

Community Needs and Assets Related to Head Start Services in Racine County

August 2010



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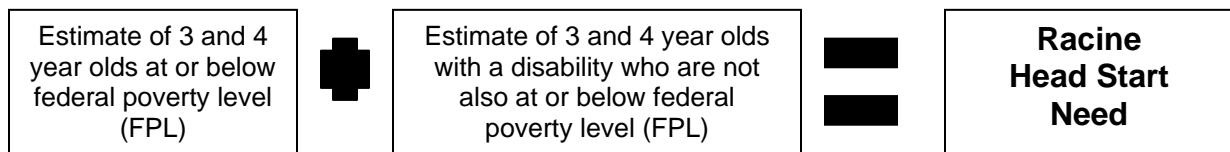
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Community Needs and Assets Related to Head Start Services in Racine County

The Need

All Head Start programs serve low-income children and children with disabilities. In addition, up to 10% of participants can be children who are neither low-income or disabled, making it difficult to determine an exact number of children in Racine County who would be eligible for Head Start services, but the formula is as follows:



Each year approximately 2,650 children are born in Racine County and of these, 1,700 are born in the City of Racine (WiDHS 2010). In Wisconsin, rates of disability for children differ by poverty level, with a 17.7% disability rate for children at or below the federal poverty level (FPL) and a 14.8% rate for children above FPL (WiDHS 2008). Table 1 below applies poverty rate estimates to the birth rate, and further applies the disability rate to the current population of 3- and 4-year olds in the city and the county.

Table 1: Racine demographic information for children 3 and 4 years of age

	# children 3 & 4 yrs old*	% under 5 at or below FPL**	# 3 & 4 yr olds at or below FPL	# 3 & 4 yr olds above FPL	% that will have a disability***	
					0-99% of FPL	100%+ of FPL
					17.70%	14.80%
COUNTY	5,300	15.62%	828	4,472	147	662
CITY	3,400	23.98%	815	2,585	144	383

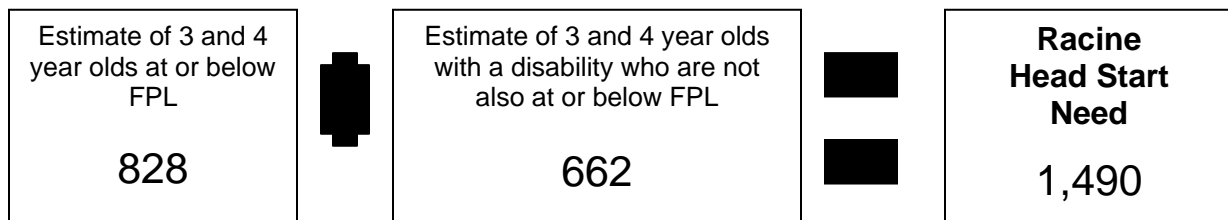
* From WISH database August 2010 – Racine birth rates query

** From US Census ACS 2006-2008

*** According to State of Wisconsin DHS 2008 Annual Maternal and Child Health Report

It should be noted that for the data in Table 1, the City of Racine numbers are a subset of the Racine County numbers. Looking at the data, it can be calculated that approximately 809 children ages three and four in Racine County have special needs, and of these, 527 reside in the City of Racine.

The overall Racine Head Start need is calculated in the figure below.



Demographic Trends

The number of children under age five living in Racine County has decreased from 13,635 in 1990 to 13,013 in 2006-2008 (US Census). County planners estimate slight population growth for Racine County, however a large amount of that growth is projected to be in the population of residents age 65 or older (RCDPD 2009). The population of the City of Racine has been dropping since 1990 and this drop is expected to continue over the next several decades. Therefore, it can be anticipated that the number of children under age five living in Racine County will remain steady or drop slightly over the next three years.

Half (50%) of the children under age five in Racine County reside in the City of Racine. Other municipalities with large numbers of youth under age five include Caledonia and Mount Pleasant, as seen in Table 2 below.

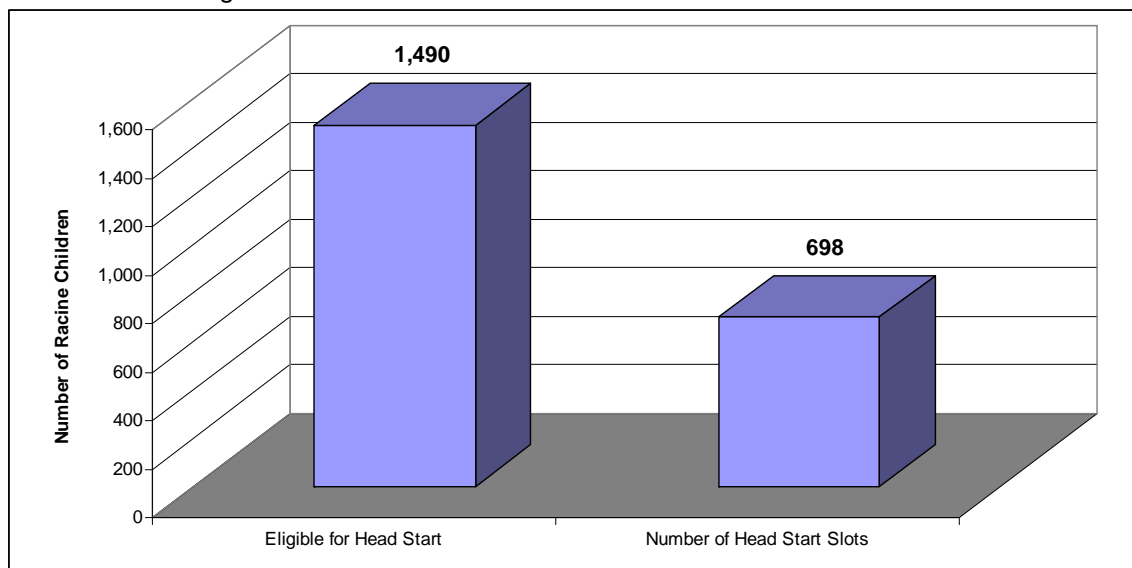
Table 2: Population Under 5 Years by Age and Location

	Racine County, Wisconsin	Village of Caledonia	Village of Mount Pleasant	City of Racine	Racine County East	Other Racine County
Under 3	6,834	693	750	3,422	4,865	1,969
3 and 4 years	6,179	745	704	2,891	4,340	1,839
TOTAL	13,013	1,438	1,454	6,313	9,205	3,808

(US Census ACS 2006-2008)

The estimated number of Racine County children eligible for Head Start is greater than the number of Head Start slots available as shown below.

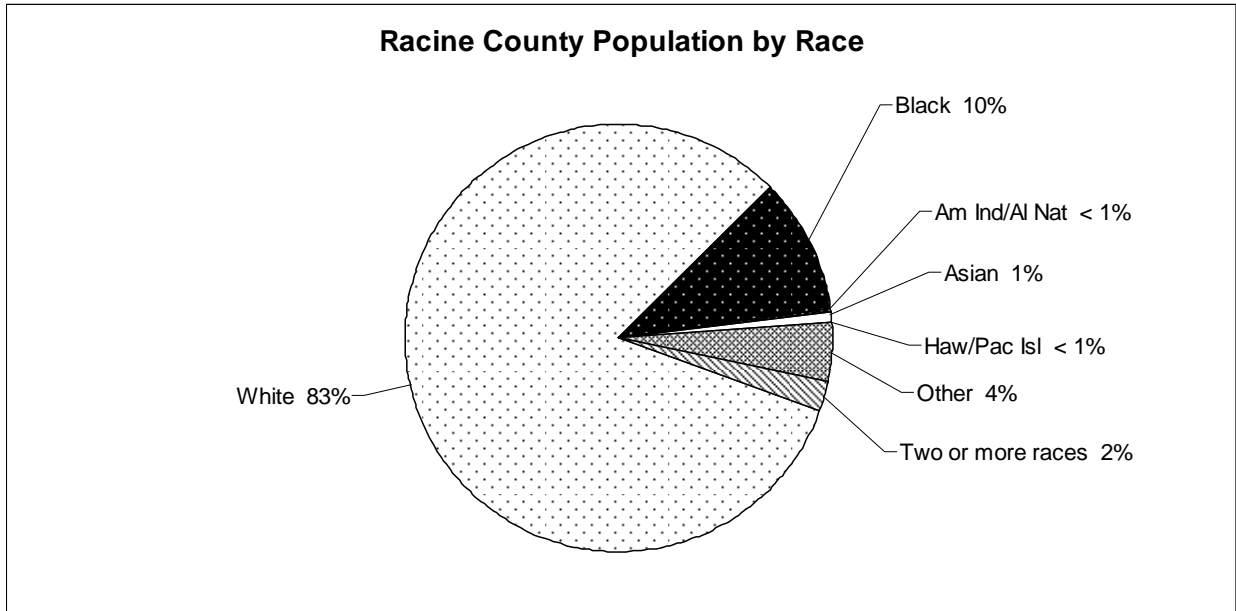
Racine children eligible for Head Start v number of Head Start slots available in Racine



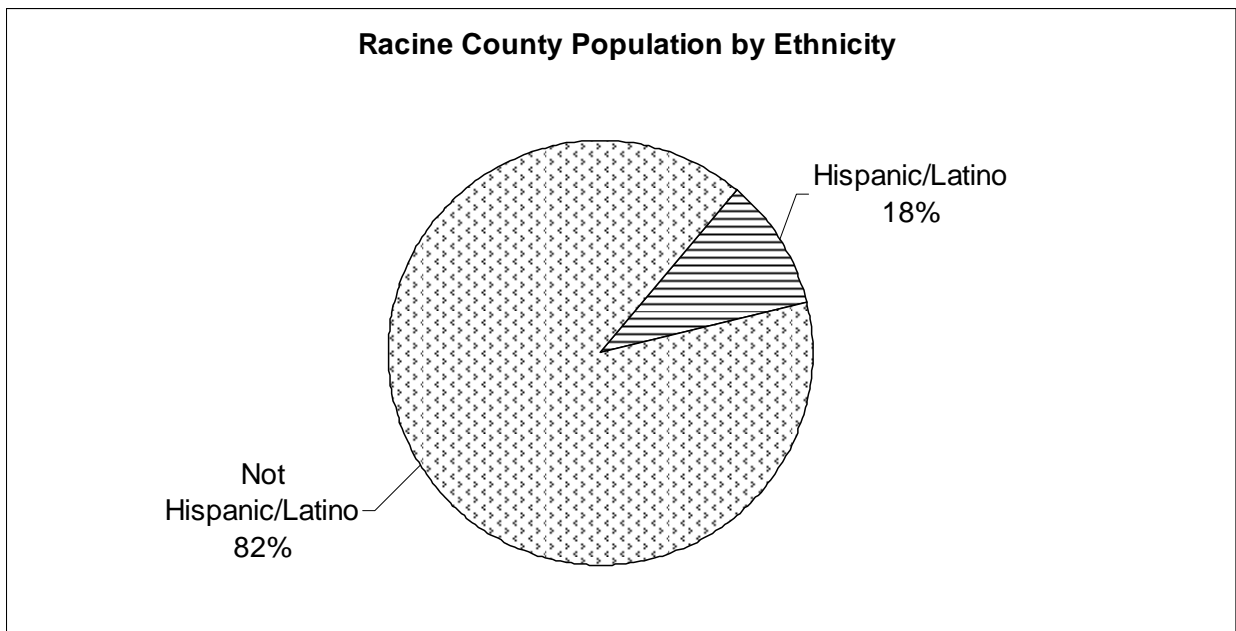
As a result of this shortfall in Head Start slots, it is not surprising that the R/K CAA program regularly has a waiting list.

Racine County Demographics

Children in Racine County represent a wide diversity of races and ethnicities.



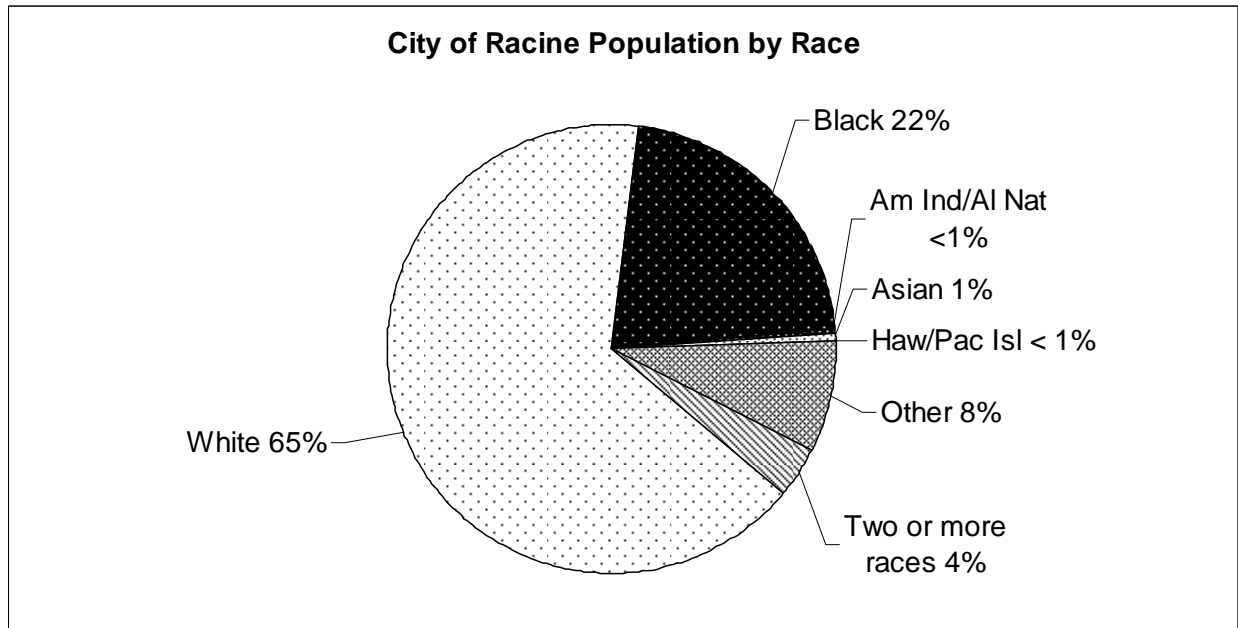
(US Census ACS 2006-2008)



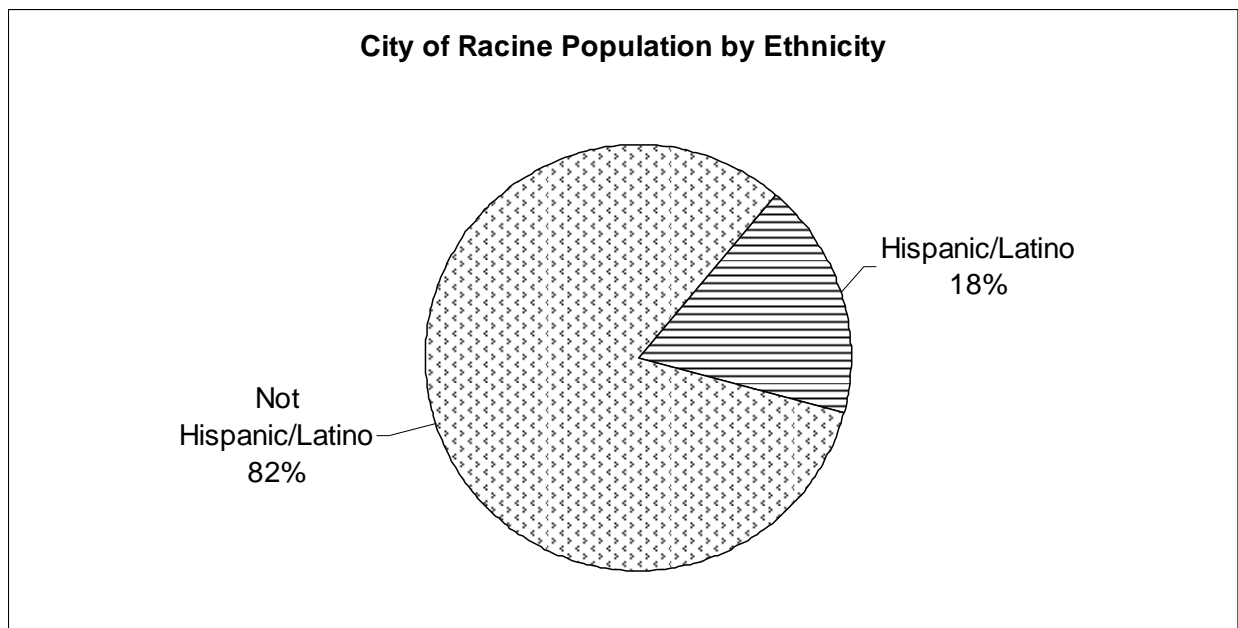
(US Census ACS 2006-2008)

City of Racine Demographics

The majority of children of color in Racine County reside in the City of Racine.



(US Census ACS 2006-2008)

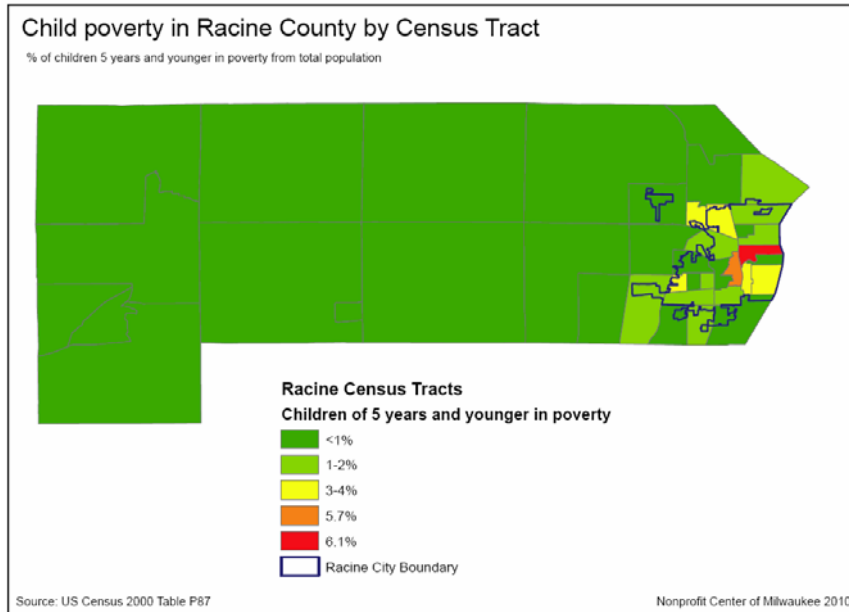


(US Census ACS 2006-2008)

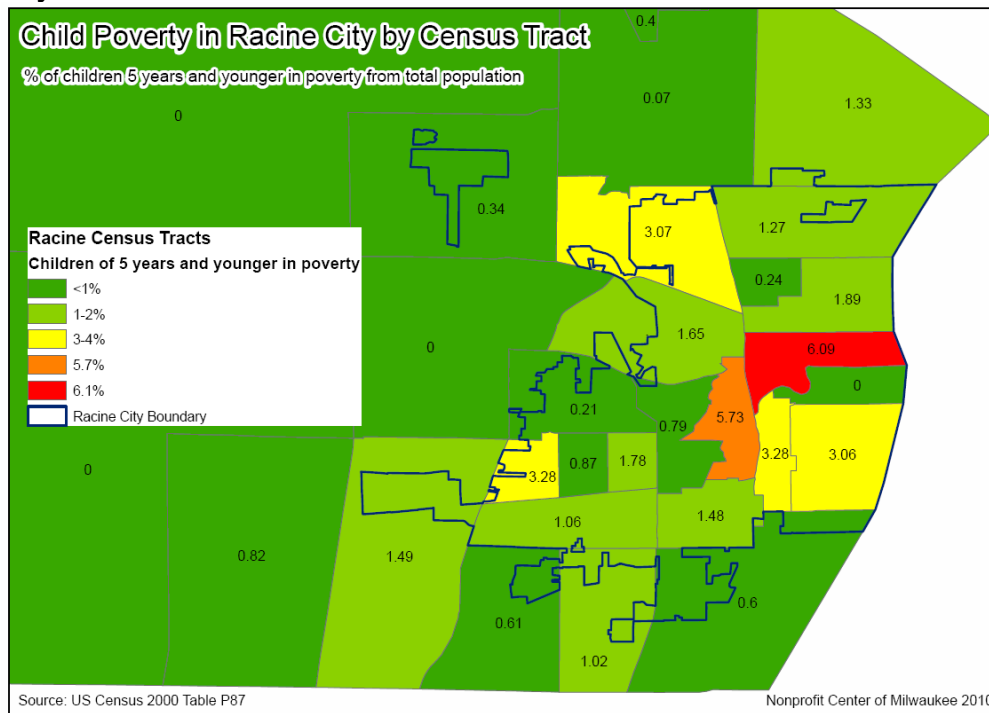
Racine Children Living in Poverty

In Racine County, the population of children under the age of five living in poverty is concentrated primarily within the City of Racine, and in the city, within certain groups of census blocks, as depicted in the maps below.

Racine County

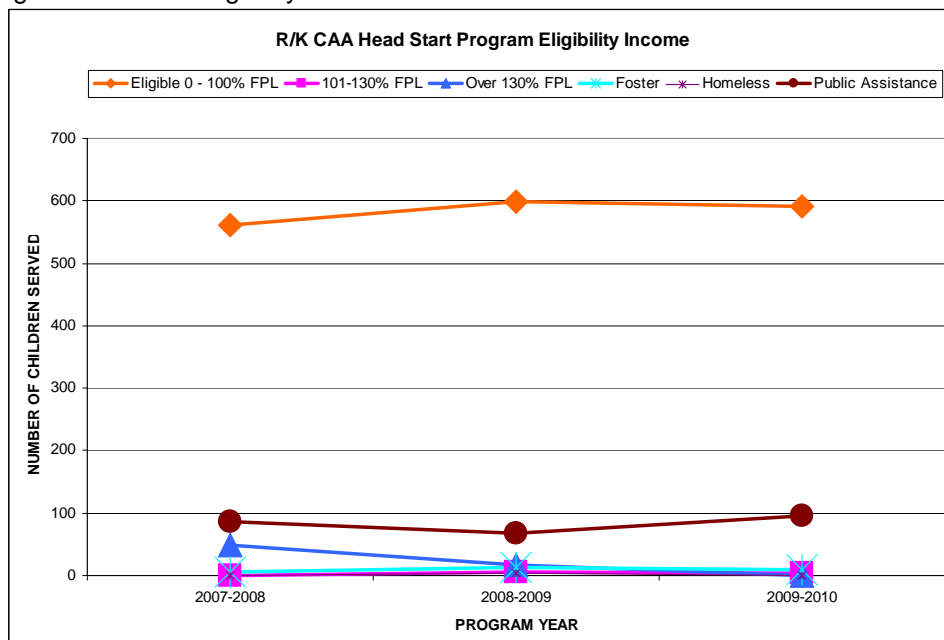


City of Racine



The number of children served by the R/K CAA from 2007 – 2010 by eligibility income is depicted below and Table 3.

Figure 2: Income eligibility of R/K CAA Head Start Enrollees



(RKCAA 2010)

Table 3: Income eligibility of R/K CAA Head Start Enrollees

R/K CAA Head Start Enrollees	2007-2008 N = 825 Completed Enrollments		2008-2009 N = 825 Completed Enrollments		2009-2010 N = 847 Completed Enrollments	
	#	%	#	%	#	%
Eligible 0 - 100% FPL	651	78.9%	696	84.4%	719	84.8%
Over 100% FPL	65	7.9%	32	3.9%	3	0.4%
Foster	5	0.6%	16	1.9%	11	1.3%
Homeless	0	0%	3	0.4%	0	0%
Public Assistance	104	12.6%	78	9.5%	114	13.5%

(RKCAA 2010)

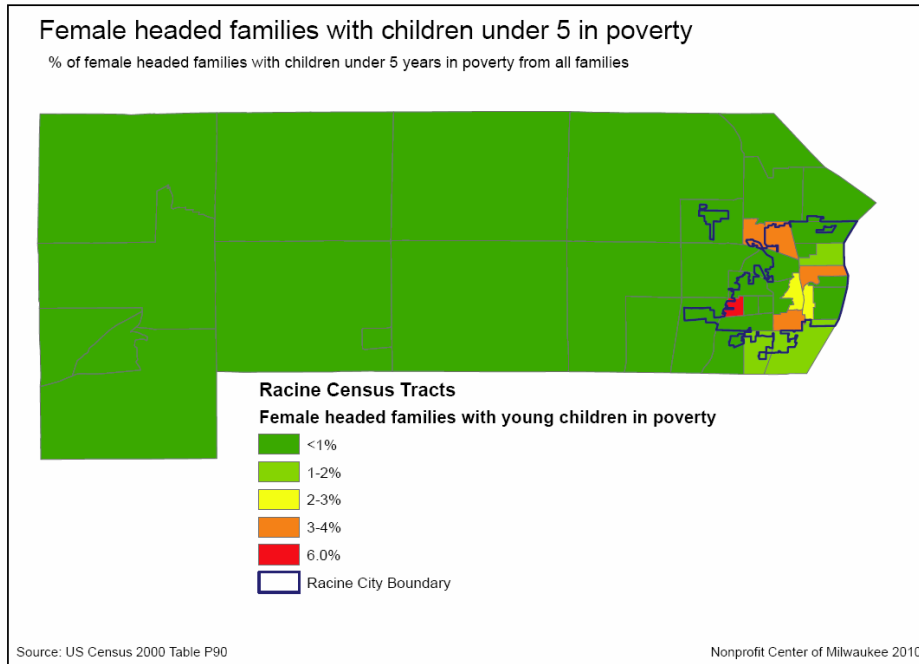
Racine Single Mother Families and Poverty

In the city of Racine, female-headed households with children under the age of 18 are more likely to be living in poverty than either households headed by males alone or married-couple households. In Racine, for families with children under the age of 18, 33.6% of female-headed households are living below the poverty level, compared to 23.9% of single male-headed households and 9.3% of married-couple households (US Census ACS 2006-2008).

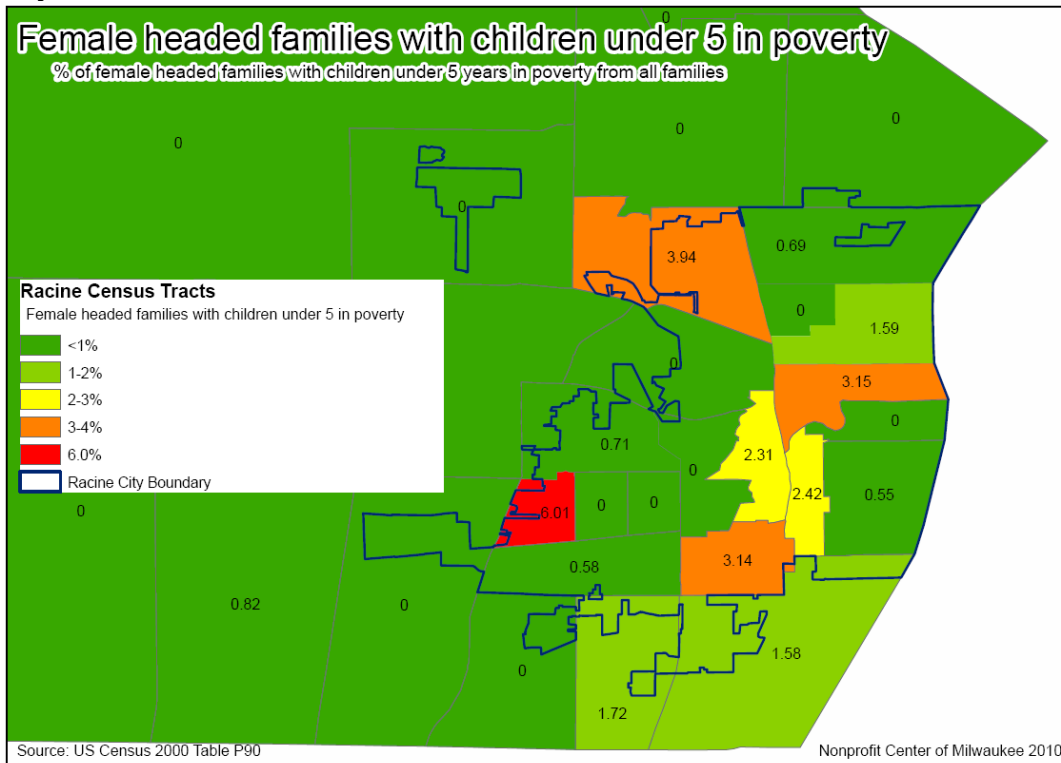
For families with children under the age of 18 in the city of Racine, the percentage of single-mother or female-headed households is disproportionate by race. Of families with children under 18, over half (56.2%) of Black families in the city of Racine are headed by females alone, while one-third (33.1%) of White families are headed by females alone (US Census ACS 2006-2008).

In Racine County, the population of female-headed families with children under age five living in poverty is concentrated primarily within the City of Racine, and in the city, within certain groups of census blocks, as depicted in the maps below.

Racine County



City of Racine



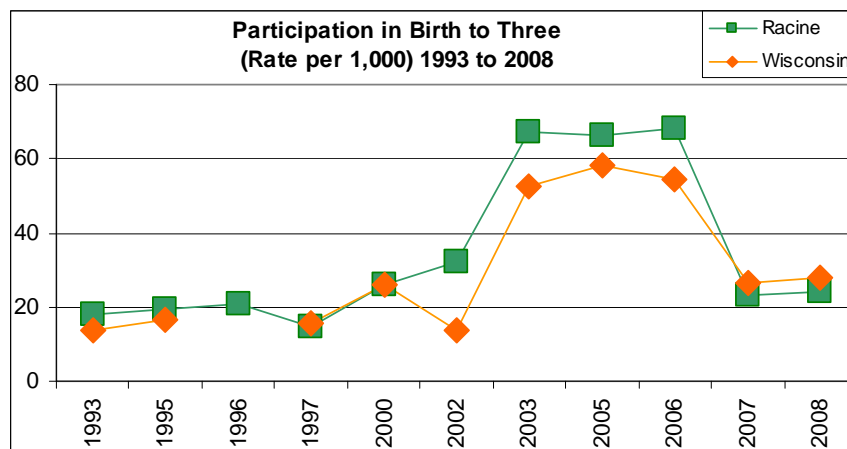
Needs & Assets Related to Head Start Eligible Children and their Families

The following is not an exhaustive list of the needs and assets related to Head Start eligible children and their families. It is intended to act as a starting point for the R/K CAA Head Start program in thinking about the unmet needs their young clients and their families may be experiencing, along with an idea of some of the community assets available to help meet these needs. This section of the report is informed by two focus groups of R/K CAA parents facilitated by the Planning Council for Health and Human Services in spring of 2010 (a complete report on the focus group results begins on page 18). Key informant interviews done in spring 2010 with eleven local community leaders were another source of qualitative data used to produce this listing of needs and assets. Information gathered from secondary sources on community-wide needs and assets by the Planning Council for a general Racine County needs assessment in spring 2010 was also instrumental in developing this list. Finally, a 2009 a needs assessment of Head Start programs across the state (WDCF 2009) made a number of recommendations for Head Start programs; those recommendations are referenced throughout the needs and assets list.

Children with Special Needs and Disabilities – Needs & Assets

The Wisconsin Department of Health Services defines children with special needs as those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. (Wi DHS 2008). According to the 2005-2006 National Survey of Children with Special Health Care Needs, 13.9% of U.S. children and 15.3% of Wisconsin children have special health care needs (Wi DHS 2008).

Birth to 3 is Wisconsin’s early intervention program for infants and toddlers between birth and age three with developmental delays and disabilities and their families; the program is overseen by the Wisconsin Department of Health Services. As can be seen in the chart below, participation in Birth to 3 in Racine has tracked closely to overall rates for Wisconsin and, with the exception of the mid-2000’s, has hovered close to 20 children per 1,000 in most recent years. Participation rates in Birth to 3 are an indication of the disability rates RKCAA can expect to see in the children enrolling in Head Start a year or two later.



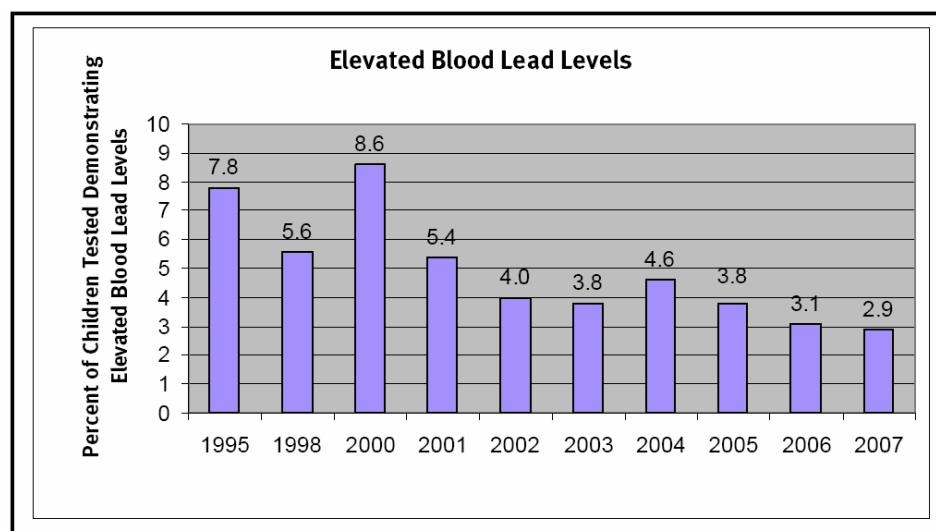
(Wi DPI)

Data on R/K CAA Head Start enrollees for the 2009-2010 program year showed 12.3% (104 out of 847) children in the program had a diagnosed primary disability. Of the children diagnosed with primary disabilities, 90 had a speech or language impairment, 7 had emotional/behavioral disorders, five had non-categorical/developmental delays, and two had orthopedic impairment.

Environmental Needs & Assets

Children are much more vulnerable than are adults to environmental contamination. Lead paint is perhaps the first environmental contaminant that comes to mind. The City of Racine has been identified as having over 20,000 housing units likely to contain lead; approximately half of which are occupied by children less than 6 years old. This housing is concentrated in city census tracts 1 through 7 in the central part of the city (Racine CLEAR 2005). According to RKCAA Head Start reports, a small proportion of Head Start enrolled children have diagnosed high lead levels; for the 2009-2010 program year, this was less than 1% of enrolled children. See Appendix A for a detailed map of the Racine County locations with high potential for lead poisoning.

The CLEAR (Collaboration for Lead Education, Abatement & Reduction) program annually screens nearly 3,500 city children for elevated blood-lead levels and orders remediation for homes of children whose levels exceed acceptable levels; as a result blood lead levels in children have been decreasing in Racine.



Source: Racine County Health Departments
(United Way 2008)

There are other environmental contaminants that could prove harmful to Head Start eligible children. Air, water and ground contamination are often more highly concentrated in central city neighborhoods where children living in poverty are more likely to reside. As can be seen in the map in Appendix B, many contaminated industrial sites are concentrated in or near City of Racine neighborhoods where high concentrations of young children live.

Studies have shown that in many city homes, the indoor air is more polluted than is the outdoor air. According to the U.S. Environmental Protection Agency, there are many sources of indoor air pollution, including tobacco products, asbestos, damp carpet, cleaning products, heating systems, and more. Such indoor pollution is more of a threat to children who, because of their small size, are more vulnerable. Also, because children living in central city neighborhoods are sometimes less likely to play outside if their community is not considered safe, they might end up spending more time indoors than other children. If they live in rental housing, as do more than half of the residents of the City of Racine (US Census ACS 2006-2008), then it is more difficult to remediate many of the problems that create the indoor air pollution.

Racine residents, however, do have access to many parks and also to many miles of Lake Michigan shoreline where they can get relief from some of the harmful contaminants they may be exposed to in their daily lives. Racine focus group participants mentioned the area's lakes, parks and beaches as important to their quality of life, allowing them and their families to interact and enjoy leisure activities together.

Housing Needs & Assets

Data show that Racine children eligible for Head Start are more likely to be living in rental housing than in homes owned by their families. Nearly three-quarters (70.8%) of Racine County households live in housing they own; that percentage drops to 58.9% of households in the City of Racine (ACS 2006-2008). Rental payments for nearly half of low-income residents in the city of Racine consume more than 30% of their income, the benchmark for what is considered affordable rent (WCCF 2010). Households that spend more than 30% of their income on housing have less money available for other important expenses, like utilities, food and medications.

Government programs meant to assist individuals to find affordable housing have huge waiting lists. The waiting list of the Racine County Housing Authority is over 1,800 households. In focus groups, low-income residents often mentioned the waiting lists for housing as a significant problem and expressed a desire for more assistance in locating affordable housing.

In the key informant interviews and the focus groups, access to and the availability of affordable, safe, and decent housing was mentioned frequently as a need for people in poverty. Housing vouchers were described as limited and some neighborhoods with less inexpensive housing options were described as having some safety concerns.

In focus groups held in Spring 2010 with Racine Head Start parents, participants talked about problems they experience with housing including:

- The waiting list for Section 8 vouchers;
- The high cost of utilities, particularly in the winter; and
- Being told they make too much to qualify for energy assistance.

Early Educational Needs & Assets

The families of Head Start eligible children have a large number of child care facilities from which to choose when deciding where to send their young children for care. Maps and tables in the appendix section of this report show the locations and capacity of most licensed child care providers in Racine County and in the City of Racine.

Appendix C: Map of child care centers in the Racine County Planning Area (2006)

Appendix D: Map of child care centers in the City of Racine (2006)

Appendix E: Map of licensed family providers in Racine County (2010)

Appendix F: Map of licensed group providers in Racine County (2010)

Appendix G: Map of licensed group providers in Racine County by capacity (2010)

Appendix H: Table of group providers who only serve children ages 5 and over

Appendix I: Locations for subsidized, licensed child care providers for Racine County children showing number of issuances per facility – southeastern region (2010)

Appendix J: Locations for subsidized, licensed child care providers for Racine County children showing number of issuances per facility – close up on Racine (2010)

Other Educational Needs & Assets

Children in Racine County who are eligible for Head Start are more likely than their more affluent counterparts to be living with parents who do not have high school degrees. Residents of the City of Racine are less likely to have a high school degree than are residents of the county as a whole, or of the state: 16.8% of City of Racine residents have no high school degree compared to 13% of Racine County residents and 11% of Wisconsin residents.

- US Census 2000 data indicating that 36% of 18-24 year olds in Racine—and 42% of males in that age group—lack a high school diploma.

- RUSD data show substantially higher graduation rates—81.3% in 2004—but experts generally agree the real graduation rate is probably closer to 60% (Gesner 2006).

In the focus groups with Head Start parents, participants reported having mixed experiences regarding educational opportunities as an adult. Participants described upfront fees as a barrier, applying for grants as challenging, and qualifying for financial support as unrealistic. Other issues mentioned by participants included the difficulty of paying for school and juggling the demands of parenthood, education, and other responsibilities.

A 2009 a needs assessment of Head Start programs across the state concluded that the following were some priorities areas related to education that local Head Start programs could focus on:

- Partner with local family literacy programs and services, including Title I, libraries (public and school), museums, etc;
- Partner with local school districts in support of community approaches to serving 4-year-olds; and
- Organize joint training and cross-system professional development opportunities for Head Start and local school district staff, as well as other providers of early childhood comprehensive services.

Health Needs & Assets

Racine children eligible for Head Start, particularly those living in the City of Racine, stand a greater chance of having gotten a poor start in life beginning in their mothers' wombs than do other children. On several important prenatal and birth-related measures, the City of Racine ranks at or near the bottom of state and even national rankings on several indicators. Many of these indicators are linked to disabilities and infant mortality.

When compared to other cities, counties and the state as a whole, both Racine County and the City of Racine have among the highest rates of low birth weight. In Racine County, 9.47% (253 out of 2,673) of births were low birth weight in 2008, very close to the rate for the City of Milwaukee. In the City of Racine, 8.98% (154 out of 1,715) of births in 2008 were low birth weight, higher than both the City of Milwaukee and the City of Kenosha. Similar trends exist for very low birthweight births in the same year. These data are compiled below in Table 4 and on the next page in Table 5.

Table 4: Number and percent of low birthweight births for all births in 2008

Region of Residence	Number of Births	Total Number of Births	Percent of Births
Wisconsin	5,051	72,002	7.02%
Southeastern Wisconsin	2,358	28,851	8.17%
Milwaukee County	1,375	15,368	8.95%
Kenosha County	199	2,306	8.63%
Racine County	253	2,673	9.47%
Milwaukee City	1,128	11,312	9.97%
Kenosha City	154	1,715	8.98%
Racine City	165	1,579	10.45%

(WISH 2010)

Table 5: Number and percent of very low birthweight births for all births in 2008

Region of Residence	Number of Births	Total Number of Births	Percent of Births
Wisconsin	898	72,002	1.25%
Southeastern Wisconsin	438	28,851	1.52%
Milwaukee County	278	15,368	1.81%
Kenosha County	35	2,306	1.52%
Racine County	39	2,673	1.46%
Milwaukee City	239	11,312	2.11%
Kenosha City	29	1,715	1.69%
Racine City	23	1,579	1.46%

(WISH 2010)

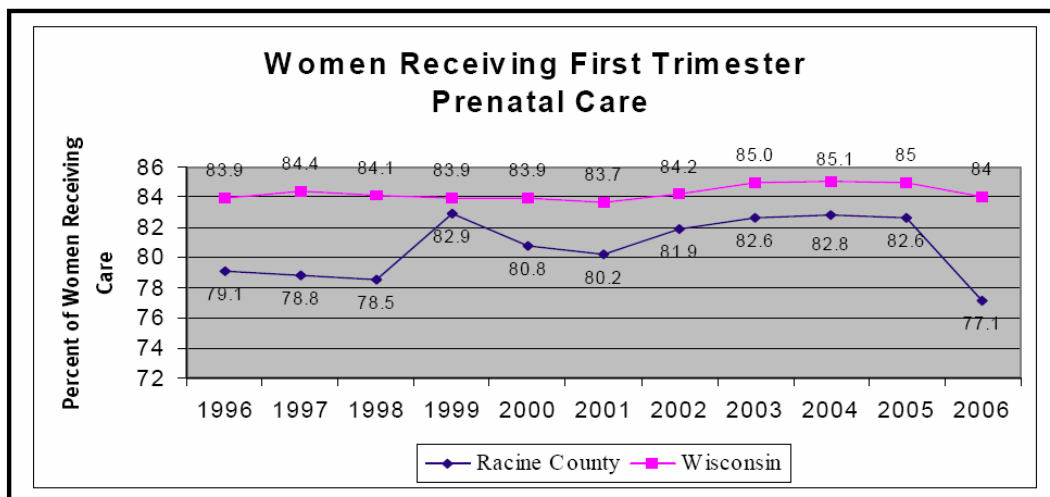
Premature births are another risk factor that can lead to increased likelihood of disability; they have also been linked to infant mortality. This risk factor is faced by a larger percentage of babies born in Racine than in other parts of the state, as seen in Table 6 below.

Table 6: Number and percent of premature births for all births in 2008

Region of Residence	Number of Births	Total Number of Births	Percent of Births
Wisconsin	7,790	72,002	10.82%
Southeastern Wisconsin	3,562	28,851	12.35%
Milwaukee County	2,017	15,368	13.12%
Kenosha County	287	2,306	12.45%
Racine County	354	2,673	13.24%
Milwaukee City	1,626	11,312	14.37%
Kenosha City	217	1,715	12.65%
Racine City	234	1,579	14.82%

(WISH 2010)

The rate of low birthweight and premature births has been tied to prenatal care received by the mother. In Racine, the percentage of pregnant women who receive prenatal care during their first trimester has been below the state average for over a decade, as seen below.



(United Way 2008)

Pregnant women in both Racine County and in the City of Racine are less likely than their counterparts in other parts of the state to receive first-semester prenatal care. Women in Racine County and the City of Racine are also more likely than are women in other parts of the state to start prenatal care in the third trimester, or to receive no prenatal care at all, as seen in Tables 7 and 8 below.

Table 7: Number and percent of women who received first-trimester prenatal care in 2008

Region of Residence	Number of births	Total Number of Births	Percent of births
Wisconsin	59,217	72,002	82.24%
Southeastern Wisconsin	23,364	28,851	80.98%
Milwaukee County	11,904	15,368	77.46%
Kenosha County	1,855	2,306	80.44%
Racine County	2,077	2,673	77.70%
Milwaukee City	8,409	11,312	74.34%
Kenosha City	1,351	1,715	78.78%
Racine City	1,150	1,579	72.83%

(WISH 2010)

Table 8: Number and percent of births to women who started prenatal care in the third trimester, or received no prenatal care, in 2008

Region of Residence	Number of births	Total Number of Births	Percent of births
Wisconsin	2,290	72,002	3.18%
Southeastern Wisconsin	1,079	28,851	3.74%
Milwaukee County	707	15,368	4.60%
Kenosha County	84	2,306	3.64%
Racine County	134	2,673	5.01%
Milwaukee City	595	11,312	5.26%
Kenosha City	72	1,715	4.20%
Racine City	95	1,579	6.02%

(WISH 2010)

Being born to a teen mother is another factor tied to prematurity, low birthweight and other negative outcomes later in life. As seen in Table 9 below, the City of Racine has a very high rate of births to unmarried teens.

Table 9: Number and percent of births to unmarried teens age 19 and younger in 2008

Region of Residence	Number of births	Total Number of Births	Percent of births
Wisconsin	5,455	72,002	7.58%
Southeastern Wisconsin	2,787	28,851	9.66%
Milwaukee County	1,945	15,368	12.66%
Kenosha County	237	2,306	11.84%
Racine County	273	2,673	10.21%
Milwaukee City	1,779	11,312	15.73%
Kenosha City	195	1,715	11.37%
Racine City	224	1,579	14.19%

(WISH 2010)

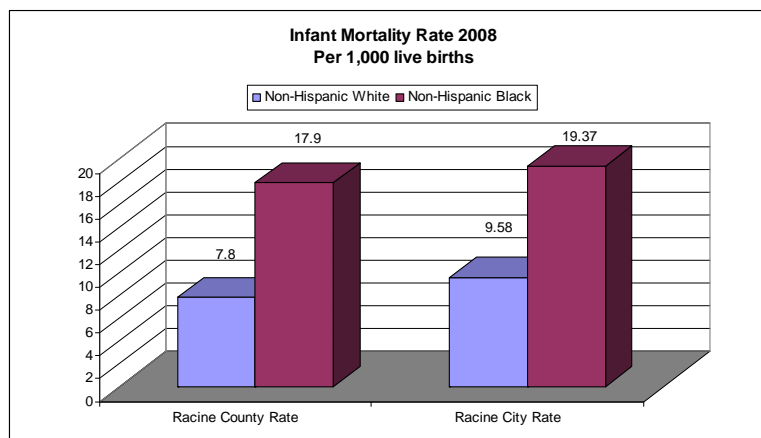
As mentioned several times in this report, many of these risk factors have been linked to increased risk for infant mortality. Infant mortality is defined as the death of an infant within 365 days of (live) birth. As seen in Table 10 on the next page, the infant mortality rates for Racine County and for the City of Racine are among the highest in the region.

Table 10: Number and percent of infant deaths within 365 days of (live) birth in 2008

Region of Residence	Number of infant deaths	Total Number of Births	Infant mortality rate per 1,000 live births
Wisconsin	501	72,002	6.96
Southeastern Wisconsin	244	28,851	8.46
Milwaukee County	145	15,368	9.44
Kenosha County	20	2,306	8.67
Racine County	25	2,673	9.35
Milwaukee City	122	11,312	10.79
Kenosha City	15	1,715	8.75
Racine City	17	1,579	10.77

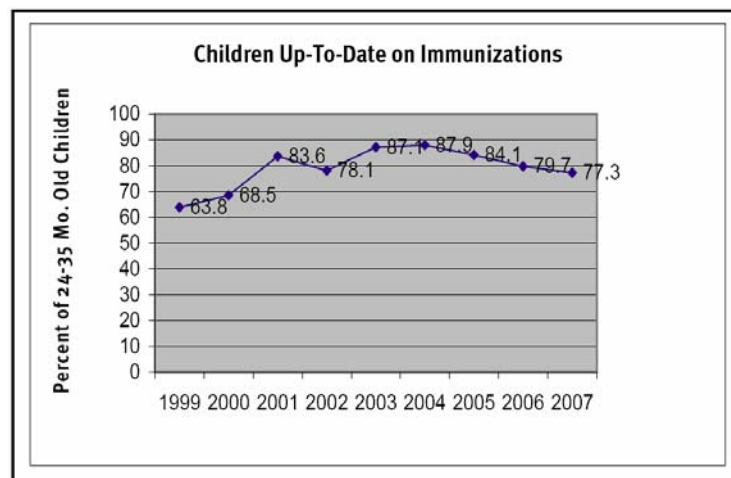
(WISH 2010)

The infant mortality rate for non-Hispanic Blacks in Racine is nearly double the rate for non-Hispanic Whites, as shown below. An infant mortality project was recently launched in Racine to look at this gap and what can be done to reduce it. The project is called the Lifecourse Initiative for Healthy Families and is being spearheaded by R/K CAA.



(WISH 2010)

Another common measure of healthy outcomes for children is the vaccination rate. In recent years, Racine County has not met the Healthiest Wisconsin goal of having 90% of children ages 24-35 months up-to-date on immunizations, as seen below. In contrast, 100% of RKCAA Head Start children are up-to-date.



(United Way 2008)

A 2009 a needs assessment of Head Start programs across the state concluded that the following were some priorities areas related to education that local Head Start programs could focus on:

- Work to increase access to oral health and prevention services and to mental health treatment services for young children; and
- Become involved at the community level in the Strengthening Families initiative linking child abuse and prevention with early childhood programs and services.

Food Security Needs & Assets

It is no secret that many families and individuals in our society face hunger on a regular basis. Formally termed “food insecurity,” this situation is more likely to be faced by Head Start eligible children and their families, according to the U.S. Census Bureau. Their statistics show that

“ . . . those at greatest risk of being hungry or on the edge of hunger (i.e., food insecure) live in households that are: headed by a single woman; Hispanic or Black; or with incomes below the poverty line. Overall, households with children experience food insecurity at almost double the rate for households without children. Geographically, food insecurity is more common in central city households.” (FRAC 2010)

According to the US Census ACS 2006-2008, of City of Racine households with children under 18 years, 6.7% received food stamps; for Racine County households the figure was 4.1%. City of Racine households make up 71% of all County households receiving Food Stamps. Increases were reported in use of Food Share and local food pantries for fiscal year 2009-2010 by the Racine/Kenosha SNAP-Ed program, showing the effects of the economic recession during that period. Many Head Start eligible children come from families that benefit from the Women, Infants and Children (WIC) federal supplemental nutrition program. WIC promotes the health and well-being of nutritionally at-risk pregnant, breastfeeding and postpartum women, infants and children by providing supplemental nutritious foods, nutrition and breastfeeding information, and referral to other health and nutrition services. (Wi DHS). The R/K Snap-Ed program reported that participation in Racine County increased by 8% in fiscal year 2009-2010.

Another indicator of the food security status of the families of Racine’s Head Start-eligible population is participation in the school free or reduced lunch program. Students in the Racine Unified School District are more likely than the average Wisconsin student to be living in poverty; for the 2009-2010 school year, eligibility for free or reduced lunch (a common measure of student family income) increased over the previous year, with the majority of elementary and middle-school aged youth eligible. Some children in Racine face a different nutritional challenge: obesity. The Racine Head Start program documented that in the 2007-2008 school year, 28% of its student population was obese, up 8% from the year prior (UW-Ext 2009)

Trends in obesity, overweight and total overweight prevalence for children, aged two through four, participating in the Wisconsin WIC program, 1997-2006



Data source: 1997-2006 Pediatric Nutrition Surveillance System, Centers for Disease Control and Prevention. (Wi DHS 2008)

Focus Groups-Racine County

Purpose

The Planning Council conducted focus groups with low-income residents of Racine County to explore and gather information about the challenges people in poverty face, what resources are available and what resources are needed to assist people in poverty, and suggestions to address poverty in Racine County. This information was gathered so that the Racine/Kenosha Community Action Agency (RKCAA) can better serve low-income residents in Racine County.

Methodology

RKCAA and Planning Council staff worked together to identify specific groups of people to engage in a guided discussion. Groups that were identified included:

- Head Start Policy Council representatives and
- Adults with children enrolled in Racine County's Head Start program who were not on the Policy Council.

Staff at Head Start recruited participants to attend the focus groups. As an incentive for participating, focus group members were entered into a drawing to win a \$25 Target gift card (one gift card was given away at each of the focus groups).

Both focus groups lasted approximately 90 minutes, and they were each facilitated by the Planning Council's Associate Planner and documented by the Assistant Planner; the focus group with Non-Policy Council members was also documented by a Planning Council intern.

A set of open-ended questions was designed to guide focus group participants in the discussion (see Appendix D for the full set of questions). Focus group participants were asked to discuss:

1. One positive thing about the community;
2. Most significant needs or challenges faced by people in poverty;
3. Needs that are well met by the existing resources;
4. Resources that could be expanded and those that are missing; and
5. Changes that would address poverty in Racine.

Participants were also asked to provide basic demographic and background information at the outset of the focus groups.

Detailed notes from the focus groups were reviewed using qualitative analytic techniques. Key themes were manually coded and illustrative quotes related to those themes were identified.

Limitations

The viewpoints in this section of the report are limited to the thoughts and opinions of the focus group participants and are not presented as representative of all parents who have children enrolled in Racine's Head Start program. Nonetheless, the issues and themes discussed provide some insight into the experiences of people who identify themselves as being low-income.

Focus Group Participants

A total of 17 people participated in the two focus groups; seven (out of 11 who signed up) attended the Head Start Policy Committee focus group, and ten (out of 15 who signed up) attended the Head Start parent focus group.

Demographic and background information was captured for the focus groups using a brief survey (see Appendix E). Information was available for all 17 participants. Nearly all participants were female.¹ Approximately half reported that they were between the ages of 19 and 30². Most participants were persons of color³ and more than half said they had lived in Racine/Kenosha for 10 years or longer.⁴

Focus Group Summary

The following summary examines answers across the two focus groups for similarities, differences, and trends in the comments made.

Positive qualities of the community

- Sense of community and community assets

When asked to discuss positive qualities of the community, focus group participants frequently spoke of the sense of community they have as residents of Racine County. Some participants talked in detail about a “big-city, small-town feel” that makes Racine County a close-knit community. A number of participants described Racine County as an ideal community for raising a family. As summarized by one participant:

“One positive thing about Racine is that it is large enough, but it’s small too. Everybody knows everybody; you run into the same people. It’s small enough to raise a family.”

Focus group participants said one element that contributed to their connection with the community was the availability of the lakefront, public spaces, and public events for social interaction and leisure. As one participant noted:

“Just the various things to do; the festivals and carnivals in the summer time.”

- Network of resources in the community that address a wide range of needs

When describing positive qualities of Racine County, participants across the focus groups spoke about the range of resources available in the community to support residents. Participants cited services that address basic needs (housing assistance, food assistance, etc.) and resources that address other needs of individuals and families (educational support for children, health and wellness, etc.)

For the most part, participants in the focus groups with Head Start parents expressed being pleased with the number and different types of resources available in the community to deal with a range of issues their families face. For example:

“One of the positives about the community is that there is a lot of help available.”

“I have good day care for my children.”

“The positive thing about Racine is the afterschool programs.”

“One positive thing that I like that they’re trying to do is promote health care. At the community centers they are trying to do three exercise classes; they are at a different center everyday of the week.”

¹ Fifteen of the participants were female; two were male.

² Eight reported being between the ages of 19-30, seven reported being between the ages of 31-40, and two reported being between the ages of 41-50.

³ Seven reported their ethnicity as being African American/Black, five reported being Hispanic/Latino, and five reported being White/Caucasian.

⁴ Eleven said they had lived in Racine/Kenosha 10 years or longer, five said they had lived in the area for 4-9 years, and one said she had lived in the area for 1-3 years.

Most significant needs or challenges facing people in poverty

- Employment Opportunities

Across both focus groups, participants noted that the lack of jobs in Racine County was an issue for people in poverty. This was compounded by a range of overlapping issues (too few family sustaining jobs, lack of access to technology, meeting educational requirements, employment testing and unrealistic expectations, driver's license issues, etc.) that make it challenging for people in poverty to obtain a job. Other issues related to employment will be discussed in later sections.

Many participants expressed their sense that many jobs with a family supporting wage have left the community, that existing jobs are part-time or temporary and offer little opportunity for advancement, and that jobs in surrounding counties offer higher wages.

Focus group participants described some of the challenges facing people in poverty who are seeking employment:

"A lot of people who are poor don't have phones. It is hard to get a job because a lot [of employers] like to leave messages about coming in for interviews."

"And now you almost need a computer to get jobs. If you don't have one, you need to find time to go to the library, if it's available."

"Going to the library with kids is a challenge. If you have a three-year-old, they start running around because they can only behave for some length of time before they're bored. So after 20 minutes of trying to fill out an application, it becomes a challenge."

"It seems like all of the jobs that are hiring are for 20 hours a week. That's not enough, at least not enough to make it. Especially if you have to take your child to day care; think about how much you have to pay for that. It's not enough."

One participant noted that entry-level jobs (for example, cashier, hotel worker, cleaner, fast food worker), which may have been easy to get in the past, are becoming increasingly difficult to obtain. Participants also reported frustration with the high-level requirements for many jobs. One participant provided some detail into the challenges of finding even entry-level employment.

"There are too many requirements. Besides a high school diploma, they want you to have degrees."

"High school diplomas don't mean much. Having a Bachelor's degree is like having a high school diploma and having a Master's is like having a Bachelor's."

"Jobs are a need. McDonalds wants you to take a placement test now, for them to consider you to be a candidate. Just to flip a burger! To me, I felt that fast food was quicker to get than any other job. I always worked in fast food, since I was 15 when I came here. Now, I have to take a placement test and if you don't score high, they don't choose you."

Participants noted that businesses sometimes perceive job seekers with the appropriate backgrounds for a job as overqualified and do not offer them jobs. For example:

"Even if you have the degrees, they say you're overqualified and they still won't give you the job."

Some participants noted that families with low and moderate incomes struggle with transportation, buying appropriate clothing for the workplace, and lacking personal and professional connections with people who can refer them to jobs.

- Transportation Issues

The issue of public transportation overwhelmingly stood out in both focus groups as a challenge for people in poverty. In general, focus group participants noted that there are too few busses in Racine County, that busses do not go to all locations, that buses do not come frequently enough or run late enough, and that public transportation is limited outside of the City of Racine. Participants noted that issues regarding transportation make it difficult for job seekers or workers to get to businesses. One focus group participant commented:

"The job might not be far out, but if the bus doesn't go there, you can't get there."

- Meeting Basic Needs and Accessing Services

Focus group participants noted that people in poverty experience challenges related to food security and housing.

Participants spoke about housing needs. A few participants expressed being frustrated with the wait list for Section 8 Vouchers, dealing with bad property owners, and feeling that their options on where to live in the community were limited.

Participants also expressed some concerns with utility expenses. For example:

"We make \$300 a month, but pay \$500 a month in the winter time"

"I am in the same situation. There are five to six months where you are paying high bills. Think about how much they get for energy and gas and you still have to pay for food and everything. It's just not enough money."

"Energy assistance says you make too much to be eligible."

"Where I'm from, our gas and light is separate, but here, if you can't pay on your bill and you're delinquent, you get both cut off because it's together. That's part of the problem. There is only one company doing that service. That's a lot different than where I'm from."

Although the resources available in Racine County were described as positive by focus group participants, there was some concern from a small number of participants that services are not always accessible. Participants expressed frustration with not being able to access help over the telephone in a timely way and reported that calls for help have long waiting times. Focus group participants also expressed being overwhelmed by the process of accessing services and noted that the way the system is set up for people to access services is not user friendly. As put by one participant:

"One of the barriers is what the State has you go through to get assistance. That's true for food, medical assistance, and child care. It's not that easy to get those services. You need to fill out paperwork. If you can't read, or have issues with that, it's impossible."

- Quality and Affordable Education

Across the focus groups, the discussion on the need for education focused on both K-12 education and educational opportunities for adults. A few focus group participants noted that the K-12 public school system was plagued with problems, including truancy and low graduation rates. Participants noted that there has been a decrease in available supports for children and families. For example:

"The King Center a couple of years ago had after school programs that tutored kids [but some of the programs are no longer available]."

"Everything is getting cut and they are taking away from the schools."

"Then they [the students] get in trouble [when there are not activities for them]."

Some participants articulated a need for increased cooperation between parents and the schools. A few participants reported feeling discouraged when trying to check up on their children because they did not feel welcomed or listened to, that it is difficult to find a time to meet with teachers, and that issues regarding behavior and academic progress are not addressed early on. For example:

"My kids' school starts at 7:15 in the morning. So, if I want to meet with a teacher, I would need to meet with them before 7:15. When the children go home, that's when the teachers go home too."

"As far as schools, one of the things I noticed is that things get out of proportion rather than stopping them at the beginning. Your kid may be tardy one, two, or three times. Parents don't get a letter until the sixteenth time or above. That's when they think it's an issue. I think the school should call you up when your kid is tardy the third time and see if the parent is caring enough to do something about it."

Participants also reported having mixed experiences regarding educational opportunities as an adult. Participants described upfront fees as a barrier, applying for grants as challenging, and qualifying for financial support as unrealistic. Other issues mentioned by participants included the difficulty in paying for school and juggling the demands of parenthood, education, and other responsibilities.

- Availability of Health Care, Oral Health and Other Health Services

Another need cited by participants was access to health care and oral health services. Participants described access to health and oral health services as a concern both for those with health insurance and the uninsured. These concerns included finding a medical professional who will accept BagerCare Plus, long waiting lists, and a lack of free care.

A few participants described the dilemma of low- to moderate-income individuals whose incomes are too high to qualify for state health insurance, but too low to afford private insurance or an employer-sponsored health plan. As one participant noted:

"...If you don't have kids you are out there by yourself. You can't get health care if you don't have kids and if you don't have money to pay up front, you have lack of access."

There was general agreement in one focus group with Head Start parents that prescription drugs are not always covered by insurance. Participants in this focus group noted that it is taxing on families who have to pay out-of-pocket to cover medications.

Participants across the focus groups expressed concerns about the time it takes to be seen by a doctor because of long waiting lists.

Access to quality oral health services was also noted as a need for people in poverty. Across the two focus groups, participants noted that there are a small number of dentists in Racine County. As said by one participant:

"My two little girls were put on an HMO and clinics won't see them. They can't get dental or anything. I had to wait a whole month for my kids to get seen in a clinic. I don't know Kenosha or Milwaukee, so I'm not going to travel to places I don't know to get their teeth done. The HMO gives you one doctor that you can go to down here, and you don't know if the doctor is any good."

Focus group participants reported that there is a need for additional support for persons with behavioral health concerns. Another area of need mentioned was substance abuse treatment services. Although St. Luke's was mentioned as a resource, focus group participants reported that the community lacks rehabilitation and substance abuse services, particularly support services for people once they have completed formal treatment programs.

- Child Support and Involvement of Fathers

In the focus group with Head Start parents, there was much discussion about how child support income could assist in meeting family needs. Participants spoke in detail about how fathers could be more involved and how the system's current response to handling child support issues places families and parent-child relationships at a disadvantage.

As put by one participant, the response to non-payment of child support is "he just goes to jail." Several participants spoke about not even wanting to request child support because they understood the situation of the father (he has no job, would likely go to jail for non-payment of child support making the situation worse, or inability to help due to being in prison, etc.). Some participants did not feel that child support benefited them, as the child support payment was either low or the State first took a good share of the child support payment. For example:

"There's no need to ask for it (child support from the state) because the state takes half of it anyway. I don't know why women apply when they know they're not going to get anything. I would just wait till the daddy gets a job and then compromise with him."

"They just lock them up and then they're not working. When they do work, they take money out."

"It's a waste of time when you're not going to get anything."

"It's so small the amount that you do get. I got \$2.50 in two weeks when he was in jail. That's nothing. I said take it back."

"I think child support is OK; it helps, but they get their money first and we get whatever is left over."

One participant had a more positive perception towards child support:

"For some moms it works; with certain dads it works."

There was a general sense from participants that jobs are hard to find and that there have been many job lay-offs in the community, making it hard for fathers to help out monetarily. Participants said putting the fathers in jail for non-payment of child support was not a good solution.

"There really are no jobs out here for dads. When they do get a job, they get laid off."

"Help the dad find a job. It would be nice if when he did have to pay child support, that they help the dad get a job. If they do send him to jail, don't release him until he has a job so that he can help contribute. Or, if he can't get a job, make him babysit every other weekend or help out."

"There are no programs to improve their work and employment skills. I think you do have fathers who should be court ordered to go to job training classes when they are not paying child support. What is putting them in jail going do?"

Needs Met by Existing Resources

Focus group participants were asked to describe which needs in the community are well met by existing resources. Participants reported that workforce development, emergency assistance, and financial support are needs being well met by existing resources. Participants also mentioned some specific agencies/programs that are helping address the needs of people in poverty

- Workforce Development

"They have the W2 program. That gives you money and helps you find a job. They do training at the Workforce Center. The OIC also helps people get their high school diploma and find a job."

- Basic Needs Assistance

"HALO, the homeless shelter, has helped a lot of people get off the streets. I helped with the transitional housing, and helped those moving to the community. The nice thing was that they didn't have to be a Wisconsin resident for a certain amount of time to get services."

- Financial Support

"The Workforce Center has a child care credit. They help pay for child care; that helps in a lot of ways."

"The energy assistance program has their issues, but when it works, it works well."

"Food stamps, WIC, and vouchers."

- Specific Agencies/Programs

"I'm part of another group that does this program that a lot of churches offer. They're seeing more of a need for couples, and the unity of couples. I'm involved with a lot in that aspect in the Hispanic community. If you don't have a right relationship, you don't have a right family. We hit the family first. We go to them before they're married. Before, there were no meetings; people just got it done and over with. Now we offer certain classes. We do this thing on the Internet where people can go to see if you're a good match. If the computer says there's something wrong, then don't do it. There is a need for strong families and partner relationships."

"The Community Action Agency, as a whole, has a lot of resources and a lot of programs."

"It's the best thing [Head Start]. It helps with families and transitions with kids. You come in with kids, and they have support groups, family meetings, even like this one, this focus group. It broadens horizons and lets you know what resources are available."

Resources that could be Expanded or are Missing

- Resources for Job Seekers and Workers

Focus group participants spoke about the need for employment opportunities in Racine County. One community resource that addresses issues related to employment cited across the focus groups was the Workforce Development Center. Participants' suggestions for ways this resource could be expanded included:

- Hold extended hours for people who are unable to visit the Center during normal business hours;
- Have staff or recruiters communicate to job seekers the specific skills they are looking for in workers; and
- Offer more basic training for people, such as how to use a computer.

Participants also noted that some of the job seekers accessing employment services have been in programs for extended time periods with minimum results.

Aside from transportation issues discussed in an earlier section of this report, participants noted that it could be helpful for workers if more businesses were able to provide transportation to jobs. Focus group participants also noted that there could be more community support or support groups for people who are unemployed.

- Resources for Children and Youth

Focus group participants listed a range of resources currently available in the community for children and youth that could be expanded upon. Participants mainly focused their discussion on jobs and programs in the community.

Participants in both focus groups noted that the E3 Program through the Workforce Development Center was a positive resource for youth. However, participants did express some concerns: the E3 Program only serves a limited number of youth, some youth who could benefit from the program are screened out because of their parents' income, and that employment training and jobs are only offered during summer months.

Participants discussed the need for more programming for children and youth in Racine. Participants cited substance abuse prevention, summer meal programs, pregnancy prevention, and bi-lingual programming for Latino youth as resources that could be expanded. Participants noted that resources are needed throughout the entire county and should not be isolated to the inner city. Other comments included:

"We need teen centers; they would hit the behavioral problems that we're seeing in the schools. I think we need to add this thing to help kids because they are lost. Children need sex prevention. I'm sure there are programs out there, but I do not know of any, and I've been here all my life. They need these at the community centers. I see young girls who are pregnant, and girls with strollers, and girls who want to be pregnant. All I see at the community centers is people playing basketball."

"Racine has a program for teens, for young mothers and fathers, at the King Center. The Women's Resource Center has a Safe Start program for teenagers as well. YMCA has a youth academy program for boys and girls. There are some programs for teens and youth, but the community centers need more support."

One participant also noted that it is difficult for parents to pay for social and recreational programming for their children and pay their bills:

"If you're a single parent, you have to pay for rent, food, and gas; you don't have any extra money for t-ball or basketball camp, especially at the prices they want for them."

Focus group participants expressed concerns about the quality of staff who work with their children. A few participants noted that low wages and the use of volunteer staff might contribute to the quality of the programming. For example:

"We do have some programs, we just need to raise the bar on quality. There are some out there that are pretty decent. Some of what's happening is that workers are paid low wages, and their quality of care is not up to par. It could be more decent if they were paid better; you'd get better outcomes. You'd get people who are out there that really care about children."

"It would be good to have a supervisor drop in and account for the children there, or have a sign in sheet so you can check and see if your child was there; you don't even know."

"You just drop them off. The Center says they're not liable for who the kids leave with. As soon as you leave, your child could leave, too."

- Resources for Populations with Special Needs

Focus group participants noted that there are some existing resources in the community for special needs populations but that often those resources are not sufficient to meet needs. Two major barriers for special needs populations include long waiting list for services and that certain services do not exist to deal with specific and complex special needs.

One focus group participant shared her experience on accessibility issues for people with disabilities, and others participating in the discussion seemed to agree. This participant reported:

"Public places could be more handicapped accessible. They do have them, but not in certain spots. People with disabilities go everywhere, just like people who don't have disabilities."

"You just go through too many loopholes to get transit like everybody else has."

"Transportation could be better. The qualifications could be a lot more lenient. You almost have to take a physical and get a doctor's note to prove that there's something wrong with you. I have to get a letter from my doctor and then they mail me this card that says I'm disabled."

In discussing children with special needs, participants provided some insight into their frustrations in working with the schools. As reported by one participant:

"They need to listen to parents more often because they know their children."

"They only listen if it has to do with behavior, and those behaviors come when a child is not able to keep up with the rest of the class. Then they say, 'Oh, now it's a problem.'"

"Teachers think that they have them in school for eight hours a day, so they know what the child needs. They don't ask the parent for help until they get blue slips."

There was general agreement among participants that some of the supports for special needs are beyond the schools' capacity to handle or that problems must escalate before supports can be made available. These participants also noted that when issues are not addressed in a timely manner, students drop behind academically and run the risk of being labeled. For example:

"The criteria for getting speech and language services and early childhood are per Unified criteria. I've tried for two years to get my son help because I think he needs work with his speech. The tests that they have him take say that he does not qualify. I can see that in a couple of years, they'll say he does need help and I'll say that I tried to get it for him two years ago, when it would have been easier."

"Or they tell you that your disability is not bad enough. Now they have to be delayed two years or more to get help."

"Kids get into Unified and they don't want to be labeled. Let's fix it now so they don't have to be labeled by their peers and teachers; let's fix it now."

One participant reported that:

"One of the things is autism. There is no health care for them in Wisconsin. This is one of the worst states for that; you either need to move away from Wisconsin and start somewhere else or get put on the wait list for years and years. You can't wait for years because the child needs those services as soon as they are diagnosed."

Similarly, a participant discussed the difficulty in finding child care for children with special needs, particularly for older children with more complex needs. For example:

“There are centers out there, but, for example, my friend has a son and he’s 12 and has autism. Day care centers won’t take him. Older special needs kids and kids with medical issues have a hard time receiving day care. Providers don’t want to deal with insulin shots or seizures. This prevents my friend from working because she has an autistic 12 year old. Diabetics they might take, but extremely limited kids or those who need [nursing] care, they may not want to deal with it.”

- **Resources for Seniors**

When reporting on the resources that could be expanded for seniors, focus group participants identified health care, energy assistance, and transportation as areas where seniors could benefit from an expansion of resources.

Meals on Wheels was cited as a resource, but there were some concerns with service delivery and the range of menu options available to seniors. One focus group participant noted that when meals are provided, meals are often not healthy, and that many people have medical conditions such as diabetes which require that special meals be made.

Summary and Conclusions

According to focus group participants, the most significant needs or challenges facing people in poverty in Racine are a lack of employment opportunities, inadequate transportation system, a need for quality education for children and adults, affordable health care and oral health services, assistance with basic needs, and issues with accessing support services. Of these needs, the lack of employment opportunities, education and transportation were described as the most significant needs that, if addressed, could assist with meeting other needs.

Participants reported that workforce development, assistance with basic needs, and financial assistance to low-income individuals are available in the community.

Focus group participants listed a number of ways to improve existing resources and resources that are missing from the community. Resources for children and youth were described as limited; participants noted the need for job opportunities for youth, prevention programming for substance abuse and pregnancy, summer meal programs, and more bilingual programming for Latino youth. In general, resources that could be expanded for people with special needs included more accessible public spaces, transportation, resources to handle more complex needs, and child care for older children with special needs.

Overall, focus group participants described poverty as a web of needs that make life difficult for people with limited incomes. The effects of poverty extend far beyond basic needs and impact educational attainment, employment and personal relationships.

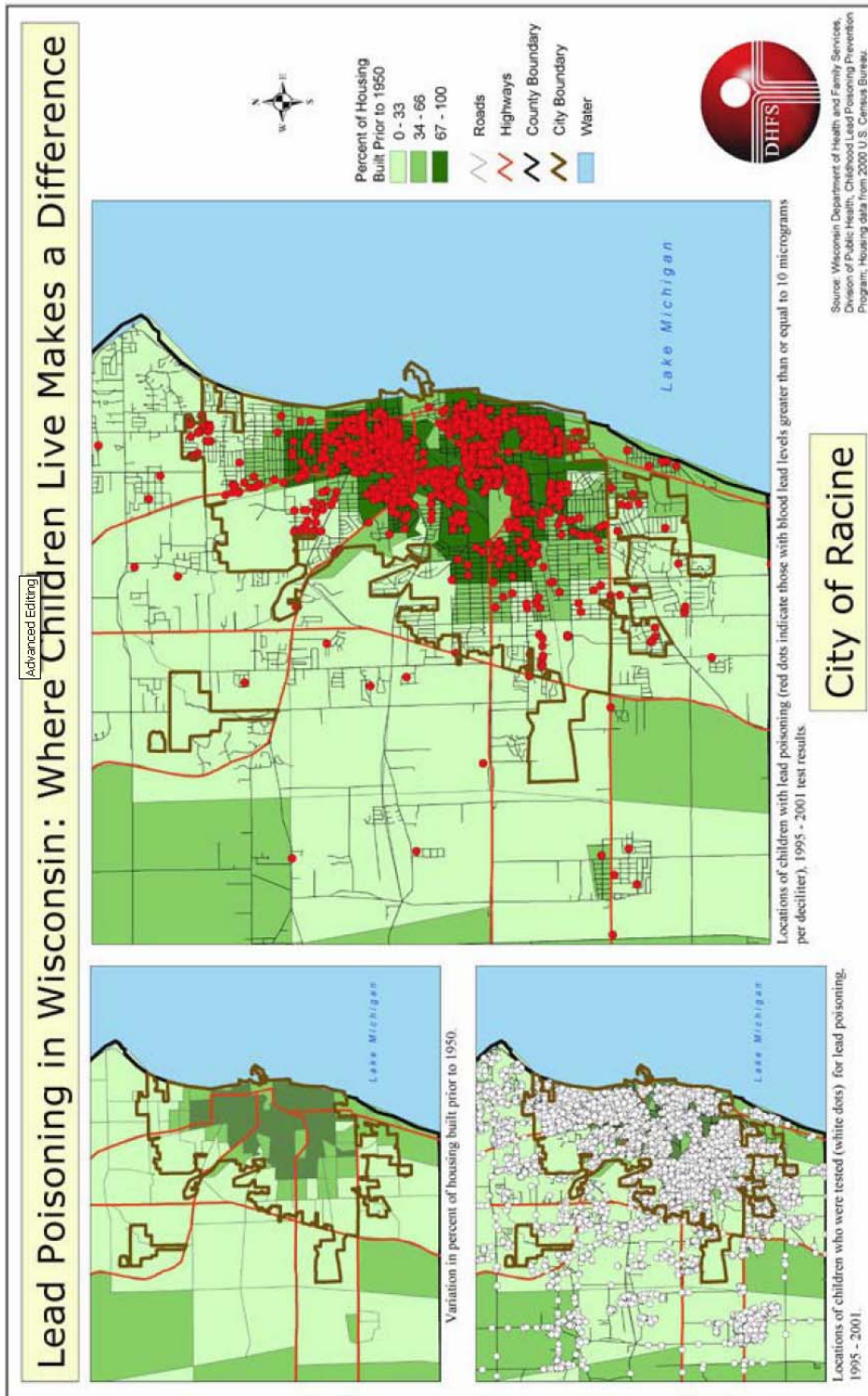
These discussions with low-income residents yielded rich information. However, this information was limited to a small number of focus group participants. Looking forward, future focus groups with low-income individuals might be expanded to include Racine County residents who are not receiving services provided by RKCAA, and additional focus groups convened in order to better include the diverse perspectives of persons living in rural parts of the county, seniors, men of color and youth. By addressing some of these limitations, feedback from a range of community members would be integrated into future focus group input to help inform the work of RKCAA.

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Appendices

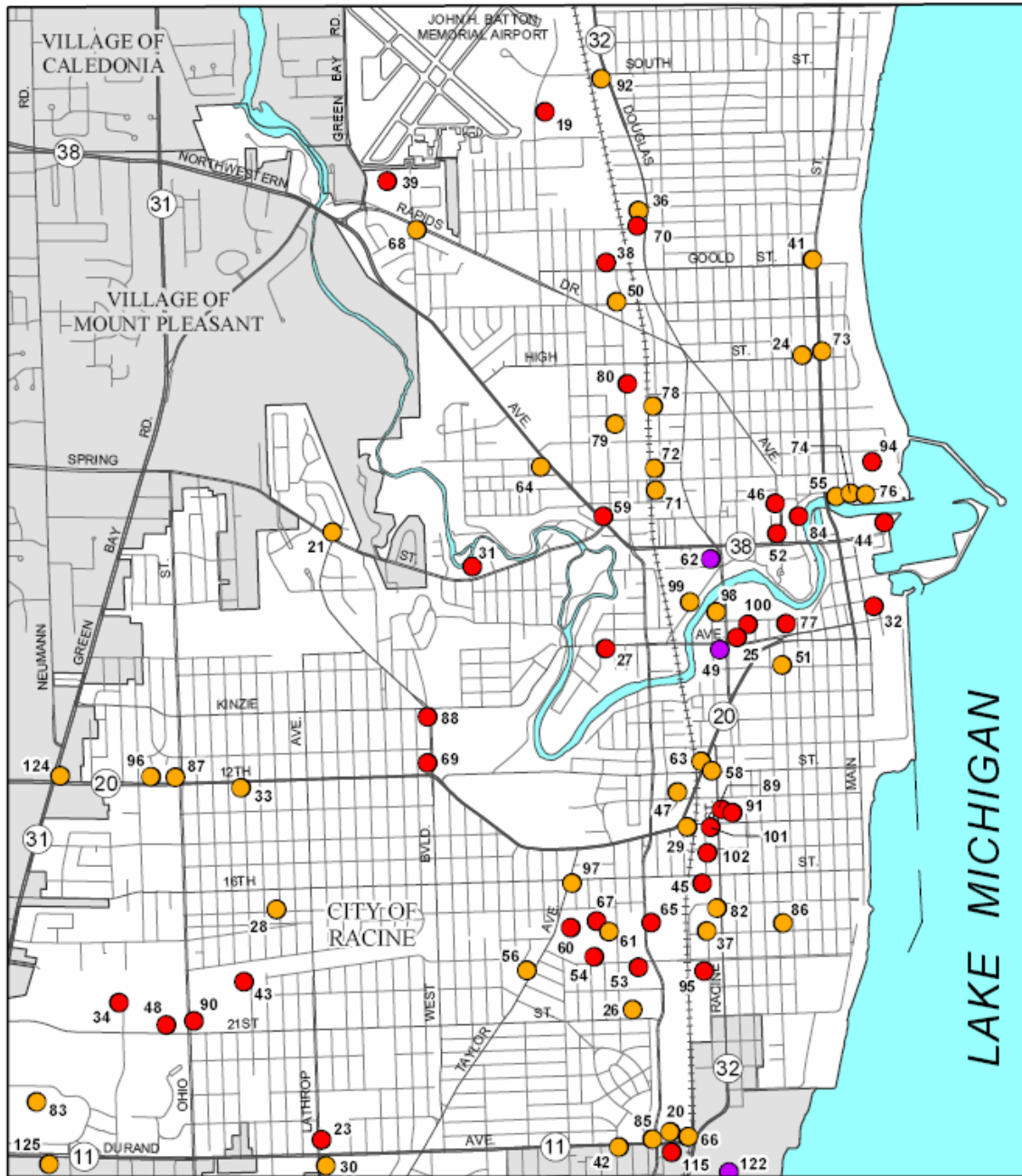
Appendix A: Locations most likely to cause lead poisoning risk in the City of Racine



(RCLEAR 2005)

Appendix B: Map of City of Racine Contaminated Sites

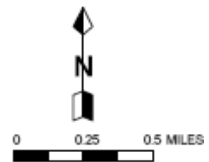
ENVIRONMENTALLY CONTAMINATED SITES IN THE RACINE COUNTY PLANNING AREA



- ENVIRONMENTAL REPAIR SITE
- ENVIRONMENTAL REPAIR SITE / LEAKING UNDERGROUND STORAGE TANK SITE
- LEAKING UNDERGROUND STORAGE TANK SITE

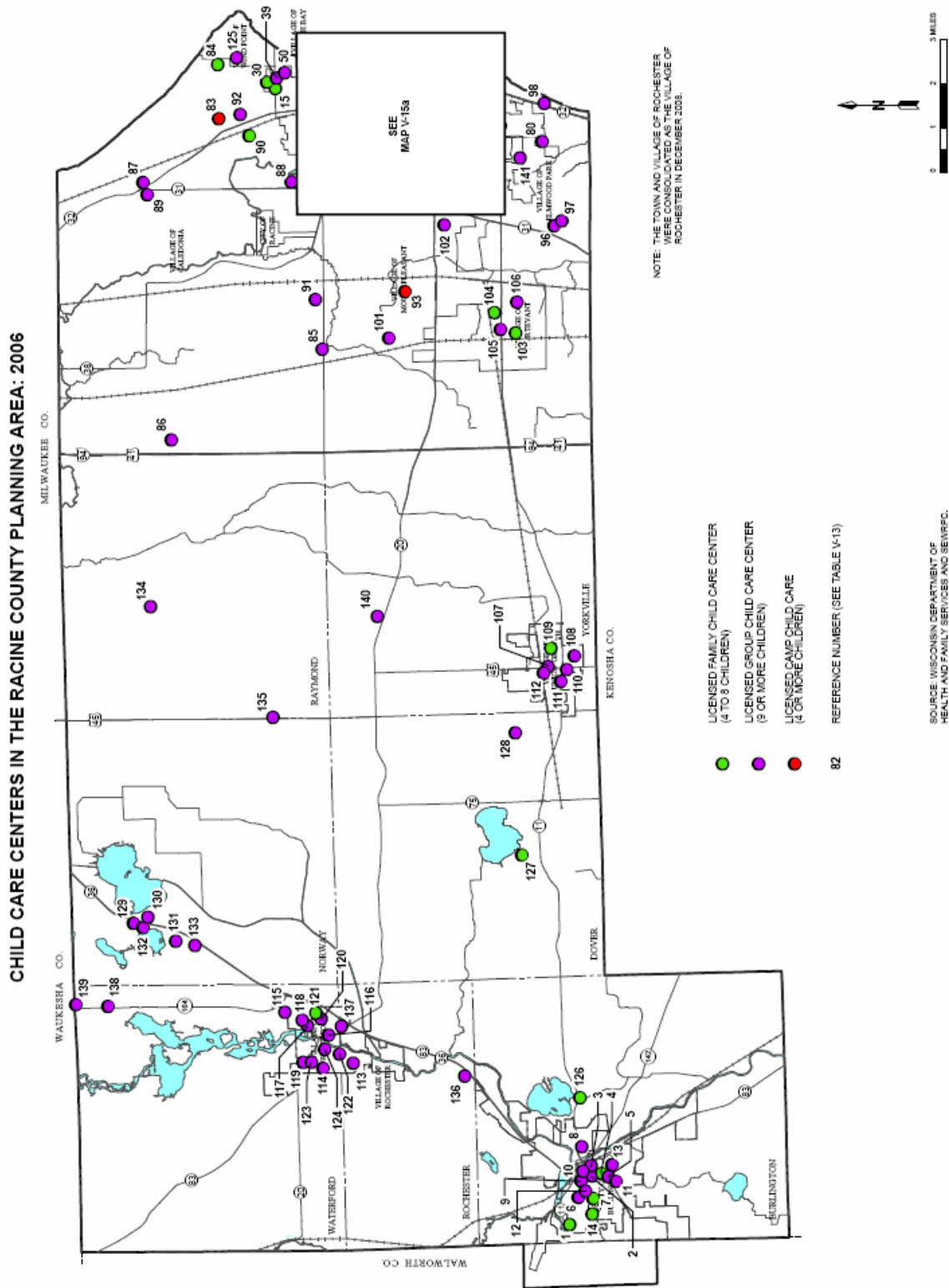
20 ENVIRONMENTALLY CONTAMINATED SITE REFERENCE NUMBER (SEE TABLE XIV-1)

SOURCE: WISCONSIN DEPARTMENT OF NATURAL RESOURCES AND SEWRPC



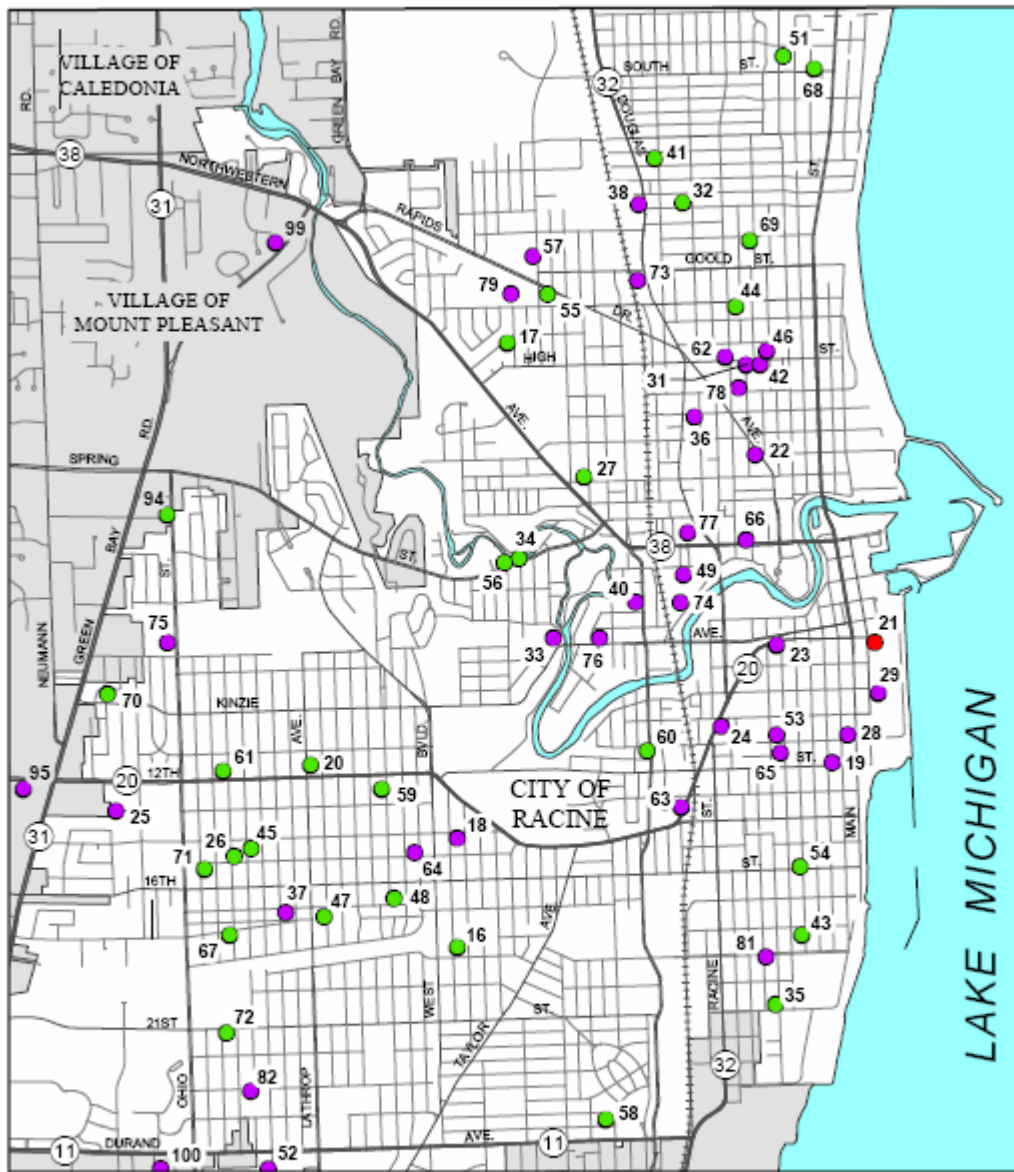
(RCDDP 2009)

Appendix C: Map of child care centers in the Racine County Planning Area (2006)



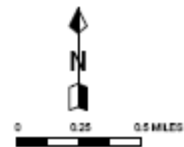
Appendix D: Map of child care centers in the City of Racine (2006)

CHILD CARE CENTERS IN THE RACINE COUNTY PLANNING AREA: 2006



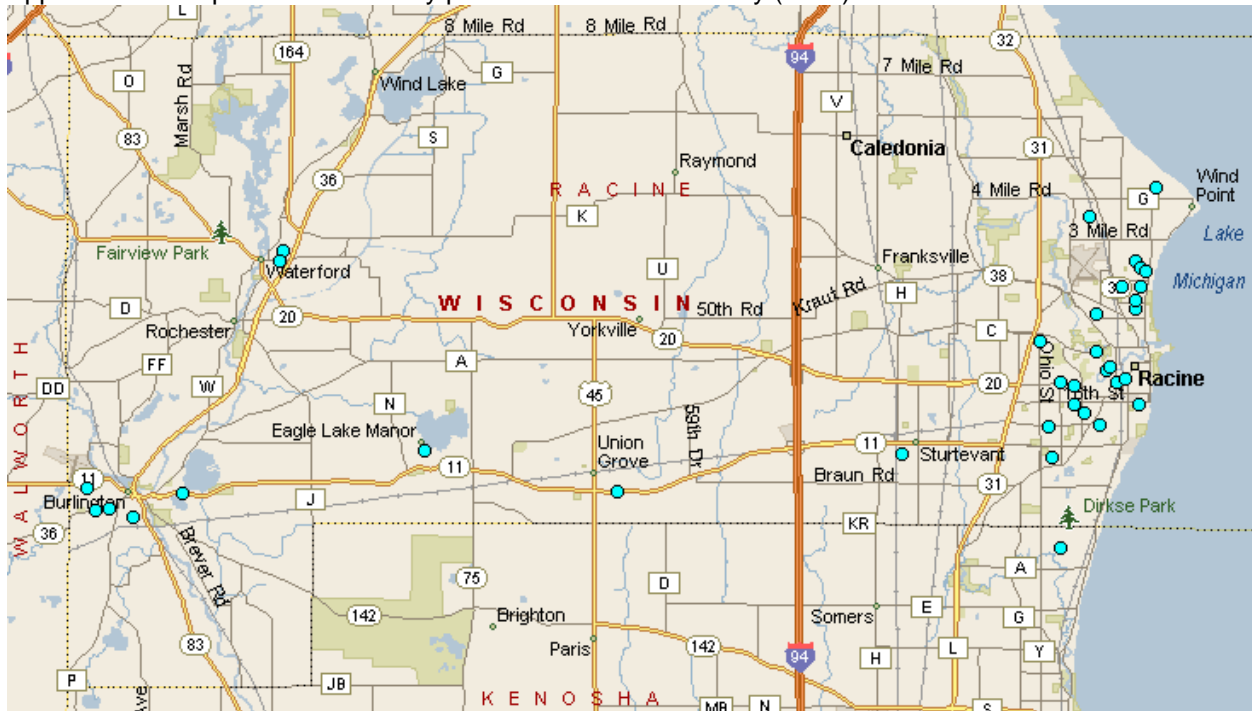
- LICENSED FAMILY CHILD CARE CENTER (4 TO 8 CHILDREN)
- LICENSED GROUP CHILD CARE CENTER (9 OR MORE CHILDREN)
- LICENSED CAMP CHILD CARE (4 OR MORE CHILDREN)
- 37 REFERENCE NUMBER (SEE TABLE V-13)

SOURCE: WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES AND SEWRPC.



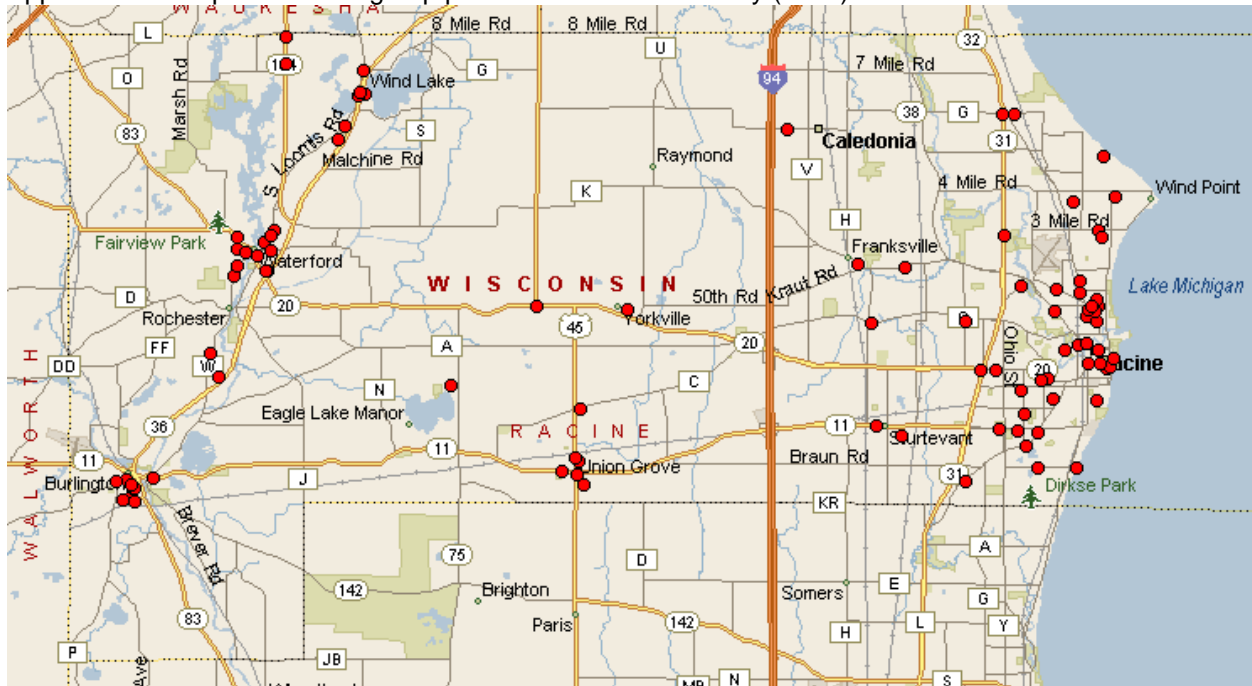
(RCDPD 2009)

Appendix E: Map of licensed family providers in Racine County (2010)

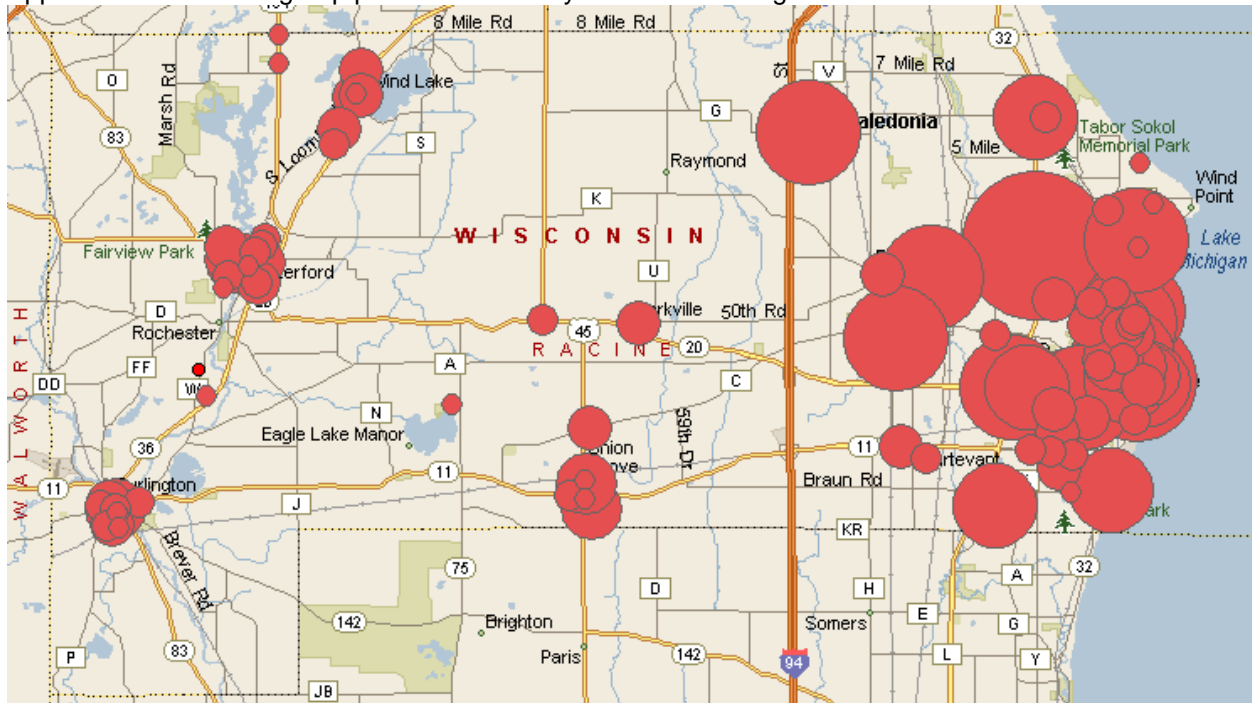


Note: Sandra's Day Care, 1104 S. Memorial Dr., Racine, serves ages 6 -12 at this time. All other providers serve children under 6 years old.

Appendix F: Map of licensed group providers in Racine County (2010)



Appendix G: Table of group providers who only serve children ages 5 and over



Circle Size	Count	Description
1	16	20 and under
2	27	21-40
3	25	41-60
4	7	61-80

Circle Size	Count	Description
5	6	81-100
6	10	101-200
7	1	201-300
8	1	Over 300

Number of Licensed Group Facilities by ZIP Code, 1-14-2010

53105	12
53108	1
53126	1
53139	1
53177	2
53182	8
53185	20
53402	15
53403	11
53404	6
53405	10
53406	6
Total	93

Capacity of Licensed Group Facilities by ZIP Code, 1-14-2010

53105	406
53108	120
53126	51
53139	15
53177	80
53182	329
53185	722
53402	727
53403	870
53404	466
53405	988
53406	566
Total	5340

Appendix H: Table of group providers who only serve children ages 5 and over

PLYMOUTH CHILDRENS CTR BURLINGTON 3	195 GARDNER AVE	BURLINGTON WI 53105	32
PLYMOUTH CHILDRENS CTR BURLINGTON 4	249 CONKEY ST	BURLINGTON WI 53105	32
M.L.S.H. DOVER CENTER LOCATION	23303 CHURCH RD	KANSASVILLE WI 53139	15
YWCA KIDS KLUB NORTH PARK SCHOOL	4748 ELIZABETH ST	RACINE WI 53402	25
YWCA KIDS KLUB DR JONES SCHOOL	3300 CHICORY RD	RACINE WI 53403	18
YWCA KIDS KLUB FINE ARTS	815 DEKOVEN AVE	RACINE WI 53403	25
TLC SCHOOL AGE PROGRAM GIFFORD	8332 NORTHWESTERN AVE	RACINE WI 53406	120
Y'S KIDS WESTRIDGE SCHOOL	1347 EMMERTSEN RD	RACINE WI 53406	25
Y'S KIDS SCHULTE SCHOOL	8515 WESTMINSTER DR	STURTEVANT WI 53177	30
BRIGHT & BEAUTIFUL KIDS CLUB PROG	1745 MILLDRUM AVE	UNION GROVE WI 53182	68
HOMESTEAD DAY CARE LCC-WOODFLD ELEM	905 BARNES DR	WATERFORD WI 53185	45
HOMESTEAD DAY CARE LLC- WASHINGTON	8937 BIG BEND RD	WATERFORD WI 53185	20
ITS ALL ABOUT KIDS AT TRAILSIDE ELE	615 N MILWAUKEE ST	WATERFORD WI 53185	40
IT'S ALL ABOUT KIDS LLC	302 S 1ST ST	WATERFORD WI 53185	14
LAKEVIEW ELEMENTARY SCHOOL SACC	26335 FRIES LN	WIND LAKE WI 53185	56
TODAY'S CHILD LEARNING CENTER INC	817 W MAIN ST	WATERFORD WI 53185	48