



TRANSCRIPT

“My daycare children always come first.”

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GUEST SPEAKER

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*** part 1 ***

Silke O. : I actually lived in Germany and I had a daughter of my own. I had a degree in machining in Germany and I always wanted to be a machinist. I thought it was the coolest thing in the world, but I had my daughter, and we figured out a way for me to be able to come back to the United States. I got really cold feet and I couldn't bear the thought of giving my daughter to somebody else to take care of. So, my sister was already doing family child care here in Madison. She sort of helped me along the way. I did my classes via correspondence course through the UW. Then I came and did my midterms and did my final exams. And so when I came, I had all that done. My sister lived in a beautiful community with townhouses and it was perfect for child care and there was an opening. Without having seen it, I sent in an application and the first month's rent and it was accepted. So, I lived close by her and that's how I started it - just as a single mom with my child. I just flew by the seat of my pants, basically with a lot of support from my sister.

Silke O. : No, she stopped and then she went through something else and started again and then stopped and started again. She actually worked for Headstart for a while. She went on to get her four-year degree in Early Childhood Education. Now she works for Lutheran Social Services as the Intake Worker. With a four-year degree, it wasn't paying enough money to be able to stay in it and pay back for schooling. So she looked for other things.

Silke O. : I think benefits, health insurance was probably a number one factor too, for her.

Kate M.: I imagine you joke a little bit about how she got you into it now you're still here and she's doing something, but that's how it works. I think that's how a lot of people get pulled into it. They're mentored by somebody, and supported, but someone close to them. But that's quite a long time. I guess another thing that would be really helpful would be to help other people to understand what the work entails. How many hours do you work a week, per day? What are the weekends like? How have you made this your career and what have the challenges been?

Silke O. : Well, when I first started, I was a single mom with my own daughter. So I did work 24/7. I had children 24 hours a day, seven days a week in my house, but I was selective of which kids I had for the night and for weekends. It was for my daughter, a playmate basically. It wasn't a lot more work because I already had a child there and it let me use my household and all my expenses, and my time-space percentage 100% because I always use my home for child care. Then,

went down the line, I ended up getting married, had another baby moved out of the townhouse, right around the corner here to our own house, and I wanted more alone time with my family and not always having other people's children there. So, we cut back on the nights. Then we ended up, I think for like 10 years, actually had a child, a family come at 3:50 in the morning - I did child care until five and I cut it back a little bit more. Now our program is only open Monday through Friday, eight to four and the families make it work. We're only open for 40 hours a week, but that does not mean I only work 40 hours a week. Extras involved, like grocery shopping, cleaning with COVID there's a lot more work involving paperwork. I do that either during nap time or after hours on weekends too still.

I think a lot of providers with all of the rules that we have to follow and all the rules that our family has to follow, we've had a lot of providers that want to move the child care program out of their house, into like a house next door, like a duplex or something. Licensing put a stop to that and said the provider has to live in the home. So, that becomes more tricky than, you know, it's a burden on our families. Every outlet has to be covered. The toothpaste can't be left out in the shared bathrooms. There's so much more that our families have to think about all the time in order for us to be able to follow the rules and continue to be licensed.

Kate M.: You've got to have locks on all the doors and cabinets. You have to put sharp things up, like out of reach or in the special drawer.

Silke O. : Right, plastic bags and coins.

Kate M.: And you have to keep up on cleaning constantly because any little tiny piece can be a choking hazard.

Silke O. : Exactly. Most providers, traditionally family child care have the child care space within their own space. We are fortunate that most of it is on the lower level, but we have had children of all different ages. So we use bedrooms for children to nap in, or now for the virtual schooling, we are, the children use our personal space, my children's rooms.

Kate M.: Yeah, you don't get privacy. It's like every single room is like you said, your kid, your own children's rooms get used as a napping space? Or for virtual schooling. So really, even though half of your house is dedicated to child care, the other half is still very much shared.

Silke O. : When my kids were home in the summer, it was hard. I'm like, shh! you gotta be quiet in the kitchen. You gotta get your lunch before nap time starts!

Kate M.: Yeah, cause they come back from, well, back when they were going to school, they would, they come back from school and, and they make all this noise and then you have to tell them to be quiet and tiptoe around your own house and stuff. That's a little bit about the impact on your own family life. Are there other ways that this work has impacted your family?

Silke O. : Well I've always had, like everybody says, oh, you're home with your kids. My daycare children always come first, and even when I was a nursing mom - if I was nursing my own baby and there was another child that needed me, I had to latch off and help that child and then start again. You know, because it was my job and I had to, you know, help other people's children. I think like my boys both didn't seem too resentful. They were very independent, but both my girls were like, can you go get a real job? So we can go to somebody's daycare and we can be number one? Then, they were more, why are you doing this in our house? You know, they didn't cherish the fact that I was actually home with them the whole time as much as the boys did. They took it more personally, I think, more jealousy too, that the daycare children were getting all this attention. But they had the benefit of the backyard as the neighborhood park. Everybody says, can we come to your park? Can we come to your park? Because we've invested so much in making it the perfect play yard for the children. Good and bad for our own families.

Kate M.: It's kind of like they've been exposed and had sort of like, live in friends in some ways where they were playmates, but then they're not always first in line to get your attention, which is, which is fine. I've had my kids complain about that too. Just like what you just said, can't you just get a real job? Ouch. What do you say to them when they say that?

Silke O. : Well, I actually show my kids the numbers. They know how much money we've earned and I have made a career out of this, financially too. I have always made a good amount doing this. When I hear other providers that are struggling with how much they earn, I let them know, you need to take more paid vacation, add something every year, a little something so that you can spend time, just 100% for your family. Raise your rates a little bit every year. Our kids see that we've made a good living off of this business too. Which is not always the case for family child care.

Kate M.: So it's possible to make a living and make your career out of it, but you've gotta be real assertive with what you're doing in terms of defining your own space for your own vacation, taking care of yourself, right? Just to make sure you can keep on going, because it really takes a lot out of you. There was something I wanted

to ask, maybe one of the last questions before we take a little break is, what is one of the most special things about this work?

Silke O. : I guess I had a pretty tough childhood. My parents weren't as dedicated as they should have been. They made some bad choices and, for me, I think every child deserves a good start and a great carefree start in life. That's what I've always strived to do. I'm tough, I've got pretty strict rules, but I have so many hugs to give and we have such a wonderful environment where kids can just play and that's what they need. Especially now with COVID, this is a sanctuary for so many children. Everything here is pretty normal, except for more, more hand-washing and little things here and there, but just watching them smile and giggle and get all dirty. That's rewarding, to see that they can just be kids. We don't have a written lesson plan. We don't do a lot of assessments or anything like that. I do them in my head. I know what I need to add to my environment to help the children grow, but it's done so much behind the scenes. The kids don't see it.

Kate M.: Right. It's not like explicit, it's all in your head.

Silke O. : It's so rewarding for me and my kids got to experience that too, my own children, and they're all thriving. They're such happy, successful adults. I'm so proud of them.

Kate M.: Absolutely. You have done an amazing job, I think. Just having that driving motivation to give all children a really good childhood with the freedom to play and explore and have your home and you be a kind of sanctuary.

Silke O. : A lot of my colleagues are, have not been taking, low-income children with subsidy because of all the problems with the Wisconsin Shares program, the payments and stuff like that. I stuck with it and stuck with it. I always had at least 50% enrollment of low income families and my private paying families understand the importance of having such a diverse group of incomes, of cultures. I'm pretty proud of that, I would say that, we've made that work. It's not always been easy, but we've made it work.

Kate M.: That's a huge thing because I know it requires extra work from you in terms of paperwork and a lot of other things to be able to have children who have a subsidy from the state. So, it's wonderful that you can offer that. Well, I was hoping we can take just a really brief break and then, come back and ask just a few more questions and, continue.

*** part 2 ***

Silke O. : It was like 16 years ago, AFSCME, American Federation of State County Municipal Employees came to Wisconsin and they earned the right to form a union for family child care providers. They stopped by two or three times. One time actually the girl came in my backyard and I was offended that they just came into my backyard. So I said, I really don't do any visitors during child care hours - please leave me some literature. She actually left me some information about a meeting that WECA was doing where we could all go on our time, and I think we got even paid \$50 to come for a release time. I went to the meeting and Denise Dowl from the union spoke and it just made sense to me. I mean, growing up in Germany, you're unionized and every company, every type of work needs to have some kind of protection, or somebody speaking out for them. We have WECA here in Wisconsin, but they have not been able to get us all group health insurance under one umbrella or other shared services. How much they can politically advocate for us? It made sense to me. I ran and got elected to represent providers here in my area. I was on the board right from the beginning. Then once our contract was ratified, I actually got hired by AFSCME to work for them full-time to be a child care advocate. I was still keeping my program. My daughter actually ran my program for a while while I did that full time. I kept building the business, and so it was a little tricky, everything. But then Governor Walker came to town and Act 10 was enacted and it sort of sort of destroyed the union. We still have right now, I'm still on the board. We still have a union, but the membership is really down. Because right before Walker came, we had in the budget put in that we were employees of the State, and that wording was huge. I don't think they realized what they did when they signed off on that budget, but that's the first thing that Governor Walker struck out. So, it was gone because that would've been retirement and health insurance for us under the state because we serve. We serve the public and we felt we belong then, you know, those rights. We were so close to that dream being realized, and it was just ripped out from under us.

Kate M.: The wording was in the contract? That was right before Act 10 in like 2011, right? So the wording was in that contract. Can you explain a little bit, like why does health insurance and retirement and benefits mean so much to family child care?

Silke O. : Because a lot of us, if we don't have a husband that has health insurance from his job, we don't have health insurance. I mean, right now I'm paying for our family, a private policy and it's \$1,600 a month. Then our out of pocket expenses is on top of that. So, if my daughter goes to a doctor visit it's \$90 out of pocket - on top of the premium. So, it's not affordable. Even for retirement. I mean, because I'm self-employed, I have to pay in for social security. So I will receive social security later on, but it's the employer portion and the employees portion, I have to pay it

all myself. Roth IRAs and anything like that, and SEP IRAs, that's only if I have extra money leftover at the end, after paying the bills. It's a lot harder.

Kate M.: I mean if you're not earning that much, how on earth can you afford health insurance? So that's why a lot of providers don't even have it. I mean, who can afford to pay that out of pocket? That's crazy.

Silke O. : Well, and we're limited to how many slots. I mean, what other business are you limited as to how much business you could do? You have your car sales? You can sell a million cars. There's no, oh wait, you only get to sell 10 cars this month, and then you're done. You're limited to eight slots. Depending on if children are under two, we're limited, even more.

Kate M.: Can you explain that a little bit too? Explain the slots - can you have eight babies, for example?

Silke O. : No. So, the number is eight, if you have one child under two - two is the magical age, then you can still have seven over two. If you have two under two, you can only have five over two. If you have three under two, you can only have an additional two. If you have four children under the age of two, you don't get to have any other children, unless you have a teacher with you. If you're two teachers, you can have eight children any age, but I can't have any more than eight children. We actually, even now, during the COVID asked for an exception to add school-age siblings to our numbers, so that we can protect ourselves more with our bubbles. These children wouldn't be going somewhere else, bringing COVID home to them, the siblings, and then then bringing it, and we were denied that possibility. It's not permitted.

Kate M.: So there was a lot of things, and I think that a lot of people don't understand the formulas that family child care providers have to think about constantly. So, if you have an opening, like we're only allowed to take eight, which is a lot of children, but people like you, who've been doing it for many, many years. It's like, how to handle eight children? But I guess the children who are most expensive are the infants and toddlers, because you're limited. You can only, if you have four, was it four under two? You can only have four. So, how on earth do you make your living on four children? So, that's why people are desperate for infant toddler care. They can't find it.

Silke O. : If you look at the health insurance - so if I had four children, one child is just for my health insurance. That's it. All the other expenses that go, then you're down to three. So, the less children you have, the less profit you make, obviously. You need to clean every day, you know, for cleaning products and wipes and food and

educational materials and new playground equipment and a car and new transport, you know, that's even more expensive.

Kate M.: Say that last part again?

Silke O. : A lot of providers have done away with providing transportation because of the extra money that's needed for it.

Kate M.: Well, it's so complicated because every car has to have a car alarm, right?

Silke O. : I mean, if you have only have one row with three seats, you don't need one. But if you have a second row and who has three children only?

Kate M.: So you have to have that big, large car. So, you have to pay for the alarm system, which makes sense more for a center that has like a dozen or more children?

Silke O. : Well, one thing I wanted to say with the union, we finally had like, if any time there was a rule change, it was brought to our attention. We could send it out to all the providers in the state of Wisconsin, and we could say this and this rule it's supposed to be changed. This is how it would affect you. What do you think about it? Then we would bring that back to the state. One of them was a car alarm, and we said, a minivan having this car alarm, there's hardly any companies that want to install these devices because it's such a high risk. If it's not installed correctly - it's not really meant for family child care, but we weren't really successful in stopping them from implementing it.

Kate M.: So it went ahead, plus it's really expensive, right? It's \$300 or \$400 to install one of those. So not only do you have the expense of the big, large car and all the gas, and all the maintenance, but then you have the car alarm. And then you have the protocol, right? The protocols of getting the kids on and off, which is understandable because we always want to keep the children safe. But it's like, there's just layers of -

Silke O. : An alarm in the car will not stop that, there are other ways of protecting the children. It was, if a child fell asleep in the back of the school bus, I think was what happened. We understand that those children needed to be kept safe.

Kate M.: Are there other things with COVID that you would like to share, how it's impacted you and your family, how it's impacted, like you talked a little bit about asking for school-age siblings to be able to come to your program, just to keep the bubble smaller, if you can explain that?

Silke O. : The bubble was the magic word. I think for me initially when it first started, I immediately called all families. This is going on. You know, and so we had two, we have four families with a total of nine children. We initially just asked the families - we have two families that are nonessential workers and the moms both said, "No, I'm staying home. I'm keeping my kids home. Don't worry about us. We're good right now". Then we have two families where there are essential workers. Both families said, we need some kind of help, but we don't need the children coming every day. So, I have a full time teacher, actually that works with me. So, what we worked out, because both families are private paying. I went to one family's home three days a week and my teacher went to another family's home three days a week. So we kept the bubbles really small. She was just there. I was just at the other place, and both families promised that they would keep their bubbles really small. No one went to the grocery store - everybody ordered their foods. So, that's how we initially started it and kept things going. After the first week, I think we had like one week where we did major sanitizing here, every tiny little thing in the house was sanitized because we really didn't have enough information of how and what, and everything just clean, keep everything clean. So we did that with the private nanny care and it kept going and kept going. We kept checking in with the other families. I would record a lot of books and finger plays and send them out to all my families, so the kids could, you know, stay connected because they missed each other so much. Each family would do a little recording and we share that with other families and the kids would get so excited. Oh my God, my friend so and so is there. You know, to keep everyone connected. Then we decided June 1st to reopen and have all the children back in our program. Because that's when the other families were needing to go back to work too. We set up, we worked with WECA and WEESN and Tom Copeland and other providers, we all, you know, worked hard together to come up with a contract. One for my teacher - we did a memo to the teacher, our expectations, wearing gloves, wearing masks at all times and hand washing. We set up an outdoor kitchen, so all our care is provided outside right now. We have a full kitchen out there. All of the families had to sign a contract addendum stating that, they would follow certain criteria. No children were allowed to come with any symptoms whatsoever. We were very, very cautious, not even a runny nose. Even if it's from teething, we're not doctors, we can't tell. So, if any family member has any kind of symptoms the family stays away. Really, really strict rules for myself, my teacher, and for the families.

Kate M: A lot of extra work for you.

Silke O. : The amount of cleaning, sanitizing - we have hand sanitizer at the gate and at the front door. The kids have their soap, they're not allowed to use hand sanitizers, they have soap. So, anybody goes on like that, touches their nose - Oh, please go

wash your hands with soap. But we're doing good - it's a little scary still, but we're doing okay. We had one child that had a little bit of sniffles, but he stayed out for three days and, you know, returned after everything was good with him. We're just making it work, but the extra amount of, and we did it because the mask order got extended and we have two children - a kindergartener and a fifth grader doing virtual school here with us, we had to purchase more masks. Now we have three five-year-olds and a 10-year-old in the house, so they all have to wear masks. So, I just ran and got child-sized cloth masks because the disposable ones are just so horrible for the environment.

Kate M.: Have you gotten support with any of that, like support to pay for these? Like what kind of supports do you want to talk a little bit about the grants that, that have helped you or haven't or have they helped you enough?

Silke O. : Well, in June, the Department of Children' and Families were able to secure some funds through the Care Act and we get some grants. The first round was very generous and it really gave us a lot of relief. Then the second and third round, because they started running out of money for that, they had to cut drastically. But I still went ahead after the first round and paid my employee \$5 an hour hazard pay because she deserved it.

Kate M: On top of her regular pay?

Silke O. : On top of her regular pay. Then the cap came for the second and third round, so it went down to \$2.50 an hour, but I had already paid my staff. So, that came out of the rest of my grant money and out of my pockets. Now we got another round, but it's only 25% of what we were expecting, what we were initially told. It's going to be. I went ahead and gave my staff a raise of \$2 an hour, but I mean, it's well-deserved and you know, but it's coming again out of my profit now, and there were other small grants out there that we got.

Kate M.: The We're All In grant, right?

Silke O. : We're All In, and then the Care's grants through 4-C. Then, Satellite provided me because I have a lot of subsidy children with a small stabilization grant that I utilized.

Kate M.: So, Silke, when you think about all the time that you spent applying for those grants, how much time, and also do you feel like you're very skilled at the business aspect? Is that something that anyone could do to, to just go in and apply for all those? Because I think you've made about five different grants right now?

Silke O. : I also did the PPP, the paycheck protection program. That one, I wished I would have had more knowledge because I didn't apply for as much money as I could have. I didn't realize I count myself as an employee and my staff, one of the first ones that, you know, when we first started, there wasn't as much support. Now it's easier to do these applications because there is more support. WECA has done a lot of work, WEESN has done a lot of work and Satellite - of helping us through that, but it was scary and overwhelming in the beginning. Are we going to have to pay this back? You know, we didn't know how much. The EIDL grant, I actually then turned down because it was supposed to be \$10,000 grant. They cut it to \$1,000 and the rest was a loan. I have no clue how long this COVID is going to last, and if I'm going to be able to pay it back. So I didn't even take any money because I was worried about having to pay back and not having the money here.

Kate M.: I heard that from a lot of providers, like I've got this money, but now I'm scared to spend it. Then a lot of them just gave it back. Because what if you don't want to be stuck in that position not knowing if you're going to have a viable business and then having to pay back \$10,000. That's crazy and stressful.

Silke O. : Then WEESN and Satellite worked really hard. They got us like disposable masks, and then we did get a few cloth masks. There was a provider that sewed them and donated them. So, you know, that was really cool to have providers having each other's backs like that. But it's so sad. I mean, I belong to a support group, Sojourn, and it's a group of seasoned providers that really have so much knowledge, and it's so great for our community. I think half of them aren't open. They had to close because they're older and they're too concerned about the risks to their family. I personally might, my husband and my daughter moved away to our cabin, and that's where they live now, so that they're not exposed to this all the time. My husband is a smoker and a higher risk, and my daughter, I don't want her getting sick. I don't know how she's going to handle this. So I take more precautions when I go back and forth, you know, I do go visit them on weekends and I live here by myself now. So that's an extra burden.

Kate M.: That's really huge Silke. You're living separately from your own family to keep them safe.

Silke O. : Yeah, it's a sacrifice we have to make because these kids, the families need to go back to work. They need to be somewhere.

Kate M.: But that's a huge thing and I can't imagine what it's like for your own family to know they can only see you and just, I'm sure they must have some fears too,

about just maintaining their health and, and being exposed potentially. But it's kind of like you said, it's a risk in the support group you mentioned, Sojourn, and half of them trying to think if they can continue because they're in a higher risk category, because they're are certain ages and and why - I guess, is anyone offering them protection? Like you just kind of going back to protection that you were hoping to get with a union, but is that protection there in any degree do you feel for family child care providers?

Silke O. : No. I love the teachers that my children have had in the Headstart programs. When you think about that, they all still got paid and they closed their businesses, basically. I mean, teachers didn't go back. They're doing a lot of work now, virtually, you know, and it's hard. It's really hard on the teachers. But there was no question there. I mean, each community said we're opening schools, we're not opening schools. They had a union that protected them and said, no, teachers are not going back to school. We're going to do this virtually. I can't do my job virtually. I can't care for other people's children virtually. I felt like we were forced to go back to work or lose our income. We're have these children, these school agers in our program, and we're doing virtual school with them.

Kate M.: You're not only doing your regular job, you're doing it at this really elevated risk level. Plus, you're taking in school agers and helping them with their virtual schooling. So, you're doing more than the normal amount that you normally do. It's so profoundly baffling, I guess. Just the need for protection and where's our protector? We need health insurance, and a lot of these providers don't have health insurance. But like you said, there's not really a choice. If you want to earn an income, you have to go back to work. A lot of people are nervous about going back to work. Like you were saying in the support group, a lot of people are really worried about their spouses or their family members who might have compromised immune systems. So, it's really put family child care in this very precarious place. Well, I'm conscious of the time and I want to start wrapping it up a little bit, but this has been so enlightening and I think it's so important for people to understand just what family child care is, but also how COVID has impacted providers in just a small way with this really short conversation with you. I guess maybe one of the last questions I would like to ask before we finish, is just when you imagine a thriving family child care system in Wisconsin, what do you imagine that to be? What are the things that would go along with a thriving system?

Silke O. : I think feeling supported and having a voice and the rules and regulations that, we have to follow in saying why we can't do something, or how we could do it differently to still meet that rule. Then having a possibility of health insurance and retirement and having backup providers, having respite so that we can go to the

doctor's office with our own, for ourselves or our own children and not have to worry that our program, that parents are going to be upset that we're taking time off or they have to take time off. I think those are the main things that I think would be great. Shared resources would be another thing that I think is really important for providers - shared resources.

Kate M.: Then you're still part of the union. Do you see that as part of a thriving future for family child care?

Silke O. : I do, but unfortunately the way the union was hit hard, there's not as much support right now. I don't feel that they're able to do with the loss.

Kate M.: Yeah.

Silke O. : I don't know if we can get it back in Wisconsin.

Kate M.: I know we could talk for a really, really long time because you have so much to say and so much to share, and we really appreciate the time that you've taken today and all the incredible work that you do for providers. Every single family that you care for, and every single child is so fortunate to be in your care, to come to your sanctuary every day. Just thinking of all the families you've taken care of over this past 27 years, just imagine the impact that just you as a person has had on Wisconsin. We're so fortunate to have you, so thank you.

Silke O. : Thank you so much.

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