Annual Report
of the
NIH Child Care Board

2016-2017

TO: Francis S. Collins, M.D., Ph.D., NIH Director
           Lawrence A. Tabak, D.S.S., Ph.D., NIH Principal Deputy Director

FROM: Reaya Reuss, Chair, NIH Child Care Board 2016-2017

SUBJECT: 2016-2017 Annual Report of the NIH Child Care Board

Dear Dr. Collins:

I am pleased to present the 2016-2017 NIH Child Care Board Annual Report. It reflects the activities and accomplishments of the NIH Child Care Board over the past year.

The NIH Child Care Board recognizes that the quality of scientific research at NIH is a direct result of the quality of our workforce. The entire NIH benefits from the stable child care arrangements of working parents. The Board is committed to supporting the NIH mission by serving as an advocate for affordable, accessible, and quality child care and related services for the NIH community. We advise you and other NIH leadership on policies, programs and services that facilitate work-life balance, thereby aiding the recruitment, productivity, and retention of top scientific and administrative talent.

It has been an exciting year for the NIH Child and Family Programs. Construction of the long-anticipated Northwest Child Care Center has been completed and NIH staff parents and children are now enjoying a state-of-the-art facility. The Board thanks you for continued support to bring this new facility to fruition, and help meet the high demand for NIH-sponsored child care spaces.

However, there is much work remaining to be done. The waitlist for NIH-sponsored child care spaces continues to far outpace capacity, even with the new Center opening. Certain employee populations are still not able to access all Child and Family programs and services, either due to FTE status (e.g., fellows and contractors) or because of work location (e.g., North Carolina, Montana, or Baltimore). New programs are needed to meet the changing dynamics of the NIH workforce, such as alternate work schedules, expanding telework usage, and dispersed work sites even in the local commuting region.

In order to address these and other needs, the Board makes three specific recommendations to improve the current Child and Family Program services and policies at the NIH.

1) Continue ALL current support and programming provided through the ORS Child and Family Programs, and encourage ORS to continue working with the Child Care Board to develop and implement new or expanded programs.

2) Enhance the NIH Backup Care Program by modifying the program contract to allow unlimited use-instances by NIH employees. With such an expansion, the program could be made available to the entire NIH workforce, including research fellows, contractors, grant reviewers and visiting scientists.

3) Continue to support the newly formed Aging and Adult Dependent Care Committee (AADCC), which branched off of the NIH Child Care Board. The AADCC provides specific attention to programs that aid employees with elder, aging, and adult-dependent care needs.

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

Sincerely,

Andree "Reaya" Reuss, M.S.
Chair, NIH Child Care Board

Attachment: 2016-2017 NIH Child Care Board Annual Report

cc:
Dr. Alfred C. Johnson
Mr. Timothy J. Tosten
Ms. Susan Cook

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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 child care-related services for the NIH community. The Board advises the NIH Director and other leadership regarding child care 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 the NIH's 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 child care and related support systems are critical to organizations that wish to attract and maintain a highly efficient and increasingly diverse workforce. The Board appreciates that the entire NIH workforce benefits from the stable child care arrangements of working parents and guardians.

NIH Child Care Board Membership

The NIH Child Care Board Membership is comprised of voting members, emeritus members, ex-officio members, and liaisons from the NIH child care centers and other employee groups. The voting members are NIH federal employees appointed to the Board by NIH leadership. The Board members are carefully chosen by a committee to represent a full range of careers and experience of the NIH community. This diverse group leverages their combined talents to address, research, and evaluate the child care and related needs of the NIH workforce.

VOTING MEMBERS 2016-2017

Ms. Reaya Reuss, NIAMS (Chair)
Ms. Deborah Coelho, OD/OHR (Vice-Chair)
Dr. Theresa Cruz, NICHD (Vice-Chair)
Dr. Andrew Bremer, NIDDK
Mr. Eric Cole, CC
Dr. Chao Jiang, NIAID
Ms. Olivia Kent, NIA
Dr. Suzanne Ryan, CSR
Ms. Erin Williams, NIA
Ms. Kate Winseck, OD
Ms. Christine Moretto Wishnoff, NCCIH
Dr. Richard Wyatt, OD/OIR

2016-2017 NIH Child Care Board Members

EMERITUS MEMBER

Ms. Heather Rogers, NIDDK
Dr. Sheri Schully, OD/ODP

EXECUTIVE SECRETARY

Ms. Tonya Lee, ORS

NIH GROUP LIAISONS

Dr. Kristin Dupre, NINDS, FELCOM
Dr. Kimberly LeBlanc, NIDDK, FELCOM
Dr. Blake Warner, NIDCR, Clinical Fellows
Ms. Eva Chen, OD/EAP
Mr. Ivan Locke, OD/ORF
Ms. Susan Cook, OD/ORS
Mr. Russell Mason, OD/ORS

NIH CHILD CARE CENTER LIAISONS

Ms. Jaydah Wilson, Director, ChildKind, Inc.
Ms. Christina Segura, Director, Parents of Preschoolers, Inc.
Ms. Anne Schmitz, Director, Executive Child Development Center, Inc.
Mr. Ed Kang, NIEHS, First Environments Early Learning Center

Northwest Child Care Center

On June 1, 2017, we rang the bell in celebration of the completion of the NIH Northwest Child Care Center and formally celebrated the opening of the new campus child care center.

The state-of-the-art one-story facility has 14 classrooms designed to serve 170 children from six weeks to six years in bright and beautiful classrooms. Each room opens to age appropriate play areas and the center is constructed and landscaped to complement the nearby campus buildings and proximity to the campus forest area.

Infant Classroom

Toddler Playground

The desire for a LEED certified building dictated several design and construction features, including water pervious surfaces for walkways, driveways, and play areas. A "green roof" also supports water conservation and energy efficiency.

The safety of the children was a major consideration and this facility meets all new safety and security standards for construction and operation on the NIH campus.

In fact, the Northwest Child Care Center (NWCCC) has been included in the NIH Master Plan since the 1990's and the site on the north side of campus was chosen to complement the East Child Care Center, Building 64, which opened in 2001.

Planning for the facility began in 2003 when the Office of Research Services (ORS), in coordination with the Office of Research Facilities (ORF), convened a design and program team to consider the needs of NIH families and the constraints of the identified site. The NIH Child Care Board was actively involved in the early planning and realized that the construction of a child care center, no matter how much needed, would depend on making a strong case for a capital funding request for NIH leadership.

Northwest Child Care Center

The Child Care Board, working with the ORS Child Care Program Manager, identified specific data that would support this request and for several years included this information and the benefits of on-site child care for employees in every Annual Board Report to the NIH Director.

In 2006, the Child Care Board was notified by the NIH Director, Dr. Elias Zerhouni that the construction request would be under consideration for the FY 2009 request to Congress. In 2008, Dr. Zerhouni sent a strong message to all NIH managers regarding the importance of work-life balance and the need to support families with young children based on information provided by the Board.

Although Dr. Zerhouni left the NIH in 2009, the Acting NIH Director, Dr. Raynard Kington, did include the capital request for a campus child care center in the FY 2010 budget and it was approved for FY 2010. Dr. Kington thanked the Child Care Board for the extensive explanation of the need and the documentation of demand, which supported his request to OMB.

Over the next four years, the Board was invited to participate in discussion regarding facility design and operation. Much of the original plan for the center needed to be modified due to changes in federal security requirements for building on federal property. The construction of the child care center was also delayed by the need for NIH to complete other campus research facilities prior to beginning a new project.

During this time, the Board was informed of all planning and actions related to the child care facility and was thrilled to attend a ground breaking ceremony and have regular construction updates by the ORF Project Manager.

In fall 2016, members of the Child Care Board participated in the selection of a private child care provider for the program operation. The provider selected was Rockville Day Care Association, Incorporated (RDCA). (See Appendix A: RDCA-NWCCC Program Brochure) Fortunately, the new provider organization was willing and able to incorporate many of the families and staff from the T-46 child care center
into the new organization.

The Child Care Board toured the finished facility on June 1, 2017 and care for children in the facility began on June 26, 2017.

The Child Care Board is very proud of the role played in advocating for and planning of the Northwest Child Care Center at NIH. (See Appendix B: NWCCC Additional Photos.)

NIH Child Care Board Members
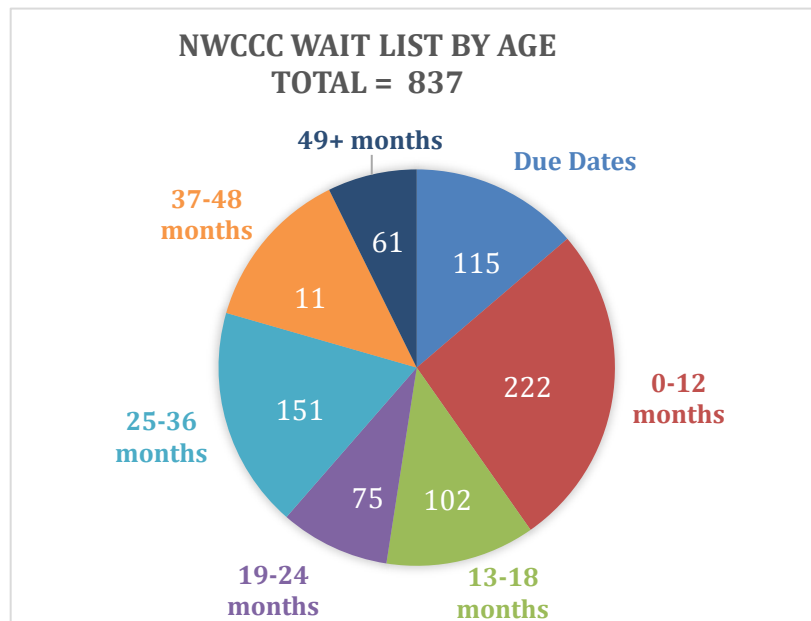*Ribbon Cutting Ceremony*

NIH Wait List

One of the greatest child care concerns for NIH families is the limited availability of child care spaces in NIH-sponsored child care centers. The Office of Research Services has contracted with LifeWork Strategies to maintain a centralized waiting list for the three NIH-sponsored child care centers located in Montgomery County, Maryland.

The NIH Child Care Board Wait List Committee evaluates data, policies, and procedures and makes recommendations to improve the efficiency, transparency and equity of the wait list. With the construction of the Northwest Child Care Center (NWCCC), which opened in June 2017, the Waitlist Committee provided recommendations on incorporating the Building 23 NWCCC into the current wait list system and the closure of the T-46 ChildKind program and wait list. In November 2016, those currently on the NIH Child Care Wait List were given the option to "opt-in" to the NWCCC waitlist. They could add NWCCC as a center to their current list for care, and keep their current date of application and date of desired enrollment. Of 731 families that received the opt-in email, 539 opted in, 60 opted-out, and 132 did not respond.

On December 5, 2016, the NWCCC was added to the general on-line Wait List Registration and was opened to the full NIH community. On January 23, 2017, the ChildKind Center was removed from the online system in anticipation of the ChildKind children being incorporated into the NWCCC in June 2017.

In March 2017, NWCCC Wait List families received an email updating them on the status of the NWCCC. The children at ChildKind officially moved to the NWCCC in June 2017.

As of July 28, 2017, there are 1,056 children on the NIH Child Care Waitlist. Of those, 837 are interested in care at the NWCCC (**Figure 1**).

Figure 1: NWCCC Wait List by Age

As of August 21, 2017, the NWCCC has opened 7 of the 14 classrooms and 71 children are receiving care. Additional classrooms will open once qualified staff are hired and the Maryland State Department of Education Office of Child Care licenses the new rooms. October 1, 2017 is the target date for full capacity. At full capacity, the NWCCC will have enrolled approximately 15 percent of the NIH Wait List.

During the upcoming Board year, the Wait List Committee will analyze data on the effect of the NWCCC center opening on NIH Wait List. The Wait List Committee will:

1) Review the impact of opening the NWCCC on the NIH Wait List; and
2) Assist in the review of current database, reports, and process to determine if policy changes are needed.

Aging and Adult Dependent Care

The Aging and Adult Dependent Care Committee (AADCC) has had a very productive year. The subcommittee of the NIH Child Care Board has been established as an independent chartered committee. The AADCC Charter was signed on December 12, 2016 by the Office of Research Services Acting Director. (See Appendix C: Aging and Adult Dependent Care Committee Charter.) The Charter gives the committee three years (January 1, 2017 – December 31, 2019) to fulfill its purpose:

- To promote aging and adult-dependent care resources, information, and related services that are provided to the NIH workforce by the Office of Research Services (ORS);
- To research and recommend effective actions that meet the needs of the diverse NIH workforce, in collaboration with the ORS Division of Amenities and Transportation Services, Child and Family Programs; and
- To report to the ORS Director regarding aging, adult-dependent, and elder care programs and policies in support of the NIH Mission.

The AADCC has already made great strides in tackling their action items. The AADCC and ORS sponsored the NIH Adult Dependent and Elder Care Information and Resource Fair as part of Safety Health and Wellness Day on June 28, 2017. There were over 600 participants.

The AADCC created a webpage on the NIH Child and Family Programs website to group aging and adult dependent care resources and highlight the committee's activities.

The AADCC has also invited community agencies/organizations who provide a variety of services to target populations to speak to the committee and guests.

The ADDCC has identified liaisons from the following NIH groups to assist in the work of the committee: NIH Child Care Board, Health and Wellness Council, Office of Human Resources, and the National Institute on Aging.

The AADCC was established in response to the 2012 Life@NIH Survey and the NIH Child Care Board's commitment to assist with the assessment of adult/elder care needs, as charged by Ms. Colleen Barros. The NIH Child Care Board recommends continued support of the now independent Aging and Adult Dependent Care Committee (AADCC).

Aging and Adult Dependent Care Marketing Image

NIH Back-up Care

The purpose of the NIH Back-Up Care program is to assist the diverse NIH workforce with the competing demands of work and family responsibilities. The program provides options for short-term care services – either center-based or in-home care – for employees' child and adult/elderly dependents when regular care arrangements are not available. The program can also aid with self-care, such as when the employee is ill or injured. Services can be provided at home, or at other locations across the United States.

Given the success of a pilot program launched in 2012, in 2014, NIH leadership secured funds to establish the Back-Up Care Program as an ongoing program. Bright Horizons was selected to serve as the contractor. The first year of the five-year contract began in October 2014 and went through September 2015. The second year of the contract was completed in September 2016.

The contract currently allows for NIH to have 400 care uses per year, and the program is available to NIH federal employees only. Federal employees are eligible to use up to ten days of care per year, with center-based care costing $6/hour and in-home care costing $16/hour. NIH does not pay for the actual costs of care, but rather for the contract that allows employees to have access to the back-up care provider's care network. In addition, registered NIH federal employees can utilize the Bright Horizon's *Family Matters* online resource room, which provides tips and strategies for parents and caregivers across a variety of family care and educational topics. A webinar series offering expert information across a range of topics is also available.

During the 2016-2017 NIH Child Care Board year, the Back-Up Care Committee met with the Bright Horizons program manager and evaluated data about program utilization during the second contract year to identify patterns of usage.
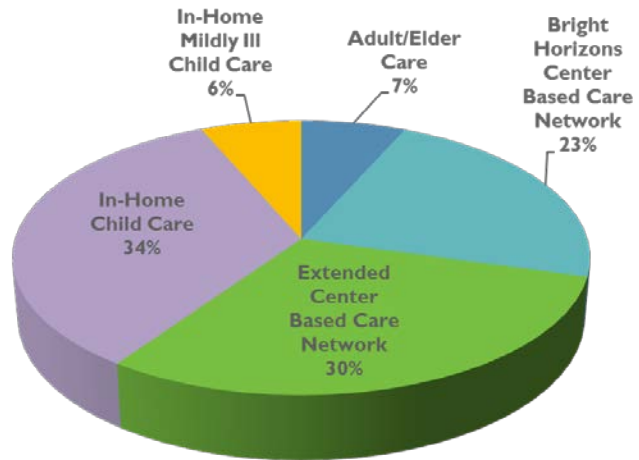
Key Findings

Registered Users: As of September 2016 (end of the second contract year), a total of 1,327 NIH employees had registered for the program, for the potential care of 2,078 dependents. This represents a 28 percent increase in registered employees and a 27 percent increase in registered care-recipients compared to the first year of the contract. Of the registered dependents, 230 were adults/elders and 1,848 were children.

Overall Usage: NIH employees used 353 of the 400 utilizations for which NIH is contracted, yielding a utilization rate of 88 percent, with an average of 29 uses per month. Usage is highest in July and August, likely reflecting the time when in-home caregivers take vacations and the lack of summer camps offered at the end of the season. It is important to note that the high utilization in August may increase in 2017 due to the later school start date mandated by the Maryland State Department of Education.
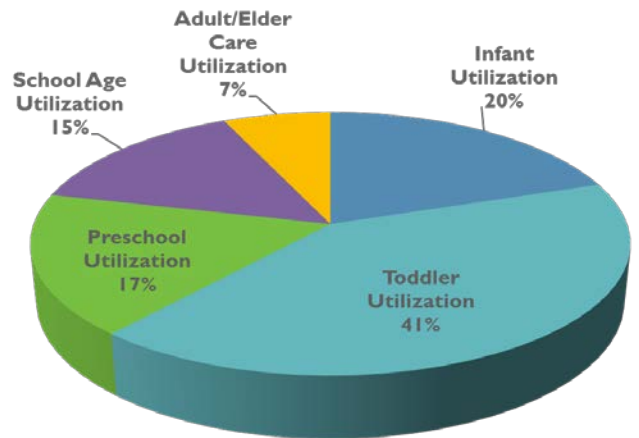
Type of Care Used: During the second contract year, 53 percent of uses were for center-based care, 34 percent were for in-home care of well children, and 6 percent were for in-home care of mildly ill children (**Figure 2**).
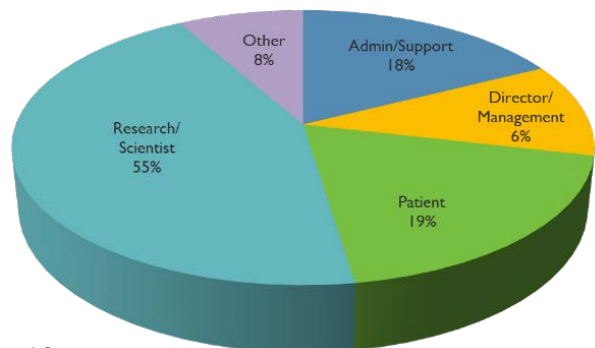

Figure 2. Types of Care Used

Importantly, 7 percent of all uses was for adult care. This is a seven-fold increase from the prior contract year, when only 1 percent of all care was for adults. Across age groups, the program was most often used for the care of toddlers (41 percent) (**Figure 3**).

Figure 3. Age of Care Recipient

Usage by Job Type: Across NIH employee job categories, Researchers and Scientists represented the majority of uses at 55 percent. Usage among other job categories was much lower: 19 percent by Patient Care personnel, 18 percent by Administration/Support personnel, and 6 percent by Director/Management personnel (**Figure 4**).

Figure 4. Usage by Job Types

Value of the Program: A total of 337 employee absentee days were saved due to the availability of the Back-Up Care program. Based on surveys of the program users, 100 percent of survey respondents said they would have missed work without the program. Ninety-seven percent of respondents said the program enhanced their productivity, 91 percent would recommend the program to a co-worker, and 92 percent were satisfied overall with the program.

Below are feedback from NIH employees that illustrate the value of the Back-Up Care program:
- *"This is a win-win program – it helps employee morale and productivity while reducing the time employees need to be absent from work."*
- *"Because of the availability of back-up care, I was able to continue my work, which includes patient care, with minimal interruption."*
- *"Running a research study, (without back-up care program) wouldn't have been able to finish the study and subjects were being paid to show up. Saved the Institute money because I showed up to complete the study."*

Recommendations
As shown by the data, the Back-Up Care program is being utilized at close to capacity and the value of the program to users and to NIH is very high. There has been a substantial increase in registered employees in a one-year period, and currently only federal workers are able to use the program.

We expect program utilization to increase as awareness of the program grows. This growth, coupled with the fact that the current program excludes the needs of most research fellows and other non-federal staff, suggests the need for expansion of the program, both in the number of uses and in the population able to access the program.

In order to ensure the program continues to meet the needs of the NIH community, the Back-Up Care Committee recommended that:
1) ORS explore the possibility of contracting for unlimited uses of the Back-Up Care program; and
2) ORS allots an additional five days of care in 2017 to families with school-age children to assist with later school start dates.

In the 2017-2018 Board year, the Backup Care Committee will:
1) Continue to monitor and report utilization of the program; and
2) Work with the Strategic Planning and Outreach Committee on marketing and communication strategies to increase program awareness and utilization.

<u>**NIH Child Care Subsidy Program**</u>

The purpose of the NIH Child Care Subsidy Program is to make licensed child care more affordable for lower income NIH federal employees using agency appropriated funds. The program is advised by the NIH Child Care Board Subsidy Committee, which met twice during the 2016-2017 Board year to accomplish the goals set forth in the Work Plan. Specifically, they were tasked to:

- Monitor and report program utilization;
- Work with ORS to develop program recommendations in the event program resources are exhausted with current funding;
- Collaborate with the Strategic Planning Committee on marketing and communication initiatives; and
- Review the results of the Benchmark Study and determine if program changes should be recommended.

Overall, the program continued to provide a significant benefit to over 140 NIH federal employees at lower incomes, assisting over 180 children to receive licensed child care.
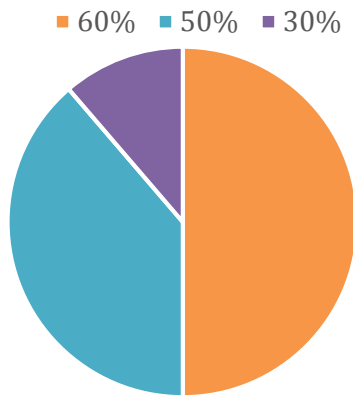
Renewal of the Contract

The program is administered through a contract to Federal Employee Education and Assistance (FEEA) Childcare Services Inc. and managed by ORS. The Contract was renewed in FY 2016 with the base year from September 1, 2016 to December 31, 2016. We are currently in Option Year 1 (January 1, 2017 to December 31, 2017). The shift in timing of the contract renewal was done to reduce the uncertainty of program continuation associated with the start of the fiscal year.
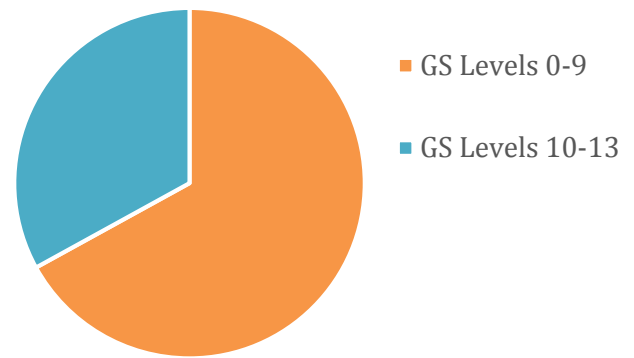
Monitor and Report Program Utilization

In calendar year 2016, 146 employees and 186 children received assistance through the Subsidy Program. This was a decrease from 2015 when 164 employees and 211 children participated in the program. The committee attributes this decrease to: (1) the incomes of existing participants rising beyond the program limit of $75,000 Total Adjusted Household Income, (2) employees leaving the NIH, and (3) less vigorous advertising of the program during the contract renewal uncertainty. In 2016, <u>usage of the program did not reach exhaustion and the Committee decided that no contingencies need to be explored at this time</u>.

In addition to overall program usage, the Committee examined how the program was used by income level, GS level, and age of child. The Program has three income thresholds for services ($75,000, $65,000, and $50,000). The Committee found the greatest usage by the lowest income group. (**Figure 5**). The Committee was pleased to see that those with the highest need had the highest utilization. Most participants are GS9 and below. (**Figure 6**).

Figure 5. Reimbursement Rates for Participants

Figure 6. GS Level of Participants

Most of the children in the program are school-age, meaning the subsidies are used for morning and after school care, as well as summer care. The second largest group is preschoolers. Toddlers and infants are rarely enrolled in the program. The committee hypothesizes that the modest subsidy amount in relation to the cost of infant and toddler care in licensed care environments still makes their usage prohibitive at these income points. The families are likely using informal child care arrangements.

The Committee also compared the NIH program to other federal agencies, such as NSF, FDA, and CDC, and found NIH to be competitive with the income limits at those agencies. The Committee will continue to monitor usage of the program, however, <u>no changes to the income levels or reimbursement levels are recommended at this time.</u>

Collaborate with Strategic Planning Committee
The Committee updated the infographic developed last year to attract eligible employees and provide essential information for applying to the program. A global email was sent out in April 2017 with the updated language. The Waiting List also received an email about the Subsidy Program.

Review the Benchmark Study
At the December 8, 2016 NIH Child Care Board meeting, the Subsidy Committee reported their review of the Benchmark Study. The study found that the NIH program is "about the same" as our competitors, which coincides with our assessment. We will continue to seek new ways to increase awareness and usage of the Subsidy Program. The Committee decided not to pursue other suggestions raised by the Benchmark Study, including subsidizing the cost of back-up care and subsidizing the cost of adoption, neither of which are allowable uses of appropriated funds.

In 2017-2018, the Committee will continue to:
1) Monitor and report program utilization;
2) Explore program usage by IC and employee category to look for underserved or underutilized employee populations; and
3) Collaborate with the Strategic Planning Committee on marketing and communications about the Subsidy program.

Child Care Board Strategic Planning

The Strategic Planning Committee established three main goals for the year:
1) Advise ORS with a branding and marketing campaign, including development of materials;
2) Increase public awareness about the Board's programs and services; and
3) Identify additional populations for targeted outreach.

Consistently, surveys like Life@NIH and the 2016 Child and Family Benchmarking report, as well as DATS webinars and outreach events, have suggested that NIH provides a sufficient variety of services for children and families, but that the NIH community lacks awareness of these services. Increasing awareness is the fundamental mission of the Strategic Planning Committee, and one the Committee continues to pursue through increasingly diverse channels and media.

After receiving requested additional funds from the Office of Research Services last year, a branding and marketing campaign was developed. This included the development of outreach materials for various NIH audiences, such as the posters below.

This year, the Committee worked to leverage those materials to increase awareness of the various child and family services at NIH. This was done through global email notifications, information fairs, posters and signage, and personal outreach by the Committee and Child Care Board. The Board made presentations to six different ICs, as well as various stakeholder groups like the Deputy Executive Officer, FELCOM, the Clinical Fellows, and Women in Biomedical Careers. The NIH workforce is a changing group, and child and family services needs can come up suddenly. The Committee has worked to be responsive to the ways that NIH employees get and share information to make sure that when they need these services, employees know they are there.

The Committee developed a "tile" on the NIHCCTakeMeThere app (the Clinical Center app) to help showcase family and child programs to Clinical Center staff who use the app.
The Committee also developed a calendar of outreach events and opportunities to support continued, targeted, and timely outreach throughout the year. An additional feature of the calendar is that it can be used to compile and track analytics on the impact of Committee outreach efforts.

The Committee has identified the following activities for the 2017-2018 year:
1) Continue to advise and assist ORS with the Child and Family Programs marketing campaign;
2) Explore alternative methods of delivering information to a diverse employee population;
3) Continue to conduct presentations to NIH Leadership and stakeholders; and
4) Develop a tracking tool to record efforts, assess the impact of marketing efforts, and identify gaps.

Legislative Committee

The Legislative Committee's purpose is to continue to examine opportunities to expand access to NIH Child and Family Programs to the entire NIH community. The committee explored three primary topics this Board year.

Community-acquired care

For several years, the Legislative Committee has been exploring the possibility of contracting with child care centers to secure reserved spaces for NIH employees. The 2016 Benchmarking Survey indicated that other federal agencies had implemented such models of community-acquired care utilizing appropriated fund. The Committee followed up with Benchmark study respondents and determined that the model they referred to as "community" care was more similar to the arrangements that NIH has with the on-site child care centers.

The committee worked with the Office of General Counsel (OGC) to make a final determination as to whether the NIH Director had authority to develop a program for community-based child care using appropriated funds. While OGC found no specific prohibition, they determined a full program proposal would need to be presented in order to make a final opinion.

In the interim, the Child and Family Programs staff consulted with several child care center providers in the local commuting area. They determined that the model being considered would not be attractive to center providers. Therefore, the Committee has tabled work on this model.

Legislative proposal

The Legislative Committee has previously provided support to the Office of Intramural Research and DATS as they pursued the submission of a Legislative Proposal (A-19) to expand access to NIH Child and Family Programs, in particular the Subsidy and Backup Care programs, for all NIH employees. The proposal would change the definition of an NIH employee, for the purposes of child and family programs, to include scientific trainees (e.g., IRTA and CRTA fellows). The most recent proposal is not being pursued further at this time, but the Committee is ready to assist if it is taken up again in future cycles.

Innovative programs

The Legislative Committee is continuing to explore potential new programs to meet the child care services needs for all NIH employees. The Committee was approached by the FELCOM and FAES liaisons to discuss potential new programs that would support programs targeted to NIH fellows. The Committee and Child and Family Programs staff will continue to advise FAES and FELCOM as they explore potential new programs.

Future plans

The Committee is interested in developing new models of programs that will meet the needs of the NIH community; in particular, the need for infant child care and programs for non-FTE employees.

For the 2017-2018 year, the Committee will:
1) Explore the feasibility, community interest, and scope of a potential pilot program for community-acquired in-home child care; and
2) Work with other entities across the NIH community to advise on the development of programs for non-FTE employees.

Child Care Board Recommendations

Based on the Boards' efforts during 2016-2017, the NIH Child Care Board makes the following recommendations to NIH Leadership:

1) Continue ALL current support and programming provided through the ORS Child and Family Programs, and encourage ORS to continue working with the Child Care Board to develop and implement new or expanded programs.

2) Enhance the NIH Backup Care Program by modifying the program contract to allow unlimited use-instances by NIH employees. With such an expansion, the program could be made available to the entire NIH workforce, including research fellows, contractors, grant reviewers and visiting scientists.

3) Continue to support the newly formed Aging and Adult Dependent Care Committee, which branched off of the NIH Child Care Board. The AADCC provides specific attention to programs that aid employees with elder, aging, and adult-dependent care needs.

2017-2018 Draft NIH Child Care Board Work Plan

Strategic Marketing and Communication
- Review and revise information materials within the recently established brand for NIH outreach efforts;
- Identify additional populations for novel approaches for targeted outreach;
- Use established outreach calendar to plan outreach activities; and
- Explore options for developing tracking tools to collect metrics on outreach activities and record impact of marketing efforts.

NIH Child Care Subsidy Program
- Monitor and report program utilization;
- Explore program usage by IC and employee category to look for underserved or underutilized employee populations; and
- Collaborate with the Strategic Planning Committee on marketing and communications.

Legislative Options
- Continue to explore expanding access to NIH Child and Family Programs; and
- Explore novel models to expand child care options to meet NIH workforce needs.

Waiting List
- Assist in the review of current database, reports, and process and determine if policy changes are needed; and
- Review impact of opening the NWCCC on the NIH Wait List.

NIH Back-up Care Program
- Monitor and report utilization of the program; and
- Work with Strategic Planning and Outreach Committee on marketing and communication strategies to increase program awareness and utilization.

Appendix A. RDCA-NWCCC Program Brochure – page 1

Northwest CCC

(301)480-5447

Director: Amy Rinker

amy.rinker@nih.gov

Director of Education: Jaydah Wilson

wilsojay@mail.nih.gov

Other RDCA Programs

Preschool Locations

Bel Pre CDC – (301)871-0159
13801 Rippling Brook Drive, Silver Spring, MD
Ages 2 - 6 years

Maryvale CDC – (301)762-0556
1000 First Street, Rockville, MD
Ages 3 - 12 years

Sargent Shriver CDC – (301)933-1785
12518 Greenly Street, Silver Spring, MD
Ages 18 months - 6 years

Woodlin CDC – (301)608-9693
2103 Luzerne Avenue in Silver Spring, MD
Ages 2 - 12 years

School Age Before & After Care

Ashburton CDC – (301)493-5710
6314 Lone Oak Drive Bethesda, MD
@ Ashburton Elementary

Bradley CDC – (301)493-5113
8701 Hartsdale Avenue Bethesda, MD
@ Bradley Hills Elementary

Maryvale CDC – (301)762-0556
1000 First Street Rockville, MD
@ Maryvale Elementary

Woodlin CDC – (301)608-9693
2103 Luzerne Avenue Silver Spring, MD
Woodlin Elementary Campus

Rockville Day Care Association, Inc.
622 Hungerford Drive #26
Rockville, MD 20850

Northwest Child Care Center
(301)480-5447

Children ages 6 weeks to 6 years

Rockville Day Care Association, Inc.
Phone: 301.762.7420
www.rockvilledaycare.org
Quality Children's Programs Since 1969

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About RDCA

The Association – RDCA

Learning Naturally Through Play!

Rockville Day Care Association, Inc., is a private, non-profit, tax exempt, Maryland Corporation which was started in 1969. We are a multi-site provider of quality children's programs in Montgomery County, Maryland. Through a competitive bid process, RDCA was selected by the NIH to be the child care provider of the Northwest facility.

Our administrative oversight and support, expertise in child care management, and comprehensive knowledge of early childhood programming create the model for success for this new federally sponsored facility.

Our centers are licensed by the Maryland State Department of Education (MSDE) – Office of Child Care.

Our preschool programs are accredited by the Maryland State Department of Education (MSDE). RDCA/Northwest CCC will be accredited by the National Association for the Education of Young Children (NAEYC).

Our centers participate in Maryland EXCELS (Excellence Counts in Early Learning & School Age Care).

Our centers participate in the U.S. Department of Agriculture – Child and Adult Care Food Program (USDA-CACFP).

RDCA/Northwest CCC has a Parent Board, a liaison to the NIH Child Care Board and a liaison to the RDCA Board of Directors.

With Infant/Toddler, Preschool and School Age Before and After Care programs, in seven locations. RDCA is a proven organization that works closely with parents, communities, and schools to deliver exceptional child care for infants through school agers.

Program Features

Full-day care from **7:30am-6:00pm**
Monday — Friday. Closed all Federal Government holidays, plus 3 professional days.

Breakfast, morning supplement and afternoon snack provided. *Parents supply lunch.*

All-inclusive weekly tuition with no additional fees - *all program activities, & materials included.*

Infants/Toddlers Rooms	$410.00 weekly
Two's/Three's Rooms	$330.00 weekly
Preschool Rooms	$270.00 weekly

Dedicated, professional teachers committed to the education and well-being of each child. Most have degrees and extensive child care experience.

Well-equipped, inviting classrooms to support creativity, learning, and exploration.

Child Care Subsidy Vouchers Accepted from the Maryland Subsidy Program (formerly POC), the Montgomery County Working Parents Assistance Program (WPA) and NIH subsidy program (FEEA).

Waiting List & Enrollment

The NIH has contracted with LifeWork Strategies to oversee and administer a consolidated waiting list for all three of the NIH sponsored child care facilities. To be placed on this list contact:

**LifeWork Strategies, Inc.
1-800-777-1720
or apply on-line at:
http://www.childfamilycare.ors.nih.gov**

We will fill program openings from this list. Priority is given to siblings of children already enrolled in our center and parents or legal guardians who work for NIH.

Our Curriculum

Our Programs Are
STREAMLINED
Science • Technology
Relationships • Engineering
Art • Math • Language
Inclusion • Nutrition
Exercise • Drama

**Engaging Activities
Every Day!**

The curriculum model our early childhood programs follow is the MSDE approved **Creative Curriculum©**. This model is **aligned with the philosophy of the NAEYC** and is designed to foster social, emotional, physical, creative and intellectual development through play and exploration.

We have taken popular educational theory on the importance of STEM and STEAM in children's programming a step further by including additional components. Integrated into our programs is our **STREAMLINED** approach to daily curriculum and learning experiences: **S**cience, **T**echnology, **R**elationships, **E**ngineering, **A**rt, **M**ath, **L**anguage, **I**nclusion, **N**utrition, **E**xercise and **D**rama.

Learning is a continuum with endless opportunities. Our teachers design and implement developmentally appropriate lesson plans, and incorporate responsive daily routines in order to create meaningful learning experiences for each child.

Children benefit through exploration utilizing all their senses, valuing the process and not the result. We encourage children to use their creative thinking skills, to develop skills for using technology, and to explore their world.
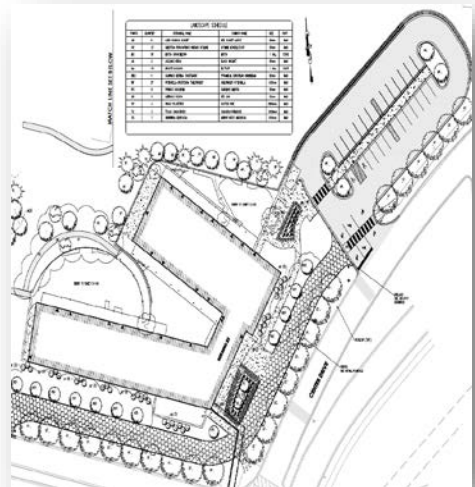
Appendix B. NWCCC Additional Photos

A concept was developed during a four day intense Charette on November 13-16, 2012.

Design – February 17, 2014

Foot print of the center

Brick work and masonry install (October 2016)

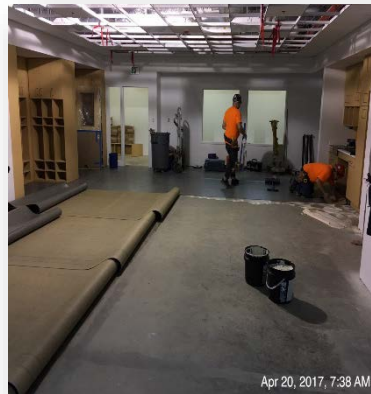Stormwater management structure under playground

Backfill for adjacent parking lot

Dry wall installation in major corridors

The bell arrives

Interior classrooms – flooring installed

Cedar in multi-purpose room ceiling

Construction site   2/10/2017

Bell tower goes up

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Current view of the Northwest Child Care Center (August 2017)

Appendix C. Aging and Adult Dependent Care Committee Charter

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NATIONAL INSTITUTES OF HEALTH
AGING AND ADULT-DEPENDENT CARE COMMITTEE
<u>**January 2017**</u>

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<u>Introduction</u>

The National Institutes of Health (NIH) Aging and Adult-Dependent Care Committee recognizes that the quality of scientific research at NIH is a direct result of the quality and commitment of the workforce.

Employer-sponsored information resources and support systems about elder care, adult-dependent care, and planning for aging are effective components of recruiting and retaining a skilled, dedicated workforce. NIH can support the productivity and performance of employees coping with these multi-faceted and complex care situations by providing targeted policies, information, and services.

<u>Purpose</u>

The NIH Aging and Adult-Dependent Care Committee, hereinafter referred to as the AADCC, will
- promote aging and adult-dependent care resources, information, and related services which are provided to the NIH workforce by the Office of Research Services;
- research and recommend effective actions that meet the needs of the diverse NIH workforce, in collaboration with the ORS Division of Amenities and Transportation Services, Child and Family Programs;
- report to the ORS Director regarding aging, adult-dependent, and elder care programs and policies in support of the NIH Mission.

<u>Activities</u>

Serve as an advocate for the availability of aging, adult-dependent, and elder care information, resources, and services to the NIH workforce.

Serve as a forum for discussion and exploration of aging, adult-dependent and elder care issues affecting the NIH workforce.

Promote and advertise programs and policies that support employees when they have roles as caregivers or care managers in addition to maintaining their work roles.

Collaborate with other NIH organizations to achieve AADCC goals.

Develop action plans to direct AADCC efforts to meet these objectives.

Prepare an Annual Report to the ORS Director on the status of NIH aging and adult-dependent care programs, areas of concern and/or opportunity, and any related recommendations.

Membership

NIH employees interested in serving on the AADCC as a member will submit a Membership Application form (including supervisor approval) to the Program Manager, Child and Family Programs, Division of Amenities and Transportation Services (DATS) in the NIH Office of Research Services (ORS). The Program manager will review the applications and forward a slate of nominees to the DATS Director for review. The DATS Director will forward to ORS Director for approval and appointment.

Membership will span the interests of the NIH community and their dependents, represent the diverse population of the NIH community, and will directly contribute to accomplishing the AADCC's purpose. This may include representatives from other NIH organizations that have an interest in aging and adult-dependent care policies and programs including, but not limited to, the NIH Child Care Board, NIH Health and Wellness Council, NIH Office of Human Resources, NIH Employee Assistance Program and the National Institute on Aging.

Members will serve on the AADCC for a term of two (2) years and may request re-appointment.

Meetings and Records

Meetings will be held at least four (4) times a year. The Chairperson may call additional meetings as necessary.

The AADCC may request information as needed for the purposes of carrying out its functions.

The ORS Division of Amenities and Transportation Services will provide support and maintain the permanent records of the AADCC.

Renewal Date

This Charter will expire three (3) years from the date of its signing below. If the Charter is not renewed, the Committee will sunset.

APPROVED

_____   12/12/16
Timothy J. Tosten, MPA   Date
Acting Director, Office of Research Services