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UNIVERSITY OF WISCONSIN-MADISON

What Will Happen If Child Care Counts Stabilization Funding Ends? Implications For Wisconsin

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1. Introduction

The following report presents findings from the latest questionnaire in a series developed by the Institute for Research on Poverty (IRP) and the Department of Children & Families (DCF) to study the Child Care Counts (CCC) Stabilization program in Wisconsin.¹ The overall goal of the current questionnaire, embedded in the November 2024 CCC Stabilization application, is to help understand the potential impact of reduced public funding for child care and early education in Wisconsin. To achieve this goal, we asked a series of questions that document Wisconsin child care providers' experiences given the approximately 50% reduction of CCC funding that occurred starting May 2023. Then, we asked a series of questions about the anticipated impacts on child care programs and communities if CCC funding ends in June 2025. The questionnaire concludes with an open-ended question asking how sustained public funding at original CCC Stabilization program levels could impact child care programs and communities.

This report begins with a brief description of the CCC program and review of recent literature regarding states' efforts to maintain child care stabilization funding after the American Rescue Plan (ARP). The report then provides information about the questionnaire sample 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. The report concludes with key takeaways, a series of appendices with tabled descriptive results for sub-group analyses, a select group of results by county, and combined regression results.

2. Child Care Stabilization Funding in Wisconsin and Other States

An extensive body of research links high quality early educational experiences to positive developmental trajectories for children (Center on the Developing Child at Harvard University, 2007), and access to high-quality, affordable care is crucial for working caregivers, employers, and communities to thrive economically. The COVID-19 pandemic further exacerbated challenges facing an already fragile child care and early education field, including recruiting and retaining staff, decreased enrollment, inflation, and added costs for fighting the pandemic (National Association for the Education of Young Children, 2021). In response, the federal government, via the [American Rescue Plan Act of 2021](#) (ARPA) allocated \$23.97 billion to states, territories, and Tribes for Child Care Stabilization Program (Administration for Children

¹See [Study of the Child Care Counts Stabilization Payment Program: Final Report and Child Care Supply and Demand Challenges in Wisconsin: Final Report](#) for findings from previous questionnaires.

& Families, 2025), and from November 2021 to January 2024, Wisconsin distributed over \$479 million to providers through the Child Care Counts (CCC) program. An additional \$170 million from Coronavirus State and Local Fiscal Recovery (SLFRF) funds was directed to continue the CCC program through June 2025 (Wisconsin Department of Children & Families, 2024).

A 2023 working paper by the Council of Economic Advisors (CEA, 2023) suggests that the child care stabilization funds provided to states via ARPA successfully met goals such as stabilization of child care prices, access to care, increased employment and wages for child care workers, and increased labor force participation rates (LFPR) and employment for mothers of young children. Studies in Wisconsin (see Shager, Hostetter & Bauer, 2023; Shager, Bauer, & Hostetter, 2024) also demonstrated positive impacts on capacity and operations; staff recruitment, compensation, and retention; and the ability to provide high-quality care, as reported by child care providers during this time.

More recent research analyzing the effects of the expiration of the ARPA funding, however, suggests setbacks in progress on these same outcomes (Council of Economic Advisors, 2024). Yet, this same study provides some evidence that the stopgap funding implemented in 11 states and District of Columbia after ARPA funding ended may help ameliorate these setbacks.² While Wisconsin continued to invest in its CCC Stabilization program using other federal SLRF funds after ARPA's expiration, the state reduced payments to child care providers by approximately 50% starting in May 2023, and without further state investment, the program is set to end in June 2025.

What can Wisconsin expect to happen? The following study first establishes evidence of behavioral and experiential changes during a period of reduced public funding for child care (May 2023 through November 2024), then asks providers to consider impacts on their programs if CCC is discontinued.

3. Methods

Questionnaire Development

IRP and DCF carefully balanced the desire to learn more about the implications of the potential end of CCC funding 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 current round of CCC Stabilization funding, embedding a brief questionnaire in the November 2024 application for the program (see Appendix A: Questionnaire). 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.

²Stopgap funding is defined as “state-level (or district-level in the case of DC) funds —usually via state-level budgetary processes—for stabilization purposes, which often take the form of direct grants to child care providers” (CEA, 2024).

In order to reduce bias due to overreporting for questions about anticipated impacts of the end of CCC funding, several steps were taken in the design and implementation of the “likelihood” rating scale questions (i.e., Questions 6-9). First, these questions were ordered so that they appeared after behavioral and experiential questions about **actual** changes to the respondent’s child care program since May 2023 and how much the reduction of CCC Stabilization payments contributed to those changes. Research on the relationship between how well attitudes predict future behavior demonstrates that attitudes are better predictors of behavior when respondents base their attitudes on behaviors relevant to the attitude (see meta-analysis by Glasman & Albarracín, 2006). By locating questions about actual behaviors before the attitudinally based likelihood questions, the questionnaire was designed to facilitate the ease with which respondents were able to formulate their attitudes, thereby working to ensure the attitudes they reported would be more predictive of subsequent behaviors.

In addition to leveraging the order in which the questions were administered, we followed best practices for designing rating scale questions to yield valid and reliable responses (see Schaeffer & Dykema, 2020). This included using a unipolar response format in which only one “polarity” of the response dimension is labeled such that the lowest end of the scale indicates the absence of the dimension (e.g., “not at all likely”), and the opposite end of the response dimension is labeled with an intensifier indicating an extreme value (e.g., “extremely likely”). This response format provides respondents with four options to indicate some degree of likelihood but labels the highest response category as “extremely likely” (instead of “very likely”) as past research indicates “very” is not intense enough to routinely be the highest category. Thus, respondents should be less likely to select “extremely likely” unless that label is the best fit for their attitude.³

Quantitative Data Analysis

Questionnaire results were combined with the Child Care Counts application data and DCF’s active providers file for November 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.⁴ The authors then investigated potentially different results by theoretically salient characteristics, both individually and in combination.

The authors used Stata to conduct quantitative analyses and produce all tables, figures, and models in this report. Stata is a quantitative statistics platform with robust features for producing descriptive tables and graphs, in addition to the regression models. Descriptive results are presented in Tables 1 through 11, as well as in Appendices B through L.

Furthermore, we ran several regression models to explore whether providers’ expectations regarding impacts of the end of CCC funding are systematically linked to their characteristics. For each question in Tables 8, 9, 10, and 11, we split the responses into two categories: whether or not the provider answered “not at all likely or a little likely” or “somewhat likely or more.”

³ We thank Karen Zoladz and Jen Dykema from the UW Survey Center for sharing their expertise regarding questionnaire development, and for providing these two paragraphs of text for the report.

⁴The measure included four groupings of urbanicity: 0-24%, 25-49%, 50-74%, and 75-100% of population living in urban settings.

We used a type of regression called an Ordinary Least Squares (OLS) regression, also known as a Linear Probability Model (LPM) when applied to yes/no outcomes. These models estimate how much more or less likely a provider is to respond “somewhat likely or more” based on different provider characteristics. In each model, we examined the relationship between the response and factors such as whether the provider received CCC funds before May 2023, the number of full-time enrolled children, whether they serve infants, facility type, geographic region, urban vs. rural location, the percentage of enrolled children receiving Wisconsin Shares subsidies, and their YoungStar rating. We discuss differential findings that are consistently statistically significant throughout the text.

Qualitative Data Analysis

For question 10, the IRP research team developed a codebook using an inductive and deductive approach, and open-ended responses were coded using NVIVO software. Using a combination of these codes and a notes-based analysis, the research team identified patterns and developed themes related to the research questions and DCF areas of interest (Braun & Clarke, 2012).

4. Questionnaire Sample Characteristics

Tables 1 and 2 provide descriptive characteristics for the full population of child care providers who applied for CCC Stabilization funding in November 2024 (N=3,646). These tables show that the study sample comprises a large and diverse sample of providers. Additionally, Appendix B (Provider characteristics: Questionnaire Sample vs. Population) demonstrates that the questionnaire sample is largely representative of the state population of providers in terms of provider type and region, except that the questionnaire sample includes a slightly higher proportion of group providers.

Table 1: Provider Characteristics

	Count (%)
Total Providers	3,646
Provider Type	
Group	1,957 (53.7%)
Family	1,239 (34.0%)
Public School	136 (3.7%)
Certified	314 (8.6%)
Region	
Northeastern	572 (15.7%)
Northern	241 (6.6%)
Southeastern	1,613 (44.2%)
Southern	746 (20.5%)
Western	474 (13.0%)

As indicated in Table 1, group providers make up the majority of the sample (53.7%), and a high proportion of providers are located in the Southeastern region (44.2%). Thus, although the sample is diverse, it is important to understand that overall results will be driven by these provider characteristics. Given the important differences between group and family providers in terms of staffing, number of children served, etc., for each question, we provide separate results for these provider types.

Table 2: Average Provider Characteristics by Provider Type

	All	Group	Family
YoungStar rating	2.4	2.7	2.1
Full-time enrollment	21.4	34.3	6.4
Part-time enrollment	13.9	20.9	2.3
Staff size	7.8	13.1	1.3
Percent WI Shares enrollees*	35.2	25.2	44.6
No CCC funds pre-May 2023	14.3	11.7	15.4
Total	3,646	1,957	1,239

*Percent WI Shares calculated by dividing the total part- and full-time children receiving Shares by the total enrollment at each provider.

Table 2 provides additional information about characteristics of providers, including average YoungStar rating (2.4), average full- and part-time enrollment (21.4, 13.9 respectively), average staff size (7.8), and average percentage of Wisconsin Shares enrollment (35.2%). As expected, 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 Wisconsin Shares enrollment. Importantly, 14.3% of the sample (N=520) did not receive CCC funding prior to May 2023. Since the first set of questions asks about comparisons pre- and post- the May 2023 funding reduction date, we remove those providers from the sample when reporting these results.⁵ Remaining fluctuation in N's represents item non-response.

5. Results: Questions about Changes in Programs Since May 2023 and the Impact of Reduced CCC Funding

The first set of questions asked providers to consider whether and how much different features of their programs had changed since May 2023, when CCC Stabilization payments were reduced by approximately 50%. To isolate the impact of the reduced funding as much as possible and not ask leading questions, for each of the following topics—recruitment and retention of child care

⁵We provide results for the first set of questions including all providers in Appendix C (Figures Corresponding to Main Text Tables 3, 5, and 6 Including All Providers, by Pre-May 2023 CCC Funds Receipt Status). Initial analyses showed that providers who did not receive CCC funds prior to May 2023—i.e., they experienced an *increase* in funding between May 2023 and November 2024—answered these questions very differently from the majority of the sample that experienced reductions in funding. For example, they were more likely to report increases in their ability to recruit and retain staff and meet the needs of the families they served. Since the focus of this study is understanding the impact of potential *reductions* in funding, we removed providers who did not receive CCC payments prior to May 2023 from the sample for this first set of questions. Conversely, however, their responses suggest that new (increased) payments may have been helpful for some providers.

professionals, the price of weekly tuition, and the ability to meet the needs of families served⁶—providers were first asked if there was any change in several related aspects of their programming. Then, providers were asked, if there was change in these program aspects during this time, how much the reduction in CCC payments contributed to each of those changes.⁷ Results for these questions are provided in Tables 3 through 7, below, for all relevant providers and by provider type.

Questions re: changes in recruitment and retention of child care professionals since May 2023

Table 3: Since May 2023, how have the following changed for your child care program?

Item		Stayed about the same					N
		Decreased a lot	Decreased a little	Stayed about the same	Increased a little	Increased a lot	
The ability to offer staff/self competitive compensation in wages and bonuses	All	0.21	0.17	0.29	0.21	0.11	2,869
	Group	0.21	0.18	0.25	0.23	0.14	1,655
	Family	0.23	0.18	0.35	0.15	0.08	901
The ability to offer staff/self competitive benefits...	All	0.18	0.12	0.54	0.10	0.05	2,810
	Group	0.15	0.14	0.55	0.12	0.05	1,633
	Family	0.26	0.11	0.52	0.06	0.04	870
The number of staff who quit	All	0.07	0.10	0.59	0.16	0.08	2,724
	Group	0.07	0.13	0.43	0.25	0.12	1,624
	Family	0.06	0.05	0.85	0.02	0.02	808
The number of staff positions cut	All	0.07	0.10	0.72	0.08	0.03	2,715
	Group	0.08	0.10	0.66	0.12	0.03	1,601
	Family	0.06	0.08	0.82	0.03	0.01	817
The ability to hire new, qualified staff as needed	All	0.21	0.15	0.40	0.15	0.08	2,760
	Group	0.23	0.20	0.28	0.19	0.09	1,628
	Family	0.18	0.07	0.65	0.07	0.03	832

Note: This table includes only providers that received CCC funds before May 2023: N=3,126. Fluctuating Ns represent item non-response.

As shown in Table 3, in terms of recruitment and retention of child care professionals, providers who had received CCC funding prior to May 2023 reported the most change in their ability to offer staff or themselves competitive compensation in wages and bonuses. Overall, a higher percentage of providers (38%) said their ability to provide competitive compensation decreased since funding was reduced; 32% of these providers said that they were able to increase compensation either a little (21%) or a lot (11%). Differences in responses between group and family providers were small for this question, but they were greater for other aspects of staffing. For example, compared to family providers, group providers reported more change in the number of staff who quit, the number of staff positions cut, and their ability to recruit staff during this time. Significantly, almost half (43%) of group providers reported a decrease in their ability to hire new, qualified staff as needed.

⁶A series of questions about changes in operational aspects of programs (e.g., staying open, capacity, etc.) since May 2023 were asked in a previous questionnaire focused on child care supply and demand, fielded in February 2023 (see Shager, Bauer & Hostetter, 2024). Thus, these types of questions were not repeated in this questionnaire.

⁷For the CCC contribution questions, we imposed a post-questionnaire skip pattern and removed providers who answered “stayed about the same” for corresponding prior questions asking about change. Results keeping these providers in are provided in Appendix D (Tables 4 and 7, Contribution of Reduction in CCC Funding to Program Changes, Including Providers Who Indicated “No Change” in Corresponding Items). Any additional fluctuation in N’s represents item non-response.

Table 4: How much did the reduction in Child Care Counts Stabilization payments contribute to the following changes in your program since May 2023?

Item		Not at all	A little	Some	Quite a bit	A great deal	No change	N
The ability to offer staff/self competitive compensation in wages and bonuses	All	0.05	0.15	0.19	0.23	0.33	0.05	2,087
	Group	0.02	0.13	0.19	0.24	0.38	0.04	1,248
	Family	0.08	0.16	0.16	0.24	0.29	0.06	617
The ability to offer staff/self competitive benefits...	All	0.11	0.12	0.15	0.22	0.28	0.13	1,359
	Group	0.07	0.12	0.18	0.22	0.29	0.11	756
	Family	0.14	0.09	0.11	0.24	0.26	0.16	471
The number of staff who quit	All	0.10	0.22	0.25	0.16	0.13	0.14	1,217
	Group	0.07	0.24	0.29	0.19	0.13	0.07	935
	Family	0.16	0.19	0.09	0.06	0.09	0.42	198
The number of staff positions cut	All	0.14	0.19	0.19	0.12	0.13	0.22	880
	Group	0.14	0.20	0.24	0.15	0.12	0.15	567
	Family	0.13	0.16	0.10	0.07	0.12	0.42	225
The ability to hire new, qualified staff as needed	All	0.07	0.15	0.16	0.21	0.28	0.12	1,731
	Group	0.04	0.15	0.19	0.25	0.31	0.06	1,179
	Family	0.16	0.12	0.09	0.15	0.25	0.22	360

Note: This table includes only providers that received CCC funds before May 2023: N=3,126. For each item, providers that responded “Stayed about the same” to the corresponding questions in Table 3 are also dropped from this table. Providers were instructed to select “no change” in response to this question if the item did not apply to their program.⁸

Table 4 shows that for providers who had received CCC funding prior to May 2023 and reported changes in staffing aspects of their program between May 2023 and November 2024, most attributed at least some of the change to the reduction in CCC payments.⁹ For example, 90% of these providers (94% of group providers and 86% of family providers) said the reduction in CCC payments contributed to changes in their ability to offer competitive compensation—56% said these reductions contributed quite a bit or a great deal. Most providers (81%) also said the reduction of CCC payments contributed to changes in their ability to hire new, qualified staff. Over half of group providers (56%) and 40% of family providers said the reductions impacted their ability to hire quite a bit or a great deal.

Questions re: changes to weekly tuition and ability to meet the needs of families served since May 2023

Table 5 documents reported changes in weekly, full-time tuition between May 2023 and November 2024 for infants and toddlers, preschoolers, and school-age children. For all items, only 2% of providers reported decreasing tuition during this time. Almost two-thirds (65%) of these providers (76% of group providers and 56% of family providers) reported increasing tuition for infants and toddlers—23% by \$26 or more per week. A similar proportion of

⁸Providers were also instructed to select “stayed about the same” in the previous question if they felt an item did not apply to their program. So, the fact that the “no change” category in Tables 4 and 7 is greater than 0 suggests that some measurement error in these items remains.

⁹Appendix E (Contribution of Reduced Child Care Counts Funding to Program Changes Based on Initial Change Direction) provides analysis of answers to questions 2 and 5 (How much did the reduction in CCC Stabilization payments contribute to the following changes in your program since May 2023?) based on whether providers indicated either an increase or decrease in the corresponding previous items. This analysis suggests that providers experiencing unfavorable changes reported stronger attribution of the reduction of CCC funding as a contributor to such change than providers experiencing favorable changes over the same time period.

providers (64% overall; 77% of group providers and 54% of family providers) reported increasing weekly tuition for preschoolers—20% by \$26 or more per week. Almost two-thirds (61%) of providers (74% of group providers and 49% of family providers) reported increasing weekly tuition for school-age children, by a somewhat lesser amount than for other age groups.

Table 5: Since May 2023, how has the price of tuition per week changed for the following groups in your child care program?

Item		Decreased	Stayed the same	Increased	Increased	Increased	Increased	N
				by \$1 to \$10	by \$11 to \$25	by \$26 to \$50	by more than \$50	
Full-time care for infants and toddlers, age 0-23 months	All	0.02	0.33	0.21	0.21	0.14	0.09	2,349
	Group	0.01	0.23	0.21	0.26	0.18	0.11	1,192
	Family	0.03	0.41	0.22	0.16	0.11	0.06	926
Full-time care for preschoolers, age 2-5 years	All	0.02	0.34	0.22	0.21	0.14	0.06	2,647
	Group	0.00	0.23	0.23	0.27	0.18	0.08	1,421
	Family	0.03	0.43	0.24	0.16	0.10	0.04	941
Full-time care for school-age children, kindergarten and above	All	0.02	0.37	0.27	0.18	0.09	0.06	2,546
	Group	0.01	0.25	0.31	0.24	0.11	0.09	1,353
	Family	0.04	0.47	0.24	0.14	0.07	0.04	888

Note: This table includes only providers that received CCC funds before May 2023: N=3,126.

Table 6 describes reported changes in child care providers’ ability to meet the needs of the families they serve, including their ability to provide high quality care and additional services, as well as their ability to serve children during non-standard hours, and to serve particular populations of children (e.g., those with special needs, receiving Wisconsin Shares, whose primary language is not English, and infants and toddlers).

Table 6: Since May 2023, how have the following changed for your child care program?

Item		Decreased a lot	Decreased a little	Stayed	Increased a	Increased a	N
				about the same	little	lot	
Your ability to provide high quality care	All	0.05	0.19	0.50	0.16	0.11	2,917
	Group	0.04	0.21	0.52	0.13	0.09	1,654
	Family	0.06	0.15	0.50	0.16	0.13	940
Your ability to serve children during non-standard hours	All	0.08	0.06	0.79	0.05	0.03	2,667
	Group	0.06	0.06	0.83	0.03	0.01	1,513
	Family	0.11	0.06	0.71	0.08	0.04	855
Your ability to serve children with special needs	All	0.08	0.12	0.69	0.09	0.03	2,793
	Group	0.09	0.15	0.65	0.08	0.03	1,611
	Family	0.07	0.07	0.74	0.08	0.03	870
Your ability to serve children receiving WI Shares	All	0.04	0.05	0.76	0.09	0.06	2,819
	Group	0.03	0.05	0.79	0.09	0.04	1,615
	Family	0.05	0.05	0.74	0.09	0.06	887
Your ability to serve children whose primary language is not English	All	0.03	0.04	0.86	0.05	0.02	2,694
	Group	0.02	0.05	0.86	0.05	0.02	1,590
	Family	0.04	0.04	0.87	0.03	0.02	818
Your ability to serve infants and toddlers, age 0-23 months	All	0.10	0.13	0.61	0.10	0.06	2,779
	Group	0.10	0.15	0.62	0.08	0.05	1,542
	Family	0.11	0.10	0.59	0.13	0.07	931
Your ability to provide additional services such as meals and transportation	All	0.11	0.11	0.64	0.09	0.04	2,817
	Group	0.10	0.12	0.68	0.07	0.03	1,601
	Family	0.14	0.12	0.59	0.10	0.05	910

Note: This table includes only providers that received CCC funds before May 2023: N=3,126.

Overall, providers reported less change between May 2023 and November 2024 for these items compared to items about staffing and tuition. The greatest level of reported change was for providers’ ability to provide high quality care. Of the approximately half of respondents who reported changes in this area, 24% reported decreases in their ability to provide high quality care and 27% reported increases. Approximately one-fifth of providers reported decreased ability to serve children with special needs (20%), serve infants and toddlers (23%), and provide additional services such as meals and transportation (22%). Lower levels of reported change in other areas (e.g., ability to serve children during non-standard hours or children whose primary language is not English) may also reflect the fact that providers may not have been providing these services or serving these children in the first place.

Table 7: How much did the reduction in Child Care Counts Stabilization payments contribute to the following changes in your program since May 2023?

Item		Not at all	A little	Some	Quite a bit	A great deal	No change	N
The price of tuition for your program	All	0.08	0.13	0.19	0.20	0.23	0.18	2,858
	Group	0.07	0.11	0.19	0.22	0.28	0.13	1,610
	Family	0.07	0.16	0.20	0.20	0.16	0.21	934
Your ability to provide high quality care	All	0.06	0.21	0.27	0.18	0.19	0.09	1,458
	Group	0.07	0.21	0.28	0.18	0.19	0.07	785
	Family	0.05	0.16	0.25	0.20	0.21	0.13	476
Your ability to serve children during non-standard hours	All	0.13	0.14	0.15	0.15	0.19	0.25	738
	Group	0.12	0.14	0.15	0.15	0.18	0.27	337
	Family	0.12	0.15	0.14	0.14	0.20	0.25	312
Your ability to serve children with special needs	All	0.09	0.20	0.19	0.22	0.15	0.16	961
	Group	0.08	0.20	0.19	0.26	0.14	0.13	592
	Family	0.10	0.15	0.20	0.20	0.14	0.22	274
Your ability to serve children receiving WI Shares	All	0.09	0.20	0.18	0.14	0.19	0.19	741
	Group	0.11	0.21	0.22	0.13	0.17	0.15	356
	Family	0.08	0.14	0.17	0.17	0.18	0.27	277
Your ability to serve children whose primary language is not English	All	0.13	0.20	0.17	0.11	0.13	0.25	544
	Group	0.11	0.21	0.25	0.13	0.12	0.19	264
	Family	0.18	0.12	0.10	0.12	0.13	0.35	199
Your ability to serve infants and toddlers, age 0-23 months	All	0.08	0.16	0.17	0.23	0.24	0.12	1,150
	Group	0.10	0.15	0.16	0.24	0.24	0.11	638
	Family	0.04	0.17	0.20	0.23	0.24	0.12	398
Your ability to provide additional services such as meals and transportation	All	0.05	0.18	0.22	0.19	0.26	0.10	1,066
	Group	0.05	0.18	0.21	0.19	0.29	0.09	554
	Family	0.05	0.19	0.22	0.22	0.23	0.09	388

Note: This table includes only providers that received CCC funds before May 2023: N=3,126. For each item, providers that responded “Stayed about the same” to the corresponding questions in Tables 5 & 6 are also dropped from this table. Providers were instructed to select “no change” in response to this question if the item did not apply to their program.

Table 7 shows that 74% of providers who received CCC funding prior to May 2023 and reported changes in tuition by November 2024 said that the reduction in CCC payments contributed to those changes. Overall, 43% of these providers (50% of group providers and 36% of family providers) said the payment reductions contributed to tuition changes quite a bit or a great deal. For providers who reported changes in their ability to provide high quality care during this time, 85% said reductions in CCC payments contributed to this change. Over one-third (37%) said the reductions contributed quite a bit or a great deal.

In sum, many providers reported changes, particularly increasing tuition and staffing challenges, between May 2023 and November 2024. Many of these same providers attributed such changes to the reduction of CCC funding during this time. Using these behavioral and experiential results as evidence for the potential of funding reductions to impact child care programs, we turn now to results from the series of questions asking providers to consider potential impacts of the end of the CCC Stabilization program.

6. Results: Questions about the Impacts of the End of CCC Funding

A second set of questions reminded providers that without additional investment, the CCC Stabilization Program will end in June 2025. Providers were then asked questions about how they expect their child care programs to be impacted by the end of this funding. Specific questions focused on program aspects such as operations, weekly tuition, recruitment and retention of child care professionals, and ability to meet the needs of families served. Descriptive results for these questions are shown in Tables 8 through 11, below.

For this set of questions, we also conducted a series of sub-group analyses, considering whether answers to these questions varied by theoretically salient characteristics. Descriptive results indicating whether providers answered somewhat or more likely to each item are provided by provider type and region (Appendix F), Southeastern Region vs. Balance of State (Appendix G), urbanicity (Appendix H), YoungStar rating (Appendix I), and Wisconsin Shares enrollment (Appendix J).¹⁰

In addition, Appendix K shows regression results for questions 6 through 9 (corresponding to Tables 8 through 11 in the report), where we simultaneously hold constant a number of provider characteristics, to help isolate whether any particular characteristic is statistically significantly associated with a particular outcome. As expected, these analyses suggest that provider type is a consistently significant factor associated with providers' expectations about what will happen if CCC funding ends. Thus, we provide separate results for the two largest provider types (group and family) for each of the items.¹¹ Five-star rated programs also consistently appear to be less likely to expect negative outcomes, compared to lower rated programs. We note a few other characteristics that appear associated with expectations for particular questions, but there are no other consistent patterns. Indeed, the models have very low R-squared values (ranging from 0.01 to 0.08), meaning they explain at most 8% of the variation in responses. This suggests that many other unmeasured factors influence providers' expectations, and as a result, the descriptive statistics presented throughout our report remain valuable on their own.¹²

¹⁰For Wisconsin Shares enrollment analyses, comparisons are provided between providers with 0% Wisconsin Shares enrollment, Any Wisconsin Shares enrollment (>0% and <100%), and 100% Wisconsin Shares enrollment.

¹¹Public school programs also consistently appear to be less likely to expect negative outcomes, compared to other types of programs.

¹²Per DCF's request, we also provide a select group of results by county (See Appendix L: Tables 8-11 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.

Questions re: the impact of ending CCC Stabilization funding on program operations.

Table 8: If CCC Stabilization payments end in June 2025, how likely are you to...

Item		Not at all likely	A little likely	Somewhat likely	Very likely	Extremely likely	N
Close your program	All	0.56	0.19	0.15	0.05	0.05	3,246
	Group	0.55	0.20	0.15	0.05	0.05	1,791
	Family	0.53	0.20	0.15	0.06	0.05	1,057
Close classrooms or reduce the total number of children served	All	0.40	0.24	0.18	0.09	0.08	3,250
	Group	0.28	0.29	0.22	0.10	0.10	1,817
	Family	0.56	0.16	0.14	0.08	0.06	1,042
Reduce the hours available for care	All	0.44	0.20	0.18	0.10	0.08	3,277
	Group	0.40	0.23	0.19	0.10	0.09	1,819
	Family	0.46	0.19	0.17	0.10	0.07	1,058
Experience longer waitlists	All	0.26	0.15	0.14	0.17	0.28	3,214
	Group	0.21	0.14	0.14	0.18	0.32	1,800
	Family	0.29	0.16	0.15	0.16	0.24	1,028

Note: Table includes responses from all providers (N=3,646); fluctuating Ns reflect item non-response.

Table 8 suggests that 25% of responding providers (N=812; 25% of group providers and 26% of family providers) report that they are somewhat or more likely to close if CCC payments end. Similar proportions of group and family providers reported that closing their program was very or extremely likely (10% and 11%, respectively). An even greater proportion of providers reported that they are at least somewhat likely to close classrooms or reduce the total number of children served (37%), or reduce the hours available for care (36%). More than half of providers (59%) reported that they are at least somewhat likely to experience longer waitlists if CCC funding ends. Regression analyses suggest that compared to programs that serve infants, those that do not appear somewhat less likely to anticipate closing, reducing hours, or experiencing longer waitlists. In addition, compared to providers in the Southeastern region, providers in the Northern and Southern regions report being more likely to close their programs.

Questions re: the impact of ending CCC Stabilization funding on weekly tuition.

Table 9: If CCC payments end in June 2025, how do you anticipate the price of tuition per week for the following groups in your child care program will change?

Item		Will decrease	Will stay the same	Will increase by \$1 to \$10	Will increase by \$11 to \$25	Will increase by \$26 to \$50	Will increase by more than \$50	N
Full-time care for infants and toddlers, age 0-23 months	All	0.04	0.17	0.17	0.23	0.21	0.17	2,686
	Group	0.03	0.12	0.15	0.25	0.25	0.20	1,314
	Family	0.05	0.19	0.20	0.23	0.17	0.15	1,073
Full-time care for preschoolers, age 2-5 years	All	0.04	0.18	0.19	0.25	0.21	0.13	3,033
	Group	0.03	0.12	0.17	0.27	0.26	0.15	1,589
	Family	0.05	0.20	0.22	0.24	0.17	0.12	1,084
Full-time care for school-age children, kindergarten and above	All	0.04	0.19	0.23	0.24	0.18	0.11	2,911
	Group	0.03	0.11	0.24	0.29	0.20	0.14	1,507
	Family	0.05	0.23	0.24	0.22	0.16	0.10	1,030

Note: Table includes responses from all providers. N=3,646; fluctuating Ns reflect item non-response.

Table 9 suggests that if CCC payments end in June 2025, most families will experience increases in weekly tuition, across all age groups. For example, 78% of providers reported that weekly tuition for full-time infant and toddler care is likely to increase, and 38% reported anticipated increases of \$26 per week or more. Substantive proportions of both group and family providers reported anticipated increases in weekly tuition across all age groups, although group providers reported larger likely increases. Less than 5% of providers reported anticipated decreases in tuition if CCC payments end. Regression analyses suggest that compared to providers in the Southeastern region, providers in the Northeastern region may be less likely to increase tuition by at least \$26 per week for preschoolers and school-aged children. In addition, providers in the least urban areas may be less likely to raise tuition by \$26 or more per week compared to providers in the most urban areas.

Questions re: the impact of ending CCC Stabilization funding on the recruitment and retention of child care professionals.

Table 10: If CCC Stabilization payments end in June 2025, how likely are you to...

Item		Not at all	A little	Somewhat	Very likely	Extremely	N
		likely	likely	likely		likely	
Reduce the total amount of compensation paid to staff/self in wages and bonuses	All	0.18	0.16	0.16	0.22	0.28	3,263
	Group	0.15	0.17	0.18	0.22	0.28	1,846
	Family	0.17	0.14	0.15	0.23	0.31	1,032
Reduce the benefits offered to staff/self...	All	0.32	0.14	0.16	0.17	0.21	3,189
	Group	0.34	0.16	0.16	0.16	0.18	1,817
	Family	0.24	0.11	0.15	0.21	0.29	993
Experience increased staff quitting	All	0.24	0.20	0.18	0.17	0.21	3,125
	Group	0.11	0.22	0.21	0.22	0.25	1,818
	Family	0.41	0.16	0.15	0.13	0.17	943
Experience increases in the number of staff positions cut	All	0.36	0.18	0.17	0.15	0.14	3,109
	Group	0.28	0.21	0.20	0.17	0.15	1,810
	Family	0.45	0.13	0.14	0.12	0.17	932
Experience increased difficulty in hiring new, qualified staff as needed	All	0.16	0.15	0.14	0.18	0.37	3,153
	Group	0.06	0.15	0.14	0.20	0.44	1,821
	Family	0.32	0.11	0.14	0.15	0.29	955

Note: Table includes responses from all providers. N=3,646; fluctuating Ns reflect item non-response.

Table 10 suggests that if CCC funding ends in June 2025, a majority of providers expect challenges with staffing. For example, 66% of providers said that it is at least somewhat likely that they will reduce the total amount of compensation paid to staff or themselves. Half of providers (50%) said this was very or extremely likely, at similar rates for both group (50%) and family (54%) providers. Over half of providers (54%) reported they would be at least somewhat likely to reduce benefits. Over half of providers (56%) also said they were at least somewhat likely to experience increases in staff quitting, and 46% expected somewhat or more likely increases in the number of staff positions cut. Most providers (69%) reported that it was at least somewhat likely that they would experience increased difficulty in hiring new, qualified staff as needed. More group (64%) than family (44%) providers reported that this was very or extremely likely to happen.

Regression analyses suggest some potential patterns based on provider characteristics beyond provider type. For example, providers not serving infants seem more likely to expect staffing

challenges than those serving infants. Compared to the reference group (Southeastern region), providers in the Northeastern region appear to expect fewer staffing challenges.¹³

Questions re: the impact of ending CCC Stabilization funding on the ability to meet the needs of families served.

Table 11 documents providers' expectations regarding the likelihood of increased difficulty in meeting the needs of the families they serve. As with the first set of questions, providers predict the greatest impact of the loss of CCC funding on their ability to provide high quality care. About half of providers (51%) said it is at least somewhat likely that they will experience increased difficulty providing high quality care under this scenario. More than a third (35%) of group providers and a quarter of family providers (25%) expect this to be very or extremely likely. Many providers also expect at least somewhat increased difficulty to serve children during non-standard hours (41%), children with special needs (44%), children receiving Wisconsin Shares (35%), and infants and toddlers (45%). Almost a third of providers reported it would be very or extremely likely that they would experience increased difficulty serving children with special needs (30%) and infants and toddlers (29%). Almost half of providers (47%) reported that they expect it to be at least somewhat likely that they will experience more difficulty in providing additional services such as meals and transportation. Again, almost a third of providers (31%) expected this to be very or extremely likely. Regression analyses suggest that compared to the reference group (providers in the Southeastern region), providers in the Northeastern region may predict less increased difficulty to serve children during non-standard hours, children with special needs, children receiving Wisconsin Shares, and children whose primary language is not English.

¹³ Another pattern emerged regarding YoungStar rating. Compared to the reference group of two-star rated providers, three-star and four-star rated providers seemed to expect more staffing challenges, while five-star providers appeared to expect fewer challenges. However, YoungStar rating is also highly correlated with program type.

Table 11: If CCC Stabilization payments end in June 2025, how likely are you to experience...

Item		Not at all likely	A little likely	Somewhat likely	Very likely	Extremely likely	N
Increased difficulty to provide high quality care	All	0.25	0.24	0.21	0.15	0.15	3,292
	Group	0.21	0.23	0.21	0.17	0.18	1,833
	Family	0.30	0.23	0.22	0.13	0.12	1,062
Increased difficulty to serve children during non-standard hours	All	0.46	0.12	0.13	0.11	0.17	2,985
	Group	0.50	0.10	0.11	0.10	0.19	1,624
	Family	0.38	0.16	0.16	0.14	0.16	986
Increased difficulty to serve children with special needs	All	0.37	0.19	0.14	0.13	0.17	3,127
	Group	0.33	0.21	0.14	0.12	0.20	1,773
	Family	0.41	0.16	0.15	0.14	0.15	977
Increased difficulty to serve children receiving WI Shares	All	0.47	0.17	0.16	0.09	0.10	3,138
	Group	0.47	0.18	0.16	0.09	0.10	1,747
	Family	0.46	0.15	0.18	0.09	0.11	1,005
Increased difficulty to serve children whose primary language is not English	All	0.55	0.14	0.12	0.08	0.11	3,054
	Group	0.55	0.14	0.12	0.07	0.12	1,734
	Family	0.56	0.12	0.12	0.09	0.11	954
Increased difficulty to serve infants and toddlers (age 0-23 months)	All	0.39	0.16	0.16	0.11	0.18	3,101
	Group	0.38	0.15	0.15	0.12	0.20	1,684
	Family	0.35	0.19	0.19	0.10	0.17	1,041
Increased difficulty to provide additional services such as meals and transportation	All	0.37	0.16	0.16	0.13	0.18	3,164
	Group	0.38	0.14	0.15	0.14	0.19	1,761
	Family	0.34	0.18	0.17	0.12	0.19	1,027

Note: Table includes responses from all providers. N=3,646; fluctuating Ns reflect item non-response.

7. Results: Open-Ended Question

Overall Response Patterns

The final open-ended question posed to providers was: “Imagine Child Care Counts Stabilization funding became permanent at its original level. Considering issues like staffing, capacity, quality, and tuition, how would this type of sustained public funding impact your program and community?” Most (N=3,145; 86%) providers responded to the question.¹⁴

Overall, respondents were overwhelmingly enthusiastic about the impacts that permanent funding at the original level would have on their program and community. For example, providers described the opportunity to “thrive” and “flourish” under such a scenario. The tone of comments ranged from matter-of-fact lists explaining the potential impacts of funding to passionate, sometimes desperate, pleas for support. Instead of or in addition to answering the question about impacts of permanent funding at the original levels, some respondents described the significant challenges and threats that they currently face in their child care programs, impacts of prior funding reduction, or the tough choices they will face if the CCC Stabilization program ends. Below, we identify key themes that emerged, as well as illustrative examples that provide information beyond the quantitative data gathered via the questionnaire.¹⁵

¹⁴ 36 responses were translated from Spanish to English for analysis purposes.

¹⁵ Quotes may be lightly edited for clarity.

Ensuring Adequate and Equitable Access to High Quality Child Care

One overarching theme that emerged from providers' responses to the open-ended question related to implications of the funding to ensure adequate and equitable access to high quality child care. These comments often highlighted the need to keep tuition affordable. With families already struggling to afford child care, respondents repeatedly described how continued funding—whether at the original or at current levels—would help prevent further tuition rate increases. For some, this meant keeping tuition rates the same or even reducing rates, whereas others indicated continued funding would allow them to raise tuition by less. As one provider explained, “We have raised our rates high enough that people have had to start leaving our program for cheaper options. If we had a permanent investment, I would be able to stop raising rates 10–20% per year. I feel we have priced the middle and lower class out of our program.”

Some providers envisioned additional ways to provide discounts for families struggling to pay for child care; for example, by waiving copays, offering scholarships, eliminating other fees, or being able to open more spots for or continue serving Wisconsin Shares subsidy recipients. For example, this provider explained, “We could offer more reduced rates spots for families in need who do not receive adequate support from the Wisconsin Shares program. We could offer more discounts for siblings and dependents.”

Illustrating how CCC funding enables access to child care, some providers described being either the only or one of the only viable options for child care for parents in their area. As this provider explained:

“If the Child Care Counts would stay permanent, I would be able to pay my staff a competitive wage and give them paid time off. I would be able to keep my tuition at a rate that families can afford. With the cost of living right now, without the Child Care Counts I will have to increase my rates over \$50/week per family. I will be able to keep providing quality care for the families I serve. I am in a small community with one other child care center. I am the only center that provides infant care—if I close my center, it will be a huge loss for the community.”

Respondents also described how the funding would allow them to improve access and quality of care for children who are more costly to serve, and thus who often face more acute child care shortages. Such comments came from providers who serve infants and toddlers; children with behavioral challenges, disabilities, or other special needs; and English-language learners. In particular, providers discussed how funding would allow them to support enough staff with appropriate skills and qualifications to teach and care for these children. Some providers also explained that the funding would help ensure they had the appropriate materials and supplies for working effectively with these populations. For example, these providers explained:

“I have owned and operated child care centers for the past 37 years. The difficulty in hiring and meeting the increased demand for infant care and the care of children with special needs has reached a crisis status in the past couple of years. Because this population requires our most experienced and highly trained individuals, it is very difficult if not impossible to find qualified candidates. I have been able to continue because I have dedicated employees that have been with me for years at great personal sacrifice. I worry about centers who do not have this

and the future as these people age out. To compete for young people to enter the field we will have to be able to compete with other industries such as nursing and public school teachers in compensation and benefits. This is just not possible with the current fee structure. I have always prided myself on meeting the needs of every child, but slowly I am noticing that our center and many like ours are becoming for a well-connected and elite group of families who can afford the high cost. While this keeps me up at night, and I would like to advocate for change, I am too busy working in classrooms trying to maintain quality and offset staff shortages created by lack of funds and competition for a diminishing group of qualified teachers.”

“I could remain open, afford health care insurance again, contribute to retirement. I would be able to hire another person to work in my program with me, and therefore could accept younger children again (under 2) and enroll special needs children again. With funding in place, I could again take the chance on SHARES recipients—in the past 3 years, all of those recipients left due to never making a copay, not being able to afford a copay, or got so far behind that I no longer could support that within my program. I have had to raise tuition rates a good deal, and I am still underpaid, have to drop my health insurance for next year again, and have not contributed to retirement to this point.”

“Making childcare more affordable for families. This would help alleviate the financial burden on parents, particularly in communities where child care costs are rising faster than wages. By providing financial stability, we could create a more equitable system where high-quality childcare is accessible to families from a wide range of socioeconomic backgrounds, helping to break down barriers to opportunity for all children.”

Impacts of Providing Accessible Child Care

Furthermore, providers frequently described how the ability to offer affordable and accessible high-quality care could have ripple effects in their community and the state. They also described how improved quality care would support better child well-being and would set children on a better trajectory later in life as students and working adults. Providers emphasized the importance of providing equitable access to care in order to better position all children for success in life. For example:

“Receiving ongoing monthly payments definitely has helped to provide the financial stability for our program and other programs in the community to remain open, to recruit and retain qualified staff, and to continue providing high-quality care for children. We are a small preschool of only 28 students but provide a high-quality program for parents. Because we are small, my income is limited, and I cannot increase the tuition to the point that would be unaffordable to parents. The Child Care Counts Stabilization funding has been so helpful in allowing me to keep our tuition at a competitive rate and affordable to parents. It has also helped families who could not afford to pay tuition due to a job loss. The children in our program are flourishing and have a good foundation to build on

when they enter 4K. The 4K teachers whom I collaborate with have stated that they can tell the difference between an incoming student who has had prior early childhood education experience and a student who has not. More and more programs, however, are closing in the community. I have long wait lists for both my 2K and 3K programs, and families have fewer choices. This results in a disadvantage to those children who do not have the opportunity at a young age to experience social and emotional growth, early language and literacy skills and school readiness skills outside of the home.”

“We need to pay our teachers a livable wage, which is not \$10 or even \$15 an hour anymore. We are competing against fast food and retail that offer double what we can pay, with benefits. Most families need to be two-income households just to survive the economy; passing the burden of tuition increases from economic inflation on to families is disgusting. Even if a family could manage around the fall of child care programs, many of them will have limited options, such as not expanding families as planned, working separate shifts, working less or no hours, resulting in less spending in the economy. Before 4K, children are only in front of a mandated reporter every 6 months to 1 year IF they attend appointments with a doctor, if they have any interaction with social services or law enforcement, or when they are in care of a mandated reporter. Some children only have healthy meals or meals of any sort IN a program. Some parents have no idea how to help their children meet social and emotional developmental milestones; they ask our teachers. Some parents don't have the ability to provide warm clothes to their children--our program either purchases for these children, or can find free resources in our communities. Not investing in children is detrimental to the entire community.”

Providers also acknowledged how providing more affordable and accessible child care could improve a family’s financial situation; for example, by reducing the burdens of cost of care and enabling parents to remain in the workforce, which in turn supports local and statewide economies. As these providers explained:

“Funding child care has numerous benefits for society, families, and the economy. Access to affordable child care allows parents to participate more fully in the workforce, boosting overall productivity and economic growth. Quality child care supports early childhood development, providing children with essential skills and a solid foundation for future learning. Subsidizing child care can alleviate financial burdens on families, helping to lift them out of poverty and improve their quality of life. Government-funded child care can ease the stress on working families, allowing them to balance work and family responsibilities more effectively. By providing affordable child care, governments can help promote gender equality in the workplace, enabling more women to pursue careers without the disproportionate burden of child care responsibilities. Investing in early childhood education can lead to long-term savings in social services, healthcare, and education by reducing the need for remedial programs later. Accessible child care can promote social cohesion by providing safe environments for children, which can foster community ties and support networks.

Overall, government investment such as CCC can lead to a healthier, more equitable, and more prosperous society.”

“One of the most significant outcomes would be the ability to keep tuition affordable for families. High child care costs often burden parents, forcing many to make difficult decisions about work and education. Permanent funding would allow us to stabilize or even reduce tuition rates, ensuring equitable access to child care services. Lower tuition would directly impact families' financial well-being and promote economic stability within the community.”

“The impact on our community would be life altering for the families and children in our community. With access to high-quality care for the youngest children in our communities our workforce would be strengthened, the local economy would be stronger, families would be able to afford to have both parents in the workforce and still be able to afford to live and pay for care. An investment in the child care field is an investment that will be unmatched in its ability to change Wisconsin, now and in the future. A state investment must be made; without it, high quality care will be for only the wealthiest people in the community, and Wisconsin families who are considering growing their families will have to limit the number of children that they have, or move out of Wisconsin to states who are making care of the youngest citizens a priority. Education is not just K–12; the foundation of that education is our child care system, and it is broken. Taking away the children and funding for 3K and 4K classrooms was the first blow to our bottom line; covid and high costs of supplies, lack of workers, low wages, and having to charge families so much is what is pushing many centers to the point of closure. Without the state investment, regulated, safe, high-quality care will become a thing of the past.”

The Trade-Off Between Sufficient Compensation and Affordability

Another key theme that emerged in providers' responses was the trade-off between sufficiently compensating staff and ensuring their child care program was still affordable for parents. Providers frequently discussed that with permanent funding at the original levels, they would be able to pay staff without having to put the full cost burden onto families. For many respondents, sufficiently compensating staff would mean increasing pay and benefits, while others had already increased staff pay and benefits and said that continued funding would help sustain these levels. Some providers discussed how benefits such as health care were very expensive and difficult to offer staff based on tuition alone. These providers highlighted the challenges of trying to navigate this trade-off, as well as the tough decisions they would have to make without funding:

“While the reduction amount greatly affected our program, the current funding is the only reason we are even close to being stable. We serve families in a very rural area that is considered a child care desert. This funding remaining would mean we wouldn't have to astronomically raise our rates to ATTEMPT to keep staff at the wages they are and continue to increase our amazing staff's pay so they remain with us. Childcare workers are substantially underpaid and in the

state of inflation/this economy, they cannot afford to remain in their job roles. I have had countless staff tell me that they have considered leaving this job they love solely because of pay concerns. This funding could mean keeping my people that are the ones OFFERING the QUALITY care we provide.”

“If funding became permanent, we would be able to reduce the amount of tuition that we charge parents. We had two years of 5% increases to make sure that we could maintain our staff payroll at the higher amounts they were receiving with the grant money. We have been able to pay staff an additional \$3.30/hour with grant money, so staff hiring and retention has been much better than pre-grant. If the grants go away, we will need to get that additional \$3.30/hour from tuition. We CANNOT drop the hourly rate that we pay staff by \$3.30/hour. We would lose everyone.”

“The original investment amounts allowed us to pay our teachers more (though still likely not enough) and slow our rate [of] our tuition increases to keep our program more affordable for families—though it likely still isn't enough either. Families are making decisions to exit the workforce or just not have children at all as they can't afford to both pay for care, rent, and food. Teachers are leaving early childhood to work at Target or Kwik Trip as they can earn more than a professional ECE teacher at a high-quality center. CCC must be made permanent or many ECE programs will outright close, increase their rates dramatically (then close as people can't afford their rates), or decrease the quality of care and the qualifications of their staff. None of these are viable options for a thriving workforce and happy families.”

“As the center owner, I struggle to make the choice to increase our tuition because the children and their family are the ones who suffer. On the other hand, my staff is suffering. I value the staff who work for me, and how can they provide for their own family without increased wages? A world without child care is what we are facing if Child Care Counts funding stays at the decreased rate or ends. Imagine a world without child care ... During the pandemic, child care providers were SEEN. I beg our government to SEE us, to understand our value. If the funding became permanent at the original level, it would significantly increase employee retention and make it easier to hire new employees. We would then be able to serve more children in our community by taking new enrollment to our capacity. We would be able to replace broken or wore materials. We would be able to thrive again.”

Respondents frequently discussed how underpaid and undervalued childcare staff currently are, relative to both the cost of living and to what staff are actually worth considering the educational requirements, level of stress, work involved, and importance of the job. Several providers explained that current staff only stay in the field despite the low wages because of their passion and love for children. Continued funding at original levels would better enable providers to offer staff an adequate level of pay—which, for different respondents, ranged from staff simply being able to meet their own basic needs to receiving competitive pay and benefits relative to other jobs, such as public school teachers or fast food workers. The ability to adequately compensate

staff would improve staff well-being by allowing providers to show staff that they were valued and appreciated, and would reduce staff's personal financial stress, especially considering recent cost of living increases. Adequate compensation would significantly improve recruitment and retention efforts as staff would be more motivated and more financially able to enter and stay in the field. Similarly, providers discussed how public funding is a reflection of the state's priorities, and how at original funding levels child care providers felt respected—their profession was important for children's development and the overall economy. For example, these providers explained:

“It would impact our program and community immensely. We are currently experiencing difficulty paying our teachers at a reasonable pay wage. People that are applying and interviewing are turning down our positions because we aren't able to pay them what they need and deserve to survive in our economy today. We are taught that the first 3 years of life are the most important and crucial to a child's development, and I feel that my staff should be paid more for what their job description entails.”

“This type of funding would increase staff morale and make them feel more valued and respected as a child care professional. When staff receive additional funds from outside sources, they feel that they're being recognized for all of their hard work and effort that goes into providing quality child care and hopefully, viewed as more than ‘just a babysitter.’ [...] In addition, tuition would not need to be increased at a higher rate to maintain current staffing. Please know that my staff don't take the Child Care Counts grant for granted. They are all so incredibly grateful for everything that they receive.”

“I feel we would see a large amount of stress lifted off the shoulders of families, child care teachers, directors and centers. If we can offer better wages and benefits to teachers, then we will be able to hire more qualified staff. We lose the ability to fill the state's child care centers with driven, smart, educated, caring people to teach and care for children. If we can have a strong workforce, then centers can open up more space for children. In turn, we won't need to raise our fees so much that families won't be able to afford the cost of care. I strongly feel that in order for families to be able to work and live a middle-class lifestyle they need good quality care for their children. It is my theory that more and more people (women especially) are not choosing early childhood education as a career due to low wages and slim benefits. I have worked in the child care field since 1988 and have seen these critical issues since the beginning. When the pandemic opened the eyes of the public to realize how much child care is needed for the economic stability of the state and nation—it was a great thing to see. The value of what Early Childhood centers, teachers, and directors provide cannot have a dollar amount put on it. Teachers should be paid a livable wage, in turn we could then raise the educational requirements for teachers, which in turn raises the quality of care for the most important people in all of this, The Children.”

“The Child Care industry has been hanging on by a thread for years, and when COVID came, we were asked to risk our own health and continue to provide care so we could support essential employees—we became essential. We have always been essential without any help to succeed. The increased number of families that have two guardians working has increased, driving even higher the need for quality child care in the nation. Teachers are hard to find, burnout quick, or struggle to stay in the industry due to low wages, limited benefits, and long stressful hours. The Child Care Counts Stabilization funds have helped us better support families by limiting tuition increases and expanding options for care. We have used the funds directly to offer better benefit programs, provide better wages, and increase the number of teachers we can support. Without Stabilization funds tuition will increase, teachers will leave due to non-competitive pay and benefits. We will see centers close, and we will see the early childhood industry collapse. The economy suffers when there are no safe, high-quality, and loving child care centers for families to count on. We need a program that helps this industry succeed and support teachers in a professional way that honors their dedication, education, and experience while not having to put the burden on working families.”

“Being able to pay my current teachers the wage they deserve based on their education and longevity. It would allow my teachers that have been with me for more than 20 years to be paid more than a high school student makes starting in fast food (\$15/hr). Hiring new employees would be more obtainable as I would be able to start them at more than \$10/hr. I would be able to move my licensing capacity from 50 back up to 60 as I would be able to hire the additional staff I need.”

Family providers also described how the funding allows them to pay themselves better for all of the work they do; for example, this provider said:

“My community is already suffering. I had to go find another supplemental job at night to help make ends meet due to the ongoing expenses in the economy. Trying to keep the power bill paid, food on the table, and meeting the requirements costs money. We are the most unappreciated business there is. I have a bachelor's degree and can barely keep my house payment made while doing this job; it's sad.”

Recruitment and Retention of High-Quality Staff

Providers also talked about how permanent funding at original levels would support the recruitment and retainment of high-quality staff, which would allow for higher-quality care that supports children’s development and well-being. Providers described high-quality staff as having appropriate education, credentials, and experience; as well as being motivated, passionate, and hard working. Providers explained that simply having enough staff, using the funding to fill current vacancies or increasing the number of staff employed, would improve the quality of care. The ability to hire staff, including additional teachers, substitutes, or other child care supporting positions, would reduce the workload and burnout rates of current staff, support enough teachers

to cover for others to allow for vacation or sick leave, and would reduce the amount of additional roles or hours current staff have to take on because programs are short staffed. Examples of additional roles and hours included directors needing to work in classrooms or make meals, as well as teachers needing to work overtime. Providers described how reducing staff workload and burnout would improve the quality of the care that staff could provide, as well as further improve retention. Additionally, providers explained that having enough qualified staff improves the quality of care by allowing higher staff–child ratios than required. This allows more individualized attention for children, which is especially important for children with behavioral challenges, disabilities, and other special needs. These providers described the challenges of not having enough staff that are adequately qualified:

“Permanent funding feels like a dream at this point. I think the biggest issue our program has is finding individuals who are educated and can provide quality care because child care as a profession does not pay well. When we do hire qualified individuals, they tend to only stay for a year or less and move on to ‘bigger and better’ jobs that pay much more. Child care IS a profession, but the burnout is so high because people are not supported appropriately. We expect child care workers to work open to close at the maximum capacity of children we can have and then expect that the care being provided is ‘quality.’ Our center tries SO hard to provide a work-life balance and to give employees benefits that help them in their personal lives so that they are able to be their best selves for the children during the day. Funding allows us to provide a better wage and better benefits that make it less stressful for people outside of work so they can be focused on the children when they are at work. I strongly feel that supporting child care workers is the foundation of creating quality programs.”

“If the Child Care Counts Stabilization funding became permanent, I believe we could hire ‘higher’ quality teachers who I currently lose to public schools because of the pay, hours, and benefits. I cannot compete with our current budget. Therefore, I am left crossing my fingers and hoping educated and competent ‘potential’ staff will be willing to be underpaid for the extremely important job of fostering the hearts and minds of our littlest and youngest members in our community. I also believe higher educational standards should be put in place so early child educators are not seen as inferior to their public school counterparts.”

“On a micro level, it would greatly benefit my small daycare. We pride ourselves on offering low-ratio care with the highest quality teachers. These high-quality teachers should receive livable wages and standard benefits, as this is their career. By investing in our high-quality teachers, we are also investing in our children, making sure they are safe, happy, and well cared for. Receiving funding from the state at a fixed level would allow us to offer company matching for retirement plans, more PTO and additional benefits like insurance. We could also provide higher wages and more materials needed for lesson planning. Additionally, these children would be able to transition better into public education environments as they would have the basic understanding and knowledge of group learning. They would have the foundational skills to be

positive members in a learning community and would require less support in a public school setting.”

Improved retention of staff with the help of continued CCC funding would also benefit child well-being by improving continuity of care, which allows children to develop stronger relationships with caregivers. As this provider explained, “With permanent funding, we could offer competitive wages and benefits, which are essential for attracting and retaining qualified staff. This would reduce turnover rates, ensuring children have consistent caregivers who build strong, trusting relationships vital for high-quality care and education.” Overall, providers consistently highlighted the importance of investing in their staff related to the quality of the care they are able to provide and how impactful permanent CCC Stabilization funding at the original levels would be for finding and keeping quality staff.

Providing High-Quality Care

Respondents took a lot of pride in the quality of care they were able to offer and explained how continued funding would allow them to continue providing high-quality care or offer even higher quality care by allowing investments to address staffing issues, improve curriculum and learning activities offered, take children on field trips, and improve meals and foods served. Providers also discussed how CCC funding would allow them to invest in continued professional development, enabling their staff to implement best practices. Other potential improvements to quality mentioned included building maintenance and upgrades, purchasing needed furniture and appliances to keep the building up to code, and improving learning and play areas. Providers described how these investments in high-quality care could improve children’s safety, wellbeing, socio-emotional development, and school readiness. As these providers shared:

“With sustained funding, we could focus on maintaining and improving program quality. This includes upgrading learning materials, incorporating evidence-based curriculums, and enhancing facilities to include features like sensory rooms, technology-integrated learning, and safe outdoor play areas. High-quality early childhood education has been shown to produce long-term benefits for children, such as improved academic performance and social-emotional development.”

“It would allow us to 1. provide high quality food to the children. 2. transportation needs would continue. 3. large capital costs for improvements or maintenance would stay on schedule. 4. staff would continue to receive a 1%–4% performance pay increase without increasing the tuition on our families. 5. we can keep the ratios as they are, have slightly less than state ratios to keep our children safe and teachers less stressed. 6. we can overstaff with additional help to support our teachers and keep stress and behaviors under control. 7. we can bring in specialists and sign our teachers up for needed training sessions that give them the tools they need to provide quality care. 8. we can provide our teachers with a monthly budget to buy what they need for their weekly lesson plans and classroom needs. 9. We can participate in the TEACH program and DWD apprenticeship program and level up our teachers/give them the paid time to learn more about a growing career in ECE. 10. We can offset costs for families

that cannot financially afford high-quality care, staff that cannot pay for high-quality care, as well as benefits like retirement savings accounts and dental plans. We could keep ALL this moving in the RIGHT direction!!!!”

“If this funding were to become permanent, it would make it possible for me to continue to offer better care for my daycare children. This funding currently allows me to be able to afford all the ‘extras’ like fresh fruit and vegetables, online curriculum, more learning opportunities, better supplies and equipment for the children. It also helps offset the increased cost of utilities, food, repairs and improvements.”

“It would be wonderful to be permanent at its original level. I would be able to continue to provide amazing healthy meals cooked from scratch using local ingredients from the farmer's market. I would be able to continue to buy high-quality materials for the children in my care to be able to do art projects, read more books, put together puzzles and have better outdoor equipment to use in all the seasons that WI offers to us. I could offer tuition breaks to my family and give them a free week off to use through the year for their schedule. I could put money in a retirement fund to be able to use for my future when I am to retirement age. I love supporting local farmers; I could use the funds to buy more meat and goods from local farmers and have them come to my program to talk to the kids about how farmers play an important role in our community. I could use the extra funds to hire another provider to be with me, so that we can enroll more infants and have longer hours available to families who need the care. I could do more field trips to the downtown so that the kids can see different businesses and different people, all who are important to the community. There's so much I could do with the original funding amount. It would really take off the stress of [not] having a tight budget, and it would give me more wiggle room to do all the fun things with the kids.”

Staying Open and Covering Basic Operating Costs

Another recurring theme in responses, and a key aspect of improving accessibility of care, was how necessary permanent funding is for providers to be able to stay open and cover their basic operating costs without having to drastically raise tuition rates. Providers described that this was increasingly a challenge with inflation drastically increasing the cost of everything like rent, utilities, food, and gas for vehicles, among other items—on top of the increased costs needed to recruit and retain staff. Providers were keenly aware that parents are struggling to afford current tuition rates; so, for many, additional rate hikes to cover increased operating costs were not a viable option, as families would likely drop out. Disenrollment not only harms the child care business but also means parents have to either quit work to stay home with their children or find cheaper, lower-quality, unregulated care. This impacts the overall community as employment decreases or children’s well-being and safety are more at risk. Some providers explained that they were already seeing families leave child care because the costs were too high. For those providers that were unable to fill those open child care spots, the disenrollments meant lower revenue, resulting in even more challenges covering operating costs. Respondents described how this unsustainable pattern creates a significant dilemma for providers who are unable to charge

high enough tuition to cover their costs because increasing rates would lead to disenrollments, which would again lead to challenges covering operating costs. Providers explained that the only solution to this problem is having an external funding source, for example, these providers say:

"In my opinion, making Child Care Counts Stabilization funding permanent at its original level is truly the only way to keep our program open and serving our community. ... The parents are struggling to pay their weekly tuition bills, and we realize without the Child Care Counts program monies, we would be forced to once again hike our tuition rates. We believe this would ultimately close our facility, as families wouldn't be able to afford the increase, and without enrollment we can't sustain."

"We all know that child care has a very low profit margin but is desperately needed for our community. With the cost of living, we have to pay teachers far above what used to be a living wage. That in turn gives us no option but to increase tuition for families. Families then have a hard time paying higher tuition and look for other ways to obtain care without breaking the bank, so they pull them out of our center. This results in the center having a lower number of kids and having to close classrooms. Too much of this and the center can't sustain the costs to keep our doors open. Since COVID, we have seen a significant decrease in enrollment with ages 2–5."

For some providers, even the current CCC Stabilization payment amounts are not enough to make ends meet, and they are struggling to continue operating. For example, this provider said:

"Without funding, I won't make it. The decreased amount we get now is just enough for me to survive. (I am still in some debt and have money I owe to things.) I keep hoping something will change and we will get the help we deserve. The original amounts would be much more helpful than the amounts now, but even then, I have catching up to do. I love this place, and these children, and I don't want to lose what I've built for over 8 years."

Several family child care providers described barely making an income because all of their revenue from tuition and CCC payments went straight back into their child care program. For example, this provider said, "The Stabilization program has made it possible for my in-home, licensed child care center to stay open. With the cost of food, utilities, supplies and insurance, I am still just barely hanging on. We are noticing (even with a careful budget) that the majority of my income goes right back into my program."

Many providers suggested that continued funding, especially at the original levels, is crucial for providers to be able to stay open and continue serving children and families. Some providers also said that a sustained funding source would help increase their confidence in their ability to stay open, which would allow longer-term planning and investment. A few family providers also discussed how sustained funding would help alleviate the constant stress of figuring out how to keep their business open without sufficient revenue—a stress currently leading them to consider leaving the field or retiring early.

Meeting Community Demands

Many respondents described how continued funding at original levels would allow them to better address the high demand for care in their communities. These providers discussed having long waitlists and being in child care deserts. The increased funding amounts would support returning to previous capacity levels or increasing capacity even further, primarily through filling current vacancies or expanding the number of staff employed. Some providers also discussed being able to expand their physical space and purchasing additional supplies to increase capacity. For example, these providers explained:

“We currently have a waiting list of over 160 children, while currently serving 120 children on a daily basis. This past summer we constructed a new facility to increase to 180 children; however, we continue to struggle to recruit new staff, thus leaving several of our new rooms empty. Returning to the original level of support would enable us to provide 40–60 more spots for kids while helping to fulfill our hiring needs. It would also assist in hiring support staff to care for special needs and provide the necessary time off for our current staff when needed. Within 20 miles of our facility, other childcare centers are charging \$100-\$150 per week more than we are (they are charging approximately \$370-\$420 per week). CCC Stabilization funding would help us to keep our rates at a level that our families can afford, while retaining our staff.”

“Our center would most likely only raise our tuition rate annually instead of 2–3 times within the year. Our center capacity was 33 children; currently we have a capacity of 20 due to acquiring quality staff. Our center no longer keeps a waiting list, as there are too many calls from parents in need of quality child care and lack of staff. Our center has limited the number of children with special needs due to lack of qualified staffing. We NEED Stabilization funding to service the needs of the staff, children and their families!”

Another impact of funding was better being able to accommodate families’ needs such as maintaining or adding transportation services and offering longer or non-traditional hours of care. Some providers had previously offered these services and then had to scale them back or cut them completely with the reduced CCC stabilization payments. As one provider explained:

“Additionally, we would be able to continue to offer our hours of operation that are functional for members of the community, such as healthcare and factory workers who work 10–12 hour shifts. [...] Childcare is a basic need, and the cost of gaining access to safe and educational environments should not be prohibited to keeping productive members out of our workforce.”

Interactions between emerging themes. Providers often discussed how all of these key themes interacted to improve their program and their community; for example, these providers explained:

“It is still a struggle with the current CCC Stabilization funding. This issue started before COVID-19. We need livable wages to sustain the child care industry. There is a child care trilemma. The trilemma is the challenge of

balancing the quality, affordability, and availability of child care. We need funding that doesn't take away from another component. The current decreased funding is not sustaining enough to produce the expected results.”

“If Child Care Counts Stabilization funding became permanent at its original level it would do the child care field wonders. Unfortunately, this is a very underpaid and underappreciated career, yet so essential to the children, their futures and their families. If funding was available permanently, we would have the ability to pay the current staff what they deserve, and we would also be able to compete with surrounding businesses for starting pay rates to hire new staff. By being able to hire and retain staff we would be able to fully staff all our classrooms and run them at full capacity. This would allow us to take in some families from our waitlist. Along with having a full staff, funding would allow us to provide training and schooling for the teachers, which in turn would help us with providing high-quality care for the families. Funding would also allow us to keep our tuition rates at more affordable amounts. Most families rely on their child being able to be here so that parents can work. If our tuition rates get too high, it becomes unaffordable and not worth parents going to work so they end up pulling their children. There are so many ways having permanent funding would really benefit the child care field. At this point I feel like something needs to be done as this is very much a dying field, and it would be very unfortunate if centers keep closing and families are left without reliable quality care for their children.”

“If Child Care Counts Stabilization funding became permanent at its original level, it would have a transformative impact on child care providers and the communities we serve. Consistent funding would allow us to offer competitive wages and benefits, helping to attract and retain dedicated, qualified staff. This stability would reduce turnover, fostering stronger relationships between caregivers and children, and ensuring continuity of care. With permanent funding, we could expand our facilities and increase our enrollment capacity, enabling more families in our communities to access quality child care, reducing waitlists, and ensuring that more children benefit from early education. Sustained funding would support ongoing professional development and training for our staff, keeping them up to date with the latest best practices in early childhood education. Additionally, we could invest in better learning materials and resources, enhancing the overall quality of our programs. Stable public funding would help us keep tuition rates affordable for families, making child care more accessible to a broader range of families, alleviating financial stress, and allowing parents to work or pursue education, ultimately benefiting the economic stability of our communities. Overall, permanent Child Care Counts Stabilization funding would create a more robust, high-quality, and accessible child care system, positively impacting children, families, and the broader community.”

“When we were operating with full funding from the Child Care Counts funding, we saw no issues in retaining staff, [and] we saw less burnout of our staff because we were able to provide additional benefits (retirement, PTO, sick time). We were able to increase our teachers' wages to starting at \$19.00 per hour. We saw high-

quality teachers that provided high-quality care to the children we served. With the 50% cut in funding, we had to raise our tuition \$30 per week to cover a gap in income; we also had to reduce our hours. We used to open at 5:30am to 6:30pm, but now our operating hours are 6:30am-5:15pm. We can no longer afford to hire the high-quality teachers and reduce burn out for teachers. We are seeing more turnover in teachers and more turnover in children, and behaviors due to lack of quality. If the funding was permanent at its original level, we could reduce tuition to help more families in need. We would no longer be priced out of the Wisconsin Shares family and would be able to serve our community better in that capacity. Additionally, we could expand our hours of operation to better serve our community. When we had to reduce our hours to 6:30am to 5:15 pm we had a lot of parents that had to change their working hours, and we also lost 10 families due to that change. The funding is so needed and would create a huge effect if permanent. We would see tremendous quality care for the children in our community that truly deserve quality.”

Concerns About and Alternative Suggestions for Permanent Child Care Counts Funding

Some providers did have some concerns or recommendations about making the program permanent at the original levels. Some said the funding had little impact on their programs or that the payment amounts were not sufficient to meet their needs. Of these responses, some were about the current (reduced) funding levels, some about original funding levels, and some comments were not clear which level of funding they felt was insufficient. A few providers said original levels of funding were still not sufficient to meet their program needs, citing that they would likely still be unable to meaningfully increase staff’s compensation or would not be able to cover their operating costs.

A few providers expressed not wanting the program to continue at all or at least not at the original amount. While these providers expressed appreciation for receiving the funding they did, they felt the benefits were not worth the costs of the program and that the program didn’t address what they saw as the root causes of challenges in the field. Several, however, suggested the money should be invested in other programs to better support child care industry.

Some providers had suggestions for other policies and programs to help address the pressing issues faced in the child care field, either as supplemental programs to Child Care Counts or as alternatives. These primarily included staffing-related interventions such as supporting healthcare insurance, retirement plans, and free tuition for childcare staff’s children through state-wide programs. For example, this provider said:

“I do think we need to still be considering a state investment in OTHER areas to help support child care and not just a state investment that goes directly towards child care. I think people hate the thought of money going directly to the provider because we don't do that for any other independently owned business. Child care is different because we are still regulated by DCF and therefore are not the same as other independently owned businesses, in the sense that we don't get to make our own rules. With this being the case, the state should consider investing in

child care in other ways such as establishing a state-wide health insurance pool for all employees of a licensed childcare center. This would allow us to offer better rates to employees. The state could also invest in a similar state-wide retirement plan. This would all fall into the scope of realizing that we are TEACHERS!”

Other suggestions included supports to parents to help them better pay for child care, increasing the amounts for the FOOD program to match inflation, changes to the YoungStar registry-level requirements, or changes to the child care capacity rules. A few providers suggested some changes to the distribution or the administration of the Child Care Counts program.

8. Conclusion & Key Takeaways

This study surveys a large and representative sample of child care providers who applied for CCC funding in November 2024, asking about their experiences when CCC funding was reduced by 50% (starting in May 2023) and their expectations about what may happen if CCC funding ends. Key takeaways include:

- Many child care providers reported changes in their behavior or experiences during a time of reduced public funding for child care.
 - For example, over one-third (38%) of respondents who had received CCC funding prior to May 2023 said their ability to provide competitive compensation decreased after CCC funding was reduced, and almost half (43%) of group providers reported a decrease in their ability to hire new, qualified staff as needed during this time.
 - Almost two-thirds of providers reported increasing tuition across all age groups during the reduced CCC funding period, although rate changes were highest in terms of both level and amount for those serving infants.
 - About a quarter of providers (24%) reported decreases in their ability to provide high quality care, while about one-fifth of providers reported decreases in their ability to serve infants and toddlers or children with special needs, and provide additional supports such as transportation or meals.
 - Most providers who reported these types of changes attributed at least some of the changes directly to reductions in CCC funding.
- Many child care providers anticipate negative impacts for their programs and communities if CCC funding ends in June 2025.
 - One quarter of respondents (25%, N=812) said they are at least somewhat likely to close; more than one-third of providers said they are at least somewhat likely to close classrooms or reduce the total number of children served, or reduce available hours of care.

- Most providers expect to increase tuition, across all age groups. Reported increases, in terms of both proportion of providers and dollar amounts, are greatest for infant and toddler care.
- Providers also anticipate challenges with staffing. Two-thirds of respondents said it is at least somewhat likely that they will reduce compensation and experience increased difficulty in hiring new, qualified staff. More than half of providers said they are at least somewhat likely to reduce benefits and experience increases in quitting.
- About half of providers said it is at least somewhat likely that they will experience increased difficulty providing high quality care, and that they will experience more difficulty in providing additional services such as meals and transportation. Many providers also anticipate increased difficulty serving infants and toddlers, children with special needs, and children receiving Wisconsin Shares subsidies.
- Many providers are hopeful about the opportunities that would be provided if CCC funding were made permanent at its original level. Prominent themes among responses to the open-ended question included:
 - Increased ability to ensure adequate and equitable access to high quality care and the positive impacts for children, families, and communities that would follow.
 - Opportunities to address staffing challenges, as well as trade-offs between sufficient compensation and affordability for families.
 - Ways in which sustained public funding would enable providers to improve their programs and meet community demands, as well as how such funding would help recognize and elevate the child care and early education field.

References

- Administration for Children and Families. (2025). "Child Care Stabilization Grants." <https://childcareta.acf.hhs.gov/child-care-stabilization-grants>
- 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>
- Center on the Developing Child at Harvard University. (2007). *A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children*. <http://www.developingchild.harvard.edu>
- Council of Economic Advisors. (2023). *Did Stabilization Funds Help Mothers Get Back to Work After the COVID-19 Recession?* Working paper. <https://www.whitehouse.gov/wp-content/uploads/2023/11/Child-Care-Stabilization.pdf>
- Council of Economic Advisors (2024). *Impacts of the Expiration of Federal Child Care Stabilization Funding and the Mitigating Effects of State-level Stopgap Funding*. <https://www.whitehouse.gov/cea/written-materials/2024/06/27/impacts-of-the-expiration-of-federal-child-care-stabilization-funding-and-the-mitigating-effects-ofstate-level-stopgap-funding/>
- Glasman, L. R., & Albarracín, D. (2006). Forming attitudes that predict future behavior: A meta-analysis of the attitude-behavior relation. *Psychological Bulletin*, 132(5), 778–822. <https://doi.org/10.1037/0033-2909.132.5.778>
- National Association for the Education of Young Children. (2021). *State Survey Data: Child Care at a Time of Progress and Peril*. https://www.naeyc.org/sites/default/files/wysiwyg/user-74/naeyc_survey_statedatawithquotes_sep2021.pdf
- Schaeffer, Nora Cate Schaeffer and Jennifer Dykema. 2020. “Advances in the Science of Asking Questions.” *Annual Review of Sociology* 46:37-60. <https://doi.org/10.1146/annurev-soc-121919-054544>
- Shager, H., & Bauer, Z., & Hostetter, L. (2024). *Child Care Supply and Demand Challenges in Wisconsin Final Report*. Institute for Research on Poverty. <https://www.irp.wisc.edu/wp/wp-content/uploads/2024/10/Child-Care-Supply-and-Demand-Final-Report-2024.pdf>
- Shager, H., Hostetter, L., & Bauer, Z. (2023). *Study of the Child Care Counts Stabilization Payment Program Final Report*. Institute for Research on Poverty. <https://www.irp.wisc.edu/wp/wp-content/uploads/2023/06/Child-Care-Counts-Stabilization-Final-Report.pdf>
- Wisconsin Department of Children and Families (WI DCF). (2024). *Early Care and Education Programs Funded by DCF's ARPA CCDBG Awards Closure Report*. DCF-P-5825 (N. 11/2024). <https://dcf.wisconsin.gov/files/publications/pdf/5825.pdf>

Appendix A: Questionnaire

Please complete the questions below before proceeding with the application.

This survey has four types of questions:

- First, we ask about changes your child care program has experienced since May 2023.
- Then, we ask how much the reduction of Child Care Counts Stabilization payments contributed to those changes.
- Then, we ask questions about how you think your program will be impacted if Child Care Counts Stabilization funding ends in June 2025.
- Finally, we ask how your program and community would be impacted if Child Care Counts funding became permanent.

This information will be used by DCF and policymakers to understand (1) the impact of the 50% reduction in Child Care Counts Stabilization Program payment amounts that started May 2023; and (2) the anticipated impact on your child care program and community if Child Care Counts funding ends in June 2025. This is also an opportunity for you to provide information to help inform potential future programs to support child care providers and strengthen programs.

The information you provide WILL NOT be used for audit or sanctioning purposes and will not impact your program's Child Care Counts funding amounts, licensing, YoungStar rating, or standing with DCF. Published results will not include your facility name or any other identifying information related to your child care program.

Thank you for providing this important information, which will be shared with DCF leadership, the provider community, policymakers, and other early childhood stakeholders. Please visit the Child Care Counts webpage for more information.

Please answer the following questions about how your child care program has changed since May 2023. If there was no change in your program since May 2023 or you feel an item is not applicable to your program, please select "Stayed about the same."

	Decreased a lot	Decreased a little	Stayed about the same	Increased a little	Increased a lot
1. The next questions are about <u>recruitment and retention of child care professionals</u> . When asked about staff, consider everyone involved in the care of children in your program, including yourself. Since May 2023, how have the following changed for your child care program?					
a. The ability to offer staff/self competitive compensation in wages and bonuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The ability to offer staff/self competitive benefits such as time off, health insurance, or retirement plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The number of staff who quit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The number of staff positions cut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The ability to hire new, qualified staff as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In May 2023, the amount of Child Care Counts Stabilization Program payments for each provider

decreased by approximately 50% compared to previous rounds. In the last set of questions, we asked how your child care program changed since 2023. In this set of questions, we want to know how much the reduction of Child Care Counts Stabilization Program payments contributed to each of those changes. If there was no change in your program since May 2023, or you feel an item is not applicable to your program, please select “No change”

2. The next questions are about how much the reduction of Child Care Counts Stabilization payments impacted the recruitment and retention of child care professionals.
When asked about staff, consider everyone involved in the care of children in your program, including yourself. How much did the reduction in Child Care Counts Stabilization payments contribute to the following changes in your program since May 2023?

	Not at all	A little	Some	Quite a bit	A great deal	No change
a. The ability to offer staff/self competitive compensation in wages and bonuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The ability to offer staff/self competitive benefits such as time off, health insurance, or retirement plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The number of staff who quit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The number of staff positions cut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The ability to hire new, qualified staff as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions about how your child care program has changed since May 2023. If there was no change in your program since May 2023 or you feel an item is not applicable to your program, please select “Stayed about the same.”

3. The next questions are about your ability to meet the needs of the families you serve. Since May 2023, how have the following changed for your child care program?

	Decreased a lot	Decreased a little	Stayed about the same	Increased a little	Increased a lot
a. Your ability to provide high quality care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your ability to serve children during non-standard hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your ability to serve children with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your ability to serve children receiving WI Shares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Your ability to serve children whose primary language is not English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Your ability to serve infants and toddlers, age 0-23 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Your ability to provide additional services such as meals and transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Since May 2023, how has the price of tuition per week changed for the following groups in your child care program?

	Decreased	Stayed the same	Increased by \$1 to \$10	Increased by \$11 to \$25	Increased by \$26 to \$50	Increased by more than \$50	Do not offer care to this group
a. Full-time care for infants and toddlers, age 0-23 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Full-time care for preschoolers, age 2-5 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Full-time care for school-age children, kindergarten and above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In May 2023, the amount of Child Care Counts Stabilization Program payments for each provider decreased by approximately 50% compared to previous rounds. In the last set of questions, we asked how your child care program changed since 2023. In this set of questions, we want to know how much the reduction of Child Care Counts Stabilization Program payments contributed to each of those changes. If there was no change in your program since May 2023, or you feel an item is not applicable to your program, please select “No change”

5. The next questions are about how much the reduction of Child Care Counts Stabilization payments impacted your ability to meet the needs of the families you serve. How much did the reduction in Child Care Counts Stabilization payments contribute to the following changes in your program since May 2023?

	Not at all	A little	Some	Quite a bit	A great deal	No change
a. The price of tuition for your program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Your ability to provide high quality care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Your ability to serve children during non-standard hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Your ability to serve children with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Your ability to serve children receiving WI Shares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Your ability to serve children whose primary language is not English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Your ability to serve infants and toddlers, age 0-23 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Your ability to provide additional services such as meals and transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Without additional investment, the Child Care Counts Stabilization Program will end in June 2025. Please answer the following questions about how you expect your child care program would be impacted by the end of this funding.

6. If Child Care Counts Stabilization payments end in June 2025, how do you anticipate the price of tuition per week for the following groups in your child care program will change?

	Will decrease	Will stay the same	Will increase by \$1 to \$10	Will increase by \$11 to \$25	Will increase by \$26 to \$50	Will increase by more than \$50	Do not offer care to this group
a. Full-time care for infants and toddlers, age 0-23 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Full-time care for preschoolers, age 2-5 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Full-time care for school-age children, kindergarten and above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Without additional investment, Child Care Counts Stabilization funding will end in June 2025. The next questions are about what, if any, changes you expect in the operation of your child care program if these payments end. If Child Care Counts Stabilization payments end in June 2025, how likely are you to...

	Not at all likely	A little likely	Somewhat likely	Very likely	Extremely likely
a. Close your program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Close classrooms or reduce the total number of children served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Reduce the hours available for care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Experience longer waitlists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Without additional investment, Child Care Counts Stabilization funding will end in June 2025. The next questions are about what, if any, changes you expect regarding the recruitment and retention of child care professionals if these payments end. When asked about staff, consider everyone involved in the care of children in your program, including yourself. If Child Care Counts Stabilization payments end in June 2025, how likely are you to...

	Not at all likely	A little likely	Somewhat likely	Very likely	Extremely likely
a. Reduce the total amount of compensation paid to staff/self in wages and bonuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Reduce the benefits offered to staff/self, such as paid time off, insurance, or retirement plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Experience increased staff quitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Experience increases in the number of staff positions cut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Experience increased difficulty in the ability to hire new, qualified staff as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Without additional investment, Child Care Counts Stabilization funding will end in June 2025. The next questions are about what, if any, changes you expect regarding your ability to meet the needs of the families you serve.

If Child Care Counts Stabilization payments end in June 2025, how likely are you to...

	Not at all likely	A Little likely	Somewhat likely	Very likely	Extremely likely
a. Experience increased difficulty in your ability to provide high quality care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Experience increased difficulty in your ability to serve children during non-standard hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Experience increased difficulty in your ability to serve children with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Experience increased difficulty in your ability to serve children receiving WI Shares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Experience increased difficulty in your ability to serve children whose primary language is not English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Experience increased difficulty in your ability to serve infants and toddlers (age 0-23 months)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Experience increased difficulty in your ability to provide additional services such as meals and transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Imagine Child Care Counts Stabilization funding became permanent at its original level. Considering issues like staffing, capacity, quality, and tuition, how would this type of sustained public funding impact your program and community? [Open-ended response]

Appendix B: Provider Characteristics: Questionnaire Sample vs. Population

Table B1: Provider characteristics: Questionnaire Sample vs. Population

WI Child Care Providers, November 2024				
	Not in Questionnaire Sample	In Questionnaire Sample	Total	p*
Total Providers	919 (20.1%)	3,646 (79.9%)	4,565 (100.0%)	
Provider Type				
Group	326 (35.7%)	1,957 (53.7%)	2,283 (50.1%)	<0.001
Family	324 (35.5%)	1,239 (34.0%)	1,563 (34.3%)	
Public School	58 (6.4%)	136 (3.7%)	194 (4.3%)	
Certified	204 (22.4%)	314 (8.6%)	518 (11.4%)	
Region				
Northeastern	142 (15.6%)	572 (15.7%)	714 (15.7%)	0.077
Northern	48 (5.3%)	241 (6.6%)	289 (6.3%)	
Southeastern	444 (48.7%)	1,613 (44.2%)	2,057 (45.1%)	
Southern	180 (19.7%)	746 (20.5%)	926 (20.3%)	
Western	98 (10.7%)	474 (13.0%)	572 (12.5%)	

Note: *p value reflects Pearson's chi-squared test.

Appendix C: Figures Corresponding to Main Text Tables 3, 5, and 6 Including All Providers, by Pre-May 2023 CCC Funds Receipt Status

Figure C3: Since May 2023, how have the following changed for your child care program?

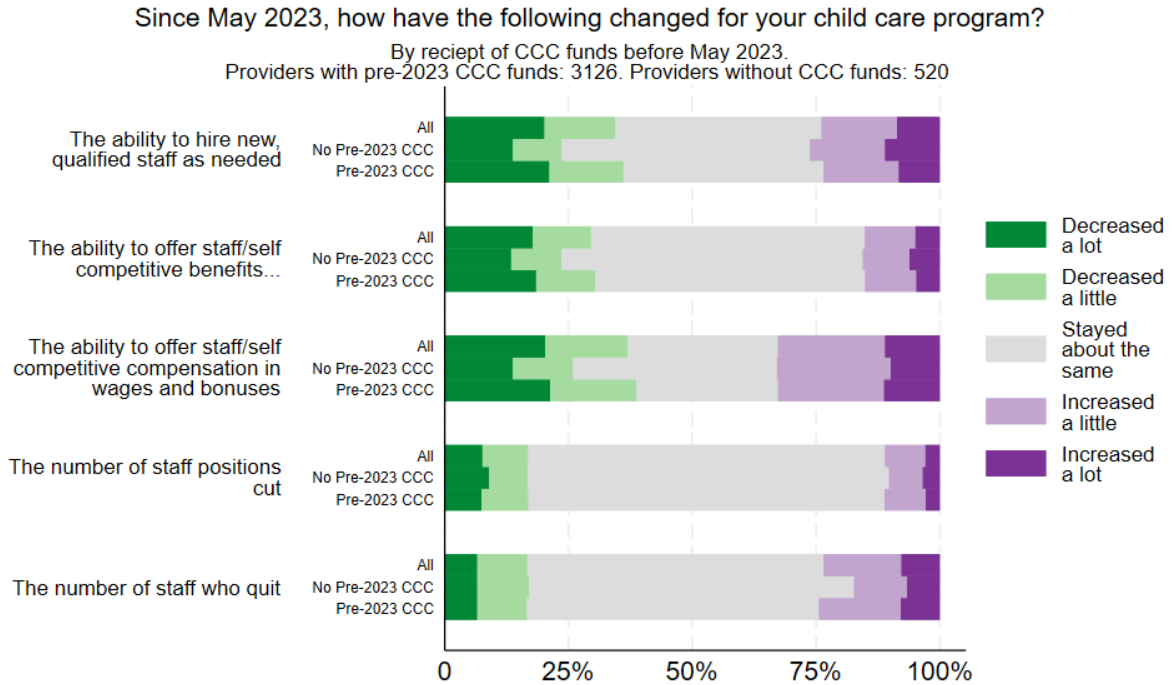


Figure C5: Since May 2023, how has the price of tuition per week changed for the following groups in your child care program?

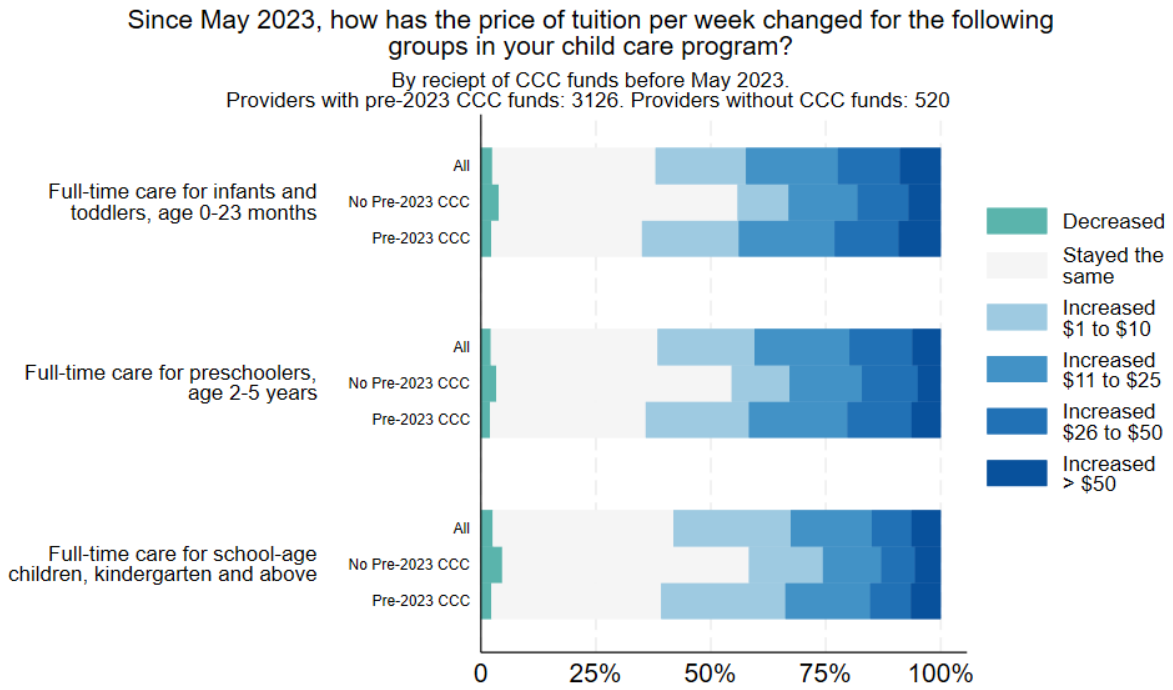
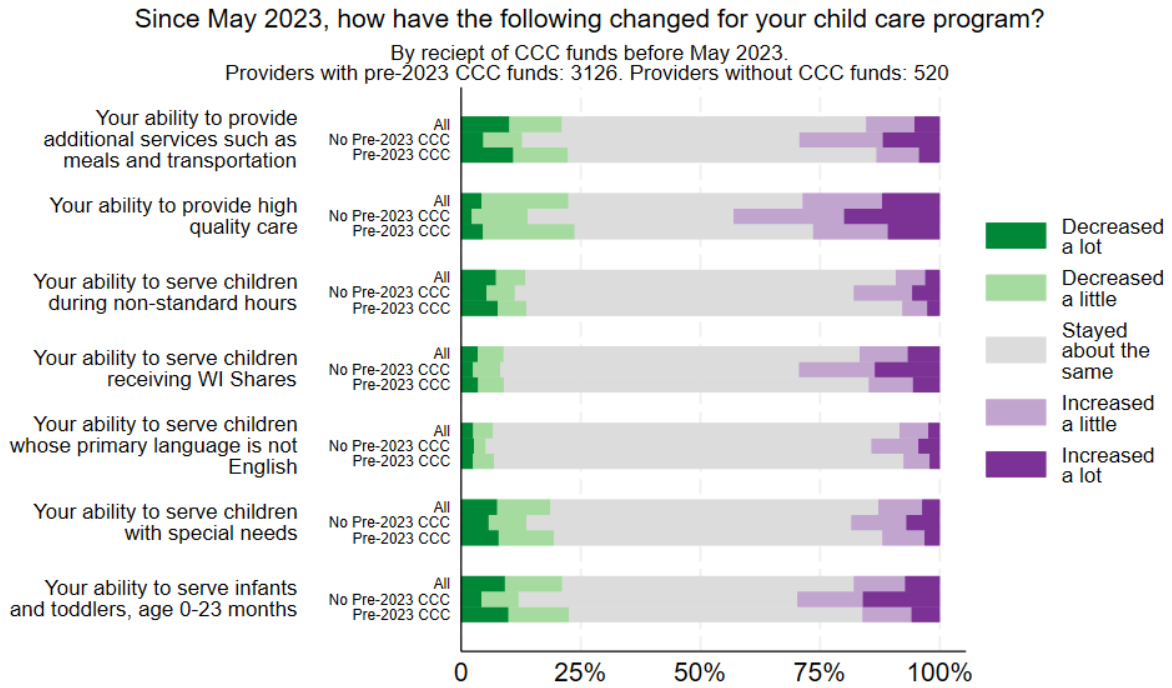


Figure C6: Since May 2023, how have the following changed for your child care program?



Appendix D: Tables 4 and 7, Contribution of Reduction in CCC Funding to Program Changes, Including Providers Who Indicated “No Change” In Corresponding Items

Table D4: How much did the reduction in Child Care Counts Stabilization payments contribute to the following changes in your program since May 2023?

Item		Not at all	A little	Some	Quite a bit	A great deal	No change	N
The ability to offer staff/self competitive compensation in wages and bonuses	All	0.05	0.15	0.19	0.21	0.27	0.14	2,893
	Group	0.03	0.13	0.19	0.22	0.31	0.12	1,651
	Family	0.08	0.15	0.17	0.21	0.22	0.17	926
The ability to offer staff/self competitive benefits...	All	0.13	0.12	0.15	0.14	0.16	0.30	2,867
	Group	0.12	0.13	0.16	0.14	0.16	0.28	1,636
	Family	0.14	0.08	0.12	0.16	0.18	0.31	914
The number of staff who quit	All	0.14	0.14	0.19	0.09	0.06	0.38	2,797
	Group	0.11	0.20	0.29	0.13	0.08	0.19	1,615
	Family	0.18	0.07	0.05	0.03	0.03	0.65	873
The number of staff positions cut	All	0.23	0.10	0.10	0.05	0.05	0.47	2,807
	Group	0.25	0.13	0.14	0.07	0.05	0.36	1,614
	Family	0.19	0.06	0.06	0.02	0.04	0.63	884
The ability to hire new, qualified staff as needed	All	0.10	0.12	0.16	0.15	0.19	0.27	2,826
	Group	0.06	0.15	0.22	0.20	0.25	0.12	1,624
	Family	0.16	0.07	0.07	0.09	0.12	0.49	887

Note: This table includes only providers that received CCC funds before May 2023: N=3,126.

Table D7: How much did the reduction in Child Care Counts Stabilization payments contribute to the following changes in your program since May 2023?

Item		Not at all	A little	Some	Quite a bit	A great deal	No change	N
The price of tuition for your program	All	0.08	0.13	0.19	0.20	0.23	0.18	2,858
	Group	0.07	0.11	0.19	0.22	0.28	0.13	1,610
	Family	0.07	0.16	0.20	0.20	0.16	0.21	934
Your ability to provide high quality care	All	0.11	0.17	0.22	0.13	0.12	0.24	2,890
	Group	0.13	0.18	0.23	0.13	0.11	0.23	1,630
	Family	0.10	0.13	0.22	0.15	0.13	0.27	941
Your ability to serve children during non-standard hours	All	0.22	0.07	0.09	0.06	0.07	0.50	2,771
	Group	0.24	0.06	0.07	0.06	0.05	0.53	1,556
	Family	0.17	0.09	0.11	0.07	0.09	0.48	910
Your ability to serve children with special needs	All	0.17	0.11	0.12	0.10	0.06	0.44	2,841
	Group	0.17	0.13	0.12	0.11	0.06	0.41	1,619
	Family	0.16	0.08	0.13	0.09	0.06	0.48	910
Your ability to serve children receiving WI Shares	All	0.19	0.09	0.12	0.06	0.07	0.47	2,862
	Group	0.23	0.08	0.11	0.05	0.05	0.47	1,617
	Family	0.15	0.08	0.13	0.08	0.09	0.48	926
Your ability to serve children whose primary language is not English	All	0.23	0.08	0.08	0.04	0.04	0.53	2,811
	Group	0.25	0.08	0.09	0.04	0.03	0.51	1,600
	Family	0.21	0.04	0.08	0.05	0.04	0.58	906
Your ability to serve infants and toddlers, age 0-23 months	All	0.14	0.11	0.13	0.11	0.12	0.38	2,824
	Group	0.16	0.10	0.12	0.12	0.11	0.39	1,574
	Family	0.09	0.13	0.16	0.13	0.13	0.36	935
Your ability to provide additional services such as meals and transportation	All	0.14	0.11	0.14	0.11	0.12	0.38	2,842
	Group	0.16	0.10	0.12	0.11	0.12	0.38	1,610
	Family	0.10	0.13	0.15	0.12	0.13	0.37	919

Note: This table includes only providers that received CCC funds before May 2023: N=3,126.

Appendix E: Contribution of Reduction in Child Care Counts Funding to Program Changes Based on Initial Change Direction

Tables 4 and 7 items: How much did reduction in CCC funds contribute to program change? by whether respondent indicated increase or decrease; Values range from 1-5; 1: not at all, 5: almost entirely

Item	Increase		Decrease		All	
	N	Mean (SD)	N	Mean (SD)	N	Mean (SD)
The ability to offer staff/self competitive compensation in wages and bonuses	1,010	3.5 (1.2)	1,179	3.8 (1.3)	2,228	3.7 (1.2)
The ability to offer staff/self competitive benefits...	411	3.3 (1.2)	869	3.6 (1.4)	1,341	3.5 (1.4)
The number of staff who quit	681	3.2 (1.2)	449	2.7 (1.2)	1,179	3 (1.2)
The number of staff positions cut	311	3.3 (1.2)	429	2.7 (1.4)	797	2.9 (1.4)
The ability to hire new, qualified staff as needed	668	3.4 (1.2)	1,017	3.6 (1.4)	1,725	3.5 (1.3)
Your ability to provide high quality care	825	3.2 (1.3)	708	3.3 (1.1)	1,554	3.3 (1.2)
Your ability to serve children during non-standard hours	241	3.2 (1.3)	351	3.4 (1.4)	666	3.2 (1.4)
Your ability to serve children with special needs	344	3 (1.3)	553	3.3 (1.2)	943	3.2 (1.3)
Your ability to serve children receiving WI Shares	446	3.2 (1.3)	255	3.4 (1.2)	740	3.2 (1.3)
Your ability to serve children whose primary language is not English	215	2.9 (1.3)	193	3.2 (1.2)	491	2.9 (1.4)
Your ability to serve infants and toddlers, age 0-23 months	478	3.3 (1.3)	626	3.7 (1.2)	1,164	3.4 (1.3)
Your ability to provide add'l services such as meals and transportation	448	3.4 (1.3)	640	3.6 (1.2)	1,133	3.5 (1.3)

This table only includes respondents who received CCC funds before May 2023, and responded that each of the above items increased or decreased since May 2023. Option "6" from Table 4 and 7 questions, "No Change," is recoded to missing for this table (as a result these respondents are not included).

Appendix F: Questions corresponding to items on main text Tables 8-11, by Region

Table F1: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and Region

	Region					Total
	Northeastern	Northern	Southeastern	Southern	Western	
Group						
Close your program	0.27	0.44	0.22	0.23	0.28	0.25
Close classrooms or reduce the total number of children served	0.37	0.54	0.45	0.40	0.46	0.43
Reduce the hours available for care	0.33	0.46	0.40	0.35	0.41	0.38
Experience longer waitlists	0.71	0.71	0.59	0.64	0.67	0.64
N	395	118	712	484	248	1,957
Family						
Close your program	0.24	0.36	0.22	0.33	0.32	0.27
Close classrooms or reduce the total number of children served	0.27	0.31	0.28	0.30	0.22	0.28
Reduce the hours available for care	0.34	0.34	0.36	0.36	0.31	0.35
Experience longer waitlists	0.62	0.75	0.41	0.70	0.65	0.55
N	144	99	611	205	180	1,239
Total						
Close your program	0.26	0.40	0.22	0.26	0.30	0.26
Close classrooms or reduce the total number of children served	0.34	0.45	0.38	0.37	0.36	0.37
Reduce the hours available for care	0.33	0.41	0.38	0.35	0.37	0.37
Experience longer waitlists	0.68	0.73	0.51	0.66	0.66	0.61
N	539	217	1,323	689	428	3,196

Table F2: Percent providers responding “increase by \$26 per week” or more to “If Child Care Counts Stabilization payments end in June 2025, do you anticipate the price of tuition per week for the following groups in your child care program will... ?” by Provider Type and Region

	Region					Total
	Northeastern	Northern	Southeastern	Southern	Western	
Group						
Full-time care for infants and toddlers, age 0-23 months	0.39	0.54	0.47	0.44	0.45	0.45
Full-time care for preschoolers, age 2-5 years	0.36	0.47	0.44	0.38	0.40	0.41
Full-time care for school-age children, kindergarten and above	0.29	0.35	0.39	0.26	0.33	0.33
N	395	118	712	484	248	1,957
Family						
Full-time care for infants and toddlers, age 0-23 months	0.24	0.33	0.35	0.36	0.27	0.33
Full-time care for preschoolers, age 2-5 years	0.21	0.30	0.32	0.31	0.19	0.28
Full-time care for school-age children, kindergarten and above	0.19	0.27	0.30	0.27	0.17	0.26
N	144	99	611	205	180	1,239
Total						
Full-time care for infants and toddlers, age 0-23 months	0.34	0.42	0.42	0.41	0.36	0.40
Full-time care for preschoolers, age 2-5 years	0.32	0.38	0.39	0.36	0.31	0.36
Full-time care for school-age children, kindergarten and above	0.26	0.31	0.35	0.26	0.26	0.30
N	539	217	1,323	689	428	3,196

Table F3: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and Region

	Region					Total
	Northeastern	Northern	Southeastern	Southern	Western	
Group						
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.66	0.85	0.68	0.67	0.66	0.68
Reduce the benefits offered to staff/self...	0.43	0.66	0.53	0.46	0.50	0.50
Experience increased staff quitting	0.60	0.84	0.65	0.73	0.67	0.67
Experience increases in the number of staff positions cut	0.45	0.65	0.55	0.49	0.51	0.51
Experience increased difficulty in hiring new, qualified staff as needed	0.79	0.87	0.73	0.85	0.80	0.79
N	395	118	712	484	248	1,957
Family						
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.67	0.73	0.66	0.77	0.69	0.69
Reduce the benefits offered to staff/self...	0.62	0.72	0.62	0.76	0.62	0.65
Experience increased staff quitting	0.39	0.39	0.47	0.42	0.41	0.44
Experience increases in the number of staff positions cut	0.32	0.37	0.50	0.36	0.33	0.42
Experience increased difficulty in hiring new, qualified staff as needed	0.49	0.55	0.63	0.55	0.49	0.57
N	144	99	611	205	180	1,239
Total						
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.66	0.80	0.67	0.69	0.67	0.68
Reduce the benefits offered to staff/self...	0.48	0.69	0.57	0.54	0.55	0.55
Experience increased staff quitting	0.55	0.66	0.58	0.65	0.58	0.59
Experience increases in the number of staff positions cut	0.42	0.54	0.53	0.46	0.45	0.48
Experience increased difficulty in hiring new, qualified staff as needed	0.72	0.74	0.69	0.77	0.69	0.71
N	539	217	1,323	689	428	3,196

Table F4: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and Region

	Region					Total
	Northeastern	Northern	Southeastern	Southern	Western	
Group						
Experience increased difficulty to provide high quality care	0.56	0.73	0.54	0.54	0.57	0.56
Exp increased difficulty to serve children during non-standard hours	0.36	0.51	0.43	0.36	0.40	0.40
Exp increased difficulty to serve children with special needs	0.43	0.52	0.50	0.43	0.46	0.46
Exp increased difficulty to serve children receiving WI Shares	0.33	0.53	0.38	0.30	0.35	0.35
Exp increased difficulty to serve children whose primary language is not English	0.30	0.41	0.35	0.26	0.25	0.31
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.49	0.67	0.44	0.42	0.53	0.47
Exp increased difficulty to provide add'l services like meals, transportation	0.44	0.65	0.51	0.44	0.46	0.48
N	395	118	712	484	248	1,957
Family						
Experience increased difficulty to provide high quality care	0.45	0.53	0.43	0.55	0.50	0.47
Exp increased difficulty to serve children during non-standard hours	0.47	0.42	0.47	0.46	0.42	0.46
Exp increased difficulty to serve children with special needs	0.39	0.42	0.43	0.48	0.43	0.43
Exp increased difficulty to serve children receiving WI Shares	0.34	0.37	0.40	0.42	0.36	0.39
Exp increased difficulty to serve children whose primary language is not English	0.30	0.25	0.35	0.30	0.27	0.32
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.50	0.59	0.39	0.51	0.52	0.46
Exp increased difficulty to provide add'l services like meals, transportation	0.47	0.61	0.44	0.52	0.46	0.48
N	144	99	611	205	180	1,239
Total						
Experience increased difficulty to provide high quality care	0.53	0.64	0.50	0.54	0.54	0.53
Exp increased difficulty to serve children during non-standard hours	0.39	0.47	0.45	0.39	0.41	0.42
Exp increased difficulty to serve children with special needs	0.42	0.48	0.47	0.44	0.45	0.45
Exp increased difficulty to serve children receiving WI Shares	0.33	0.46	0.39	0.33	0.35	0.37
Exp increased difficulty to serve children whose primary language is not English	0.30	0.34	0.35	0.27	0.26	0.31
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.49	0.63	0.42	0.45	0.53	0.47
Exp increased difficulty to provide add'l services like meals, transportation	0.45	0.64	0.48	0.47	0.46	0.48
N	539	217	1,323	689	428	3,196

Appendix G: Questions Corresponding to Items on Main Text Tables 8-11, by Southeastern Region and Balance of State

Table G1: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and Southeastern Region vs. Balance of State

	Balance of State	Southeastern region	Total
Group			
Close your program	0.27	0.22	0.25
Close classrooms or reduce the total number of children served	0.42	0.45	0.43
Reduce the hours available for care	0.37	0.40	0.38
Experience longer waitlists	0.68	0.59	0.64
N	1,245	712	1,957
Family			
Close your program	0.31	0.22	0.27
Close classrooms or reduce the total number of children served	0.27	0.28	0.28
Reduce the hours available for care	0.34	0.36	0.35
Experience longer waitlists	0.67	0.41	0.55
N	628	611	1,239
Total			
Close your program	0.29	0.22	0.26
Close classrooms or reduce the total number of children served	0.37	0.38	0.37
Reduce the hours available for care	0.36	0.38	0.37
Experience longer waitlists	0.68	0.51	0.61
N	1,873	1,323	3,196

Table G2: Percent providers responding “increase by \$26 per week” or more to “If Child Care Counts Stabilization payments end in June 2025, do you anticipate the price of tuition per week for the following groups in your child care program will... ?” by Provider Type and Southeastern Region vs. Balance of State

	Balance of State	Southeastern region	Total
Group			
Full-time care for infants and toddlers, age 0-23 months	0.44	0.47	0.45
Full-time care for preschoolers, age 2-5 years	0.39	0.44	0.41
Full-time care for school-age children, kindergarten and above	0.29	0.39	0.33
N	1,245	712	1,957
Family			
Full-time care for infants and toddlers, age 0-23 months	0.30	0.35	0.33
Full-time care for preschoolers, age 2-5 years	0.25	0.32	0.28
Full-time care for school-age children, kindergarten and above	0.22	0.30	0.26
N	628	611	1,239
Total			
Full-time care for infants and toddlers, age 0-23 months	0.38	0.42	0.40
Full-time care for preschoolers, age 2-5 years	0.34	0.39	0.36
Full-time care for school-age children, kindergarten and above	0.27	0.35	0.30
N	1,873	1,323	3,196

Table G3: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and Southeastern Region vs. Balance of State

	Southeastern region		Total
	Balance of State	Southeastern region	
Group			
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.68	0.68	0.68
Reduce the benefits offered to staff/self...	0.48	0.53	0.50
Experience increased staff quitting	0.69	0.65	0.67
Experience increases in the number of staff positions cut	0.50	0.55	0.51
Experience increased difficulty in hiring new, qualified staff as needed	0.82	0.73	0.79
N	1,245	712	1,957
Family			
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.72	0.66	0.69
Reduce the benefits offered to staff/self...	0.68	0.62	0.65
Experience increased staff quitting	0.41	0.47	0.44
Experience increases in the number of staff positions cut	0.34	0.50	0.42
Experience increased difficulty in hiring new, qualified staff as needed	0.52	0.63	0.57
N	628	611	1,239
Total			
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.69	0.67	0.68
Reduce the benefits offered to staff/self...	0.54	0.57	0.55
Experience increased staff quitting	0.60	0.58	0.59
Experience increases in the number of staff positions cut	0.45	0.53	0.48
Experience increased difficulty in hiring new, qualified staff as needed	0.73	0.69	0.71
N	1,873	1,323	3,196

Table G4: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...: by Provider Type and Southeastern Region vs. Balance of State

	Southeastern region		Total
	Balance of State	Southeastern region	
Group			
Experience increased difficulty to provide high quality care	0.57	0.54	0.56
Exp increased difficulty to serve children during non-standard hours	0.38	0.43	0.40
Exp increased difficulty to serve children with special needs	0.44	0.50	0.46
Exp increased difficulty to serve children receiving WI Shares	0.34	0.38	0.35
Exp increased difficulty to serve children whose primary language is not English	0.28	0.35	0.31
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.48	0.44	0.47
Exp increased difficulty to provide add'l services like meals, transportation	0.47	0.51	0.48
N	1,245	712	1,957
Family			
Experience increased difficulty to provide high quality care	0.51	0.43	0.47
Exp increased difficulty to serve children during non-standard hours	0.45	0.47	0.46
Exp increased difficulty to serve children with special needs	0.43	0.43	0.43
Exp increased difficulty to serve children receiving WI Shares	0.38	0.40	0.39
Exp increased difficulty to serve children whose primary language is not English	0.28	0.35	0.32
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.52	0.39	0.46
Exp increased difficulty to provide add'l services like meals, transportation	0.51	0.44	0.48
N	628	611	1,239
Total			
Experience increased difficulty to provide high quality care	0.55	0.50	0.53
Exp increased difficulty to serve children during non-standard hours	0.40	0.45	0.42
Exp increased difficulty to serve children with special needs	0.44	0.47	0.45
Exp increased difficulty to serve children receiving WI Shares	0.35	0.39	0.37
Exp increased difficulty to serve children whose primary language is not English	0.28	0.35	0.31
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.50	0.42	0.47
Exp increased difficulty to provide add'l services like meals, transportation	0.48	0.48	0.48
N	1,873	1,323	3,196

Appendix H: Questions corresponding to items on main text Tables 8-11, by Urbanicity

Table H1: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and Urbanicity

	Percent Urban				Total
	A (0-24%)	B (25-49%)	C (50-74%)	D (75-100%)	
Group					
Close your program	0.40	0.32	0.29	0.22	0.25
Close classrooms or reduce the total number of children served	0.45	0.45	0.43	0.43	0.43
Reduce the hours available for care	0.33	0.45	0.38	0.37	0.38
Experience longer waitlists	0.59	0.69	0.75	0.61	0.64
N	94	233	340	1,261	1,928
Family					
Close your program	0.34	0.32	0.30	0.24	0.27
Close classrooms or reduce the total number of children served	0.31	0.23	0.27	0.28	0.28
Reduce the hours available for care	0.36	0.32	0.33	0.36	0.35
Experience longer waitlists	0.61	0.67	0.69	0.49	0.55
N	114	167	130	825	1,236
Total					
Close your program	0.37	0.32	0.30	0.23	0.26
Close classrooms or reduce the total number of children served	0.37	0.36	0.39	0.37	0.37
Reduce the hours available for care	0.35	0.39	0.37	0.36	0.37
Experience longer waitlists	0.60	0.68	0.73	0.57	0.61
N	208	400	470	2,086	3,164

Table H2: Percent providers responding “increase by \$26 per week” or more to “If Child Care Counts Stabilization payments end in June 2025, do you anticipate the price of tuition per week for the following groups in your child care program will... ?” by Provider Type and Urbanicity

	Percent Urban				Total
	A (0-24%)	B (25-49%)	C (50-74%)	D (75-100%)	
Group					
Full-time care for infants and toddlers, age 0-23 months	0.40	0.48	0.44	0.45	0.45
Full-time care for preschoolers, age 2-5 years	0.34	0.39	0.43	0.42	0.41
Full-time care for school-age children, kindergarten and above	0.36	0.29	0.32	0.34	0.33
N	94	233	340	1,261	1,928
Family					
Full-time care for infants and toddlers, age 0-23 months	0.19	0.31	0.32	0.35	0.33
Full-time care for preschoolers, age 2-5 years	0.17	0.25	0.29	0.30	0.28
Full-time care for school-age children, kindergarten and above	0.18	0.22	0.26	0.28	0.26
N	114	167	130	825	1,236
Total					
Full-time care for infants and toddlers, age 0-23 months	0.27	0.40	0.40	0.41	0.40
Full-time care for preschoolers, age 2-5 years	0.24	0.33	0.38	0.37	0.36
Full-time care for school-age children, kindergarten and above	0.25	0.26	0.30	0.32	0.30
N	208	400	470	2,086	3,164

Table H3: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and Urbanicity

	Percent Urban				Total
	A (0-24%)	B (25-49%)	C (50-74%)	D (75-100%)	
Group					
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.66	0.73	0.74	0.66	0.68
Reduce the benefits offered to staff/self...	0.48	0.58	0.54	0.47	0.50
Experience increased staff quitting	0.64	0.74	0.76	0.65	0.68
Experience increases in the number of staff positions cut	0.43	0.50	0.55	0.52	0.52
Experience increased difficulty in hiring new, qualified staff as needed	0.75	0.86	0.87	0.75	0.79
N	94	233	340	1,261	1,928
Family					
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.68	0.70	0.72	0.68	0.69
Reduce the benefits offered to staff/self...	0.64	0.66	0.66	0.65	0.65
Experience increased staff quitting	0.44	0.40	0.35	0.46	0.44
Experience increases in the number of staff positions cut	0.39	0.25	0.35	0.48	0.42
Experience increased difficulty in hiring new, qualified staff as needed	0.53	0.46	0.55	0.61	0.58
N	114	167	130	825	1,236
Total					
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.67	0.72	0.73	0.67	0.68
Reduce the benefits offered to staff/self...	0.56	0.61	0.57	0.53	0.55
Experience increased staff quitting	0.54	0.62	0.66	0.58	0.60
Experience increases in the number of staff positions cut	0.41	0.41	0.50	0.50	0.49
Experience increased difficulty in hiring new, qualified staff as needed	0.64	0.71	0.80	0.70	0.71
N	208	400	470	2,086	3,164

Table H4: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and Urbanicity

	Percent Urban				Total
	A (0-24%)	B (25-49%)	C (50-74%)	D (75-100%)	
Group					
Experience increased difficulty to provide high quality care	0.54	0.59	0.65	0.53	0.56
Exp increased difficulty to serve children during non-standard hours	0.33	0.44	0.44	0.39	0.40
Exp increased difficulty to serve children with special needs	0.37	0.51	0.48	0.45	0.46
Exp increased difficulty to serve children receiving WI Shares	0.25	0.40	0.39	0.34	0.35
Exp increased difficulty to serve children whose primary language is not English	0.26	0.32	0.33	0.30	0.30
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.52	0.54	0.55	0.43	0.47
Exp increased difficulty to provide add'l services like meals, transportation	0.37	0.51	0.55	0.47	0.48
N	94	233	340	1,261	1,928
Family					
Experience increased difficulty to provide high quality care	0.49	0.50	0.52	0.46	0.47
Exp increased difficulty to serve children during non-standard hours	0.41	0.46	0.49	0.46	0.46
Exp increased difficulty to serve children with special needs	0.41	0.42	0.41	0.44	0.43
Exp increased difficulty to serve children receiving WI Shares	0.29	0.41	0.35	0.40	0.39
Exp increased difficulty to serve children whose primary language is not English	0.26	0.27	0.28	0.34	0.32
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.49	0.48	0.56	0.44	0.46
Exp increased difficulty to provide add'l services like meals, transportation	0.43	0.49	0.57	0.46	0.48
N	114	167	130	825	1,236
Total					
Experience increased difficulty to provide high quality care	0.51	0.55	0.62	0.50	0.53
Exp increased difficulty to serve children during non-standard hours	0.37	0.45	0.45	0.42	0.42
Exp increased difficulty to serve children with special needs	0.39	0.48	0.46	0.45	0.45
Exp increased difficulty to serve children receiving WI Shares	0.27	0.40	0.38	0.36	0.37
Exp increased difficulty to serve children whose primary language is not English	0.26	0.31	0.32	0.31	0.31
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.51	0.52	0.55	0.43	0.47
Exp increased difficulty to provide add'l services like meals, transportation	0.40	0.50	0.55	0.47	0.48
N	208	400	470	2,086	3,164

Appendix I: Questions corresponding to items on main text Tables 8-11, by YoungStar Rating

Table I1: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider type and YoungStar Rating

	YoungStar Rating					Total
	N/A	2	3	4	5	
Group						
Close your program	0.26	0.27	0.31	0.31	0.14	0.25
Close classrooms or reduce the total number of children served	0.40	0.45	0.48	0.49	0.33	0.43
Reduce the hours available for care	0.38	0.39	0.44	0.43	0.25	0.38
Experience longer waitlists	0.62	0.62	0.72	0.81	0.54	0.64
N	255	658	551	95	398	1,957
Family						
Close your program	0.24	0.27	0.29	0.33	0.24	0.27
Close classrooms or reduce the total number of children served	0.29	0.27	0.27	0.35	0.22	0.28
Reduce the hours available for care	0.37	0.32	0.35	0.47	0.36	0.35
Experience longer waitlists	0.59	0.53	0.52	0.65	0.71	0.55
N	278	513	332	56	60	1,239
Total						
Close your program	0.25	0.27	0.30	0.32	0.15	0.26
Close classrooms or reduce the total number of children served	0.34	0.37	0.41	0.44	0.31	0.37
Reduce the hours available for care	0.38	0.36	0.41	0.45	0.26	0.37
Experience longer waitlists	0.61	0.58	0.65	0.75	0.56	0.61
N	533	1,171	883	151	458	3,196

Table I2: Percent providers responding “increase by \$26 per week” or more to “If Child Care Counts Stabilization payments end in June 2025, do you anticipate the price of tuition per week for the following groups in your child care program will... ?” by Provider Type and YoungStar Rating

	YoungStar Rating					Total
	N/A	2	3	4	5	
Group						
Full-time care for infants and toddlers, age 0-23 months	0.47	0.45	0.49	0.53	0.36	0.45
Full-time care for preschoolers, age 2-5 years	0.41	0.43	0.46	0.44	0.31	0.41
Full-time care for school-age children, kindergarten and above	0.37	0.32	0.37	0.37	0.25	0.33
N	255	658	551	95	398	1,957
Family						
Full-time care for infants and toddlers, age 0-23 months	0.25	0.32	0.35	0.46	0.43	0.33
Full-time care for preschoolers, age 2-5 years	0.21	0.28	0.32	0.40	0.33	0.28
Full-time care for school-age children, kindergarten and above	0.18	0.26	0.29	0.37	0.30	0.26
N	278	513	332	56	60	1,239
Total						
Full-time care for infants and toddlers, age 0-23 months	0.32	0.39	0.43	0.50	0.37	0.40
Full-time care for preschoolers, age 2-5 years	0.29	0.36	0.40	0.43	0.31	0.36
Full-time care for school-age children, kindergarten and above	0.26	0.30	0.34	0.37	0.26	0.30
N	533	1,171	883	151	458	3,196

Table I3: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and YoungStar Rating

	YoungStar Rating					Total
	N/A	2	3	4	5	
Group						
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.72	0.67	0.76	0.73	0.55	0.68
Reduce the benefits offered to staff/self...	0.56	0.51	0.58	0.55	0.32	0.50
Experience increased staff quitting	0.66	0.66	0.77	0.74	0.56	0.67
Experience increases in the number of staff positions cut	0.51	0.58	0.59	0.46	0.33	0.51
Experience increased difficulty in hiring new, qualified staff as needed	0.74	0.78	0.88	0.89	0.67	0.79
N	255	658	551	95	398	1,957
Family						
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.65	0.63	0.76	0.83	0.85	0.69
Reduce the benefits offered to staff/self...	0.60	0.61	0.71	0.74	0.76	0.65
Experience increased staff quitting	0.39	0.41	0.48	0.59	0.47	0.44
Experience increases in the number of staff positions cut	0.37	0.40	0.48	0.57	0.41	0.42
Experience increased difficulty in hiring new, qualified staff as needed	0.49	0.57	0.60	0.80	0.58	0.57
N	278	513	332	56	60	1,239
Total						
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.68	0.65	0.76	0.76	0.58	0.68
Reduce the benefits offered to staff/self...	0.58	0.55	0.63	0.62	0.37	0.55
Experience increased staff quitting	0.53	0.56	0.67	0.69	0.55	0.59
Experience increases in the number of staff positions cut	0.44	0.51	0.55	0.49	0.34	0.48
Experience increased difficulty in hiring new, qualified staff as needed	0.62	0.70	0.79	0.86	0.66	0.71
N	533	1,171	883	151	458	3,196

Table I4: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and YoungStar Rating

	YoungStar Rating					Total
	N/A	2	3	4	5	
Group						
Experience increased difficulty to provide high quality care	0.54	0.59	0.66	0.67	0.38	0.56
Exp increased difficulty to serve children during non-standard hours	0.44	0.43	0.46	0.32	0.26	0.40
Exp increased difficulty to serve children with special needs	0.44	0.48	0.54	0.49	0.33	0.46
Exp increased difficulty to serve children receiving WI Shares	0.41	0.37	0.39	0.38	0.24	0.35
Exp increased difficulty to serve children whose primary language is not English	0.41	0.32	0.36	0.28	0.16	0.31
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.42	0.46	0.59	0.52	0.32	0.47
Exp increased difficulty to provide add'l services like meals, transportation	0.45	0.52	0.57	0.45	0.31	0.48
N	255	658	551	95	398	1,957
Family						
Experience increased difficulty to provide high quality care	0.46	0.46	0.48	0.66	0.49	0.47
Exp increased difficulty to serve children during non-standard hours	0.46	0.46	0.45	0.59	0.40	0.46
Exp increased difficulty to serve children with special needs	0.39	0.46	0.41	0.56	0.38	0.43
Exp increased difficulty to serve children receiving WI Shares	0.35	0.41	0.39	0.46	0.31	0.39
Exp increased difficulty to serve children whose primary language is not English	0.29	0.34	0.32	0.38	0.25	0.32
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.44	0.45	0.46	0.60	0.48	0.46
Exp increased difficulty to provide add'l services like meals, transportation	0.45	0.48	0.48	0.57	0.45	0.48
N	278	513	332	56	60	1,239
Total						
Experience increased difficulty to provide high quality care	0.50	0.53	0.59	0.66	0.39	0.53
Exp increased difficulty to serve children during non-standard hours	0.45	0.44	0.46	0.41	0.28	0.42
Exp increased difficulty to serve children with special needs	0.42	0.47	0.49	0.51	0.34	0.45
Exp increased difficulty to serve children receiving WI Shares	0.38	0.39	0.39	0.41	0.25	0.37
Exp increased difficulty to serve children whose primary language is not English	0.35	0.33	0.34	0.32	0.17	0.31
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.43	0.46	0.55	0.55	0.34	0.47
Exp increased difficulty to provide add'l services like meals, transportation	0.45	0.51	0.54	0.49	0.33	0.48
N	533	1,171	883	151	458	3,196

Appendix J: Questions corresponding to items on main text Tables 8-11, by Percent Wisconsin Shares Enrollment

Table J1: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and Percent Wisconsin Shares Enrollment

	Percent WI Shares Enrollment			Total
	None	Any	100%	
Group				
Close your program	0.18	0.27	0.34	0.25
Close classrooms or reduce the total number of children served	0.33	0.46	0.42	0.43
Reduce the hours available for care	0.28	0.40	0.48	0.38
Experience longer waitlists	0.57	0.68	0.48	0.64
N	456	1,366	135	1,957
Family				
Close your program	0.31	0.30	0.18	0.27
Close classrooms or reduce the total number of children served	0.27	0.30	0.26	0.28
Reduce the hours available for care	0.33	0.40	0.32	0.35
Experience longer waitlists	0.68	0.55	0.36	0.55
N	472	434	332	1,238
Total				
Close your program	0.24	0.28	0.22	0.26
Close classrooms or reduce the total number of children served	0.30	0.43	0.31	0.37
Reduce the hours available for care	0.31	0.40	0.37	0.37
Experience longer waitlists	0.63	0.66	0.40	0.61
N	928	1,800	467	3,195

Table J2: Percent providers responding “increase by \$26 per week” or more to “If Child Care Counts Stabilization payments end in June 2025, do you anticipate the price of tuition per week for the following groups in your child care program will... ?” by Provider Type and Percent Wisconsin Shares Enrollment

	Percent WI Shares Enrollment			Total
	None	Any	100%	
Group				
Full-time care for infants and toddlers, age 0-23 months	0.37	0.46	0.48	0.45
Full-time care for preschoolers, age 2-5 years	0.34	0.43	0.45	0.41
Full-time care for school-age children, kindergarten and above	0.27	0.34	0.41	0.33
N	456	1,366	135	1,957
Family				
Full-time care for infants and toddlers, age 0-23 months	0.29	0.36	0.33	0.33
Full-time care for preschoolers, age 2-5 years	0.25	0.31	0.29	0.28
Full-time care for school-age children, kindergarten and above	0.21	0.30	0.27	0.26
N	472	434	332	1,238
Total				
Full-time care for infants and toddlers, age 0-23 months	0.32	0.44	0.37	0.40
Full-time care for preschoolers, age 2-5 years	0.29	0.40	0.34	0.36
Full-time care for school-age children, kindergarten and above	0.23	0.33	0.31	0.30
N	928	1,800	467	3,195

Table J3: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and Percent Wisconsin Shares Enrollment

	Percent WI Shares Enrollment			Total
	None	Any	100%	
Group				
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.68	0.68	0.67	0.68
Reduce the benefits offered to staff/self...	0.42	0.51	0.67	0.50
Experience increased staff quitting	0.61	0.69	0.68	0.67
Experience increases in the number of staff positions cut	0.36	0.55	0.63	0.51
Experience increased difficulty in hiring new, qualified staff as needed	0.77	0.80	0.69	0.79
N	456	1,366	135	1,957
Family				
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.70	0.74	0.60	0.69
Reduce the benefits offered to staff/self...	0.65	0.71	0.59	0.65
Experience increased staff quitting	0.38	0.50	0.45	0.44
Experience increases in the number of staff positions cut	0.33	0.46	0.50	0.42
Experience increased difficulty in hiring new, qualified staff as needed	0.48	0.67	0.59	0.58
N	472	434	332	1,238
Total				
Reduce the total amount of compensation paid to staff/self in wages and bonuses	0.69	0.69	0.62	0.68
Reduce the benefits offered to staff/self...	0.53	0.55	0.61	0.55
Experience increased staff quitting	0.50	0.66	0.52	0.59
Experience increases in the number of staff positions cut	0.35	0.54	0.54	0.48
Experience increased difficulty in hiring new, qualified staff as needed	0.64	0.78	0.62	0.71
N	928	1,800	467	3,195

Table J4: Percent providers responding “somewhat likely” or more to “If Child Care Counts Stabilization payments end in June 2025, how likely are you to...” by Provider Type and Percent Wisconsin Shares Enrollment

	Percent WI Shares Enrollment			Total
	None	Any	100%	
Group				
Experience increased difficulty to provide high quality care	0.46	0.60	0.53	0.56
Exp increased difficulty to serve children during non-standard hours	0.32	0.41	0.54	0.40
Exp increased difficulty to serve children with special needs	0.38	0.48	0.54	0.46
Exp increased difficulty to serve children receiving WI Shares	0.31	0.37	0.33	0.35
Exp increased difficulty to serve children whose primary language is not English	0.25	0.31	0.41	0.31
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.33	0.51	0.42	0.47
Exp increased difficulty to provide add'l services like meals, transportation	0.37	0.51	0.51	0.48
N	456	1,366	135	1,957
Family				
Experience increased difficulty to provide high quality care	0.47	0.55	0.37	0.47
Exp increased difficulty to serve children during non-standard hours	0.42	0.53	0.44	0.46
Exp increased difficulty to serve children with special needs	0.40	0.49	0.40	0.43
Exp increased difficulty to serve children receiving WI Shares	0.35	0.46	0.34	0.39
Exp increased difficulty to serve children whose primary language is not English	0.29	0.33	0.34	0.32
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.50	0.53	0.32	0.46
Exp increased difficulty to provide add'l services like meals, transportation	0.49	0.53	0.40	0.48
N	472	434	332	1,238
Total				
Experience increased difficulty to provide high quality care	0.47	0.59	0.42	0.53
Exp increased difficulty to serve children during non-standard hours	0.38	0.44	0.47	0.42
Exp increased difficulty to serve children with special needs	0.39	0.48	0.44	0.45
Exp increased difficulty to serve children receiving WI Shares	0.33	0.39	0.34	0.37
Exp increased difficulty to serve children whose primary language is not English	0.27	0.32	0.36	0.31
Exp increased difficulty to serve infants and toddlers (age 0-23 months)	0.42	0.52	0.35	0.47
Exp increased difficulty to provide add'l services like meals, transportation	0.43	0.52	0.43	0.48
N	928	1,800	467	3,195

Appendix K: Regression Results for Tables 8-11 Items

Table K1: Linear probability models for Table 8: likelihood of responding “somewhat likely or higher” to...

	Close your program	Close classrooms or reduce the total number of children served	Reduce the hours available for care	Experience longer waitlists
CCC funds pre-May 2023	0.017 (0.025)	0.011 (0.027)	-0.032 (0.028)	-0.040 (0.029)
Full-time enrollment	-0.001** (0.000)	-0.000 (0.000)	-0.000 (0.000)	0.000 (0.000)
Serves infants				
No infant care	-0.063** (0.019)	-0.037 (0.021)	-0.082** (0.021)	-0.120** (0.022)
Provider Type				
Family	-0.036 (0.022)	-0.173** (0.023)	-0.060* (0.024)	-0.074** (0.024)
Public School	-0.177** (0.030)	-0.317** (0.035)	-0.183** (0.038)	-0.104* (0.045)
Certified	0.024 (0.034)	-0.172** (0.034)	-0.023 (0.036)	-0.151** (0.036)
Region				
Northeastern	0.033 (0.029)	-0.052 (0.032)	-0.049 (0.032)	0.076* (0.033)
Northern	0.136** (0.043)	0.060 (0.045)	0.013 (0.045)	0.108* (0.043)
Southern	0.047* (0.023)	-0.019 (0.026)	-0.025 (0.026)	0.071** (0.027)
Western	0.058 (0.031)	-0.024 (0.034)	-0.024 (0.034)	0.094** (0.034)
Percent Urban				
A (0-24%)	0.095* (0.039)	0.052 (0.040)	0.022 (0.039)	-0.014 (0.039)
B (25-49%)	0.036 (0.030)	-0.008 (0.031)	0.046 (0.031)	0.021 (0.030)
C (50-74%)	0.020 (0.029)	-0.010 (0.032)	0.020 (0.032)	0.088** (0.031)
YoungStar rating				
0	-0.008 (0.026)	-0.005 (0.027)	0.012 (0.028)	0.015 (0.029)
3	0.030 (0.020)	0.015 (0.021)	0.023 (0.022)	0.047* (0.022)
4	0.046 (0.043)	0.057 (0.044)	0.072 (0.045)	0.120** (0.039)
5	-0.095** (0.024)	-0.110** (0.029)	-0.109** (0.028)	-0.081** (0.030)
Percent Shares				
None	-0.033 (0.021)	-0.053* (0.023)	-0.046* (0.023)	0.012 (0.023)
100%	-0.038 (0.026)	-0.071** (0.027)	-0.035 (0.028)	-0.156** (0.029)
Intercept	0.278** (0.032)	0.494** (0.035)	0.470** (0.036)	0.635** (0.036)
Adj. R-squared	0.04	0.04	0.02	0.08
N	3,211	3,214	3,241	3,179

** p<.01, * p<.05

Table K2: Linear probability models for Table 9: likelihood of responding “increase by \$26 per week” or more to “If Child Care Counts Stabilization payments end in June 2025, do you anticipate the price of tuition per week for ‘Full-time care for infants and toddlers, age 0-23 months?’ in your child care program will...?”

	Full-time care for infants and toddlers, age 0-23 months	Full-time care for preschoolers, age 2- 5 years	Full-time care for school-age children, kindergarten and above
CCC funds pre-May 2023	-0.033 (0.030)	-0.004 (0.028)	0.010 (0.027)
Full-time enrollment	0.000 (0.000)	-0.000 (0.000)	0.000 (0.000)
Serves infants			
No infant care	-0.010 (0.028)	-0.008 (0.023)	-0.038 (0.022)
Provider Type			
Family	-0.099** (0.027)	-0.126** (0.024)	-0.070** (0.024)
Public School	-0.281** (0.058)	-0.354** (0.034)	-0.158** (0.041)
Certified	-0.136** (0.037)	-0.159** (0.034)	-0.104** (0.033)
Region			
Northeastern	-0.064 (0.037)	-0.072* (0.033)	-0.101** (0.032)
Northern	0.033 (0.050)	-0.010 (0.045)	-0.049 (0.045)
Southern	0.008 (0.031)	-0.015 (0.027)	-0.044 (0.028)
Western	-0.027 (0.039)	-0.048 (0.035)	-0.069* (0.034)
Percent Urban			
A (0-24%)	-0.101** (0.039)	-0.075* (0.036)	-0.029 (0.038)
B (25-49%)	0.007 (0.035)	-0.012 (0.032)	-0.019 (0.031)
C (50-74%)	-0.006 (0.037)	0.032 (0.033)	0.021 (0.033)
YoungStar rating			
0	-0.031 (0.031)	-0.036 (0.027)	-0.027 (0.028)
3	0.023 (0.024)	0.028 (0.022)	0.012 (0.021)
4	0.087 (0.047)	0.046 (0.044)	0.047 (0.046)
5	-0.071* (0.034)	-0.091** (0.031)	-0.088** (0.032)
Percent Shares			
None	-0.054* (0.027)	-0.041 (0.024)	-0.023 (0.024)
100%	-0.034 (0.030)	-0.040 (0.028)	-0.024 (0.028)
Intercept	0.501** (0.039)	0.468** (0.036)	0.380** (0.035)
Adj. R-squared	0.03	0.04	0.02
N	2,655	2,998	2,887

** p<.01, * p<.05

Table K3: Linear probability models for Table 10: likelihood of responding “somewhat likely or higher” to...

	Reduce the total amount of compensation paid to staff/self in wages and bonuses	Reduce the benefits offered to staff/self...	Experience increased staff quitting	Experience increases in the number of staff positions cut	Experience increased difficulty in hiring new, qualified staff as needed
CCC funds pre-May 2023	0.014 (0.028)	0.038 (0.029)	-0.020 (0.029)	-0.020 (0.029)	-0.058* (0.027)
Full-time enrollment	-0.000 (0.000)	-0.001 (0.000)	0.000 (0.000)	-0.000 (0.000)	-0.000 (0.000)
Serves infants					
No infant care	-0.053* (0.021)	-0.108** (0.022)	-0.055* (0.022)	-0.021 (0.022)	-0.051* (0.021)
Provider Type					
Family	-0.020 (0.023)	0.085** (0.024)	-0.245** (0.024)	-0.120** (0.025)	-0.217** (0.023)
Public School	-0.420** (0.041)	-0.317** (0.038)	-0.450** (0.038)	-0.311** (0.043)	-0.436** (0.044)
Certified	-0.126** (0.036)	0.020 (0.037)	-0.319** (0.037)	-0.231** (0.037)	-0.248** (0.037)
Region					
Northeastern	-0.076* (0.032)	-0.110** (0.033)	-0.096** (0.033)	-0.082* (0.034)	-0.047 (0.031)
Northern	0.038 (0.041)	0.037 (0.044)	0.005 (0.044)	0.032 (0.046)	-0.031 (0.041)
Southern	-0.015 (0.026)	-0.011 (0.027)	-0.037 (0.027)	-0.017 (0.028)	0.045 (0.025)
Western	-0.043 (0.033)	-0.061 (0.034)	-0.027 (0.034)	-0.014 (0.035)	-0.021 (0.031)
Percent Urban					
A (0-24%)	0.045 (0.039)	0.053 (0.040)	0.080 (0.041)	-0.005 (0.042)	0.055 (0.038)
B (25-49%)	0.051 (0.029)	0.095** (0.031)	0.061* (0.031)	-0.047 (0.032)	0.035 (0.028)
C (50-74%)	0.071* (0.031)	0.094** (0.033)	0.104** (0.033)	0.038 (0.034)	0.107** (0.029)
YoungStar rating					
0	0.009 (0.028)	0.037 (0.030)	-0.001 (0.029)	-0.015 (0.030)	-0.053 (0.029)
3	0.094** (0.021)	0.059** (0.022)	0.090** (0.022)	0.040 (0.023)	0.070** (0.020)
4	0.090* (0.039)	0.055 (0.043)	0.111** (0.043)	-0.016 (0.047)	0.146** (0.034)
5	-0.076** (0.029)	-0.128** (0.030)	-0.080** (0.030)	-0.166** (0.030)	-0.083** (0.028)
Percent Shares					
None	0.022 (0.023)	-0.028 (0.024)	-0.059* (0.024)	-0.119** (0.025)	-0.048* (0.022)
100%	-0.069* (0.028)	-0.003 (0.030)	-0.020 (0.029)	-0.004 (0.029)	-0.041 (0.028)
Intercept	0.682** (0.035)	0.535** (0.036)	0.692** (0.036)	0.627** (0.037)	0.852** (0.034)
Adj. R-squared	0.06	0.07	0.11	0.05	0.10
N	3,227	3,153	3,090	3,073	3,118

** p<.01, * p<.05

Table K4: Linear probability models for Table 11: likelihood of responding “somewhat likely or higher” to experience increased difficulty to...

	Provide high quality care	Serve children during non-standard hours	Serve children with special needs	Serve children receiving WI Shares	Serve children whose primary language is not English	Serve infants and toddlers (age 0-23 months)	Provide add'l services like meals, transportation
CCC funds pre-May 2023	-0.019 (0.029)	-0.014 (0.030)	-0.022 (0.030)	-0.053 (0.029)	-0.068* (0.029)	-0.046 (0.030)	-0.023 (0.030)
Full-time enrollment	-0.000 (0.000)	-0.000 (0.000)	0.000 (0.000)	0.000 (0.000)	0.000 (0.000)	0.001 (0.000)	-0.000 (0.000)
Serves infants No infant care	-0.027 (0.022)	-0.052* (0.023)	-0.070** (0.022)	0.015 (0.022)	-0.004 (0.021)	-0.145** (0.023)	-0.036 (0.022)
Provider Type							
Family	-0.089** (0.024)	0.027 (0.025)	-0.046 (0.025)	0.052* (0.024)	-0.011 (0.024)	0.003 (0.025)	-0.016 (0.025)
Public School	-0.241** (0.045)	-0.271** (0.038)	-0.254** (0.040)	-0.205** (0.038)	-0.144** (0.040)	-0.288** (0.033)	-0.282** (0.042)
Certified	-0.119** (0.037)	0.005 (0.038)	-0.044 (0.038)	0.051 (0.037)	0.028 (0.037)	0.024 (0.037)	-0.021 (0.038)
Region							
Northeastern	-0.011 (0.033)	-0.073* (0.034)	-0.105** (0.034)	-0.084** (0.033)	-0.093** (0.031)	0.036 (0.034)	-0.065 (0.034)
Northern	0.078 (0.045)	-0.031 (0.050)	-0.049 (0.047)	-0.004 (0.047)	-0.059 (0.045)	0.116* (0.047)	0.108* (0.047)
Southern	0.050 (0.028)	-0.031 (0.028)	-0.041 (0.027)	-0.070** (0.026)	-0.085** (0.025)	0.029 (0.027)	0.015 (0.028)
Western	0.038 (0.035)	-0.040 (0.036)	-0.047 (0.036)	-0.069* (0.034)	-0.114** (0.032)	0.078* (0.035)	-0.015 (0.036)
Percent Urban							
A (0-24%)	0.014 (0.040)	0.009 (0.042)	0.027 (0.041)	-0.052 (0.039)	0.039 (0.038)	0.042 (0.041)	-0.056 (0.041)
B (25-49%)	0.016 (0.032)	0.066* (0.034)	0.064* (0.033)	0.061 (0.032)	0.058 (0.030)	0.021 (0.032)	0.015 (0.033)
C (50-74%)	0.069* (0.033)	0.089* (0.035)	0.068* (0.034)	0.033 (0.033)	0.058 (0.031)	0.052 (0.034)	0.069* (0.034)
YoungStar rating							
0	-0.005 (0.029)	0.011 (0.030)	-0.034 (0.030)	-0.006 (0.030)	0.010 (0.029)	-0.022 (0.030)	-0.044 (0.030)
3	0.028 (0.022)	-0.000 (0.023)	0.007 (0.023)	0.007 (0.022)	0.009 (0.022)	0.053* (0.022)	0.008 (0.022)
4	0.084* (0.043)	-0.013 (0.047)	0.020 (0.046)	0.020 (0.044)	-0.005 (0.043)	0.035 (0.045)	-0.044 (0.045)
5	-0.182** (0.030)	-0.134** (0.031)	-0.146** (0.030)	-0.124** (0.029)	-0.141** (0.027)	-0.149** (0.030)	-0.193** (0.030)
Percent Shares							
None	-0.067** (0.024)	-0.058* (0.025)	-0.044 (0.024)	-0.037 (0.024)	-0.011 (0.023)	-0.055* (0.025)	-0.040 (0.025)
100%	-0.109** (0.029)	-0.030 (0.030)	-0.050 (0.030)	-0.111** (0.028)	-0.013 (0.029)	-0.122** (0.029)	-0.095** (0.030)
Intercept	0.607** (0.036)	0.492** (0.038)	0.558** (0.038)	0.450** (0.037)	0.424** (0.036)	0.520** (0.037)	0.572** (0.037)
Adj. R-squared	0.04	0.03	0.03	0.02	0.02	0.07	0.04
N	3,256	2,950	3,091	3,103	3,019	3,066	3,131

** p<.01, * p<.05

Appendix L: Tables 8-11 by County

In compliance with IRP’s data security policies and to maintain promised confidentiality for providers responding to the questionnaire, these tables include only counties in which at least 10 providers responded each item. Providers in counties with 10 or fewer responses for each answer are grouped into the “Masked” row. These counties had fewer than 10 responses to the survey and are masked in all tables: Adams, Bayfield, Buffalo, Burnett, Crawford, Door, Forest, Green Lake, Iron, Lafayette, Langlade, Marquette, Menominee County, Pepin, Price, Richland, Rusk, Sawyer, Taylor, Vilas, Washburn.

Table L1: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Close your program?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	25.5	3,246	25.4	1,791	26.9	1,057
Ashland	26.1	23	--	--	33.3	15
Barron	29.2	24	45.5	11	9.1	11
Brown	19.3	88	17.9	67	25.0	20
Calumet	26.7	15	30.0	10	--	--
Chippewa	38.1	42	29.2	24	52.9	17
Clark	41.2	17	--	--	50.0	10
Columbia	12.9	31	9.1	22	--	--
Dane	21.0	385	16.7	240	30.7	101
Dodge	33.3	27	31.8	22	--	--
Douglas	15.4	26	0.0	13	--	--
Dunn	13.3	15	--	--	--	--
Eau Claire	23.5	68	24.5	49	25.0	16
Fond Du Lac	25.8	31	30.8	26	--	--
Grant	23.8	21	16.7	12	--	--
Green	53.8	26	57.1	14	50.0	12
Iowa	72.7	11	--	--	--	--
Jackson	41.2	17	--	--	--	--
Jefferson	15.4	26	16.7	24	--	--
Juneau	36.4	11	--	--	--	--
Kenosha	21.3	75	14.0	57	38.5	13
Kewaunee	30.0	10	--	--	--	--
La Crosse	34.7	75	22.9	48	47.4	19
Lincoln	60.0	10	--	--	--	--
Manitowoc	36.4	22	29.4	17	--	--
Marathon	45.9	61	48.5	33	46.2	26
Marinette	37.5	16	--	--	--	--
Masked^	38.9	113	40.4	52	34.0	53
Milwaukee	21.5	1,070	24.5	384	21.9	456
Monroe	26.1	23	--	--	30.0	10
Oconto	33.3	15	--	--	--	--
Oneida	16.7	12	--	--	--	--
Outagamie	28.0	75	26.9	52	27.8	18
Ozaukee	14.3	42	10.5	38	--	--
Pierce	16.0	25	--	--	13.3	15
Polk	36.8	19	--	--	--	--
Portage	45.5	33	55.6	18	33.3	15
Racine	32.4	74	30.2	53	--	--
Rock	39.4	71	40.7	54	42.9	14
Sauk	14.3	28	7.1	14	8.3	12
Shawano	10.0	10	--	--	--	--
Sheboygan	17.5	40	23.1	26	10.0	10
St. Croix	33.3	39	34.6	26	--	--
Trempealeau	35.7	14	--	--	--	--
Vernon	38.5	13	--	--	--	--
Walworth	30.4	23	31.8	22	--	--
Washington	44.2	43	47.1	34	--	--
Waukesha	12.7	150	13.4	134	6.7	15
Waupaca	31.8	22	50.0	12	--	--
Waushara	18.2	11	--	--	--	--
Winnebago	25.7	70	29.8	47	5.6	18
Wood	36.8	38	40.9	22	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L2: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Close classrooms or reduce the total number of children served?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	35.6	3,250	42.9	1,817	27.6	1,042
Ashland	31.8	22	--	--	28.6	14
Barron	31.8	22	45.5	11	--	--
Brown	32.6	95	35.6	73	25.0	20
Calumet	33.3	15	40.0	10	--	--
Chippewa	34.9	43	44.0	25	23.5	17
Clark	37.5	16	--	--	--	--
Columbia	36.7	30	38.1	21	--	--
Dane	33.7	386	37.3	244	31.6	98
Dodge	40.7	27	50.0	22	--	--
Douglas	33.3	27	57.1	14	--	--
Dunn	26.7	15	--	--	--	--
Eau Claire	35.8	67	44.9	49	13.3	15
Fond Du Lac	25.0	32	29.6	27	--	--
Grant	33.3	21	41.7	12	--	--
Green	44.4	27	53.3	15	33.3	12
Iowa	50.0	12	--	--	--	--
Jackson	31.2	16	--	--	--	--
Jefferson	30.8	26	33.3	24	--	--
Juneau	36.4	11	--	--	--	--
Kenosha	48.0	75	48.3	58	33.3	12
Kewaunee	40.0	10	--	--	--	--
La Crosse	46.0	63	41.7	36	47.4	19
Lincoln	50.0	10	--	--	--	--
Manitowoc	27.3	22	35.3	17	--	--
Marathon	39.0	59	54.5	33	20.8	24
Marinette	35.3	17	40.0	10	--	--
Masked^	38.2	123	40.7	59	32.7	55
Milwaukee	32.7	1,081	44.9	399	28.7	456
Monroe	38.1	21	--	--	--	--
Oconto	40.0	15	--	--	--	--
Oneida	23.1	13	--	--	--	--
Outagamie	41.9	74	42.3	52	44.4	18
Ozaukee	26.2	42	23.7	38	--	--
Pierce	21.7	23	--	--	15.4	13
Polk	26.3	19	--	--	--	--
Portage	55.6	36	68.4	19	41.2	17
Racine	38.9	72	45.3	53	--	--
Rock	40.8	71	45.3	53	35.7	14
Sauk	25.0	28	21.4	14	16.7	12
Sheboygan	22.5	40	30.8	26	10.0	10
St. Croix	42.5	40	51.9	27	--	--
Trempealeau	20.0	15	--	--	--	--
Vernon	46.2	13	--	--	--	--
Walworth	45.8	24	47.8	23	--	--
Washington	47.6	42	50.0	34	--	--
Waukesha	43.4	152	45.6	136	20.0	15
Waupaca	34.8	23	46.2	13	--	--
Waushara	40.0	10	--	--	--	--
Winnebago	34.8	69	44.7	47	0.0	17
Wood	44.7	38	52.2	23	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L3: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Reduce the hours available for care?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	36.0	3,277	37.7	1,819	34.8	1,058
Ashland	39.1	23	--	--	33.3	15
Barron	56.5	23	63.6	11	50.0	10
Brown	21.3	94	20.8	72	25.0	20
Calumet	31.2	16	30.0	10	--	--
Chippewa	38.1	42	44.0	25	31.2	16
Clark	29.4	17	--	--	40.0	10
Columbia	40.0	30	42.9	21	--	--
Dane	32.6	389	32.4	244	39.4	99
Dodge	59.3	27	63.6	22	--	--
Douglas	30.8	26	50.0	14	--	--
Dunn	33.3	15	--	--	--	--
Eau Claire	33.8	68	38.0	50	26.7	15
Fond Du Lac	25.0	32	25.9	27	--	--
Grant	33.3	21	50.0	12	--	--
Green	29.6	27	26.7	15	33.3	12
Iowa	66.7	12	--	--	--	--
Jackson	25.0	16	--	--	--	--
Jefferson	34.6	26	33.3	24	--	--
Juneau	27.3	11	--	--	--	--
Kenosha	46.1	76	46.6	58	41.7	12
Kewaunee	40.0	10	--	--	--	--
La Crosse	50.0	62	44.4	36	44.4	18
Lincoln	27.3	11	--	--	--	--
Manitowoc	36.4	22	35.3	17	--	--
Marathon	38.7	62	42.4	33	33.3	27
Marinette	58.8	17	50.0	10	--	--
Masked^	35.2	125	32.2	59	36.8	57
Milwaukee	35.4	1,089	38.0	400	35.9	459
Monroe	30.4	23	--	--	20.0	10
Oconto	40.0	15	--	--	--	--
Oneida	23.1	13	--	--	--	--
Outagamie	41.3	75	37.7	53	50.0	18
Ozaukee	33.3	42	31.6	38	--	--
Pierce	30.4	23	--	--	28.6	14
Polk	21.1	19	--	--	--	--
Portage	52.8	36	63.2	19	41.2	17
Racine	44.6	74	45.3	53	--	--
Rock	33.8	71	31.5	54	46.2	13
Sauk	21.4	28	7.1	14	25.0	12
Sheboygan	17.5	40	23.1	26	10.0	10
St. Croix	40.0	40	44.4	27	--	--
Trempealeau	26.7	15	--	--	--	--
Vernon	46.2	13	--	--	--	--
Walworth	37.5	24	39.1	23	--	--
Washington	43.2	44	44.1	34	--	--
Waukesha	39.5	152	40.4	136	26.7	15
Waupaca	43.5	23	61.5	13	--	--
Waushara	45.5	11	--	--	--	--
Winnebago	35.3	68	43.5	46	11.8	17
Wood	41.0	39	52.2	23	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L4: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Experience longer waitlists?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	58.9	3,214	64.4	1,800	55.4	1,028
Ashland	56.5	23	--	--	60.0	15
Barron	79.2	24	81.8	11	72.7	11
Brown	57.0	93	57.7	71	60.0	20
Calumet	68.8	16	80.0	10	--	--
Chippewa	59.5	42	60.0	25	62.5	16
Clark	68.8	16	--	--	--	--
Columbia	66.7	30	61.9	21	--	--
Dane	59.7	387	61.7	243	69.4	98
Dodge	63.0	27	59.1	22	--	--
Douglas	73.1	26	85.7	14	--	--
Dunn	86.7	15	--	--	--	--
Eau Claire	53.7	67	58.0	50	50.0	14
Fond Du Lac	75.0	32	77.8	27	--	--
Grant	78.9	19	75.0	12	--	--
Green	76.9	26	86.7	15	63.6	11
Iowa	75.0	12	--	--	--	--
Jackson	47.1	17	--	--	--	--
Jefferson	57.7	26	54.2	24	--	--
Juneau	45.5	11	--	--	--	--
Kenosha	72.0	75	75.9	58	58.3	12
Kewaunee	70.0	10	--	--	--	--
La Crosse	83.6	61	83.3	36	88.9	18
Lincoln	90.0	10	--	--	--	--
Manitowoc	68.2	22	70.6	17	--	--
Marathon	71.2	59	60.6	33	83.3	24
Marinette	75.0	16	--	--	--	--
Masked^	58.8	114	64.2	53	50.0	54
Milwaukee	44.5	1,049	54.4	390	40.5	440
Monroe	69.6	23	--	--	80.0	10
Oconto	60.0	15	--	--	--	--
Oneida	61.5	13	--	--	--	--
Outagamie	75.0	72	75.0	52	75.0	16
Ozaukee	81.0	42	84.2	38	--	--
Pierce	60.9	23	--	--	78.6	14
Polk	68.4	19	--	--	--	--
Portage	83.3	36	84.2	19	82.4	17
Racine	58.9	73	66.0	53	--	--
Rock	70.0	70	70.4	54	84.6	13
Sauk	53.6	28	42.9	14	58.3	12
Shawano	40.0	10	--	--	--	--
Sheboygan	72.5	40	80.8	26	40.0	10
St. Croix	65.0	40	66.7	27	--	--
Trempealeau	64.3	14	--	--	--	--
Vernon	61.5	13	--	--	--	--
Walworth	79.2	24	82.6	23	--	--
Washington	75.0	44	76.5	34	--	--
Waukesha	61.3	150	61.2	134	60.0	15
Waupaca	73.9	23	84.6	13	--	--
Waushara	63.6	11	--	--	--	--
Winnebago	66.2	68	66.7	45	72.2	18
Wood	84.2	38	86.4	22	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L5: Percent providers responding “increase by \$26 per week” or more to “If Child Care Counts Stabilization payments end in Ju183ne 2025, do you anticipate the price of tuition per week for 'Full-time care for infants and toddlers, age 0-23 months?' in your child care program will... ?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	38.2	2,686	45.2	1,314	32.5	1,073
Ashland	40.9	22	--	--	26.7	15
Barron	25.0	20	--	--	18.2	11
Brown	25.7	74	28.8	52	20.0	20
Calumet	20.0	10	--	--	--	--
Chippewa	40.0	30	53.8	13	25.0	16
Clark	25.0	16	--	--	--	--
Columbia	37.0	27	33.3	18	--	--
Dane	39.7	305	46.5	157	35.2	105
Dodge	59.1	22	58.8	17	--	--
Douglas	5.9	17	--	--	--	--
Dunn	53.3	15	--	--	--	--
Eau Claire	46.0	50	42.4	33	50.0	16
Fond Du Lac	33.3	27	40.9	22	--	--
Grant	47.4	19	63.6	11	--	--
Green	34.8	23	40.0	10	30.8	13
Iowa	50.0	10	--	--	--	--
Jackson	26.7	15	--	--	--	--
Jefferson	31.2	16	35.7	14	--	--
Juneau	10.0	10	--	--	--	--
Kenosha	40.4	57	48.6	37	23.1	13
Kewaunee	27.3	11	--	--	--	--
La Crosse	41.8	55	51.9	27	35.0	20
Manitowoc	46.2	13	--	--	--	--
Marathon	32.6	46	36.8	19	28.0	25
Marinette	46.7	15	--	--	--	--
Masked^	29.2	120	41.3	46	24.6	65
Milwaukee	39.0	954	47.5	345	36.0	461
Monroe	26.3	19	--	--	30.0	10
Oconto	30.8	13	--	--	--	--
Oneida	10.0	10	--	--	--	--
Outagamie	40.7	54	40.0	30	47.4	19
Ozaukee	48.3	29	52.0	25	--	--
Pierce	45.0	20	--	--	42.9	14
Polk	13.3	15	--	--	--	--
Portage	65.5	29	90.9	11	50.0	18
Racine	43.1	58	46.2	39	--	--
Rock	44.9	49	40.6	32	57.1	14
Sauk	28.0	25	38.5	13	9.1	11
Sheboygan	30.0	30	26.3	19	40.0	10
St. Croix	54.8	31	71.4	21	--	--
Trempealeau	20.0	15	--	--	--	--
Vernon	33.3	12	--	--	--	--
Walworth	44.4	18	41.2	17	--	--
Washington	36.7	30	38.1	21	--	--
Waukesha	45.3	117	47.1	102	28.6	14
Waupaca	21.1	19	20.0	10	--	--
Waushara	9.1	11	--	--	--	--
Winnebago	33.3	51	37.9	29	16.7	18
Wood	53.1	32	75.0	16	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L6: Percent providers responding “increase by \$26 per week” or more to “If Child Care Counts Stabilization payments end in June 2025, do you anticipate the price of tuition per week for 'Full-time care for preschoolers, age 2-5 years?' in your child care program will... ?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	34.0	3,033	40.9	1,589	28.1	1,084
Ashland	36.4	22	--	--	26.7	15
Barron	12.5	24	18.2	11	9.1	11
Brown	25.6	78	28.6	56	20.0	20
Calumet	25.0	12	--	--	--	--
Chippewa	33.3	36	38.9	18	23.5	17
Clark	23.5	17	--	--	20.0	10
Columbia	28.6	28	26.3	19	--	--
Dane	36.7	354	42.7	206	29.8	104
Dodge	54.5	22	52.9	17	--	--
Douglas	29.2	24	45.5	11	--	--
Dunn	37.5	16	--	--	--	--
Eau Claire	40.7	54	40.5	37	37.5	16
Fond Du Lac	25.8	31	30.8	26	--	--
Grant	30.0	20	41.7	12	--	--
Green	33.3	27	35.7	14	30.8	13
Iowa	41.7	12	--	--	--	--
Jackson	23.5	17	--	--	--	--
Jefferson	29.6	27	32.0	25	--	--
Juneau	10.0	10	--	--	--	--
Kenosha	28.4	67	29.8	47	23.1	13
Kewaunee	27.3	11	--	--	--	--
La Crosse	31.7	60	46.9	32	10.0	20
Lincoln	10.0	10	--	--	--	--
Manitowoc	38.9	18	53.8	13	--	--
Marathon	26.4	53	29.2	24	25.9	27
Marinette	35.3	17	--	--	--	--
Masked^	27.9	111	37.8	45	24.1	58
Milwaukee	34.0	1,026	44.3	368	32.2	463
Monroe	9.1	22	--	--	10.0	10
Oconto	28.6	14	--	--	--	--
Oneida	18.2	11	--	--	--	--
Outagamie	34.9	63	33.3	39	42.1	19
Ozaukee	56.1	41	59.5	37	--	--
Pierce	31.8	22	--	--	35.7	14
Polk	11.1	18	--	--	--	--
Portage	55.6	36	66.7	18	44.4	18
Racine	40.8	71	45.1	51	--	--
Rock	29.9	67	28.6	49	42.9	14
Sauk	32.1	28	35.7	14	16.7	12
Shawano	20.0	10	--	--	--	--
Sheboygan	25.7	35	27.3	22	30.0	10
St. Croix	48.7	39	63.0	27	--	--
Trempealeau	20.0	15	--	--	--	--
Vernon	33.3	12	--	--	--	--
Walworth	36.8	19	33.3	18	--	--
Washington	37.1	35	38.5	26	--	--
Waukesha	46.9	147	48.9	131	26.7	15
Waupaca	22.7	22	25.0	12	--	--
Waushara	9.1	11	--	--	--	--
Winnebago	26.8	56	30.3	33	11.1	18
Wood	51.4	35	68.4	19	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L7: Percent providers responding “increase by \$26 per week” or more to “If Child Care Counts Stabilization payments end in June 2025, do you anticipate the price of tuition per week for 'Full-time care for school-age children, kindergarten and above?' in your child care program will... ?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	29.0	2,911	33.2	1,507	25.7	1,030
Ashland	33.3	21	--	--	26.7	15
Barron	10.0	20	--	--	10.0	10
Brown	20.3	74	22.6	53	15.8	19
Calumet	6.7	15	--	--	--	--
Chippewa	29.7	37	31.6	19	23.5	17
Clark	23.5	17	--	--	20.0	10
Columbia	29.6	27	27.8	18	--	--
Dane	28.5	312	23.8	189	25.0	80
Dodge	33.3	27	31.8	22	--	--
Douglas	13.0	23	9.1	11	--	--
Dunn	46.2	13	--	--	--	--
Eau Claire	25.0	64	23.4	47	33.3	15
Fond Du Lac	33.3	21	43.8	16	--	--
Grant	31.6	19	45.5	11	--	--
Green	32.0	25	30.8	13	33.3	12
Iowa	50.0	10	--	--	--	--
Jackson	7.1	14	--	--	--	--
Jefferson	25.0	20	27.8	18	--	--
Kenosha	22.9	70	23.5	51	16.7	12
Kewaunee	20.0	10	--	--	--	--
La Crosse	40.4	57	63.3	30	10.0	20
Manitowoc	25.0	16	36.4	11	--	--
Marathon	17.0	53	12.5	24	22.2	27
Marinette	28.6	14	--	--	--	--
Masked^	21.3	127	28.6	49	19.1	68
Milwaukee	31.2	1,057	40.5	383	30.5	455
Monroe	11.1	18	--	--	--	--
Oconto	35.7	14	--	--	--	--
Oneida	10.0	10	--	--	--	--
Outagamie	23.3	60	20.0	40	35.3	17
Ozaukee	55.9	34	60.0	30	--	--
Pierce	21.7	23	--	--	21.4	14
Polk	0.0	14	--	--	--	--
Portage	45.5	33	60.0	15	33.3	18
Racine	35.8	67	37.5	48	--	--
Rock	21.7	60	18.6	43	35.7	14
Sauk	40.0	20	--	--	20.0	10
Sheboygan	15.6	32	15.0	20	--	--
St. Croix	36.7	30	45.0	20	--	--
Trempealeau	20.0	15	--	--	--	--
Vernon	33.3	12	--	--	--	--
Walworth	26.3	19	22.2	18	--	--
Washington	33.3	33	33.3	24	--	--
Waukesha	39.8	133	42.0	119	15.4	13
Waupaca	4.8	21	9.1	11	--	--
Waushara	10.0	10	--	--	--	--
Winnebago	22.2	54	25.0	32	11.8	17
Wood	41.7	36	60.0	20	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L8: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Reduce the total amount of compensation paid to staff/self in wages and bonuses?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	65.5	3,263	68.0	1,846	68.9	1,032
Ashland	63.6	22	--	--	64.3	14
Barron	82.6	23	81.8	11	90.0	10
Brown	51.6	95	48.6	74	65.0	20
Calumet	50.0	16	60.0	10	--	--
Chippewa	74.4	43	76.0	25	70.6	17
Clark	75.0	16	--	--	--	--
Columbia	66.7	30	61.9	21	--	--
Dane	60.4	381	59.9	242	74.7	95
Dodge	88.9	27	86.4	22	--	--
Douglas	53.8	26	64.3	14	--	--
Dunn	60.0	15	--	--	--	--
Eau Claire	63.8	69	61.5	52	78.6	14
Fond Du Lac	62.5	32	59.3	27	--	--
Grant	64.0	25	68.8	16	--	--
Green	81.5	27	80.0	15	83.3	12
Iowa	69.2	13	--	--	--	--
Jackson	35.3	17	--	--	--	--
Jefferson	70.4	27	68.0	25	--	--
Juneau	50.0	10	--	--	--	--
Kenosha	79.7	79	86.2	58	64.3	14
Kewaunee	40.0	10	--	--	--	--
La Crosse	63.2	76	60.0	50	72.2	18
Lincoln	70.0	10	--	--	--	--
Manitowoc	77.3	22	70.6	17	--	--
Marathon	85.2	61	90.9	33	76.9	26
Marinette	75.0	16	80.0	10	--	--
Masked^	73.7	118	74.5	55	72.7	55
Milwaukee	60.3	1,080	67.0	403	65.0	454
Monroe	65.2	23	--	--	60.0	10
Oconto	66.7	15	--	--	--	--
Oneida	69.2	13	--	--	--	--
Outagamie	75.7	74	76.9	52	76.5	17
Ozaukee	56.1	41	55.3	38	--	--
Pierce	77.3	22	--	--	85.7	14
Polk	64.7	17	--	--	--	--
Portage	86.5	37	94.7	19	77.8	18
Racine	74.6	71	71.7	53	--	--
Rock	80.3	71	80.0	55	85.7	14
Sauk	64.0	25	42.9	14	--	--
Shawano	60.0	10	--	--	--	--
Sheboygan	66.7	39	80.8	26	--	--
St. Croix	70.3	37	76.9	26	--	--
Trempealeau	57.1	14	--	--	--	--
Vernon	75.0	12	--	--	--	--
Walworth	82.6	23	86.4	22	--	--
Washington	68.2	44	68.6	35	--	--
Waukesha	64.4	149	62.7	134	78.6	14
Waupaca	73.9	23	84.6	13	--	--
Waushara	54.5	11	--	--	--	--
Winnebago	76.8	69	79.6	49	80.0	15
Wood	81.1	37	87.0	23	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L9: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Reduce the benefits offered to staff/self...?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	53.8	3,189	49.9	1,817	65.2	993
Ashland	59.1	22	--	--	57.1	14
Barron	68.2	22	63.6	11	--	--
Brown	31.2	93	22.2	72	65.0	20
Calumet	31.2	16	50.0	10	--	--
Chippewa	65.1	43	64.0	25	64.7	17
Clark	78.6	14	--	--	--	--
Columbia	60.0	30	52.4	21	--	--
Dane	47.5	377	39.5	243	74.7	91
Dodge	69.2	26	63.6	22	--	--
Douglas	38.5	26	35.7	14	--	--
Dunn	28.6	14	--	--	--	--
Eau Claire	42.4	66	36.7	49	71.4	14
Fond Du Lac	50.0	32	44.4	27	--	--
Grant	41.7	24	25.0	16	--	--
Green	63.0	27	66.7	15	58.3	12
Iowa	69.2	13	--	--	--	--
Jackson	35.3	17	--	--	--	--
Jefferson	60.7	28	57.7	26	--	--
Juneau	40.0	10	--	--	--	--
Kenosha	72.7	77	77.2	57	61.5	13
La Crosse	48.1	77	39.2	51	66.7	18
Lincoln	80.0	10	--	--	--	--
Manitowoc	50.0	22	35.3	17	--	--
Marathon	70.0	60	63.6	33	76.0	25
Marinette	70.6	17	70.0	10	--	--
Masked^	53.0	134	43.8	64	61.7	60
Milwaukee	54.5	1,038	54.8	387	61.7	433
Monroe	56.5	23	--	--	60.0	10
Oconto	53.3	15	--	--	--	--
Oneida	69.2	13	--	--	--	--
Outagamie	65.8	73	62.7	51	70.6	17
Ozaukee	34.1	41	31.6	38	--	--
Pierce	65.0	20	--	--	75.0	12
Polk	41.2	17	--	--	--	--
Portage	70.3	37	68.4	19	72.2	18
Racine	56.3	71	51.9	52	--	--
Rock	62.3	69	57.4	54	84.6	13
Sauk	56.0	25	28.6	14	--	--
Sheboygan	38.5	39	38.5	26	--	--
St. Croix	69.4	36	80.0	25	--	--
Trempealeau	57.1	14	--	--	--	--
Vernon	75.0	12	--	--	--	--
Walworth	58.3	24	60.9	23	--	--
Washington	59.1	44	65.7	35	--	--
Waukesha	42.2	147	39.1	133	69.2	13
Waupaca	57.1	21	50.0	12	--	--
Waushara	50.0	10	--	--	--	--
Winnebago	54.5	66	52.2	46	73.3	15
Wood	78.4	37	82.6	23	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L10: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Experience increased staff quitting?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	55.9	3,125	67.4	1,818	43.9	943
Ashland	40.9	22	--	--	42.9	14
Barron	52.4	21	80.0	10	--	--
Brown	38.0	92	38.9	72	36.8	19
Calumet	50.0	16	70.0	10	--	--
Chippewa	61.0	41	72.0	25	43.8	16
Clark	62.5	16	--	--	--	--
Columbia	69.0	29	76.2	21	--	--
Dane	56.0	339	67.6	216	44.0	84
Dodge	77.8	27	81.8	22	--	--
Douglas	66.7	24	78.6	14	--	--
Dunn	61.5	13	--	--	--	--
Eau Claire	55.9	68	63.5	52	38.5	13
Fond Du Lac	37.5	32	40.7	27	--	--
Grant	56.5	23	75.0	16	--	--
Green	65.4	26	86.7	15	36.4	11
Iowa	81.8	11	--	--	--	--
Jackson	46.7	15	--	--	--	--
Jefferson	57.1	28	57.7	26	--	--
Juneau	80.0	10	--	--	--	--
Kenosha	77.9	77	86.2	58	38.5	13
La Crosse	56.2	73	56.0	50	56.2	16
Manitowoc	59.1	22	58.8	17	--	--
Marathon	72.2	54	93.9	33	40.0	20
Marinette	80.0	15	80.0	10	--	--
Masked [^]	52.2	138	57.7	71	41.4	58
Milwaukee	48.4	1,057	62.4	404	48.2	436
Monroe	47.4	19	--	--	--	--
Oconto	46.7	15	--	--	--	--
Oneida	58.3	12	--	--	--	--
Outagamie	67.1	70	80.8	52	28.6	14
Ozaukee	58.5	41	55.3	38	--	--
Pierce	55.6	18	--	--	50.0	10
Polk	47.1	17	--	--	--	--
Portage	64.7	34	89.5	19	33.3	15
Racine	63.4	71	66.0	53	--	--
Rock	78.3	69	87.3	55	50.0	12
Sauk	47.8	23	53.8	13	--	--
Sheboygan	64.1	39	80.8	26	--	--
St. Croix	71.1	38	81.5	27	--	--
Trempealeau	46.2	13	--	--	--	--
Vernon	63.6	11	--	--	--	--
Walworth	82.6	23	86.4	22	--	--
Washington	63.6	44	74.3	35	--	--
Waukesha	62.6	147	64.9	134	33.3	12
Waupaca	57.1	21	69.2	13	--	--
Waushara	40.0	10	--	--	--	--
Winnebago	56.7	67	66.7	48	28.6	14
Wood	70.6	34	91.3	23	--	--

-- Fewer than 10 respondent providers to item

[^]Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L11: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Experience increases in the number of staff positions cut?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	46.3	3,109	51.5	1,810	42.3	932
Ashland	36.4	22	--	--	35.7	14
Barron	38.1	21	60.0	10	--	--
Brown	26.1	92	23.9	71	36.8	19
Calumet	50.0	16	60.0	10	--	--
Chippewa	39.0	41	48.0	25	25.0	16
Clark	60.0	15	--	--	--	--
Columbia	33.3	27	42.9	21	--	--
Dane	43.1	339	48.8	217	39.0	82
Dodge	68.0	25	72.7	22	--	--
Douglas	33.3	24	35.7	14	--	--
Dunn	23.1	13	--	--	--	--
Eau Claire	43.3	67	46.2	52	33.3	12
Fond Du Lac	31.2	32	37.0	27	--	--
Grant	26.1	23	31.2	16	--	--
Green	37.5	24	42.9	14	30.0	10
Iowa	58.3	12	--	--	--	--
Jackson	20.0	15	--	--	--	--
Jefferson	42.3	26	41.7	24	--	--
Kenosha	63.2	76	65.5	58	50.0	12
La Crosse	60.0	75	60.8	51	62.5	16
Manitowoc	31.8	22	23.5	17	--	--
Marathon	54.5	55	63.6	33	42.9	21
Marinette	46.7	15	50.0	10	--	--
Masked [^]	37.0	146	38.5	78	34.5	58
Milwaukee	47.8	1,052	54.9	401	50.5	434
Monroe	47.4	19	--	--	--	--
Oconto	40.0	15	--	--	--	--
Oneida	54.5	11	--	--	--	--
Outagamie	47.9	71	58.8	51	25.0	16
Ozaukee	61.0	41	60.5	38	--	--
Pierce	47.1	17	--	--	--	--
Polk	38.9	18	--	--	--	--
Portage	55.9	34	68.4	19	40.0	15
Racine	54.9	71	56.6	53	--	--
Rock	57.4	68	61.8	55	41.7	12
Sauk	37.5	24	28.6	14	--	--
Sheboygan	34.2	38	36.0	25	--	--
St. Croix	48.6	37	59.3	27	--	--
Trempealeau	33.3	12	--	--	--	--
Vernon	63.6	11	--	--	--	--
Walworth	41.7	24	43.5	23	--	--
Washington	66.7	42	74.3	35	--	--
Waukesha	48.6	148	49.3	134	38.5	13
Waupaca	47.6	21	61.5	13	--	--
Waushara	27.3	11	--	--	--	--
Winnebago	43.1	65	48.9	47	23.1	13
Wood	58.3	36	82.6	23	--	--

-- Fewer than 10 respondent providers to item

[^]Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L12: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Experience increased difficulty in hiring new, qualified staff as needed?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	68.3	3,153	78.6	1,821	57.5	955
Ashland	54.5	22	--	--	42.9	14
Barron	81.8	22	100.0	10	70.0	10
Brown	64.5	93	68.5	73	55.6	18
Calumet	68.8	16	80.0	10	--	--
Chippewa	76.7	43	96.0	25	47.1	17
Clark	86.7	15	--	--	--	--
Columbia	75.0	28	85.7	21	--	--
Dane	68.6	344	80.7	218	55.3	85
Dodge	92.0	25	95.5	22	--	--
Douglas	64.0	25	78.6	14	--	--
Dunn	84.6	13	--	--	--	--
Eau Claire	70.1	67	76.9	52	50.0	12
Fond Du Lac	68.8	32	74.1	27	--	--
Grant	60.9	23	75.0	16	--	--
Green	73.1	26	93.3	15	45.5	11
Iowa	90.9	11	--	--	--	--
Jackson	35.7	14	--	--	--	--
Jefferson	92.6	27	96.0	25	--	--
Juneau	81.8	11	--	--	--	--
Kenosha	80.3	76	87.9	58	58.3	12
La Crosse	64.5	76	66.7	51	64.7	17
Manitowoc	76.2	21	70.6	17	--	--
Marathon	78.2	55	93.9	33	57.1	21
Marinette	81.2	16	80.0	10	--	--
Masked^	63.2	136	68.6	70	52.6	57
Milwaukee	61.6	1,074	69.6	404	63.8	448
Monroe	60.0	20	--	--	--	--
Oconto	53.3	15	--	--	--	--
Oneida	75.0	12	--	--	--	--
Outagamie	77.0	74	88.5	52	52.9	17
Ozaukee	85.4	41	84.2	38	--	--
Pierce	58.8	17	--	--	--	--
Polk	61.1	18	--	--	--	--
Portage	81.8	33	100.0	19	57.1	14
Racine	77.8	72	79.2	53	--	--
Rock	84.1	69	89.1	55	58.3	12
Sauk	62.5	24	57.1	14	--	--
Sheboygan	76.9	39	84.6	26	--	--
St. Croix	78.4	37	88.9	27	--	--
Trempealeau	46.2	13	--	--	--	--
Vernon	81.8	11	--	--	--	--
Walworth	91.7	24	91.3	23	--	--
Washington	83.3	42	91.4	35	--	--
Waukesha	69.8	149	72.6	135	38.5	13
Waupaca	52.4	21	69.2	13	--	--
Waushara	63.6	11	--	--	--	--
Winnebago	68.8	64	84.8	46	30.8	13
Wood	69.4	36	91.3	23	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L13: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Experience increased difficulty to provide high quality care?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	51.3	3,292	56.1	1,833	47.4	1,062
Ashland	36.4	22	--	--	33.3	15
Barron	60.9	23	50.0	10	72.7	11
Brown	35.4	96	34.2	73	42.9	21
Calumet	43.8	16	60.0	10	--	--
Chippewa	51.2	43	56.0	25	47.1	17
Clark	52.9	17	--	--	50.0	10
Columbia	46.7	30	42.9	21	--	--
Dane	51.7	391	49.2	244	54.5	101
Dodge	77.8	27	77.3	22	--	--
Douglas	59.3	27	78.6	14	--	--
Dunn	60.0	15	--	--	--	--
Eau Claire	50.0	70	51.0	51	56.2	16
Fond Du Lac	46.9	32	48.1	27	--	--
Grant	45.8	24	50.0	16	--	--
Green	78.6	28	86.7	15	69.2	13
Iowa	61.5	13	--	--	--	--
Jackson	35.3	17	--	--	--	--
Jefferson	50.0	28	46.2	26	--	--
Juneau	40.0	10	--	--	--	--
Kenosha	69.2	78	69.0	58	69.2	13
Kewaunee	50.0	10	--	--	--	--
La Crosse	60.3	63	58.3	36	52.6	19
Lincoln	63.6	11	--	--	--	--
Manitowoc	68.2	22	64.7	17	--	--
Marathon	62.3	61	69.7	33	53.8	26
Marinette	58.8	17	60.0	10	--	--
Masked^	52.8	125	52.5	61	52.7	55
Milwaukee	44.3	1,091	52.9	403	43.0	460
Monroe	54.5	22	--	--	--	--
Oconto	40.0	15	--	--	--	--
Oneida	61.5	13	--	--	--	--
Outagamie	60.3	73	68.6	51	47.1	17
Ozaukee	66.7	42	68.4	38	--	--
Pierce	39.1	23	--	--	42.9	14
Polk	42.1	19	--	--	--	--
Portage	78.4	37	84.2	19	72.2	18
Racine	51.4	72	52.8	53	--	--
Rock	65.3	72	70.9	55	57.1	14
Sauk	35.7	28	21.4	14	41.7	12
Sheboygan	42.5	40	50.0	26	40.0	10
St. Croix	62.5	40	70.4	27	--	--
Trempealeau	53.3	15	--	--	--	--
Vernon	46.2	13	--	--	--	--
Walworth	54.2	24	56.5	23	--	--
Washington	72.7	44	80.0	35	--	--
Waukesha	52.0	150	53.7	134	33.3	15
Waupaca	52.4	21	61.5	13	--	--
Waushara	54.5	11	--	--	--	--
Winnebago	56.9	72	65.3	49	38.9	18
Wood	66.7	39	78.3	23	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L14: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Experience increased difficulty to serve children during non-standard hours?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	41.3	2,985	40.1	1,624	46.0	986
Ashland	38.1	21	--	--	35.7	14
Barron	45.0	20	--	--	50.0	10
Brown	24.1	83	20.3	64	41.2	17
Calumet	31.2	16	40.0	10	--	--
Chippewa	48.7	39	59.1	22	31.2	16
Clark	40.0	15	--	--	--	--
Columbia	32.0	25	25.0	16	--	--
Dane	36.1	338	33.6	211	44.4	81
Dodge	46.2	26	45.5	22	--	--
Douglas	52.0	25	64.3	14	--	--
Dunn	23.1	13	--	--	--	--
Eau Claire	27.3	66	27.1	48	33.3	15
Fond Du Lac	38.7	31	38.5	26	--	--
Grant	47.4	19	45.5	11	--	--
Green	53.8	26	57.1	14	50.0	12
Iowa	50.0	12	--	--	--	--
Jackson	25.0	16	--	--	--	--
Jefferson	18.2	22	15.0	20	--	--
Juneau	10.0	10	--	--	--	--
Kenosha	48.5	68	47.9	48	50.0	14
La Crosse	47.4	57	40.6	32	44.4	18
Lincoln	40.0	10	--	--	--	--
Manitowoc	47.6	21	31.2	16	--	--
Marathon	36.7	49	34.8	23	37.5	24
Marinette	56.2	16	--	--	--	--
Masked^	42.5	120	36.4	55	45.6	57
Milwaukee	43.0	1,042	44.0	382	48.1	443
Monroe	50.0	22	--	--	--	--
Oconto	30.8	13	--	--	--	--
Oneida	30.0	10	--	--	--	--
Outagamie	61.5	65	63.6	44	58.8	17
Ozaukee	16.7	36	12.5	32	--	--
Pierce	55.0	20	--	--	58.3	12
Polk	37.5	16	--	--	--	--
Portage	57.1	35	55.6	18	58.8	17
Racine	38.8	67	40.8	49	--	--
Rock	42.2	64	37.5	48	61.5	13
Sauk	41.7	24	25.0	12	50.0	10
Sheboygan	40.0	35	42.9	21	50.0	10
St. Croix	51.5	33	50.0	22	--	--
Trempealeau	30.8	13	--	--	--	--
Vernon	30.8	13	--	--	--	--
Walworth	56.5	23	59.1	22	--	--
Washington	42.9	35	44.4	27	--	--
Waukesha	38.8	129	39.5	114	28.6	14
Waupaca	36.8	19	41.7	12	--	--
Waushara	54.5	11	--	--	--	--
Winnebago	41.3	63	50.0	44	21.4	14
Wood	63.6	33	68.4	19	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L15: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Experience increased difficulty to serve children with special needs?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	43.9	3,127	46.1	1,773	43.1	977
Ashland	28.6	21	--	--	21.4	14
Barron	54.5	22	--	--	54.5	11
Brown	29.7	91	25.7	70	47.4	19
Calumet	40.0	15	50.0	10	--	--
Chippewa	53.7	41	66.7	24	31.2	16
Clark	58.8	17	--	--	60.0	10
Columbia	40.0	30	38.1	21	--	--
Dane	38.5	369	38.5	239	48.2	85
Dodge	37.0	27	40.9	22	--	--
Douglas	46.2	26	57.1	14	--	--
Dunn	15.4	13	--	--	--	--
Eau Claire	32.4	68	30.6	49	43.8	16
Fond Du Lac	53.1	32	59.3	27	--	--
Grant	47.8	23	43.8	16	--	--
Green	63.0	27	73.3	15	50.0	12
Iowa	38.5	13	--	--	--	--
Jackson	17.6	17	--	--	--	--
Jefferson	37.0	27	36.0	25	--	--
Juneau	30.0	10	--	--	--	--
Kenosha	57.9	76	60.7	56	42.9	14
La Crosse	45.8	59	44.1	34	47.1	17
Lincoln	40.0	10	--	--	--	--
Manitowoc	45.5	22	35.3	17	--	--
Marathon	41.8	55	42.9	28	40.0	25
Marinette	70.6	17	70.0	10	--	--
Masked [^]	40.5	131	36.9	65	42.9	56
Milwaukee	44.0	1,035	49.2	386	43.7	435
Monroe	47.6	21	--	--	--	--
Oconto	33.3	15	--	--	--	--
Oneida	38.5	13	--	--	--	--
Outagamie	56.5	69	64.0	50	40.0	15
Ozaukee	26.8	41	27.0	37	--	--
Pierce	50.0	20	--	--	54.5	11
Polk	57.9	19	--	--	--	--
Portage	74.3	35	78.9	19	68.8	16
Racine	51.5	68	50.0	50	--	--
Rock	55.9	68	54.7	53	75.0	12
Sauk	46.2	26	42.9	14	40.0	10
Sheboygan	35.9	39	42.3	26	30.0	10
St. Croix	63.9	36	68.0	25	--	--
Trempealeau	30.8	13	--	--	--	--
Vernon	33.3	12	--	--	--	--
Walworth	43.5	23	45.5	22	--	--
Washington	36.6	41	42.4	33	--	--
Waukesha	43.1	144	45.7	129	14.3	14
Waupaca	42.9	21	53.8	13	--	--
Waushara	50.0	10	--	--	--	--
Winnebago	43.8	64	53.2	47	16.7	12
Wood	54.3	35	63.6	22	--	--

-- Fewer than 10 respondent providers to item

[^]Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L16: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Experience increased difficulty to serve children receiving WI Shares?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	36.0	3,138	35.3	1,747	38.8	1,005
Ashland	22.7	22	--	--	21.4	14
Barron	47.6	21	--	--	50.0	10
Brown	17.6	85	10.9	64	42.1	19
Calumet	33.3	15	50.0	10	--	--
Chippewa	43.9	41	41.7	24	43.8	16
Clark	29.4	17	--	--	50.0	10
Columbia	26.7	30	19.0	21	--	--
Dane	29.7	367	27.2	235	39.1	87
Dodge	25.9	27	22.7	22	--	--
Douglas	29.6	27	35.7	14	--	--
Dunn	15.4	13	--	--	--	--
Eau Claire	26.5	68	24.0	50	40.0	15
Fond Du Lac	41.9	31	46.2	26	--	--
Grant	45.0	20	41.7	12	--	--
Green	40.7	27	40.0	15	41.7	12
Iowa	45.5	11	--	--	--	--
Jackson	29.4	17	--	--	--	--
Jefferson	25.9	27	24.0	25	--	--
Juneau	20.0	10	--	--	--	--
Kenosha	50.0	76	47.3	55	42.9	14
La Crosse	39.3	61	37.1	35	44.4	18
Manitowoc	31.8	22	17.6	17	--	--
Marathon	40.4	57	43.3	30	40.0	25
Marinette	46.7	15	--	--	--	--
Masked [^]	31.1	135	28.6	63	32.3	62
Milwaukee	37.4	1,072	37.6	394	40.2	455
Monroe	52.4	21	--	--	50.0	10
Oconto	35.7	14	--	--	--	--
Oneida	54.5	11	--	--	--	--
Outagamie	48.5	66	58.3	48	26.7	15
Ozaukee	19.0	42	18.4	38	--	--
Pierce	31.8	22	--	--	30.8	13
Polk	15.8	19	--	--	--	--
Portage	63.9	36	73.7	19	52.9	17
Racine	37.7	69	38.0	50	--	--
Rock	48.5	66	43.4	53	75.0	12
Sauk	32.0	25	7.7	13	50.0	10
Sheboygan	28.6	35	39.1	23	--	--
St. Croix	50.0	36	50.0	26	--	--
Trempealeau	30.8	13	--	--	--	--
Vernon	33.3	12	--	--	--	--
Walworth	39.1	23	40.9	22	--	--
Washington	35.0	40	36.4	33	--	--
Waukesha	35.5	141	34.6	127	38.5	13
Waupaca	50.0	22	46.2	13	--	--
Waushara	45.5	11	--	--	--	--
Winnebago	40.6	64	44.4	45	28.6	14
Wood	41.7	36	50.0	22	--	--

-- Fewer than 10 respondent providers to item

[^]Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L17: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Experience increased difficulty to serve children whose primary language is not English?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	31.0	3,054	30.6	1,734	31.8	954
Ashland	15.0	20	--	--	15.4	13
Barron	45.0	20	--	--	50.0	10
Brown	23.1	91	18.8	69	40.0	20
Calumet	35.7	14	50.0	10	--	--
Chippewa	31.6	38	38.1	21	25.0	16
Clark	31.2	16	--	--	--	--
Columbia	18.5	27	15.0	20	--	--
Dane	23.5	366	22.5	236	29.4	85
Dodge	23.1	26	22.7	22	--	--
Douglas	28.0	25	23.1	13	--	--
Dunn	7.7	13	--	--	--	--
Eau Claire	10.9	64	8.3	48	23.1	13
Fond Du Lac	41.9	31	46.2	26	--	--
Grant	29.2	24	31.2	16	--	--
Green	40.0	25	42.9	14	36.4	11
Iowa	33.3	12	--	--	--	--
Jackson	18.8	16	--	--	--	--
Jefferson	29.6	27	28.0	25	--	--
Juneau	20.0	10	--	--	--	--
Kenosha	46.7	75	44.6	56	38.5	13
La Crosse	31.6	57	31.2	32	35.3	17
Lincoln	20.0	10	--	--	--	--
Manitowoc	36.4	22	23.5	17	--	--
Marathon	25.5	51	28.0	25	24.0	25
Marinette	50.0	16	--	--	--	--
Masked [^]	27.7	130	26.6	64	26.3	57
Milwaukee	35.3	1,017	36.1	379	36.1	429
Monroe	42.9	21	--	--	--	--
Oconto	33.3	15	--	--	--	--
Oneida	38.5	13	--	--	--	--
Outagamie	38.2	68	48.0	50	13.3	15
Ozaukee	10.0	40	11.1	36	--	--
Pierce	25.0	20	--	--	27.3	11
Polk	22.2	18	--	--	--	--
Portage	52.9	34	57.9	19	46.7	15
Racine	33.3	69	34.0	50	--	--
Rock	32.3	65	32.1	53	40.0	10
Sauk	32.0	25	14.3	14	--	--
Sheboygan	23.1	39	23.1	26	30.0	10
St. Croix	30.3	33	33.3	24	--	--
Trempealeau	30.8	13	--	--	--	--
Vernon	33.3	12	--	--	--	--
Walworth	30.4	23	31.8	22	--	--
Washington	29.4	34	30.8	26	--	--
Waukesha	26.8	142	26.6	128	23.1	13
Waupaca	33.3	18	41.7	12	--	--
Waushara	40.0	10	--	--	--	--
Winnebago	28.1	64	33.3	45	14.3	14
Wood	45.7	35	54.5	22	--	--

-- Fewer than 10 respondent providers to item

[^]Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L18: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Experience increased difficulty to serve infants and toddlers (age 0-23 months)?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	45.1	3,101	46.9	1,684	46.2	1,041
Ashland	28.6	21	--	--	35.7	14
Barron	68.2	22	70.0	10	70.0	10
Brown	37.1	89	32.4	68	57.9	19
Calumet	40.0	15	50.0	10	--	--
Chippewa	51.4	35	55.6	18	43.8	16
Clark	64.7	17	--	--	60.0	10
Columbia	32.1	28	21.1	19	--	--
Dane	39.9	371	37.0	227	51.5	99
Dodge	51.9	27	59.1	22	--	--
Douglas	42.9	21	--	--	--	--
Dunn	42.9	14	--	--	--	--
Eau Claire	46.3	67	43.8	48	62.5	16
Fond Du Lac	43.8	32	44.4	27	--	--
Grant	48.0	25	50.0	16	--	--
Green	68.0	25	76.9	13	58.3	12
Iowa	53.8	13	--	--	--	--
Jackson	23.5	17	--	--	--	--
Jefferson	37.5	24	36.4	22	--	--
Juneau	50.0	10	--	--	--	--
Kenosha	69.0	71	70.0	50	64.3	14
Kewaunee	50.0	10	--	--	--	--
La Crosse	64.4	59	52.9	34	77.8	18
Manitowoc	40.0	20	31.2	16	--	--
Marathon	66.0	50	69.6	23	68.0	25
Marinette	76.5	17	--	--	--	--
Masked [^]	50.8	128	50.0	60	49.2	59
Milwaukee	37.2	1,060	41.3	387	38.5	455
Monroe	57.1	21	--	--	60.0	10
Oconto	53.8	13	--	--	--	--
Oneida	45.5	11	--	--	--	--
Outagamie	62.3	69	67.4	46	50.0	18
Ozaukee	42.9	42	42.1	38	--	--
Pierce	40.9	22	--	--	35.7	14
Polk	52.9	17	--	--	--	--
Portage	62.5	32	64.3	14	61.1	18
Racine	46.9	64	50.0	46	--	--
Rock	54.0	63	51.0	49	75.0	12
Sauk	36.0	25	14.3	14	--	--
Sheboygan	50.0	34	57.1	21	50.0	10
St. Croix	52.6	38	61.5	26	--	--
Trempealeau	46.7	15	--	--	--	--
Vernon	61.5	13	--	--	--	--
Walworth	65.2	23	63.6	22	--	--
Washington	50.0	36	51.7	29	--	--
Waukesha	40.8	142	40.9	127	35.7	14
Waupaca	61.9	21	58.3	12	--	--
Waushara	54.5	11	--	--	--	--
Winnebago	52.2	67	60.9	46	31.2	16
Wood	76.5	34	88.9	18	--	--

-- Fewer than 10 respondent providers to item

[^]Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.

Table L19: Percent providers responding “somewhat likely” or more to “If CCC stabilization payments end in June 2025, how likely are you to: Experience increased difficulty to provide additional services like meals, transportation?”

County	All		Group		Family	
	%	N	%	N	%	N
Total	46.8	3,164	48.1	1,761	47.7	1,027
Ashland	40.9	22	--	--	40.0	15
Barron	52.2	23	50.0	10	54.5	11
Brown	31.0	84	25.4	63	50.0	20
Calumet	43.8	16	50.0	10	--	--
Chippewa	61.0	41	70.8	24	43.8	16
Clark	35.3	17	--	--	40.0	10
Columbia	44.8	29	30.0	20	--	--
Dane	47.3	376	42.9	233	51.5	97
Dodge	59.3	27	59.1	22	--	--
Douglas	34.6	26	46.2	13	--	--
Dunn	42.9	14	--	--	--	--
Eau Claire	42.6	68	42.0	50	53.3	15
Fond Du Lac	48.3	29	50.0	24	--	--
Grant	36.0	25	25.0	16	--	--
Green	69.2	26	80.0	15	54.5	11
Iowa	46.2	13	--	--	--	--
Jackson	28.6	14	--	--	--	--
Jefferson	50.0	28	50.0	26	--	--
Juneau	30.0	10	--	--	--	--
Kenosha	75.0	76	76.8	56	64.3	14
Kewaunee	20.0	10	--	--	--	--
La Crosse	54.1	61	40.0	35	66.7	18
Lincoln	80.0	10	--	--	--	--
Manitowoc	45.5	22	35.3	17	--	--
Marathon	66.7	60	63.6	33	72.0	25
Marinette	50.0	16	50.0	10	--	--
Masked^	45.1	122	37.7	61	50.0	54
Milwaukee	43.1	1,061	49.1	395	44.1	449
Monroe	68.2	22	--	--	60.0	10
Oconto	33.3	15	--	--	--	--
Oneida	30.8	13	--	--	--	--
Outagamie	60.0	70	62.5	48	61.1	18
Ozaukee	30.8	39	31.4	35	--	--
Pierce	52.6	19	--	--	41.7	12
Polk	29.4	17	--	--	--	--
Portage	70.3	37	84.2	19	55.6	18
Racine	48.5	68	48.0	50	--	--
Rock	44.6	65	40.4	52	66.7	12
Sauk	35.7	28	21.4	14	41.7	12
Sheboygan	39.5	38	40.0	25	50.0	10
St. Croix	33.3	36	36.0	25	--	--
Trempealeau	35.7	14	--	--	--	--
Vernon	41.7	12	--	--	--	--
Walworth	66.7	24	65.2	23	--	--
Washington	61.9	42	60.6	33	--	--
Waukesha	45.5	143	44.9	127	46.7	15
Waupaca	45.0	20	58.3	12	--	--
Waushara	54.5	11	--	--	--	--
Winnebago	45.7	70	54.2	48	29.4	17
Wood	74.3	35	84.2	19	--	--

-- Fewer than 10 respondent providers to item

^Counties not listed on the table had fewer than 10 respondents and are grouped into the “Masked” row.