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Observations on the Military Child Care Program

Statement of Linda G. Morra, Associate Director Human Resources Division

Before the Subcommittee on Military Personnel and Compensation Committee on Armed Services House of Representatives





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OBSERVATIONS ON THE MILITARY CHILD CARE PROGRAM

SUMMARY OF STATEMENT BY LINDA G. MORRA, ASSOCIATE DIRECTOR HUMAN RESOURCES DIVISION

In response to a request from Senator John Warner and Congressman Frank Wolf, GAO surveyed, in February 1988, military installations in the continental United States with child development centers. The Department of Defense (DOD) supports the development and maintenance of a comprehensive child care program. We found that the Air Force, Army, Navy, and Marine Corps had a combined capacity to serve about 62,000 children at one time at the 215 installations responding. This capacity included the number of spaces available in both child development centers and family day care homes, the two programs where child care is most often provided.

DOD operating costs for the child development center program worldwide totaled \$134.3 million in fiscal year 1987. About onethird of these costs were met with congressional appropriations and two-thirds with nonappropriated funds, such as parent user fees. Most of the costs for family day care homes--where care is provided in the on-base home of a military spouse--were supported with parent user fees, and only a small portion came from appropriated funds.

Despite the current capacity of child development centers to care for children and program support through appropriated and nonappropriated funds, installations' child development centers maintain waiting lists. These waiting lists provide an indication of parents' interest in military center-based care given its advantages, such as lower cost and proximity to parents' work sites. Of the installations we surveyed, 185 maintained lists that contained the names of about 25,000 children waiting for care. While military center-based care may be preferred, parents are likely to use other forms of care while waiting.

Military child care programs have grown significantly over the past few years. DOD's current policy is to give preference to active duty service members requesting center-based child care to the extent possible. Currently, all the children of active duty service members requesting center-based care cannot be served. The potential numbers of those with a preference for military center-based child care mean that long-range funding decisions are facing the military, in terms of program priorities, and the Congress, in terms of appropriation support.

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Madam Chairman and Members of the Subcommittee:

I am pleased to be here today to discuss the results of a recent survey of military child care in the continental United States we have completed at the request of Senator John Warner and Congressman Frank Wolf. We found that the Department of Defense (DOD) encourages providing child care because it believes that this activity increases readiness, reduces lost duty time, and improves the quality of life for service members and their families. DOD also believes that service members have unique child care needs that make military provision of child care particularly important, including varying and unusual duty hours, lack of child care support from extended families who are not near the service member because of service-connected moves, the cost of private child care on an enlisted service member's pay, and the inaccessibility of private care to some installations.

Although DOD is committed in principle to providing child care, we learned that in practice each installation commander determines whether child care programs need to be provided. We did not review the process installation commanders use in addressing their child care program needs. However, every 3 years installations must review and establish priorities for all morale, welfare, and recreation activities, including child care. Factors such as resources available in surrounding communities and the interests of service members and their families must be considered.

Demographic data show a large eligible population for military child care services. For example, DOD estimated in 1985 that there were 31,000 active duty single parents, 41,000 couples in which both spouses were active duty service members, and 218,000 service members with working civilian spouses--all with children 12 years old or younger who accompanied their parents on their tours of duty.

Child care capacity in the military has grown substantially over the past few years. Since the end of fiscal year 1984, the combined capacity of child development centers and family day care homes, the two programs where the military most often provides child care, has increased by about 82 percent in the continental United States. Of this, the capacity of child development centers has increased by about 25 percent, while the family day care home program capacity has grown over 600 percent.

Military child care programs are particularly attractive to service members due to factors such as proximity to their work location, the provision of services such as weekend care not usually available elsewhere, and the lower cost compared with private day care. In fiscal year 1987, about one-third of DOD's total child development center operating costs were met with congressional appropriations. While total operating costs in the continental United States were not reported, worldwide costs were \$134.3 million. Appropriated funds can be used to meet centers' operating costs, such as utilities, supplies, custodial and maintenance services, and some personnel costs, such as the

salaries of child development center directors and assistant directors. Family day care home coordinators can also be paid with appropriated funds. In addition, appropriations are used for child development center construction and renovation.

All other operating costs are met with nonappropriated funds, which primarily come from parent user fees. We did not collect user fee information. Current DOD data show, however, that the average weekly center charges for child care in the services range from \$40 to \$60 and are generally lower than those available in the private sector. The costs for family day care homes are primarily supported by parent user fees paid directly to the care giver. The family day care home program incurs no construction costs as care is provided in the on-base homes of military spouses.

Data from our study provide a snapshot picture of military child care in the 48 contiguous states on February 9, 1988. We received survey responses from 215 installations with child care programs from a universe of 231 installations with child development centers identified by DOD officials. Of the installations responding, 213 had centers, of which over one-half also had family home programs, and 2 had home programs only.

PROGRAM CAPACITY

Military installations in the Air Force, Army, Navy, and Marine Corps have the capacity to serve about 62,000 children at one time through established child development centers and family day care homes. The Army had the highest center and home

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capacity followed by the Air Force, Navy, and Marine Corps. We do not have comparative information on service capacities relative to eligible child populations. Child development centers can serve about 38,000 children at one time and family day care homes can accommodate about 24,000 children. Of the 215 installations with child care programs responding to our survey, 126 had family home programs. These installations had about 4,600 family homes.

Various other groups and organizations provided some types of child care at many of the installations. Youth activity programs were operated at 92 percent of the installations with centers, and other groups and organizations--such as officers' wives' clubs, parent cooperatives, and chapels--provided care at 31 percent of the installations with centers. We did not collect information on these programs' capacities.

TYPES OF SERVICES PROVIDED

Each military installation has discretion in how it operates its child care program, and the types of services provided varied. The most common types of care offered were full day, part day, and hourly, although these types of care were not equally available to all age groups. In addition, about 4 percent of the installations indicated that 24-hour extended care was available; 19 percent reported the availability of night care; and 42 percent indicated that weekend care was available. Care for children with mild illnesses and special needs, resulting from physical or mental handicaps, was available at a

limited number of installations (8 and 45 percent, respectively). In all cases, installations' home programs provided these types of care more often than centers.

CHARACTERISTICS OF CHILDREN SERVED

While some centers have a policy of providing care to children as young as 4 weeks and some as old as 12 years, our data show that of the children served, about half were between 3 and 5 years old. Again, each installation has discretion. Overall, however, 30 percent of the installations do not serve children under 6 months old and 52 percent do not serve those over 10 years old. When children under 6 months are served, they are more likely to be served in family day care homes than in child development centers.

Slightly more than half of the children expected for center-based care were expected for full day care. These were primarily children of active duty personnel who were married to civilians (63 percent), dual military couples (16 percent), or single military parents (12 percent), while 6 percent were children of DOD civilian personnel. The other 3 percent were primarily children of military retirees.

WAITING LISTS AT CHILD DEVELOPMENT CENTERS

While accurately determining how many parents want and would use child care is difficult, waiting lists provide an indication of parents' interest in military center-based care. Of the 213 installations with child development centers in our survey, 185 had a waiting list. These lists contained the names of about

25,000 children, including over 1,000 unborn children, reflecting parents' early concerns about the availability of military child care. We did not determine how many parents would be interested in center-based care at the 260 installations in the continental United States with military personnel that did not operate centers at the time of our survey (or did not respond to our questionnaire).

Parents may make other child care arrangements while on the waiting lists for care in child development centers. We surveyed 134 parents with children on waiting lists at four installations and found that parents who indicated that they still wanted military child development center care had made other arrangements. For example, while waiting for center-based care, some parents employed baby sitters, used family day care homes, and a small number used private day care facilities.

While waiting lists provide a good source of information, they are likely to over- or underestimate interest for centerbased care. For example, waiting lists may overstate interest when they are not regularly updated to identify those who are no longer interested in center care and understate interest when limits are set on the number of children that can be placed on waiting lists. About 96 percent of the 185 installations with waiting lists said that they regularly update them. However, four of the installations set limits on the number of children who could be put on the waiting list. Additionally, parents can place their child's name on more than one center's waiting list,

therefore overstating the interest. Interest in center care may be understated because waiting lists do not include the parents who did not list their children because they were discouraged by the length of the wait. We were unable to determine how many parents placed the same child's name on more than one center's waiting list or those turned away due to waiting list limits or those who were simply discouraged. In any case, we believe that the 25,000 children on waiting lists, excluding the unborn, are an approximate number that could have been admitted to military child development centers at the 185 installations had there been vacancies when parents first expressed interest.

POLICY IMPLICATIONS

Military child care programs have grown significantly over the past few years. These programs, which are offered at a lower cost, at a convenient location, and provide services that may not be available in the private sector, are likely to continue to attract service members seeking care for their children. Given the attractiveness of military child care, the preference for it rather than other child care may be the norm.

DOD's current policy is to give preference to active duty service members requesting center-based child care to the extent possible. Currently, all the children of active duty service members requesting center-based care cannot be served. We do not know how many additional active duty service members with children at installations without child development centers have preference for such care. The potential numbers of those with a

preference for military center-based child care mean that longrange funding decisions are facing the military, in terms of program priorities, and the Congress, in terms of appropriation support.

Madam Chairman, this concludes my statement. I would be pleased to respond to any questions you or members of the Subcommittee may have.

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