How the military went from having childcare in Quonset huts and stables to being the "premier" system — and why don't more people study it?

Hiding in plain sight

SOURCE: http://hechingerreport.org/how-the-military-went-from-having-childcare-in-quonset-huts-and-stables/

by M.-A. Lucas April 21, 2016

In a recent Hechinger Report series on childcare in Mississippi, writers Jackie Mader and Sarah Butrymowicz asked what it would take for that state to transform its childcare into a top system.

They pointed to the remaking of the U.S. military childcare system as an example of such a turnaround.

The military's childcare revamp is a Cinderella story that more people should study.

It is now known as the premier program in the nation.

"I arrived in 1980 to centers located in stables, Quonset huts, and asbestos filled pre-WW II wooden buildings with lead based paint."

"I hold up military childcare as the most exemplary federally funded effort in early childhood education in every discussion I have with colleagues about what we should see in those programs," said Dr. Shirley Svestka, senior evaluator of the U.S. General Accounting Office, in 1992.

It is also significant, however, that the military childcare system was once known as "the ghetto of American childcare."

As one of the founding military early-childhood professionals, I led the U.S. Army Child Development Services System for 31 years.

I arrived in 1980 to centers located in stables, Quonset huts, and asbestos-filled, pre-WW II wooden buildings with lead-based paint.

Annual staff turnover was often 300 percent.

Care was custodial at best, with a demoralized workforce paid less than attendants caring for the army mascot (a mule), limited parent access and engagement, and numerous health, safety and child well-being violations documented by the GAO and the DoD inspector general.

Even worse, a horrifying large-scale child sexual abuse scandal occurred in the mid '80s.

The services acted quickly and began a collaborative "journey to excellence."

By 1992, DoD and the military services had implemented the Military Childcare Act of 1989 and rules were in place that created a premier childcare system that has received numerous positive citations and kudos from both the government and the private sector.

A 2002 Senate report called the program "a model for the nation for providing high-quality affordable childcare."

How did the military achieve this transformation?

It started with intent. That intent was and I believe remains to help working families by reducing the conflict between parental responsibilities and work force productivity (military readiness and retention) and reduce stress on families through a unique policy and financing infrastructure.

To achieve this goal, we began with underlying systemic policy changes, including:

1. Universal access for all children of active duty military and DoD civilians, regardless of family socio-economic status.

- 2. A single-entry system of multiple on- and off-base full day, part day/shift and hourly year-round care options for children four weeks old to 12 years old.
- 3. Adoption of nationally recognized standards, states best practices and regulatory parameters, and strict enforcement of standards through annual unannounced internal and external assessments with stringent accountability compliance measures.
- 4. Staff credentialing and accreditation by national professional bodies; competitive staff salaries and benefits; on-site staff to train and coach staff, and strong passionate site and headquarters leaders with early learning and administrative competencies, parent engagement through open access to child classrooms and local parent advisory councils.
- 5. Support from military leaders at all levels. Reluctant at first, these leaders soon came to value quality childcare as a "force multiplier" that positively impacted military capability and supported working families.

A familiar army refrain summed it up this way: "Recruit the soldier; retain the family." Spouses influence the re-enlistment decision and the childcare program is viewed as vital for spouse employment and their children's well being.

We then identified resources needed to bring and sustain childcare program quality to scale. The resource component established a cost sharing model (minimum 50:50 match) and between public investment and families.

This severed the traditional link between staff compensation and parent fees, determined unit costs for each child age group "classroom space" and embedded quality criteria within the unit cost compared with a separate "quality set-aside" as used in CCDBG.

All families paid "fair share" fees based on total family income, and received discounted tuition rates that generally represented at least a 20 percent advantage over local market rates.

Unlike private sector mores, infant care rates were no higher than rates for preschool children.

Staff compensation competitive with the competing labor pool, e.g., public school leaders, teachers and aides included benefits for regularly scheduled employees (70 percent of the workforce).

Entry level staff received automatic salary increases every six months linked to successful completion of on-the-job training within their first 18 months of employment. This financing model closed gaps between parent fees and operational costs with public investment sources (defense operations and maintenance funds and revenue generated by parent fees and local military business operations).

These policy and cost-sharing financing strategies formed a performance-based business plan.

Consistent levels of quality are achieved and sustained through rigorous performance metrics and stringent oversight.

The military childcare system was transformed to provide the right number of child spaces, in the right places at the right time for children and working parents and contribute to the security of the nation through increased military readiness not hindered by lost duty time due to a lack of childcare.

The turnaround has produced a system of DoD-certified (equivalent to state licensing) and nationally accredited childcare centers, staffed through dual career ladders with appropriate compensation, benefits and training for paraprofessional and professional workforces that has been sustained for 25 years.

The military's childcare turnaround can be used to help foundering childcare systems improve. More people should study it. We're still hiding in plain sight.

M.-A. Lucas served as executive director of the United States Army Child, Youth & School Services Program from 1980 to 2011. She has also served as executive Early Care and Education Consortium from 2013-2015 and faculty member in several graduate and undergraduate early childhood programs.

HECHINGER REPORT

Early Education

The race problem in Mississippi daycares

Decades of entrenched poverty and racism may impact child care, advocates say

by Sarah Butrymowicz and Jackie Mader March 6, 2016 This is the seventh story in a series investigating child care in Mississippi.

At a child care center in Clinton, children spend their days in colorful classrooms, supervised by qualified lead teachers, all of whom have college degrees. During outdoor time, the children can run up and down a grassy hill, explore a sensory herb garden, or play on a playground that cost roughly \$180,000 to build.

About 10 miles away at a daycare center in North Jackson, the classrooms are also stocked with toys and books, thanks to a nonprofit program, but caregivers only need a high school diploma. Outside, children can play with hula-hoops or bounce balls on the side of the building. Playground equipment is too expensive.

Most of the children at the Clinton center are white; the Jackson center enrolls predominantly black children.

Child care advocates in the state worry that the effects of decades of extreme poverty among black Mississippians and a history fraught with racial tension have trickled down into child care centers, disproportionately impacting black children. In visits to 30 child care centers in central Mississippi, reporters saw centers split along lines of race and class, and plagued by the same problems that affect the state's racially and economically divided public schools.

Nearly <u>50 percent</u> of black children in Mississippi live in poverty, compared to 15 percent of white children

The range of quality in the state's 1,521 licensed centers is not neatly divided or easily quantified; many centers that serve mostly black children are rated highly, while some centers that serve white children do worse on quality rankings. But there is a direct link between how much parents can pay and how much a child care center can charge that, in turn, dictates the size of daycare budgets for salaries and supplies. Many centers serving low-income black children can't offer the same resources as those that cater to middle- and upper-middle class white children, such as expensive playgrounds, highly educated teachers or lower-than-required staff-to-child ratios.

Advocates say the system frequently shortchanges both the disadvantaged children it should serve and the providers who struggle to keep their businesses running. Children who most need the support quality child care can provide may not get it and providers may be penalized for failing to meet state standards set by the Department of Health, but receive little to no help from the state in making improvements.

Centers that serve mostly poor children may also struggle to pay for staff training that could boost quality or enable a center to meet minimum state requirements.

Kent McGuire, president and CEO of the Southern Education Foundation, said poverty is the key variable in child care quality. But, he added, "[t]here's a pretty strong correlation between race and socioeconomic status ... Disproportionately, the folks in these low-income communities are also people of color."

Nearly 50 percent of black children in Mississippi live in poverty, compared to 15 percent of white children. Black parents are also much more likely to rely on child care assistance paid for by a federal grant. In Mississippi, 92 percent of the families that receive child care assistance from the state are black, according to a January report by the Mississippi Advisory Committee to the U.S. Commission on Civil Rights.

The reimbursement a family receives for child care tuition varies depending on a child's age and family income, but assistance only covers a percentage of a center's tuition. That means centers that serve low-income children often receive reimbursements that cover only a fraction of what it actually costs to run a daycare. Many centers require parents to pay the difference, but some directors accept whatever parents can give.

The report by the Mississippi Advisory Committee also found that requirements imposed by the state's Department of Human Services have made it even more difficult for those in low-income — largely black — communities to access state assistance for child care. A single parent, for example, must go through the lengthy process of seeking child support before qualifying for child care assistance.

Hannah Matthews, director of child care and early education at the Washington-based Center for Law and Social Policy (CLASP), said the report has important implications for child care nationwide. "It establishes access to child care as a civil rights issue," Matthews said. "That is a really important milestone."

State funds for improving child care quality do not always go to the child care centers most in need of support, especially those in low-income African-American communities, according to the report. Child care centers in those communities may not have the funds or resources to participate in programs that improve quality and, without the quality improvements, are not eligible for additional funding or incentives, the report said.

Still, it's hard to find definitive evidence of racial inequity in access to quality child care.

Take, for instance, data from the Mississippi Department of Human Services on the race of children enrolled in centers that take part in the state's voluntary quality rating system, or QRIS.

Roughly 40 percent of Mississippi's centers have signed up for the rating program, which is run by Mississippi State University, to be evaluated on a scale of 1 to 5 on measures such as the education levels of employees and the types of toys and materials in classrooms.

"We want to specifically make sure the most vulnerable children have the resources they need." Susan Glisson, executive director of the William Winter Institute for Racial Reconciliation

The data, provided for the civil rights report, show that 11 percent of black children enrolled in a rated center go to a 4- or 5-star facility, compared with 5 percent of white children. Of the 606 children who attend a 5-star center in Mississippi, 590 are black. However, nearly three quarters of black children enrolled in a QRIS-rated center attend a program that was rated a 1 or 2, compared to about 62 percent of white children. White children are overrepresented in centers that score a 3.

Carol Burnett, executive director of the Mississippi Low Income Child Care Initiative, said that Mississippi's deeply rooted racial issues contribute to the lack of funds for child care centers, making it even more challenging for them to improve.

"There are some systemic fundamental prejudices that are at play that have to do with things like, the system as a whole not wanting to acknowledge that government money needs to be used to help poor people and that many of these centers are in black communities run by black staff and directors serving black single moms, enrolling black children," Burnett said. "So the race piece comes into play and causes some real fundamental prejudices to influence and worsen these problems."

Some child care providers, both white and black, question whether their skin color influences how they are treated during health department inspections.

Sherrie Jones, owner of Highway 90 Child Care and Kindergarten in Pascagoula, recalled attending a workshop for child care providers once where she was the only black person in the room. When the speaker at the event asked how many of the center directors had ever received a fine, Jones was the only one to raise her hand, she said.

Jones said the licensing officials she deals with are tougher on her than on her white peers and come in determined to find a problem. "It demeans you," she said. "If I thought it was the same for everybody, I wouldn't be depressed."

Jim Craig, director of Health Protection at the Department of Health, said in a written statement that a goal of child care licensure is "to effectively serve child care centers and their staffs from all backgrounds by providing quality services, appreciating cultural differences, and increasing our knowledge regarding health and safety issues which affect Mississippi children in child care settings."

He added that the department monitors "customer service" through surveys following inspections. "Comments are reviewed by the Child Care management team to ensure Child Care Licensing staff exhibit the core values of the agency," he said.

Some black child care providers worry racial prejudices make it harder for centers to score well when evaluated by QRIS, and, they argue, the evaluation criteria are subjective, according to a report produced for the Mississippi Low-Income Child Care Initiative by the National Equity Project.

Monica May, director of the QRIS program, said the program trains evaluators to be consistent. "We want everyone to succeed" May said. "We do the same thing for one center that we would do for another and if the evaluator is Caucasian or African-American, they're going to deliver the [rating] scale the same way."

Related: High turnover and low pay for employees may undermine state's child care system

Data provided by officials at Mississippi's quality rating program show that there is no clear relationship between the race of the provider, the race of the evaluator and the score given. For example, 57 percent of centers with a black director were rated a 1 when reviewed by a black evaluator, while white evaluators gave 61 percent of the centers with black directors a 1 rating. Roughly a quarter of centers with a black director earned a 2 from a black evaluator, compared to 20 percent from a white evaluator.

92 percent of Mississippi families that receive child care assistance from the state are black.

Susan Glisson, executive director of the William Winter Institute for Racial Reconciliation and chair of the Mississippi Advisory Committee to the U.S. Commission on Civil Rights, said worries about racial bias may be exacerbated due to a lack of communication between state

agencies and child care providers, as well as the lack of opportunities for child care providers to share their opinions and have an input in state-level decisions that ultimately impact their business.

"In the absence of information, it's easy for people who already feel a mistrust, because of the history of the state, to just speculate the worst case scenario," Glisson said. "There is a perception that many state agencies do not go out of their way to support black communities."

May said some complaints of racial bias in QRIS may stem from the way the quality rating system started out in the state. When the program began, it was strictly focused on enrolling programs and rating centers — not on helping them improve, May said. "They didn't have a lot of conversations, they didn't build trusting relationships. They came in six to eight weeks prior to license expiration, did their evaluations, did their monitoring, and said you'll get your stuff in a few months."

In 2011, the state adopted a more comprehensive quality rating program, which also included efforts to help centers improve. May was hired that year to run the program, and much of her job then was to help build bridges between the quality program and child care centers, she said.

In an attempt to eliminate potential bias, May said the program sent all staff members to an in-depth training session in North Carolina, where the program was developed, to learn about the program's quality rating scale and how to ensure program integrity.

Louise Davis, director of the Early Years Network, which is funded by the state's Department of Human Services and which offers resources and support to child care centers, said low-income centers can enhance quality, without spending any cash, by improving the interactions between teachers and children, for instance, or adopting better personal care routines for children, such as improving diaper changing or hand washing procedures.

Davis said centers can also take advantage of free technical assistance offered through the Early Years Network or through QRIS, which provides training for child care center employees and business advice.

"That's the most critical element," Davis said. "Most of these directors are in it for their heart. They don't have a business background. They don't know how to do a budget."

Glisson said that while state agencies do need to communicate with and build stronger relationships with child care centers, a bigger financial investment in low-income communities is still needed to make widespread improvements in the quality of care for the state's neediest babies and preschoolers.

"We want to specifically make sure the most vulnerable children have the resources they need," Glisson said. "Because of the history of the state of Mississippi, we have a special obligation to make sure that communities that have been marginalized and ignored in the past are specifically welcomed in to the benefits of their tax dollars."

This story was produced by <u>The Hechinger Report</u>, a nonprofit, independent news organization focused on inequality and innovation in education. In the coming weeks, this series will look at solutions to the child care problem for Mississippi and other states.

This story also appeared in The Clarion Ledger

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