Provider Population

	Feb 2024 Survey		Feb 2024 Active Providers		
Provider Type	**#**	**%**	**#**	**%**	**Difference**
Group	1929	54.4%	2304	49.6%	4.8% ***
Family	1185	33.4%	1567	33.7%	-0.3%
Public School	132	3.7%	225	4.8%	-1.1% **
Certified	300	8.5%	550	11.8%	-3.4% ***
Total	**3546**	**100.0%**	**4646**	**100.0%**	

	Feb 2024 Survey		Feb 2024 Active Providers		
Region	**#**	**%**	**#**	**%**	**Difference**
Northern	252	7.1%	323	7.0%	0.2%
Northeastern	579	16.3%	722	15.5%	0.8%
Western	475	13.4%	572	12.3%	1.1%
Southeastern	1491	42.0%	2086	44.9%	-2.9% **
Southern	749	21.1%	943	20.3%	0.8%
Total	**3546**	**100.0%**	**4646**	**100.0%**	

* p < 10%, ** p < 5%, *** p < 1%