



2004 FOLLOW-UP

By *Kate Pomper, Helen Blank,
Nancy Duff Campbell, and
Karen Schulman**

In 2000, the National Women's Law Center released *Be All That We Can Be: Lessons from the Military for Improving Our Nation's Child Care System*,¹ a report documenting a dramatic turnaround in the military child care system and offering lessons on how improvements could be made in civilian child care. Only a decade earlier, the military child care system had been plagued by many of the deficiencies that are still familiar to civilian parents today, including poor-quality care, long waiting lists, and high costs. Prodded by congressional hearings and the enactment of the Military Child Care Act of 1989 (MCCA),² the military developed a systemic approach to providing child care that simultaneously addressed quality, affordability, and availability. By 2000, the military child care system had transformed itself into a system that could serve as a model for the nation.

When *Be All That We Can Be* was written, the military had plans to further strengthen its system and had set goals for continued improvements in the quality and availability of care. This follow-up assesses progress made toward these goals and examines new developments. It also tracks changes in the civilian child care sector since 2000 that reflect strategies used by the military to encourage high-quality, affordable, and accessible child care. It concludes that the military has continued to improve its model system, but

that the engagements in Afghanistan and Iraq and the increased need for homeland security after September 11, 2001, have presented special challenges. On the civilian side, it concludes that despite modest improvements in some areas, progress has stalled, due in large part to federal and state funding constraints. Indeed, in both the military and civilian sectors, the need for more resources is critical to the ability to make continued improvements.

I. MILITARY CHILD CARE SINCE 2000

A. EXTENDING THE INTEGRATED SYSTEM OF CARE TO INCLUDE YOUTH

Be All That We Can Be found that the military's systemic approach to child care was a key element of its success. In 2000, the military provided child care for over 200,000 children daily at over 300 locations world-wide through an integrated system that linked child development centers (CDCs), family child care homes (FCCs), school-age care (SAC) programs, and resource and referral services to assist parents in finding care through a single point of entry.³ Military child care programs were required to meet uniform Department of Defense (DoD) certification standards, enforced through regular inspections.⁴ CDCs were required to be accredited by a national professional organization and CDC caregivers were part of a compensation system that linked higher wages to comprehensive training and experience.⁵ A sliding-scale payment schedule for parents and cash subsidies given to providers helped parents pay for care.⁶ Although the system was not fully meeting the need for care, DoD had a plan to do so, and Congress was appropriating steadily increasing funds to help make this plan a reality.⁷

Since 2000, DoD has been engaged in an effort to integrate and expand the system of care even further to include youth programs, which provide supervised out-of-school options for children ages thirteen to eighteen.⁸ DoD now requires these programs to meet uniform certification standards similar to those in effect for other military child care providers but tailored to the program setting, and regularly inspects them for their compliance with these standards.⁹ Beginning in 2006, DoD will pay youth program providers according to the military child care compensation system and offer them training that is similar in content and structure to the training provided to CDC and SAC program staff.¹⁰ An effort is also under way to expand the availability of youth programs.¹¹ The individual Services have established partnerships with the Boys & Girls Club of America and 4-H, the United States Department of Agriculture's youth development program, to expand the availability of youth programs both on- and off-installation.¹² Every youth program is eligible to become an affiliated Boys & Girls Club of America and enjoy the benefits the organization provides, from opportunities for corporate supplemental funding (grants) to youth development curricula.¹³ However, DoD has not yet included youth programs in its measures of demand for, or use of, child care.¹⁴ Once youth programs are fully integrated into the military child care system, families will have the opportunity to receive high-quality care and supervision for their children from birth to age eighteen.

B. CONTINUING TO RAISE THE QUALITY OF CARE

Be All That We Can Be identified several facets of the military child care system that come together to promote high-quality care: a certification and inspection system that ensures that programs are maintaining basic standards; a program accreditation requirement that moves programs to a higher level of quality; and caregiver training and wages that improve staff quality and stability.¹⁵ Since 2000, the military has continued to make improvements in these areas.¹⁶

1. REFINING THE INSPECTION AND CERTIFICATION SYSTEM

In 2000, the inspection and certification system was identified by the director of the military child care program as the “single most important” aspect of the program.¹⁷ This system ensures that all military child care programs meet a minimum level of quality by providing an annual review of program compliance with standards designed by DoD for this purpose.

Since 2000, the Army and the Marine Corps have made improvements in their review and inspection tools.¹⁸ The Army has created user-friendly handbooks for CDC staff that provide interpretations of inspection standards and examples of how to comply with the standards.¹⁹ These tools are designed to increase compliance by placing more emphasis on the intent underlying a certification requirement, rather than on the certification requirement itself.²⁰ The Marine Corps has revised its self-inspection tool, which helps programs prepare for inspections, and developed a new headquarters inspection tool.²¹ These tools now have a completely new format, scoring method, and content.²²

Compliance with DoD certification standards has remained high since 2000. Waivers—which allow ninety days for a non-life-threatening violation to be fixed—continue to be requested by CDCs, but granted rarely.²³ Only six²⁴ CDCs out of 445²⁵ currently have waivers. Only one CDC has closed.²⁶ This center, housed in a temporary annex, was closed by the Navy because of facility deficiencies.²⁷

2. STRENGTHENING AND EXPANDING ACCREDITATION

DoD also promotes high-quality child care through its accreditation requirement. Unlike the certification process, which ensures that child care meets the military’s own basic standards with an emphasis on health, safety, and program administration, the accreditation process ensures that child care meets the higher nationally recognized standards of child care quality established by outside national organizations. Accreditation standards go beyond DoD certification standards to provide explicit guidance in areas such as staff/child interactions and are generally more specific and prescriptive about curriculum content and features of the child’s environment. Since 2000, DoD has strengthened its accreditation requirements for CDCs and reinforced them for SAC programs. In addition, DoD and all of the Services now encourage—but do not require—national accreditation for FCC providers.

Congress mandated accreditation for programs in military CDCs in 1996.²⁸ Since that time, DoD has used the National Association for the Education of Young Children (NAEYC) to accredit CDC programs.²⁹ Through 2000, DoD counted a CDC as accredited if it had ever received NAEYC accreditation, regardless of whether the CDC had renewed its accreditation when it expired.³⁰ In 2001, DoD redefined—and thus

strengthened—accreditation by requiring that a CDC must be currently accredited by NAEYC.³¹ Today, 91% of military CDCs are accredited,³² as compared to 8% of civilian child care centers.³³ DoD's goal is to achieve 100% accreditation as soon as possible.³⁴

Congress's 1996 accreditation mandate generally defined a military CDC as a facility on a military installation at which child care services are provided for members of the armed forces.³⁵ Not all of the Services, however, understood the mandate.³⁶ In 2004, DoD issued a policy memorandum clarifying that the mandate for child development center accreditation included SAC programs.³⁷ All Services are now working toward SAC program accreditation.³⁸ DoD uses the National AfterSchool Association (NAA), formerly the National School-Age Child Care Alliance (NSACA),³⁹ to accredit SAC programs, and has a goal of 100% accreditation by 2007.⁴⁰ Fifty-eight percent of SAC programs are currently accredited.⁴¹ Notably, 100% of Air Force SAC programs have been accredited since 2002⁴² and 84% of Army SAC programs are currently accredited.⁴³

In 2000, DoD was in the process of determining how an accreditation process similar to that for military CDCs could be employed for its FCC providers.⁴⁴ Today, military FCC providers, who operate as independent contractors, are encouraged—although still not required—to become accredited.⁴⁵ All of the Services use the National Association for Family Child Care (NAFCC) as the accrediting organization.⁴⁶ The Army, the Navy, and the Air Force provide financial incentives to achieve accreditation, and the Marine Corps will begin to do so in the next year.⁴⁷ The Army and the Navy provide a one-time subsidy when FCC providers are initially accredited.⁴⁸ Some Navy installations additionally provide yearly incentive payments for maintaining NAFCC accreditation,⁴⁹ and the Army began to do so in the fall of 2004.⁵⁰ The Air Force has a three-tier system that subsidizes FCC providers at a higher amount than other FCC providers for moving toward accreditation and at a still higher amount for being accredited.⁵¹ Since that system was implemented in 2003, the number of accredited Air Force FCC providers has risen from fourteen to 106.⁵² Thus far in all the services, 219 (2% of) FCC providers are accredited.⁵³

The military has made significant progress in improving its accreditation system for CDCs and SAC programs, and has taken some important first steps in encouraging accreditation for FCCs. Each of these measures should improve the quality of care for the children of military families.

3. EXPANDING STAFF COMPENSATION AND TRAINING

High-quality child care depends on a stable, well-trained staff. To achieve such a staff, there must be adequate staff compensation and comprehensive training opportunities. As of 2000, the military child care system provided both for CDC caregivers. These caregivers were paid in accordance with a compensation system in which rates of pay are equivalent to rates of pay for other DoD employees with comparable training, seniority, and experience.⁵⁴ Under this system, wages increase with completion of various levels of training that are available through an extensive training program and demonstrated competency.⁵⁵

The military compensation system also covers caregivers in SAC programs in a CDC, school, or other facility⁵⁶ and, as previously described, will cover youth program staff, beginning in 2006, thereby bringing in a greater range of school-age-care providers. In addition, since 2000, three of the Services—the Air Force, the Army, and the Marine Corps—have taken steps to make the SAC and youth program staff positions more

appealing.⁵⁷ It had been difficult for the Services to recruit and retain SAC and youth program staff in some instances because they could not offer enough hours of before- and after-school time blocks to fill a forty-hour week.⁵⁸ But as a result of the movement toward an integrated system of care for children and youth, all of the Services now offer these employees the opportunity to combine different jobs to equal forty hours.⁵⁹ The Services have defined the positions broadly and designed training to allow staff to work in both child and youth programs. For example, position titles and descriptions, rather than being facility-specific, use the general terminology of “Child and Youth.”⁶⁰ The Air Force and the Marine Corps encourage programs to offer “dual employment” to SAC and youth program staff so that employees gain job experience in both SAC and youth programs.⁶¹ All of the Services provide staff with common core training plus training specific to the different job descriptions.⁶² Consequently, a staff member may work in a SAC program before and after school and a youth program at night and on weekends or pursue a variety of other combinations.⁶³

FCC providers are independent contractors and are not directly compensated by the military. Since 2000, however, two of the services—the Army and the Air Force—have expanded the use of direct monetary subsidies to FCC providers, which are in effect compensation subsidies.⁶⁴

Caregiver wages within the compensation system are higher than in 2000 as a result of adjustments made to the federal government’s general schedule (GS) pay rates. These increases have amounted to slightly more than inflation over the last four years.⁶⁵ A caregiver with a high-school diploma who works full-time starts at between \$9.34 and \$13.24 per hour (\$19,483 to \$27,635 annually),⁶⁶ receives an increase after six months of training to between \$9.90 and \$14.03 per hour,⁶⁷ and upon successful completion of training receives between \$11.43 and \$16.63 per hour (\$23,863 to \$34,714 annually).⁶⁸ Caregivers with some supervisory responsibility and the nationally recognized Child Development Associate (CDA) credential are placed in the same payband as caregivers who have completed the mandatory military training. Top-level directors can earn as much as \$36.54 per hour (approximately \$76,000 annually).⁶⁹ As in 2000, both regular full-time and part-time staff working over twenty hours per week receive life insurance, health insurance, sick leave, annual leave and retirement benefits—generally providing an additional value equal to 22% of salary.⁷⁰

Today, as in 2000, the DoD training program for caregivers is comprehensive. CDC staff and FCC providers must complete an orientation training (six to eight hours before working with children), core competency training (fifteen training modules that must be completed within two years of being hired), and annual training (twenty-four hours each year after the initial training is completed).⁷¹ SAC program staff must complete thirty-six hours of training based on the competency modules within the first year of being hired, as well as twenty-four hours of refresher training annually.⁷²

DoD and the individual Services have also improved training, by making it more accessible and refining training methods. Currently, DoD and the individual Services are working to update the training modules for CDC staff and FCC providers, which will ultimately be made available on CD-ROMs.⁷³ DoD hopes that placing the training modules on CD-ROMs will make the training components more accessible as well as improve the computer literacy of military child care staff.⁷⁴ The Air Force and the Army have made their own efforts to improve training. The Air Force has developed a new training model, the Developmental Training Model (DTM),⁷⁵ that systematizes the

direct observation of staff and providers that occurs in the development of their training plans.⁷⁶ Direct observation has always been a part of the training process, but never with consistency in who conducts observations and how the observations proceed.⁷⁷ The DTM, which is used for CDC staff and SAC program staff at all stages of training, specifies both who observes the caregiver and the process through which the observation becomes part of the caregiver's training plan. A training and curriculum specialist observes a caregiver (and the caregiver's team members in the same room, in the case of CDCs and SAC programs) for one hour, and within forty-eight hours debriefs the caregiver (and other members of the team, if applicable) on areas needing improvement.⁷⁸ Then, the caregiver and a small group of other caregivers (the team members, when applicable) collaboratively develop a training plan based on the feedback that the caregiver (and the team) received individually.⁷⁹ The Army has developed staff training materials that provide standardized plans for annual training after staff complete the core competency training.⁸⁰ Previously, caregivers developed their own annual training plan.⁸¹ Now, they choose from plans that either support their attainment of a particular career goal, such as a CDA or becoming a manager, or that systematically advance their basic training.⁸²

Both the Air Force and the Army have also made improvements specific to FCC provider training. The Air Force will adapt and implement the DTM for its FCC providers in 2005.⁸³ The Air Force has also begun sending providers to "provider school" held in conjunction with NAFCC conferences.⁸⁴ Beyond expanding training, the Air Force believes these trips encourage accreditation, reporting that the number of FCC providers applying for accreditation rises after they attend the annual Air Force training and recognition banquet that occurs at the annual NAFCC conference.⁸⁵ The Army has improved access to FCC provider training by requiring that training be conducted during the provider's usual workday, rather than at night,⁸⁶ and providing child care for the children cared for in the provider's FCC home during training.⁸⁷ FCC providers are also frequently brought into a CDC classroom for training, which exposes them to broader career options in the child care field.⁸⁸

In addition to taking new measures to improve the training of FCC providers, the Army has developed a new staff position to support them, the Family Child Care program associate.⁸⁹ The FCC program associate works with twenty-five to forty FCC providers, as well as the FCC director and FCC trainer.⁹⁰ The associate's responsibilities include assisting the director and trainer with some of the entry-level training, acting as a CDA credential advisor, making home visits, and helping with program operations by organizing field trips and running the resource library.⁹¹

In 2000, the military's compensation and training system was cited as key to its ability to achieve its goals of a better-trained and more stable CDC caregiver workforce.⁹² The full integration of SAC and youth program staff into the compensation system, the increases in child care wages by at least the rate of inflation, and the improvements—though modest—in caregiver training since 2000 should continue to help the military attract and retain a well-trained CDC, SAC, and youth program workforce.⁹³

C. KEEPING CHILD CARE AFFORDABLE

Today, as in 2000, ensuring that military child care is affordable remains an important goal. The primary features of the military child care system that support affordability are a sliding-scale payment schedule for parent fees for care provided in a CDC or SAC program in a CDC, school, or other facility and direct monetary subsidies to FCC providers who agree to adhere to the parent fee schedule set by their installation commander.⁹⁴ Since 2000, DoD has slightly revised its schedule of parent fees and expanded the provision of direct monetary subsidies to FCC providers.

The table below shows the range of fees at different income levels for the school year 2004-2005, which are adjusted annually to keep pace with inflation.⁹⁵ Since 2000, the bottom bracket of the DoD sliding-scale payment schedule for parent fees has been expanded from \$0-\$23,000 to \$0-\$28,000, to account for increases in military wages that had made fewer service members eligible for the lowest parent fees.⁹⁶

Parental Child Care Fees in Military Child Development Centers and School Age Programs⁹⁷

Total Family Income	Range of Weekly Fees Per Child 2004-2005
\$0-\$28,000	\$43-\$59
\$28,001-\$34,000	\$53-\$70
\$34,001-\$44,000	\$64-\$84
\$44,001-\$55,000	\$77-\$95
\$55,001-\$70,000	\$92-\$111
\$70,001 +	\$107-\$126

Today, these fees represent 8% to 13% of income for families in the lowest-income bracket (up to \$28,000)⁹⁸ and 9% of income or less for families at higher-income levels (\$70,001 or more), about the same as they did in 2000.⁹⁹

The military continues to offer center-based child care to parents at a cost below that of center-based civilian care. The average weekly fee for military CDC care in 2004, which covers fifty hours of care per week and two meals and two snacks per day, was \$83 or \$4,316 annually.¹⁰⁰ This is lower than what civilian families in many communities were paying in 2003 for average-priced center care for fewer hours. For example, a 2003 survey of child care centers in over 140 metropolitan areas nationwide by Runzheimer International found that the annual cost of care to parents for a three-year-old child in a for-profit child care center, five days per week, eight hours per day, ranged from a minimum of roughly \$4,000 to upwards of \$10,000.¹⁰¹ Parents of infants likely faced even higher costs.¹⁰²

As previously described, FCC providers are independent contractors who set their own fees unless they receive a direct monetary subsidy from the military, in which case their installation commander may regulate their fees.¹⁰³ Since 2000, two Services have improved the affordability of FCC care by increasing the number of direct monetary subsidies to FCC providers in exchange for regulation of their fees. The Army began requiring that subsidies be provided to FCC providers serving families in the lowest-income category (\$28,000 or less) in 2001 and to FCC providers serving families in the

second-lowest income category (\$28,001-\$34,000) in 2003.¹⁰⁴ FCC providers who accept these subsidies can charge families in the lowest-income category no more than the minimum DoD parent fee for the lowest-income families in CDCs and SAC programs (currently \$43 per week, prorated for school-age care), and other families no more than families in the same income category are charged under the DoD parent fee schedule for CDCs and SAC programs.¹⁰⁵ Currently, almost 700 FCC providers in the Army receive direct monetary subsidies for 4,227 children.¹⁰⁶ The Army reports that these direct subsidies, when combined with other indirect subsidies to FCC providers, have helped keep down the cost of care to all Army parents using FCCs;¹⁰⁷ parents using Army family child care currently pay an average of \$89 a week.¹⁰⁸ The Air Force began providing subsidies to FCCs in exchange for fee regulation for the first time in October, 2003.¹⁰⁹ Already, roughly 700 FCC providers in the Air Force receive direct monetary subsidies for approximately 1,400 children.¹¹⁰ According to the Air Force, the number is growing each month.¹¹¹ Before the Air Force started its subsidy program, parents paid an average fee of \$110 per week; now they pay an average of \$84 per week.¹¹²

In sum, since 2000, modest improvements in the DoD parent fee system for CDCs and SAC programs and more substantial improvements in the use of FCC subsidies in exchange for fee regulation by at least two of the individual Services have continued to improve the affordability of child care for military families.

D. EXPANDING CHILD CARE AVAILABILITY

In 1992, DoD developed a formula for measuring the need for military child care and established an aggressive plan to meet that need.¹¹³ Following this plan, the military dramatically increased the capacity of its child care system between 1989 and 1999—almost tripling the number of spaces available.¹¹⁴ Demand for child care, however, still far outstripped supply. Although the military child care system was offering over 173,000 spaces in 2000,¹¹⁵ DoD then estimated that it was meeting just 58% of the need¹¹⁶—with a goal of reaching 80% by 2005.¹¹⁷

After 2000, DoD revised its estimate of the need for child care downward based on newly available demographic data from 1999.¹¹⁸ Using the updated estimate of the need for child care, 64% of the need was being met in 2000.¹¹⁹ DoD has also commissioned a study to improve the accuracy of the need formula developed in 1992 to measure the need for care.¹²⁰ Until the results are published, DoD has elected not to apply its current formula to more recent demographic data to determine the current need.¹²¹ DoD reports, however, that as a result of the engagements in Afghanistan and Iraq and the heightened homeland security needs after September 11, 2001, it is experiencing a persistent increased demand for care.¹²² A growth in the number of active-duty service members—including through activation of the National Guard and Reserves—has increased the need for child care spaces.¹²³ Before activation, Guard and Reserve members may have helped to care for their children or brought in civilian income that either covered civilian child care costs or allowed the other spouse to stay home with the children.¹²⁴ Once activated, these members are not able to help with these child care responsibilities and may earn lower salaries than they did in their civilian-sector jobs,¹²⁵ prompting their spouses to seek employment (or increased employment) and creating a greater demand for child care for their children. An increase in the number of service members who are deployed abroad—leaving their spouses “geographically single”—and

an increase in hours of duty even for those who are not deployed, has also increased the demand for child care, as well as for more flexible care arrangements.¹²⁶

At the same time, growth in the capacity of the military child care system has slowed dramatically over the last four years. In 2003, the military child care system provided approximately 174,400 spaces,¹²⁷ or only about 1,400 more spaces than in 2000.¹²⁸ Approximately 800 centers provided over 66,500 child care spaces and nearly 48,000 school-age spaces.¹²⁹ Roughly 9,000 FCCs provided over 54,000 child care spaces¹³⁰—900 fewer FCCs and 6,000 fewer spaces than in 2000.¹³¹ Using the revised estimate of need in 2000, which does not take into account any increases in need since 1999, DoD estimates that an additional 40,702 spaces are needed to reach its goal of meeting 80% of the need¹³² by 2007,¹³³ a date two years later than it originally set in 2000.¹³⁴ Using this same estimate, DoD is currently meeting 65% of the need, a slight increase from 2000.¹³⁵

Under whatever estimate of need is being used, the challenges in meeting that need have grown since 2000. At that time, the military was reaching full capacity in its CDCs, FCCs, and SAC programs on military installations.¹³⁶ Since that time, CDC expansion has been stymied by a lack of funding for facility construction and operation and management.¹³⁷ As described above, large numbers of FCCs have closed.¹³⁸ Some FCC providers closed their homes as a result of installation closures, barracks renovation, and privatization of housing.¹³⁹ Others closed their homes to pursue different employment offering higher salaries or left installations when their spouses were deployed.¹⁴⁰ As a result, only one Service managed to increase significantly its number of on-installation child care spaces. The Navy, which had considerably fewer FCC homes than the Army and the Air Force in 2000,¹⁴¹ added over 500 FCCs or roughly 3,000 spaces between FY 2000 and FY 2003.¹⁴² The Navy achieved this increase through a focused effort that was informed by a survey of providers and parents and consisted of several strategies: renaming family child care homes as child development homes (CDHs); running a public education campaign aimed at changing attitudes toward family child care; offering monetary and non-monetary subsidies to CDH providers; advertising the benefits of being a CDH provider locally and in some national publications; and marketing the CDH provider job as a “career” and “self-employment.”¹⁴³

Expansion of off-installation care has presented its own challenges. In 2000, DoD's commitment to ensuring the same high quality of care off-installation as on-installation led to a recognition that partnership with community-based providers might require an infusion of DoD funds.¹⁴⁴ Accordingly, the National Defense Authorization Act for Fiscal Year 2000 (NDAA) authorized DoD to give financial assistance to civilians who provide child care or youth program services to military families, provided that the off-installation programs supplement or expand child care or youth program services for military installations.¹⁴⁵ Civilian providers who receive financial assistance must be licensed under state and local law, have previously provided child care services to the military or federal government, and comply with applicable DoD regulations, policies and standards.¹⁴⁶ DoD has determined that these standards are met by off-installation center-based care that is nationally accredited¹⁴⁷ and by off-installation FCC providers who meet the same standards as on-installation FCC providers.¹⁴⁸

DoD provides these off-installation centers and FCC providers with financial assistance that is sufficient to enable them to charge a military family no more than what that family would pay for on-installation care under the DoD fee schedule.¹⁴⁹

No system-wide data are available on the extent to which the supply of off-installation

care has increased since 2000.¹⁵⁰ The Services, with the exception of the Navy and the Air Force, report, however, that expansion of off-installation care has been limited until recently.¹⁵¹ The Navy, with the same focused effort it made to increase the number of on-installation FCC spaces described above, increased off-installation FCC spaces by 2,925 from FY 2000 to FY 2003 by recruiting 487 new off-installation FCC providers.¹⁵² Since 1999, the Air Force has recruited ninety-one new off-installation FCC providers who are spouses of active-duty military or retired military.¹⁵³ In 2003, the Air Force began a pilot program near fifteen installations to recruit a broader group of civilian FCC providers.¹⁵⁴ Through an initiative called “Growing Spaces,” estimated to be implemented by early 2005,¹⁵⁵ the Air Force aims to expand this program to ten new installations, adding 250 off-installation civilian FCC providers and creating spaces for approximately 1,500 children.¹⁵⁶ The Army delayed off-installation expansion to coordinate with a large-scale Service transformation process that will affect the location and delivery of child care.¹⁵⁷ However, in December, 2004 the Army began an effort to increase off-installation child care by 2,000 spaces.¹⁵⁸

DoD and the Services also began a project in September 2004 to identify and contract for a minimum of 9,000 “deployment” child care spaces in local communities for children of deployed National Guard and Reserve families.¹⁵⁹ DoD subsidizes licensed or “equivalent legally operating” providers¹⁶⁰ of these “deployment child spaces” up to 50% of the amount the military family would pay under the DoD fee schedule for on-installation care.¹⁶¹ The rationale for this departure from DoD and the Services’ general rule that off-installation care must be nationally accredited or otherwise meet the same standards as on-installation care, and that subsidized off-installation providers must charge a military family no more than that family would pay under the DoD fee schedule, is that “deployment” care is offered only on a temporary basis while the member is deployed.¹⁶²

A new DoD initiative administered by the Business Initiative Council (BIC) is also being used to expand off-installation care.¹⁶³ BIC, a DoD body created in 2001, is charged with finding ways to make the Services less costly and more efficient.¹⁶⁴ Through the BIC initiative, the Services have received funding¹⁶⁵ to test programs that expand the availability of care through civilian off-installation partnerships for a two-year period.¹⁶⁶ For example, the Marine Corps is exploring a partnership with the federally funded Early Head Start program that would provide care for children ages birth to three living at installations that have a shortfall of spaces or are geographically isolated.¹⁶⁷ Additionally, both the Army and the Air Force use some BIC funding for the off-installation expansion efforts described above.¹⁶⁸ According to DoD, in addition to providing funding that makes expansion to off-installation partners a viable strategy, the BIC initiative has been valuable for demonstrating the need for off-installation partners.¹⁶⁹

In addition to efforts to increase child care spaces, the Services are trying to expand and extend other child care supports for families. In 2000,¹⁷⁰ the Air Force increased its provision of extended-duty care, care for mildly ill children, and “returning-home” care (provided for up to sixteen hours when service members return from deployment or during their two-week rest and relaxation period).¹⁷¹ Since September 11, 2001, the number of hours of extended-duty care provided by the Air Force has increased from 3,000 to 18,000.¹⁷² Initially parents paid an additional fee for extended-duty care and returning-home care.¹⁷³ Since September 11, 2001, however, the Air Force pays the full cost of both extended-duty and returning-home care.¹⁷⁴ The Navy has also addressed the increased need for extended-duty care. It has established two group child care homes, providing care twenty-four hours a day.¹⁷⁵ These group homes offer children a home-

like atmosphere¹⁷⁶ and less disruption than the usual extended-duty care, since they allow children to remain in one place for the entire day rather than move between CDCs and FCCs. In addition, the Navy has provided increased subsidies to child development homes to encourage providers to serve children whose parents are shift workers or work extended hours and need twenty-four-hour care.¹⁷⁷

The Army has also increased its child care supports for families, providing more than one million hours of new services since 2001, including supplemental care services for families preparing for deployment and extended-duty care (frequently with transportation between providers of care) at no additional cost to parents.¹⁷⁸ Previously, soldiers had to patch together multiple extended-duty care arrangements, as well as arrange their own transportation.¹⁷⁹ The Army has also added respite and reunion/re-integration care services.¹⁸⁰

DoD and the Services have established a toll-free number and a web site accessible twenty-four hours a day, seven days a week, to provide child care resource and referral assistance, in addition to assistance with other work-life issues.¹⁸¹ Parents in all Services can also receive a minimum of four hours free, mostly off-installation, child care during service members' two-week rest-and-relaxation period due to a new partnership with the National Association of Child Care Resource and Referral Agencies (NACCRRA).¹⁸² NACCRRA recruits licensed civilian child care centers and civilian family child care providers to volunteer to provide this care.¹⁸³

In short, since 2000, the military has been working to increase the supply of child care, both on- and off-installation. DoD and the individual Services have also increased the range of child care supports provided to military families. These efforts have expanded in the last few years, especially to meet the demands of the engagements in Afghanistan and Iraq and the increased need for homeland security after September 11, 2001. As the military has had to recruit more off-installation care, it has faced many of the same challenges that confront civilian policy makers seeking to improve the quality and affordability of care. In some instances, in order to increase the supply of care, the military has had to modify both its standards and the extent to which it subsidizes the cost of care for military families receiving off-installation—as compared to on-installation—care. But, for the most part, it has been successful in ensuring that care both on- and off-installation is comparable in quality and cost.

E. ADDING RESOURCES FOR CHILD CARE

Be All That We Can Be made it clear that the improvements in military child care would not have been possible without increased resources dedicated to achieve those improvements.¹⁸⁴ Since 2000, appropriated funds for DoD's child development programs as a whole have increased by more than the rate of inflation, from \$352 million for FY 2000¹⁸⁵ to a projected \$441 million for FY 2005.¹⁸⁶ In addition to these initial annual appropriations, in the years since FY 2002, the military child development program has received supplemental appropriations of \$8 million in 2002 and 2003¹⁸⁷ and more than \$28.4 million in 2004 to provide child care services that support families affected by the engagements in Afghanistan and Iraq and the heightened homeland security need since September 11, 2001.¹⁸⁸ Unfortunately, as described above, this rate of growth in resources has not been sufficient to allow DoD to achieve all of its goals.

II. THE CIVILIAN SECTOR: PROGRESS AND SETBACKS SINCE 2000

Be All That We Can Be described ways in which the lessons learned from the military's experience in improving its child care system could be applied to the civilian sector. While there are differences between the military and civilian sectors, both share the same need for high-quality, affordable, accessible child care to help children learn and enable parents to work productively, and many of the strategies used by the military can be used in the civilian sector. Indeed, over the past several years, the civilian sector has taken steps to improve the quality, affordability, and availability of child care that in certain respects echo efforts in the military sector. Unfortunately, some of the progress on these fronts has stalled or reversed in recent years due to federal and state funding constraints. In addition, advances in the civilian sector have tended to address individual child care issues rather than build on a comprehensive child care system, the way the military has done.

A. IMPROVING QUALITY

Just as the military has established and enforced basic quality standards in its child care system, several states have strengthened their licensing standards and a few have strengthened enforcement since 2000,¹⁸⁹ but some states have taken steps backwards on licensing as well. Alabama, Tennessee, and Wyoming, for example, improved their child-staff ratio requirements for child care centers, so that centers are required to have fewer children per adult.¹⁹⁰ A number of states enacted new requirements for providers, such as criminal and child abuse background checks or regular on-site visits, or expanded the categories of providers subject to regulation.¹⁹¹ In addition, ten states hired more licensing inspectors to help enforce licensing requirements.¹⁹² In contrast, Arizona, Michigan, and Washington froze hiring of new licensors in 2002.¹⁹³

Some states have gone beyond simply ensuring that child care programs meet minimum standards to providing incentives to move toward a higher level of quality. Unlike the military child care system, states do not generally require any of their child care programs to be accredited. However, states have made efforts to encourage child care providers to become accredited, and a few states require accreditation for their state-funded prekindergarten programs.¹⁹⁴ In 2004, thirty-five states had differential reimbursement rates that provided higher subsidies for child care providers who were accredited or met higher standards in areas such as staff training, staff pay, or curriculum.¹⁹⁵ This represents an increase of thirteen since 2000, when only twenty-two states offered differential rates for higher-quality care.¹⁹⁶

Like the military, an increasing number of states recognize the importance of enabling child care providers to have a career path with opportunities for advancement and steadily increasing compensation. As of 2004, twenty-three states had adopted the T.E.A.C.H. Early Childhood® Project,¹⁹⁷ under which the state awards scholarships to child care providers who complete a specified amount of education and awards bonuses in exchange for the providers' agreement to remain with their program for a set period of time.¹⁹⁸ Only seventeen states had the T.E.A.C.H. initiative in 2000.¹⁹⁹ Another state strategy for increasing provider education and compensation is the Child Care WAGE\$® Project. Under this initiative, a state provides salary supplements to family

child care providers, child care teachers, and center directors who have formal child care credentials or education beyond high school diplomas and work with children birth to age five in licensed care programs.²⁰⁰ The initiative began in North Carolina, where, for FY 2002-03, the average supplement was \$1,012 per year.²⁰¹ As of 2000, similar initiatives were being implemented in California, Illinois, and New York,²⁰² and since then, Florida, Kansas, and Oklahoma have started WAGE\$ initiatives.²⁰³

Unfortunately, such efforts are limited in scope, reaching only a small number of providers, so child care providers' salaries remain low. In 2003, the most recent year for which data are available, the national average wage for a full-time, full-year child care worker was \$8.47 per hour or \$17,610 annually.²⁰⁴ For full-time, full-year work, this is not much above the 2003 poverty level of \$15,260 for a family of three²⁰⁵ Furthermore, some states have scaled back or eliminated initiatives that encouraged better-quality programs with more highly qualified staff.²⁰⁶

B. MAKING CARE MORE AFFORDABLE

Some steps have been taken to make child care more affordable for families in the civilian sector, although neither the federal government nor the states have followed the military's comprehensive approach of sharing the cost of care with families at all income levels.²⁰⁷ Instead, there continues to be a patchwork of strategies to address the affordability of care. These strategies include direct subsidies to low-income families and indirect subsidies, through tax credits and deductions, to both low- and higher-income families. In both cases, however, these strategies allow many families to fall through the cracks.

Funding for child care subsidies to help families trying to move off welfare and other low-income families grew from fiscal year 2000 to 2002, but has since stalled. Federal funding for the Child Care and Development Block Grant (CCDBG) increased from \$3.55 billion in FY 2000²⁰⁸ to \$4.817 billion in FY 2002,²⁰⁹ but then dipped slightly, totaling \$4.804 billion in FY 2004 and \$4.799 billion in FY 2005.²¹⁰ States' use of Temporary Assistance for Needy Families (TANF) block grant funds for child care, either by transferring the funds to the CCDBG or using them directly within the TANF block grant, declined from a peak of \$3.96 billion in FY 2000 to \$3.5 billion in FY 2002 (the most recent year for which data are available).²¹¹ Without increases in federal child care funding for these programs since FY 2002, most states have had great difficulty serving more families, or even maintaining current enrollments.²¹² As it is, child care subsidies fall far short of meeting the need. Between the CCDBG, TANF funds used for child care, and Social Services Block Grant funds targeted to child care, an estimated 2.3 million children receive child care assistance.²¹³ Yet, approximately 15.7 million children are eligible for help under the federal CCDBG program,²¹⁴ so the vast majority of low-income families remain without the assistance they need to afford decent care for their children.

Facing budget pressures, competing demands on TANF resources, and federal child care funding levels that have not even kept pace with inflation, a number of states have restricted access to child care assistance over the past few years. For example, between 2001 and 2004, twelve states lowered their income-eligibility limits, making fewer families eligible for assistance in paying for care.²¹⁵ The number of states placing eligible families on waiting lists or freezing enrollments because there were not sufficient funds to serve these families grew from seventeen states in 2000 to twenty-four states as of early 2004.²¹⁶

A few states have made positive changes to their child care assistance programs in the past few years that parallel the military's efforts to make care affordable through a sliding-fee scale that limits the percentage of income families must devote to child care expenses; a greater number of states, however, have made care more expensive for some families. Families receiving assistance through the CCDBG are required to pay something toward the cost of care. States are responsible for setting the copayment amount that families must pay, and in doing so, some design their sliding-fee scales so as to limit the percentage of income families receiving assistance must pay toward care. For example, in 2002, Massachusetts restructured its fees so that families with income at or below poverty who were receiving child care assistance would not have to pay any fee and families with income under 50% of the state median income would pay no more than 10% of their income in fees.²¹⁷ Similarly, the District of Columbia implemented changes in 2001 to ensure that copayments did not exceed 10% of income for any families.²¹⁸ But several states, including Idaho, Kentucky, Louisiana, Maryland, Minnesota, North Dakota, Ohio, Washington, and West Virginia, increased copayments in recent years.²¹⁹ In some of these states, copayments for many families increased by 50% or more.²²⁰

Another way in which families can receive help paying for child care is through tax credits and deductions that help offset some of their child care expenses. Since 2000, there has been progress at both the state and federal levels in increasing the amount of assistance these provisions offer to families. In 2001, federal legislation was passed to increase the federal Dependent Care Tax Credit (DCTC) for the first time in twenty years, effective in the 2003 tax year. The limits on qualifying expenses for determining the credit increased from \$2,400 to \$3,000 for families with one child or dependent and from \$4,800 to \$6,000 for families with two or more children or dependents, and the maximum percentage of qualifying expenses that could be claimed increased from 30% to 35%.²²¹ The effect of these changes was to increase the maximum credit from \$720 to \$1,050 for families with one child or dependent, and from \$1,440 to \$2,100 for families with two or more children or dependents.²²² These changes also increased the amount of the state child care tax provisions in twenty-two states that base their provisions on the federal DCTC.²²³

Although families can benefit from such tax provisions, there are limitations to them that can make them less helpful to families than the direct subsidies that are provided by the military and through the CCDBG. With tax provisions, families must find a way to pay for child care up front and then usually wait until the end of the tax year to be reimbursed, which can present a real challenge for families without the cash to spare. In addition, many families cannot afford to pay as much for child care as is required to receive the maximum tax benefit. Finally, unless the provisions are refundable, families with incomes too low to owe income taxes cannot benefit from them. Although the federal DCTC is not refundable, the tax credits in thirteen states are refundable,²²⁴ an increase of four states since 2000.²²⁵

C. INCREASING CHILD CARE AVAILABILITY

The civilian sector, like the military, is struggling to meet families' growing and varied need for child care. Some states have undertaken initiatives to expand the availability of child care, particularly care that tends to be in short supply. For example, several states began to pay higher reimbursements rates to providers offering care during odd hours

such as evenings, nights, or weekends. As of 2000, thirteen states were offering differential rates for odd-hour care;²²⁶ since that time, at least two additional states—New Mexico and West Virginia—have started offering such rates as well.²²⁷ Other states have targeted funds toward increasing the supply of infant care, school-age care, and care in low-income neighborhoods.²²⁸

As states have attempted to expand the supply of child care that meets the diverse needs of parents and their children, there have also been setbacks. For example, in 2003 Washington eliminated the higher subsidy rate that it paid to providers caring for children with disabilities and special needs and that was set on an individualized basis according to a child's particular needs.²²⁹ At the same time, the state also eliminated funding for child care provider recruitment and retention efforts.²³⁰ Maryland cut funding for its after-school program from \$10 million to \$4 million.²³¹

Since 2000, there has been some progress in the civilian sector in improving the quality, affordability and accessibility of child care. However, this progress has been seriously stalled by stagnant funding at the federal level and strained state budgets, with many states now moving backwards in their efforts. In addition, even when advances have been made, they have been piecemeal, rather than building on a comprehensive system, as the military has done.

III. CONCLUSION

Since 2000, the military has continued to build on its comprehensive system of child care, making a range of important improvements, notably in integrating its youth programs, strengthening accreditation—especially for SAC programs—and, especially since September 11, 2001, expanding a range of child care supports. Its compensation system has kept pace with inflation and its parent fees have increased at less than the rate of inflation. It has faced new challenges that have increased the demand for child care, especially off-installation, yet it has had some success in expanding the supply of care. It has struggled to ensure that the quality and the cost of care provided to military families off-installation is comparable to that provided to military families on-installation. While the civilian sector has made some progress in emulating several of the military's core strategies, it has suffered setbacks in recent years due to federal and state funding constraints. Moreover, it still has a long way to go in building a system that will provide the quality, affordability and accessibility of the military's child care system.

END NOTES

* Kate Pomper is a Policy Fellow, Helen Blank is Director of Leadership and Public Policy, Nancy Duff Campbell is Co-President, and Karen Schulman is Senior Policy Analyst at the National Women's Law Center.

¹ Nancy Duff Campbell, Judith C. Appelbaum, Karin Martinson, & Emily Martin, National Women's Law Center, *Be All That We Can Be: Lessons from the Military for Improving Our Nation's Child Care System* (2000) [hereinafter *Be All That We Can Be*].

² Department of Defense Authorization Act of 1989, Pub. L. No. 101-189, Title XV, 103 Stat. 1352, 1589-94 (codified as amended at 10 U.S.C. §§ 1791-1800 (2004)).

³ *Be All That We Can Be*, *supra* note 1, at 2.

⁴ *Id.* at 11-13.

⁵ *Id.* at 13-19.

⁶ *Id.* at 21-23.

⁷ *Id.* at 23-26.

⁸ E-mail from Jan Witte, Director, Office of Children and Youth, U.S. Department of Defense, to Helen Blank, National Women's Law Center (Aug. 6, 2004) (on file with the National Women's Law Center). This effort was just beginning in 2000. See *Be All That We Can Be*, *supra* note 1, at 21 n. 182 and accompanying text.

⁹ Telephone Interview with Jan Witte, Director, Office of Children and Youth, U.S. Department of Defense (Apr. 6, 2005).

¹⁰ *Id.* Army youth program providers are already paid according to the military child care compensation system. E-mail from M.-A. Lucas, Director, Child and Youth Services, Department of the Army, to Kate Pomper, National Women's Law Center (Jul. 12, 2004) (on file with the National Women's Law Center).

¹¹ Affordability is not an issue for youth programs as it is for CDC, FCC and school-age programs—youth programs typically have an annual registration fee that ranges from \$0-26 per year. Youth programs may also charge a supplemental fee of about \$20 per year for extra activities, such as playing a sport or going on a field trip. E-mail from Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense, to Kate Pomper, National Women's Law Center (Jul. 7, 2004) (on file with the National Women's Law Center).

¹² Telephone Interviews with M.-A. Lucas, Director, Child and Youth Services, Department of the Army (Jun. 10, 2004 and Jun. 24, 2004). See also Cooperative State Research, Education, and Extension Service, U.S. Department of Agriculture, Extension/4-H Support for Military Youth and Family Programs (undated), at <http://www.csrees.usda.gov/nea/family/cyfar/military.html> (last updated Jan. 27, 2005); Military Family Resource Center, U.S. Department of Defense, Overview of Military-Civilian Partnerships for Children and Youth Issues, at http://www.mfrc-dodqol.org/MCY/net_show.htm (last updated Aug. 12, 2002) [hereinafter Overview of Military-Civilian Partnerships].

¹³ Overview of Military-Civilian Partnerships, *supra* note 12; Interview with M.-A. Lucas, Director, Child and Youth Services, Department of the Army, and Mary Ellen Pratt-Phillips, Chief, Child Development Programs, Department of the Army, in Arlington, Va. (Mar. 30, 2004).

¹⁴ Interview with Jan Witte, Director, Office of Children and Youth, U.S. Department of Defense, and Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense, in Arlington, Va. (Mar. 24, 2004).

¹⁵ *Be All That We Can Be*, *supra* note 1, at 11-21.

¹⁶ This section discusses the military's efforts to raise the quality of care provided on its installations. For a discussion of the military's efforts to raise the quality of care provided to military families off-installation, see

infra notes 144-147 and 159-162 and accompanying text.

¹⁷ *Be All That We Can Be*, *supra* note 1, at 13.

¹⁸ While many of the changes in the military child care system since 2000 have been initiated by DoD, others have occurred under the leadership of individual Services. At minimum, all of the Services must meet DoD requirements. Each Service, however, has discretion on internal policies designed to achieve the objectives of the requirements. According to military child care specialists, individual Services learn from other Services' experiences and share and discuss solutions to common problems. To avoid duplication, one Service will often take a formal lead role on a project, acting as "executive agent." Interview with Jan Witte and Barbara Thompson, *supra* note 14.

¹⁹ Interview with M.-A. Lucas and Mary Ellen Pratt-Phillips, *supra* note 13.

²⁰ *Id.*

²¹ E-mail from Karen Damm, Children, Youth and Teen Program Specialist, Children, Youth, and Teen Programs, U.S. Marine Corps, Department of the Navy, to Kate Pomper, National Women's Law Center (Jul. 6, 2004, 14:03 EST) (on file with the National Women's Law Center).

²² *Id.*

²³ Interview with Jan Witte and Barbara Thompson, *supra* note 14. *Be All That We Can Be* similarly found that waivers were rarely requested or granted. *Be All That We Can Be*, *supra* note 1, at 13.

²⁴ Interview with Jan Witte and Barbara Thompson, *supra* note 14.

²⁵ E-mail from Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense, to Jan Witte, Director, Office of Children and Youth, U.S. Department of Defense (May 12, 2004) (on file with the National Women's Law Center).

²⁶ Telephone Interview with Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense (Jul. 9, 2004).

²⁷ *Id.* The Navy ensured that the children were accommodated in FCC homes and available CDCs. E-mail from Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense, to Helen Blank and Deborah Chalfie, National Women's Law Center (Aug. 11, 2004) (on file with the National Women's Law Center).

²⁸ National Defense Authorization Act for Fiscal Year 1996, P.L. 104-106, Div. A, Title V, § 568(a)(1), 110 Stat. 186, 335 (codified at 10 U.S.C. § 1797 (2004)). Originally the MCCA only required that at least fifty military CDCs be accredited. In 1996, due to positive experience with accreditation, the MCCA was amended to require that all military CDCs be accredited. *Be All That We Can Be*, *supra* note 1, at 14.

²⁹ *Id.* NAEYC administers a national, voluntary, professionally sponsored accreditation system for all types of child care centers, as well as preschools, kindergartens, and school-age child care programs through its NAEYC Academy for Early Childhood Program Accreditation. See generally NAEYC, Accreditation (undated), at <http://www.naeyc.org/accreditation> (last visited Apr. 26, 2005).

³⁰ Interview with Jan Witte and Barbara Thompson, *supra* note 14.

³¹ *Id.* To ensure quality is maintained over time, NAEYC accreditation expires after a set term and must be renewed. By considering CDCs accredited if they had been accredited once, DoD had not required that the level of quality guaranteed with accreditation was maintained.

³² E-mail from Barbara Thompson, *supra* note 11. Due to DoD's internal redefinition of accreditation, the accreditation rate reported today cannot be compared with the military CDC accreditation rate reported in

2000 (95% , *Be All That We Can Be*, *supra* note 1, at 15), nor can its progress toward the goal of 100% accreditation be measured against the goal DoD had set before redefinition (by 2000, *id.*).

³³ Telephone Interview with Adele Robinson, Senior Director of Public Policy and Communications, National Association for the Education of Young Children (Jul. 9, 2004).

³⁴ Telephone Interview with Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense (Jun. 8, 2004). Although DoD strengthened CDC accreditation by redefining it, it weakened its mandate for CDC accreditation by not setting a specific time table for meeting its goal of 100% accreditation.

³⁵ National Defense Authorization Act for Fiscal Year 1996, P.L. 104-106, Div. A, Title V, § 568(a)(1), 110 Stat. 186, 335 (codified as amended at 10 U.S.C. § 1800 (2004)).

³⁶ E-mail from Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense, to Kate Pomper, National Women's Law Center (May 25, 2004) (on file with the National Women's Law Center).

³⁷ Memorandum from the Deputy Under Secretary of Defense, John M. Molino, for Deputy Assistant Secretary of the Army (Human Resources), Deputy Assistant Secretary of the Navy (Military Personnel Policy), Deputy Assistant Secretary of the Air Force (Force Management & Personnel), and Director, Defense Logistics Agency, Department of Defense (DoD), Child Development Program Accreditation Requirements – Action Memorandum 1 (Jan. 13, 2004) (on file with the National Women's Law Center). The mandate applies to SAC programs in a CDC, school or other facility but not to school-age care provided in an FCC. Telephone Interview with Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense (Jul. 29, 2004).

³⁸ E-mail from Barbara Thompson, *supra* note 36.

³⁹ E-mail from Jan Witte, Director, Office of Children and Youth, U.S. Department of Defense, to Helen Blank, National Women's Law Center (Apr. 27, 2005) (on file with National Women's Law Center). See generally National AfterSchool Association – Accreditation (undated), at <http://www.naaweb.org/accreditation.htm> (last visited Apr. 18, 2005). NAA administers a program improvement and accreditation system, Advancing and Recognizing Quality (ARQ), for out-of-school programs for children and youth ages five to fourteen. *Id.*

⁴⁰ E-mail from Barbara Thompson, *supra* note 25.

⁴¹ Office of Children and Youth, U.S. Department of Defense, School-Age Program Accreditation Rate by Service (undated) (on file with the National Women's Law Center). Similar to CDCs, SAC programs must maintain a current accreditation. Telephone Interview with Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense (Jul. 16, 2004).

⁴² E-mail from Toni Koppen, Chief, U.S. Air Force Family Member Programs, Department of the Air Force, to Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense; Karen Morgan, Program Analyst, Office of Children and Youth, U.S. Department of Defense; and Kate Pomper, National Women's Law Center (Jul. 7, 2004) (on file with the National Women's Law Center).

⁴³ E-mail from M.-A. Lucas, Director, Child and Youth Services, Department of the Army to Helen Blank, National Women's Law Center (Dec. 16, 2004) (on file with the National Women's Law Center).

⁴⁴ *Be All That We Can Be*, *supra* note 1, at 15.

⁴⁵ E-mail from Barbara Thompson, *supra* note 25.

⁴⁶ *Id.* NAFCC sponsors a national accreditation system for family child care providers. In 1999, it replaced its original accreditation system with a new system using quality standards designed by providers, parents, and other experts through a two-year consensus-building process. See National Association for Family Child

Care, NAFCC and Accreditation (undated), at <http://www.nafcc.org/accred/accred.html> (last visited Mar. 25, 2005).

⁴⁷ Telephone Interview with Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense (Aug. 12, 2004). See also E-mail from Greg Young, Resource Coordinator, Navy Personnel Command, Department of the Navy, to Kate Pomper, National Women's Law Center (Jun. 28, 2004) (on file with the National Women's Law Center); Interview with Toni Koppen, Chief, U.S. Air Force Family Member Programs, Department of the Air Force; Eliza Nesmith, Family Member Programs Specialist, U.S. Air Force Family Member Programs, Department of the Air Force; Beverly Houston, Family Member Programs Specialist, U.S. Air Force Family Member Programs, Department of the Air Force; and Kim Jackson, Family Member Programs Specialist, U.S. Air Force Family Member Programs, Department of the Air Force, in Arlington, Va. (Apr. 14, 2004).

⁴⁸ E-mail from Greg Young, *supra* note 47.

⁴⁹ E-mail from Greg Young, Resource Coordinator, Navy Personnel Command, Department of the Navy, to Kate Pomper, National Women's Law Center (Jul. 7, 2004) (on file with the National Women's Law Center).

⁵⁰ E-mail from M.-A. Lucas, *supra* note 43. This payment continues as long as the provider remains accredited. E-mail from M.-A. Lucas, Director, Child and Youth Services, Department of the Army, to Kate Pomper, National Women's Law Center (Jul. 12, 2004) (on file with the National Women's Law Center).

⁵¹ Interview with Toni Koppen, Eliza Nesmith, Beverly Houston, and Kim Jackson, *supra* note 47; U.S. Air Force Family Member Programs, Department of the Air Force, Subsidy Rates—Final (on file with the National Women's Law Center).

⁵² E-mail from Toni Koppen, *supra* note 42.

⁵³ Telephone Interview with Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense (Jul. 15, 2004).

⁵⁴ *Be All That We Can Be*, *supra* note 1, at 15-16.

⁵⁵ *Id.* at 16.

⁵⁶ Telephone Interview with Barbara Thompson, *supra* note 37. The Navy, however, is not yet in full compliance with this requirement, Telephone Interview with Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense (Jul. 11, 2004).

⁵⁷ Telephone Interview with Barbara Thompson, *supra* note 53; E-mail from Barbara Thompson, *supra* note 27.

⁵⁸ See Interview with M.-A. Lucas and Mary Ellen Pratt-Phillips, *supra* note 13.

⁵⁹ *Id.*; E-mail from Toni Koppen, *supra* note 42; Telephone Interview with Dr. Gwendolyn A. Taylor, Head, Child Development Section, Department of the Navy (May 3, 2005).

⁶⁰ See, e.g., Child and Youth Services, Department of the Army, U.S. Department of Defense, Position Guide, Child and Youth Services Facility Director (on file with the National Women's Law Center).

⁶¹ E-mail from Kim Jackson, Family Member Programs Specialist, U.S. Air Force Family Member Programs, Department of the Air Force, to Helen Blank, National Women's Law Center (July 20, 2004) (on file with the National Women's Law Center); Telephone Interview with Karen Damm, Children, Youth, and Teen Program Specialist, Children, Youth, and Teen Programs, U.S. Marine Corps, Department of the Navy (Aug. 19, 2004).

⁶² Telephone Interview with M.-A. Lucas, Director, Child and Youth Services, Department of the Army (Jun. 10, 2004).

⁶³ *Id.*

⁶⁴ *Id.* See *infra* notes 103-111 and accompanying text.

⁶⁵ Calculations by the National Women's Law Center comparing GS hourly pay bands from 2000, see Office of Personnel Management, 2004 General Schedule

(GS) Locality Pay Tables, Rest of United States, Effective January 2000, at <http://www.opm.gov/oca/2000tbls/GShrly/html/GSHRRUS.HTM> (last visited Mar., 28 2005), adjusted for inflation using the Bureau of Labor Statistics CPI Inflation Calculator (undated), see Bureau of Labor Statistics, U.S. Department of Labor, CPI Inflation Calculator, at <http://www.bls.gov/bls/inflation.htm> (last modified Dec. 28, 2004) [hereinafter CPI Inflation Calculator], to GS hourly pay bands from 2004, see Office of Personnel Management, 2004 General Schedule (GS) Locality Pay Tables, Rest of United States, Effective January 2004 [hereinafter GS Locality Pay Tables – Hourly], at http://www.opm.gov/oca/04tables/html/RUS_h.asp (last visited Mar. 25, 2005).

⁶⁶ Determination by the National Women's Law Center based on applying GS level for military care giver with a high school diploma, see Office of Children and Youth Services, U.S. Department of Defense, Qualification Requirements for Child Development Program Assistant Positions 1 (2003) (on file with the National Women's Law Center) [hereinafter Qualification Requirements], to GS pay rates, see GS Locality Pay Tables – Hourly, *supra* note 65, and Office of Personnel Management, 2004 General Schedule (GS) Locality Pay Tables, Rest of United States, Effective January 2004, at

<http://www.opm.gov/oca/04tables/html/RUS.asp> (last visited Mar. 28, 2005) [hereinafter GS Locality Pay Tables – Annual]; The starting wage for military caregivers is, as it was in 2000, well above the average wage for civilian child care workers. *Compare Be All That We Can Be*, *supra* note 1, at 34, with *infra* note 205 and accompanying text.

⁶⁷ Calculations by the National Women's Law Center based on increasing starting wages for military caregiver with a high school diploma by six percent, because six months of training leads to a position change, see Qualifications Requirements, *supra* note 66, at 2, which results in a minimum six percent hourly rate increase, see U.S. Department of Defense, Civilian Personnel Manual, SC1405.AP3.1.2.2.4 (1996), at <http://www.cpms.osd.mil/cpm/docs/M141405c.pdf> (last modified Jun. 30, 1998).

⁶⁸ Determination by the National Women's Law Center based on applying GS level for military care giver who has successfully completed training, see Qualification Requirements, *supra* note 66, at 2, to GS pay rates, see GS Locality Pay Tables – Hourly, *supra* note 65 and GS Locality Pay Tables – Annual, *supra* note 66.

⁶⁹ Determination by the National Women's Law Center based on applying top GS level for military CDC and SAC directors, see Telephone Interview with Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense (May 25, 2004), to GS pay rates, see GS Locality Pay Tables – Hourly, *supra* note 65 and GS Locality Pay Tables – Annual, *supra* note 66.

⁷⁰ Telephone Interview with Barbara Thompson, *supra* note 47.

⁷¹ *Be All That We Can Be*, *supra* note 1, at 17-18; Interview with Jan Witte and Barbara Thompson, *supra* note 10.

⁷² *Be All That We Can Be*, *supra* note 1, at 18.

⁷³ Interview with Jan Witte and Barbara Thompson, *supra* note 14.

⁷⁴ Telephone Interview with Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense (Jul. 1, 2004).

⁷⁵ Memorandum from U.S. Air Force Family Member Programs to Deborah Chalfie, Kate Pomper, and Karen Schulman, National Women's Law Center, Areas for Discussing Key Features of the Military Model 1 (Apr. 14, 2004) (on file with the National Women's Law Center) [hereinafter Key Features]; Interview with Toni Koppen, Eliza Nesmith, Beverly Houston, and Kim Jackson, *supra* note 47.

⁷⁶ Telephone Interview with Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense (Jun. 28, 2004).

⁷⁷ *Id.*

⁷⁸ Key Features, *supra* note 75; Interview with Toni Koppen, Eliza Nesmith, Beverly Houston, and Kim Jackson, *supra* note 47.

⁷⁹ Interview with Toni Koppen, Eliza Nesmith, Beverly Houston, and Kim Jackson, *supra* note 47.

⁸⁰ See generally Child and Youth Services, Department of the Army, U.S. Department of Defense, Everything You Wanted to Know About Annual Training (2003); Child and Youth Services, Department of the Army, U.S. Department of Defense, Everything You Wanted to Know About the Child and Youth Services (CYS) Management/Trainer IDP (2003).

⁸¹ Telephone Interview with M.-A. Lucas, *supra* note 63.

⁸² *Id.*

⁸³ E-mail from Toni Koppen, Chief, U.S. Air Force Family Member Programs, Department of the Air Force, to Kate Pomper, National Women's Law Center (Jul. 16, 2004) (on file with National Women's Law Center).

⁸⁴ Interview with Toni Koppen, Eliza Nesmith, Beverly Houston, and Kim Jackson, *supra* note 47.

⁸⁵ E-mail from Toni Koppen, *supra* note 42.

⁸⁶ Interview with M.-A. Lucas and Mary Ellen Pratt-Phillips, *supra* note 13.

⁸⁷ E-mail from M.-A. Lucas, *supra* note 50.

⁸⁸ Interview with M.-A. Lucas and Mary Ellen Pratt-Phillips, *supra* note 13.

⁸⁹ Child and Youth Services, Department of the Army, U.S. Department of Defense, Position Guide, Child and Youth Services Program Associate—Family Child Care (undated) (on file with the National Women's Law Center) [hereinafter Position Guide].

⁹⁰ *Id.* The FCC trainer position is equivalent to the training and curriculum specialist position described in *Be All That We Can Be*, *supra* note 1, at 18. Telephone Interview with M.-A. Lucas, Director, Child and Youth Services, Department of the Army (Jul. 14, 2004).

⁹¹ Position Guide, *supra* note 89.

⁹² *Be All That We Can Be*, *supra* note 1, at 16-17. In 2000, this compensation and training system was also found to have contributed to a substantial decrease in staff turnover. Turnover decreased from an average annual rate, across the Services, of 48% before the MCCA, to under 24% by 1993, four years after the passage of the MCCA. See *id.* at 17 n.132. Unfortunately, staff turnover is no longer tracked at a system-wide level. Telephone Interview with Barbara Thompson, *supra* note 30. Nor is it tracked within all of the individual Services. The Navy is the only Service able to provide a current turnover rate—29 percent. E-mail from Greg Young, *supra* note 47.

⁹³ The improvements since 2000 in FCC training, as well as the parallel increase in FCC subsidies, see discussion *infra* notes 103-114 and accompanying text, should also contribute to a better-trained FCC workforce.

⁹⁴ *Be All That We Can Be*, *supra* note 1, at 22. Fees for school-age care provided in an FCC are governed by the general rule for FCC care. *Id.*; Telephone Interview with Barbara Thompson, *supra* note 37.

⁹⁵ E-mail from Barbara Thompson, *supra* note 36. Parent fees today are lower than the 1999-2000 fees adjusted for inflation because DoD froze the fees from 2000-2001 to 2001-2002 while it evaluated them. Telephone Interview with Barbara Thompson, *supra* note 34.

⁹⁶ Interview with Jan Witte and Barbara Thompson, *supra* note 76.

⁹⁷ Military Family Resource Center, U.S. Department of Defense, Military Child Development Center Fee Policy (2004) (on file with the National Women's Law Center) [hereinafter Military Child Development Center Fee Policy]. Fees for school-age care provided on a military installation in a school, CDC, or other facility are based on the same six income categories as CDC fees pro-rated for the number of service hours per

week. *Be All That We Can Be*, *supra* note 1, at 22; Telephone Interview with Barbara Thompson, *supra* note 76.

⁹⁸ The range of fees as a percentage of income was calculated by the National Women's Law Center by dividing the highest possible fee in the allowable range by the lowest possible income and by dividing the lowest possible fee by the highest possible income, except that the lowest income used was \$23,000, which reflects the lowest military pay for an individual with dependents calculated by adding the annualized basic pay for an individual with dependents, see Defense Finance and Accounting Service, U.S. Department of Defense, Basic Pay-Effective January 1, 2004 at 1, at <http://www.dod.mil/dfas/money/milpay/pay/paytable2005-rev1/pdf>. (last visited Apr. 27, 2005), to the annualized basic allowances for housing and subsistence for an individual with dependents. See *id.* at 2. In the Army, the fees for families in the lowest-income bracket represent only 8-10% of income, since the Army has, since 2001, Telephone Interview with M.-A. Lucas, Director, Child and Youth Services, Department of the Army (Jul. 23, 2004), required these families to pay no more than the minimum fee in the DoD range—currently \$43 per week (with school-age care prorated based on the number of hours). E-mail from M.-A. Lucas, *supra* note 50. See also *infra* note 104 and accompanying text.

⁹⁹ See *Be All That We Can Be*, *supra* note 1, at 21.

¹⁰⁰ Military Child Development Center Fee Policy, *supra* note 97.

¹⁰¹ See Press Release, Runzheimer International, Runzheimer Analyzes Daycare Costs Nationwide (Jan. 20, 2004), available at <http://www.runzheimer.com/corpc/news/scripts/012004.asp> (last visited Mar. 29, 2005). Runzheimer found that the monthly cost of day care was least expensive in Baton Rouge, LA, where it averaged \$339.44, and most expensive in Manhattan and Boston, where it averaged \$1,057.83 and \$977.44, respectively. *Id.*

¹⁰² See Karen Schulman, Children's Defense Fund, The High Cost of Child Care Puts Quality Care Out of Reach for Many Families 3 (2000). A survey of child care costs in fifty states in 2000 found that among the cities surveyed, the average cost to parents of center care for infants was generally about \$1,100 per year more than the average cost to parents of center care for four-year olds. *Id.* In contrast, the cost to parents of infant care in a military CDC is no higher than the cost of care for an older child. *Be All That We Can Be*, *supra* note 1, at 23 n. 200.

¹⁰³ National Defense Authorization Act for Fiscal Year 1996, P. L. 104-106, Div. A, Title V, § 568(a)(1), 110 Stat. 334 (codified at 10 U.S.C. § 1796 (2004)); U.S. Department of Defense, Instruction Number 6060.2, at 25-26 (Jan. 19, 1993), available at http://www.dtic.mil/whs/directives/corres/pdf/i60602wch2_011993/i60602p.pdf. (last visited May 12, 2005).

¹⁰⁴ Telephone Interview with M.-A. Lucas, *supra* note 98.

¹⁰⁵ E-mail from M.-A. Lucas, *supra* note 50. The Army similarly requires that the lowest-income families with children in CDCs and SAC programs pay no more than the minimum DoD parent fee, see *supra* note 94 and accompanying text.

¹⁰⁶ E-mail from M.-A. Lucas, Director, Child and Youth Services, Department of the Army to Helen Blank, National Women's Law Center (Jul. 23, 2004) (on file with the National Women's Law Center).

¹⁰⁷ *Id.* This reduction in cost to parents is possible because of the range of subsidies the Army provides its FCC providers. For example, the Army covers the costs of their insurance. *Id.*

¹⁰⁸ *Id.*

¹⁰⁹ E-mail from Toni Koppen, *supra* note 42.

¹¹⁰ E-mail from Kim Jackson, Family Member Programs Specialist, U.S. Air Force Family Member Programs, Department of the Air Force, to Kate Pomper, National Women's Law Center (Jun. 17, 2004) (on file

with the National Women's Law Center).

¹¹¹ *Id.*

¹¹² *Id.* The Navy has significantly increased the number of direct monetary subsidies it provides as part of an effort to expand the number of its FCCs, see *infra* notes 151-152 and accompanying text, but it does not have data on the impact of this increase on parent fees. In 2000, twenty-three commands (of sixty with FCC programs) provided direct monetary subsidies to FCC providers. E-mail from Kathleen Jennings, Program Coordinator, Navy Child Development Homes, Navy Personnel Command, to Kate Pomper, National Women's Law Center, and Greg Young, Resource Coordinator, Navy Personnel Command, Department of the Navy (Jul. 13, 2004) (on file with the National Women's Law Center). In 2004, fifty-six commands (of sixty with FCC programs) provided direct monetary subsidies to FCC providers. *Id.* The Marine Corps does not track the number of direct monetary subsidies that it provides to FCC providers, nor their effect on parent fees. E-mail from Karen Damm, Children, Youth, and Teen Program Specialist, Children, Youth, and Teen Programs, U.S. Marine Corps, Department of the Navy, to Kate Pomper (Jul. 6, 2004, 13:38 EST) (on file with the National Women's Law Center).

¹¹³ *Be All That We Can Be*, *supra* note 1, at 23-24.

The plan, included in the Department of Defense's 1992 report to Congress, included these steps: continuing center construction and additions, increasing spaces in existing facilities, increasing the capacity of the FCCs, increasing the role of resource and referral agencies, and using off-installation care. *Id.* at 23-24.

¹¹⁴ *Id.* at 25.

¹¹⁵ *Id.*

¹¹⁶ *Id.*

¹¹⁷ *Id.*

¹¹⁸ See Office of Children and Youth, U.S. Department of Defense, Child Care Spaces 1998-2002, at 1 (May 2004) [hereinafter 2002 Child Care Spaces Updated]. The new data showed a decrease since 1997 in the number of children ages birth to twelve and in the number of active-duty service-members. *Id.* The 58% figure reported in *Be All That We Can Be*, *supra* note 1, at 25, had been based on demographic data from 1997.

¹¹⁹ Calculations by the National Women's Law Center, based on dividing the number of military child care spaces in 2000 by the military's most recent estimate of its need for child care (268,890 spaces, 2002 Child Care Spaces Updated, *supra* note 113), which is based on demographic data from 1999.

¹²⁰ See 2002 Child Care Spaces Updated, *supra* note 118.

¹²¹ E-mail from Barbara Thompson, *supra* note 11.

¹²² Telephone Interview with Barbara Thompson, *supra* note 26.

¹²³ *Id.*

¹²⁴ *Id.*

¹²⁵ *Id.*

¹²⁶ Interview with Jan Witte and Barbara Thompson, *supra* note 14.

¹²⁷ Office of Children and Youth, U.S. Department of Defense, DoD Child Development Program Annual Summary of Operations, Need for Child Care Spaces by Service (2004) [hereinafter Need for Child Care by Service].

¹²⁸ See *Be All That We Can Be*, *supra* note 1, at 25.

¹²⁹ E-mail from Barbara Thompson, *supra* note 25.

¹³⁰ *Id.*

¹³¹ See *Be All That We Can Be*, *supra* note 1, at 25. These figures do not add up to 174,400 because they exclude families receiving assistance from resource and referral agencies, including families attempting to find child care outside the installation.

¹³² See Need for Child Care by Service, *supra* note 127 where "Shortfall" refers to number of spaces needed to reach 80% goal; Telephone Interview with Bar-

bara Thompson, *supra* note 69.

¹³³ *Id.*

¹³⁴ See *Be All That We Can Be*, *supra* note 1, at 25.

¹³⁵ Calculations by the National Women's Law Center based on dividing the current number of military child care spaces by the military's most recent estimate of its need for child care (268,890 spaces, 2002 Child Care Spaces Updated, *supra* note 113), which is based on demographic data from 1999.

¹³⁶ *Be All That We Can Be*, *supra* note 1, at 25.

¹³⁷ See Office of Children and Youth, U.S. Department of Defense, Child Care Spaces 1998-2002, at 2 (Jun. 2003) [hereinafter 2002 Child Care Spaces].

¹³⁸ *Id.*

¹³⁹ *Id.*

¹⁴⁰ Interview with Michael Berger, Deputy, Marine Corps Family Readiness Branch, Marine Corps Community Services, U.S. Marine Corps, Department of the Navy; Tara Bradburn, Children, Youth and Teen Program Specialist, Children, Youth and Teen Programs, Marine Corps Community Services, U.S. Marine Corps, Department of the Navy; Kathy Facon, Children, Youth and Teen Program Specialist, Children, Youth and Teen Programs, Marine Corps Community Services, U.S. Marine Corps, Department of the Navy; Jane Steinen, Children, Youth and Teen Program Specialist, Children, Youth and Teen Programs, Marine Corps Community Services, U.S. Marine Corps, Department of the Navy; and Susan Moore, Children, Youth and Teen Program Analyst, Children, Youth and Teen Programs, Marine Corps Community Services, U.S. Marine Corps, Department of the Navy, in Quantico, Va. (Apr. 8, 2004); see also 2002 Child Care Spaces, *supra* note 137, at 2.

¹⁴¹ In FY 2000, the Navy had approximately 500 fewer FCC homes total (on-installation and off-installation) than the Army and the Air Force. E-mail from Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense, to Kate Pomper, National Women's Law Center (Jul. 15, 2004).

¹⁴² See Navy Personnel Command, Department of the Navy, U.S. Department of Defense, Service Demographics – FY 2003 Annual Report Update (undated) (on file with the National Women's Law Center) [hereinafter Annual Report Update].

¹⁴³ Telephone Interview with Dr. Gwendolyn A. Taylor, Head, Child Development Section, Department of the Navy, and Greg Young, Resource Coordinator, Navy Personnel Command, Department of the Navy (Apr. 15, 2004).

¹⁴⁴ *Be All That We Can Be*, *supra* note 1, at 25.

¹⁴⁵ National Defense Authorization Act for Fiscal Year 2000, P.L. 106-65, Div. A, Title V, § 584(a)(1), 113 Stat. 512, 634-635 (codified as amended at 10 U.S.C. § 1798 (2004)).

¹⁴⁶ *Id.*

¹⁴⁷ Telephone Interview with Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense (Feb. 3, 2005).

¹⁴⁸ E-mail from Jan Witte, Director, Office of Children and Youth, U.S. Department of Defense, to Helen Blank, National Women's Law Center (Mar. 14, 2005) (on file with the National Women's Law Center).

¹⁴⁹ Telephone Interview with Jan Witte, Director, Office of Children and Youth, U.S. Department of Defense (Mar. 14, 2005).

¹⁵⁰ Telephone Interview with Barbara Thompson, *supra* note 34.

¹⁵¹ Telephone Interview with M.-A. Lucas, *supra* note 62; E-mail from Kim Jackson, *supra* note 111; E-mail from Karen Damm, *supra* note 114.

¹⁵² See Annual Report Update, *supra* note 142.

¹⁵³ E-mail from Kim Jackson, Family Member Programs Specialist, U.S. Air Force Family Member Programs, Department of the Air Force, to Helen Blank, National Women's Law Center (Jul. 21, 2004) (on file with the National Women's Law Center).

¹⁵⁴ Telephone Interview with Kim Jackson, Family Member Programs Specialist, U.S. Air Force Family Member Programs, Department of the Air Force (Jul. 20, 2004).

¹⁵⁵ E-mail from Kim Jackson, Family Member Programs Specialist, U.S. Air Force Family Member Programs, Department of the Air Force, to Kate Pomper, National Women's Law Center (Jun. 18, 2004) (on file with the National Women's Law Center).

¹⁵⁶ E-mail from Kim Jackson, *supra* note 111; Telephone Interview with Kim Jackson, Member Programs Specialist, U.S. Air Force Family Member Programs, Department of the Air Force (Aug. 2, 2004).

¹⁵⁷ E-mail from M.-A. Lucas, *supra* note 43.

¹⁵⁸ *Id.*

¹⁵⁹ *Id.*

¹⁶⁰ Telephone interview with M.-A. Lucas, Director, Child and Youth Services, Department of the Army (Dec. 16, 2004). This means that providers who are exempt from state licensing will be required to meet "equivalent" minimum standards established by DoD. *Id.*

¹⁶¹ E-mails from Jan Witte, Director, Office of Children and Youth, U.S. Department of Defense, to Helen Blank, National Women's Law Center (Feb. 18, 2005 and Feb. 22, 2005) (on file with the National Women's Law Center). This means that the amount the military family pays for this care is the difference between 50% of the amount it would pay under the DoD fee schedule and the amount the civilian provider charges similarly situated civilian families under the provider's own fee schedule. E-mail from Jan Witte, Director, Office of Children and Youth, U.S. Department of Defense, to Helen Blank, National Women's Law Center (Feb. 18, 2005) (on file with National Women's Law Center).

¹⁶² *Id.*

¹⁶³ Telephone Interview with Barbara Thompson, *supra* note 34.

¹⁶⁴ See U.S. Department of Defense, Business Initiative Council Charter 1 (undated), at <http://www.acq.osd.mil/bic/docs/charter.pdf> (last visited Mar. 29, 2005).

¹⁶⁵ Slightly over \$8 million in 2004 was allocated among the Services for use over a two-year period. Telephone Interview with Jan Witte, Director, Office of Children and Youth, U.S. Department of Defense (Apr. 26, 2005).

¹⁶⁶ Telephone Interview with Barbara Thompson, *supra* note 69. See also Barbara Thompson, Information Paper—Business Initiative Council (BIC) (undated) (on file with the National Women's Law Center).

¹⁶⁷ Interview with Michael Berger, *supra* note 140.

¹⁶⁸ Telephone Interview with M.-A. Lucas, *supra* note 90; E-mail from Kim Jackson, Family Member Programs Specialist, U.S. Air Force Family Member Programs, Department of the Air Force, to Helen Blank, National Women's Law Center (Jul. 20, 2004) (on file with the National Women's Law Center).

¹⁶⁹ Telephone Interview with Barbara Thompson, *supra* note 34.

¹⁷⁰ E-mail from Kim Jackson, *supra* note 168.

¹⁷¹ Telephone Interview with Kim Jackson, *supra* note 156. The Air Force also provides free child care during drill weekends to Guard and Reserve members working at five civilian locations across the country and to active-duty members at three Air Force installations assigned to perform more than one twenty-four-hour shift in sequence at missile sites. *Id.* See also U.S. Air Force Family Member Programs, U.S. Department of Defense, Expanded Family Child Care (undated) (on file with the National Women's Law Center).

¹⁷² Interview with Toni Koppen, Eliza Nesmith, Beverly Houston, and Kim Jackson, *supra* note 47.

¹⁷³ Telephone Interview with Kim Jackson, *supra* note 154.

¹⁷⁴ *Id.*

¹⁷⁵ See Bureau of Navy Personnel, U.S. Department

of Defense, Navy CDHGH Background Information (undated) (on file with the National Women's Law Center) [hereinafter CDHGH Background].

¹⁷⁶ *Id.* at 2.

¹⁷⁷ *Id.* at 1.

¹⁷⁸ E-mail from M.-A. Lucas, *supra* note 43.

¹⁷⁹ Telephone Interview with Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense (Jul. 18, 2004).

¹⁸⁰ Telephone Interview with M.-A. Lucas, *supra* note 50. The Army's reunion care is similar in part to the Air Force's returning-home care; it is provided for up to 16 hours when service members return home from deployment. *Id.*

¹⁸¹ See U.S. Department of Defense, Military One Source (undated), at <https://www.militaryonesource.com> (last visited Mar. 29, 2005); Department of the Air Force, U.S. Department of Defense, Air Force One Source (undated), at <https://www.airforceonesource.com> (last visited Mar. 29, 2005); Department of the Army, U.S. Department of Defense, Army One Source (undated), at <https://www.armyonesource.com> (last visited Mar. 29, 2005); Marine Corps, Department of the Navy, U.S. Department of Defense, MCCS Marine Corps Community Services One Source (undated), at <https://www.mccsonesource.com> (last visited Mar. 29, 2005); Department of the Navy, U.S. Department of Defense, Navy One Source (undated), at <https://www.navyonesource.com> (last visited Mar. 29, 2005).

¹⁸² See Department of the Army, U.S. Department of Defense, Update on Army Child and Youth Services for the Women's Law Center 2, 5 (2004) (on file with the National Women's Law Center); Interview with M.-A. Lucas and Mary Ellen Pratt-Phillips, *supra* note 13. NACCRRRA helps families, child care providers, and communities find, provide, and plan for affordable, quality civilian child care. National Association for Child Care Resource and Referral Agencies, About NACCRRRA (undated), at http://www.naccrrra.org/about_naccrrra.php (last visited Mar. 29, 2005).

¹⁸³ Interview with M.-A. Lucas, and Mary Ellen Pratt-Phillips, *supra* note 13; See also National Association for Child Care Resource and Referral Agencies, Operation Military Child Care (undated), at <http://www.naccrra.org/MilitaryPrograms/index.php?program=omcc> (last visited Apr. 4, 2005).

¹⁸⁴ *Be All That We Can Be*, *supra* note 1, at 26, 39.

¹⁸⁵ *Id.* at 26.

¹⁸⁶ Interview with Jan Witte and Barbara Thompson, *supra* note 14. Inflation alone would have increased appropriated funds to only \$387 million. Calculations by the National Women's Law Center using the Bureau of Labor Statistics CPI Inflation Calculator. See Bureau of Labor Statistics, U.S. Department of Labor, CPI Inflation Calculator, at <http://www.bls.gov/bls/inflation.htm> (last visited Mar. 29, 2005).

¹⁸⁷ Interview with Jan Witte and Barbara Thompson, *supra* note 14.

¹⁸⁸ E-mail from Barbara Thompson, Senior Program Analyst, Office of Children and Youth, U.S. Department of Defense, to Helen Blank, National Women's Law Center (Dec. 28, 2004) (on file with the National Women's Law Center).

¹⁸⁹ See Helen Blank, Andrea Behr, & Karen Schulman, Children's Defense Fund, State Developments in Child Care, Early Education, and School-Age Care 2000, at 57-68 (2001) [hereinafter State Developments 2000]; Danielle Ewen, Helen Blank, Katherine Hart, & Karen Schulman, Children's Defense Fund, State Developments in Child Care, Early Education, and School-Age Care 2001, at 75-87 (2002) [hereinafter State Developments 2001]; Danielle Ewen & Katherine Hart, Children's Defense Fund, State Developments in Child Care, Early Education, and School-Age Care 2002, at 73-85 (2003) [hereinafter State Developments 2002].

¹⁹⁰ *Compare* State Developments 2000, *supra* note 189 at 67-68 (state-by-state data on child/staff ratio requirements for 2000) with National Child Care Information Center, Center Child Care Licensing Regulations Child:Staff Ratios and Maximum Group Size Requirements (2004) (state-by-state data on child/staff ratio requirements for 2001), at <http://nccic.org/pubs/cclicensingreq/ratios.html> (last visited May 6, 2005).

¹⁹¹ See State Developments 2000, *supra* note 189, at 58; State Developments 2001, *supra* note 189, at 76; State Developments 2002, *supra* note 189, at 75.

¹⁹² State Developments 2000, *supra* note 189, at 58 (Colorado, Connecticut, Maine, Michigan, West Virginia); State Developments 2001, *supra* note 189, at 76 (Alabama, Arizona, Indiana, Kentucky, North Carolina).

¹⁹³ State Developments 2002, *supra* note 189, at 75.

¹⁹⁴ See W. Steven Barnett, Kenneth B. Robin, Jason T. Hustedt, & Karen Schulman, National Institute for Early Education Research, The State of Preschool: 2003 State Preschool Yearbook 54, 62, 72, 84 (2003). Arizona, Connecticut, Iowa, and Massachusetts require state-supported prekindergarten programs to be accredited (or working toward it) to receive funding. See Karen Schulman, Helen Blank, & Danielle Ewen, Children's Defense Fund, Seeds of Success: State Prekindergarten Initiatives 1998-1999 180, 182-183, 188, 192 (1999). These requirements were in place prior to 2000. *Id.*

¹⁹⁵ See National Child Care Information Center, State Tiered Quality Strategies (TQS) (2004), at <http://nccic.org/poptopics/statetqs.pdf> (last visited May 12, 2005).

¹⁹⁶ See Karen Schulman, Helen Blank, & Danielle Ewen, Children's Defense Fund, A Fragile Foundation: State Child Care Assistance Policies 110 (2001) [hereinafter Fragile Foundation].

¹⁹⁷ Child Care Services Association, T.E.A.C.H. Early Childhood® States, T.E.A.C.H. Times (2004).

¹⁹⁸ See Child Care Services Association, T.E.A.C.H. Early Childhood® Technical Assistance Center (undated), at <http://www.childcareservices.org/teach/project.html> (last visited Jun. 16, 2005).

¹⁹⁹ See State Developments 2000, *supra* note 189, at 41.

²⁰⁰ See Child Care Services Association, The Child Care WAGES® Project (undated), at <http://www.childcareservices.org/wages/wages.html> (last visited Jun. 16, 2005) [hereinafter The Child Care WAGES® Project].

²⁰¹ *Id.*

²⁰² State Developments 2000, *supra* note 189, at 41.

²⁰³ The Child Care WAGES® Project, *supra* note 200.

²⁰⁴ Bureau of Labor Statistics, U.S. Department of Labor, 2003 National Occupational Employment and Wage Estimates Table 1 (2004), at http://www.bls.gov/oes/current/oes_39pe.htm (last visited Mar. 29, 2005). Child care workers are defined as individuals who attend to children at schools, businesses, private households, and child care institutions and perform a variety of tasks, such as dressing, feeding, bathing, and overseeing play. Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2004-05 Edition: Child Care Workers, at <http://www.bls.gov/oco/print/ocos170.htm> (last visited Mar. 29, 2005). The definition does not include preschool teachers. See *id.* The average wage for civilian child care workers thus remains, as in 2000, below the entry-level wage for military child care workers. See *supra* notes 65-70 and accompanying text. Moreover, as previously described, military child care workers have a fringe benefits package equal to approximately 22% of their salary. Telephone Interview with Barbara Thompson, *supra* note 47.

²⁰⁵ Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human

Services, The 2003 HHS Poverty Guidelines (2003), at <http://aspe.hhs.gov/poverty/03poverty.htm> (last updated Mar. 23, 2005). The 2004 poverty level for a family of three is \$15,670. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, The 2004 HHS Poverty Guidelines (2004), at <http://aspe.hhs.gov/poverty/04poverty.shtml> (last updated Mar. 23, 2005).

²⁰⁶ See State Developments 2002, *supra* note 189, at 60. For example, in 2002, Florida cut funding for its T.E.A.C.H. initiative and Minnesota significantly reduced training and technical assistance for child care providers. *Id.*

²⁰⁷ A few states—Hawaii, Maine, and New York—provide tax credits to offset partially the cost of care for families at all income levels. See Elizabeth Hirschhorn Donahue & Nancy Duff Campbell, National Women's Law Center, Making Care Less Taxing: Improving Child and Dependent Care Tax Provisions 33-44 (2002), available at <http://www.nwlc.org/pdf/MakingCareLessTaxing2002.pdf> (last visited Jul. 27, 2004) [hereinafter Making Care Less Taxing].

²⁰⁸ See U.S. Department of Health and Human Services, FY 2001 President's Budget for HHS 98, 109 (2000), at <http://www.hhs.gov/budget/fy01budget/hhs2001.pdf> (last visited Mar. 29, 2005). This amount includes \$1.183 billion in discretionary funding and \$2.367 billion in mandatory (entitlement) funding. *Id.*

²⁰⁹ See U.S. Department of Health and Human Services, FY 2003 President's Budget for HHS 83, 92 (2002), at <http://www.hhs.gov/budget/pdf/hhs2003bib.pdf> (last visited Mar. 29, 2005). This amount includes \$2.1 billion in discretionary funding and \$2.717 billion in mandatory (entitlement) funding. *Id.*

²¹⁰ Child Care Bureau, U.S. Department of Health and Human Services, FY 2004 Allocations and Earmarks for States and Territories, at <http://www.acf.hhs.gov/programs/ccb/policy1/current/alllocations2004/allocations.htm> (last updated Jan. 4, 2005).

²¹¹ Jennifer Mezey & Brooke Richie, Welfare Dollars No Longer an Increasing Source of Child Care Funding: Use of Funds in FY 2002 Unchanged from FY 2001, Down from FY 2000 1 (2003).

²¹² See National Women's Law Center, Child Care Assistance Policies 2001-2004: Families Struggling to Move Forward, States Going Backward (2004), available at <http://www.nwlc.org/pdf/childcaresubsidyfinalreport.pdf> (last visited Mar. 29, 2005) [hereinafter Child Care Assistance Policies].

²¹³ U.S. Office of Management and Budget, Budget of the United States Government: Analytical Perspectives, Fiscal Year 2006, Table 24-4: Beneficiary Projections for Major Benefit Programs 393 (2005).

²¹⁴ Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, as presented by Julie B. Isaacs at the State Administrators Meeting in Washington, D.C. (Aug. 13, 2001). These are the most recent estimates for the number of children eligible for child care assistance under the CCDBG's maximum eligibility limit of 85 percent of state median income. *Id.*

²¹⁵ Child Care Assistance Policies, *supra* note 212, at 3. These states are Connecticut, Hawaii, Indiana, Kentucky, Michigan, Minnesota, Nebraska, New Mexico, Ohio, Oregon, Washington, and West Virginia.

²¹⁶ Compare Fragile Foundation, *supra* note 196, at 63, with Child Care Assistance Policies, *supra* note 212, at 3.

²¹⁷ See State Developments 2002, *supra* note 189, at 40.

²¹⁸ See State Developments 2001, *supra* note 189, at 36.

²¹⁹ See National Women's Law Center, States Limit Child Care Help for Low-Income Working Families 1-6 (2004), available at <http://www.nwlc.org/pdf/StateChild>

CareCutsFact Sheet2004.pdf (last visited Jul. 8, 2004) [hereinafter States Limit Child Care Help].

²²⁰ See *id.*

²²¹ Economic Growth and Tax Relief Reconciliation Act of 2001, Pub. L. No. 107-16, title II, §207, 115 Stat. 38 (2001) (codified as amended at 26 U.S.C. §21 (2004)).

²²² See Making Care Less Taxing, *supra* note 207, at 10.

²²³ Information compiled by the National Women's Law Center, based on 2004 updates to National Women's Law Center, Recent Changes in State Child and Dependent Care Tax Provisions: Tax Year 2000 (2001), available at <http://www.nwlc.org/pdf/taxchart2001.pdf> (last visited Mar. 29, 2005). The twenty-two states are Arkansas, California, Colorado, Delaware, the District of Columbia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Nebraska, New York, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Vermont, and Virginia. *Id.* Five additional states have tax provisions that help families pay for child care—Hawaii, Montana, Massachusetts, New Mexico, and North Carolina. *Id.* Only one of these states—Massachusetts—increased the value of its provision since 2000. *Id.*

²²⁴ Memorandum from Cristina Martin Firvida, Senior Counsel, and Nancy Duff Campbell, Co-President, National Women's Law Center, to Individuals and Organizations Interested in Child Care (Jan. 29, 2003) (on file with the National Women's Law Center) [hereinafter 2003 Memorandum to Individuals Interested in Child Care]. The thirteen states that have refundable tax credits are Arkansas, California, Colorado, Hawaii, Iowa, Louisiana, Maine, Minnesota, Nebraska, New Mexico, New York, Oregon, and Vermont. *Id.* at 2.

²²⁵ Compare *Be All That We Can Be*, *supra* note 1, at 36-37, with 2003 Memorandum to Individuals Interested in Child Care, *supra* note 224, at 2.

²²⁶ See Fragile Foundation, *supra* note 196, at 117.

²²⁷ Compare *id.* with State Developments 2001, *supra* note 189, at 101-103.

²²⁸ See State Developments 2000, *supra* note 189, at 69-83; State Developments 2001, *supra* note 189, at 89-110; State Developments 2002, *supra* note 189, at 87-106.

²²⁹ Telephone Interview with Elizabeth Bonbright Thompson, Executive Director, Washington Child Care Resource and Referral Network (Apr. 13, 2004).

²³⁰ Telephone Interview with Nina Auerbach, Chief Executive Officer, Child Care Resources (Jun. 10, 2004).

²³¹ States Limit Child Care Help, *supra* note 219, at 3.

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11 Dupont Circle , NW
Washington, DC 20036
Suite 800
(202) 588-5180 (202) 588-5185
www.nwlc.org