Supporting Young Children of Migrant Workers

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Since the 1900s, migrant workers have been an integral part of Wisconsin's agricultural work force…

The number of migrants employed in Wisconsin agriculture increased from an annual average of 8,000 in the late 1940s to a peak of about 15,000 around 1955. After that, a slow decline in numbers continued to about 1990, when it leveled off at about 6,000 per year.

Figure 1: Estimates of Migrant Farmworker Population in Wisconsin: 1945-2001
Today, more than 90 percent of Wisconsin migrants are of Spanish-speaking origin, primarily from the Rio Grande Valley in south Texas.

Three out of five families have children under 18 traveling with them, and have, on average, 2.61 children under 18 years old per family.

From the 1950s through the 1970s, Wisconsin passed a number of increasingly stringent protective laws requiring registration, inspection and certification of migrant camps. A 1977 law (Chapter 17, Sections 103.90-103.97) regulates housing, job contracts, guaranteed minimum wages and transportation. It is enforced by the Department of Workforce Development, Migrant Labor Services.
The 1977 law also created the Governor's Migrant Labor Council to oversee the general compliance with the law and be a sounding board for concerns by grower/food processors; migrant organizations and representatives, and migrant workers themselves.

Three Strategies to Support Children of Migrant Farmworkers in Wisconsin

1. Medicaid for Migrant Workers

2. Child Care and Funding

3. Developing a Collaborative Partnership

Participation of eligible farmworkers continues to be impeded by the structure of the system, by eligibility requirements and by benefits which are not portable from state to state (Losing Ground, 1995).
In May of 1997, the WI Legislature passed a bill creating a model program for migrant farm workers, by accepting out-of-state Medicaid cards for this population as a result of the study. The State Legislature’s rationale was “Although many farm workers and their families are eligible for Medicaid, time-consuming procedures, lack of reciprocity among states and other barriers prevent enrollment.”

Medicaid Portability

• The family must have been actively enrolled in Medicaid in another State
• The family must qualify within Wisconsin income guidelines
• The family must have the same number of people in their home as when found eligible in the other state

Waushara County
• The highest migrant population in the State
• Followed Migrant priority service and saw them as quickly as possible
• Have committed 2 workers to work with this population due to language and the understanding of some migrant policies
• Respond to calls from other counties (viewed as the experts), asking questions and sometimes even to help with interpreting (but only on an emergency situation where the other county was unable to provide an interpreter for whatever reason).
Three Strategies to Support Children of Migrant Farmworkers in Wisconsin

2. Child Care and Funding

The Migrant Child Care Contract

The State of Wisconsin through the Lead Agency, Department of Workforce Development (DWD), Child Care Section (CCS) exercises overall administration and supervision of the WI Shares Child Care Subsidy Program (WI Shares).

The Migrant Child Care Contract

DWD contracts with United Migrant Opportunities Services (UMOS) to administer WI Shares for migrant and seasonal workers in over 29 counties and to provide child care services or to contract with other child care providers. Also, UMOS refers migrant parents to W-2 agencies to apply for WI Shares funding. UMOS does not have the statutory authority to do certification.
Child Care and Funding

The goals of the Migrant Child Care contract are to:

• Provide quality child care by developing a comprehensive, bilingual/bicultural childhood program that includes transportation, health care, and nutrition and age appropriate child development activities.
• Monitor and offer technical assistance to child care centers and licensed and certified providers on issues relating to child development, health and safety, and cultural sensitivity.
• Provide a positive learning environment that is sensitive to the cultural and other unique needs of migrant children, including bilingual considerations.
• Provide integrated educational opportunities in the core academic areas using a thematic approach, which is supported by hands-on activities that promote critical thinking for the 6-12 year olds program.
• Provide classroom conflict resolution curriculum that trains youth in effective communication skills and problem solving strategies.

The Migrant Child Care Contract

In 2006, care was provided by 24 providers at 31 separate sites during a 13-week period with 642 slots created.

Approximately 35 percent of the children receiving Migrant Child Care services also receive Migrant Head Start and the services that accompany Head Start funding. Because UMOS provides both Migrant Head Start and Migrant Child Care, there are built-in opportunities for cooperative planning as well as prevention of service duplication. Each individual CY contract for 2006 and 2007 totaled $548,633.

For 2008 and 2009, the Governor has proposed annual contract amounts of $549,000.

Three Strategies to Support Children of Migrant Farmworkers in Wisconsin

3. Developing a Collaborative Partnership
Wisconsin Early Childhood Collaborating Partners

*State Network
*State Action Team
*Regional Network
*Regional Action Team

Current State Action Team

- Child Health Alliance of Wisconsin
- Child Care Resource and Referral Network
- Children's Service Society
- Community Action Program
- Great Lakes Inter-Tribal Council
- Parents Plus of Wisconsin
- The Registry
- WI Child Care Improvement Project
- WI Council on Children and Families
- WI Early Childhood Association
- WI Education Association Council
- WI Head Start Association
- WI Infant and Early Childhood Mental Health Association

State Action Team – State Agencies

Children’s Trust Fund Health & Family Services:
- IDEA Part C
- Child Care Licensing
- Early Childhood Comprehensive Systems
- Maternal Child Health, and Public Health
- Children with Special Health Care Needs

Public Instruction:
- Prekindergarten
- IDEA Part B

Workforce Development:
- Child Care Section
- Child Care Information Center
- Wisconsin State Collaboration Office

UW-Extension-Family Living Agents
Waisman Center
What We Have Been Doing

- State and Regional Action Planning
- Networking and Information Gathering
- Building Consensus
- Creating an Infrastructure
- Leadership Development
- Community Development
- Service Delivery and Finance Models
- Professional Development
- Collaborative Implementation

UMOS will be the voice for migrant children as we develop recommendations on policy changes, improve our data collection and sharing strategies and strengthen the services impacting all families of young children, including migrant families.

Questions should be addressed to:

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