

Towards Infrastructures of Feminist Care: An Inside-Out Perspective on Danish Family Child Care.

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Author's Note

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Abstract

This article is the result of a multi-year comparative study of the early care and education systems in Denmark and Wisconsin. I argue that Denmark's family child care (*dagpleje*) system models a feminist ethics of care that takes collective responsibility for children through professionalizing the system. Employing autoethnography, an 'inside-out perspective' gives insight into intimate discussions of the challenges and benefits of the system with Danish family child care providers. Evidence of a feminist ethics of care includes weekly playgroups, called *legestue*, to answer whether a government institution can truly embody a feminist ethics of care, and how such care materially benefits the labor force involved and the publics they serve. By advancing attention to the Danish family child care context, this article is part of a larger goal to promote transnational knowledge exchanges between family child care systems across borders.

Keywords: family child care, *dagplejer*, feminist ethics of care, *legestue*, Danish early care and education

Introduction

Danish family child care (FCC) providers operate within a highly professionalized system of early care and education (ECE). Municipal administrators are responsible for enrolling children, overseeing professional development, and completing required paperwork so that providers can welcome children into their homes and focus attention on meeting the children's needs. Danish FCC providers also have the unique opportunity to collectively reflect, plan, and collaborate during the weekly playgroup, called *legestue*, in which everyone is responsible for one another in a model of community care. In contrast, as a former FCC provider in the U.S. state of Wisconsin, I experienced the precarity of running a small business: keeping track of expenses, maintaining files, and juggling various regulations along with wearing the many hats of social worker, second parent, ECE expert, Jill-of-all-Trades, and CEO (MacCrimmon, 2017). Consequently,

this system took a toll on my physical, emotional, and financial well-being because Wisconsin has no formally recognized organization or mechanism to empower, protect, or make FCC providers visible. Ultimately, the challenges inherent in relegating FCC to the private market compelled me to close my program. In Denmark, these administrative tasks are not as daunting because they are overseen by the municipal administrators who are available as needed to assist with any issues that arise, and the *legestue* provides a space to facilitate both the camaraderie and collective work of the *dagplejere*. As Katrina¹, one of the Danish FCC I observed, stated about her work, “The kommune [municipality] does all the paperwork and I get to just be with the children” (field notes, January 17, 2017). The material effects between a public good approach that models a feminist ethics of care (EoC) versus a market-based approach that turns everything FCC into an individual responsibility is the organizing argument of this article. To provide context for this study in which I explicate the merits of Denmark’s FCC system in contrast to the challenges of Wisconsin’s current system, I first give a brief overview of the theories that comprise and guide a feminist EoC and move on to briefly describe FCC in the U.S., Wisconsin, and Denmark, and their historical background.

A Feminist Ethics of Care

An Ethics of Care (EoC) emerged from Gilligan who objected to objective approaches to morality such as impartiality and detachment that leave out relationality, emotions, context, and subjectivity (1982). Also referred to as “care ethics,” an EoC is a framework that acknowledges that people have varying levels of needs, that the consequences of one’s actions on individuals must be considered to reduce any potential harm, and that each specific context and situation deserves careful evaluation to protect and promote the best interests of those involved. Nodding argued that caring must be located in human relations and grounded in concrete experiences (1984). More recently, scholars argue for the relocation of care from the private to the public sphere (Sevenhuijsen, 2003); and how care ethics must be employed to rethink democracy so that the economy works to provide care and not the other way around (Tronto, 2016). Kittay proposes reframing care with the concept of a *doulia*, derived from the Greek word for service, to bring an ethics of care to the public arena by linking those who need help to those who help rather than deficit framing of ‘needy’ families such as in the U.S. residual welfare model (1999). Robinson argues that dependency and vulnerability must be regarded as normal and human and that care discourses need to be centered as a public value (2011). Greenswag proposes that a feminist ethics of care should be paired with a human rights approach to develop ethically robust and holistic public policies (2019). Thus, a feminist EoC can be used as a tool for assessment in the world we live in today, as a lens to assess how power relations shape our relationships among institutions, workers, and people.

FCC in the U.S.

The overall ECE model in the U.S. relies upon a neoliberal business model of care—care as a commodity—rather than a public good or right. Neoliberalism is defined as “a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets and free trade” (Harvey, 2005, p. 2). This ideology is based upon a private approach; it embraces Quality Rating and Improvement Systems (QRIS) that nearly every state has adopted, which is a one-size-fits-all, top-down, competitive ranking system for professionalization; and excludes providers from decision-making processes. As caring professionals who must also operate a business and therefore pay for business insurance, equipment, and food, among other expenses, many FCC providers find it difficult to fairly charge when so

many parents, often from their own community, struggle to pay tuition which generally comprises 10% of a married couple's median income and 32% of a single parent's median income (Child Care Aware of America, 2023). This is partially out of guilt because they know tuition costs are hard on families, but also out of fear of losing business because a parent withdrawing directly impacts their income. As a result of charging extremely low tuition rates, FCC providers are in the bottom 3% of wage earners nationwide (CSCCE, 2024). Not surprisingly, the numbers of regulated FCC providers in the U.S. have been declining steadily over the past several decades: From 2005-2017, there was a 54% decline in the number of regulated FCC providers (Datta and Wong, 2020); and there was a further 12% decline since 2019 when data was collected in 2023 (Child Care Aware of America, 2023). In addition, research shows that the lack of ECE and escalating ECE costs are keeping women out of the workforce to care for their own children (Center for American Progress, 2018).

On a grand scale, this decline has dire consequences especially for low-income communities where FCC, what I call *grassroots FCC*, is embedded—meaning, that FCC is of and for the community, is culturally and linguistically relevant, is often the only choice for parents who work non-traditional hours, and serves more low income children and children with disabilities than any other setting (Henly and Adams, 2018). The data give a better picture of the scope of FCC in the U.S.: more than 7 million children between birth and 5 years of age receive care in home-based settings, which includes regulated FCC, licensed-exempt FCC, and family, friend, and neighbor (FFN) care (Home Grown, 2023). This same source states that 30% of infants and toddlers are cared for in home-based care as compared to just 12% in centers. Of the nearly 5.2 million providers who cared for children under age 13 in their homes in 2019, 91,200 were regulated FCC providers, 1.05 million were licensed-exempt, and 4.03 million were FFN (Datta et al., 2021). Therefore, more children, particularly low income infants and toddlers, are cared for in a home-based settings than any other setting, the majority in “family, friend, and neighbor (FNN)” care.

While there is common agreement among economists, ECE scholars, and ECE organizations that child care is emblematic of a “broken market,” the U.S. remains at a stalemate regarding true transformational change and public investment for ECE (Yellen, 2021; Wong, 2024; Becker, 2024). The U.S. ECE system has a long, history of sexist and racist assumptions about who should provide care for children (Lloyd, et al., 2021); and appears content to rely upon the continued exploitation of women's labor—a reality reflected in minimal ECE federal investment reserved only for the ‘neediest’ families, or a *residual welfare model* that characterizes the U.S.—and lacks the political will to establish 21st century ECE public policies on par with other developed countries.

Family Child Care (FCC) in Wisconsin

FCC along with ECE in Wisconsin is obliged to navigate within this neoliberal ideology. Besides having to operate as private businesses, its most obvious manifestation is the QRIS, called YoungStar, the state adopted in 2011. It emphasizes competition by ranking providers individually from one to five stars based on business practices, health and wellbeing, and education making its implementation a competitive, costly, and timeconsuming process. It designates unmovable, westernized definitions of quality as boxes to be checked off leading to what Milner (2013) calls “deprofessionalization.” Additionally, providers receive tiered reimbursement, so lower-ranked providers receive less compensation from the state, and more highly-ranked providers get significantly more, which sows division along gender, race, age, ability, and class lines.

The national decline of FCC is also mirrored in Wisconsin. FCC was considered “one of the fastest growing businesses in Wisconsin” with 8,300 regulated FCC providers in 2003 (Edie et al., 2003, p. 8). According to the Department of Children and Families (DCF), there were just 2,110 regulated FCC programs as of December 2024 (DCF Data Dashboard). Wisconsin FCC providers care for an average of five children, work 60 hours/week, and earn \$7.46/hour (PDG Survey, 2021). This same source states that FCC providers must often work a second job to get by, one in five are food insecure, many have precarious or no healthcare, and are disproportionately women of color—yet they demonstrate remarkable dedication with an average of 15 years in the field.

FCC providers’ voices and autonomy are excluded in decision-making that impacts their work. FCC is gig work because the state subcontracts out to ECE and FCC to provide care for low-income children. Therefore, FCC does not receive benefits such as health insurance or pensions that come with professionalized pathways such as for nurses or teachers (MacCrimmon, 2021). Consequently, this pathway has stark consequences for FCC’s opportunities, financial health, and overall well-being (MacCrimmon and Lakind, 2017). This system relies upon a transactional logic and has no mechanism for solidarity among communities and providers to change the ECE system from the ground up—but this began to change during the pandemic when Wisconsin Early Childhood Action Needed (WECAN), a provider-led grassroots ECE group formed in 2020. Never called essential but asked to remain open for ‘essential workers’ during the pandemic came at great cost to FCC (PDG Survey, 2021). Providers have organized innumerable actions to bring long overdue investment.

Family Child Care (FCC) in Denmark

Before proceeding, I acknowledge the vastly different histories, social/cultural values, and economic means that give rise to the underlying structures that cause such stark differences between the United States, the state of Wisconsin, and Denmark’s FCC system and approaches. What I propose in this article is to take inspiration from the Danish *legestue* and to theorize what might reasonably be put into practice in Wisconsin—as a public policy case example.

Denmark’s system is built upon what is known as “the Nordic Model”—the extensive and democratic political, economic, and social policies in Denmark, Sweden, Finland, Norway, and Iceland (collectively referred to as Norden) that took hold in the early twentieth century. The Nordic Model, undergirded by values of solidarity, equality, and democracy are central in cultivating peace—a dedication to the “good society” after years of warfare in neighboring countries (Hilson, 2008, p. 88). A balance between socialism and capitalism, referred to as the “middle way”, has produced strong economies, greater gender equity, and a high quality of life (Childs, 1936). With this foundation, Denmark’s ECE system is considered a frontrunner among all Nordic countries, particularly because of the decision to invest heavily in formal ECE infrastructure for children under three and universal access to ECE is guaranteed by national law (Larsen and de la Porte, 2022). It has the highest participation rates in children under 5 among all Nordic countries—68% for children under 3 and 98% for children 3-5 in 2020 (Nordic Council of Minister’s database and EU-SILC survey, 2021). After a one-year shared parental leave, it is also easy for parents to register and list their preferences for an FCC or center-based placement online in their neighborhood municipality. Parents pay no more than 25% of the cost of ECE, or nothing if they are income eligible. The development of the ECE system has benefited from widespread support across the political spectrum and broadbased coalitions since the 1970s.

Denmark treats FCC as a resource worth investing in by giving providers the needed financial, legal, and educational structures to do their work, generating pride, solidarity, and trust. Danish policymakers across the political spectrum agreed in 2018 to grant paraprofessional education—1 to 2 years of a full-time credit-based associate pedagogue degree to all public Danish FCC to ensure a consistent education while they receive their regular salary. Danish FCC have a union that ensures a 48 hour work week, a pension, six weeks of vacation, and a public and transparent wage scale, among other protections. Like all Danes, Danish FCC receive free healthcare and education. During the pandemic, Danish FCC closed for approximately three weeks and reopened with minimal disruption to their livelihoods. In 2023, there were 7,502 public FCC providers (Statistics Denmark). The Danish FCC system represents a community model of care that is collective, (re)distributive, and promotes unity and community via a democratic process that allows Danish FCC to prosper.

Relevant Background on Wisconsin

Wisconsin is a viable site to understand the national complexities of the care crisis. It has been a stronghold of liberal activism and progressivism since its inception as a state in 1848. When the Republican Party was founded in 1854 in Ripon, Wisconsin, it was deeply committed to abolition. Among many immigrant groups, waves of Scandinavian immigrants fleeing harsh circumstances in their home countries brought their community-minded ethos and established agricultural cooperatives. They were pro-labor and disproportionately supported the trade union movement. Robert La Follette, founder of the progressive movement, brought reforms such as Workers' Compensation and advocated for a “clean” government that kept corporate money out of politics. However, since Scott Walker became Governor of Wisconsin in 2011, Wisconsin has become the epicenter of a national ideological battle that includes attacks on democracy, education, and anti-labor laws (Sozan, 2023). At stake is the right to gender, race, class, and labor justice in the care crisis, and indeed, democracy. My experience as a former FCC provider, resident, parent, and now scholar in Wisconsin illustrates the U.S.’s care crisis, and the factors causing it.

Relevant Background on Denmark

According to Broström and Hansen (2010), the first public nurseries for young children opened in 1919 for Copenhagen’s working poor shortly after women got the right to vote in 1915. By the 1960s, children’s nurses became what is known today as pedagogues, and because of a dire workforce shortage, FCC was included in the public ECE offering in 1964 to attract more mothers into the labor force. Jensen, Broström, and Hansen (2010) assert that Denmark, like other industrialized countries, has been influenced by the global regime of accountability including the “Act on Educational Curricula” beginning in 2004 which mandated that all of ECE incorporate six dimensions: personal competences, social competences, language, body and movement, nature and natural phenomena, and cultural forms of expression and values. While there has been a continued intensification of childhood, the ECE system still guarantees all children a placement in a regulated setting with well-educated, monitored professionals.

There is a dearth of literature on FCC in the Danish context whether it is written in Danish or English, and no study, to my knowledge, foregrounds the voices of Danish providers. I understood from the existing literature that the Danish ECE system was exceptional for FCC, but it gave me little insight into day to day life for a Danish FCC provider. Therefore, I concentrated my graduate research on the publicly funded Danish ECE system that includes FCC to learn what factors might contribute to the improvement of the ECE

system in Wisconsin, and, by extension, in the United States. The bulk of my work was conducted abroad in one network of Danish FCC providers in a municipality near Copenhagen during the 2016/2017 academic year. Field observations of mainly two FCC providers, field notes from conversations with administrators and parents, and scholarship on the Danish ECE system inform the conclusions of this study. I draw from this set of data to outline the most effective practices, policies, and strategies in Denmark's unique *legestue* playgroup system to inspire reasonable and similar design approaches through the practice of playgroups to reimagine and improve FCC systems in Wisconsin (and elsewhere, as appropriate). In the playgroup model, mutual responsibility through a feminist EoC is key to achieving more equitable life opportunities for children, providers, and parents. Therefore, this article helps to validate Danish FCC on the work and progress they have achieved, and also as experts and innovators of their profession. It is part of a larger goal to promote transnational knowledge exchanges between FCC systems across borders.

In this article, I evaluate the data from my multi-year comparative study of the ECE systems in Denmark and Wisconsin to argue that Denmark's FCC system models a feminist EoC (Helweg-Larson, 2023; Hofstede, 2001; Wagner, 2006; Einarsdottir et al., 2015) that takes collective responsibility for raising children through professionalizing the system for FCC providers. I analyze my experiences with providers and their practices through a feminist EoC described above along with feminist theories.

To fill this gap in the literature, I ask: Can a government institution truly embody a feminist EoC, and if yes, how does such care materially benefit the labor force involved and the publics they serve? To answer this, I first outline what constitutes a feminist EoC, drawing from feminist scholarship on labor, racial justice, and care (England, 2005; Olufemi, 2020; Lorde, 1984; Kaba, 2021). In what follows, I share one example of a feminist EoC in the Danish FCC system—the weekly self-organized FCC playgroup, or *legestue*—that provides opportunities for peer mentorship and group learning. I argue that the Danish FCC system offers substantial evidence and opportunity to translate such a manifestation of a feminist EoC to other places to reimagine a more sustainable, and equitable FCC system in regions lacking a sustainable FCC system, such as Wisconsin. In the conclusion, I preview the legal and pragmatic concerns of just such an undertaking creating a blueprint of the policies, practices, and strategies necessary for an application of the *legestue* playgroups to Wisconsin or elsewhere, again if appropriate and desired.

Key terms

Here, I briefly explain pertinent terminology to facilitate a better comprehension of the Danish context.

In Denmark, the term *dagpleje* is the overarching term for “daycare”. *Dagplejer*, translated as “day carer,” is the equivalent of an FCC provider in the U.S. or a childminder in the U.K. The plural of *dagplejer* is *dagplejere*. *Dagplejerne* translates to “The FCC providers”. In Denmark, *dagplejere* are public employees and they care for no more than five children aged 10 months old to 2 years and 10 months old but often care for fewer depending on the municipality and the needs of the children. This takes place in private homes under the supervision of their local township.

Vuggestue, also referred to as a “creche,” is a center-based institution that accepts children of the same ages as *dagplejere*.

Pædagoger translates to “pedagogues” (singular is *pædagog*). They have a specialized three and a half year bachelor's degree and use a social pedagogical approach that is distinctly different from formal public school teachers. *Pædagoger* often work in a *bornehave*, which translates as “kindergarten”, and children begin at two years and 10 months old in Denmark. Since 2018, all public *dagplejere* are required to earn a paraprofessional degree (equivalent to the first two years of the *pædagog* degree) but historically were only required to take non-credit foundational courses. This term is common in the Danish context but is uncommon in the U.S.

The Nordic Model, used to describe public welfare policies throughout Scandinavia, was initiated in the early 20th century. Welfare benefits were intentionally extended to create economic, social, and gender democracy and led to enviable political and economic stability but does not replace or hinder participation in the market economy.

Method

I employ autoethnography as the primary methodological tool to center the voices and experiences of FCC providers in Denmark². The goal of this method is to connect and reflect upon the shared stories of FCC providers to highlight universal experiences – and also because it suits the aims of my research question. Disrupting traditional notions of who decides what is good care and how care is implemented is thus an act of knowledge justice – a demand to center the voices of Black, Indigenous, and People of Color (Leung, 2020). Leung’s argument applies in the Danish context because the voices of Danish FCC providers are not centered in public or scholarly discourses. This method is inherently feminist because it makes visible women and their domestic labor in FCC where historically they have been silenced or minimized. Therefore, by bringing providers' voices in from the margins, and inviting them into research, I honor “nothing about us without us” (Charlton, 1998). I use this approach with the belief in Olesen’s (2018) claim that feminist qualitative research can be a pathway to justice work, and Spry’s (2011) argument that depictions of life in other global contexts help us to rethink life in our home context.

Originally, autoethnography challenged more positivist and elitist ways of doing research by synthesizing autobiography and ethnography in a both/and approach to reach a more multi-dimensional truth (Ellis et al, 2011); and through this method, the demand to “do and write” makes autoethnography both a “process and product” (p.1). This is a deliberate move away from belief systems centered around a single universal truth. By situating myself as the object of research with Danish FCC providers I fully embrace personal values, subjectivity, and emotion making it well-suited for a study of FCC providers.

Autoethnographers use epiphanies, which are “made possible by, being part of a culture and/or by possessing a particular cultural identity” (Ellis et al, 2011, p. 4). Considering how others in the cultural group have similar epiphanies requires interviewing others in the group and studying important cultural artifacts. By writing about engaging, evocative, and dense personal experiences, patterns are discovered in field notes, conversations, and artifacts. Showing inner life via thoughts and feelings, an outsider can, in a sense, experience what the researcher has experienced. Hearing the voice of the other can unsettle the status quo as well as open a place of possibility and praxis. I myself experienced epiphanies throughout the study. For example, one of the first times I met the municipal FCC providers I studied, I was invited to join a professional development presentation where I felt unexpectedly at ease. The routine of eating together, the goodnatured camaraderie among FCC providers, and the engaging presenter who evoked

laughter and nods of agreement during her talk was all familiar. Although she spoke in Danish, even the topic was familiar because one of the *dagplejere* whispered the translation to me whenever there was a slight pause so I understood why providers were so amused. I was also taken aback by how I was cared for and included, not just in this instance, but in many instances throughout my study. But then it struck me, in an epiphany, that Danish providers demonstrated the same EoC for one another that I experienced back home with my FCC provider colleagues.

With my first-hand knowledge of the practices and values of FCC in Wisconsin, the work of Danish FCC providers was very similar to my experience at home. I understood, from nearly nine years as an FCC, what it was like to share my home and family with other families and children. As I observed the Danish *dagplejere*, I recognized similar experiences between us regarding parent interactions, daily routines, and marginalization within the ECE system. I felt completely relaxed in the Danish FCC setting even though the language and culture were different from my own. When I was shadowing providers, I stepped in immediately and assisted where I could, understanding many of the expectations based on some of the central tenets of FCC such as care work, emotional labor, and the blurred borders of the personal and professional. In other words, I was an outsider working from the inside. I came to theorize this unique research experience as an ‘inside-out perspective’ as my intimate knowledge of FCC work gave me the distinct advantage of gaining insider trust and thus I engaged in honest discussions with Danish FCC about the benefits and challenges from their perspectives.

A Feminist Approach

One of the most outstanding and effective characteristics of Danish *dagpleje* is the practice and embodiment of a feminist mindset. First, I consider the Danish system in light of the “personal is political” argument, long applicable to ECE and domestic work (Hanisch, 1970). Thus, caring for children is not the sole responsibility of parents, but also of society as a whole with supportive state systems. Having universal care systems like Denmark’s acknowledges that what some Americans would refer to as personal responsibilities are considered the responsibility of the state. The fact that Denmark provides universal care such as ECE makes care available to everyone regardless of income or background. As such, presenting one aspect of how FCC can be different, offers the opportunity to dream about what could be and to aim for what might seem impossible (Olufemi, 2020).

Furthermore, Paula England’s theories of care work inform my approach to the historical and gendered foundations upon which the FCC profession rests (2005). Denmark’s ECE example proves that care work can be professionalized paid work, unlike in the U.S. where there is strong resistance to pay for care or to professionalize the system for FCC providers so that they receive material benefits such as thriving wages, health insurance, and pensions like other professionals. Thus, Denmark as a whole embodies one of the foundational care work theories, “Love and Money” – a theory that rejects the dualistic and pernicious notion that only families and informal groups can offer authentic care while “markets are seen as antithetical to true care” (England, 2005, p. 1). By including *dagplejere* as public employees and therefore part of the public good, their work is viewed as legitimate labor by the state.

Lastly, Denmark shows greater promise and opportunity for all women, including women of color and low-income women, to succeed. Here, Denmark’s incorporation of a feminist philosophy parallels Black feminist theory, particularly Kimberlé Crenshaw’s theory (1989) and the philosophies of the Combahee River Collective who write: “If

Black women were free, it would mean that everyone else would have to be free since our freedom would necessitate the destruction of all the systems of oppression” (Combahee River Collective Statement 2015, p. 3). As much as Denmark grapples with racism today, the Nordic model certainly provides a foundation for some kinds of freedom for all people by providing free healthcare, education, and subsidized child care that allows even the most marginalized populations opportunities they would not be able to attain in the U.S. Despite the fact that systems of oppression, domination, and discrimination exist in Denmark, they are held more in check due to the Nordic model because this structure acts like a buffer (Lakey, 2017). I am also inspired by Lorde, who claims that the interdependency of women in their care for one another demonstrates a way of being and refuses to live by the rules of patriarchy (1984). Granted that not everyone is a feminist in Denmark, I found during my year of living among Danes and in conversations with women that pursuing a career is normalized and that women can choose to have a family and a career, not one or the other as is often the case in the United States, based on my experience in Wisconsin and elsewhere.

What such collective responsibility indicates is the acceptance of feminist principles and EoC embodied in the *dagpleje* network, thereby centering reciprocal relationships and care work. The cooperative and collaborative nature that is encouraged and permitted by Danish societal ethos is a generative cycle for the *dagplejere* who are always giving their emotional labor in the best interest of the child, but who then receive care back from their colleagues in their work together, and from the state in the formalized structure that “takes care” of them financially, legally, and educationally. In other words, it’s not a one-sided arrangement. The benefits of a feminist approach are multiple, the largest one being that children are getting consistent care from well-cared-for providers. This ensures workforce retention, which, research shows, increases the quality of care given to children (McMullen, 2018). Secondly, this approach affords providers increased autonomy, thereby promoting their confidence, career satisfaction, and sense of responsibility. Thirdly, their interconnected structure supports ongoing opportunities to learn from one another, provide mutual support, hold one another accountable, and as needed, help one another care for the children. Or, as one administrator said to me about the *legestue* arrangement, “the children become everybody’s children.”

Legestue Playgroup Organization - A Community Care Model

The weekly playgroups I discovered during my research, called *legestue*, are the most prominent manifestation of the feminist approach because of their organic practice as a collective. The municipality I worked with, like many municipalities throughout Denmark, offers weekly playgroups where clusters of five to seven *dagplejere* and all of their program children meet for the entire day in a space owned and maintained by the municipality. No driving or transport is involved for the *dagplejere*, always a major consideration for providers in Wisconsin because of the steep expense of cars, extra insurance, fuel costs, and other requirements such as costly alarm systems: they simply meet at the *legestue*, and parents drop off and pick up their children there too. To the average person, it looks like a center-based institution. These groups evolved over the many years since *dagplejere* first started, and have transformed into an ecosystem of care, so it is not just one individual provider responsible for two to five children but it is the entire group, making it a model of community care.

Another feature of the *legestue* is that every *dagplejer’s* voice counts, indicating a flattened hierarchy. When I observed the *legestue* during naptime, *dagplejerne* sat down together around a large table – oftentimes several of the *dagplejere* gently rolled an infant back and forth in a pram next to them to help a fussy child to sleep– to organize substitute

and vacation times, and for general discussions with the other *dagplejere* in the group – all without administrators. The *dagplejere* are careful to plan and to place children with other *dagplejere* they know the children connect well with to make it a smooth process for vacation or personal days. They also plan the *legestue* days using a remarkable process of consensus; for example, deciding which *dagplejer* would be responsible for cooking, food shopping, activity planning, the daily walk, and who would arrive early and late – since not all *dagplejere* are needed the entire day. Subsequently, the *legestue* day might feel somewhat easier for the *dagplejere* too, since they do their work together, and sometimes use that day for personal appointments. Katrina spoke to the flexibility when it came to the planning process, “I like to have a plan but I like being able to change it if needed” (field notes, April 6, 2017). Making decisions collectively and autonomously in the *legestue* group shows *dagplejere* that they are trusted and can be professionally accountable to operate the *legestue* days independently.

The community of practice I discovered at the *legestue* would not have been possible without a feminist approach embedded in the existing system and without the voices of *dagplejere* being trusted and included. Working together weekly and being dependent upon one another for substitute care creates a unique mini ecosystem of support within the larger ECE system. I observed the *dagplejere* turning to one another not just for general companionship and support, but as work colleagues who mentor and coach one another, sharing ideas, knowledge, and experience. As they work throughout the day with the children, they have informal conversations about their children and can bring up challenges and solicit guidance on the spot. As Katrina stated matter-of-factly, “If you need help you ask for help” (field notes, March 16, 2017). Some of the providers have decades of experience working as a *dagplejer* while others are newer, so the collective depth and breadth of experience in the *legestue* is extensive. The informal community of practice at the *legestue* I observed developed organically over the years and increased the quality of relationships among the providers, children, and administrators through weekly communication, which led to greater trust, and more collective and reflective practice within the group, and very importantly, less isolation. All of these interactions contribute to a close-knit community of practice and undoubtedly have a positive impact on the quality of care the children receive, as well as the professional growth of all the *dagplejere* at the *legestue*. Maria, another *dagplejer*, was unequivocal, “The ability to use your professional judgement in the moment to decide what each child needs is really critical” because she strongly believed that to practice what’s best for children in any given moment *dagplejerene* must have autonomy and trust at the *legestue* as well as at home (field notes, April 6, 2017).

Navigating time off is a universal challenge for FCC. When I woke up ill as an FCC provider, I dreaded calling parents to close the program knowing how disruptive it was to their schedules, and many times I would just work anyway. Over the long term, however, this wore me down, not being able to take the time I needed to care for myself and contributed to overall burnout for being individually responsible for the program at all times. To combat this issue in Denmark, each municipality has developed its own strategy for substitute care whether it is hiring *dagplejere* for a substitute pool or whether they utilize the *dagplejere* in the once-a-week *legestue* to provide substitute care for one another. Some municipalities have both a substitute pool and a *legestue* with the idea that the *legestue* builds more community for the *dagplejere* and their children. Whatever strategy each municipality chooses to address the complicated issue of substitute care, it has taken many years and lots of experimentation to evolve. The *legestue* in the municipality I observed is viewed as an asset by *dagplejere* and parents alike as a clever and ideal solution to give *dagplejere* the time off they need. It provides peace of mind for parents so they feel confident that they will have consistent care and someone they

know to step in when their regular *dagplejer* is ill. However, it is also highly beneficial for *dagplejere* because they can help their colleagues knowing it will be reciprocated when they are ill. In addition, they are compensated for caring for extra children with rules limiting the number of children they can take and how often. It is self-organized also because the *dagplejere* arrange among themselves who will take what child for a vacation because they know best which children get along with which other *dagplejere*. In this way, children also benefit because they know all the *dagplejere* and children in the *legestue* group. In a sense, it's like going to a friend's house for the day or for the period of vacation. For Lina, a *dagplejer* who had a new and highly sensitive child, she said, "I come to *legestue* on my own some Fridays with Bjorn so that he gets accustomed to the place better" illustrating the flexibility to meet each child's needs at the *legestue* (field notes, February 6, 2017). It is these relationships that are built and grown in the weekly *legestue* that extend the ecosystem, benefiting everyone within it.

Professional growth is sometimes challenging, but ultimately when a change is beneficial, it gains broad acceptance and trust through collective effort. Johanna and Charlotte, the administrators at the municipality, shared that when they tried the *legestue* for a half-day the results were immediately successful because it provided a concrete and mutually beneficial solution for the tough problem of substitute care, and it took the individual pressure off of *dagplejer* for being solely responsible for their children. Therefore, this change was a "win-win" because the *dagplejere* tried it and talked about it together, analyzed whether it was better before or currently, but ultimately decided to go for the full day as a group. It was a little challenging because although they were less isolated, they had to let go of their territorial feelings about their own program children with other *dagplejere* in the group. Charlotte said this transition took time for *dagplejere* to go through this process, but they could see that this was a shift toward professionalism - that it was mutually beneficial for them and the children in their collective care, an important signifier of professionalism because they could see the larger picture and not just care about what was best for themselves. The critical reflection and emotional work required in the development of the *legestue* is what Osgood argues is emotional professionalism and further, that it should be celebrated because it illustrates that "where space is made for life experience and wisdom to play out . . . then opportunities for deeper-level appreciation for the work (i.e. professionalism) become available" (Osgood, 2010, p. 130). In discussions about how to define professionalism in order to improve conditions for the ECE workforce, international scholars propose the continued construction of individual and collective professional identities rooted in local and diverse contexts but to simultaneously build a transnational and collective voice (Arndt et al, 2018). The *legestue* therefore represents a triumph in that it evolved within and remains grounded in the local community resisting the global march towards standardization.

After many years of having the once-a-week *legestue*, the providers readily accept the *legestue* as part of their professional structure. The more they support their colleagues, the smoother and easier it is for their own program children to go to their colleagues for substitute care. Parents benefit too because they do not miss out on work when their *dagplejer* is ill, and the *dagplejere* can take the rest that they need to fully recover. Working collectively sharing knowledge, wisdom, experienced advice, and expertise developed over years of caring for children has improved *dagplejer* professionalism and there is no sign of wanting to change this established practice.

Quality Over Quantity: Process Versus Product

A feminist EoC is evident in the pedagogical and philosophical approach that the two *dagplejere* I observed promoted in their professional work with one another and with

their children. This data came from my field note observations of these providers and their group activities, conversations with administrators, parents, and union representatives, as well as my observations of daily life during the 2016/2017 academic year in a municipality near Copenhagen. While Danish *dagplejere* certainly kept a schedule, they had fewer children than Wisconsin FCC providers who sometimes must care for the legally allowed eight children (versus a maximum of five in Denmark) in order to meet basic financial needs and as such could allow a child the time it took to learn on their own. For example, one of the *dagplejere* I observed, Katrina, allowed her two 1-year-olds to crawl backward down multiple sets of stairs, safely with her in front, so that they could build coordination and gain confidence in their skills. She also spent a significant amount of time teaching children to dress themselves in winter coats, boots, and hats by pointing out the next steps and helping just enough, talking and encouraging, so that the children understood that they were expected to do things independently. She rarely intervened. Once they arrived at their stroller - the iconic and standard Danish wagon/stroller furnished by the municipality that could be a pram or folded down into a stroller - she would always have each child try to climb in first as best they could before helping them. She elaborated on her philosophical approach when I asked her if she did a lot of parent education. She replied firmly, “No, I don’t teach, I care” (field notes, December 8, 2016). When I asked her to clarify, thinking she had misunderstood me, and also mentioning that many people in the U.S. and elsewhere think of care and education as separate, she was adamant, “Education is everything. It is getting dressed, eating, the wind on your face when you take a walk outside, and looking around at everything. It is everything I do with children”. These small examples demonstrate a “slow pedagogy” based on everyday practices aimed at the quality of the process as one of the elements that inform the curriculum.

Gerda, the other *dagplejer* I observed, shared a perfect example of how the process was valued and supported over adhering to a set rule in *dagpleje*. As we walked together one day with her three children in the pram, she told me about a mental health crisis she had after her father died. She said she couldn’t stop crying and realized that it wasn’t good for the children to see her distraught, but she just couldn’t help herself. She told the director and the director told her to take time off immediately to care for herself. It was two or three months before she was able to recover, but the director insisted that she care for herself before coming back to work. Remarkably, Gerda was able to take the time she needed to fully recover while receiving full pay and in return, she is dedicated to her work, her director, her colleagues, and herself. She said that now she can help others who find themselves in a state of poor mental health, so it makes her feel good to be able to give back. This situation is unimaginable in the United States, in general, or in the State of Wisconsin since no public FCC child care exists (MacCrimmon, 2022; Lent, 2016). The commitment to a good process in both children and *dagplejere* is evidence of a value system dedicated to supporting both the workforce and children, taking the time and expense, it takes to have a quality experience that is truly caring.

Conclusion Learning to Care from the Start: Community of Care Model

Based on my data and secondary research, Denmark is emblematic when it comes to modeling a feminist EoC. Professionalizing the system through multiple strategies including the *legestue* playgroups presents a model of community care that if children learn early, creates more caring citizens. Care begets care so to speak. When care is collective, it becomes (re)distributive, promotes unity and community, and instills the desire to help others and to give back.

Five other features that model a feminist EoC described in more detail in my forthcoming monograph include:

1. Unions: When it comes to the power of a union, Danish FCC providers are world leaders. For example, 90% of all public Danish FCC providers participate in the union according to union representative, Birgit Stechman (personal communication, June 21, 2017). Additionally, the union has been in effect since 1966 or nearly 60 years.
2. Collaborations: There are movements toward merging efforts via a shared director for *børnehave* and *dagplejere* in some municipalities in addition to sharing professional development among Danish FCC and pedagogues to build unity and efficiencies.
3. Technological innovations: In one network municipality I observed, a program was developed to give each *dagplejer* an iPad, and also one iPad for each program for the children to use collectively. The children can take pictures of whatever they want, and then they learn how to make digital books with apps by themselves. The administrators review and recommend various apps for the *dagplejer* to use and give courses on how to use the apps.
4. Child development goal setting: In the same programs as above, the *dagplejer's* iPad was used with an app to set developmental goals allowing the *dagplejer* to record the steps toward these goals for parents to see. It gives parents responsibility for checking regularly, so that they, the *dagplejere*, and the administrators all partner to be on the same page in reaching the mutually agreed to goals. Although it began as a technology tool for enrichment, it has facilitated dialogue and collective responsibility for the children from administrators, *dagplejer*, and parents.
5. Shared resources: In one municipality I observed, an administrator brought out a brand new electric cargo bicycle for the *dagplejer* to borrow so that he could take his five children out for a ride. It was equipped with a cover, buckles, and helmets for each child.

These additional examples of a feminist EoC prove that a government can indeed provide care for its public. Once a far reaching and powerful monarchy, Denmark lost much of its territory, including Norway after 400 years of rule, as well as the Holstein and Schleswig regions in Jutland to Prussia (now Germany) in two civil wars in the 19th century. Not long after, Denmark made the peaceful transition to democracy. These painful losses are still evident when Danes talk about their “little land”, which is the smallest in terms of geographic area, of all the Nordic countries. These conditions may have led Danes to band together and to center care for the nation in public policy, as Robinson defines it, acknowledging that care is an ordinary need (2011). In this way, there is a reciprocity of care—the economy in Denmark provides care, and in turn, Danes care about their country making it what Tronto calls a caring democracy (2016).

How to Implement Weekly Legestue Playgroups in Wisconsin

While Denmark and Wisconsin represent two very different ECE systems, it does not preclude the possibility of implementing *legestue* playgroups to reimagine and improve FCC systems outside of Denmark. However, fidelity to such an innovative practice must be ensured to demonstrate that better care through a feminist EoC can truly begin to build a collective vision of care that nurtures mutual responsibility. In what follows, I outline the most effective practices, policies, and strategies for a Danish inspired *legestue* playgroup in Wisconsin.

To promote the *legestue* playgroup as a mutually beneficial endeavor involves building interest and investment among FCC providers, parents, business leaders, and municipal, county, and state leaders to gauge the interest of those motivated and willing to work together. For simplicity, a pilot project needs just one municipality with equal representation from FCC providers and other stakeholders interested in contributing to the success of the pilot. This project would benefit from setting agreements and expectations on meeting facilitation and decision making processes, and the length of time to plan for and pilot the project. Thereafter, the group can collectively plan pragmatic and legal strategies to implement this model and put it into practice. Based on my Danish research, I argue that by securing the commitment of a diverse set of stakeholders and taking steps to minimize any power imbalances through a strong representation of FCC providers, the greater the success of the project.

The pragmatic concerns include a physical space to host the *legestue* playgroup. A centrally located city-owned building or potentially a religious organization in the same municipality as the FCC providers are strong possibilities. Once a space is selected and cleared for use by the pilot project, the group can collectively decide upon the maximum number of participating FCC providers and children, the hours of operation for the *legestue* playgroup day, how many days per week the space would host a *legestue* playgroup, the point of contact for questions or concerns, and a process in place to decide how to meet state licensing requirements, and fundraising needs to outfit the center. While acquiring a physical space might seem daunting, I argue that, like Denmark, once the group understands the *legestue* playgroup as a solution for substitute care and one that also benefits FCC providers who get to organize the day with the support of their community, a core network of advocates is likely to turn up unexpected and affordable if not free resources within public or community spaces to make this pilot a reality.

Legal requirements are essential to protecting all involved. This includes insurance to cover the playgroup and a legal way for providers to care for one another's children during the *legestue* playgroup day. Insurance, although potentially complex, can be worked out as a group and/or through rider policies for each individual provider. To be able to care for one another's children, participating FCC providers might have near identical policy handbooks and contracts ideally with the expertise of a human resources expert and attorney, perhaps as partial incentive to participate in the pilot, and to have all participating parents sign a contract with each provider. In this way, the providers would become "interchangeable", similar to Denmark, and so be able to divide up the work of the day as needed. For example, any of the participating FCC providers should be allowed to take children for a walk while others remained behind - a common practice in Denmark with mixed ages of children where the infants might be taking a nap while the older children go out for a walk. It also means that any provider can, in theory, not be present on the *legestue* playgroup day giving the possibility for a provider to go to a personal appointment for some or part of the day if providers are within the legally required ratios. Based on my research, I argue that trusting FCC providers to collectively organize their day together, and giving both parents and providers options for substitute care will motivate the group to find the best legal solutions for everyone involved.

Once physical and legal requirements are established, the playgroup could commence with regular check-in meetings for providers, parents, and other stakeholders to facilitate and address communication, problems and successes. The driving motivation to create *legestue* playgroups was originally to keep parents from having to miss work. Wisconsin FCC providers could do the same, arranging to have other providers take their children on vacation or personal appointment days, or have someone to call in case they were ill. Additionally, providers can plan their playgroup days together, deciding who will shop,

cook, and plan the activities of the day. I argue that once the physical and legal requirements are established, the creativity and needs of the FCC providers and their families will shape the activities they plan which might include such things such as afterwork parent cafes, peer mentorship, group professional development opportunities, and/or equipment exchanges to name a few. Once FCC providers are given autonomy and trust to do their work as professionals, I argue based on the findings of my study of Danish FCC providers that they will develop the innovations they need.

Ultimately, Danes take pride in their ECE system because both the nation and individuals take responsibility for the children. A feminist approach promotes a collective, community of care model that prioritizes a process over product mentality with children and one another. This approach is poignantly illustrated in the weekly *legestue* playgroups that not only offer providers the authority to self-organize, and prevents parents from missing work, but demonstrates the power and potential of infusing a feminist EoC into a practice, policy, and strategy to introduce and model a more collective approach to FCC.

In this article, I seek to provide a vision to modernize and reimagine the FCC system based on my findings of Danish FCC providers and to influence how we might begin to think differently about FCC, how we view ECE, and to shift our thinking to focus on systems of mutual care. My aim is to infuse a singular element of a feminist EoC via *legestue* playgroups in Wisconsin. However, while I have presented the possibility of translating such a distinct innovation to the State of Wisconsin where I live and work, might it be thought of as a first step for a new vision of collective FCC care for the U.S.? What might this playgroup look like in rural, suburban, or urban areas? Thinking more broadly, might we promote the idea of exchanging knowledge directly between FCC providers in Denmark and Wisconsin? By introducing the *legestue* playgroup idea, I seek to provoke questions and further conversations among FCC providers, parents, and advocates who desire to create a more robust community of care, to provide the most sustainable and equitable care we can for all children, for those who care for them, and our families.

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¹ All names mentioned in this article have been changed to ensure anonymity.

² Whenever possible, I share direct quotes from Danish FCC providers. In other areas, I summarized stories because my level of Danish was not sufficient to understand more complex Danish conversations among providers or others, so sometimes I would need to confirm what the story was about later from one of the dagplejer who was kind enough to explain it in English for me.