

**Annual Report  
of the  
NIH Child Care Board  
2021-2022**





September 12, 2022

TO: Lawrence A. Tabak, D.D.S., Ph.D., Performing the Duties of the Director of NIH

FROM: Kristin Dupre, Ph.D., Chair, NIH Child Care Board 2021-2022

SUBJECT: 2021-2022 Annual Report of the NIH Child Care Board

Dear Dr. Tabak:

As we entered the second year of the COVID-19 pandemic, NIH parents and caregivers continued to endure exceptional work-life challenges. As some among us attempt to “get back to normal,” for many NIH families, the rising costs and diminishing availability of childcare have left a lasting impact and make a return to normalcy impossible. We underscore that childcare services and workplace flexibilities are more important now than ever and remain essential requirements for a productive and healthy NIH workforce.

We would like to take this opportunity to thank you, Dr. Tabak and your staff, for organizing the NIH Virtual Town Hall on DEIA (June 2022) and inviting our leadership to participate on the ‘Women in NIH Workforce’ planning committee. During the Town Hall, Rosalina Bray was able to convey important challenges and recommendations for women at NIH. On our behalf, Rosalina shared recommendations to increase subsidies for the cost of childcare – in particular, for NIH trainees – along with continued and additional support for NIH child and family programs. Due to the COVID-19 pandemic, **the average annual cost of childcare in the United States has increased by about 41% for center-based childcare providers**, with parents spending an average of \$14,117 annually, up from \$9,977 pre-pandemic, according to a [LendingTree report](#). As an example, in Maryland, the [average cost of care](#) for the following age groups are: \$2,040/month for infants; \$1310/month for toddlers, and \$1018/month for preschoolers. Based on these data, the Board made specific recommendations to improve the current NIH Childcare Subsidy Program (Appendix A) and we continue to advocate for childcare cost support for trainees via our Board’s Innovative Programs Committee. The full list of the **Board’s recommendations** can be found on page 29 of this report, including support for: **1) a survey in 2022-2023 to understand the lasting impacts of the COVID-19 pandemic on NIH parents and families, and 2) the establishment of a COVID-19 after-action committee to produce recommendations on how to address a future pandemic/health crisis and mitigate the impact to families.**

We are happy to report that the NIH Child Care Centers have remained open since June 2020, and the Office of Research Services (ORS) has continued to work with them as Montgomery County guidelines evolved over time. There have been periodic classrooms closures due to

COVID-19 – most notably during the Omicron variant surge beginning in December 2021. Unfortunately, all Centers remain at reduced capacity due to a combination of challenges with staff recruitment and the number of preschool age children on the waitlist. Over the last quarter, our Child Care Centers have operated at an average of 67% capacity. As NIH Institutes, Centers, and Offices implement their Return to the Physical Workspace plans, we anticipate the need for childcare will remain high and hope that our centers can increase their capacities over the course of this coming year to best serve the NIH community.

We commend NIH leaderships' support of working parents, including but not limited to maximum flexibility, telework options, and remote work options. But we were dismayed with the expiration of the 'dependent care' administrative leave option in March of this year. This happened when school-age and early education classrooms were still experiencing closures due to COVID-19, and when our youngest children were still not eligible for COVID-19 vaccines. While many NIH parents and caregivers are thrilled that COVID-19 vaccines are now available for their children ages 6 months and older, the Board stresses the importance of work-life programs and flexibilities during this stage of the pandemic — and in a post-pandemic world. **The childcare crisis was evident before the pandemic, exacerbated by the pandemic, and will remain after the pandemic.** The Board is committed to working with ORS and NIH Leadership to help provide NIH families with access to affordable, accessible, and quality childcare.

I am pleased to present the 2021-2022 NIH Child Care Board Annual Report. It reflects the initiatives and accomplishments of the NIH Child Care Board over the past year and includes specific recommendations that support policies, programs, and services that facilitate work-life balance, thereby aiding the recruitment, engagement, and retention of top scientific and administrative talent. The efforts of the NIH Child and Family Programs staff in ORS have been heroic, strategic, and compassionate throughout the pandemic. ORS staff and leadership consistently go above and beyond to support the NIH caregiver community, and we on the NIH Child Care Board are so grateful to partner with our ORS colleagues on providing the NIH community with creative solutions to their work-life challenges.

We look forward to another successful year continuing in our role to support the scientific mission of the NIH.

Sincerely,



Kristin B. Dupre, Ph.D.  
Chair, NIH Child Care Board

Attachment: 2021-2022 NIH Child Care Board Annual Report

cc:

Alfred Johnson  
Colleen McGowan


Timothy Tosten  
Tammie Edwards

## Table of Contents

<b>Section</b>	<b>Page</b>
<b>NIH Child Care Board Mission</b>	5
<b>NIH Child Care Board Membership</b>	6
<b>NIH Child and Family Programs during the COVID-19 Pandemic</b>	8
<b>Child Care Subsidy</b>	11
<b>Back-Up Care</b>	15
<b>Childcare Wait List</b>	18
<b>Communications and Outreach</b>	23
<b>Innovative Programs</b>	26
<b>NIH Child Care Board Recommendations</b>	29
<b>Proposed 2021-2022 NIH Child Care Board Work Plan</b>	30
<b>Appendix A</b>	32
<b>Appendix B</b>	36
<b>Appendix C</b>	37

## NIH Child Care Board Mission

Throughout its existence, the mission of the NIH Child Care Board has been to promote affordable, accessible, and high-quality childcare and parenting-related services for the NIH community. The Board advises the NIH Director and other leadership regarding childcare programs, services, and issues in support of the NIH mission. The NIH Child Care Board recognizes that the quality of scientific research at the NIH and its ability to support research nationwide is a direct result of the quality of the workforce. The productivity and performance of parents and guardians in the workforce are enhanced when their children are in high quality care. Employer-sponsored childcare resources and related support systems are critical to the NIH's mission to attract and maintain a highly efficient and increasingly diverse workforce. The Board recognizes the entire NIH workforce benefits from stable childcare arrangements of working parents and guardians. This has never been more apparent than during the COVID-19 pandemic.

  
[www.childfamilycare.ors.nih.gov](http://www.childfamilycare.ors.nih.gov)

**NIH Child and Family Programs Services during the COVID-19 Pandemic**

**NIH Federal Employees Only:**

- Child Care Subsidy Program is always taking applications. Applications can be submitted online. If you are wondering if you qualify, check your 2020 IRS Tax Form 1040, Line 11 for your Adjusted Gross Income. If your adjusted household income is less than \$80,000, you may be eligible to receive up to \$5,000 in subsidy reimbursements. Apply Today! [Click here for more information](#)

**NIH Federal Employees and Trainees/Fellows:**

- NIH Child Care Centers are currently open and operating, providing safe and reliable childcare to children of NIH employees and trainees/fellows. All NIH childcare centers are adhering to health and safety guidelines required by the Centers for Disease Control and the Maryland State Department of Education, Office of Child Care Licensing. Interested individuals can register their child(ren) on the NIH Childcare Wait List. More information can be found here: <https://www.ors.od.nih.gov/pes/dats/childcare/centers/Pages/centers.aspx>
  - o Virtual tours of the childcare centers can be arranged by contacting each center director:
    - Executive Child Development Center (ECDC), 301-496-9411
    - Northwest Child Care Center (NWCCC), 301-480-5447
    - Parents of Preschoolers, Inc. (POPI), 301-496-5144
- Back-up Care Program is currently available for in-home care for adults and in-home and center care for children nationwide. Registration for the program is FREE. [Click here for more information](#). There is a cost of care when you use the program. You can use the program for 10 days of care per year.

**NIH Contractors, Federal Employees and Trainees/Fellows:**

- NIH Resource and Referral Services 1-800-777-1720
  - Five types of Resource and Referral Services to address any need you may have. Available nationwide.
  - Child – assist with anything related to children – can assist you with finding care during COVID-19
  - Adult (18 years or older) – assist with anything related to an adult – especially during COVID-19 when you might be caregiving from afar. This service can assist you to find options for a loved one living in another state or in the same town.
  - Legal – first 30 minutes free, additional time at a discounted rate
  - Financial – first 30 minutes free, additional time at a discounted rate
  - Identity Theft – 60 minutes free consultation

Click here for more information about each service: [CHILD](#), [ADULT](#), [LEGAL/FINANCIAL/IDENTITY THEFT](#)

- NIH Parent Coach
  - An excellent resource for answering all those questions you may have about parenting, children of all ages (including college students), and how to cope with COVID-19. [Click here for more information](#). You or your family members can reach the Parent Coach via email: [nihp parentingcoach@adventisthealthcare.com](mailto:nihp parentingcoach@adventisthealthcare.com)
- Lunch and Learn Webinars
  - Over 75 webinars archived on the Child and Family Programs website ranging from before birth to end of life. Every age group is represented, even older adults and topics range from work-life, finances, parenting, to special needs. Anyone can access the webinars from any computer. Click here for more information: [https://www.ors.od.nih.gov/pes/dats/childcare/Pages/parent\\_seminars.aspx](https://www.ors.od.nih.gov/pes/dats/childcare/Pages/parent_seminars.aspx)
- Listservs: Parenting Listserv and Adult-Care-Support Listserv
  - Interact with others within the NIH community concerning parenting and adult care resources, concerns, and recommendations. Click here for more information about the [Parenting Listserv](#) and [Adult-Care-Support Listserv](#).
- Employee Assistance Program and Caregiver Support
  - This service is provided by the NIH Employee Assistance Program. They can assist you with anything related to caregiving or your own well-being. This is a great place to start if you are overwhelmed with COVID-19 or with life. Call EAP at 301-496-3164 or [Click here for more information](#)

If you cannot find a service to assist you with your child/adult/family needs, please contact the NIH Child and Family Program at 301-827-3250 or by email: Linda Owen, Program Manager at [Linda.Owen@nih.gov](mailto:Linda.Owen@nih.gov).

NIH Child and Family Programs Services during the COVID-19 Pandemic  
(Division of Amenities and Transportation Services, Office of Research Services, 2021)

### NIH Child Care Board Membership

The NIH Child Care Board is comprised of voting, emeritus, and ex-officio members, and liaisons. Voting members are NIH federal employees appointed to the Board by NIH leadership. The voting members are recommended by the Membership Committee and voted in by the Board to represent a full range of careers, backgrounds, family makeup, and experience of the NIH community. This diverse group leverages their combined talents to identify, research, and evaluate the childcare and related needs of the NIH workforce.



#### VOTING MEMBERS 2021-2022

#### NIH LIAISONS 2021-2022

Dr. Kristin Dupre, NINDS (Chair)	Dr. Pragya Prakash, NIDCD/NINDS, FELCOM
Ms. Olivia Kent, NIA, (Vice-Chair)	Dr. Sila Ataca, VRC, FELCOM
Dr. Joe Bonner, NICHD	Ms. Anna Verschoore, OD, EAP
Dr. Tuba Fehr, NICHD	Mr. Ivan Locke, OD, ORF
Ms. Ila Flannigan, CC	Ms. Mallory McCormick, OD, OHR
Mr. Daniel Fogarty, CC	Dr. Carl Hashimoto, OD, OIR
Ms. Jaclyn Franco, NIMH	Dr. Mary Kearney, NCI, WSA
Dr. Seema Nayak, NIAID	Mr. Ed Kang, NIEHS, ASB
Ms. Melissa Porter, NCI	Ms. Tammie Edwards, OD, ORS
Ms. Nicole Ray, NIDDK and ODEDI	Ms. Anne Schmitz, Executive Director, Executive Child Development Center, Inc.
Dr. Gilman Toombes, NINDS	Ms. Christina Segura, Executive Director, Parents of Preschoolers, Inc.
Dr. Blake Warner, NIDCR	Ms. Laura Bardini, Executive Director, Rockville Day Care Association, Inc.
Ms. Kate Winseck, OD	

#### EMERITUS MEMBER

#### EXECUTIVE SECRETARY

Ms. Heather Rogers, NIDDK	Ms. Linda Owen, OD, ORS Ms. Susan Borst, OD, ORS
---------------------------	---

## 2022 Membership Campaign

The Membership Committee crafted an NIH-wide email message in March 2022 seeking up to four new members to join the NIH Child Care Board. The Committee received nearly a dozen applications this year, a testament to the importance of childcare and work-life balance in a post-COVID world.

This year, the Committee introduced virtual Q&A sessions for interested applicants for the first time. Individuals who were interested in learning more about Child Care Board membership activities were invited to join two informational sessions in March 2022 with current Child Care Board voting members. Each session was well attended, and the Committee plans to host these sessions in future membership campaigns.

Interviews were completed virtually in April 2022. As in years past, there was a focus on diversity, seeking representatives from various ICs, professions, backgrounds, and experiences. We are pleased to welcome Dr. Mary Rooney, NIMH, Ms. Molly Cluster, NIDA, Dr. Helena Gabor, CSR, and Ms. Jessica Meade, NIBIB, to the NIH Child Care Board for the 2022-2025 board term. The Membership Committee is excited about the wealth of professional and personal experiences that these individuals will bring to the Board. The Membership Committee and the Board encouraged applicants who were not selected this year to stay engaged with the Board and attend its open meetings.

## Liaisons

The Board continued to welcome Liaisons from FELCOM, EAP, ORF, OHR, OIR, ORS, Woman Science Advisors (WSA), and the NIH Child Care Centers to its open meetings. Representation of these groups allows the Board to understand and leverage their experiences and expertise to strengthen its work and extend its outreach. This year, Board leadership also attended NIH wellness workgroup meetings, which were convened by the ORS Work-Life team and included members from the Health and Wellness Council, the Aging and Adult Dependent Care Committee (AADCC), Nurses Wellness Committee, NIH Well-Being Ambassadors, and the Child Care Board.

## Membership Committee Work Plan for 2022-2023

The Committee will:

- Advertise and recruit members of the NIH community to represent a diverse array of candidates, recognizing that members from various ICs, professions, backgrounds, and experiences will increase the success of the Child Care Board.
- Conduct the annual membership campaign beginning in March 2023 to recruit for vacancies and hold interviews in April 2023.
- Continue to review all liaison positions during the 2022-2023 Board year.



## NIH Child and Family Programs during the COVID-19 Pandemic

The COVID-19 pandemic continues to affect the NIH Child and Family Programs. Those impacts are summarized here:

### SUMMER 2021

- **June:** NIH Centers operate at a reduced COVID capacity with children and staff masked.
  - Parents of Preschoolers, Inc. (POPI): COVID Capacity-131 / Licensed Capacity-141
  - Executive Child Development Center, Inc. (ECDC): COVID Capacity-157 / Licensed Capacity-248
  - Rockville Day Care Association, Inc. (RDCA/NWCCC): COVID Capacity-107 / Licensed Capacity-170
- **July & August:** Delta Variant Surge Begins impacting infant and toddler classroom closures at POPI.

### FALL 2021

- **September:** School aged children excluded from care at ECDC until quarantine period is over. Exposure happened at Montgomery County Public Schools (MCPS) elementary school.
- **October:** FDA issues Emergency Use Authorization (EUA) for Use of vaccines for children ages five years and above.

### WINTER 2021-22

- **December:** Multiple closures at all three centers with children and staff testing positive with COVID-19. Following direction from Center for Disease Control, Local Health Department and Office of Childcare Licensing regarding quarantine and isolation.
  - **POPI-** 3 classroom closures, **ECDC-** 4 classroom closures, **NWCCC-** 3 classroom closures
- **January:** Closures continue at two centers with children and staff testing positive. Siblings are also impacted and must isolate.
  - **ECDC-** two classroom closures and **NWCCC-** seven classroom closures
  - Tammie Edwards, DATS Director sends out two communications to all NIH center parents reminding close monitoring of symptoms and asking parent cooperation to keep centers open and operating. This coincides with HIGH Community Transmission Levels in Montgomery County.
  - Jessica McCormick-Ell shares DOHS guidance and guidelines with Center directors for communication with families.
  - **NEW MSDE Guidelines** issued January 25,2022

### SPRING 2022

- **March:** End of NIH Dependent Care Leave Policy
  - Continued classroom closure at ECDC and monitoring at NWCCC (outside exposure on playground).
  - MCPS mask mandate is lifted, making masks officially optional.
- **April:** NIH Return to Physical Workspace
- **May:** MCPS announces an end to Contact Tracing in schools.

### SUMMER 2022

- **June:** Omicron BA 4 & BA5 Variant Surge Begins
- **FDA** grants Emergency Use Authorization to Pfizer's COVID-19 vaccine for children ages six months to five years and to Moderna for six months to 6 years.
- **Class closures** at ECDC & NWCCC- each center closes a classroom.

## NIH Child Care Centers

The greatest impact of the COVID-19 State of Emergency to the NIH Child and Family Programs was observed in the NIH-sponsored Child Care Centers in Montgomery County, Maryland. It should be stated that these are non-profit, independently owned, and operated centers that are not contracted by the NIH to provide care. Their presence in NIH facilities is managed through use agreements.

As a reminder, in early June 2020, the three NIH-sponsored childcare centers applied to the Maryland State Department of Education (MSDE) Office of Child Care Licensing for Essential Personnel Child Care waivers. Parents of Preschoolers, Inc. (POPI), Executive Child Development Center, Inc. (ECDC), and Rockville Day Care Association, Inc. (NWCCC) opened at reduced capacity on June 15, 29, and July 6, 2020, respectively, and have continued to operate without significant disruption. Two of the childcare centers offered Kindergarten and school-age cohorts to support the needs of working parents as local school systems opened with virtual learning only.

On March 15, 2022, the State of Maryland licensing restrictions limiting group sizes were lifted allowing the childcare centers to expand their enrollment. As of June 30, 2022, the NIH childcare centers are operating at 52% to 87% of licensed capacity.

During the 2021-2022 Board year, the NIH Child Care Centers were open and operating at reduced enrollment, even though offers of enrollment to interested families continued throughout. With maximum telework and the limited return to the physical workplace for NIH employees, childcare enrollment is down in NIH childcare centers and available spaces remain unfilled. As a result, the center administrators were forced to make reductions in their staff. They now face uncertainty in being able to recruit and hire qualified employees when their enrollment eventually, and hopefully, increases. As stated earlier in this report, re-opening childcare programs is only one component of recovery. Childcare must be considered in conjunction with the implementation of plans for NIH's Return to the Physical Workspace.

The Centers' diligence and attention to state licensing and federal health and safety guidelines helped maintain a safe, productive, consistent learning environment for the children. Since the start of the pandemic, each of the three childcare centers has had to close classrooms on multiple occasions, particularly during the heaviest exposure months from December 2021 to January 2022 with 20 class closures. A total of 27 class closures occurred during July 2021 – June 2022. We are thankful to the Maryland Department of Health for their guidance as the careful reporting of each incident by our center directors determined the type of closure, length of closing duration, and date of return for staff and children. Notably, as the pandemic has continued, contact tracing has become less stringent, including the end of contact tracing for Montgomery County Public Schools in May 2022. The childcare centers have received support from the Office of Research Facilities (ORF) housekeeping staff, the Division of Occupational Health and Safety,

the Child and Family Programs staff, and the parents of enrolled children since resuming operation in June 2020.

With the support and assistance of ORS staff, the childcare center staff members were prioritized for receiving the COVID-19 vaccine at the Clinical Center beginning in January 2021. Those staff members receiving the vaccine elsewhere in the community were encouraged to report their vaccination status to ORS's Occupational Medical Services (OMS). As boosters became available, the Center Directors ensured their staff eligible for boosters received them, and we are pleased to report 100% of eligible staff are fully vaccinated and "up to date." In addition, asymptomatic testing was offered and continues to be made available to all childcare center staff. The support of the OMS and Clinical Center staff in facilitating vaccinations and testing has been unflagging. We are grateful to ORS for providing COVID Antigen Testing Kits to each center staff employees in February 2022.

### **Other Services**

The other ORS Child and Family Programs services – including the resource and referral services, parenting coach, lunch and learn webinars, and listservs -- have continued, adapted, and expanded during the pandemic. According to the LifeWork Strategies' Adventist Health Care Executive Summary dated January 2021, over 16,700 NIH Employee Lives were touched by services provided during this time of virtual need and outreach. Over 60 virtual webinars were conducted with topics targeting different age groups, from children under the age of five years to elderly and adult dependents. These webinars are recorded and available to the NIH workforce and are archived on the Child and Family Programs webpage for future viewing. Clinician-led Support Groups also showed a dramatic increase from the previous year with 150 groups offered. We have continued to demonstrate excellence in offering quality services and have met the many challenges of our NIH Community in innovative virtual ways throughout the pandemic.

## Child Care Subsidy Program

The purpose of the NIH Child Care Subsidy Program is to make licensed childcare more affordable for lower-income **NIH federal employees** using agency appropriated funds. It provides up to \$5,000 per year per family for licensed childcare.

ORS has contracted with FEEA Childcare Services, Inc. to manage the program. The contract was recently renewed for five years starting January 1, 2022. During the 2021-2022 Board year, the Subsidy Committee met twice to discuss the program and develop a proposal to recommend to ORS maximizing its utilization, met with the FEEA program manager to evaluate the program's utilization data, and provided regular updates to the Board. The Committee was tasked with the following for the year:

- Evaluate and report program utilization during and after the COVID-19 pandemic.
- Develop proposal to recommend to ORS maximizing utilization, increasing AGI threshold, especially considering high cost of living and childcare in the Washington, DC metropolitan area.
- Continue with the outreach effort to increase awareness and utilization of the program in collaboration with the Communications and Outreach Committee.
- Assist the Innovative Programs Committee to explore avenues for providing childcare cost support for NIH intramural fellows/trainees.

### **Evaluate and report program utilization during and after COVID-19 pandemic**

A key feature of the NIH Child Care Subsidy Program is that funds can only be issued when care is provided by state-licensed childcare providers. The COVID-19 pandemic has not only greatly increased the cost of childcare for working parents, but it has also greatly reduced the capacity and availability of childcare. Because of these and other factors, the Child Care Subsidy Program has continued to be underutilized in recent years – though it continues to support the NIH families that are most in need.

Participation in the Subsidy program has decreased dramatically from pre-pandemic (2019) levels. Thirty-six employees and 39 children participated in the program in 2021 compared to 72 employees and 90 children in 2020. Currently in calendar year 2022, there are 25 active participants in the program. The primary reasons that participants left the program in 2021 are: 1) They left licensed childcare/changed childcare provider; 2) They received a pay raise and exceeded the income cap; and 3) They left NIH. Despite the reduction in program utilization, the subsidy program continues to support the families that are most in need. In 2021, 14% of families received the highest reimbursement rate of 80%; 12% of families received the reimbursement rate of 60%; and 10% of families received the reimbursement rate of 40%. Overall, the Committee was pleased to see that those with the highest needs had the highest utilization, which meets the program's primary goal.

However, the Committee is concerned that total program utilization continues to steeply decline as the cost of licensed childcare increases. Due to the COVID-19 pandemic, the average annual cost of childcare in the United States has increased by about 41% for center-based childcare providers, with parents spending an average of \$14,117 annually, up from \$9,977 pre-pandemic, according to a [LendingTree report](#). As an example, in Maryland, the [average cost of care](#) for the following age groups are: \$2,040/month for infants; \$1310/month for toddlers, and \$1018/month for preschoolers. Based on these data, the Board recommends increasing the Total Household Adjusted Gross Income (AGI) cap to keep pace with NIH pay increases and increasing childcare costs and allow more participants to be supported by the program.

#### **Develop proposal to recommend to ORS maximizing utilization, increasing AGI threshold**

Over recent years, an important factor impacting Subsidy program utilization is the eligibility matrix. On March 1, 2019, new total household income cap and reimbursement rates were implemented to provide more subsidy to individual families (Table 1). However, data shows that many participants who left the program in 2019, 2020, and 2021 had increased earnings that exceeded the new income cap (\$80,000 total adjusted household income), suggesting that the current AGI threshold is prohibiting families in need from utilizing the program.

The Board is recommending a **two-part approach** to improve participation in the current NIH Child Care Subsidy Program:

1) Firstly, as mentioned in the Board's 2020-2021 Annual Report, **the Board recommends ORS maximize the utility of this program by immediately providing the maximum \$5,000 reimbursement to as many active, qualified users as possible.**

2) Secondly, according to the Committee's assessments, GS pay levels and cost of childcare have both increased by more than 15% since the 2019 adjustment. Consequently, the thresholds should be adjusted by at least 15% to restore the original pool of participants. Many federal government childcare programs (including some managed by our vendor FEEA) use percentages or caps to prevent employee pay increases from unintentionally costing families money and to avoid large program cost changes when the threshold changes. **The Board is proposing a new tiered system (Table 2)**, which will continue to target those with the greatest financial challenges, while allowing for new participants to enter the program. For reference, the Board has benchmarked other federal childcare subsidy programs (Table 3).

The Child Care Board Chair sent a Board-approved memo detailing these recommendations to ORS leadership on July 19, 2022 (see Appendix A), and the Subsidy Committee will monitor their response as part of the Board's 2022-2023 work plan.

<b><u>NIH Federal Employee Total Adjusted Household Income</u></b>	<b><u>Percentage of Participant's Child Care Costs to be Subsidized</u></b>
> \$80,001	0%
\$70,001 - \$80,000	40%
\$60,001 - \$70,000	60%
< \$60,000	80%

Table 1: Current Program (effective on March 1, 2019)

<b><u>NIH Federal Employee Total Adjusted Household Income</u></b>	<b><u>Percentage of Participant's Child Care Costs to be Subsidized</u></b>
> \$120,001	0%
\$100,001 - \$120,000	25%, not to exceed \$2,500 per year
\$90,001 - \$100,000	60%, not to exceed \$5,000 per year
\$80,001 - \$90,000	80%, not to exceed \$5,000 per year
< \$80,000	100% up to \$5,000 per year

Table 2: Proposed Program

<b>Some Other Agency Child Care Subsidy Ceilings</b>	
VA	\$144,000
FAA	\$100,000
State	\$170,000
NSF	\$150,000
Labor	\$80,000
Interior	\$90,000
EPA	\$75,000
CBP	\$144,000

Based on OPM Data

Table 3: Other Agency Child Care Subsidy

### **Collaborate with the Communications and Outreach Committee to disseminate new outreach materials and to monitor the effect of outreach efforts**

Given that the program operated below previous participation rates and this trend of decreased enrollment number has been observed since 2016 (despite the program adjustments in 2019, Table 1), the Committee has focused on outreach efforts to attract additional participants. The promotion of the program has continued via a series of global emails and dissemination of the program's flyer throughout 2021 and 2022. The Committee will continue to monitor the effects of outreach on program utilization and examine web traffic patterns to the associated websites to better understand overall interest and views. Pending the response to the recommendations outlined above (see also Appendix A), the Committee may need to work with the Communications and Outreach Committee on website updates, a new flyer for dissemination, and updated global emails to ensure that any program changes are widely disseminated to NIH employees.

### **Assist the Innovative Programs Committee to explore avenues for providing childcare cost support for NIH intramural fellows/trainees**

The Committee has also worked with the Innovative Programs Committee to explore options to provide childcare support for NIH intramural fellows/trainees. For example, members of the Subsidy Committee assisted the Innovative Programs Committee in arranging a meeting with Dr. Sharon Milgram, Director of the NIH Office of Intramural Training and Education, to discuss current childcare support available to NIH fellows and additional potential resources to assist with childcare costs (fellows are not eligible to participate in the NIH Child Care Subsidy Program since they are not federal employees). The Subsidy Committee is looking forward to continuing to assist the Board's efforts in this regard.

### **Child Care Subsidy Program Committee Proposed Work Plan for 2022-2023**

The Committee will:

- Evaluate and report program utilization during and after the COVID-19 pandemic.
- Monitor response from ORS regarding recommendations to maximize utilization and increase AGI threshold/percentages of reimbursement to program participants (see Appendix A).
- Continue with outreach efforts to increase awareness and utilization of the program in collaboration with the Communications and Outreach Committee.
- Collaborate with Innovative Programs Committee and an OIR-coordinated task force to review and identify mechanism(s) to support childcare cost support for NIH intramural fellows/trainees, as needed.

## Back-Up Care Program

The NIH Back-Up Care Program began in 2014 and is designed to assist NIH federal employees with the competing demands of work and family responsibilities by providing employees with access to back-up care when they need to work, and their regular child or adult/elder care is unavailable. Back-up care is also available for employees who are on work-related travel or working remotely. The program provides options across the United States for short-term center-based or in-home childcare, as well as in-home care for adult/elderly dependents and self-care when an employee is ill or injured. Since its inception, ORS has contracted with Bright Horizons to manage the program. The program is currently in its second contract cycle with the major change from the first to second contract being an “access fee” model in which the NIH pays a fee to the back-up care contractor that allows the NIH unlimited access to the contractor’s network of care providers. The unlimited access feature allowed expansion of the NIH Back-Up Care Program to **include fellows and trainees** beginning in December 2020. Participants continue to be responsible for the direct cost of care (\$6/hour for center-based care and \$16/hour for in-home care).

### **Program Utilization: Key Findings**

During the 2021-2022 NIH Child Care Board year, the Back-Up Care Committee met regularly with ORS representatives and the Bright Horizons program manager to evaluate data about program utilization and patterns of usage.

**Registered Users:** At the end of June 2022, a total of 2092 NIH employees were registered for the program covering potential care for 3113 dependents. This represents a 6.6% increase in registered employees and a 6.5% increase in registered care recipients over May 2021. Of the registered dependents, 17.8% were adults/elders and 82.2% were children (68.2% school age, 8.2% pre-school, 4.5% toddler, and 1.3% infant), which remains consistent from the last reporting year. Total registration in the Back-Up Care Program continues to increase with each passing program year.

**Overall Usage:** In the most recent one-year period between July 2021 and June 2022, there were 237 back-up care uses, which represents a 53% increase over the past reporting period. Usage continues to fluctuate month to month, likely due to the impact of the ongoing COVID-19 pandemic; as quarantine procedures changed throughout the year, many families were not seeking care by outside providers.

Demand for back-up care remains consistently higher than actual usage, with a total of 591 requests for care in this one-year period. As in previous years, more days of care were requested than were used because some employees were able to make alternative care arrangements (such as with a family member or friend) after making the initial request. The demand for care demonstrates the potential use that may have occurred if alternate care was not found.

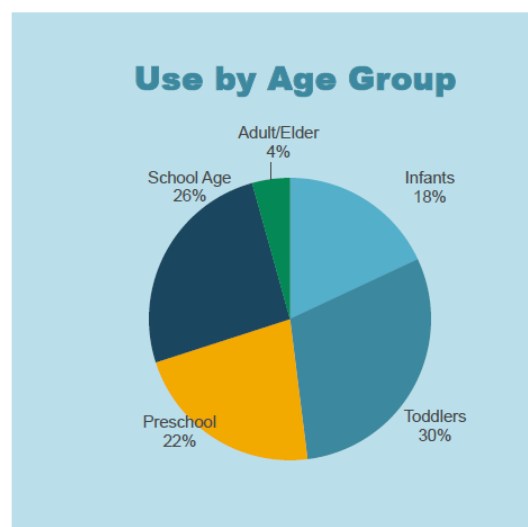
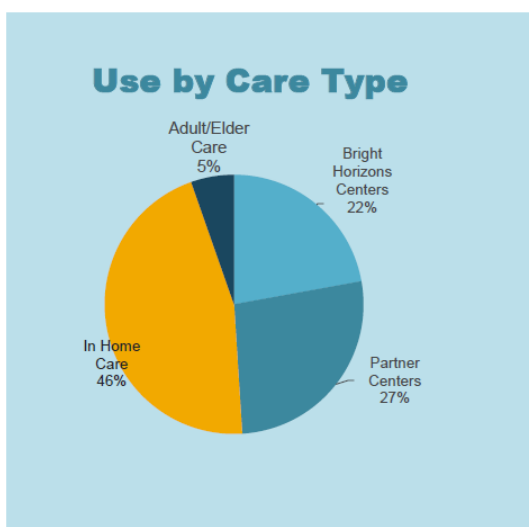
**Type of Care Used:** Over the last year, in home care and center-based childcare (both Bright Horizons Centers and partner centers) were roughly equivalent (46% and 49%), with a small



percentage of adult/elder care (5%). Across age groups, the program was most often used for the care of toddlers (30%), followed by school age children (26%). Historically, pre-school age children followed toddlers in care most often used.

## Back Up by Care Type and Age Group July 1, 2021- June 20, 2022

---



**Value of the Program:** A total of 218 employee absentee days were saved due to the Back-Up Care program, a significant increase from the 142 days in prior reporting period. This crucial program provides a service to the NIH community who are not able to find emergency care arrangements through other means and is critical to advancing the scientific mission of the NIH.

### Outreach

ORS and the Communications and Outreach Committee of the NIH Child Care Board have multiple venues to increase awareness and utilization of the Back-Up Care Program, such as inclusion of Back-Up Care Program information in all Child and Family Programs presentations and in the “WorkLife @NIH: A Supervisor’s Guide to Enhancing Workforce Well-being” trainings, postings to the NIH Parenting listserv, and providing monthly updates to all Bright Horizons registered users.

### Next Steps

Since 2014, the value of the NIH Back-Up Care Program to NIH families has been well established by the high demand for the program and feedback from the NIH community. The COVID-19 pandemic continues to add some unpredictability to the program’s usage, given ever-changing quarantine and physical distancing measures, which continues to cause reduced numbers of consistently available childcare spaces. In the last program year, Bright Horizons has added options for the NIH community, including access to virtual tutoring and virtual day camps. Providing a flexible and accessible back-up care program remains an important and valuable

service to NIH staff, especially during the pandemic and with the implementation of the NIH Return to the Physical Workspace plans.

### **Back-Up Care Committee Proposed Work Plan for 2022-2023**

The Committee will:

- Monitor and report program utilization for the current contract year.
- Track usage by eligible fellows and trainees.
- Examine trends in program usage across contract years.
- Maintain and endeavor to increase program awareness and utilization by collaborating with the Communications and Outreach Committee on marketing and communication strategies.
- Work with the Innovative Programs Committee to explore avenues for providing childcare cost support for fellows and trainees, including costs associated with the use of Back-Up Care.

## Childcare Wait List

### Background

The demand (701 children on the Wait List, as of March 31, 2022) for the NIH-sponsored childcare centers exceeds the current number of childcare spaces (374 pandemic; 559 non-pandemic) available to NIH employees and trainees (see Chart 1). ORS has contracted with LifeWork Strategies to manage the complex, centralized Wait List for the three NIH-sponsored childcare centers located in Montgomery County, Maryland. The contract for management of the NIH Childcare Wait List was recompleted in the summer of 2021, with a start date of October 1, 2021, for a 5-year contract. The Wait List Committee evaluates data, policies, procedures, and makes recommendations to improve the enrollment process, efficiency, transparency, and equity of the NIH Wait List.

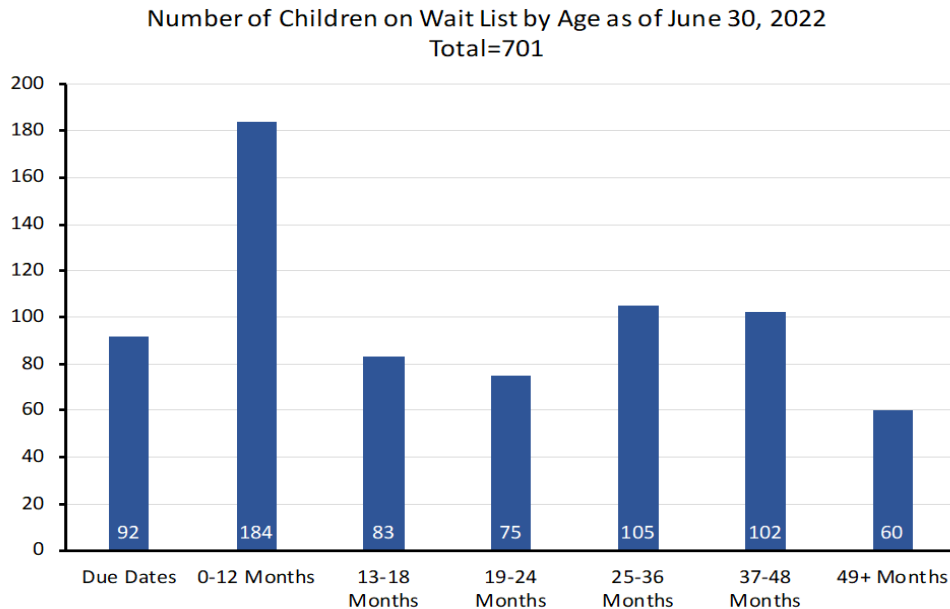


Chart 1: NIH Wait List by the number of children per age group (as of March 31, 2022).

### Data Analysis

The Wait List Committee, which consists of Board members, Board liaisons, and representatives from the NIH Child Care Centers, met to review the Wait List data in October 2021, December 2021, January 2022, and April 2022. As reported last year, a major concern of the NIH Child Care Center Directors is too few preschool-aged children on the Wait List for the Summer/Fall 2022 enrollment campaign. As illustrated in Chart 1 above, 62% of the children on the Wait List are 24 months of age and under. Only 23% are seeking preschool age care (37+ months), with even fewer numbers listing care as an **immediate need** (see Chart 2), with only 46 children of preschool age (20.6%).

Number of Children on the Wait List with Immediate Need by Age  
as of June 30, 2022  
Total=223

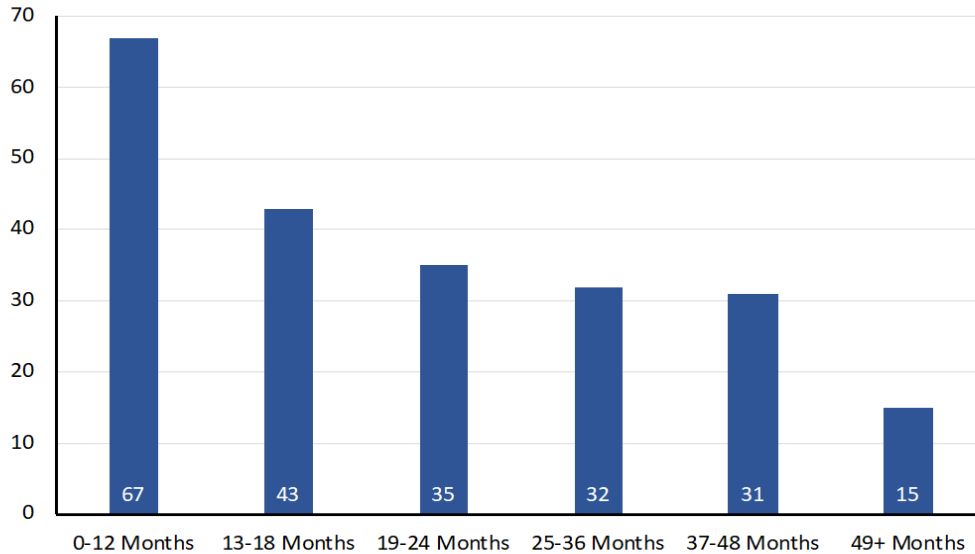


Chart 2: Number of children waiting for immediate enrollment (as of March 31, 2022).

This continues to be a concern for two main reasons. First, NIH is not serving the greatest need of the community (infant and toddler care, ~60% of Wait List). Second, the business model for childcare centers is to have the tuition payments of the larger number of preschool aged children (10 children per caregiver) offset the costs of caring for infants and toddlers (3 children per caregiver). Childcare centers are not fiscally solvent without strong preschool enrollment.

In response to this concern, last year the Committee requested that ORS expand the Wait List eligibility categories to allow NIH contractors to register their preschool-aged children for the Wait List. The goal is to increase the number of preschool-aged children on the Wait List with the intent of having preschool enrollment at full capacity. ORS leadership approved the request to open the preschool portion of the Wait List to children of NIH contractors in early 2022. Contractors who work at an NIH facility in Maryland and have children ages 36-59 months can now be offered spaces in the three NIH-sponsored childcare centers located in Montgomery County, Maryland. These contractors can be offered spaces only after all NIH employees, trainees, or other Federal employees on the Wait List for that age group have been offered a space. Younger siblings of registered contractor families currently are not allowed to join the Wait List. On May 10, 2022, ORS released a global announcement to the NIH community implementing this change. As of June 30, 2022, 14 eligible contractors have registered on the Wait List. In addition, between the first and second quarters of 2022, the Wait List increased by

65 children to a total of 701 (see Chart 3). Also in 2022, individuals from other Federal Agencies who have their children on the Wait List were encouraged to update their child’s profile as this part of the Wait List could become more active.

While the Board is excited to be able to take steps to address this issue, allowing contractors access to childcare spaces is likely a short-term solution. Additional changes in the childcare landscape described in other sections of this report will require attention from NIH. In an effort to serve families who are most in need of immediate care, it should be noted that the previous policies recommended by the Committee have been successful in reducing the total number of children on the Wait List since 2016 (see Chart 3). The Board anticipates that the new contractor policy will help fill preschool age spaces, which will not only help the contractor families involved but also increase viability of the centers to meet the needs of all NIH families.

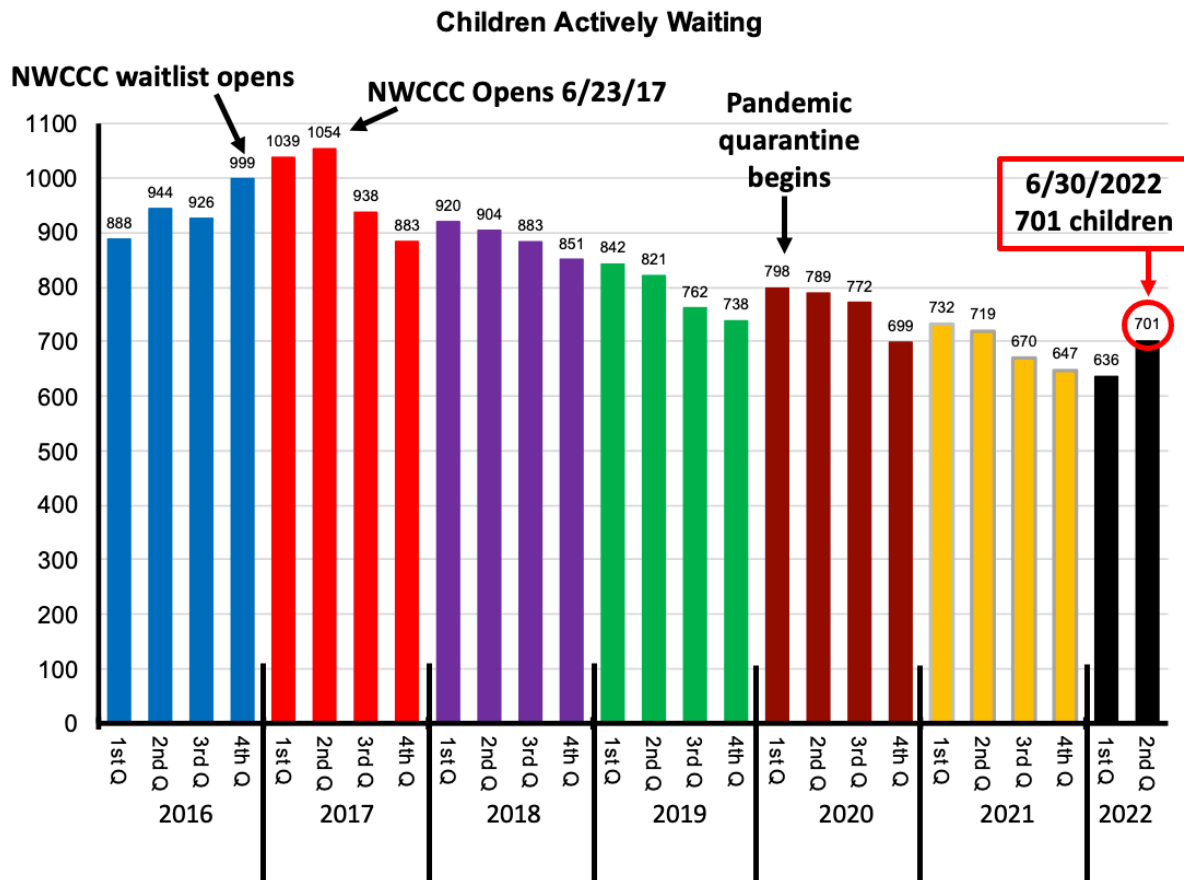


Chart 3: Number of children on the Wait List (2016-2022)

### Letter of Intent (LOI) Discussion

In March 2021, there was an initial proposal raised to the Committee to advocate for a policy change to the official documentation accepted for enrollment on the NIH Child Care Wait List. The proposal was to accept an Institute/Center (IC) Letter of Intent (LOI) in lieu of an OHR Offer Letter, when applicable and before the official onboarding process, to enable NIH Wait List

enrollment. In April 2021, the Committee reported to the Board that they did not find sufficient justification to change the current policy. During the summer of 2021, there was a request from NCI and the WSA to the Child Care Board to re-consider the LOI recommended policy change. Child Care Board leadership met with OHR Workforce Relations to gather input from the HR perspective. In December 2021 and January 2022, the Committee met with WSA and NCI representatives to discuss this request proposing that an IC LOI, in lieu of an OHR Offer Letter, be acceptable for scientific recruits at the tenure-track level to join the NIH Wait List. After careful consideration and analysis (including discussions to ensure equity across NIH employment categories, including fellows/trainees), the Committee recommended that ORS should maintain the current policy of using OHR's Official Offer Letter to place child(ren) on the Wait List. The Committee also recommended that in collaboration with the Communications and Outreach Committee, the Board creates materials with specific messaging for NIH candidates explaining the Wait List process and providing helpful information about NIH Child and Family Programs, like the Subsidy Program, Resource and Referral Services, and more (see Appendix C).

### Universal Preschool

The prospect of universal preschool is gaining attention and interest from the public, especially after a difficult year that has revealed how critical early care and education is to a healthy, functioning U.S. workforce, not to mention its importance for the social, emotional, and developmental growth of young children. There are currently high-level discussions at the Maryland State Department of Education regarding implementation of universal preschool in the state. This change would likely have consequences for current childcare providers in Maryland, similar to those observed in Washington, D.C., following its implementation of universal preschool.

As of 2017, approximately nine of ten 4-year-olds and seven of ten 3-year-olds were enrolled in publicly funded Washington, D.C., preschools through the city's universal preschool expansion. Program enrollment exceeded expectations and had at least one unintended consequence: financial instability for D.C.'s private childcare providers, leading to increased costs for infant and toddler care. Now that D.C. serves most 3- and 4-year-olds in public preschool classrooms, its childcare costs for infants, toddlers, and two-year-olds, are among the country's highest. As D.C.-area parents contend with some of the highest childcare costs in the country – annual tuition averages about \$24,500 for infant care and toddler care — some parents will decide to opt out of the workforce, forgoing a salary and avoiding high childcare costs. As mentioned earlier, part of the dilemma is that childcare providers rely on the tuition income from older preschoolers to keep their programs profitable. Without older children to fill their programs, these providers struggle to keep their doors open, exacerbating the childcare crisis for working parents of younger children.

If there is a large drop in the demand for preschool-age childcare, the NIH childcare providers may need to change their business models to focus on select age groups. The NIH needs to prepare for potential facility changes required to meet the needs of the NIH community. A

preschool room cannot overnight be turned into an infant care room. For example, preschool rooms do not have diaper changing stations or cribs. Families will also need time to prepare for a cost increase as the tuition per child would be increased.

Tuition increases can lead to unintended detrimental consequences, such as women scientists leaving the workforce to care for children. According to the National Women's Law Center (NWLC) and the U.S. Bureau of Labor Statistics, women gained 188,000 jobs in January 2022, which is still short by more than 1.8 million jobs lost since February 2020, while male workers regained all jobs lost due to the public health crisis. The NWLC indicates that part of the reason for this discrepancy is because women still hold greater caregiving responsibilities.

### **Childcare Wait List Committee Proposed Work Plan for 2022-2023**

The Committee will:

- Review Wait List data and report on trends and the impact of changes to policies and procedures on an annual basis, including:
  - Impact of re-engaging with individuals from other Federal Agencies.
  - Impact on preschool spaces with the addition of NIH contractor eligibility.
  - Impact of returning to the physical workspace and workplace flexibility policies, like local remote work status.
- Continue to examine the impact of the COVID-19 pandemic on childcare availability throughout Montgomery County and its impact on the Wait List.
- Review trends in demographics and universal preschool options for impact on the Wait List.
- Collaborate with ORS, Child Care Center Directors, and the NIH Wait List Administrator to develop creative solutions and strategies for maximizing the utility and sustainability of the NIH Wait List for the NIH community.

## Communications and Outreach

The Communications and Outreach Committee established four main goals for the year:

- Continue to use available analytics to plan activities; record metrics and demonstrate progress.
- Assess and support other NIH Child Care Board committees in achieving outreach, awareness, and utilization goals.
- Review and submit recommendations to ORS on Child and Family Programs' communications and outreach efforts, including websites and other digital outreach channels.
- Explore options to design and conduct a survey to understand the lasting impacts of the COVID-19 pandemic on NIH parents and families.

Surveys like the 2012 Life@NIH instrument, the 2016 Child and Family Benchmarking report, the FEVS, as well as DATS webinars and outreach events, have consistently suggested that the NIH plays a leading role in providing a variety of quality services for children and families, but that the NIH community lacks awareness of the breadth of these services. Increasing awareness is the fundamental mission of the Communications and Outreach Committee, and one we continue to pursue through increasingly diverse channels and media.

One major way the ORS reaches NIH families with information on child and family programs and resources is through webinars. This year, the tremendous impact of these webinars continued to grow with a total of 3,829 registrants in 2021 and 4,962 registrants thus far in 2022. During the 2021-2022 Board year, topics included raising culturally sensitive and inclusive children, helping families manage the transitions around the return to the physical workspace, and more.

With many NIH employees still working remotely and/or coming to campus more rarely compared to prior to the pandemic, the Communications and Outreach Committee has had to be even more creative about reaching families where they are. To that end, the Committee developed a few new concepts to support wider awareness and understanding of Board programs. These included a one-pager designed to share with job candidates when they receive their offer letters, showcasing the incredible supports NIH offers its employees and their families (see Appendix A).

Another idea the Committee explored is the establishment of Parent Ambassadors at the NIH Child Care Centers. These NIH employees (with children currently attending one of the centers) would be available to perspective families who could speak authentically about their experiences and be available to answer questions. Parents have a limited amount of time to accept or decline an enrollment offer, and this ambassador group could support parents' decision making when they receive an offer. Adding this support system for prospective parents could also reduce the

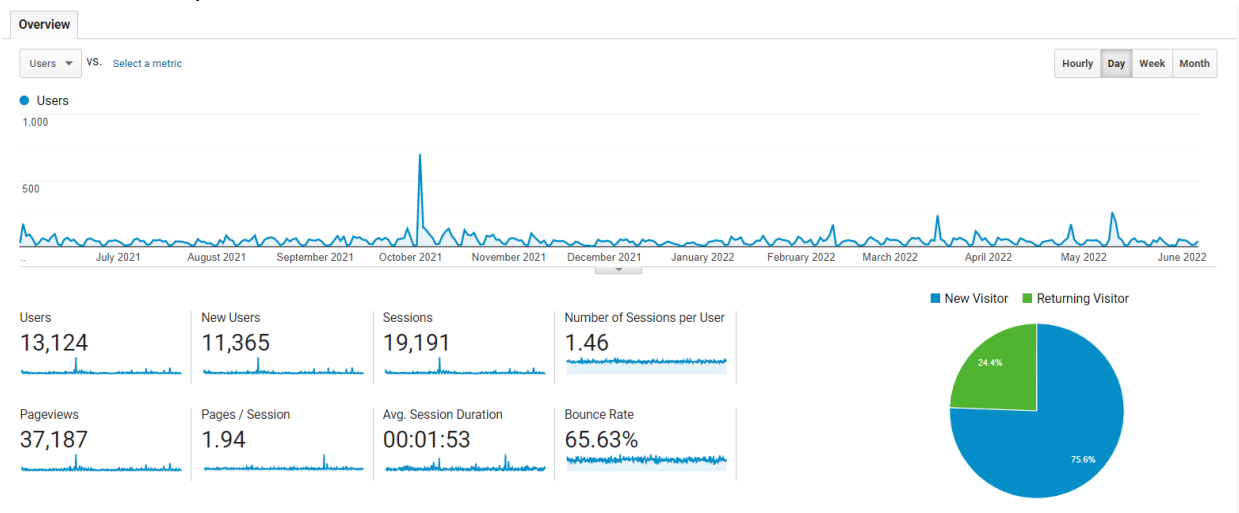


number of declines to the waitlist, placing more children into NIH Child Care. The Wait List Committee has been examining the efficiency of placing children into care while trying to reduce the high decline rate.

The Committee also developed a draft flyer for the wider NIH parent community explaining the differences among the various NIH Child Care Centers (see Appendix B) and a draft one-page recruiting tool for NIH employees (see Appendix C).

The Communications and Outreach Committee continued to support the other committees and the Board cooperatively in all their efforts. For example, Board Chair Dr. Kristin Dupre gave a presentation to NINDS Caregivers Support Group, and committee members were collaborative in providing messaging for the June 29, 2022, [Virtual Town Hall on Diversity, Equity, Inclusion, and Accessibility](#), specifically on topics related to ‘Women in the NIH Workforce’.

The Committee continued to collect expanded analytics and data on our communications and outreach efforts to refine our messaging, timing, and targets. This analytics-based approach has supported the development and dissemination of global outreach emails, print materials, outreach events and in-person trainings, and more. The Committee will continue to gather and analyze impact data over the coming year and will use that information to support messaging and outreach efforts. The figure below contains an overview of Child and Family Programs website traffic from September 1, 2021, to June 7, 2022. This represents a growth of 11% in users over the same period in 2020-2021.



With NIH staff increasingly dispersed through telework flexibilities and remote work, it is ever more important that NIH staff can easily access information about NIH Child and Family Programs electronically. To that end, the Communications and Outreach committee recommends ORS be allocated sufficient funds to overhaul and modernize the Child and Family Programs website and webpages, including efforts to enhance search engine optimization and mobile responsiveness.

This would allow the NIH community, including prospective employees, to easily understand and quickly access the many quality resources already available to them.

Additionally, understanding the impact of the pandemic on scientific workforce diversity, mental health, workplace flexibility policies, childcare availability and cost, and other factors continue to be essential to continuing the mission of the NIH. The Committee understands that ORS and others are considering a survey to analyze these issues, along with current staff needs as the pandemic shifts and more staff return to the physical workplace. The Committee recommends that these efforts be given appropriate priority and funding to design, plan, and deploy such a survey in 2022-2023.

### **Communications and Outreach Committee Work Plan for 2022-2023**

The Committee will:

- Continue to use available analytics to plan activities; record metrics and demonstrate progress.
- Assess and support other NIH Child Care Board committees in achieving outreach, awareness, and utilization goals.
- Review and submit recommendations to ORS on Child and Family Programs' communications and outreach efforts, including websites and other digital outreach channels.
- Explore options to support the design and implementation of a survey to understand the lasting impacts of the COVID-19 pandemic on NIH parents and families.

## **Innovative Programs**

The Innovative Programs Committee's purpose is to examine opportunities to expand access to quality, affordable childcare and related services, such as those provided through the NIH Child and Family Programs, for the entire NIH workforce. The last few years have seen incredible changes to the childcare landscape at NIH and beyond. The COVID-19 pandemic still impacts the delivery and availability of childcare. NIH's new workplace flexibility programs will likely lead to an NIH workforce that includes staff who are located within NIH research and patient care facilities, while other staff will be more physically dispersed than they were pre-pandemic. In addition, local governments across the area have enacted policies with many short- and long-term implications for the availability and delivery of quality childcare. The Innovative Programs Committee approached the 2021-2022 Board year with these factors in mind, and with a particular interest in how the current environment impacts the fellow/trainee population at NIH.

### **Child Care Resource Utilization by NIH Fellows**

As a first step, the Innovative Programs Committee worked with NIH Child and Family Programs to collect data on the usage of childcare resources by intramural fellows/trainees. As of December 31, 2021, between 17% and 24% of enrollees at the three NIH-sponsored childcare centers were children of NIH trainees. Across all three childcare centers, 39% of all waitlist children had a parent that was an NIH trainee. Fellows used NIH Resource and Referral Services and the Parenting Listserv, but the Back-Up Care Program was not significantly utilized by NIH trainees (see Back-Up Care Committee's section for further insights). NIH fellows are not eligible for the NIH Child Care Subsidy Program.

### **Engagement with Office of Intramural Training and Education**

In accordance with the 2021-2022 Work Plan, the Innovative Programs Committee opened a dialogue with Dr. Sharon Milgram, Director of the Office of Intramural Training & Education (OITE) to discuss the childcare needs of fellows and the current impediments to meeting those needs. Trainees face many challenges finding affordable childcare at NIH. Trainees often work long and/or irregular hours that may not align with childcare center hours. Childcare centers typically charge late fees if a child is picked up after hours, which can create additional financial hardships for trainees. Fellows may need childcare that it is close to public transit, but those centers may be more expensive and have longer waitlists. Many of these burdens are shared by NIH employees with comparable salaries to NIH fellows' stipends; however, NIH is able to utilize the Child Care Subsidy Program to enable those employees to continue their service to the NIH mission, whereas NIH fellows do not have access to a childcare subsidy or cost support program, despite Dr. Michael Gottesman's support of a task force on this topic (see [NIH Child Care Board's 2020-2021 Annual Report](#)). The Innovative Program Committee's dialogue with Dr. Milgram focused on ways to improve communication with fellows, to make sure they were aware of resources that are available, and to brainstorm opportunities to augment current programs. The Committee will continue to work towards the most equitable childcare environment for the NIH workforce, including fellows. These issues must be addressed if NIH wishes to build and maintain

a diverse scientific workforce that is welcoming to trainees with families and persons who may become pregnant. The Innovative Programs Committee will continue to work with OITE and the Communications and Outreach Committee to better address the needs of fellows at NIH.

### **Montgomery Moving Forward (MMF)**

The Committee met with leaders from Montgomery Moving Forward (MMF), an initiative of Non-Profit Montgomery, to discuss their ongoing role in the development of an Early Childhood Education (ECE) Coordinating Entity in Montgomery County, MD. In 2020, MMF received a special appropriation from the Montgomery County Council to research and propose models for an ECE Coordinating Entity. They submitted [the report](#) in late 2021, which included three potential models for an ECE Coordinating Entity and nine characteristics that would be shared by all potential ECE Coordinating Entity models. The proposed models all stressed the need to create a common ECE agenda, the importance of quality childcare to a thriving workforce, and the critical role ECE plays in diversity and equity in the workplace.

In early 2022, the Montgomery County Council [voted to approve and fund the establishment of the ECE Coordinating Entity](#) for Montgomery County, MD. The Montgomery County Council chose the second model proposed by MMF: To convert the existing Children's Opportunity Fund to an independent entity with a governance body and management structure. This entity will be a public-private partnership with the ability to make recommendations to the Montgomery County Council. The ECE Coordinating Entity will be formed as a not-for-profit corporation that can serve as central point of contact for philanthropy and other not-for-profit entities that wish to engage with ECE in Montgomery County. Its Board will have nine ex-officio government officials and 12 private sector members appointed by the County Executive and confirmed by the County Council. The private sector members will consist of ECE stakeholders, including childcare center operators, parents, and employers in Montgomery County. Ex-officio government officials will include members of the Montgomery County Council and Montgomery County Health and Human Services. After the Coordinating Entity is established, MMF will launch a new project in a different advocacy space and allow the new ECE Coordinating Entity to take the lead on ECE issues in Montgomery County.

Prior to the meeting with MMF, the Innovative Programs Committee reached out to several stakeholders including parents, ECE advocates, and an NIH-sponsored Child Care Center Director to identify topics of discussion. Common themes included universal preschool and childcare worker salaries. Although MMF does not plan to advocate for specific policies in either space, they expect both issues to be addressed by the new ECE Coordinating Entity.

### **Future Plans**

The COVID-19 pandemic, workplace flexibilities, and local government childcare policies will continue to alter the childcare landscape for the NIH workforce. In the coming Board year, the Innovative Programs Committee will:

1. Open a dialogue with the Foundation for NIH to explore avenues to ease the financial burden childcare presents to NIH fellows and trainees.
2. Continue our engagement with Montgomery Moving Forward and the new ECE Coordinating Entity.
3. Examine possibilities for establishing income-based tuition at NIH childcare facilities.

### **Innovative Programs Committee Proposed Work Plan for 2022-2023**

The Committee will:

- Stay up to date on local community childcare plans, policies, programs, and resources via ORS/the NIH Child and Family Programs staff and Montgomery Moving Forward.
- In collaboration with ORS, NIH Child Care Centers, and other interested parties, determine the challenges that remain in the childcare space resulting from the COVID-19 pandemic and strategize ways to improve.
  - Part of this effort may involve partnerships with ORS/OHR to assist in the development and implementation of survey(s), such as the next Life@NIH Survey, to assess NIH-wide awareness of programs, supervisor training efforts, needs of specific NIH communities (i.e., fellows/satellite campuses), and upcoming trends.
- In collaboration with OIR, continue to review and determine mechanism(s) to support childcare cost support for NIH intramural fellows.

## Child Care Board Recommendations

Based on the Boards' efforts during 2021-2022, the NIH Child Care Board makes the following recommendations to the NIH/ORS leadership:

1. Maximize the utility of the NIH Child Care Subsidy Program by immediately providing the maximum \$5,000 reimbursement to as many active, qualified users as possible.
2. Implement a new tiered system for the NIH Child Care Subsidy Program (Table 2), which would continue to target those with the greatest financial challenges, while allowing for new participants to enter the program.
3. Actively advertise the Back-Up Care Program to assist NIH federal employees and fellows with emergency, short-term care during the COVID-19 pandemic and the implementation of the return to the physical workspace.
4. Continue virtual webinar formats after the return to the physical workspace.
5. ORS be allocated sufficient funds to overhaul and modernize the Child and Family Programs website and webpages, including efforts to enhance search engine optimization and mobile responsiveness.
6. Prioritize appropriate funding to design, plan, and field a survey in 2022-2023 to understand the lasting impacts of the COVID-19 pandemic on NIH parents and families.
7. Request that ORS create and support a COVID-19 after-action committee to:
  - a. Review and identify challenges specifically related to families, parents, and childcare providers during the COVID-19 pandemic crisis.
  - b. Submit recommendations on how to address a future pandemic/health crisis and mitigate the impact to families.
  - c. Membership should include but not be limited to: Child Care Board members, NIH-sponsored Child Care Center Board representatives and Center Directors, and DATS staff.

## **Proposed 2022-2023 NIH Child Care Board Work Plan**

### **Membership Committee**

- Advertise and recruit members of the NIH community to represent a diverse array of candidates, recognizing that members from various ICs, professions, backgrounds, and experiences will increase the success of the Child Care Board.
- Conduct the annual membership campaign beginning in March 2023 to recruit for vacancies and hold interviews in April 2023.
- Continue to review all liaison positions during the 2022-2023 Board year.

### **Child Care Subsidy Program**

- Evaluate and report program utilization during and after the COVID-19 pandemic.
- Monitor response from ORS regarding recommendations to maximize utilization and increase AGI threshold/percentages of reimbursement to program participants (see Appendix A).
- Continue with outreach efforts to increase awareness and utilization of the program in collaboration with the Communications and Outreach Committee.
- Collaborate with Innovative Programs Committee and an OIR-coordinated task force to review and identify mechanism(s) to support childcare cost support for NIH intramural fellows/trainees, as needed.

### **Back-Up Care Program**

- Monitor and report program utilization for the current contract year.
- Track usage by eligible fellows and trainees.
- Examine trends in program usage across contract years.
- Maintain and endeavor to increase program awareness and utilization by collaborating with the Communications and Outreach Committee on marketing and communication strategies.
- Work with the Innovative Programs Committee to explore avenues for providing childcare cost support for fellows/trainees, including costs associated with the use of Back-Up Care.

### **Childcare Wait List**

- Review Wait List data and report on trends and the impact of changes to policies and procedures on an annual basis, including:
  - Impact of re-engaging with individuals from other Federal Agencies.
  - Impact on preschool spaces with the addition of NIH contractors.
  - Impact of returning to the physical workspace and workplace flexibility policies, like local remote work status.
- Continue to examine the impact of the COVID-19 pandemic on childcare availability throughout Montgomery County and its impact on the Wait List.
- Review trends in demographics and universal preschool options for impact on the Wait List.

- Collaborate with ORS, Child Care Center Directors, and the NIH Wait List Administrator to develop creative solutions and strategies for maximizing the utility and sustainability of the NIH Wait List for the NIH community.

### Communications and Outreach

- Continue to use available analytics to plan activities; record metrics and demonstrate progress.
- Assess and support other NIH Child Care Board committees in achieving outreach, awareness, and utilization goals.
- Review and submit recommendations to ORS on Child and Family Programs' communications and outreach efforts, including websites and other digital outreach channels.
- Explore options to support the design and implementation of a survey to understand the lasting impacts of the COVID-19 pandemic on NIH parents and families.

### Innovative Programs

- Stay up to date on local community childcare plans, policies, programs, and resources via ORS/the NIH Child and Family Programs staff and Montgomery Moving Forward.
- In collaboration with ORS, NIH Child Care Centers, and other interested parties, determine the challenges that remain in the childcare space as a result of the COVID-19 pandemic and strategize ways to improve.
  - Part of this effort may involve partnerships with ORS/OHR to assist in the development and implementation of survey(s), such as the next Life@NIH Survey, to assess NIH-wide awareness of programs, supervisor training efforts, needs of specific NIH communities (i.e., fellows/satellite campuses), and upcoming trends.
- In collaboration with OIR, continue to review and determine mechanism(s) to support childcare cost support for NIH intramural fellows.



## Appendix A

Date: July 19, 2022

To: NIH Child and Family Program/DATS/ORS

From: NIH Child Care Board

Action Requested: The NIH Child Care Board requests that the ORS updates the NIH Childcare Subsidy Policy to maximize the utility of the Program by: 1) immediately providing the maximum \$5,000 reimbursement to as many active, qualified users as possible, and 2) implementing new threshold/percentage adjustments to the program as soon as possible to account for recent increases in GS pay levels and childcare costs and to continue to target those with the greatest financial challenges, while allowing for new participants to enter the program.

Background: The high-quality work produced by the NIH is a direct result of the high quality of the NIH workforce. Childcare is essential to the recruitment and retention of excellent employees; and high quality, reliable, and affordable childcare therefore benefits all parts of the NIH mission.

Due to the COVID-19 pandemic, the average annual cost of childcare in the United States has increased by about 41% for center-based childcare providers, with parents spending an average of \$14,117 annually, up from \$9,977 pre-pandemic, according to a [LendingTree report](#). In Maryland, the [average cost of care](#) for the following ages groups are: \$2,040/month for infants; \$1310/month for toddlers, and \$1018/month for preschoolers.

The purpose of the NIH Child Care Subsidy Program is to make licensed childcare more affordable for lower-income NIH federal employees using agency appropriated funds. It provides up to \$5,000 per year per family for licensed childcare. ORS has contracted with FEEA Childcare Services, Inc. to manage the program.

A key requirement of the NIH Child Care Subsidy Program is that funds can only be issued when care is provided by state-licensed childcare providers. The COVID-19 pandemic has not only greatly increased cost of childcare for working parents, but it has also greatly reduced the availability of childcare in terms of decreases in both the number of licensed childcare providers and the capacity of those that were able to remain operational. As such, the Child Care Subsidy Program has continued to be underutilized in recent years – though it remains supporting NIH families that are most in need.

On March 1, 2019, a new total household income cap and reimbursement rates were implemented to boost program utilization (Table 1). If the pandemic had not occurred, the current sliding scale put in place in 2019 would have allowed more families to be eligible to receive the subsidy. However, data also shows that a significant number of participants who left the program in 2019 and in 2020 had increased earnings that exceeded the new income cap (\$80,000 total adjusted household income). These results indicate that the current income caps have not kept pace with NIH pay increases, and thus, participation in the program has been reduced.

<b><u>NIH Federal Employee Total Adjusted Household Income</u></b>	<b><u>Percentage of Participant's Child Care Costs to be Subsidized</u></b>
> \$80,001	0%
\$70,001 - \$80,000	40%
\$60,001 - \$70,000	60%
< \$60,000	80%

Table 1: Current Program (effective on March 1, 2019)

Proposed Solution: The Board is recommending a **two-part approach** to improve participation in the current NIH Child Care Subsidy Program:

1. Firstly, as mentioned in the NIH Child Care Board's 2020-2021 Annual Report, **the Board recommends ORS maximize the utility of this program by immediately providing the maximum \$5,000 reimbursement to as many active, qualified users as possible.**
2. Secondly, according to the Child Care Board's Subsidy Committee's assessments, GS pay levels and cost of childcare have both increased by >15% since the 2019 new threshold adjustment. Therefore, the thresholds should be adjusted by at least 15% to restore the original pool of participants. Many Federal Government Childcare Programs (and most are operated by our vendor FEEA) use percentages or caps in order to prevent pay increases costing families money and to avoid large cost changes when the threshold changes. **The Board is proposing the following new tiered system (Table 2)**, which will continue to target those with the greatest financial challenges, while allowing for new participants to enter the program. For reference, the Board has benchmarked other Federal Childcare Subsidy Programs, which are provided in Table 3. Of the nine other Federal agencies, the average ceiling is about \$119,000, and five of the agencies' ceilings are above \$100,000. The Board is proposing a new ceiling of \$120,001.

The current program's ceiling of \$80,000 allows for only 10% to 16% of the available NIH FTE workforce (GS Pay Plan) to participate (Table 4, based on NIH OHR data as of April 2022). The proposed tiered system with a new ceiling of \$120,001 will open the program to many more NIH families in need – reaching between 36% to 52% of the available NIH FTE workforce (GS Pay Plan), depending on location (Table 5, based on NIH OHR data as of April 2022). Those in the highest proposed bracket (i.e., \$100,001 - \$120,000) would receive much less than other tiers, while still being captured in the program and provide valuable ongoing data for operating the program in the years to come.

The NIH Child Care Board Leadership are available to discuss these recommendations at your convenience. Thank you for your consideration in this matter.

<u>NIH Federal Employee Total Adjusted Household Income</u>	<u>Percentage of Participant's Child Care Costs to be Subsidized</u>
> \$120,001	0%
\$100,001 - \$120,000	25%, not to exceed \$2,500 per year
\$90,001 - \$100,000	60%, not to exceed \$5,000 per year
\$80,001 - \$90,000	80%, not to exceed \$5,000 per year
< \$80,000	100% up to \$5,000 per year

Table 2: Proposed Program

<b>Some Other Agency Child Care Subsidy Ceilings</b>	
VA	\$144,000
FAA	\$100,000
State	\$170,000
NSF	\$150,000
Labor	\$80,000
Interior	\$90,000
EPA	\$75,000
CBP	\$144,000

Based on OPM Data

Table 3: Other Federal Agency Childcare Subsidy Ceilings

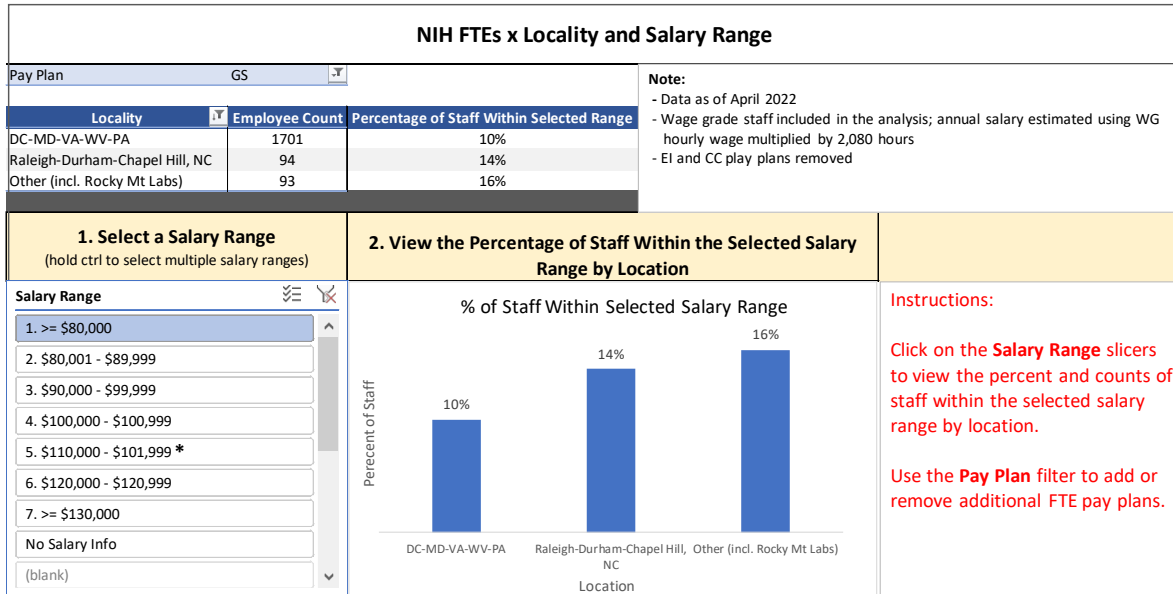


Table 4: Percentages of NIH FTE Staff (GS Pay Scale) With Salaries of Up to \$80,000 by Location (Data from NIH OHR, as of April 2022)

\*Please note that the text for the fifth salary range has an error and is actually \$110,000 - \$119,999.

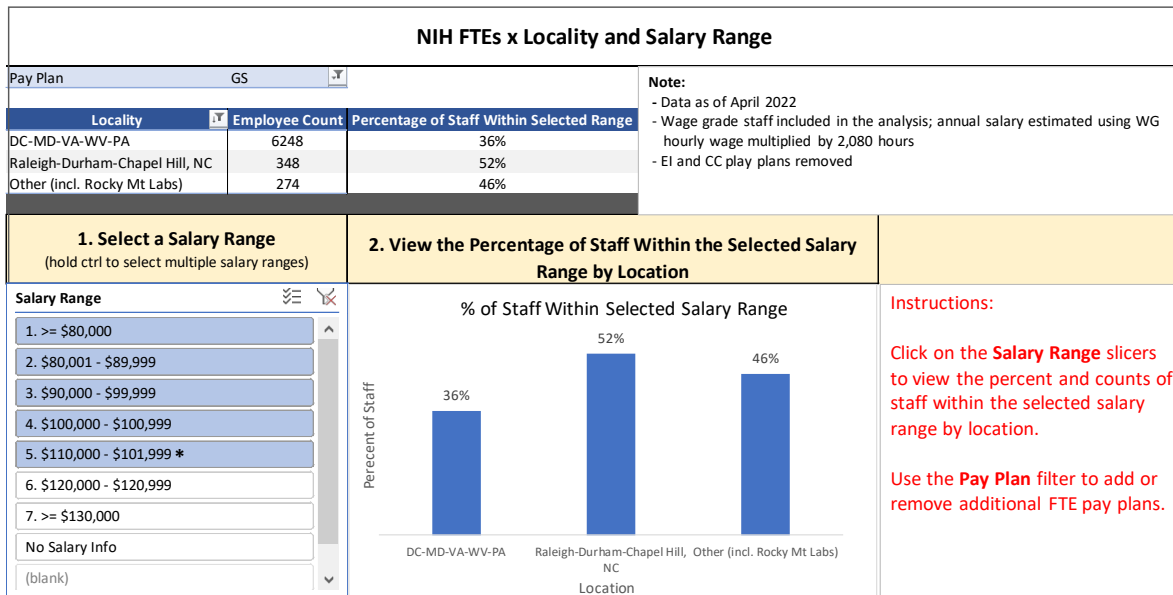


Table 5: Percentages of NIH FTE Staff (GS Pay Scale) With Salaries of Up to \$120,000 by Location (Data from NIH OHR, as of April 2022)

\*Please note that the text for the fifth salary range has an error and is actually \$110,000 - \$119,999.

## Appendix B

### Comparison of NIH Child Care Centers in Maryland

This information is to provide a quick comparison of the NIH-sponsored child care centers. Further information about each individual center can be found on the NIH Child Care Center links, or by calling their program, requesting a tour or attending one of the open houses scheduled throughout the year.	Parents of Preschoolers, Inc., POPI	Rockville Day Care Association, Inc., RDCA	Executive Child Development Center, Inc., ECDC
On NIH Main Campus	Yes	Yes	No
Maryland Licensed Child Care Program	MD 109207	MD 253205	MD 51568
NAEYC Accredited Date (Valid for 5 years)	3/1/2017	In process	9/1/2017
Program Capacity	141	170	251
Number of Classrooms	12	14	15
Number of Infants Rooms (6 weeks- 18 mon.)	3	4	2
Number of Infants Spaces	18	24	12
Ratio of Children to Adults in Infants	3 Children /1 Adult	3 Children /1 Adult	3 Children /1 Adult
Number of Young Toddlers Rooms (18 mon.- 24 mon.)	1	2	2
Number of Young Toddlers Spaces	9	18	18
Ratio of Children to Adults in Young Toddlers	3 Children /1 Adult	3 Children/1 Adult	3 Children/1 Adult
Number of Toddler Rooms (2-3 Yrs.)	2	4	3
Number of Toddler Spaces	24	48	36
Ratio of Children to Adult in Toddlers	6 Children/1 Adult	6 Children/1 Adult	6 Children/1 Adult
Number of Preschool Rooms (3-5 Yrs.)	6	4	4
Number of Preschool Spaces	90	80	80
Ratio of Children to Adult in Preschool	10 Children/1 Adult	10 Children/1 Adult	10 Children/1 Adult
Number of Kindergarten Rooms	0	0	1
Number of Kindergarten Spaces	0	0	20
Ratio of Children to Adults in Kindergarten	N/A	N/A	10 Children/1 Adult
Number of Before and After School Rooms (5-12 yrs.)	0	0	3
Number of Before and After School Spaces	0	0	80
Ratio of Children to Adult in Before and After School	N/A	N/A	15 Children/ 1 Adult
Provides Breakfast	Yes	Yes	Yes
Provides AM Snack	No	No	No
Provides Lunch	Yes	Yes	No
Provides PM Snack	Yes	Yes	Yes
Time Program Opens	7:30 AM	7:30 AM	7:30 AM
Time Program Closes	6:00 PM	6:00 PM	6:00 PM
Program Closes for Federal holidays and 3 Professional Days per yr.	Yes	Yes	Yes
Tuition ranges	\$414-\$805 bi-weekly	\$556-\$844 bi-weekly	\$386-\$773 bi-weekly
Parent Group	Parent Board	Parent Council	Parent Board
Parent Involvement	Yes	Yes	Yes

## Appendix C

### Becoming an NIH Employee: Support for Families

At the National Institutes of Health, we understand that our employees can only do their best work if they are supported in their family lives. To us, that means access to quality, affordable child and adult dependent care; wellness programs that go beyond fitness classes to support employees with flexible work schedules and mental health resources; leave policies and programs that give employees an added cushion in case of a medical emergency; and more. When joining NIH, you'll have access to programs and services that make NIH one of the federal government's best agencies for families. The list below includes a few of the dozens of programs available to help you do your best work at NIH – while creating and maintaining a healthy work-life balance!

#### Child and Adult Dependent Care Programs

- Three NIH-sponsored [Child Care Centers](#) located in Maryland (and one in North Carolina!) are available for the children of NIH staff.
- [Back-up Care](#) for when your regular child or adult dependent care falls through, or when you need it for self-care.
- [Resource and Referral Services](#) can help you find information on:
  - Quality, affordable, and accessible child and adult dependent care
  - Legal consultation
  - Identity theft protection
  - Financial consultation
- The [Child Care Subsidy Program](#) can help lower-income employees afford licensed childcare.
- Parenting and adult dependent care [listservs, webinars, and the NIH Parenting Coach](#) help NIH employees connect with each other and with support and resources.

#### Flexible Work Schedules

- Where possible, NIH work units are encouraged to offer [flexible work schedules](#) to their employees.
- Some parts of NIH also offer [remote work](#) to certain employees who would like to live and work in locations other than NIH facilities and are able to perform their duties remotely.

#### Mental Health, Wellness, and Life Management Resources

- All NIH employees have access to the [Employee Assistance Program](#), which offers consultation, short-term counseling, and referral services by trained professionals.
- The [Wellness@NIH website](#) includes information on mindfulness, stress management, and more.
- NIH facilities boast several [gyms and fitness facilities](#) for employees, as well as virtual fitness classes for all abilities.

#### Leave Policies and Programs

- The [NIH Leave Bank](#) provides supplemental leave for employees who choose to join and experience an emergency that requires them to be out for longer periods of time.
- The [Voluntary Leave Transfer Program](#) allows employees to share their unused annual leave with other employees who are faced with economic hardship because of insufficient leave to cover a family medical emergency.