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Implications of the current Coronavirus pandemic, to include school closures and virus protection measures, prompted each service to adopt temporary workplace flexibility for service members. Within the USMC, temporary telecommuting and flexible scheduling policies were implemented to alleviate the burdens unprecedented childcare shortfalls placed on military parents. The following examination of childcare background, policy documents, service level guidance along with relevant studies, and an assessment of the current CDC waiting lists are presented to illuminate a decades-old childcare shortage and opportunities to improve and adopt modern workplace flexibilities permanently to benefit commanders and service members, as well as readiness and retention within the USMC.

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Modern Solutions to Military Childcare Shortfalls and Childcare-Related
Readiness and Retention Issues

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Executive Summary

Title: Modern Solutions to Military Childcare Shortfalls and Childcare-Related Readiness and Retention Issues

Author: Major Lindsay K. Bartucco, United States Marine Corps Reserve

Thesis: COVID-19's disruption of childcare services has accentuated enduring DoD childcare shortfalls that have negatively impacted both force readiness and retention, and DoD investments in the following childcare solutions are recommended: (1) Develop a childcare-availability readiness reporting policy, (2) Expand funding to build and operate additional CDCs, (3) Expand alternative childcare funding, and (4) Develop a service-level telework program for military service members.

Discussion: Implications of the current Coronavirus pandemic, to include school closures and virus protection measures, prompted each service to adopt temporary workplace flexibility for their service members. As the pandemic unfolded, the Marine Corps quickly addressed the shutdowns with a new appreciation for flexibility in the workplace, as well as heightened involvement to support parents of small children affected by the closures of schools and daycares. Temporary telecommuting and flexible scheduling COVID-19 policies were implemented to alleviate the concerns that unprecedented childcare shortfalls placed on military parents. To this point, the Marine Corps acted aggressively with COVID-19 policy updates and flexibility when conditions affected a significant portion of the force. This adaptation suggests the Marine Corps can apply these same pandemic lessons learned to permanently adopt policies and workplace flexibilities that would address long-standing shortfalls for childcare, personnel readiness, and retention, absent a pandemic when those shortfalls affect smaller portions of the force. The following examination of military childcare history, policy documents, service level guidance, relevant studies, and an assessment of the current CDC waiting lists are presented to illuminate a decades-old childcare shortage affecting a small, yet growing, portion of the force. The COVID-19 pandemic response offered opportunities to improve and adopt workplace flexibilities that could be permanently codified and implemented to benefit and improve readiness and retention within the Marine Corps.

Conclusion: By adopting more flexibility in the workplace, the Marine Corps can alleviate some of the burdens military families face when it comes to childcare shortfalls by leaning into modernized strategies that attract, recruit, and retain servicemembers. These measures allow the service to compete with the civilian workforce and sustain readiness within the force. This study provides thirteen total recommendations across four central ideas for improved unit and personnel readiness, increased childcare capacity, and expanded options for commanders to effectively manage personnel in a modern workforce. These recommendations are provided for adaption into policies the future operating environment and added flexibility for commanders to support individual unit and personnel needs.

Preface

This thesis is based on military childcare shortages and its inherent impact on military readiness and retention. My research was inspired by my own experience as an active-duty Marine in a dual-military household as my husband and I have navigated through childcare challenges for our own two children throughout our careers. The mass-closures of schools amidst the COVID-19 pandemic prompted additional concern for our children's education and futures, and for my peers and colleagues who have children of their own. Through this research, I wanted to gain a deeper appreciation of the impact these school closures had on military units and families and discover ways the Marine Corps adapted to mitigate the increased challenges to childcare availability. It is my aspiration to use this research to advocate for readiness policy updates, increased childcare funding and workplace flexibility, and to arm commanders with additional tools to support their unit's readiness and Marine families' individual needs.

It is a genuine pleasure to express my gratitude to my mentor, Dr. Bradford Wineman, for his prompt suggestions and opinions, his patience, and enthusiasm that enabled me to conduct well-rounded research and complete this master's thesis.

I am thankful for the contributions of Tom Goben for his keen insight, support, and data, from which I was able to conduct this research.

It is my privilege to recognize and thank my husband, Major John Bartucco, for his shared understanding of dual-military family challenges, his witty critiques of my research, and his thought-provoking questions that served to strengthen my thesis and research arguments.

I thank profusely my children, Alyssa and Dylan, the inspiration of this work.

Lastly, I am grateful for the women who inspired me, challenged me, and encouraged me along the way, including: Mom, Lynn, Cat, Joyce, Kerrissa, Steph, Peggy, Shaunda, and Roz.

Introduction

In the early months of 2020, Coronavirus Disease 2019 (COVID-19) prompted a massive response to curtail the virus' spread including disruptions of childcare services nationwide. As schools closed, military service members remained dedicated to their missions, but not without cost. Many service members are also parents and the school closures have had a detrimental impact on these military families. Since the virus pandemic is relatively new, few studies have been conducted to identify how the childcare disruptions have affected military readiness and retention since its emergence. However, previous research shows there is an overall close relationship between childcare availability, readiness, and retention. Carolyn Stevens, Director of the Office of Military Family Readiness Policy, said, "Childcare is a workforce issue that directly impacts the readiness and retention of the Total Force."¹ The implications that the virus has had on the DOD's readiness is yet to be determined. Nevertheless, previous Defense Secretary Mark Esper added 'care of families' as a new line of effort to the *National Defense Strategy*, indicating a strong relationship between military defense and family care.² This MMS explores DoD workforce policies, DoD and Marine Corps readiness policies, military COVID-19 response, along with DoD childcare studies and statistics to illuminate a historical shortfall in military childcare but it also suggests modern solutions. This thesis will argue that COVID-19's disruption of childcare services has accentuated previously existing DoD childcare shortfalls that have negatively impacted both force readiness and retention, and recommends DoD investments in the following childcare solutions: (1) Develop a childcare-availability readiness reporting policy, (2) Expand funding to build and operate additional CDCs, (3) Expand alternative childcare funding, and (4) Develop a service-level telework program for military service members.

DoD Childcare Purpose and Background

Purpose of DoD Childcare Programs

Within DoD and military service-level policies is a well-recorded connection between childcare services, readiness, and retention. DoD's policy for Child Development Programs (CPD) states their purpose is to "[s]upport the mission readiness, retention, and morale of the total force during peacetime, overseas contingency operations, periods of force structure change, relocation of military units, base realignment and closure, and other emergency situations."³ Studies on military childcare availability find that "insufficient childcare options for military families impacts readiness and retention decisions as those with newborns and pre-school-age children report they are likely to miss duty and leave the military due to inadequate childcare."⁴ According to the Deputy Assistant Secretary of Defense for Military Community and Family Policy, there are approximately 880,000 children under the age of fourteen in military families who require childcare.⁵ A Congressional Research Service report revealed that the main purpose for providing childcare services is "to enhance force readiness" by supporting "the mission readiness, retention, and morale of the total force..."⁶

The connection between childcare and readiness is also referenced in various Marine Corps policies. For example, MCO 1740.13D requires family care plans as part of the standard readiness curriculum for Marines, and MCO 5000.12F, identifies the Marine and Family Programs Division as responsible for family readiness and family care, to include the management of Child Development Centers on Marine Corps installations.⁷ With a direct link between childcare and readiness, the DoD and Marine Corps, as a warfighting organization, is required to maintain a steady-state of readiness and thus has a responsibility to support childcare solutions for its members. To explain what led the military to initially recognize the need to

support childcare programs to achieve its national security objectives requires further examination of the background of the military's investment in childcare options.

History of DoD Childcare Programs

A March 2020 Congressional Research Service Report on the background and issues of military childcare programs identified that the US government took on its first childcare role during the Great Depression.⁸ At the time, the Great Depression caused massive layoffs and the government recognized how it could revitalize the national economy by finding jobs for the unemployed. The Works Progress Administration established and funded "Emergency Nursery Schools," which provided jobs for newly unemployed women and the care for children of single and working mothers.⁹ This program was beneficial for families dependent on a mother's income for life necessities during the Great Depression, such as shelter and food.

In 1941, the US War Department recognized the national strategic benefits for incentivizing civilian war production for the US military's sustainment during World War II. While men were serving in the war, Congress passed the Lanham Act as a national call for women's employment to support the war efforts.¹⁰ This Act gave wartime stimulus funds to war-impacted communities to run their own childcare facilities. Rhiana Cohen, in her article, *Who Took Care of Rosie the Riveter's Kids*, said that "[o]ver 550,000 children nation-wide are estimated to have received care from Lanham Act programs."¹¹ Providing for community-run childcare allowed mothers to support the industrial war efforts, a vital need to support US interests in World War II and sustain the US military. At the end of World War II, the Lanham Act's funding was removed with the government's anticipation that war-supporting jobs would no longer be needed.¹² With no jobs, women could return to the period's stereotypical maternal child-raising duties within their homes.

Following World War II and into the Cold War, the demand for childcare remained low. The dwindling need for childcare can be credited to the makeup of the force and general social norms of the time period. According to a Congressional Research Report, “[i]n the 1950s, approximately 70% of service members in the Army were single males,” who generally did not have children or responsibility for their care.¹³ In this period, it was typical for the stay-at-home wives of military service members to be responsible for the childcare duties. Additionally, women who served in the military at this time were discharged upon the condition of pregnancy, as motherhood and childcare responsibility raised readiness concerns. While discussing future policies directed at the discharge of women, a 1948 study group stated:

It is believed that pregnancy and motherhood *ipso facto* interfere with military duties . . . Granting of maternity leave would result in having ineffectiveness; replacement could not be procured while the woman remained on the active list; and the mother of a small child would not be readily available for assignment. . . it is believed that a woman who is pregnant or a mother should not be a member of the armed forces and should devote herself to the responsibilities which she had assumed, remaining with her husband and child as a family unit.¹⁴

The needs of the service inspired policy changes, which stimulated changes to the demographics of the US military’s composition. During the Vietnam War, only men were drafted; thus, volunteer women only accounted for a small 2.5% of the active-duty military force and less than 1% of the Marine Corps.¹⁵ Following the war, the military transitioned to an all-volunteer force in 1973.¹⁶ No longer dependent on the draft, the introduction of the all-volunteer force placed the DoD in competition against civilian employers to maintain human resources for a ready fighting force. The DoD implemented an array of benefits, bonuses, and incentives to attract and recruit candidates for volunteer service.¹⁷ According to Kristy Kamarck’s congressional research, “[b]etween 1973 and 1978, the proportion of women in the military

climbed from 2.5% to over 6% and the number of dual-military marriages increased.”¹⁸ The new military incentives initiated a demographic change and spurred the gradual increase of women filling the military ranks. According to the Defense Manpower Data Center (DMDC), women now account for 17% of the active-duty military force and 9% of the Marine Corps.¹⁹ As more women have entered the force, there are corresponding increases in marriages between service members. Kamarck states that “[t]oday, there are almost twice as many dual-military married couples and single parents serving on active duty than in 1985.”²⁰ According to the DoD 2018 Demographics Report, married active-duty service members account for 51.5 percent of the force.²¹

These military demographic shifts from young, single men in the 1950s to a diverse force of men and women, married and unmarried, and parents and non-parents, corresponded likewise to the growing demographic shifts in the civilian workforce. According to a 2006 article in the *Journal of Marriage and Family*:

In 1970, close to 90% of couples had conventional earning arrangements: The husband was the sole provider in 56% of couples and contributed 60% or more of the income in an additional 31% of couples. By 2001, husbands were still the sole (25%) or major provider (39%) in a majority (64%) of couples but wives shared equally in providing income in 24% of couples, more than double the 9% in 1970. Additionally, wives as primary (or sole) earners increased from 4% to 12%.²²

Further, Kamarck’s congressional research stated, “In 2019, 63% of married-couple families in the US with children under 18 had both parents employed outside the home.”²³ These workforce changes initiated new demand signals for family-oriented benefits both within the civilian workforce and the DoD. According to the Bureau of Labor and Statistics, 72% of companies with 500 or more employees allocate funding for dependent care.²⁴ So, to compete with the private sector, the DoD similarly adopted dependent care, family-oriented benefits, including

DoD childcare programs, to meet the growing needs of military families, working women, and care for children and to continue to meet US military manpower readiness objectives.

Current DoD Childcare Programs

To compete with the civilian workforce benefits packages, DoD has invested in various family-oriented programs to meet its recruiting, readiness, and retention goals. The DoD's child development program (CDP) comprises of Child Development Centers (CDC), Family Child Care (FCC), School-Aged Care (SAC), and Supplemental childcare.²⁵ This variety of care shows there is some flexibility in options for parents to choose the best care solution for their children based on age and support needs. The DoD instruction for Child Development programs provides the following summary of care provided:

- (1) **CDCs.** CDCs primarily offer care to children from 6 weeks to 5 years of age but may also be used to provide SAC programs.
- (2) **SAC Programs.** SAC programs primarily offer care to children from 6 to 12 years of age. Care may be offered in CDCs and other installation facilities, such as youth centers and schools.
- (3) **FCC.** Childcare services are available to children from infancy through 12 years of age and are provided in government housing or in state-licensed/regulated homes in the community.
- (4) **Supplemental Child Care.** Services include short-term alternative childcare options in approved settings on and off installation.²⁶

Although these programs offer care for children of military families from six weeks through 12 years of age, most full-day care is geared towards infant to pre-school-aged children.²⁷ It can be inferred that once children become school-aged, the reduced numbers of those children needing DoD sponsored full-time care can be attributed to the fact that children over the age of five have the option to use community-based public school, funded by the state, or for DoD Education Activity (DoDEA) schools, the federal government.

DoD Childcare Program Shortfalls

Although the DoD offers a variety of childcare options and assistance, the currently available care is expensive and not flexible enough to maintain a steady-state of personnel readiness. A RAND study from 2006 summarizes that military families have an unmet need for childcare.²⁸ This data shows that childcare shortfalls are nothing new and existed long before the COVID-19 pandemic. Data also shows that committing more funding has not alleviated the problem. The majority of DoD childcare funding goes towards children aged five and below, yet the most unmet childcare needs were still most prevalent among families with preschool-aged children.²⁹ Additionally, another RAND analysis concluded that service members with unmet childcare needs were more prone to leaving the military because of childcare issues, and “dual-military families report a higher propensity to leave the military due to childcare issues than single parents.”³⁰

Childcare facilities are costly to operate and run. In fact, according to *Options for Improving the Military Childcare System*, “DoD CDC care is the most expensive childcare program for the DoD.”³¹ The costs associated with CDC care begins with military construction to build the facilities. Further, there are costs to cover the center’s ongoing management including personnel employment and benefits, classroom and building furnishing, cleaning supplies, food, snacks and refreshments, power and water services, and ongoing maintenance to keep the centers running. The centers are suitably located on the installation where the service member works and are open every weekday from 6 am to 6 pm.³² Because of their standard operating hours and location, the CDC may be the best preference for families who require stability and convenience. However, childcare programs with care hours of 6 am to 6 pm, Monday thru Friday, do little help to military families whose children cannot attend care due to

illness, or support parents during unexpected CDC closures (i.e., flooding, air conditioning failures, power failures, etc.), no-school days, weekends, holidays, or unconventional work hours that military members often face.

Stable hours and convenience of CDCs are a reason this type of care is popular and sought after. According to *Options for Improving the Military Childcare System*, “nearly all DoD CDCs are enrolled to capacity and have waiting lists.”³³ A DACOWITS study reported that there were 17,000-18,000 children on waitlists for DoD childcare in 2019, which equates to an average wait time of 4-6 months.³⁴ In the Marine Corps, children on waitlists are a fraction of that number, at 850 children in 2019, which makes sense as the Marine Corps CDCs serve a much smaller population.³⁵ However, Marine Corps Installation CDC waitlist times are still significant at some installations, such as Marine Corps Air Station (MCAS) New River, MCAS Miramar, Camp Pendleton, Marine Corps Base (MCB) Quantico, and MCB Hawaii.³⁶ These high-density and expensive locations show a correlation between waitlist times and the population density of surrounding areas.

Despite the lengthy waitlists and perceived popularity, the CDCs are not the optimal choice for families who live off base, those single military parents who work nights and weekends, or those families with children over the age of five. A RAND study found that “families that live off base are less likely to use DoD-sponsored childcare options.”³⁷ This indicates that on-base care is inconvenient for those who live further from military installations, considering toting young children while commuting long distances is not an optimal preference.

In addition to unmet needs, the key findings of RAND studies also bolstered the connection between childcare availability to retention. Studies showed that unmet needs to childcare are a compelling factor to leave the service:

Families reported that childcare concerns might drive them to leave the military. Twenty-one percent of families reported that it is likely or very likely that they will leave the military due to childcare issues. Families with pre-school-aged children appear much more likely to report that they will leave the service due to childcare issues (35.72%) compared to school-aged children (15.13%).³⁸

When childcare issues prevent service members from being present for work, readiness suffers. A RAND childcare survey identifies childcare issues often cause service members to be late to work or miss work completely, a clear unit readiness concern. The same survey also identifies that childcare issues disproportionately affect female service members, who are less likely to have an unemployed spouse to assist with childcare needs.

Over half (51%) of military mothers and 22% of military fathers reported being late to work in the last month because of childcare issues. Similarly, over [one]-third (37%) of military mothers and 7% of military fathers reported having to miss work because of childcare issues.³⁹

Childcare issues can be frustrating for both the service member and their supervisors. When stable childcare options are not available for lengthy periods of time, blame for those shortfalls often put on the service member. GySgt Rosemary Reyes was one of those Marines who soon after she arrived at her new duty station in San Diego immediately felt ostracized from her leaders when there was no childcare available at the CDC, and alternate childcare options were hard to come by. “I was new. I didn’t know anyone in the area. [The stress from a lack of childcare options] took a huge toll on me. My work performance suffered and [I was] judged . . . because I have children.”⁴⁰ However, these persistent military childcare issues were exacerbated in 2020, when the novel Coronavirus 2019 (COVID-19) pandemic spread rapidly across the globe, forcing the closures of schools, and childcare centers, across the US.

DoD COVID-19 Response

Schools were closed in all 50 states for varying lengths and date ranges, during calendar year 2020, due to the pandemic.⁴¹ As the DoD childcare programs only provide a limited amount of care for school-aged children, these closures posed a significant risk to the readiness of the force as service members with young children had little to no available childcare center options. Typically, approximately 200,000 children receive DoD-sponsored care, the preponderance of those being pre-school-aged and below.⁴² However, the pandemic's closure of schools could have affected up to 1.2 million military-affiliated children under the age of 12, many who do not typically require military-sponsored childcare.⁴³ The number of military-affiliated children who attend public schools is unclear, as that data cannot be provided by the Child Development Programs as they do not have a purview of children outside their care centers. Regardless, it is clear this pandemic intensified the DoD's already problematic childcare capacity issue, highlighted a lack of service-level guidance to support families with childcare shortfalls, extended CDC waitlists, and provided some new DoD and unit concepts to support military families.

Since COVID-19's emergence, there have been numerous articles written and requests to the DoD to improve childcare services for military families, understanding the national security readiness concerns tied to childcare shortfalls. Nearly all the authors agreed that COVID-19 has enlarged an already blaring issue. A *Military Times* article noted that affordable childcare has been an issue for decades and called on the DoD to expand childcare capacity for military families during crisis conditions, such as COVID-19, to support the education of the "1.6 million military-connected school-aged children."⁴⁴ An *Army News* article pointed out that only a third of CDCs remained open at the height of the pandemic.⁴⁵ Of those that remained open, most had

limited hours, stopped accepting new enrollments, and provided care to a more limited number of families. For example, Captain Brittany Snelgrove, a new mom and designated as an essential employee by her command, was still denied care due to the paused CDC enrollments.⁴⁶ Adding to the hardship, military travel bans prevented service members from seeking care with out-of-state relatives who may have otherwise been able to assist.

The Marine Corps released over 50 administrative policy updates regarding COVID-19. Yet, none of those updates have addressed school closures, CDC closures, or lack of available childcare. The lack of service-level guidance ultimately left childcare and family readiness support decisions with individual service members at the mercy of their commanders. This lack of guidance could lead to inconsistent policies within a command and installation, leading to confusion and possible discrimination. For example, if commanders decide to allow some parents to telework, and some commanders do not provide appropriate and responsible telework guidance, it could lead to teleworking parents receiving sub-standard performance ratings than non-teleworking Marines. A lack of options and a lack of guidance could lead commands and service members to make poor childcare decisions. They could send service members home to care for their children- having possible detrimental impacts to unit readiness, require children to be brought to the workplace - which poses inherent risks during a national health crisis, or may force parents to leave children home without appropriate supervision – a dangerous and sometimes illegal decision depending on the age and maturity of the child.

The pandemic has, with no doubt, expanded CDC waitlists. Pre-pandemic, approximately 18,000 military children remained on DoD CDC waitlists.⁴⁷ However, this number does not account for the influx of school-aged children who require childcare resulting from COVID-19 school closures. Military family demographics show that school closures could

have affected up to 40% of active-duty forces.⁴⁸ Data provided by Tom Goben, the Family Care Branch Head at Marine and Families Division, showed that in August 2020, there were 1,689 children on waitlists for DoD childcare on Marine Corps installations, double the amount from just a year earlier.⁴⁹ With the expanding need to find childcare, it is no surprise that some military families have been forced to come out of pocket to pay for additional childcare when their primary childcare provider closed their doors. A 2020 DoD survey showed that nearly half of military families who use installation CDCs needed to pay for supplemental childcare to make up for the gap in availability when the CDCs either closed, reduced their hours, or limited care to only children of essential employees.⁵⁰

Despite COVID-19's catastrophic impact on childcare, there have been some notable improvements such as re-prioritizing families for CDC enrollment, pilot programs for virtual learning and off-installation childcare subsidies, and temporary allowance for telecommuting and flexible schedules for service members. In early 2020, the DoD implemented new CDC prioritization policies to give dual and single military families precedence.⁵¹ However, early data obtained from Tom Goben at Marine Corps Marine and Family Programs have shown that the new prioritization did little to reduce the lengthy CDC waitlists. In defense of the re-prioritization efforts, it is likely too early to determine whether the new policy would have an impact outside of pandemic conditions. Furthermore, a 2020 RAND report urged the DoD to consider providing vouchers or subsidizing civilian childcare centers to offset childcare costs for military service members who needed to seek childcare services within the civilian community.⁵²

A year after the pandemic hit the US, the DoD established two new pilot programs that: 1) provide additional financial assistance to military members for in-home childcare, and 2) expand the DoDEA virtual high-school program.⁵³ However, the former pilot program is only

offered in the five DoD locations with the largest need for childcare and may be of little assistance for most Marine Corps families. In addition, the DoD expanded a pre-pandemic pilot program for military childcare assistance subsidies.⁵⁴ According to Karen Jowers' article in *Military Times*, this program is designed to "offset the cost of childcare in the civilian community when childcare isn't available on the installation."⁵⁵ Because private care centers have typically remained open throughout the pandemic, this is a promising program for low-income military members who have had to pay out of pocket for supplemental childcare while CDCs are closed and while schools are providing virtual-only classroom instruction.

Another improvement brought about by the pandemic is the use of modern civilian workforce flexibilities, which have been temporarily adopted by military commanders and service members. As the pandemic spread, the concerns for the virus's effects on health prompted new calls for social distancing, extra sanitization measures, and avoidance of large indoor gatherings - raising concerns for the safety of the workplace. Combined with the massive childcare problem, these concerns prompted the DoD and military services to adopt new telecommuting measures in order to allow service members to work virtually from their home and provide dependent care while teleworking. Telecommuting was already a practice for many federal civilian employees, but not usually as a substitute for dependent care. However, newly implemented and temporary COVID-19 DoD telework rules for civilians allow civilian employees to continue to work from home while a child or dependent family member requires care through June 30, 2021.⁵⁶ The same provisions for childcare were temporarily made available for military services, who typically have not been authorized to telework. In-person office meetings became video calls, telephone calls, and emails, and service members were able to assist their children with virtual schooling and other related childcare needs.

Early into the pandemic, the DoD expanded the funding for telecommuting software that allowed service members to complete assignments and tasks from their new home office.⁵⁷ This transition provided some relief for parents while also maintaining unit readiness. The telework transition for military members proved successful. According to a *Defense News* article, in April 2020, “Air Force Lt. Gen. B.J. Shwedo, the Joint Staff’s director for command, control, communications, and computers/cyber and chief information officer, said as many as 4 million DoD military and civilian workers are now teleworking.”⁵⁸ Despite early, yet expected, network troubles, the telework adaptation has been successful. Air Force leaders are already considering making telecommuting permanent, as Air Force Reserve Chief Lieutenant General Richard Scobee commented,

We fully embrace this culture of teleworking. . . Even in the post-pandemic environment that we will find ourselves in eventually, a telework culture can remove barriers for us. . . It’s really about making it easier for airmen to serve. . . Why would [we] go back to anything different?⁵⁹

Conversely, Marine Corps leadership has been silent on the possibility of continuing military telework post-pandemic, reflecting a culture resistant to the change. A March 2020 Marine Corps policy temporarily authorized telework for Marines and Sailors, under the same civilian telework parameters for full-time and part-time telework.⁶⁰ This telework policy was strictly tied to COVID-19 and included additional COVID-19 specific information such as virus protection measures, virus reporting requirements, and travel considerations. The binding of these policies with the virus leaves an expectation that when vaccines are available and the virus rates decrease, these policies will be lifted and telework will no longer be an option.

Solutions to Childcare Shortfalls

To address the unmet needs of service members for childcare, the DoD and Marine Corps can take some measures to reduce the childcare waitlists, expand childcare capacity, and better understand the scope of the problem in order to increase readiness and retention. The following four ideas are viable solutions that, if implemented, would support the Marine Corps and DoD's ability to meet national security objectives.

Develop Childcare-Availability Readiness Reporting Policies

While Marine Corps policies and surveys report a link between childcare and readiness, the Marine Corps policies on readiness and family readiness excludes childcare availability reporting completely. The Marine Corps Readiness Reporting policy determines readiness as a combination of personnel readiness, training readiness, and equipment readiness.⁶¹ Although the Marine Corps' family readiness policy reports that family readiness is a function of personnel administration, and that personnel readiness is a key determining factor of unit readiness and ability to fulfill its mission, it does not include considerations for unmet dependent care needs.⁶²

Personnel readiness is established based on the lower percentage of either the assigned and deployable personnel (personnel strength) filling assigned billets or critical Military Occupational Specialties (MOS).⁶³ The Marine Corps Readiness Policy further states that "recruiting and retaining high-quality people results in higher performance and plays a key role in maintaining the Marine Corps' high state of readiness."⁶⁴ Childcare, known to have a direct link to readiness and retention, is not factored into personnel or unit readiness reporting.

Additionally, service members with childcare issues may be considered non-deployable. However, the deploy-ability of service members is tied to legal status, specific administrative statuses such as pending discharge, or medical statuses.⁶⁵ None of which consider dependent

care. For example, injured Marines are reported in the Medical Readiness Reporting System (MRRS) when they are non-deployable, and are factored into the personnel readiness reporting. But, there are no readiness reporting requirements or deploy-ability evaluation criteria for Marines assigned but cannot work due to a lack of childcare availability. Interestingly, this is where the Family Care Plan policy falls short. A family care plan is required for all servicemembers with dependents to identify a guardian or caregiver during deployments, Temporary Additional Duty (TAD) when the servicemember is away training or when the servicemember is incapacitated.⁶⁶ Regardless, Family Care Plans are not designed for times when the service member parent remains in the local area. The policy states “the FCP is not intended to replace routine family care arrangements, such as those used during normal training or garrison duties.”⁶⁷ As such, they are not designed for periods of illness when the child cannot attend school, CDC and school closures, a lack of local childcare availability, or during a pandemic event. Further, Family Care Plans are not a readiness reporting or deploy-ability consideration.

Recent Marine Corps COVID-19 policies show that the virus will impact training readiness as there have been disruptions to training events and fitness tests. However, the disruption of training events is not tied to childcare unavailability. Outside of pandemic conditions, it could be assumed that Marines who miss work due to a lack of childcare availability would miss training events and, in such ways, could reflect in unit training readiness shortfalls. However, much of Marine Corps training requirements can be done remotely, or Marines have found short-term care to attend the training event. This policy research presents inadequate readiness data collection leading to inaccurate validation of unit readiness if family readiness concerns are not being reported and recorded effectively. If there are 10 of 10 Marines

assigned, yet two cannot work due to lack of childcare, there is no evaluation method to capture this 20% personnel shortfall within the Marine Corps Readiness Reporting policies. In light of COVID-19, the significant disruption of childcare services, closures of child development centers (CDC), and schools nationwide, it is evident that many Marine parents have been affected. Thus, readiness has been affected. Yet, there are no Marine Corps systems of record to capture and report that impact. Despite pandemic surges, the lengthy CDC waitlists, and lack of affordable and convenient community care options, Marine parents are still affected and readiness is reduced. It is time that the Marine Corps registers that need and correlates it appropriately to unit readiness.

The DoD and Marine Corps should incorporate new rules into its current readiness policies that include childcare availability shortfalls with unit personnel readiness reporting requirements. These new requirements should be based upon childcare data collection to determine and establish an unsatisfactory percentage of unit personnel who cannot work due to childcare availability shortfalls. This data could be collected by creating a “childcare” subcategory status under leave, liberty, and telework in the personnel status reporting platforms, such as Marine Online, when a service member cannot work due to childcare shortfalls. By creating and using a ‘leave – childcare’ subcategory, personnel reporting would show when a member will be absent from work due to more burdensome childcare-related needs and a leave status is required. Further, a ‘telework – childcare’ subcategory would show when a member is available for telework while also providing care for a dependent. To be clear, this thesis is not recommending family leave or additional leave beyond what is currently provided to all service members, but instead recommending a data collection tool to identify when annual leave, telework, or special liberty is used due to childcare shortfalls. This data should be reported in the

DoD Readiness Reporting System (DRRS) to track and report a unit's personnel readiness more accurately.

Once enough data is received to understand how much childcare shortfalls affect readiness, a ratio can be established within the policy to identify a critical readiness shortfall within a unit. Identifying and reporting critical shortfalls are necessary for the service to prioritize funding and resources towards solutions. Without data collection and reporting requirements, it is impossible for a service or the DoD to understand how large the problem set is and makes it difficult to prioritize funding to the unknown scope of the issue.

Congress understands that childcare unmet needs are an issue for military families and has set out to determine how large that problem is by mandating new reporting requirements for installations. With the ratification of the January 2020 "Omnibus" bill into law, Congress now requires reporting of childcare shortfalls for some bases and stations.⁶⁸ Bases and stations that reserve responsibility for childcare facilities, such as Marine Corps Installation commands with CDCs and youth centers, will be required to report unsatisfactory waitlist lengths for availability.

H. R. 6395—268 SEC. 585. MILITARY CHILD CARE AND CHILD DEVELOPMENT CENTER MATTERS. (b) REPORTS ON INSTALLATIONS WITH EXTREME IMBALANCE BETWEEN DEMAND FOR AND AVAILABILITY OF CHILD CARE.—Not later than one year after the date of the enactment of this Act, each Secretary of a military department shall submit to Congress a report on the military installations under the jurisdiction of such Secretary with an extreme imbalance between demand for childcare and availability of childcare.⁶⁹

As CDCs reach predetermined thresholds for unsatisfactory waitlist lengths, this law makes it mandatory for services to report those shortfalls to Congress and provide recommendations for improvement, such as civilian hiring practices for additional caregivers. For example, if waitlists for CDCs on a Marine Corps installation reach nine months, this would show an extreme unmet

need for childcare and would likely be reported to Congress. These reports could trigger additional funding for military construction (MILCON) projects, or Congressional approval to fund some childcare MILCON projects from their unfunded priority list. This new mandated reporting proves that childcare needs are a national readiness consideration.

The Marine Corps should follow suit and identify personnel readiness reporting gaps related to unmet childcare needs. This can be accomplished through data collection facilitated through Marine Online (MOL) personnel status reporting with childcare subcategories. Once childcare-specific absences are better understood, unit and personnel readiness policies within the DoD and Marine Corps should be updated to mandate reporting of critical unit readiness shortfalls pertaining to childcare. Further, by understanding the problem at the unit-level, commanders would be able to identify and effectively develop individual childcare solutions locally.

Expand Funding to Increase CDC Capacity

With 18,000 children on waitlists for the DoD CDCs before COVID-19, it is abundantly clear that the need for childcare is overwhelming the DoD's current capacity to provide childcare. To address this concern, the DoD needs to prioritize military construction (MILCON) funding projects for additional CDCs and prioritize staffing, operating, and maintaining these CDCs with additional Operation and Maintenance (O&M) funding. This process needs to be started sooner rather than later, to expedite the capacity expansion of childcare facilities and support for military families before the problem is exacerbated via time.

To begin, budgeting and funding CDC capacity expansions is no easy feat as it is an expensive and typically slow process that comes with much uncertainty. Services first need to prioritize childcare over other military projects, such as warfighting modernization initiatives,

then program and budget for the project via the Programming and Objective Memorandum (POM) cycle. If the service prioritizes additions to childcare capacity and MILCON CDC projects and CDC O&M funding are added to the POM, a service funding request is sent to congress for approval through the annual National Defense Authorization Act (NDAA). This is a lengthy process. Typically, when projects are approved on the POM, the execution phase is typically not to begin for three years. This means that if a CDC build is added to the POM in 2021 and then approved by Congress in the fiscal year 2022 NDAA, construction will not begin until 2025. This is an expensive process. Kristy Kamarck's Congressional research showed that "[a]mong DOD's quality of life programs, the CDP is one of the largest appropriated-fund programs. . . . Across the Services, approximately \$1.2 billion in FY 2020 appropriated O&M funds went towards direct support of the military childcare programs."⁷⁰ Lastly, budgeting and funding a project within the constraints of the DoD's annual congressional appropriation comes with a degree of uncertainty on whether the project will or will not be approved and funded. Leaders must answer make hard decisions on how money is spent. Prioritizing a new CDC means that the force may be taking risks in delaying much needed modernization. Prioritizing childcare may, in turn, mean that warfighters will not receive safer combat vehicles or more accurate and lethal weapon systems. Further, there is uncertainty on whether funding for the project will even be approved by Congress.

According to a December 2020 brief update from the Defense Advisory Committee on Women in the Services (DACOWITS), some initial increased capacity projects for a couple CDCs have begun. Initial funding for building CDC capacity for Marine Corps Air Station Miramar was approved for fiscal year 2020 MILCON projects, which Congress pulled and approved from the unfunded priority list but is not expected to be complete until 2023.⁷¹ This

still leaves significant CDC capacity shortages for Marine Corps Air Station Miramar, Marine Corps Base (MCB) Camp Pendleton and MCB Quantico.

Another option to increase CDC capacity is to address CDC staffing shortfalls. Oftentimes, CDCs incur extended waitlists because they do not have enough staff to provide care. This means that when there is existing facility space for additional children, a lack of caregivers leaves those care rooms empty. An annual review of competitive pay rates and benefits to assess whether CDC employees have competitive pay rates and benefits compared to those childcare employees of facilities in the surrounding areas of the installation, could reveal areas to improve staffing, and moreover, CDC capacity. For example, a CDC childcare provider in San Diego, California, will incur greater cost of living expenses than if they were providing care in Montgomery, Alabama. As such, recruiting and hiring practices need to ensure that in areas with greater cost of living expenses, pay and benefits remain competitive for the area in which they work. Ensuring equitable pay and benefits, based on location, via annual reviews, will likely increase recruiting and retention of childcare providers and increase childcare capacity in CDCs where there is space available.

Expand Alternative Childcare Funding

While CDCs are in short supply, alternative childcare solutions may better serve military families in the meantime. Increasing funding for additional care choices adds flexibility for the service member to have options that may better suit their needs. Military members often have long work hours, unusual work hours, and often inconsistent workdays, making CDC facility care inconvenient and too rigid to support these families. Increasing funding for these alternative care options may better meet military families' needs and increase retention of the service

member: 24/7 childcare options, increased incentives for Family Child Care (FCC), Increased subsidies for utilization of off-base childcare facilities.

For service members who have shift work, such as military police, nurses, aircraft maintenance, flight crews and pilots, and range staff, evening and nighttime work hours further limit childcare options. A DACOWITS report mentions that 24/7 center-based childcare is available within the DoD.⁷² However, data provided by Tom Goben at Marine Corps Marine and Family Programs shows that 24/7 center care is not available at Marine Corps Installations.⁷³ As the Marine Corps has the smallest percentage of women of all the military services, at 9%, the vast majority of Marine Corps parents are men, who are more likely to have an unemployed civilian spouse to provide childcare. Thus, the Marine Corps relies heavily on spouses of married service members as a solution for unmet childcare needs. This puts a heavy burden on single parents or dual-income families where both parents work outside the home when childcare is not available during their work schedules.

To meet the needs of other service members, such as single parents and dual-military service members, the Marine Corps and DoD incentivize FCC s- a DoD childcare option to pay civilian spouses to provide childcare in their homes on and around the installation. However, according to data provided by Tom Goben, there are registered FCCs at only six Marine Corps installations in a total of only 122 homes.⁷⁴ This data shows that the current number of FCCs are insufficient to make up for the CDC shortfalls. For example, in Quantico, there is an unmet childcare need for 190 children who are 12 and under, yet only two registered FCCs.⁷⁵ By further funding and publicizing the FCCs, the Marine Corps can increase recruiting of civilian spouses to provide FCC care and increase FCC capacity. There are also known advantages for FCC options over center-based care. Some research has found that children in center-based care

are ill more often than children in home-based care.⁷⁶ As such, center-based care may be more disruptive for military parents and more time away from work. As such, expanding funding for FCCs and further incentivizing FCC caregivers would increase unit and personnel readiness by providing an option for care that can cover non-typical working hours, decrease CDC waitlists, and decrease time off work for illness-related childcare.

Another solution to DoD childcare shortfalls at CDCs and FCCs is to expand incentives and subsidies for service members to utilize off-base childcare facilities. Off-base childcare facilities may be more convenient for families residing off of military installations and may have the capacity military-affiliated children need, given that most CDCs are at max capacity. According to DACOWITS, DoD military services “each provide some form of fee assistance . . . in 2016 childcare subsidies were provided to more than 15,000 military families.”⁷⁷ Increasing funding for subsidies and grants so that military families can use off-installation childcare facilities that meet a standard of licensing and health requirements can provide needed relief for families with unmet childcare needs.

Develop a Service-Level Military Telework Program

When the COVID-19 pandemic hit, the DoD and military services quickly rushed to allow service members to telework, adding telework addendums to their COVID-19 guidance. However, the benefits for military service members telecommuting extend beyond pandemic safety. Authors Katherine Guyot, Isabel V. Sawhill and Mike Knapp write that telecommuting not only helps people balance work and family roles, but it also reduces office expenditures, improves productivity, and increases job satisfaction.⁷⁸ The military services should also consider how teleworking experience would improve other common contingency situations such as when units must move to continuity of operations, or “COOP” site. COOP sites are remote

worksites a unit may use during workplace disruptions such as during building renovations and during/following extreme weather conditions such as brought on by hurricanes, wildfires, and tornados. Having service members regularly teleworking can make the transition to COOP sites less burdensome on commands. The Marine Corps order for DoD civilian telework also explains that telework “creates cost savings by decreasing the need for office space and parking, reduces traffic congestion and pollution; and increases employee morale... It may also provide an alternate means to help employees return to work more quickly following [an] injury.”⁷⁹

Further, the COVID-19 guidance temporarily allowed for provisions for childcare during telecommuting. This provision increased readiness by allowing employees to work who would otherwise need to take leave. Forcing employees to take leave for all dependent care considerations means the service loses all productivity from those employees. Often, dependent care is minimal, and employees are still capable of completing work assignments and tasks. For example, if a young child presents illness symptoms and cannot attend school due, many need adequate rest and hydration while recovering from their illness, with an adult present. An employee can still perform work functions while their child is resting, saving the employee earned leave time, increasing productivity and readiness, and increase their job satisfaction. Adopting permanent telework policies for service members and removing the ban against dependent care is a win-win solution for the DoD. This solution would improve readiness, reduce childcare shortfalls, and support retention. By permanently adopting telework for service members and authorizing telework for some dependent care considerations, the Marine Corps would increase readiness and improve talent management practices that support retention.

During COVID-19, the temporary use of applying the civilian teleworking rules to service members was effective for an ad hoc emergency. However, to extend telework for

service members permanently, it would be wise for the services to create military-member specific policies to reduce confusion and frustration. For example, the temporary DoD military telework guidance for COVID-19 states that “[c]ommanders may direct military members to telework.”⁸⁰ However, instead of repeating that DoD guidance and language, Marine Corps COVID-19 policy updates for military telework merely expanded the Marine Corps directive for civilian telework to apply to Marines. That Marine Corps order states that “[t]elework is a voluntary program.”⁸¹ Inconsistencies between the civilian telework policy and how the service may want to manage military telework can cause confusion, leading to disparities in how the policy is applied. These inconsistencies can also lead to discrimination if rules are applied to some service members and different rules are applied to others. Civilians and service members require separate official telework directives to apply distinct processes and guidance and prevent pitfalls.

Of course, not all military jobs can be accomplished from home. For example, aircraft maintenance, motor transportation, and range support personnel cannot accomplish many of their tasks from a home office. However, there are planning and scheduling duties in each of these fields that may be considered for partial-telework approval. As such, military units and leaders should screen their billets to identify positions where telework can be best applied. As in the civilian telework directive, commanders should “authorize telework for eligible employees to the maximum extent possible provided mission requirements are not compromised or diminished by the telework arrangement” to reap the service benefits of job satisfaction and retention.⁸²

Lastly, adopting a service-level telework policy is a less expensive option to alleviate childcare shortfalls than building, staffing, and maintaining CDC facilities, or expanding funding for alternate childcare programs. Telework policies can also be implemented immediately vice

waiting on MILCON and O&M funding in the programming cycle or waiting on programming delays due to competing priority interests. Finally, telework policies address childcare shortfalls, and improve various other areas such as readiness, recruiting and retention.

Conclusion

The Marine Corps and DoD can improve their childcare programs to reduce the unmet childcare needs of military families by considering how the private sector workforce prioritizes dependent care needs and what it offers for workplace benefits. Addressing childcare concerns not only meets immediate needs for military families but can also serve to increase readiness, recruiting, and retention. This thesis analyzes the current DoD childcare shortfalls, COVID-19's impact on childcare availability for military families and readiness, and the DoD's response to COVID-19. This research identifies that childcare availability has been a growing concern that was highlighted well before the pandemic's emergence and validates that the shortage of childcare has negative consequences on readiness and retention. The COVID-19 pandemic highlighted long standing issues with childcare that have been existing for decades.

Further, the DoD and Marine Corps' response to the pandemic inspired childcare solutions, not just in the short term during the pandemic, but for these long-term childcare issues that are expected to continue once the pandemic is over. The military's response to the pandemic also inspired a culture shift to embrace modern workforce considerations for families. While the Air Force recognized the long-term benefits of flexible workforce solutions, the culture in the Marine Corps still demonstrated lingering resistance. Yet, progress has been made. The pandemic response prompted a culture shift and exhibited the benefits and possibilities that added flexibility can offer commanders, service members, and the service writ large.

Additionally, this research revealed improvements to policies and prioritization of funding to better serve the Marine Corps and DoD families, and improvements to enhance data collection and reporting measures of unmet childcare needs. First, the Marine Corps should develop a childcare-availability readiness reporting policy to collect data within current personnel reporting systems, track trends to identify units and locations who have greater burden of childcare-related absences, set a standard based on data-driven metrics to identify when a unit becomes less effective and ineffective to meet their mission due to childcare-related absences. This policy should incorporate these standards into current personnel and unit readiness reporting policies and mandate the reporting of childcare-related absences. Second, the Marine Corps should expand funding to build and operate additional CDCs to expand childcare capacity and reduce the lengths of waitlists in high-demand locations. As childcare capacity is directly tied to readiness, the Marine Corps must prioritize CDC MILCON and O&M funding, and report data-driven childcare concerns to Congress. Further, the Marine Corps should conduct an annual review of competitive pay and benefits for childcare providers to ensure they are competitive with surrounding areas. Third, the Marine Corps should expand funding for alternate childcare such as incentivizing and recruiting of the Family Child Care (FCC) program, and expand subsidies and grants for families to utilize off-base daycares, school-aged care centers, and other alternative care institutions. Lastly, the DoD and Marine Corps should develop a permanent service-level telework program for military service members and authorize flexible schedules to provide commanders with more options in supporting their unit and personnel readiness needs. These flexibilities allow the service to remain competitive with private sector benefits, increases retention, and supports military force readiness.

These recommended data-centric measures facilitate increased awareness and funding for childcare initiatives. Articles, think tank studies, and CDC data support the hypothesis that the emergence of the COVID-19 pandemic emphasized attention on an already enduring issue. Additionally, they identified that measures the DOD has already taken to mitigate childcare shortfalls have not remedied the issue. By expanding research, data collection through manpower reporting systems, as well as updates to readiness reporting policies, Congress, the DoD, and Marine Corps can be better informed of the extent of this problem. Further, increased funding for CDCs, FCCs, and subsidies for off-base childcare solutions, are recommended to alleviate unmet childcare needs. However, more cost-effective measures to address the lack of available childcare options presented themselves throughout the COVID-19 pandemic. Permanent telecommuting and flexible scheduling policies can be implemented immediately and without budgeting concerns or funding. These modern workforce policies provide allowances for dependent care to compete with the current trends of the civilian workforce, reduce childcare related absences, increase unit and personnel readiness, and provide an improved work-life balance which increases retention. The inclusion of flexible schedules and telecommuting is a proven workforce benefit, both within the DoD and civilian workforce, that supports mission requirements and job satisfaction. Flexible schedules and telecommuting allowances accommodate childcare solutions of individual Marines while facilitating and sustaining the workload of the unit and office in an easy to implement measure that the Marine Corps would certainly benefit from.

DoD's history has shown that improving benefits and adopting modern policies to compete with the civilian job market results in improved recruitment and retention. Now, competing with the private sector has become crucial as the candidate pool is more limited.

According to an article written by Kara Billings, in 2017 it was estimated that “71 percent of all young Americans between the ages of 17 and 24 do not qualify for military service.”⁸³

Additionally, RAND research has shown that modern workforce benefits, such as telecommuting and flexible schedules, are becoming increasingly popular in the civilian workforce, as “they meet a wide range of needs for a minimal cost.”⁸⁴ The military has room for improvement to compete to attract, recruit, and retain service members. By adopting more flexibility in the workplace, the Marine Corps can alleviate some of the strain that military families face when it comes to childcare shortfalls.

The dynamics of American life and families are changing. Most households are now dual income, women are an active part of both the civilian and military workforce, and single parents are also becoming more normal. Marine Corps’ personnel policies should reflect these current realities of the evolving dynamics in lives of their Marines. Furthermore, recruiting and retention are only going to become more challenging, and the stresses put on Marines in the security environment are only going to become more difficult. This trend is not sustainable. The Marine Corps is asking more of fewer people so there must be an effort on behalf of the institution to show that the service will take care of service members’ immediate families. The flexibility and requested funding offered by these recommendations may “hurt” in the short term but will be a long-term investment in people committed to the service and will improve overall Marine Corps readiness.

Additional research may also help inform the extent of childcare shortfalls and its impact on readiness. A study of why and when servicemembers leave the service via thorough outbound interviews may confirm the magnitude that childcare plays in parents’ decisions to leave the service, ultimately affecting the retention of quality servicemembers. This research

would also benefit from a DOD-wide survey on childcare availability and readiness during the pandemic, and how many families lost income, or had to pay for supplementary childcare when CDCs, daycares, and schools closed, or reduced limits and hours of operation. A survey could also reveal the benefits of flexibility in the workplace by applying metrics to job satisfaction by collecting data of those parents who were offered telework and work schedule adjustments compared to parents whose commands offered little to no support or flexibility during a period of pandemic-induced childcare non-availability. Additionally, to prepare for future pandemics, the DOD needs to be better informed on how many military families and military-affiliated children are supported by childcare and schools outside the home that is not provided by the DOD, including private daycares, public schools, and private schools. This lack of childcare data leaves the DOD ill equipped to respond during crisis and raises an issue of national importance as the reality and scope of the need is not registered. This lack of data leaves a blind spot for the DOD to plan for future crises and pandemics. There is more work and research to do in this arena to build a more capable, diverse, and ready warfighting organization that meets the needs for future conflicts, crisis, and global competition.

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