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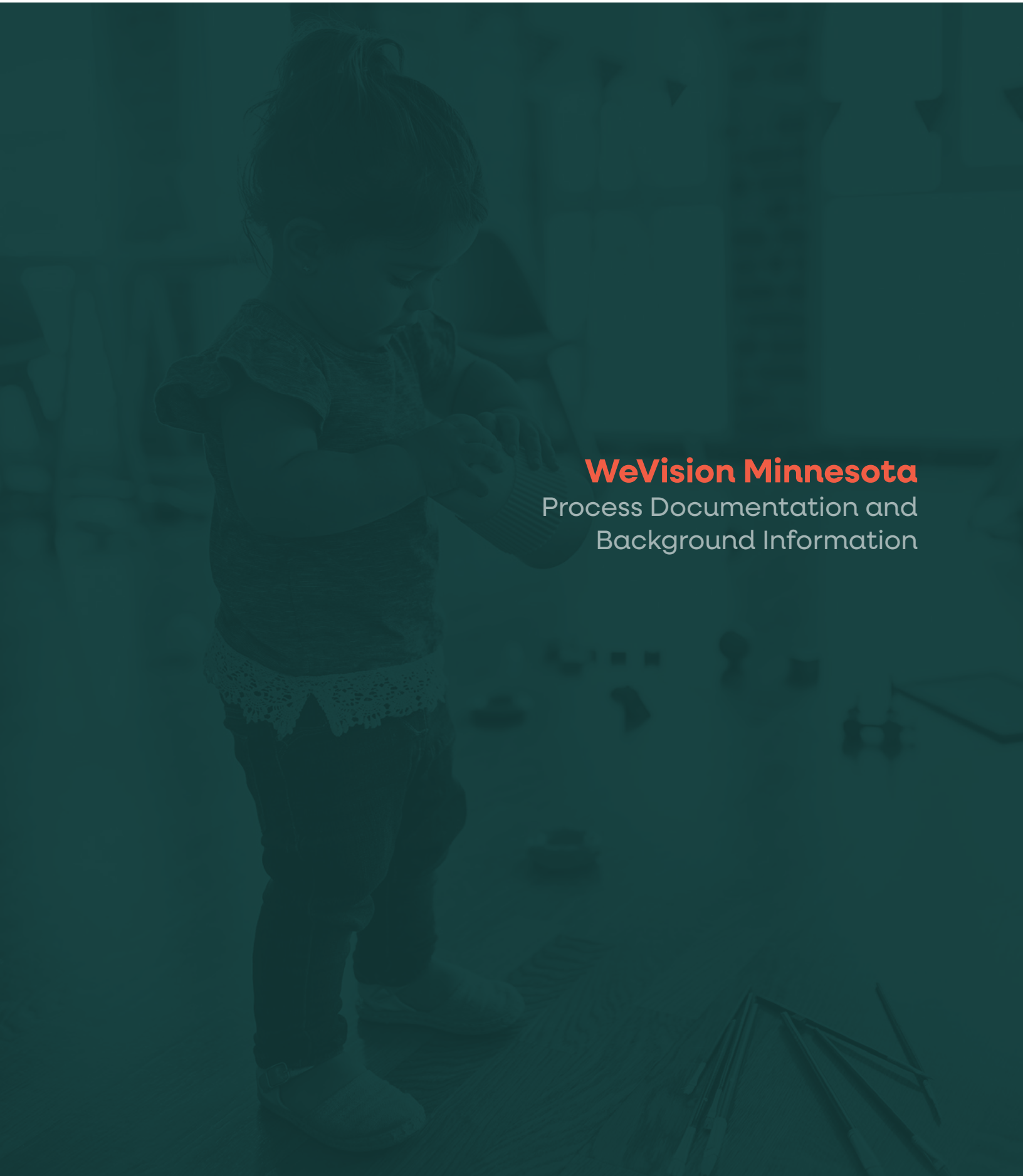

WeVision Minnesota

Process Documentation and Background Information

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Introduction

Following is extensive documentation and background information from the WeVision Minnesota process. This information is being shared to give readers the context from which the recommendations (presented in a separate document) arose. Each section covers a topic that was tackled by the Technical Team and the Working Groups during or between their monthly meetings from June to December 2025.

Meaningful Accountability

Participants discussed the theme of accountability broadly. The discussion highlighted several dimensions of meaningful accountability, suggesting the importance of both compliance accountability and improvement-oriented accountability, while also highlighting several broader themes. Participants in the work groups were asked and clearly articulated who they are accountable to: families, children, funding entities, and the broader public. The balance between compliance tasks and relational responsibilities was also explored. Center directors reported spending the majority of their time on compliance-focused tasks or being accountable to staff or their superiors as opposed to children and families. In contrast, licensed family child care educators estimated that about 20–30 percent of their time was dedicated to compliance, with the remainder spent directly supporting children and families.

Participants agreed that accountability includes the need for good and accurate data, external validation ("we cannot score our own tests"), and measurable standards to ensure that programs are accountable to families, funding sources, and the public. At the same time, they viewed compliance alone as punitive and emphasized that true accountability must go further.

Improvement-oriented accountability was described as using documentation, data, and research for continuous quality improvement and learning. This includes ongoing coaching, building staff continuity where applicable, and fostering relationship-based systems that support programs rather than penalize them. The importance of human connections in accountability systems was stressed. Coaching and mentoring was considered more effective than punitive action.

Some major themes were raised including the importance of public accountability and transparency—ensuring the public has sufficient information to hold systems accountable. The group also raised concerns about cultural and contextual relevance, questioning whether national accountability standards are always appropriate for local contexts. The group discussed the need to define and connect outcomes for both ECE programs and children, and to do so with input from parents, educators, and other interested groups. Finally, participants highlighted the necessity for accountability systems to be manageable and achievable, especially regarding cultural competency and broad expectations across diverse programs.

Participant Feedback on Accountability Framework

The creation of a practical accountability framework emerged as a central concern in the work groups, reflecting the need for a transition from Minnesota's current system to the distinct and well-funded options envisioned by WeVision EarlyEd. The work group discussions focused on developing a structure that balances licensing for health and safety with multiple pathways for programs to pursue and demonstrate quality, guided by educator voice and expertise.

Health and Safety as a Foundation

Participants agreed that clarity is essential in drawing the boundary between health and safety regulation and the domain of quality improvement. Licensing should establish and enforce a clear, unambiguous floor—programs must meet basic health and safety standards, and persistent noncompliance should result in action, including shutting down programs that put children at risk. The support provided during the licensing process should be consistent with the commonly understood definition of technical assistance and not extend to coaching, which comes with the connotation of part of quality or continuous improvement processes.

Quality as an Opportunity, Not a Mandate

Providers valued the framework's separation of licensing and quality improvement, emphasizing that coaching, mentoring, and growth-oriented feedback belong firmly in the realm of quality. There was strong endorsement for giving programs a choice—quality improvement is an opportunity, not a requirement, but those who pursue it can access additional support. There are tangible benefits to becoming an ECE program that meets quality standards. The availability of multiple pathways was especially appreciated by licensed family child care educators, who welcomed the ability to select industry-led standards that truly fit home-based care and reflect their priorities, rather than being pressured to conform to a single statewide model.

Peer Support and Human-Centered Accountability

Participants responded positively to proposals for growth-oriented accountability, especially peer support and collaborative professional communities. The system should create more avenues for programs to learn from one another, share resources, and access honest, balanced, and supportive feedback. Participants appreciate accreditation facilitation models. Providers describe the value of support received through accreditation processes for multiple types of recognition. They suggested developing a system to credential coaches, advisors, and mentors to ensure consistency and accessibility of high-quality support statewide.

Flexibility, Choice, and Realism

Participants repeatedly emphasized the importance of flexibility and choice. Quality improvement should be defined by clear standards, but programs need to be able to choose the path that makes sense for their context. Also, the timing of new requirements must be managed to give all programs, especially those not previously participating, sufficient time to adapt. There was broad agreement that improvement should be incentivized, not punitive. Resources must be distributed evenly so that all programs have access to coaching, professional development, and peer networks regardless of geography or program type.

Response to Parent Aware

Family child care educators in particular viewed the WeVision EarlyEd framework as a significant improvement over Parent Aware. Several shared concerns about the rating system's lack of flexibility, inconsistent coaching, and uneven support. Grants tied to higher ratings were valued, but the system was seen as not accurately representing the strengths of licensed family child care. Providers liked that the new framework allows them to progress beyond the bare minimum, retain choice, and maintain grant access if they opt into additional quality-focused work rather than being tied to star ratings alone.

Defining and Supporting Quality

There was consensus among participants that core quality practices must be clearly defined and regularly updated with input from programs. Providers should be able to submit plans showing how they intend to meet holistic, industry-led standards and track child learning and growth in ways that match their program's philosophy. The framework should align recognized standards and acceptable accreditations, drawing from models already accepted for programs like CCAP. Timely, accessible support for growth—peer networks, accreditation facilitation, and guidance from knowledgeable coaches—was identified as essential for success.

This summary reflects broad support for a two-phase accountability framework that honors the complexity of ECE, centers program choice, and provides realistic, human-centered support for continuous improvement across Minnesota's diverse programs.

Health and Safety

As part of the "clean workspace with essential scaffolding" approach to the Minnesota project, the work to develop recommendations for health and safety started with scaffolding provided by a Wilder Research literature search for high-quality research (peer reviewed journal articles) focused on the health and safety features of ECE programs (for children birth – five years). Initial results included 109 documents, some of which were not primary sources (i.e., blog posts, toolkits, and compilations). While often based in primary research, those sources were excluded from the literature review. Also excluded were studies focused on more general topics that, while important, were not health and safety-specific, including parent engagement, inclusion of children with special needs, physical activity, nutrition, and quality-specific program features. We reviewed and summarized the remaining 31 articles for the Minnesota project. Then, we compared the literature review to other source documents recommended by Minnesota participants. Those foundational documents included Minnesota child care licensing statutes, "Draft 2" of Minnesota child care licensing rules created through the Child Care Licensing Modernization Project currently underway at the Minnesota Department of Human Services, the health and safety standards set forth by the federal Child Care Development Block Grant Act, and a 2024 report by Home Grown, a national collaborative focused on home-based child care.

The resulting list of program features necessary for health and safety (referred to as Essential Health and Safety Program Components or "Key Program Components") was also compared to the 2020 Update of the Department of Defense Child Development Program Safety Standards (DoD Standards). The two sources are well-aligned, and Appendix 2 contains a detailed comparison of the two sources. DoD standards represent mandatory operational requirements for military child care programs designed to ensure a baseline of compliance. In contrast, the key program components are guidelines for optimal practices and comprehensive approaches to child safety and well-being. (Note: It is also relevant to WeVision EarlyEd's approach to ensuring quality that DoD standards require that eligible child care centers be accredited by a DoD-approved national accrediting body, and family child care homes are encouraged to seek national accreditation.)

Finally, this summary of key program components for health and safety was shared for review in advance of the July meetings of the Tech Team and both work groups, along with several other documents that put the health and safety debate into real-world context. The groups then worked through a series of questions related to health and safety in ECE. Resulting input from participants is synthesized below.

What is the Role of Regulating Health and Safety in ECE?

Children in ECE programs are a particularly vulnerable group, as they rely on adults for protection and care during a phase of extremely rapid development—a phase that is critical to later stages of development and cannot be recovered if inadequately supported. Ensuring that children remain healthy and safe is a first step in supporting their overall well-being, growth, and development by reducing the risk of preventable injuries and health problems.

Purpose of Health and Safety Regulations in ECE

Health and safety regulations in ECE programs can play a crucial role in supporting children, educators, and families by establishing and enforcing clear, reasonable, and actionable baseline standards, which help mitigate instances of:

1) Neglect, defined as not meeting a child's basic need for supervision, food, hygiene, rest, and emotional support
2) Harm, defined as physical, mental, or emotional endangerment

Health and safety regulations establish a legal floor for program accountability and child safety. These regulations may also carry liability and insurance implications for programs, making implementation both in the best interest of children and a matter of compliance and risk management responsibility for the program.

Distinguishing Between Health and Safety, and Quality

In the WeVision EarlyEd model, "health and safety" is defined narrowly; it refers only to those conditions, actions, and requirements that prevent neglect or harm. This definition explicitly does not include broader aspects of child development, learning, and enrichment, which are essential elements in quality ECE programs. Those quality aspects are intentionally addressed within a separate, dedicated part of the overall framework.

The Need for a Thoughtful Approach

While there is a clear role for regulation of the health and safety features of ECE programs, it is important that a thoughtful approach be taken to balance access and affordability and allow for flexibility and innovation to meet families' needs. Regulatory requirements should be clearly written, measurable, and focused on essential health and safety factors, while avoiding duplication of other existing systems and unnecessary bureaucracy. By emphasizing health and safety outcomes rather than prescribing specific methods to ensure health and safety, regulations can support equity, program accountability, and innovation.

Defining Health and Safety in Early Care and Education Settings

Health and safety in ECE programs means ensuring that every child's well-being is protected through shared responsibility, intentional planning, and practices that are appropriate for children. In the regulatory context, this entails meeting children's basic health and safety needs so they are reasonably protected from preventable illness, harm, and unsafe conditions. Participants acknowledge that the goal is to minimize—not entirely eliminate—all risks. Safety further requires that children are properly supervised and reasonably protected from neglect, physical or emotional harm, and other forms of abuse.

It is also important to clarify that programs are accountable for complying with regulations, and for taking appropriate precautions—including establishing and maintaining protocols and infrastructure that minimize risk. However, even with robust protocols, incidents where a child is injured may still occur. In such cases, programs should not be penalized if they had the required safeguards in place and responded effectively by promptly addressing and remedying the issue once it became known.

At the same time, normal childhood experiences—like getting messy, tired, or acquiring the occasional minor scrape or bruise through play—reflect healthy development. It is important to recognize that healthy development requires opportunities for children to take appropriate risks, try new things, and learn from their mistakes within a safe environment. Effective health and safety practices are designed to minimize serious harm, while recognizing that minor bumps and bruises are inherent and even necessary for healthy growth and development.

These foundational health and safety requirements create an environment that not only protects children from preventable harm but also minimizes risk to safeguard the well-being of everyone connected to ECE programs. The following sections outline how health and safety regulations provide core support and protection for all individuals in ECE programs—including children, educators, and families.

For Children

- **Custodial care:** Basic supervision and day-to-day attention provided to children to ensure their general well-being and safety while in ECE programs. This involves attentive oversight and support for children's routine needs throughout the day. It does not include formal teaching or active support for child development, which are part of quality practices.
- **Harm prevention:** Taking clear, practical actions to protect children from injury, illness, neglect, and abuse while in care. Examples include appropriate supervision, hazard-free environments, following illness prevention practices, and responding to signs of abuse or neglect.
- **Meeting basic needs:** Ensuring that children consistently receive the essentials required for their immediate health and personal care. Examples include providing regular meals, snacks, and water; assisting with hygiene practices to prevent the spread of illness; ensuring safe opportunities for rest; and offering comfort and supervision to prevent neglect.

For Educators

- **Workplace safety:** Regulations are intended to ensure a safe work environment for everyone providing care by reducing risks of injury, illness, and unsafe conditions.
- **Clear and fair expectations:** Well-designed regulations establish clear duties and procedures that protect educators, including licensed family child care programs as sole proprietors.

For Families

- **Safe environment:** Regulations ensure that families can trust their children are cared for in programs that meet legal standards for health and safety.
- **Transparent processes:** Required policies and procedures (such as illness exclusions, medication protocols, access to children) make expectations and responsibilities clear for families and ECE programs.
- **Accountability:** Families have assurance that there are mechanisms to address concerns if health or safety requirements are not met.

Health and Safety Policy Recommendations

The process of developing recommendations was iterative – background research and Tech Team ideas provided the starting point for the two provider work groups, and the work groups' results were presented back to the Tech Team the following month. Through this process, participants collectively developed three deliverables to guide our recommendations for changes to Minnesota's ECE licensing standards statutes. These recommendations are directed to the Minnesota Department of Children, Youth, and Families, the Minnesota Legislature, and other entities that will engage in the public debate during the 2026 Legislative Session as the Legislature considers the enactment of complete sets of regulations for licensed child care centers and licensed family child care programs.

Deliverable 1: Key Program Components for Health and Safety

The following list reflects participants' consensus about which program components must be addressed in licensing statutes.

Supervision and Ratios: Standards should require maintaining appropriate child-to-educator ratios and group sizes based on age, recognizing their link to quality and safety. Supervision must be ensured at all times, with specific requirements for different age groups (e.g., sight and hearing for younger children) and during specific activities (e.g., naps, transitions, outdoor play, restroom use).

Background Checks and Reporting: States must conduct comprehensive criminal background checks for all child care staff members, including searching various state and national registries. Specific convictions lead to ineligibility for employment. Providers are also required to comply with child abuse reporting requirements. Reporting critical incidents, including child fatalities, serious injuries, and substantiated child abuse, is mandated.

Health Practices and Policies: States require policies and procedures for preventing infectious diseases, including immunization requirements. Procedures for isolating sick children are necessary. Standards should also cover safe sleep practices for infants to prevent SIDS and to prevent abusive head trauma. Requirements for administering medication should include parental consent and following instructions. Policies for preventing and responding to food allergies are critical, including identification, care plans, and emergency procedures like administering epinephrine. Hygiene standards should include hand washing procedures for both children and staff, and proper diapering and changing area sanitation. Safe handling and disposal of bodily fluids are mandated.

Facility and Environmental Safety: Licensing standards should address the physical premises to protect children from hazards. This includes ensuring building and fire safety through inspections already mandated by state and local authorities, alarms (smoke and carbon monoxide), extinguishers, escape routes, and drills. Standards should cover shielding hot surfaces, securing electrical outlets, making hazardous areas inaccessible, and maintaining safe equipment and furnishings. Environmental health topics must include safe water supply (including testing for private wells and lead), and radon testing and mitigation requirements. Outdoor play spaces must be free of hazards, protected from traffic, and include shaded areas and safe equipment with appropriate fall zones. Water hazards, such as pools or ponds, must be inaccessible to children unless supervised.

Nutrition and Food Safety: Licensing should address healthy eating and food safety. Requirements should include safe food handling, storage (including refrigeration), and preparation practices, often aligning with federal standards like those from the Child and Adult Care Food Program (CACFP). Ensuring a safe supply of drinking water is essential. Specific requirements for infant feeding practices should include holding infants during bottle feeding and proper bottle warming/storage. Policies must be in place for accommodating dietary needs, including allergies, cultural/religious preferences, and prescribed diets. Preventing choking hazards is also specified.

Emergency Response Planning: Comprehensive emergency preparedness plans should be required for various scenarios (fire, natural disaster, intruder, etc.). These plans must detail procedures for evacuation, relocation, shelter-in-place, lockdown, communication with families (including reunification), storage of essential medication, continuity of operations, and coordination with authorities, while also accommodating infants, toddlers, and children with special needs. Regular drills and staff training must be mandatory. A working telephone must be accessible to staff at all times, even outside the facility, is required.

Injury Prevention and Response: Beyond general training, standards should require procedures for preventing injuries through daily hazard inspection and risk reduction planning. Specific policies may address common risks like burns, falls, and entrapment. A first aid kit must be readily accessible. Reporting requirements include notifying parents and the licensing agency of serious injuries.

Behavior Guidance: Standards must dictate appropriate methods for guiding children's behavior, emphasizing positive approaches and redirection. Prohibited actions must be explicitly listed, including corporal punishment, verbal abuse, forced physical positions, group punishment, denial of necessities (food, water, warmth, medical care), mechanical restraints, and subduing substances. Separation from the group (time-out) should be limited in duration and restricted based on age (prohibited for children under age three). Behavior plans must be required for persistent unacceptable behavior, developed in consultation with parents and professionals.

Parental Involvement and Information: Standards must ensure parents have unlimited access to their children and the facility during operating hours. Providers must give parents detailed written information about policies covering health, safety, behavior, emergencies, and program operations upon enrollment. Parental consent must be required for various activities impacting safety, such as medication administration, transportation, field trips, and participation in research or use of photos/videos. States should disseminate consumer education information about licensing, quality, and program compliance history.

Staff Training and Professional Development: States should require educators and program leaders to have pre-service and ongoing training in essential health and safety areas, including preventing and controlling infectious diseases (including immunization), preventing sudden infant death syndrome (SIDS) and implementing safe sleep practices, preventing shaken baby syndrome and abusive head trauma, administering medication, preventing and responding to food and allergic reactions, handling and storing hazardous materials and disposing of biocontaminants/bodily fluids, emergency preparedness and response (including natural disasters and man-caused events), appropriate precautions in transporting children and using child passenger restraints, and first aid and cardiopulmonary resuscitation (CPR). Training should incorporate state health and safety standards. Specific training must be required for caregivers working with infants and children under school age.

Deliverable 2: Selection Criteria

To help evaluate whether proposed changes to Minnesota Statutes appropriately address the Key Program Components at the right level of detail, participants also agreed upon a set of Selection Criteria. The following Selection Criteria provide a clear, evidence-informed set of questions that Minnesota policy-makers and state agency staff should use to evaluate each potential regulation, ensuring that every requirement is targeted to actual health and safety needs, is practical across diverse programs, and avoids unnecessary complexity or burden for programs.

For a regulation to fit with the WeVision Minnesota model, the answer to all the following selection criteria must be "yes":

1. Does the regulation fit within one or more of the key program components?
2. Does the regulation focus only on preventing harm, neglect, and health and safety risks, rather than addressing child development, learning, or enrichment activities?
3. Does the regulation avoid repeating requirements already covered by other laws, codes, or processes?
4. Is the regulation clearly written, measurable, and practical to implement with available resources, regardless of geography, building type, or size?
5. Does the regulation focus on the underlying need or outcome for children (rather than prescribing specific materials, items, or methods required to achieve that outcome) so that programs have flexibility to choose the best approach for their program and context?

Deliverable 3: Key Implementation Elements

Finally, participants created a list of Key Implementation Elements that are designed to guide regulators at the Minnesota Department of Children, Youth, and Families as they implement child care regulations enacted by the Minnesota Legislature in ways that support practical compliance, minimize unnecessary burdens, and foster stronger partnerships among regulators, programs, and families.

Drawing directly from input provided by participants, each element provides concrete, actionable guidance to ensure the regulatory system operates transparently, consistently, and equitably.

Provide Accessible Guidance and Support Tools

- Develop user-friendly manuals, checklists, FAQs, and sample forms using plain language to explain regulatory requirements.
- Translate key materials into non-English languages commonly spoken by educators to support inclusion and accessibility.
- Ensure guidance materials for programs are consistent with enforcement tools used by licensors.
- Assist programs in securing parent compliance when necessary to prevent program violations, including providing guidance and licensor-signed forms as needed.

Offer Consistent, Practical Training for Educators and Program Leaders

- Provide multilingual training in various formats (online, in-person, self-paced) for flexibility and broad reach.
- Create short videos, printed quick-guides, and interactive courses.
- Emphasize the practical application and the reasoning behind each regulatory requirement in all training and materials.

Streamline Monitoring and Compliance Systems

- Use standardized visit tools and outcome-based checklists focused on observable indicators.
- Limit documentation requirements to those essential for regulatory compliance.
- Reduce paperwork by using the simplest possible recordkeeping methods—including consolidated paper forms, brief checklists, or templates—while offering digital options as an alternative where practical.
- When feasible, identify and adopt alternative measures for verifying compliance (i.e., direct observation, educator self-assessments, etc.) rather than relying solely on paper records.

Implement Proportionate, Supportive Enforcement Practices

- Develop a tiered enforcement model that distinguishes between lower-risk and higher-risk violations.
- Communicate with the public about violations using clear explanations that accurately reflect the level of risk and seriousness associated with each citation.
- Use corrective action plans for minor issues; reserve citations for serious and/or repeated violations.
- Communicate respectfully and constructively during enforcement, focusing on growth-oriented accountability.
- Foster a professional environment in which programs can ask questions and seek guidance from licensors without fear of punitive action.

Train and Align Licensors for Consistency

- Provide comprehensive onboarding aligned with regulations and Standard Operating Procedures (SOPs).
- Regularly conduct peer reviews and inter-rater reliability checks and review enforcement decisions to ensure consistency over time and across licensors.
- Develop easy-reference tools and guides for licensors to ensure consistent responses, especially in ambiguous situations.

Create a Fair and Understandable Process for Handling Complaints and Disagreements

- Publish a step-by-step appeals process with translated versions.
- Train licensing staff on impartial decision-making for appeals.
- Provide support resources to programs who choose to challenge decisions.

Build in Feedback Loops for Continuous Improvement

- Collect and analyze data from compliance visits and enforcement outcomes. Provide feedback to inform ongoing process improvements.
- Regularly review and update materials, training, and procedures based on lessons learned and emerging best practices.
- Establish feedback mechanisms for both licensors and programs to identify barriers and solutions.

Participants believe that implementing health and safety regulations using the three deliverables above will result in a Minnesota ECE system that is equitable, consistent, culturally responsive, and supportive — ensuring all programs have a fair opportunity to understand, meet, and exceed expectations, ultimately benefiting the well-being of children.

Quality

The second major topic tackled by participants was quality in ECE. As outlined in the WeVision EarlyEd model, all ECE programs are supported and expected to meet baseline program quality standards (in addition to the health and safety standards outlined in the previous section). Through an iterative process similar to that used for health and safety, Minnesota participants came up with a comprehensive approach to quality that includes multiple key dimensions that form the foundational elements of quality programs. Instead of framing this as a "definition" of quality, the participants prefer to approach this type of list as encompassing "key features" or "foundational practices."

Foundations of Quality

Relationships. Quality begins with educators establishing strong relationships with each child and their family. Relationships are established when the educator reinforces cultural values and practices, provides consistent and transparent communication, and offers continuity for the child's care. Safe environments and consistent routines foster belonging, trust, exploration, and emotional security, helping children feel valued, curious, and engaged. Providers and caregivers form responsive bonds and maintain open dialogue with families, ensuring that children's emotional security and growth are grounded in mutual respect and daily connection.

Intentional and Responsive Practice. Intentional and responsive practice is central to quality care. Quality ECE environments are intentionally arranged and regularly refreshed to create learning-rich settings, offering diverse materials and experiences —indoors and outdoors—that encourage play, movement, creativity, and collaboration and are tailored to children's ages and interests. Hands-on activities, free play, and adult-guided experiences are balanced throughout the day, promoting social, emotional, cognitive, and physical development.

While adult-to-child ratios are an important dimension of program quality, effective grouping is far more complex than a single ratio. The most supportive environments consider not only the count of adults and children, but also the individual abilities, training, and capacity of educators alongside the unique developmental and behavioral needs of the children present. Defining quality in this area requires nuanced understanding and ongoing reflection rather than reliance on fixed ratios.

Curriculum and Assessment. Quality ECE programs use a curriculum that is developmentally appropriate, play-based, and flexible enough to reflect the interests and needs of children and families. Curriculum serves as the framework for planning daily activities, supporting learning across all domains, and ensuring experiences are relevant, inclusive, and engaging. Assessment is ongoing and uses observation, documentation, and daily routines to celebrate children's progress and strengths. Providers use assessment to adapt programming, support growth in all areas, and maintain communication with families.

School and Learning Readiness. Quality ECE programs nurture both school readiness and learning readiness, recognizing that children's preparation for success in school and life draws on multiple, deeply connected domains. School readiness encompasses social, emotional, and cognitive skills such as building strong relationships, expressing ideas, regulating emotions, and developing early literacy

and numeracy skills. Learning readiness complements this by emphasizing each child's ongoing ability to engage with new challenges, adapt to different environments, and pursue their curiosity with confidence. By integrating rich, play-based experiences across all these areas, quality ECE programs create foundations for lifelong growth that honor every child's potential—whether their strengths first emerge in relationships, exploration, academic skills, and/or the joy of learning itself.

Educator Development and Support. Retention and stability of caring, well-supported educators are essential markers of quality. Quality ECE programs ensure that educators possess foundational qualifications and engage in ongoing professional development to enhance their skills, remain current with best practices, and meet the evolving needs of children and families. Diverse pathways to professional competence are recognized, with commitment, practice-based competency building, and ongoing growth valued equally. Both formal credentials and degrees are respected, but not required, for educators to demonstrate high quality.

Equity, Inclusion, and Family Partnership. Quality programs ensure that every child and family feel welcomed, respected, and supported. Programs are responsive to each family's culture, language, structure, and preferences. Intentional efforts ensure that all children, including those with disabilities, dual language learners, and children from varied backgrounds or family forms, are included in daily routines, curriculum, and opportunities.

True partnership with families means engaging in daily, two-way communication, listening to and honoring families' perspectives and traditions, and thoughtfully reflecting them in program practices, curriculum choices, and classroom interactions. Providers collaborate with families—sharing observations, integrating preferences and values into routines and activities, offering mentoring and guidance, and modeling nurturing practices. This commitment to equity and inclusion ensures that all children experience affirming, accessible, and culturally attuned environments where their identities and strengths are celebrated. Families are recognized as critical partners in each child's growth and learning.

Continuous Quality Improvement. Continuous quality improvement is a critical part of quality in ECE programs. Providers and programs should engage in regular reflection, use feedback and monitoring to guide responsive changes, and treat challenges as opportunities for learning and development. Achieving and maintaining quality relies on realistic supports: adequate time, resources, and policies that nurture professional growth, educator stability, and a culture of continuous improvement.

Quality Standards and Monitoring

Participants looked at various systems for quality standards and monitoring. As part of their work, they considered the WeVision EarlyEd recommendation that "industry recognized ECE professional associations" are responsible for setting standards and monitoring quality in ECE programs. Currently, Minnesota approves 15 national accreditations as part of the accelerated pathway to Parent Aware rating. The Minnesota planning team created a crosswalk of the most frequently used accreditations and the quality standards used by the National Institution for Early Education Research (NIEER). The WeVision Minnesota Technical Team reviewed that crosswalk but did not find it useful, so the work groups instead

reviewed a summary of research on why quality matters in ECE programs, the benefits of quality and corresponding harms of low quality. The groups also reviewed standards from the National Association for the Education of Young Children (NAEYC).

NAEYC Standards Review

Participants voiced appreciation for NAEYC program standards. They acknowledged that the standards provide a solid structure for maintaining quality and professionalism in the ECE field. These participants did not find any elements of the standards to be explicitly unnecessary or irrelevant for Minnesota, but did note certain aspects as challenging to adapt to family child care programs, particularly those standards developed primarily for larger child care centers or programs with multiple staff layers. Duplication of health and safety items was also noted in some instances, which was noted as running counter to the goal of simplicity.

Adapting Leadership and Management Standards

Licensed family child care programs who participated in the WeVision Minnesota process emphasized that the "Leadership and Management" section of NAEYC standards presumes an administrative structure common in centers but absent in home-based programs where one individual fulfills all roles. These educators noted that while strong systems and clear policies remain vital in family child care programs, their practical implementation necessarily looks different in this context.

Challenges with Staff Competencies

The NAEYC standard surrounding staff competencies, preparation, and support elicited the most significant amount of discussion across the two groups. First, use of the term "staff" does not feel inclusive of licensed family child care educators, and can be misaligned, as most family child care homes do not employ staff in the traditional sense. More generally, participants expressed a great deal of concern about a perceived overemphasis on formal qualifications and degrees, and an underemphasis on the work experience, on the job training, and "fit" of the person as an educator or program leader. They noted that many skilled and effective educators in Minnesota have decades of lived, hands-on experience. They argued that while formal education is valuable, it is not the sole marker of a quality educator: quality can also emerge from deep practical experience. However, neither tenure nor credentials guarantee quality on their own.

Gaps Identified by Providers

When reflecting on what the NAEYC standards might miss, several themes were raised:

- **Family Child Care as a Cornerstone**: Minnesota's strong tradition of licensed family child care is not directly addressed in the standards.

- **Play-Based & Nature-Based Learning**: Outdoor and nature-based learning is integral in Minnesota, where children regularly experience varied weather. Providers want play and nature's role in development to be better highlighted. This may be particularly important for Tribal communities.
- **Cultural and Linguistic Diversity**: Minnesota programs serve diverse communities, including American Indian, Hmong, Somali, and other populations. Providers felt that the standards could better honor bilingualism, Indigenous language and culture revitalization, and culturally anchored practices.

Using Professional Associations for Quality Assurance

Participants engaged in a candid exploration of whether national accreditation or professional associations could become meaningful mechanisms for assuring child care quality in Minnesota. Feedback exposed skepticism and significant barriers, alongside recognition of the genuine strengths and aspirations within this approach.

Strengths Identified by Participants

Professional associations and accreditation help establish recognized, research-based industry standards for ethics, quality, and practice. Affiliation can strengthen educators' sense of belonging and identity. Professional associations also contribute to advancing ECE as a respected profession. When accreditation processes are working well, ECE programs can gain access to professional development, continuous improvement processes, peer learning networks, and mentoring, supporting educator growth and reducing isolation. Accreditation serves as a seal of quality that families may understand and trust, helping programs stand out among choices and building family confidence in a program or educator.

Multiple associations (such as NAEYC, NAFCC, and Montessori organizations) offer programs flexible options for accreditation. This supports Minnesota's diverse care landscape, including family child care and innovative pedagogies. Accreditation processes often include multi-year study, peer review, and renewal cycles, encouraging sustained improvement and stability.

Candid Observations from the Field

Most participants did not perceive national accreditation or association membership as accessible for most programs or relevant in practice. Participation remains low because the benefits rarely outweigh costs and burdens. Skepticism is grounded in real hurdles: cost, risk of punitive consequences, complexity, and concern about losing funding if requirements are not maintained.

Accreditation processes are perceived as prioritizing compliance over relationships. The process often leaves out considerations around culturally grounded care, innovative approaches, and family partnerships. However, all of these features are essential to Minnesota's values. Existing accreditation systems are not designed for rural, family, or culturally specific programs; these vital segments of the ECE system routinely experience exclusion, lack of tailored supports, and little recognition of unique strengths.

The threat of funding loss or reputational damage due to lost accreditation can create climates of anxiety and risk aversion, stifling honest reflection, innovation, and continuous improvement efforts. National standards can fail to reflect local contexts, driving a one-size-fits-all mentality disconnected from the real needs of families and communities. Providers and families rarely experience direct, meaningful support from associations (financial, technical, or relational) needed to truly reach defined standards of quality.

Opportunities Moving Forward

Feedback from participants was frank but not devoid of hope. If future professional accreditation systems want to inspire broad participation and genuine improvement, they must honor Minnesota's diversity. Instead, in Minnesota, we must identify pathways which recognize many valid routes to quality and honor local approaches. Solutions must offer equitable access to improvement pathways, financial and technical support, and linguistically and culturally relevant tools that reach every community.

Building trust and partnership into the heart of quality assurance means focusing on learning, support, and growth rather than punitive oversight. Offering a menu of options, and flexibility allows innovative and evidence-based practices to flourish alongside more conventional models. Systems must respond to family and community voice, valuing relational and cultural dimensions of quality every bit as much as standards and credentials.

Review of Feedback Offered via Parent Aware Redesign Project

We reviewed recent public engagement reports, focus group summaries, and comprehensive evaluation research, including key findings from Child Trends' Parent Aware evaluation (September 2024), multi-cohort rating analyses, and public engagement summaries from the Minnesota Department of Children, Youth, and Families. This section of this report synthesizes feedback from Minnesota's ECE community about the Parent Aware quality rating system. Feedback on Parent Aware is characterized by both appreciation for its foundational goals and constructive critique rooted in day-to-day realities of Minnesota programs and families.

Strengths and Recognized Value

- Many programs value Parent Aware's role in creating a common language for quality and setting statewide expectations for practice.
- Parent Aware's coaching, grants, and training opportunities were credited with supporting professional growth, promoting reflective practice, and benefiting programs able to participate fully.
- Families and programs noted that clear recognition of higher quality programs helps inform parent choices in competitive areas and can incentivize ongoing improvement.

Critical Feedback and Unmet Needs

- Significant barriers to participation in Parent Aware remain for many, especially family child care programs, rural programs, small nonprofits, and culturally specific programs, who consistently report that requirements, paperwork, and verification processes feel burdensome and out of step with daily practice.
- The system's emphasis on formal credentials, documentation, and compliance can inadvertently exclude, rather than elevate, diverse strengths and innovations present across Minnesota's ECE field.
- Providers describe confusion, frustration, and sometimes intimidation from complex rules, disproportionate administrative overhead, and a lack of clarity in how ratings align with actual quality as experienced by children and families.
- Concerns around equity are prevalent. The costs of meeting expectations (particularly for training, environment improvements, and documentation) are often higher for low-resourced, new American, or non-English-speaking educators, leading to uneven access to recognition and associated financial incentives.
- Some express skepticism that ratings reflect "real" quality, focusing more on compliance and paperwork than on relationships, cultural fit, child development, and community trust—areas programs and families frequently prioritize.
- **Providers and families alike called for more flexibility and recognition of multiple pathways to quality—for example, alternative routes, local or cultural practices, or direct family input into how quality is defined and recognized.**

Opportunities Identified

- There is consensus among the sources of feedback we reviewed that Parent Aware works best when it operates as a supportive partner providing coaching, tailored technical assistance, and aligned resources rather than as a punitive or overly bureaucratic system.
- Recent redesign efforts are acknowledged for deeper outreach to programs and families, and incremental movement toward more equitable, culturally relevant standards and indicators.
- Many advocate for broadening what "counts" as quality, moving toward a system with viable, well-supported pathways for all program types, and one that meaningfully includes family and community voice in ongoing improvement and validation.

Quality Supports

To inform the participants' work to recommend quality supports necessary for ECE programs to build, demonstrate, and improve their quality over time, they reviewed a number of background resources. The National Association for the Education of Young Children (NAEYC), in a 2022 report, surveyed projects operating in many jurisdictions designed to motivate and support ECE programs to make lasting improvements in their quality. The purpose of sharing the summary of that research was to spark thinking about what is needed in Minnesota around three categories of quality improvement support: individualized support to programs, group-focused support, and other resources and services related

to quality. Participants also reviewed the relevant portions of the Parent Aware evaluation, as well as a high-level inventory of the state and federally funded supports currently available to ECE programs in Minnesota, including resources devoted to licensing and to quality supports:

Licensing

Licensed Family Child Care (5,633)

- State investment $1.2 million
- Federal investment (via Title IV-B1) $900,000
- Licensing fee $50/year
- County levy $ unknown
- 11 FTEs DCYF; 230 county supervisors and licensors

Licensed Centers (1,811) and Certified Centers (613)

- State investment $5.2 million
- Federal investment (via CCDF) $1.2 million
- 64 FTEs DCYF

Supports

- 20+ individual programs or initiatives by 20+ grantees/contractors statewide
- Parent Aware coaching, advising, observations
- Accreditation fee reimbursement
- PD investments (TEACH, REETAIN, CDA, etc.)
- Tech and facilities grants
- Start-up and business support
- $48 million/year from state and federal sources
- ~ 300 FTEs charged with carrying out various components

Summary of Workgroup Discussion About Quality Supports

Shared Themes and Challenges

Both centers and family child care educators described the current support environment as heavily compliance-focused, with an emphasis on paperwork and regulatory requirements rather than developmental guidance or practical help. Coaching often centers on meeting rating criteria rather than driving deep improvements in practice. Providers want streamlined, continuous quality improvement processes, practical help in their programs, and the freedom to direct support dollars to the solutions best suited to their needs.

Program leaders from all types of programs see mentorship, peer networks, and access to ongoing consultation, especially around curriculum, assessment, and behavioral strategies, as essential, but note that such supports are unevenly accessible across the state, especially in Greater Minnesota.

There is consensus that meaningful and responsive supports are critical for quality, and that systems should allow programs to access practical help, ask questions freely, and receive targeted assistance for pressing challenges whether administrative, pedagogical, or related to family engagement and special needs.

Unique Perspectives of Centers

Center-based programs highlight significant challenges in educator development, staff well-being, and responding to children's behaviors. Burnout is common, and support is often capped or inaccessible, including insufficient coaching or mental health consultation. Professional development is seen as valuable when it is hands-on and sustained, but less useful when offered as one-off workshops or compliance exercises. Program leaders want more control over support resources, and more options to have additional staff or specialists on site as needed. Accreditation facilitation stood out when reviewed by the groups as an effective support model. Providers described it as more supportive by offering true coaching and guidance.

Unique Perspectives of Family Child Care

Family child care educators place particular value on facility improvement grants, emergency funds, and low-interest loans. They appreciate programs like Wayfinder and the Ombuds position. Family child care programs highlight the importance of regional accessibility to resources and training. Many face barriers to accessing health insurance and legal support. Licensor inconsistency and over-regulation create added stress. Supports for non-English-speaking educators and accessible online resources remain limited.

Family child care educators also cite low attendance at training sessions being a challenge (in-person and online). They expressed interest in hybrid models and local partnerships to meet core requirements such as First Aid and CPR. These educators have many needs related to facility maintenance costs. They also experience business model challenges related to financing and insurance. They express desire for flexible grants and quick access to emergency funds. Paperwork complexity, translation issues, and a lack of "one-stop shop" resources compound daily challenges.

Opportunities and Recommendations

The workgroup discussions consistently lifted up the need for flexible, growth-oriented, and locally responsive supports. Suggestions include replicating successful models like accreditation facilitation, developing credentialed coaching and mentorship systems, building peer networks, simplifying paperwork, improving statewide accessibility (especially in rural areas), and allowing greater program choice in how funds and supports are used. Accessible health insurance, legal advice, translation services, and more robust support for children with diverse needs were all identified as priorities for both groups.

Governance

WeVision EarlyEd calls for a shift in how the ECE industry is governed. This new approach challenges the long-standing practice of placing all decision-making authority with government agencies and policymakers. WeVision Minnesota seeks to move toward shared governance, where families, educators, and program leaders are recognized as essential partners at the table.

WeVision Early Ed's recommended approach to governance centers the role of national professional associations and accreditation as tools for strengthening quality and elevating the field of ECE. As the discussions through the process deepened, a participant voiced their opinion that quality improvement and accountability in the ECE system should mirror the organizational advances of other professions, including a state Board to govern its own interests and to hold programs and educators accountable.

From this point, facilitators introduced participants to examples of how other industries in Minnesota are governed. The work groups explored the structures in place for several health-related fields, in which state agencies license organizations while professional boards credential individual practitioners. In these examples, global quality is assured via accreditation. This approach provided a lens for envisioning how ECE in Minnesota might benefit from a similar governance structure.

The discussion also included an in-depth review of the North Carolina Child Care Commission, information on efforts in Vermont to license individual educators, and a broader review of different state boards and how they function.

Key Themes from Provider Work Group Discussions

Centering Provider Voice

Throughout the discussions, participants consistently highlighted the need for a governance structure where program perspectives are prioritized. There was a shared understanding that decision-making must reflect those who work most closely with children and families, recognizing the expertise and value that educators and program leaders bring to the table. Members envisioned a Board where the lived realities of daily practice shapes both the direction and implementation of policy.

Representation, Fairness, and Community

WeVision Minnesota participants thoughtfully considered how to ensure equitable representation for Minnesota's diverse ECE landscape. There was discussion about the difficulty of having every program type, region, and community recognized within a Board structure with a limited number of seats (which is important to keep the decision-making process manageable). Participants also recognized the need to ensure BIPOC voices, rural perspectives, and family child care programs are represented. The group acknowledged the complexity of this goal, discussing potential structures like rotating Board seats (with staggered terms), clear selection criteria, and selection processes that promote both continuity and change over time.

Addressing Barriers to Participation

The group engaged deeply with the practical realities that can limit broad participation in the Board. Time constraints, insufficient compensation, and geographic challenges were raised as barriers. There was a desire expressed to build in support such as compensation, including for substitute coverage, and flexible meeting arrangements so that Board participation would genuinely reflect program diversity, not just those with the most resources or proximity to decision-making hubs.

Board Authority and Accountability

Participants focused on the necessity of giving the Board meaningful decision-making power. They described the importance of the Board having clear authority, rather than serving as a symbolic or advisory body. However, opinions were split on the need for rulemaking authority. The Board was seen as a critical mechanism for identifying industry-led quality standards and measures, clarifying expectations, and ensuring the Minnesota Department of Children, Youth, and Families remains responsive to the field. There was an expressed hope that such authority would lead to fewer duplicated requirements and a more coordinated, accountable statewide system.

Balancing Simplicity and Diversity

There was widespread support for a governance model that brings greater clarity and ease, not additional bureaucratic complexity. Providers sought a streamlined menu of recognized pathways for quality that are tailored to the wide range of program models across Minnesota. The Board's work was envisioned as simplifying professional expectations while respecting, rather than erasing, differences in program practice, context, and philosophy.

Equity, Transparency, and Continuous Improvement

The idea that equity and transparency must be foundational to any new Board was reiterated across groups. The Board should have formal mechanisms for reviewing and correcting policies that harm workforce equity or access. Members valued the potential for the Board to initiate continuous learning, recognizing that the understanding of quality and best practice evolves over time and should reflect regular input from educators, families, and communities.

Focus on Children, Families, and the Field

A central thread across themes was the belief that all governance efforts must remain anchored in the needs of children and families, including through the inclusion of parents and experts in early childhood development from other professions (e.g., pediatricians, children's mental health therapists, etc.) on the Board. Participants advocated for systems that center child safety, child development, and parent priorities, while also supporting and elevating the role of program leaders and educators as professionals. The group's collective aspiration was for a governance structure that brings value to families, expertise to policy, and urgently needed improvements to the ECE field.

Minnesota Context

This WeVision Minnesota project is happening within the context of a lot of possible system-level changes that are occurring at the same time in Minnesota. First, the Great Start Task Force was created by the Minnesota Legislature to provide recommendations to address the challenges facing Minnesota's ECE system. Second, the Minnesota Department of Children, Youth, and Families (DCYF) is in the middle of a Child Care Licensing Modernization Project that is intended to incorporate stakeholder feedback as child care center and family child care licensing processes are updated. Finally, DCYF is in the process of a Parent Aware Redesign intended to address inequities in the system and barriers to participating in the program.

Great Start Task Force

The Great Start for All Minnesota Children Task Force was established by the Minnesota Legislature 2021 to create a system in which family costs for ECE are affordable; ensuring that a child's access to high-quality ECE is not determined by the child's race, family income, or ZIP code; and ensuring that Minnesota's early childhood educators are qualified, diverse, supported, and equitably compensated regardless of setting.

The recommendations from the Great Start Task Force include:

1. Create a family benefits system that provides affordable access to ECE for all families, with no family paying more than 7% of their income for services.
2. Provide early childhood programs with adequate funding to deliver effective services for children and families.
3. Pay the ECE workforce a living wage.
4. Invest in increasing access to effective programs.

Minnesota participants read the Great Start Task Force report and reviewed the recommendations at the beginning of every meeting, using this existing work as scaffolding for the process.

Child Care Licensing Modernization

In 2021, the Minnesota legislature passed legislation and allocated federal funding to support regulation modernization projects for both licensed family child care and child care centers (MN Laws 2021, First Special Session, Chapter 7, Article 2, sections 75 and 81). These projects support the development of:

1. Key indicator systems for abbreviated inspections
2. Risk-based tiered violation systems
3. Revised licensing standards

Stakeholder engagement processes for these modernization projects happened concurrently with the early stages of the Minnesota project. During the Minnesota process, we reviewed new proposed regulations coming out of the Child Care Licensing Modernization Projects against the health and safety key program components and selection criteria we developed through the process. This exercise revealed that some but not all of the newly proposed regulations coming from the Child Care Licensing Modernization Projects align with the WeVision EarlyEd model.

Parent Aware Redesign

Parent Aware is Minnesota's Quality Rating and Improvement System (QRIS) for ECE programs, Minnesota law requires Parent Aware be periodically evaluated. In response, the Department of Children, Youth, and Families (formerly DHS' child care services functions) launched a multi-year Parent Aware Redesign to use evaluation findings and broad public engagement to update the framework, standards, and implementation model, engaging families, providers, and stakeholders through surveys, workgroups, and public meetings over several phases to refine options and build consensus on changes to standards, indicators, and participation pathways. DCYF describes the redesign as a set of projects explicitly aimed at addressing inequities and barriers to participation and at improving Parent Aware for families, children, and early educators, with best practices and racial, cultural, linguistic, ability, gender, and geographic equity at the center. The redesign process culminated in a set of recommendations for updating Parent Aware, and it will be important to review those recommendations considering the recommendations from this process to ensure alignment across early childhood systems and shared goals for equity and access.

WeVision Model

The work of WeVision Minnesota is informed by the Bainum Family Foundation's WeVision EarlyEd model, an initiative dedicated to transforming the child care system in the United States from the ground up. Instead of merely tinkering with existing policies, it focuses on shifting outdated mindsets to create a new, equitable, and sustainable system of ECE. The WeVision EarlyEd initiative is partially in response to increasing attention focused on the ECE (ECE sector). This attention is due to growing awareness of the crisis created for families and employers due to lack of programs available to provide ECE to young children in most communities (exacerbated and laid bare during the COVID 19 pandemic), the consolidation of programs under the auspices of private equity-controlled corporations, and the increasing awareness that what happens in a child's early years has life-long impact on their quality of life. This increased attention has also made clear the many rifts within the ECE field. While there is consensus that more resources are necessary, there is not agreement about how to direct those resources for maximum impact. So while societal attention is increasingly focusing on ECE, those within the field are not clearly aligned about how to leverage that attention for the benefit of young children and the programs that serve them.

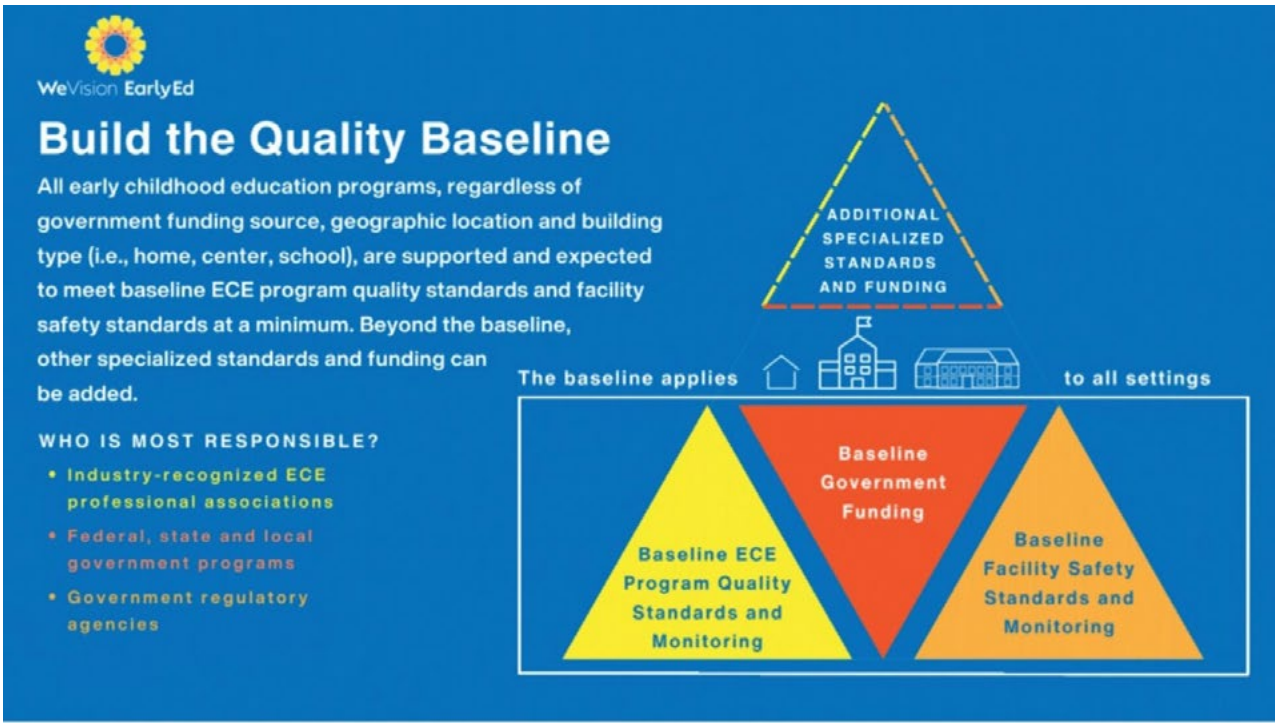
Bainum's WeVision EarlyEd project has three main activities:

- **Collect data from "proximity experts":** WeVision EarlyEd uses a human-centered design approach, gathering insights directly from the people with lived experience in the system, including families, early childhood educators, and program leaders. Their knowledge is used to define the problem and shape the vision for an ideal system.
- **Shift core mindsets:** This is the central pillar of the WeVision EarlyEd model. It identifies and challenges five outdated mental models that hold the current child care system in place and replaces them with transformative ones. The five areas of mindset shifts are:
    1. Rethink when learning begins, to recognize the crucial importance of children's early development.

2. Rethink who needs child care, making quality options available to all families.
3. Rethink what child care costs and who pays for it, so that options are affordable for families and so educators can make a living wage.
4. Rethink quality, by right-sizing regulations, aligning to baseline standards, and increasing family and professional autonomy.
5. Rethink governance and decision-making, to respect and benefit from the expertise of families, educators, and program leaders

- **Test out ideas in Solutions Lab sites:** WeVision EarlyEd funds and supports real-world pilot sites across the country to demonstrate that the ideal child care system is possible right now. These labs develop and test practical, scalable solutions that make the ideal vision a reality.

Minnesota is not a Solutions Lab site, but rather the first time Bainum funded work in a state to engage local proximity experts to recommend systems-level changes needed to implement the WeVision EarlyEd mindset shifts at a state level, with a focus on number four, above. The following graphic illustrates that shift and has been used to center the Minnesota work:



Graphic included with permission from Bainum Family Foundation.

To imagine how this might work, it's helpful to think about other industries structured to leverage systems in ways consistent with the WeVision EarlyEd approach. For example, in Minnesota (and other states), all hospitals must be licensed by the Minnesota Department of Health, based on rules established by the Commissioner of Health. (Minnesota Statutes 144.56 states: *In the public interest the commissioner of health, by such rules and standards, may regulate and establish minimum standards as to the construction, equipment, maintenance, and operation of the institutions insofar as they relate to sanitation and safety of the buildings and to the health, treatment, comfort, safety, and well-being of the persons*

accommodated for care.] In addition to these minimum standards for health and safety, most hospitals also voluntarily seek accreditation through an independent national professional association (most commonly The Joint Commission) to demonstrate meeting industry-specific quality standards and commitment to continuous quality improvement. This type of quality accreditation is required for hospitals to receive reimbursement through the federal government (Medicaid and Medicare). Professionals such as nurses and doctors must also be licensed by the state based on based on certification, defined as formal recognition of knowledge, skills, and experience demonstrated by the achievement of standards identified by the National Professional Nursing Organization acceptable to the Minnesota Board of Nursing. (Minnesota Statutes 148.171). In this example from the health care context, the state has responsibility for setting and monitoring compliance with basic health/safety standards, while relying on national professional organizations to set quality standards. Health care has the additional requirement that some higher-level practitioners be licensed by the state.

WeVision Minnesota Engagement Summary

To develop the recommendations for the legislature based on the WeVision EarlyEd initiative, it was important to engage with as many people from the early childhood landscape as possible. Think Small staff and consultants led a grassroots engagement effort across the state gathering insights to inform the trajectory of the work and the final deliverables.

In total, through all engagement activities, Think Small and its consultants engaged with about 900 people across Minnesota. Activities included presentations at conferences and large group meetings, as well as at smaller in-person and virtual meetings. Additionally, focus groups were held with families and educators. Staff also attended round table discussions in communities and tabled at different conferences and community events. Many of these activities allowed for deep engagement with significant opportunities for questions, dialogue about concerns and pain points, and feedback. In addition to disseminating information about the WeVision EarlyEd initiative, participants at several events were asked to describe their definitions of quality, their thoughts on Parent Aware and licensing, and their expectations for what regulated care should look like. Parents were also asked to talk about what the ideal system of ECE would look like. Intentional efforts were made to reach out to racially, culturally, and linguistically diverse individuals, including representatives from the Minnesota Tribal Resources for Early Childhood Care (MNTRECC) group, to make sure diverse perspectives were guiding the work. In total, nearly 35% of participants in engagement activities identified as BIPOC.

This section of the report captures diverse perspectives on what quality care means, the barriers and challenges families and educators face, and the systemic changes needed to make the ideal system of ECE a reality. The feedback received underscores the urgency of creating a more equitable system that values different cultures, better supports educators with more resources and training, and provides consistent, high-quality ECE opportunities for all children and families regardless of race, geography, or income.

Feedback from Families on Experiences and Expectations of the ECE System

In seeking to make the ideal child care system a reality, we felt it was important to hear from those using the system — families with young children — to understand their experiences and thoughts on what an ideal system would look like. Think Small conducted focus groups with parents from Greater Minnesota, the suburbs, and the metro. The groups were economically, culturally, and racially diverse. The sessions explored families' expectations of the ECE system, the ways they define quality, the barriers they face, and their visions for an ideal system. While parents across the groups express gratitude for quality care when available, they are deeply concerned about affordability, accessibility, and systemic inequities. There are many challenges to parents in accessing and navigating child care assistance programs, finding care that meets their family's cultural needs, and finding care that meets the needs of their children, especially when children are neurodivergent.

Parents were asked what they expect to see or experience in ECE programs. Parents expect safe facilities in good repair, clean environments, good hygiene practices, and safe ratios of staff to children which allow their children to get the care and attention they need and deserve. Parents assume these standards are in place, but several shared stories of these standards not being met, such as classrooms with leaks in ceilings, unsafe ratios, and biting incidents.

In addition to health and safety, parents expect and value good communication from programs. They appreciate feeling like they are in close communication with their children's early educators. They particularly like when a program provides an app for daily updates, incident reports, and as a place for parents to be able to ask questions and get answers from their children's educators.

Parents also expect ECE programs to prepare their children for kindergarten. While parents express uncertainty about what their children need to learn for kindergarten, they expect educators to know and to teach their children the things they need to be successful. Parents want learning to be age-appropriate and to include social-emotional learning.

Finally, parents expect and desire for educators to be patient, kind, empathetic to children and families, trained in child development, preferably with a certificate that shows they have been trained, and that they will care for their children in a way that is responsive to their cultures.

Quality is a word with many different meanings. We wanted to be sure to understand what parents mean when they think of quality. The parents we spoke with cite consistency across the system as extremely important when thinking about quality. Parents believe quality should not vary with neighborhood or income level of families as it does in the current system. All child care is expensive, and paying for this care should ensure a similar level of quality wherever the program is located. A holistic approach to ECE is also important for quality. Parents value structured curriculum, play time, nutritious food, clean and safe environments, and emotional support for their children. They believe educators should be well-paid, well-qualified, and trained. Educators should receive ongoing training. Parents believe paying educators well will make them want to stay in their jobs, which is better for children.

Finally, parents believe that quality means that educators and families are in partnership. Opportunities for parent engagement are highly valued, particularly parent education classes, teacher conferences, and community-building events.

Families face many barriers and challenges in the current system of ECE. Across all focus groups, cost was cited as the biggest barrier. Parents talk about having to make difficult choices, like choosing between paying the mortgage or paying for child care. In cases where families consider applying for assistance programs, the process is confusing, the income limits are too strict, and delays in turning in paperwork can result in loss of care which can be catastrophic for families. Parents talk about the limited number of available slots, especially for infants. They are also challenged by a lack of flexible schedules or extended and weekend hours, because many families need care for their children outside of regular business hours. Transportation can also be a challenge.

Equitable opportunity is also a problem throughout the current system. Parents of children who are neurodivergent or who are living with other disabilities face significant gaps in the system and there are often very few options for specialized care, with many parents not being able to find suitable care for their children living with disabilities. BIPOC families also note a lack of culturally responsive care and differences in care quality and mislabeling of child behavior based on the race or ethnicity of the child.

When thinking about the ideal system of ECE, parents highlight a few main points. The ideal system would provide free or subsidized care for all families, similar to what will be happening in New Mexico. Within this system, there would be care with extended hours, weekend and holiday care, and transportation options. Parents would like programs to provide comprehensive or wraparound services, where their children can get mental health support or speech or occupational therapy, and where they could attend parent education classes. Some families would like an option to stay at home with their young children while getting support for their children's development from the system. Finally, the system must address the unique needs of all children, with culturally responsive care and care for children with disabilities as a requirement. Quality should be the standard expectation, regardless of ZIP code because all children deserve the same level of quality.

Feedback from Family, Friend, and Neighbor Navigators on Trusted Caregivers

Think Small convened two focus groups with Family, Friend, and Neighbor (FFN) navigators to better understand how a WeVision EarlyEd style Trusted Caregiver approach might work in Minnesota and why families rely on FFN care. Navigators affirm that the structured, resourced Trusted Caregiver model being tested by WeVision EarlyEd is a strong idea and recognized it as a critical strategy in a system where formal care is scarce, expensive, and often misaligned with families' schedules, cultures, and needs.

Across both sessions, participants describe the WeVision EarlyEd Trusted Caregiver model—where caregivers are supported and regularly compensated for the provision of care through a community intermediary instead of traditional governmental entity—as a promising way to recognize and stabilize the care that FFNs are already providing. Navigators emphasize that rising costs and family stress should

not lead to lowering standards; they support clear opportunities for training and other engagement with supports, while also lifting some of the administrative burdens that make Minnesota's current Legally Non-Licensed (LNL) and Child Care Assistance Program (CCAP) structure feel unworkable. Current CCAP reimbursement rates and LNL requirements were widely described as misaligned with FFNs' realities, particularly when caregivers travel between homes, and as insufficient to justify the time and documentation required to participate.

Participants also raise important questions and cautions. They want more detail on which families and caregivers would be eligible, how fraud would be prevented (for example, when multiple FFNs support the same child across complex custody and work schedules), and what personal information families and caregivers would have to share to receive funds, given deep mistrust of systems in many communities. They urge that any funding strategy be sustainable and avoid replicating waitlists and scarcity dynamics seen in other programs.

When asked why families choose FFNs, navigators emphasize affirmative reasons first. Families prioritize stability, flexibility, and trust: FFNs are often relatives or close community members who know the child well, can adjust to changing work schedules, and provide care in environments that feel like an extension of home. For Indigenous, immigrant, and other culturally, racially, or linguistically diverse communities, FFN care is frequently an intentional choice grounded in culture, language, religion, and experiences of discrimination or exclusion in formal programs. At the same time, navigators underscore that many families also turn to Trusted Caregivers because they cannot afford, find, or reach licensed care that matches their schedules, locations, and children's needs, making FFNs the only workable option in many communities.

Feedback from Tribal Child Care Leaders

Consultants met with representatives from Minnesota Tribal Resources for Early Childhood Care (MNTRECC) to understand Tribal perspectives on licensing and quality assurance in the ECE system within the Tribal context. Overall, MNTRECC representatives expressed deep concerns about how state systems such as licensing and Parent Aware intersect with the needs of Indigenous communities in Minnesota. They believe child care quality cannot and should not be solely defined by Western or state-driven standards. Quality must reflect cultural teachings, language, and community values.

Parent Aware is a main point of concern for this group. They feel the requirements of the system exclude Tribal educators because required curricula or trainings do not always align with Indigenous practices. There is concern that limiting recognition of quality to existing national organizations, like accreditation from NAEYC, ignores the quality brought to child care through the incorporation of language and cultural traditions. Moreover, Parent Aware ratings are currently tied to scholarships and funding, such that educators who do not participate lose access to critical resources. This results in a system where Tribal communities are disadvantaged even though their approaches to quality are rooted in cultural continuity and community relationships.

Professional development for Tribal educators provides its own set of challenges in the current system. Getting trainers approved is a difficult process if they are not in the state system. This creates barriers for trainers offering cultural or language-based training instruction. It was noted this issue is not unique to Tribal communities, but reflects a broader lack of equitable access to training in the system.

These MNTRECC representatives stressed the importance of representation in decision-making in any new system. There are often few Indigenous voices present when policy decisions are being made. The idea of a state commission to govern licensing and quality was received with modest optimism, but they warn of the need for intentional focus on geographic diversity to prevent metro-area influence from overshadowing rural and Tribal perspectives.

Ultimately, the MNTRECC representatives believe quality must be locally defined and culturally specific. For Indigenous communities, the educator and the relationships they build, as well as the integration of language and culture, are the determinants of quality. The MNTRECC representatives urged the state to move away from attempting to "fit a round peg into a square hole" by forcing Tribal child care into Western models, and instead create a system that honors Tribal sovereignty, cultural knowledge, and community-driven definitions of excellence.

Feedback from Educators at Conference Events

Think Small staff engaged with educators and others from the field at tabling events at two major conferences. Presentations on the WeVision EarlyEd initiative were also given during conference keynote sessions. Many of the educators at these events were from Greater Minnesota. These engagement events provided valuable insights into how educators, other field experts, and community members perceive current licensing standards and the Parent Aware system.

Across both events, there was a mix of both appreciation for and skepticism towards Parent Aware. Many respondents report positive experiences with Parent Aware, citing benefits such as access to Early Learning Scholarships for families, increased enrollment in their programs, and recognition of their program quality. However, there are significant concerns about Parent Aware as well. Family child care programs believe it is inconsistent, overly focused on child care centers, and misaligned with the realities of family child care programs. Parent Aware is seen as lacking cultural relevance – educators view it as inequitable for diverse programs. Educators also note the confusion for parents about how to interpret the star ratings.

Educators emphasize that quality cannot be singularly defined and should reflect the individuality of each program. When asked to define quality, many educators highlight holistic elements of quality such as safe and healthy environments, teaching social and life skills to get children ready for kindergarten, and loving, family-like relationships between educators and children. Educators believe quality programs should also be aligned with families' cultures.

For a future quality recognition system to be more successful, educators believe there need to be financial resources dedicated to quality recognition, supportive coaching, resources so that educators can spend time away from teaching to complete administrative tasks required by the system, and language supports to help educators navigate complex systems in a language they understand.

Regarding licensing, educators would like more streamlined processes, more flexibility in infant and toddler ratios to allow them to meet community needs, and better access to training opportunities, particularly in Greater Minnesota where options to receive training are often limited.

The educators engaged through these conference events also expressed deep concerns about the Trusted Caregiver designation in the WeVision EarlyEd model. They worry about how it might impact educators, especially Tribally licensed programs, and whether it might unintentionally reinforce inequities that already exist in the system. They emphasized the need for diverse voices, especially those from Tribal communities, in the development of any new system of licensing and quality recognition.

Think Small Hmong, Somali, and Latine Advisory Committees

Think Small regularly hosts meetings of its advisory committees, made up of LFCC early educators. The concerns of educators across these groups were similar. Overall, there was support for a system like WeVision EarlyEd that separates health and safety from quality. Educators in these groups believe separating health and safety from quality could simplify processes and reduce burdens on educators. Currently, they feel frustrated with Parent Aware because it is complex, requires excessive paperwork, and there is a lack of language-accessible resources for educators, which further leaves them out of the system. All of the advisory committees see the need for additional financial supports for educators which would better enable them to sustain their ECE businesses and allow them to hire more staff, which would increase the number of children they could serve.

They also cite some concerns about a new system. They worry about an increased number of site visits and the risk of a new system creating a larger burden of paperwork. Similar to feedback received from other groups, they see the current system as inequitable and believe for a new system to be successful, there needs to be culturally and linguistically responsive support for educators, streamlined licensing timelines, and more flexibility. They believe health and safety need to remain a priority and quality should be supported through collaboration and training.

Feedback from Licensors

Licensors from across the state were brought together in a few different meeting events. These licensors voiced concerns about the WeVision EarlyEd initiative that can be summarized into a few main themes. At these meetings, licensors also shared their perspectives on why they believe people are not entering the child care field.

Licensors are concerned about separating health and safety from child development. They believe removing standards that address child development from the licensing process would result in educators being less knowledgeable about what is important for child development. This group believes knowing what is developmentally appropriate for children at different ages and stages is essential to knowing what is safe and healthy.

According to licensors, limiting licensing standards to just health and safety could also impact the relationships that exist between licensors and educators. This is of particular concern in Greater Minnesota where licensing visits are seen as opportunities for professional development and guidance on child behavior that educators don't receive otherwise. Separating quality from licensing could lessen these opportunities and weaken these relationships by diminishing the relational and supportive role licensors currently play for many educators. It would also place an additional burden on educators who would need to seek this type of support from other parts of the system instead of the "one stop shop" that licensing currently provides.

Licensors do not believe burdensome licensing is preventing people from entering the field. They see other issues such as low wages, better opportunities in other fields, and the isolation of child care as a career to be bigger deterrents. They do not believe additional revisions of licensing standards will make a difference in the supply of early educators.

Summary of Supplemental Engagement Efforts

This engagement process revealed consensus among families, educators, and other community members and field experts--Minnesota's ECE system requires significant transformation to equitably meet the needs of all children, families, and early educators. Families emphasize affordability, consistency, accessibility, and cultural responsiveness as critical concerns. Educators echo these concerns and also call for streamlined licensing processes, financial resources for quality improvement, and language-accessible support. Educators are frustrated with the complexity of Parent Aware and the inequities it perpetuates, particularly for family child care programs and culturally diverse educators. Licensors are cautious about separating health and safety from child development standards, noting that this could weaken professional relationships and reduce opportunities educators currently have for guidance and support. MNTRECC representatives believe quality needs to be culturally grounded and they warn against imposing standards that disregard the quality brought to care by linguistic and cultural specificity.

Across all groups, there is agreement that quality should be holistic, encompassing safe environments, well-trained and well-paid early educators, and resources for families. The findings point to an urgent need to change a system that is not working for those most affected by it-young children, their families, and their educators. A new system should prioritize equity through consistency in both licensing and quality so that all children have access to the same level of quality, and so educators have the resources they need to provide quality ECE.

WeVision Minnesota Work Groups

Think Small convened several work groups to provide feedback on the Minnesota process. Participants include a Tech Team, which consists of a diverse group of industry leaders in Minnesota; a Child Care Centers Work Group that is made up of child care center leaders from around Minnesota; and a Licensed Family Child Care (LFCC) Work Group) made up of licensed family child care programs around Minnesota.

Think Small contracted with independent consultants Ericca Maas, plus Laurie Davis and Nicole MartinRogers from Advance Consulting LLC who subcontracted Cheryl Glaeser from Achieve Consulting to facilitate the various groups.

WeVision Minnesota Tech Team members

- Cyndi Cunningham, Lead&Care
- Matt Dickhausen, Minnesota Community Education Association
- Jamesetta Ross Diggs, African Career Education & Resources and Child Care Aware of Minnesota
- Alex Fitzsimmons, Children's Defense Fund MN
- Courtney Griner, ISAIAH
- Zang Vang Lee, Hmong Early Childhood Coalition
- Dr. Nikole Logan Jones, People of Victory
- Brook LaFloe, Niniijaanis One of Ones
- Shawna Maryanovich, Minnesota Montessori Network
- Jackie Perez, CLUES
- Clare Sandford, Minnesota Child Care Association
- Sandy Simar, Families First
- Dr. Nicole Smerillo, Think Small
- Maria Steen, Lakes & Prairies CAP
- Candace Yates, Child Care Aware of Minnesota
- Debra Ziesmer, Minneapolis Youth Coordinating Board

WeVision Minnesota Child Care Center Work Group members

- Mirael Adedu-Bentsi, Brookdale Christian Center Daycare
- Courtney Griner, Esko Minis
- Maria Harms, Snug As A Bug Childcare and Preschool
- Mandy Hatten, Merry Moose Child Care
- Kristen Wheeler Highland, People Serving People
- Janice LaFloe, Montessori American Indian Childcare Center
- Emily Leutgeb, Augsburg Park Montessori School and Jonathan Montessori
- Kayley Spencer, Lakeside Early Learning
- Brandy Sroga-Coons, Creative Kids Academy
- Monique Stumon, School Readiness Learning Academy
- Stephanie Thomas, YWCA of Minneapolis
- Dawn Uribe, Mis Amigos Spanish Immersion

WeVision Minnesota Licensed Family Child Care Work Group members

- Kristy Anderson, Little Rays of Sunshine Preschool and Child Care
- Joyce Berglund, Educational Care
- Luciana Carballo, Nuestro Mundo Child Care
- Nakia Howard, Kias Love Bugs Child Care
- Joyce Khang, Little Munchkins Home Daycare
- Sarah Larson, Sarah Larson Day Care
- Rebekah Lynn, Rebekah Lynn Child Care
- Trisha Myklebust, Bright Stars Home Child Care and Preschool
- Brenda Novack, Little Wonders Child Care
- April Soupir, The Bluejay Buddies
- Sherry Tiegs, Sherry Tiegs Family Childcare & Playschool

Each work group met monthly for 1.5-2 hours between June and December 2025 on Zoom. During the work group meetings, Think Small and their consultants presented the approaches from the WeVision EarlyEd model along with contextual factors impacting Minnesota's ECE system (descried above). We used a combination of pre-work (reviewing and providing comments in Google docs), polls, small group discussions, and large group discussions to obtain feedback from the work groups about the WeVision EarlyEd project and the recommendations included in this report. As appropriate, the consultants also corresponded with work group participants outside of the scheduled meetings to ensure they were able to fully participate, despite their busy schedules and multiple demands on their time as ECE program leaders. At each work group meeting, we shared back the work from the previous month's meetings and our drafts of the summary and recommendations from the group. We asked participants to provide feedback on our summaries of their feedback to ensure we accurately reflected their input. In other words, the WeVision Minnesota work groups were deeply engaged over a period of several months to gather their input, learn from their experiences, and ensure their feedback was being reflected in the end products. This iterative process was important to ensure we had buy-in and support for the final product (this report).

Appendix 1: Literature Review on ECE Health/Safety

The following summary was created based on a review of high quality research (peer-reviewed journal articles) conducted by Wilder Research, focused on the following question: What are research-based health and safety factors (features of programs) that are most important for early childhood and childcare spaces for children birth to age 5?

The results of that literature review were then compared to Minnesota's current licensing statutes, Draft 2 from the LFCC and Center Licensing Modernization project, the standards set by the federal Child Care and Development Block Grant, and the 2024 recommendations from a national collaborative (Home Grown) focused on licensing standards for home-based child care. The following is a summary of the program components supported by those sources as essential for protecting the health and safety of young children in ECE settings.

Supervision/ratios

Background checks/reporting

- All staff
- State and national registries
- Child abuse reporting requirements
- Critical incident reporting

Health Practices

- Infectious diseases
- Sick child isolation
- Medication administration

- SUIDS/sleep practices
- Abusive head trauma/shaken baby syndrome
- Allergic reactions
- Hazardous materials/sanitation
- Transporting children/using child passenger restraints
- CPR/first aid

Facility/environmental safety

- Fire safety
- Smoke/carbon monoxide
- Hazards
- Safe equipment/furnishings
- Safe water supply
- Radon
- Shade
- Water hazards
- Safe equipment/fall zones

Nutrition/food safety

- Food handling/storage/preparation
- Safe water
- Infant feeding practices
- Choking prevention

Emergency response planning

- Fire, natural disaster, intruder
- Evacuation, relocation, shelter in pace, lockdown, communication

Injury prevention/response

- Prevention
- First aid
- Reporting requirements

Behavior guidance

- Positive approaches/redirection
- Prohibited actions
- Parental involvement/information
- Family access to their children
- Provision of information to families on policy
- Parent consent requirements (medication, transportation, field trips, etc.)

Staff Training/Professional Development

Below is more detail on the key health and safety topics and requirements found in the sources.

- **Supervision and Ratios** Standards require maintaining appropriate child-to-provider ratios and group sizes based on age, recognizing their link to quality and safety. Supervision must be ensured at all times, with specific requirements for different age groups (e.g., sight and hearing for younger children) and during specific activities (e.g., naps, transitions, outdoor play, restroom use).
- **Background Checks and Reporting** States must conduct comprehensive criminal background checks for all child care staff members, searching various state and national registries. Specific convictions lead to ineligibility for employment. Providers are also required to comply with child abuse reporting requirements. Reporting of critical incidents, including child fatalities, serious injuries, and substantiated child abuse, is mandated.
- **Health Practices and Policies** States require policies and procedures for preventing infectious diseases, including immunization requirements. Procedures for isolating sick children are necessary. Standards cover safe sleep practices for infants to prevent SIDS and preventing abusive head trauma. Requirements for administering medication include parental consent and following instructions. Policies for preventing and responding to food allergies are critical, including identification, care plans, and emergency procedures like administering epinephrine. Hygiene standards include hand washing procedures for both children and staff, and proper diapering and changing area sanitation. Safe handling and disposal of bodily fluids are mandated.
- **Facility and Environmental Safety** Licensing standards address the physical premises to protect children from hazards. This includes ensuring building and fire safety through inspections, alarms (smoke and carbon monoxide), extinguishers, escape routes, and drills. Standards cover shielding hot surfaces, securing electrical outlets, making hazardous areas inaccessible, and maintaining safe equipment and furnishings. Environmental health topics include safe water supply (including testing for private wells and lead), and radon testing and mitigation requirements. Outdoor play spaces must be free of hazards, protected from traffic, and include shaded areas and safe equipment with appropriate fall zones. Water hazards, such as pools or ponds, must be inaccessible to children unless supervised.
- **Nutrition and Food Safety** Licensing addresses healthy eating and food safety. Requirements include safe food handling, storage (including refrigeration), and preparation practices, often aligning with federal standards like those from the Child and Adult Care Food Program (CACFP). Ensuring a safe supply of drinking water is essential. Specific requirements exist for infant feeding practices, such as holding infants during bottle feeding and proper bottle warming/storage. Policies for accommodating dietary needs, including allergies, cultural/religious preferences, and prescribed diets, are covered. Preventing choking hazards is also specified.
- **Emergency Response Planning** Comprehensive emergency preparedness plans are required for various scenarios (fire, natural disaster, intruder, etc.). These plans must detail procedures for evacuation, relocation, shelter-in-place, lockdown, communication with families (including reunification), storage of essential medication, continuity of operations, and coordination with

authorities, while also accommodating infants, toddlers, and children with special needs. Regular drills and staff training on the plan are mandatory. A working telephone accessible to staff at all times, even outside the facility, is required.

- **Injury Prevention and Response** Beyond general training, standards require procedures for preventing injuries through daily hazard inspection and risk reduction planning. Specific policies may address common risks like burns, falls, and entrapment. A first aid kit must be readily accessible. Reporting requirements include notifying parents and the licensing agency of serious injuries.
- **Behavior Guidance** Standards dictate appropriate methods for guiding children's behavior, emphasizing positive approaches and redirection. **Prohibited actions** are explicitly listed, including corporal punishment, verbal abuse, forced physical positions, group punishment, denial of necessities (food, water, warmth, medical care), mechanical restraints, and subduing substances. Separation from the group (time-out) is limited in duration and restricted based on age (prohibited for infants, toddlers, or children under age three). Behavior plans are required for persistent unacceptable behavior, developed in consultation with parents and professionals.
- **Parental Involvement and Information** Standards ensure parents have unlimited access to their children and the facility during operating hours. Providers must give parents detailed written information about policies covering health, safety, behavior, emergencies, and program operations upon enrollment. Parental consent is required for various activities impacting safety, such as medication administration, transportation, field trips, and participation in research or use of photos/videos. States also disseminate consumer education information about licensing, quality, and provider compliance history.
- **Staff Training and Professional Development** States should require providers to have pre-service and ongoing training in essential health and safety areas. This includes training on preventing and controlling infectious diseases (including immunization), preventing sudden infant death syndrome (SIDS) and implementing safe sleep practices, preventing shaken baby syndrome and abusive head trauma, administering medication, preventing and responding to food and allergic reactions, handling and storing hazardous materials and disposing of biocontaminants/bodily fluids, emergency preparedness and response (including natural disasters and man-caused events), appropriate precautions in transporting children and using child passenger restraints, and first aid and cardiopulmonary resuscitation (CPR). Training should incorporate state health and safety standards. Specific training is required for caregivers working with infants and children under school age

Appendix 2: Comparision of WeVision Minnesota Health and Safety Priorities and Department of Defense Program Standards

1. **Nature and Purpose of the Standards:**
    a. **DoD Standards**: These are **prescriptive requirements and policies** that *must* be followed by Department of Defense Child Development Programs (CDPs), including center-based, family child care (FCC), school-age care (SAC), and supplemental care. They serve as a regulatory framework for DoD facilities.

b. **Priorities for Child Care Safety and Health**: This source identifies **key features, considerations, and best practices** for child safety and health in ECE programs generally. It highlights areas where current state regulations might be insufficient and recommends evidence-based approaches.

2. **Specificity and Context:**
   a. **DoD Standards**: Provides highly specific, mandated details relevant to a military context, such as compliance with Federal mandates, statutory requirements, and specific construction standards like UFC 4-740-14 for Marine Corps, Navy, and Air Force CDCs, or the Army Standard for Child Development Centers. Includes specific reporting timelines (e.g., 72 hours for incidents) and remediation periods for violations (immediate or 90 days).
   b. **Priorities for Child Care Safety and Health**: Focuses on general ECE programs and often discusses national recommendations or common shortfalls in state policies rather than specific federal mandates for a particular organization.
3. **Staff-to-Child Ratios and Group Sizes:**
   a. **DoD Standards**: Mandates specific staff-to-child ratios and maximum group sizes for DoD CDPs, such as 1:4 for infants 0-12 months with a group size of 8, and 1:15 for school-age children 6-12 years with a group size of 30. FCC maximum group size is six children, including the provider's own children under age 8.
   b. **Priorities for Child Care Safety and Health**: Emphasizes that smaller group sizes and sufficient providers are critical for infants and toddlers. It references *Caring for Our Children* recommendations, which suggest even stricter ratios and smaller group sizes for infants (1:3 for 0-12 months, group size of 6) and toddlers (1:4 for 13-30 months, group size of 8). It also points out that many centers currently do not meet these stricter recommendations.
4. **Safe Sleep Environment:**
   a. **DoD Standards**: Requires infants to be placed on their backs for sleeping, and prohibits soft cushions, pillows, or thick blankets in cribs to lower SIDS risk. Cribs must meet CPSC guidelines.
   b. **Priorities for Child Care Safety and Health**: Offers a more comprehensive approach to safe sleep, detailing additional critical recommendations such as placing infants on their back for *every* sleep, using a firm, non-inclined sleep surface (conforming to CPSC standards), avoiding overheating and head covering, offering a pacifier, and emphasizing caregiver education, training, and modeling of safe sleep practices. It also recommends written sleep policies and state requirements for provider education.
5. **Injury Prevention and Response:**
   a. **DoD Standards**: Requires daily safety walk-throughs, immediate correction of hazards, availability of first aid supplies, and a written plan for managing emergencies (e.g., terrorist attacks, storms, lost child), including shelter-in-place and evacuation procedures. Evacuation drills must be conducted monthly.
   b. **Priorities for Child Care Safety and Health**: Focuses on staff training in emergency preparedness and first aid, including CPR. It highlights the importance of notifying parents and the state after an injury and maintaining injury records. Crucially, it notes that *few states require centers or homes to take corrective action* after an incident, despite this being a national standard.

6. **Food Allergy Management:**
    a. **DoD Standards**: Requires plans for managing food/other allergies, special accommodations, and potentially life-threatening conditions.
    b. **Priorities for Child Care Safety and Health**: Provides much more detailed recommendations, including requiring up-to-date health records with known allergies, a food allergy care plan, personnel training for prevention, recognition, and treatment of allergic reactions (including epinephrine auto-injector administration), allowing or requiring stocking of undesignated EAIs, and establishing clear communication plans for emergency care. It notes that many states lack strong regulatory requirements for these standards.
7. **Healthy Nutrition and Physical Activity:**
    a. **DoD Standards**: Encourages participation in the USDA Child and Adult Care Food Program (CACFP) and requires healthy meals and snacks consistent with USDA guidelines, with restrictions on sweetened beverages and high fat/salt foods. Breastfeeding is encouraged and supported.
    b. **Priorities for Child Care Safety and Health**: Offers a more comprehensive view of healthy nutrition, including providing a variety of healthy foods in appropriate portions, creating healthy physical and social eating environments, respecting children's hunger and satiety cues, role modeling, parent collaboration, and nutrition education for children and families. For physical activity, it recommends specific daily activity minimums (e.g., 180 minutes/day for 0-5 years), "tummy time" for infants, and emphasizes educators' roles in modeling and promoting activity, along with training and professional development.
8. **Screen Time:**
    a. **DoD Standards**: Do not explicitly mention regulations regarding screen time.
    b. **Priorities for Child Care Safety and Health**: Explicitly addresses screen time, recommending avoiding it for infants under 18 months (except video chatting) and limiting it for children aged 2-5 years (e.g., no more than 1 hour per day total, with less in child care). It also calls for strengthening screen time standards and policies.
9. **Broader Environmental Health and Staff Support:**
    a. **DoD Standards**: Covers facility compliance, basic sanitation, fire safety, and chemical storage.
    b. **Priorities for Child Care Safety and Health**: Extends environmental health to include ensuring environments are free from toxicants, addressing ambient air pollution (especially near high traffic areas), maintaining good indoor air quality (mold, ventilation), ensuring carbon monoxide safety, integrated pest management, and considering extreme heat and greenspace. It also emphasizes the importance of supportive staff, positive interactions, and the need for investment in staff training, compensation, and support to address high turnover rates.

Appendix 3: Review of Certified Child Care Center Requirements

One potential starting point when considering basic health and safety regulations is the state's existing Certified Child Care Center statute, given that these regulations are sufficient to meet minimum federal requirements. To test this, the work groups assessed the Certified Center statute against the set of essential program components provided as a regulatory blueprint. Participants were asked to identify missing or insufficient elements and to suggest what should be added or improved.

WeVision Minnesota participants concluded that the regulations as written are insufficient overall for a reliable health and safety baseline in Minnesota ECE programs. Key program components are entirely missing, and several included concepts are not fully developed or are left open to interpretation, making practical compliance and enforcement challenging. As a result, the statute is difficult to navigate and would likely lead to inconsistency and confusion in its application; if adopted as the health and safety minimum, substantial revision and clarification would be required to ensure it actually protects children, educators, and families.

During the exercise some members of the group spotlighted concerns about the Certified Center landscape's recent evolution. Participants observed that the growth in both the number and diversity of certified centers marks a departure from the offering's original intent—to confirm protections assured by other regulatory structures, not to create an alternative framework. This expansion, paired with foundational requirements that remain vague or incomplete, risks diluting regulatory standards and introducing inconsistencies, meaning not all children may be equally protected. They pointed out that the WeVision model, which would require all programs to meet a streamlined set of non-negotiable health and safety regulations regardless of building type, offers a solution to ensure consistent and equitable standards for all children in ECE programs in Minnesota including those who attend a Certified center.

Appendix 4: Crosswalk of Accreditations Approved by the State of Minnesota

Comparison of Most Commonly Used Child Care Accreditations in Minnesota to NIEER Quality Standards

National Institution for Early Education Research (NIEER) Quality Standards	National Lutheran School Association (NLSA)	National Early Childhood Program Accreditation (NECPA)	Minnesota Nonpublic School Accrediting Association (MNSAA)	Accredited Professional Preschool Learning Environment (APPLE)	National Head Start Alliance (NHSA)	Association of Christian Schools International (ACSI)	Cognia	Association Montessori Internationale (AMI)	National Association for the Education of Young Children (NAEYC)	National Association for Family Child Care (NAFCC)
Number of Accredited Programs	34	33	48	8	3	3	17	14	294	10
Child Development Assessments Required	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lead Teacher Required to have Bachelor's Degree	High School diploma or must meet state licensing requirements	• Associate's degree in Early Childhood + 1 yr teaching • Bachelor's degree in Early Childhood or related field • CCP/CDA + 2 yrs teaching	✓	Associate's degree including 9 credits in Early Childhood or Child Development	Associate's or bachelor's degree in Early Childhood or Child Development	• Must provide evidence of clear testimony of faith in Christ • CDA, associate's, or bachelor's degree in Early Childhood	?	AMI diploma for the appropriate age	Associate's or bachelor's degree in Early Childhood or 36 hours of Early Childhood coursework	High school diploma or GED plus 120 hours of FCC-related training within 3 years prior to application
Assistant Teachers Have CDA or Equivalent	High School diploma or must meet state licensing requirements	• 3 credits in Early Childhood + 1 yr teaching • 6 credits in Early Childhood + 6 mos teaching • CCP/CDA + 1 yr teaching	?	High School diploma or GED	CDA or must meet state licensing requirements	Same as lead teacher requirements	?	High School diploma or GED	Same as lead teacher requirements	At least 16 years old, cannot be alone with children unless NAFCC Quality Standards for substitutes are met
Teachers Have Early Childhood Education Coursework or Training	Must meet state licensing requirements	CDA or CCP	?	At least 9 credits in Early Childhood or Child Development for lead teachers	CDA, AA or BA in Early Childhood or Child Development	CDA	?	Montessori training required	At least 36 hours of Early Childhood coursework	Yes, at least 120 hours
Professional Development Required	12 hours/year for teaching staff	• 30 hours/year for first year teachers • 24 hours/year for each year after	?	24 hours/year for teaching staff	15 hours/year for teaching staff	12 hours/year for teaching staff	?	?	Ongoing, high-quality PD recommended; no hourly requirement specified	120 hours for initial accreditation, 90 hours for renewal
Class Size Limit of 20 or Fewer	✓	✓	✗	✓	✓	✓	?	Primary or Children's House: 30 - 35 children with one teacher and one assistant	✓	Small FCC: 1:6 Large FCC: 1:12 with qualified assistant
Staff:Child Ratio 1:10	• Infants 1:4 • Toddlers 1:6-7 • 3 to 5 years 1:10	• Infants 1:3-4 • Toddlers 1:4-6 • 3 to 5 years 1:7-10	?	• Infants 1:3 • Toddlers 1:3-5 • 2 years 1:6-7 • 3 years 1:7-9 • 4 to 5 years 1:9-11	• 0 to 3 years 1:4 • 3 years 1:8-9 • 4 to 5 years 1:10	• Infants 1:3-4 • Toddlers to 2 years 1:4-6 • 3 years 1:6-8 • 4 to 5 years 1:8-10	• Infants 1:4 • Toddlers to 2 years 1:6 • Preschool 1:10	• 2 to 12/15 mos 1:3 • 12/15 mos to 2-3 years 1:5	• Infants 1:4 • Toddlers to 2 years 1:6 • Preschool 1:10	• Small FCC 1:6, no more than 2 children under 2 years • Large FCC 1:12, no more than 4 children under 2 years
Health Screening and Referrals Required	✗	✓	✗	✗	✓	✓	✗	✗	✓	✓
Curriculum Process and Supports	Mandates developmentally-appropriate, faith-based written curriculum	Mandates developmentally-appropriate written curriculum	Mandates written curriculum	Information could not be obtained	Mandates research-based curriculum aligned with Head Start Early Learning Outcomes Framework	Mandates written curriculum aligned with Christian Philosophy of Education (CPoE)	Information could not be obtained	Mandates written curriculum aligned with Montessori philosophy and pedagogy	Mandates developmentally-appropriate, research-based written curriculum	Mandates culturally relevant, holistic curriculum that supports all developmental domains
Quality Improvement System Required	✓	Only in CO, PA, and OH	✗	✓	✓	✗	✓	✓	✓	✗

✓ **Accreditation matches NIEER**

✗ **Not included in accreditation**

? **Information could not be obtained**