



Annual Report on NIH Child Care



2008-2009

December 2009

TO: Francis S. Collins, M.D., Ph.D, NIH Director
Raynard S. Kington, M.D., NIH Deputy Director

FROM: Chair, NIH Child Care Board

SUBJECT: Annual Report on NIH Child Care

The NIH Child Care Board welcomes you, Dr. Collins, and looks forward to working under your leadership. The primary responsibility of the NIH Child Care Board is to advise the NIH Director regarding child care programs and issues at NIH. We appreciate Dr. Kington's continued support on issues impacting working parents and work/life balance.

Access to quality and consistent child care is a critical issue for many NIH employees because it is a fundamental requirement to be able to do their jobs and do them well. For employees with children, quality and consistent child care enables them to devote their full attention to their work, fully engage in their duties and therefore, effectively work to advance the mission of the NIH.

It is with great pleasure to present you the 2008-2009 Annual Report on Child Care. This past year has been very productive for the Board, and we would like to present to you three specific recommendations for your attention and action.

In 2008-2009, the NIH Child Care Board, in partnership with the Office of Research Services, the Working Group on Women in Biomedical Careers, and the Clinical Center, analyzed child care needs and services at NIH. Based on our review of employee needs and a formal needs assessment completed January 2008, the Child Care Board recommends NIH enhance its child care services in three areas in order to support employees, advance the agency mission and remain a competitive employer:

- Increase capacity of NIH sponsored child care spaces
- Increase the existing funding for the NIH Child Care Subsidy Program
- Provide a Back-up Dependent Care Program

In 2010, the NIH Child Care Board will celebrate its 20th year anniversary and will send you an invitation to participate in the events that will be scheduled later in the year. We are eager to showcase the NIH child care programs and services for parents and children. We look forward to supporting the NIH community--creating quality child care solutions and options in the years ahead.

Valerie L. Durrant, Ph.D.

cc:
Ms. Barros
Dr. Johnson
Ms. Savarese
Ms. Curl

NIH Child Care Programs - Expanding to Meet the Need 2009 NIH Child Care Board Recommendations

***NIH Child Care Board Mission:** The NIH Child Care Board will promote affordable, accessible, and quality child care and related services for all NIH employees. The Board will advise the NIH Director regarding child care programs and issues.*

In 2008-2009, the NIH Child Care Board, in partnership with the Office of Research Services, the Working Group on Women in Biomedical Careers, and the Clinical Center, conducted analysis on child care needs and services at NIH. This analysis included a review of NIH child care services, a review of employee child care needs and the Waiting List. The results of the analysis prompted ORS/DATS to conduct a survey of the families who are on the NIH Child Care Waiting List. (See summary in Appendix A). Based on our review of the waitlist survey and the results from the Child Care Needs Assessment, completed in January 2008, the Child Care Board recommends NIH improve its child care services in three areas in order to support employees and advance its mission, and remain a competitive employer:

Increase Capacity of NIH Sponsored Child Care Spaces

The NIH Child Care Board recommends NIH begin construction of the Northwest Child Care Center as soon as possible. The three NIH Child Care Centers are filled to capacity (450 total spaces) and there are over 1,240 children on the waiting list. The average wait time is 1.5-2 years. Most employees at NIH want their children enrolled in child care programs that are near their work; are of high quality; and are affordable. Employees expressed that proximate and reliable child care maximizes the time they can work; increases their morale; and enhances their work productivity. The new Northwest Child Care Center, upon completion, will immediately provide 140 additional child care spaces on campus.

In addition, NIH should consider exploring and securing additional leased space for child care to support the growing number of off campus employees. Because of constraints placed by Federal legislation, NIH is limited on how it can expand its child care space and services for its employees. The methods of expansion are limited to leasing space, building our own facilities and procuring services through Use Agreements. Quality and accessible child care is a key recruiting and retention tool for NIH on and off campus.

Increase the Funding for the NIH Child Care Subsidy Program

The NIH Child Care Subsidy Program serves those NIH Federal employees who have the lowest total household income and large obstacles to reliable and quality child care, primarily, due to cost. This very successful and important program has operated at capacity without a change to the household income cap or cost of care reimbursement rate since 2005. During this time, child care costs have increased. The Board recommends:

- Raising the total household adjusted income cap from \$60,000 to \$75,000 to be comparable with other similar Federal agencies in the D.C. metro area.
- Raising reimbursement rates to reflect increases in costs of child care.
- Expanding the program to serve 40 additional employees (see Appendix B). The recommended changes will require that NIH add \$240,000 to the subsidy program budget.

Provide a Back-up Dependent Care Program

The Board joins the Women in Biomedical Careers Work Groups, the Clinical Center, the NIH Fellows Committee and the Clinical Fellows in supporting the establishment of a Pilot Program for Back-up Dependent Care for NIH employees. The availability of back-up dependent care is critical to consistent child care for employees, particularly those serving in critical roles. Even parents with the most stable child care arrangements can find themselves in a child care emergency if a child or care provider becomes ill or another emergency arises. Last minute child care conflicts can seriously disrupt work for many employees if meetings or events need to be canceled or work is delayed. Surveys and assessments at NIH for the past 10 years reflect the need for back-up care, primarily for children, and increasingly for adult dependents. A back-up care program would support emergency child care needs in a Code Red or pandemic situation at NIH and would help NIH be more competitive as an employer with leading medical and research institutions.

A Back-up Care program obtained through a contract with a private service provider would provide consistent back-up child care and adult dependent care, either in home or in licensed care facilities. Care would be provided with short notice at an affordable price for employees (see Appendix C). The Back-up Dependent Care Pilot Program would require at least a three year commitment by NIH and would cost approximately \$275,000 annually to offer this option to 20,000 NIH staff.

This is a brief summary of the primary Board recommendations for 2009. The Child Care Board has devoted considerable time and energy to research that supports these recommendations. More in-depth information on these and other Child Care Board recommendations and NIH child care issues can be found in previous Annual Reports on Child Care at: http://does.ors.od.nih.gov/childcare/board_activities.htm. Board members are available to discuss this information at your convenience.

NIH Child Care Board Membership 2009-2010

Voting Members 2009-2010

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Ms. Kellie Carrington, OD
Dr. Valerie Durrant, CSR/DCPS (Chair)
Ms. Hillary Fitis, CC/OD (Vice Chair)
Dr. Rosalind King, NICHD
Dr. Jason Levine, NCI
Ms. Angela Magliozzi, DEA/NIAID
Ms. Susan Persons, OD
Mr. Brian Rabin, OD
Ms. Heather Rogers, NIDDK
Dr. Sheri Schully, NCI
Ms. Lisa Strauss, OD/OSP/OSE

Voting Members 2008-2009

Dr. Valerie Durrant, CSR/DCPS – (Chair)
Ms. Christine Espinoza, NIDA
Ms. Hillary Fitis, CC/OD
Dr. Rosalind King, NICHD
Ms. Jayne Lura-Brown, NIDCR (Vice Chair)
Ms. Angela Magliozzi, DEA/NIAID
Ms. Susan Persons, OD
Ms. Kim Plascjak, NIAID
Mr. Henry Primas, CC/OPC
Mr. Brian Rabin, OD
Ms. Heather Rogers, NIDDK
Ms. Lisa Strauss, OD/OSP/OSE
Dr. Sheri Schully, NCI

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Dr. Shanil Haugen/Dr. Adam Lee, FELCOM
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Dr. James Pickel, NIMH- Staff Scientists
Ms. Mary Ellen Savarese, ORS
Mr. Thomas Hayden, ORS
Ms. Bea Curl, ORS

Non-Voting Center Liaisons

Ms. Jaydah Wilson, Director, ChildKind, Inc.
Ms. Paulina Alvarado, Director, Parents of Preschoolers, Inc.
Ms. Anne Schmitz, Director, Executive Child Development Center, Inc.



Annual Report on NIH Child Care 2008-2009

Appendix A

NIH Child Care Waiting List FY 2005-FY 2009

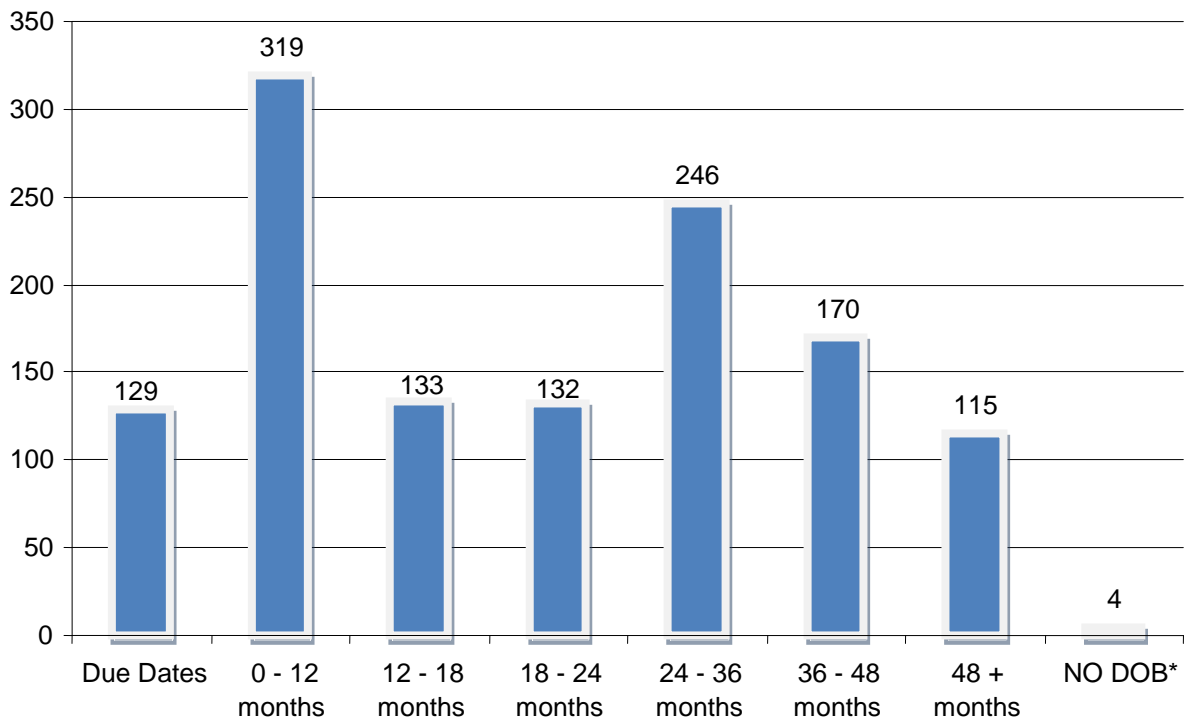
Demand for child care in NIH centers greatly exceeds supply.

There are currently 450 total spaces available in the three local NIH child care centers.

There are currently 1248 children on the waiting list for those spaces.

The average waiting time is 1.5 years to 2 years, depending on age of child.

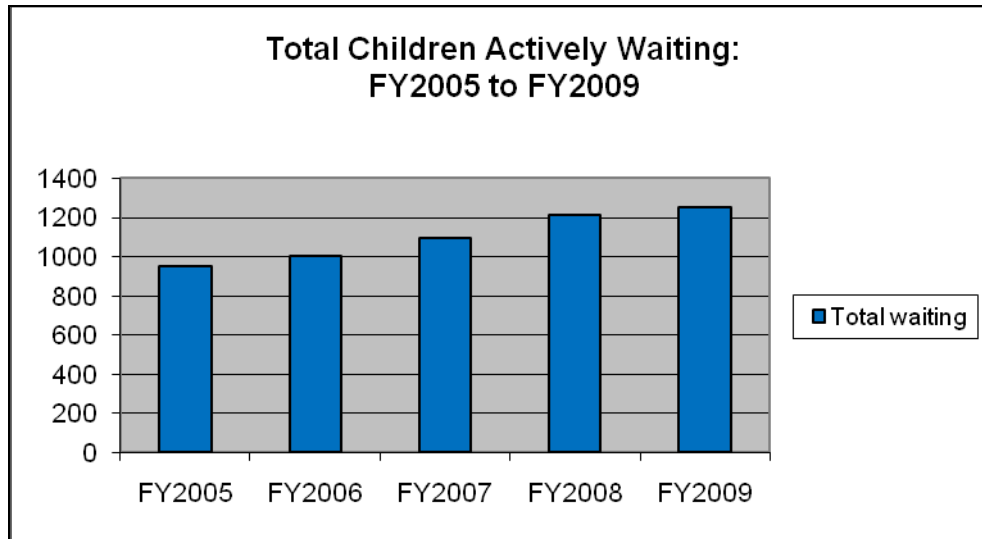
Number of Children on Waitlist by Date of Birth, September 2009
N= 1240



From January 2009- September 30, 2009, there were 1181 telephone calls concerning the NIH Child Care Centers, the Child Care Waitlist program and alternate child care resources available through the NIH Resource and Referral Service.

*NO DOB refers to children who are being adopted/ DOB is not known.

From 2005 to 2009 the NIH Child Care waiting list has increased by thirty-one percent (31%).



In August 2009, NIH leadership asked “Why do parents remain on the waiting list so long?” The Office of Research Services/Division of Amenities and Transportation Services conducted an email survey of the parents on the list to determine why they continued to wait. There was a 10% response rate. Eighty-five percent (85%) of the respondents indicated that the primary reason for staying on the list was a desire to have their children close to work. Although parents also desired high quality care and reasonably priced care, the overwhelming majority indicated that proximity to work site provided “more time to be at work”. Proximity also offered quick access to their child in case of emergency and less commuting stress. The primary reason was better focus on work and staying longer at work to complete tasks.

There is clearly a need for increased NIH sponsored child care spaces at work locations on and off campus. The current NIH child care waiting list is testimony to the demand.



Appendix B

The NIH Child Care Subsidy Program

Child Care Subsidy* is important to the NIH lower income workforce. The ability to provide Child Care Subsidy supports the work/life balance for employees allowing them to be more productive and focused on the important work they do for the NIH. The NIH Child Care Subsidy program has been supported by the Leadership of NIH since 2005.

Currently, 100 federal employees receive a Child Care Subsidy at any time. The current average per family subsidy is approximately \$3000 per year. The FY 2010 annual Child Care Subsidy budget is \$300,000.

The current NIH Child Care Subsidy model:

Eligible employee's total adjusted household income	Percentage of eligible child care expenses paid by plan
More than \$60,000	0%
\$45,001-\$60,000	20%
\$30,001-\$45,000	40%
\$ 30,000 or less	50%

Per Family Cap - \$5000 per year

*Child Care Subsidy Program was established by Congress in Nov 2001 (Public Law 107-67, sec. 630). NIH Subsidy information is located at: http://does.ors.od.nih.gov/childcare/cc_subsidy.htm.

Since 2006, NIH has not raised the eligible employee’s total adjusted household income cap or the percentage of eligible child care expenses paid. A comparison of NIH with other Federal Agencies showed NIH being below other comparable Federal agencies in the D.C. Metro.

Average Child Care Subsidy total adjusted household income cap in the D.C. Metro area

Agency/Organization	Household Income Cap
NIH	\$60,000
HHS/FDA	\$75,000
HHS/PSC	\$75,000
HHS/CDC	\$65,000
National Science Foundation	\$75,000
Department of Treasury	\$70,000
Department of State	\$75,000
OPM	\$60,000

With the recommendation to raise the total adjusted household cap, the percentage of subsidy should be adjusted to support the employees at the lower income levels so they are subsidized at a higher rate. The NIH Child Care Board proposes the following Child Care Subsidy model:

Eligible employee’s total adjusted household income	Percentage of eligible child care expenses paid by plan
More than \$75,000	0%
\$50,001-\$75,000	30%
\$35,001-\$50,000	50%
\$ 35,000 or less	60%

The NIH Child Care Board Subsidy committee discussed increasing the number of recipients to 140, to support more employees. This increase would benefit additional lower income employees, which is needed. With the recommended increase of total adjusted household cap, the committee anticipates an increase of the average per family subsidy to be \$4000. The proposed increase of Subsidy recipients, plus the household income cap, would raise the annual Subsidy budget by \$240,000 for a total annual Child Care Subsidy Budget of \$540,000.



Appendix C

Back-up Dependent Care

The NIH Child Care Board Back-up Care Committee, defined back up care as “*child care and elder care that is available in unexpected/unusual situations in a timely manner*”. True Back-up Care is available within an hour of the request and it is reliable. This care would assist NIH staff and Fellows who:

- Work late/overtime
- Work Saturdays or Sundays
- Have a sick child or dependent at home and must attend a meeting and meet a deadline
- Need back-up care because regular child care is closed for a short term event
- Need care when a nanny or other regular care provider calls in sick
- Can telework to partially resolve the conflict, but need care while they telework

A true back up care model would support the emergency preparedness efforts on NIH in having a back-up plan for dependent care during Code Red situations for employees who have to work.

NIH runs the risk of not having critical employees available during inclement weather, Code Red situations and for other important NIH operations when they do not have emergency Back -up Care available to them for their children and elderly parents. Employees must balance work and home in these unaccounted for situations and having a system in place in advance assures the employees attendance and full attention to their work. Unfortunately, when faced with unexpected emergencies, such as a mildly ill child, an elderly parent needing attention, a recuperating spouse, or a no-show nanny, most employees will stay home to take care of their dependent. More and more businesses are realizing that by helping employees when child care arrangements break down or children are ill, they reduce unscheduled absences and create savings for their organization. Some employers subsidize a portion of the cost of backup care for their employees. Sometimes companies sponsor arrangements by setting aside backup child care slots in the community, having a program at the worksite, or providing a service to come into an employee's home.

The NIH Child Care Board proposes a three year Back-up Care pilot initiative to test the usage, availability and work/life balance benefits to NIH. In each of the 2001, 2005 NIH wide surveys and the 2008 NIH Child Care need assessments (<http://does.ors.od.nih.gov/childcare/studies.htm>), employees and fellows indicated a need for Back-up Child Care. In 2008 and 2009, The Women in Biomedical Careers Group and the Clinical Center Fellows, indicated having a Back-up Care system in place for employees would assist them in the retention and recruitment of top scientists. The pilot initiative would incorporate Back-up Child Care and Elder/Dependent Care for the entire NIH community (D.C. Metro).

Several academic and research organizations such as the University of Pennsylvania, Virginia Commonwealth University, and Brown University have Back-up Care services for their employees. They use a nationally recognized organization to run the program for them. It is available for full time faculty in most cases. Currently, the Securities and Exchange Commission is the only Federal organization with a full Back-up Care program. The Department of Treasury and the Office of Personnel Management have a limited Back-up Child Care option for their employees.

Backup care has always been an issue for working families, and having a backup plan benefit can provide greater peace of mind, higher productivity, less absenteeism and greater employee loyalty to NIH for anyone with young children or who cares for a family member.

NIH Child Care Accomplishments 2008-2009

In 2008-2009, the NIH Child Care Program served parents and children through an array of services to include, high quality Child Care, Parent Support Services and Resource and Referral. The NIH Child Care Programs supported the following successful services and opportunities for employees with children:

- Provided an Interactive Parent Listserve on which 1000 members share information and resources about children, child development, child health and everything related to raising children via an electronic “community of NIH parents”.
- Provided “Ask the Parenting Specialist” events which provided “mini” personal consultation on specific parenting issues in an informal lunchtime settings. There were 4 Sessions in 2009. 225 parents asked for information. 68 Parents had individual sessions with the Specialist.
- Provided Parent Education Support – Child Development and Child Health Education Webinars that parents may “attend” on their lunch break or at their desk, often delivered by local child development and education specialists, occurred 10 times in 2009. 1,466 + parents participated in these web-based seminars.
- An Annual Parenting Festival was held on April 22, 2009 that showcased the resources and research at the NIH that focuses on child health and parenting from a variety of NIH Institutes. 200 employees and 50 presenters participated.
- Provided 5 Camp Fair events where 400 parents attended and received materials. An additional 728 Camp guides were distributed electronically to employees who requested them.
- NIH Federal Child Care Subsidy Program which provides child care tuition assistance to lower income NIH Federal employees. As of October 2009, there are 138 families enrolled in the Subsidy program and 188 children receiving Subsidy.

The History of the NIH Child Care Programs and Services

The following chart depicts the evolution of NIH Child Care Programs and Services.

1990's	2003	2005	2009
NIH Day Care Oversight Board	NIH Child Care Board	NIH Child Care Board- 12 voting members	NIH Child Care Board-12 voting members with organizational liaisons
POPI in Bldg 35, serving 65 children	POPI in Bldg 64, serving 143 children	POPI in Bldg 64, serving 153 children	POPI in Bldg 64, serving 153 children- serving increased numbers of infants and toddlers
ChildKind in T-46, serving 33 children-moved in new modular unit	ChildKind in T-46, serving 33 children	ChildKind in T-46, serving 33 children	ChildKind in T-46, serving 33 children
ECDC on Executive Blvd., serving 220	ECDC on Executive Blvd., serving 262	ECDC on Executive Blvd., serving 262	ECDC on Executive Blvd., serving 262
	Centralized Waiting List Management	Centralized Wait list Management- 900 children	Centralized Wait List Management 1,200 children
	NIH Child Care Programs Manager Position in ORS	NIH Child Care Programs Manager Position in ORS	NIH Child Care Programs Manager Position & Quality Assurance Specialist Positions in ORS
	NIH Parenting LISTSERV – 50 subscribers	NIH Parenting LISTSERV- 500 subscribers	NIH Parenting LISTSERV- 1010 subscribers
		NIH Child Care Subsidy PILOT- 50 employees served	NIH Child Care Subsidy Program funded \$300,000: 109 employees/ 125 children
		Expanded the Annual Parenting Festival	Outreach Parenting Resources- Summer Camp Fairs, 7 th Annual Parenting Festival, Parenting Seminars, Ask the Parenting Specialist