



# Annual Report on NIH Child Care



**2009-2010**

*September 2010*

# NIH Child Care Board

## 2010 Annual Report

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Children engage in a science activity at the NIH East Child Care

## Mission

The NIH Child Care Board recognizes that the quality of scientific research at the National Institutes of Health (NIH) is a direct result of the quality of the workforce. Employer-sponsored child care and related support systems are critical to organizations that wish to attract and maintain a highly efficient and increasingly diverse workforce.

The productivity and performance of parents and guardians in the workforce are enhanced when their children are in quality care, and children thrive when they are nurtured in a safe and appropriate environment. The entire NIH workforce benefits from the stable child care arrangements of working parents.

The mission of the NIH Child Care Board is to promote affordable, accessible, and quality child care related services for all NIH employees. The NIH Child Care Board advises the NIH Director and leadership regarding child care programs, services, and issues that affect and enhance the NIH workforce.



## NIH Child Care Board Membership

The NIH Child Care Board Voting members are NIH Federal employees who are appointed to the Board by the NIH leadership. The Board members are specifically chosen to represent the diversity of the NIH community and workforce.

### Voting Members 2009-2010

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



Board members participate in the 2010 NIH Parenting Festival

### Ex-Officio Members

Mr. Conrad Farina, Office of Research Facilities  
Dr. Nicole Gormley, Clinical Fellows  
Dr. Joslyn Kravitz, OD/NIH Working Group on Women in Biomedical Careers  
Dr. Adam Lee, FELCOM  
Ms. Dona McNeill, NIEHS  
Dr. James Pickel, NIH Staff Scientists  
Ms. Mary Ellen Savarese, Office of Research Services  
Ms. Bea Curl, Office of Research Services

### NIH Child Care 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.

## NIH Child Care Board – A Year in Review

In 2010, the NIH Child Care Board’s accomplishments include advancing and developing new programs that support NIH’s goals of hiring and retaining employees and improving employee productivity and morale. Specifically, the Board:

- Provided specific recommendations and worked directly with ORF to increase NIH child care spaces by supporting construction of the Northwest Child Care Center.
- Identified and recommended specific changes to the NIH Child Care Subsidy program to better serve the NIH community and become competitive with other Federal agencies and local competitors.
- Developed and proposed a pilot Child and Dependent Back-Up Care Program to help NIH ensure continuity of operations on a day-to-day basis as well as in times of crisis.
- Created and distributed “the NIH Parent Resource Packet”--a comprehensive resource with information about NIH services and programs related to child care and work-family balance (See Appendix C).
- Sponsored the 8<sup>th</sup> Annual Parenting Festival in April, attended by 280 participants. Participants interacted with staff from 11 NIH Institutes and 11 NIH Services, and received information and educational materials on topics ranging from preventing childhood obesity, to protecting their child’s hearing to promoting science education in schools.

We’ve worked closely with the NIH Working Group on Women in Biomedical Careers and programs that assist families (for example, the Nursing Mother’s Program, the Office of Human Resources, and Employee Assistance Program) to advance NIH’s ability to be a supportive environment for working parents and guardians, and remain a competitive employer.



2010 NIH Parenting Festival – Car Seat Safety Exhibit

Other NIH child care initiatives supported the NIH Community in 2010 through an array of services including high quality child care centers, parent support services, and the Resource and Referral Service. The NIH Child Care Program office and the NIH Child Care Board supported the following services and opportunities for employees with children:

- Interactive Parent Listserve on which 1,121 members share information and resources about children, child development, child health and everything related to raising children via an electronic “community of NIH parents.”
- “Ask the Parenting Specialist” events which provided “mini” personal consultation on specific parenting issues in an informal lunchtime setting. There were four sessions in 2010.
- Parent Education Support – Child Development and Child Health Education Seminars that parents may attend on their lunch break or at their desk, often delivered by local child development and education specialists. These occurred seven times in 2009-2010 with 1,750 employees viewing these web-based seminars.
- Four Camp Information Fair events which were attended by 426 parents who received the 2010 Camp Guide in person. An additional 1,111 Camp Guides were distributed electronically to employees upon request.
- NIH Federal Child Care Subsidy Program, which provides child care tuition assistance to lower income NIH Federal employees. As of August 2010, there were 130 families enrolled in the Subsidy program and a cumulative total of 163 children benefited from tuition subsidy.



2010 NIH Parenting Festival

# Recommendations

The NIH Child Care Board takes its role as an advisor to the NIH leadership seriously. The Board is compelled to reiterate and expand on several ongoing recommendations to improve the productivity and work performance of parents and guardians in the NIH workforce and enable all employees to contribute to the NIH mission. Employer sponsored child care and related support services are critical to organizations that wish to recruit and retain a highly efficient and increasingly diverse workforce. NIH can—and should—better address employee child care needs to be competitive with other Federal agencies and local competitors in attracting high quality employees and to enable employees to maximize their ability to advance the NIH mission. Specifically, the Board recommends that NIH act to address the following needs:

- **Increase Capacity of NIH Sponsored Child Care Spaces**
- **Increase the Funding for the NIH Child Care Subsidy Program**
- **Implement a Pilot Back-up Child and Dependent Care Program Initiative**
- **Address Dependent Care Issues of NIH Employees**

## **Increase Capacity of NIH Sponsored Child Care Spaces**

**Northwest Child Care Center** - NIH should begin construction of the Northwest Child Care Center as soon as possible. The NIH Child Care Board is disappointed that the process for the new facility is taking as long as it has. The demand for child care in the NIH sponsored centers continues to greatly exceed supply. There are currently 1,153 children on the waiting list for care in the NIH Child Care Centers, which have a combined capacity of 450 child care spaces. The three NIH Child Care Centers are filled to capacity. Although there was an extensive consolidation of the child care waiting list this spring, it continues to grow, particularly for infants and young children. For example, sixty-six infants were added to the NIH child care waiting list this April.

Employees expressed that proximate and reliable child care maximizes the time they can work, increases their morale, and enhances their 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 (Trible Amendment), 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 through the General Services Administration, building our own facilities, or procuring services through Use Agreements. Quality and accessible child care, both on and off campus, is a key recruitment and retention tool for NIH.

## **Increase Funding for the NIH Child Care Subsidy Program**

*“NIH takes care of their employees and offers such great assistance with the Child Care Subsidy program...because of that I do not want to work anywhere else!”*

*~ OD Employee, GS 6*

The NIH Child Care Subsidy Program serves those NIH Federal employees who have lower total household incomes, an obstacle to obtaining reliable and quality child care. The NIH Child Care Board recommends that an additional \$240,000 be allocated to the NIH Child Care Subsidy Program to meet increased demand and adjust eligibility and reimbursement rates for the first time since 2005. Specific recommendations include the following:

- 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 the actual cost of child care.
- Expanding the program to serve up to 40 additional employees.

In May 2010, the number of qualified applicants for the NIH Child Care Subsidy program exceeded the capacity of the program (all 2010 funds had been allocated ) and new enrollees were placed on a waiting list that is managed on a “one out and one in”/ first come first serve basis. Three main factors led to depletion of the program budget at a rate much faster than expected:

- There was a 14% increase in parent participation at the end of FY 2009 that continued through FY 2010.
- The proportion of NIH employees in the lowest income bracket participating in the program increased. This resulted in higher amounts of subsidy being distributed because they were eligible for higher levels of support.
- The cost of child care costs in Montgomery County and the surrounding area increased from an average of \$753 per month in FY09 to an average of \$778 per month in FY10.

The NIH Subsidy program is of great value to NIH employees are eligible because it provides access to reliable licensed child care and thus enables them to focus on work. (See Appendix A for NIH employee comments).



## **Implement a Back-up Child and Dependent Care Program Pilot Initiative**

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. The Board joins the NIH Working Group on Women in Biomedical Careers, the Clinical Center, the NIH Fellows Committee, and the Clinical Fellows in supporting the establishment of a pilot program for back-up child and dependent care for NIH employees.

The need for reliable and consistent child and dependent back-up care for NIH employees was clearly demonstrated this past February during the Blizzards. Although the government was closed, Code Red and other employees in critical roles were required to work because of the nature of their specific scientific research, grant responsibilities or patient care. The Child Care Board heard from several employees who experienced significant challenges meeting work expectations without access to usual child care arrangements (e.g. schools and centers were closed, caretakers were unable to get to children). A reliable back-up care program would have insured these employees had options and access to child care.

The Board recommends that a Back-up Care program be obtained through a contract with a private service provider to 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. The Back-up Dependent Care Pilot Program would require at least a three year commitment by NIH in order to collect data on usage and ascertain definitively that this program is of value to NIH workforce as anticipated. The pilot initiative would cost approximately \$275,000 annually to offer this option to 20,000 NIH staff. Detailed information is provided in Appendix B.

## **Address All Dependent Care Issues of NIH Employees**

The Board has experienced a steady and significant increase in demand for information and services related to dependent and family care beyond child care over the past few years in queries from employees, responses to the needs assessments we have conducted, and our research into Back-Up Care. Though there is overlap between child care and other dependent care needs of employees, particularly in terms of the growing population of employees with aging parents who still have young children at home, satisfactorily addressing the dependent care needs of employees not directly related to child care is beyond the scope of the Board. In previous years, the NIH Work/Life Center addressed some of these needs, but it has recently shifted its focus away from work/family issues.

The Board recommends that the NIH identify or create a group to address needs related to all aspects of dependent care. Because of the overlap in several issues--need for care during working hours, a need for back-up care, and concerns with safe and quality services--the Board would be a good resource and model for NIH to use in the development of Dependent Care support for the NIH community and the Board is happy to be actively involved in establishing a formal group with which we could partner.

# NIH Child Care Board Strategic Plan 2010-2011

The NIH Child Care Board has identified several priority areas of focus in 2010-2011 to address the ongoing needs for child care and family services at NIH. The Child Care Board accepted and approved the Strategic Planning Committee's recommendation for the 2010-2011 work plan as follows:

- **Child Care Subsidy** - Pursue increased funding for the NIH Child Care Subsidy Program and raise the total adjusted household income to become competitive with other federal agencies and meet demand. Continue to monitor the program.
- **Back-up Care** –Facilitate the establishment and implementation of a Back-up Child Care Pilot program by demonstrating the value of this service to NIH, exploring innovative alternatives for back-up care, and making specific recommendations to NIH.
- **Northwest Child Care Center** – Address needs arising from the ground breaking and construction in FY 2011.
- **Workforce planning issues** – Elevate the importance of child care as a critical need for workforce planning.
- **Child Care for Essential Personnel** – Encourage discussion of this by NIH leadership as a critical need for continuity of operations and study the impact of recruitment and retention.
- **Dependent Care** – Engage ORS and other relevant offices at NIH in the creation of a group dedicated to addressing issues related to Dependent Care for the NIH Community.
- **NCI move** – Support NCI in investigating child care resources for employees for the new NCI campus.
- **Leave bank** – Support expansion of the leave bank pilot program.
- **Outreach** – Cultivate working relationships with other organizations and groups at NIH who actively support child care.
- **Work schedule flexibility** – Encourage the NIH leadership to support and expand telework and alternate work schedules for parents. Inform workforce of existing work flexibility.
- **NIH Child Care Board Charter** – The NIH Child Board Charter expires in August 2011. Revise & review Charter as needed and submit for review prior to that date..
- **Increase Capacity of NIH Sponsored Child Care Spaces** – Explore alternative child care space options.



## Appendix A

### NIH Employee Comments – Child Care Subsidy Program

*I am the sole financial provider for my husband, my son, and myself. I moved to Maryland in 2008 for a job here at the NIH. I was not aware of the cost of living difference between PA and MD. As you can imagine, it was difficult for me to keep myself and my husband afloat and how was I ever going to be able to afford daycare. During most of my pregnancy, for months, all I did was re-work my finances over and over again to see what I could scrounge up for daycare out of the already empty bank account. I looked everywhere for help even the state department and everyone said the same thing I “made too much” so I didn’t qualify for any government programs like reduced daycare costs. In March 2009, I applied for a new position that paid more but I was still \$200 short per month for daycare (and that was after I cut the cable, internet, etc. Basically anything that was not a necessity) so I finally admitted that I just couldn’t afford daycare costs of \$1000/mo. I was planning on resigning and going back to my family in PA because I just couldn’t afford daycare costs of \$250/wk which is the going rate for a family provider (not a daycare center which is much more expensive). That is until I got an email one day stating that NIH had a child care subsidy program. My prayers had been answered!!! I applied and got accepted. Thank you Thank you Thank you Thank you!!!! I cannot tell you enough how grateful I am and what a blessing it is to have this program for those parents out there that are in the same boat I am. I don’t know where I would be without the subsidy program except for back home missing my job here.*

*Thank you!!*

**CC – GS 7**

*This is my first time using NIH Child Care Subsidy program but I feel that the program has helped me out tremendously. I am a single mother of a 14month old daughter and it is hard to pay everything by yourself especially childcare even having a great federal government job. I found the NIH child care program was there when I need it, when I was coming back to work and I found child care for my daughter the NIH vouchers came to my daughter’s child care provider in a timely manner. I feel that everything was expedited accurately and when it was time for me to go back to work I knew that I could rely on NIH Child Care Subsidy program to help with my child care which is a major expense. I am thankful for everyone that helps make this program what it is today and I hope NIH continues to provide funds for this program.*

*Thank you*

**OD GS-7**

**NIH Employee Comments – Child Care Subsidy Program**  
**Appendix B continued**

*I can't tell you just how much the NIH Child Care Subsidy program has helped me. I am a single mother and learned of the program while I was going through my divorce 3 years ago. I have a precocious 4.5 year old girl who at that time needed daycare desperately, or I couldn't work. My ex had no job and was taking me to court in an attempt for alimony, custody and child support. Needless to say the lawyer bills were high and I was lucky to be able to live with my parents for 8 months to defray the costs. After the judge settled the case, where we had joint custody with me being the primary custodian, I still have the issue of not receiving much child support as my ex took the lowest and now state workman's disability to avoid paying. In the beginning as I'm sure you know childcare for an 18 month old is ~\$250 per week, that's \$1083 a month. That is what I took home in one paycheck. Even now it is \$190 per week and I am looking forward to her starting school next year to lessen the cost of daycare. I make enough not to be able to qualify for aid from the state WIC or HA but obviously if you look at the cost of living it is impossible to rent an apartment, pay utilities, maintain a car, buy clothes and put food on the table for \$1100 a month. I live in Prince George's County and must commute via car to NIH in order to drop-off/pick-up my daughter from daycare within their hours of operation. Your program has helped me greatly and I hope the ?Congress? will budget more funds to the NIH Child Care Board in support of this program. As I stated without your program I probably would have had to quit my job, I've been a federal employee since 1992, and tried to get state aid by essentially becoming homeless. My parents are now retired and moving to another state. They are the only close family I have. Without anyone else to turn to I shudder to think what can happen without the 40% subsidy you provide.*

**NIDDK – GS 8**

*The NIH Child Care Subsidy Program is a wonderful program; it has made a positive impact in my life. When I first learned about NIH Child Care Subsidy Program; I was going through a divorce and needed child care for my 18 months old son. I didn't know how I was going make it financially, but fortunately, I was informed by a co-worker about the program. I was so blessed and relieved when I got accepted in the program. It made things much easier in my life, my son was able to attend a good day care near my home and it was very convenient for me to get him there and get to work on time. It has been a blessing in my life, being a single parent and trying make ends meet. I'm grateful that NIH has this program to help someone like me.*

**CSR- GS 9**

*Thank you so much to you and your team who work hard on ensuring that there is sufficient funding for us who are already enrolled in this excellent program. This program has been a tremendous help to me as a single mom. I find this program to be one of the most attractive benefits NIH offers their employees and I am grateful for it, especially in the financial crisis our economy is in. I am not sure how I would manage financially without the support of this program, so again, thank you.*

**NIA- GS 7**

**NIH Employee Comments – Child Care Subsidy Program  
Appendix B continued**

*Thankful, Thankful, Thankful! Is All that needs to be said!*  
**OD-GS 7**

*I am a single mom and the cost of before and aftercare, as well as summer camp, for my son was astronomical. Summer camp alone was over \$1,500, and my son's current school year before and aftercare costs are \$439. With the assistance of the NIH Child Care subsidy program, I am better able to provide for basic needs for my child. I can't even begin to tell you how thankful I am for this program, as well as the extent of the difference it's made in my life.*  
**NCI-GS 9**

*The NIH Child Care Subsidy program has helped me a whole lot for my two sons. I want to thank NIH for the support.*  
**NCRR –GS 3**

*I feel the NIH Child Care Subsidy Program is one of the best things NIH could have ever done. It helps me to focus on my job, knowing my child is in premium child care. I could not I afford the premium child care without the subsidy no, I also feel my child has the best opportunity to succeed in life with the early start to education she is getting. With the Child Care Subsidy program, I can give my child a pre-kindergarten classroom setting that will let her get a head start on her education. The NIH Child Care Subsidy Program is a Godsend and I don't know what I would do without it.*  
**NIAMS- GS 7**

*The NIH Child Care Subsidy Program has been a tremendous blessing for me and my children. This program has helped me with paying for the care of my children and has helped ease the worries and burdens associated with paying for daycare!! I would like to take the time to say "Thank You".*  
**NLM/NCBI – GS 8**

*I personally think that the NIH Child Care Subsidy Program is a great program to help single Federal employee mothers such as myself. The Subsidy staff at FEEA have been a wonderful and very professional in their help to me. They have helped me navigate through the process of obtaining my invoice payments. What a fabulous service this is. Thank you!*  
**FIC/OD –GS 7**

**NIH Employee Comments – Child Care Subsidy Program  
Appendix B continued**

*The NIH Child Care Subsidy has given me the additional funding that I needed to make payments towards the Before and Aftercare program that my daughter attends which allowed me to get to work as scheduled. This subsidy was truly helpful to me and I hope it continues to serve NIH employees such as myself. Thank you!*

**NIAID-GS 7**

*I have found the NIH Child Care Subsidy program to be a lifesaver. Without it I am not sure how we would have managed with the childcare costs being as high as they are. Furthermore, the Subsidy staff from FEEA have been the most helpful and patient people to work with. They provide superb customer service!*

*Thank you!*

**DIR/FIC GS 8**



Children at the East Child Care Center prepare their garden

# Appendix B

## Back-up Child and Dependent Care

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 NIH Working Group on Women in Biomedical Careers and the Clinical Center Fellows, indicated that 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).

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*. Back-up care supplements the regular child /dependent care but does not replace it. 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

The options and convenience offered under the Back-Up Care Pilot program will serve to improve employee attendance and work performance, as it anticipates and responds to changing employee demographics. It is a recognized business practice to support employees to better balance work and home life demands in order to achieve agency mission objectives. A true back up care model would support many of the emergency preparedness efforts on NIH by having a back-up plan for dependent care during Code Red situations for employees who have to work.

The Child Care Board proposes NIH implement a three-year Pilot Back-up Care program to support up to 20,000 employees. Initially, the pilot program will be available for employees at the Bethesda/Rockville location and could expand to support the NIH programs in North Carolina, Montana and in Arizona. The pilot program will be contracted through a qualified private Back-up Care service provider.

Employees needing last minute child/elder care would be able to call a centralized office where they would be referred to a designated licensed child/elder care provider, a child care center, or to an in home child/elder care provider. The employee would be responsible for the daily fee and any late fees accrued. The hourly rates range from \$6.00-\$15.00 per hour depending on the type of care. NIH would support the administrative cost of a back-up care program for the employees.

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



**The Dream...**



# Appendix C

## NIH Parent Resource Packet