



DATE: September 30, 2019
TO: Theresa Cruz, Ph.D., Chair, NIH Child Care Board
FROM: Francis S. Collins, M.D., Ph.D., Director, NIH
SUBJECT: 2018-2019 NIH Child Care Board Annual Report

Each year, I look forward to receiving the comprehensive NIH Child Care Board Annual Report on the status of NIH Child Care Services. Thank you for your leadership, as well as the efforts of the Board members and liaisons outlined in the report that reflect the Board's unique perspective and expertise. The strong relationship between the Board and the Office of Research Services (ORS) allows us to deliver high-quality, relevant work-life programs to our employees, which helps us maintain a leading role as a workplace of choice within the Federal Government.

I appreciate the Board's unwavering pursuit of continually improving the lives of NIH families by addressing the accessibility, affordability, and quality of child care and related services. The Board's recommendations continue to reflect these efforts, and I have asked our Deputy Director for Management work with the ORS Director and her staff to determine what we can do to support and address your recommendations.

As you point out, we as an agency cannot expect NIH-sponsored child care centers to meet all child care needs of the NIH workforce. I commend the Board for looking beyond NIH's resources and constraints, and look forward to updates as you move forward.

Thank you again for the Board's dedication and ingenuity to improve our employees' work-life balance. I look forward to seeing the positive effects your recommendations will have on NIH employees and their families as they embark on accomplishing our mission.

A handwritten signature in black ink that reads "Francis S. Collins".

Francis S. Collins, M.D., Ph.D.

**Annual Report
of the
NIH Child Care Board
2018-2019**





August 26, 2019

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

FROM: Theresa Cruz, Ph.D., Chair, NIH Child Care Board 2018-2019

SUBJECT: 2018-2019 Annual Report of the NIH Child Care Board

Dear Dr. Collins:

For over 25 years, the NIH Child Care Board has promoted affordable, accessible, and quality child care and related services to the NIH community. The NIH remains at the vanguard of federal agencies that recognize the quality of scientific research at the agency is a direct result of the quality of work-life programs available to our workforce as recently highlighted in the [Office of Personnel Management Work-Life Program Evaluation Guide – Evidence-Based Strategies to Capture the Benefits and Costs](#). This commitment was also evident during the FY2019 partial government furlough. Many government-sponsored child care providers in the Montgomery County area reached out to NIH for assistance on how to retain their staff, families, and business solidarity to reopen when the furlough ended. The Board thanks the NIH for its commitment to its child care provider partners to remain open during a furlough to ensure continuity of care and sustainability of the child care provider.

I want to thank you for the opportunity for the Child Care Board to participate in the Office of the Director Strategic Engagement Agenda: Functional Committee/Steering Committee Working Group Feedback. As stated in the Board's response, our success in being a productive stakeholder group is directly related to the high level of expertise and support we receive from the Office of Research Services (ORS), specifically the Child and Family Programs (CFP) team. Our partnership with ORS has resulted in developing new programs, such as the Child Care Subsidy Program and the Back-up Care Program, and implementing significant changes to existing programs, such as the construction of the Northwest Child Care Center and the NIH Wait List. The Child Care Board expresses our continued support for the CFP and proposes additional staff resources be allocated to the program.

The Board is pleased to report Building 23 Northwest Child Care Center is fully licensed at 170 child care spaces and efforts are being made to have all spaces filled from the NIH Wait List. The Board expresses our greatest thanks to the ORS leadership and CFP team in their determination in supporting the child care provider in achieving this goal.

Keeping in mind the fact that over 80% of the children on the NIH Wait List live in Montgomery County, the restrictions of the Tribble Amendment and the progressive workplace flexibilities available to the NIH workforce, the Child Care Board has for years attempted to create programs that would impact the significant number of NIH families who choose to use community child care options. This past year, the Board researched and met with several community groups that are actively exploring solutions to the shortage of quality child care staff, licensed child care options, and infant care in the area. We want to draw your attention to the County Executive's Early Care and Education Initiative to open 600 new child care spaces in Montgomery County through recruiting, training and licensing new child care providers. The Board will closely monitor the success of this initiative as it is clear that infant care is a need for all of Montgomery County and the NIH-sponsored child care centers will not be able to meet the needs and preferences of the entire NIH workforce. Furthermore, the increased use of telework and the number of employees working in satellite offices throughout the county make child care facilities outside Bethesda a need for the NIH community.

I am pleased to present the 2018-2019 NIH Child Care Board Annual Report. It reflects the initiatives and accomplishments of the NIH Child Care Board over the past year and includes specific recommendations that support policies, programs, and services that facilitate work-life balance, thereby aiding the recruitment, engagement, and retention of top scientific and administrative talent.

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

Sincerely,

A handwritten signature in cursive script that reads "Theresa Cruz".

Theresa Cruz, Ph.D.
Chair, NIH Child Care Board

Attachment: 2018-2019 NIH Child Care Board Annual Report

cc:

Alfred Johnson
Colleen McGowan
Timothy Tosten
Susan Cook

Table of Contents

Section	Page
NIH Child Care Board Mission	4
NIH Child Care Board Membership	5
Child Care Subsidy	7
Back-up Care	10
Wait List	14
Communication and Outreach	16
Innovative Programs	18
NIH Child Care Board Recommendations	20
2019-2020 Draft NIH Child Care Board Work Plan	21
Attachment A: NIH ORS Resource and Referral Services Infographic	23
Attachment B: NIH Child Care Subsidy Infographic	24

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 and parenting-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 recognizes the entire NIH workforce benefits from the stable child care arrangements of working parents and guardians.

**NIH OFFICE OF RESEARCH SERVICES
RESOURCE & REFERRAL SERVICES**
1-800-777-1720

ADULT & ELDER CARE SERVICES
I'm the primary caregiver of an adult child with special needs and an aging parent who lives with me. The Resource and Referral Service provided me with a list of adult day care centers, local transportation services and caregiver services for my son and mother.

CHILD CARE SERVICES
I'm a new mom who is looking for information on child care options close to work. The Resource and Referral Service connected me to local centers and gave me resources on what to look for and what questions to ask.

FINANCIAL PLANNING SERVICES
Managing my finances as well as my parents' finances is extremely stressful. The Resource and Referral Service connected me to a financial professional, who provided a free 30-minute consultation. They also continued to assist me with my needs at a discounted rate.

IDENTITY THEFT SERVICES
I recently had my identity stolen. The Resource and Referral Service connected me with a highly-trained fraud resolution specialist. They also provided me with a free ID Theft Emergency Response Kit.

LEGAL CONSULTATION SERVICES
My aging parents live in another state and I want to be prepared in the event anything happens to them. The Resource and Referral Service gave me information on how my parents could grant me Power of Attorney.

NIH offers many resources to assist you in all phases of your life. Visit <https://nlscs.od.nih.gov> for more information on Child and Family Programs, Back-up Care, Lunch and Learn Webinars, Employee Assistance Program (EAP), Wellness Initiatives, Listservs, and more!

*The Office of Research Services
Resource and Referral Services Infographic*

NIH Child Care Board Membership

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

VOTING MEMBERS 2018-2019

Dr. Theresa Cruz, NICHD (Chair)

Ms. Deborah Coelho, OD/OHR (Vice-Chair)

Dr. Andrew Bremer, NICHD

Dr. Kristin Dupre, NINDS

Dr. Chao Jiang, NIAID

Ms. Olivia Kent, NIA

Mr. Dan Lonnerdal, CC

Ms. Reaya Reuss, NIAMS

Dr. Suzanne Ryan, CSR

Ms. Kate Winseck, OD

Dr. Richard Wyatt, OD/OIR

EMERITUS MEMBER

Ms. Heather Rogers, NIDDK

NIH LIAISONS

Dr. Blake Warner, NIDCR, Clinical Fellows

Dr. Cynthia Abou Zeid, FELCOM

Ms. Eva Chen, OD/EAP

Mr. Ivan Locke, OD/ORF

Ms. Susan Cook, OD/ORS



2018-2019 NIH Child Care Board Members

EXECUTIVE SECRETARY

Ms. Tonya Lee, ORS

NIH CHILD CARE CENTER LIAISONS

Ms. Anne Schmitz, ECDC

Mr. Ed Kang, NIEHS

Ms. Christina Segura, POPI

Ms. Laura Bardini, RDCA

2018-2019 Membership Campaign

The Child Care Board lost a valued member in August 2018 with the passing of Ms. Erin Williams from NIA. She was a dedicated advocate for the NIH Child and Family Programs and a leader in developing the Aging and Adult Dependent Care Committee. Her absence was deeply felt by the Child Care Board. To fill her vacancy, the Membership Committee moved up the timeline for recruitment to December and combined it with the regular solicitation of new members (generally 2-3 per year). By moving the recruitment process to earlier in the Board year, the new members can attend the last meeting of the Board year and become oriented to the work of the Board faster.

The Membership Committee is excited to welcome Dr. Seema Nayak from NIAID, Mr. Daniel Fogarty from NHLBI, and Dr. Blake Warner from NIDCR as new Voting Members for the 2019-2020 Board year. The Membership Committee recommends continuing this timeline change for recruitment in the future.

The Membership Committee also recommends creating a liaison position with the Office of Human Resources (OHR) in 2020 when Vice Chair Deborah Coelho completes her second term. The OHR perspective and partnership has been extremely valuable to the Board and we would like continued access to that expertise.

Liaisons

The NIH Child Care Board voting members also serve as liaisons to other stakeholder groups such as the Health and Wellness Council (Dr. Andrew Bremer and Dr. Suzanne Ryan) and the Aging and Adult Dependent Care Committee (Dr. Chao Jiang). Each of the stakeholder groups stays informed of support and outcomes, efforts to minimize duplication of services, and maximizing utilization of resources and value to the NIH workforce.

The Board extended an invitation to the newly appointed Well-being Ambassadors for each IC to attend future Board meetings. The Board is excited to have the opportunity to hear from all the ICs.

Proposed Work Plan for 2019-2020

The Committee will:

- Advertise and recruit members of the NIH community to represent a diverse array of candidates, recognizing that members from various ICs, professions, families, and backgrounds will increase the success of the Child Care Board.
- Conduct the annual membership campaign beginning in March to recruit for vacancies and interviews in April 2020.
- Establish the OHR liaison position for Board year 2020-2021.

Child Care Subsidy

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 2018-2019 Board year to accomplish the goals set forth in the Work Plan. Specifically, the Committee was tasked to:

- Submit Manual Chapter revisions to ORS.
- Monitor and report program utilization, especially the impact of the proposed changes to reimbursement rates.
- Review forms and application process, particularly the new Online Registration.
- Collaborate with the Communication and Outreach Committee to monitor the effects of outreach.

Submit Manual Chapter revisions to ORS

The Committee reviewed the NIH Policy Manual 1480 – NIH Child Care Subsidy Program and provided edits and suggestions to ORS. The revised Manual Chapter was submitted to OGC/Ethics and OGC/Public Health Division for review, and it is in the final stages of approval.

Monitor and report program utilization, especially the impact of the proposed changes to reimbursement rates.

In the calendar year 2018 (CY2018), 107 employees and 152 children received assistance through the Subsidy Program. This was a decrease from 2017 when 139 employees and 189 children participated in the program. The Committee attributes this decrease to: (1) existing participants having increased incomes beyond the program limit of \$75,000 Total Household Adjusted Gross Income (AGI), (2) employees leaving the NIH, and (3) children no longer needing care.

The Committee also examined how the program was used, by income level and GS level. The 2018 program has three income thresholds for services (\$75,000, \$65,000, and \$50,000). The Committee found the greatest usage (46%) by the lowest income group. 86% of the participants are GS9 and below. 77% of children receiving subsidies are in single/head of household families. The Committee was pleased to see that those with the highest need had the highest utilization, which meets the goal of this program.

As in previous years, the 2018 program experienced low enrollment, and only 5% of employees received the full amount of the \$5,000 Internal Revenue Service cap per family. As a result, the program did not exhaust all available funding. To tackle this issue, the Committee developed recommendations in 2018, proposing to increase the Total Household AGI income limits to keep pace with inflation and to provide higher subsidized percentage rates (Table 1). The recommendations were approved by ORS, and the new program became effective March 1, 2019. The Committee anticipates an increase in the enrollment number as well as a fuller utilization of funding with this change.

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

<u>NIH Federal Employees' Total Adjusted Household Income</u>	<u>Percentage of the Participants' Child Care Costs the Program Will Subsidize</u>
> \$80,001	0%
\$70,001 - \$80,000	40%
\$60,001 - \$70,000	60%
< \$60,000	80%

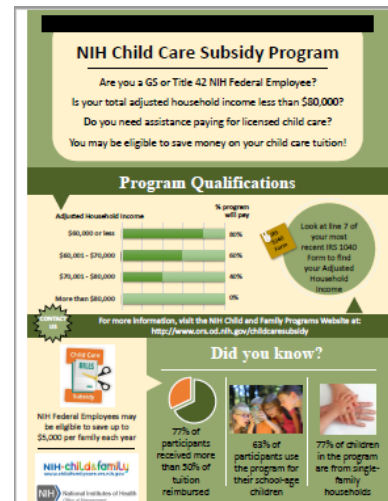
Review forms and application process, particularly the new Online Registration.

To improve the subsidy application process, the Committee worked with ORS and FEEA Childcare Services, Inc., (FEEA), the contractor that administers the program, to review application forms and establish online registration to simplify the application process. The new Online Registration system has been open to NIH participants since January 2019. In February 2019 Online Registration language was added to the [NIH Child Care Subsidy webpage](#), and the Committee reviewed and sent suggested edits to the webpage language to ORS. On March 5, 2019, the NIH community was notified of the Online Registration option.

Collaborate with the Communications and Outreach Committee to monitor the effect of outreach.

As the program operated below previous participation rates in CY 2018, the Committee focused outreach across NIH, not only those IC and employee categories with low usage. In conjunction with the Communication and Outreach Committee, the Child Care Subsidy Committee updated the [infographic](#) with the changes in reimbursement rates and the application process.

In addition to the usual sites, the revised flyer is also being distributed to lactation rooms. A global email was sent in March 2019 to the entire NIH introducing the new changes to the program. It resulted in a 451% increase over the previous week of viewings to the webpage. The Child Care Subsidy webpage was updated and the program changes were featured in an *NIH Record* article. FEEA also communicated with Subsidy participants to remind them to turn in tax forms for



2019 NIH Child Care Subsidy Infographic Flyer

recertification. A webinar on the NIH Child Care Subsidy Program and how to apply using the new online registration will be available on the [NIH Child Care Subsidy webpage](#).

Proposed Work Plan for 2019-2020

The Committee will:

- Evaluate and report program utilization, specifically the impact of increasing the total household income and reimbursement rates.
- Collaborate with the Communication and Outreach Committee to disseminate new outreach materials and to monitor the effect of outreach efforts.

Back-up Care

The NIH Back-up Care Program is designed to assist NIH federal employees with the competing demands of work and family responsibilities by providing access to back-up care when they need to be at work and their regular child or adult/elder care is unavailable. The program provides options locally and across the United States for short-term center-based or in-home child care, as well as in-home care for adult/elderly dependents and self-care for when an employee is ill or injured.

The ORS has contracted with Bright Horizons to manage the program, which is currently in the fifth year of a five-year contract. The contract allows for the NIH to have 400 care uses per year. 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. The NIH pays for the administrative fee that allows employees to have access to the back-up care network of care providers. In addition to having access to back-up care providers, registered NIH employees can access the Bright Horizon's *Family Matters* online resource tool that provides tips and strategies for parents and caregivers across a variety of family care and educational topics, as well as a webinar series offering expert information across a range of topics.

During the 2018-2019 Child Care Board year, the Back-up Care Committee met with ORS and the Bright Horizons client services liaison to evaluate data about program utilization and patterns of usage.

KEY FINDINGS

Registered Users: As of May 31, 2019, a total of 1,672 NIH employees were registered for the program, for the potential care of 2,587 dependents. This represents a 12% increase in registered employees and an 11% increase in registered recipients from May 2018. Of the registered dependents, 14% were adults/elders and 86% were children. Each year of the contract, the number of registered users has increased.

Overall Usage: In the most recent one-year period, between June 2018 and May 2019, there were 370 back-up care uses, which is close to the maximum contracted uses of 400. Moreover, it is important to note that **demand** for back-up care per month has been consistently high, with a total of 674 **requests** in this one-year period. This reflects that more days of care were requested than were actually used because some employees were able to find other care arrangements (e.g., a family member or friend) after making the initial request. The 674 requests for care far exceed the NIH's 400 contracted uses and represent a 46% increase in demand from the prior year.

These important data demonstrate the high need for back-up care services and the potential use that could have occurred if the employee had not found alternate care.

It is critical to have this program in place for those employees who are not able to find emergency care arrangement on their own.

Type of Care Used: Between June 2018 and May 2019, 50% of back-up care uses were for center-based care, 44% were for in-home care of well children, and 6% were for in-home care of mildly ill children (see Figure 1). Across age groups, the program was most often used for the care of preschoolers (37%) and toddlers (28%) (see Figure 2).

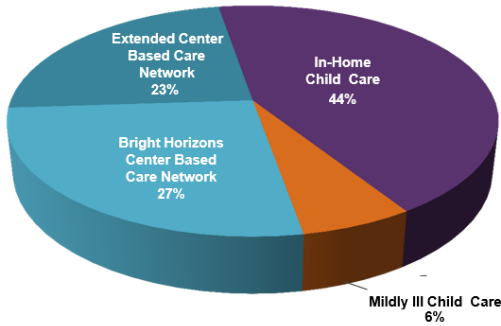


Figure 1: Type of Care

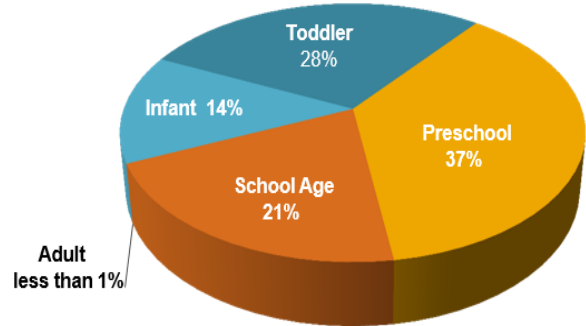


Figure 2: Care by Age Group

Usage by Job Type: Across NIH employee job categories, the majority of uses (49%) were by Researchers and Scientists. Usage among other job categories was much lower: 17% of uses were by Administration/Support personnel, 13% by Patient Care personnel, and 10% by Director/Management personnel (see Figure 3).

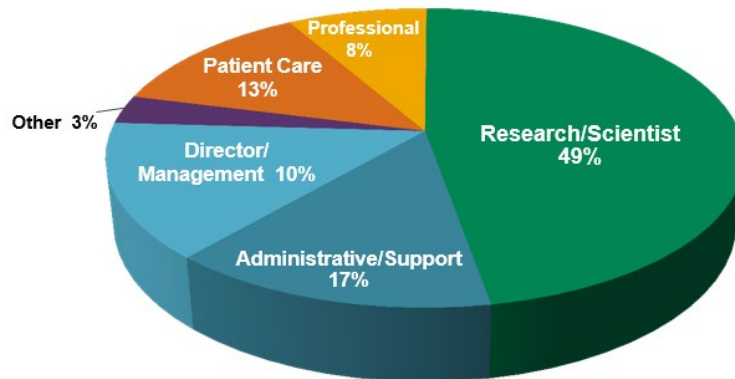


Figure 3: Usage by Job Type

Value of the Program: A total of 327 employee absentee days were saved from June 2018 to May 2019 due to the availability of the Back-up Care program. This represents a substantial 42% increase from the prior 12-month period. Based on surveys of the program users, 96% of survey respondents were satisfied overall with the program. One example of feedback from NIH employees that illustrates the value of the Back-up Care program is as follows:

“This service provides peace of mind when we have gaps in our regular child care coverage and alleviates much of the stressful scrambling and absences from work that might otherwise result from child care coverage issues.”

OUTREACH AND COMMUNICATION

ORS and the Communication and Outreach Committee of the NIH Child Care Board devoted strong efforts to improve back-up care program awareness and utilization in the past year.

Focused efforts included:

- Improvements to the Back-up Care program webpage
- A Lunch and Learn Webinar on the Back-up Care program
- An additional 5 days of care allotted to registered participants in August 2018
- Postings to the NIH Parenting Listserv
- Inclusion of Back-up Care program information in all presentations and Work-Life@NIH: A Supervisor’s Guide to Enhancing Workforce Well-being trainings
- Targeted emails from Bright Horizons reminding registered users of upcoming seasonal events, such as summer school-age care

NEXT STEPS

As shown, demand for the program is strong and the value of the program to the users and to the NIH is very high.

However, it is also important to note that program utilization can be unpredictable from year to year. From June 2018 to May 2019, back-up care demand and usage were 46% and 50% higher, respectively, compared to the previous year. Some factors that affect variability in program usage and demand include inclement weather and school calendars – in years when schools or child care facilities close more often for snow days or when religious holidays fall on weekdays versus weekends, the need for the Back-up Care program’s services will likely be greater. **Having a program that allows the NIH to be flexible in accommodating variation in service needs is critical.**

As the ORS prepares to re-compete the back-up care provider contract this coming year, the NIH Child Care Board encourages the ORS to explore and pursue a new contract model that will expand NIH’s ability to meet the current and future demands of the NIH workforce for emergency, short-term back-up care. One model that has already been researched by the committee is an “access fee” model, in which the NIH pays a fee to the back-up care contractor that allows the NIH unlimited access to the contractor’s network of care providers. The registered user would continue to be responsible for the direct cost of care. This model would move from specifying a capped number of back-up care uses each year and, instead, focus on whole demand rather than actual utilization. In doing so, it would introduce more flexibility to the model and expand NIH’s ability to meet the NIH workforce needs.

Proposed Work Plan for 2019-2020

The Committee will:

1. Monitor and report program utilization for the current contract year.
2. Examine trends in program usage across contract years.
3. Increase program awareness and utilization by collaborating with the Communication and Outreach Committee on marketing and communication strategies.
4. Provide input to the ORS in selecting a Back-up Care provider for the new contract.

NIH Wait List

The ORS has contracted with LifeWork Strategies to manage the complex centralized Wait List for the three NIH-sponsored child care centers located in Montgomery County, Maryland. The number of children needing immediate care (871) across all three Centers exceeds the number of available spaces (457). (see Chart 1).¹ The Wait List Committee evaluates data, policies and procedures and makes recommendations to improve the enrollment process, efficiency, transparency, and equity of the NIH Wait List.

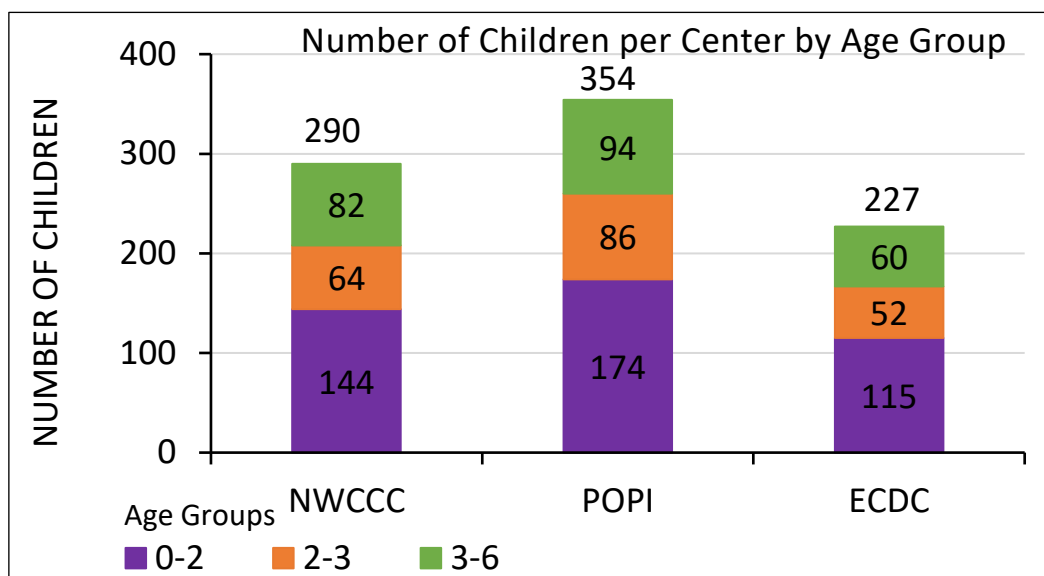


Chart 1: NIH Wait List by the number of children per center per age group (as of March 31, 2019).

Impact of the Northwest Child Care Center

The opening of the Northwest Child Care Center (NWCCC) in June 2017 had a significant impact on the NIH Wait List. As of March 31, 2019, there are 842 unique children on the Wait List, which is more than **200 fewer children** than during the construction of the new center. As of May 29, 2019, the NWCCC was at 80% capacity. As the NWCCC reaches full occupancy this fall, we expect to see a further reduction in Wait List numbers. The greatest demand for slots continues to be for the infant and toddler ages.

Data synthesis

The Committee met several times to understand how offers are made to parents, how slots are filled, and whether the data supported many rumors associated with the Wait List. The goal was to provide parents with useful information so they can plan for their child’s care. The Committee, ORS and child care center administrative personnel enhanced existing data collection reports to

¹ Note: The total number of children needing immediate care per Center exceeds the number of unique children on the waiting list as children can be registered for more than one Center.

reflect a more in-depth look at how the Wait List functions and determine the “true need” of the Wait List.

The first aspect of the Wait List the Committee addressed was the focus on a child’s “number” on the Wait List. Given that enrollment is based on the number of spots available and the age of the child this is often not a meaningful metric. The Committee instead would like to focus on wait time, specifically by age group. For example, the average wait for a child who turns three-years-old to receive an enrollment offer is about six months, while the wait for a toddler is about sixteen months. This information can assist parents and guardians in making decisions about their child care options and directing them to other NIH resources for finding child care. The ORS Child Resource and Referral Service can connect parents and guardians with licensed child care providers and nanny services in their community or near the NIH.

The second aspect was determining what is the “true need” of the Wait List. Currently, there are 871 children on the Wait List. The Committee studied each child on the Wait List and discovered that approximately half the children on the Wait List receive an offer for a space each year, but less than half of those offered spaces accept. Most parents and guardians who decline a space state that they are happy with their current care arrangements and remain on the Wait List in case something happens to their current care. Based on these findings, and a desire to expedite center enrollments, a priority for both the centers and NIH families, the Committee recommends that families be removed from the Wait List at their second decline of a spot. They must actively re-enroll to get back on the Wait List. There is no fee to register for the Wait List. The Committee anticipates this policy change will reduce the Wait List by about 90 children.

The third aspect was sibling priority. Siblings of currently enrolled children are given priority over others on the Wait List. Many hold the belief that most of the open spaces go to siblings. After examining the data, siblings only account for 9% of filled spaces.

In the next Board year, the Committee will update the Wait List FAQs to reflect the above information and will continue to investigate policy changes designed to improve access to affordable, quality NIH-sponsored child care centers.

Proposed Work Plan for 2019-2020

The Committee will:

- Review Wait List data and report on trends and the impact of changes to policies and procedures on an annual basis.

Communication and Outreach

The Communication and Outreach Committee established six main goals for the year:

1. Implement a plan for use and dissemination of new outreach materials to the NIH community.
2. Continue to use an outreach calendar to plan activities; leverage the calendar to record metrics and demonstrate progress.
3. Assess and support other Child Care Board committees in reaching outreach and awareness goals.
4. Develop creative partnerships with NIH offices to support integrated cross-promotion efforts.
5. Review and submit recommendations to ORS on Child and Family Programs and the NIH Child Care Board websites.
6. Explore with other Child Care Board committees replicating the 2012 Life@NIH Survey to assess NIH-wide awareness of programs, supervisor training efforts, and upcoming trends. Partner with other stakeholders such as Health and Wellness Council, Aging and Adult Dependent Care Committee, and Office of Human Resources in developing the survey.

Consistently, surveys like the 2012 Life@NIH survey and 2016 Child and Family Benchmarking report, as well as DATS webinars and outreach events, have found that NIH leads federal agencies in providing a variety of quality services for children and families, but that the NIH community lacks awareness of the breadth of these services. Increasing awareness is the fundamental mission of the Communication and Outreach Committee, and one the Committee continues to pursue through increasingly diverse channels and media.

This year, the Committee developed and implemented a plan to share Child and Family Programs outreach materials with the NIH community, including placing fliers and posters at NIH offices on and off campus. The Committee also reviewed and revised the Child and Family Programs webpages, including updating the Wait List FAQs, posting outreach flyers, and updating the Child Care Centers comparison chart to ensure information is clear and accurate. The Committee also worked with other NIH Offices, like OHR, to add Child and Family Program materials to these offices' websites and to create links from the Child and Family Program website.

Additionally, the Committee leveraged expanded analytics and data collected over the past several years to refine our outreach messaging, timing, and targets. This evidence base has supported the development and dissemination of global outreach emails, print materials, outreach events and in-person trainings, and more. The Committee will continue to gather and analyze impact data over the coming year and will use that information to support messaging and outreach efforts.

The Committee has been actively engaged with the NIH community. This year, the Committee wrote an article for the *NIH Record* to spread the word about exciting changes to the NIH Child

Care Subsidy Program that will allow more lower income NIH employees access to high-quality, affordable licensed child care. Through this medium, the Committee informed the NIH community of changes to the Subsidy Program reimbursement rates and thresholds that will increase access to—and usefulness of—the program to lower-income NIH families. With the opening of the Northwest Child Care Center last year, there were many opportunities to share information on the process of opening the center, staffing the rooms, and ensuring high quality, consistent care. To that end, the Committee developed talking points to support the ORS and the NIH Child Care Board in sharing updates on the new center and its progress. The Committee will be developing talking points for NCI and NIAID recruiters to address work-life services and the lack of on-site child care at their off campus and out of state locations.

The Committee has worked closely with other NIH Child Care Board committees to advance their communications and outreach goals and ensure the NIH workforce is aware of the many services and benefits available to them. The Committee has supported new and innovative efforts of the Board, including the development of the 2020 Life@NIH survey and planning for the October 2019 National Work and Family Month calendar of events and information fair scheduled for October 22, 2019. The Committee has also worked closely with the ORS to improve their digital presence and support digital outreach efforts.

Proposed Work Plan for 2019-2020

The Committee will:

- Continue to use an outreach calendar and available analytics to plan activities; leverage the calendar to record metrics and demonstrate progress.
- Assess and support other Child Care Board committees in reaching outreach, awareness, and utilization goals.
- Support the ORS in preparation and implementation of October 2019 Work and Family Month Fair.
- Review and submit recommendations to the ORS on Child and Family Programs' communications and outreach efforts, including websites and other digital outreach channels.
- Support the Innovative Programs Committee in replicating the 2012 Life@NIH Survey to assess NIH-wide awareness of programs, supervisor training efforts, and upcoming trends. Partner with other stakeholders such as Health and Wellness Council, Aging and Adult Dependent Care Committee, and Office of Human Resources in developing the survey.

Innovative Programs

The Innovative Programs Committee's purpose is to examine opportunities to expand access to quality, affordable child care and related services, such as those provided through the NIH Child and Family Programs, for the entire NIH workforce. The Committee's work in the 2018-2019 Board year focused on framing potential new programs for development. The Committee previously sought input from local community child care services experts, such as the Montgomery County Department of Health and Human Services and Montgomery County Commission on Child Care, to understand the child care services landscape across the region.

Community Child Care

The provision of child care is a highly regulated system, and across the region, there is a dearth of qualified, licensed child care providers. While the regulatory process is designed to ensure safe, quality care for infants, toddlers, and preschoolers, these processes can create barriers to developing and licensing additional providers. Local and state leaders are working to improve access, quality, and quantity of child care available, and a new [Early Care and Education Initiative](#) has been proposed by Montgomery County Executive, Marc Elrich, to build the cadre of child care providers within the county. The NIH is one of the largest employers in Montgomery County, and NIH employees are distinctly impacted by the local child care services environment. The Innovative Programs Committee and Child Care Board discussed this new initiative, results from other child care needs assessments conducted, and other programmatic data. From an ethical and legal standpoint, the Committee will continue to explore if, and in what capacity, the NIH could participate in various community forums on child care. This would better enable the Committee and Child Care Board at large to stay well-informed on the plans, activities, and impact of community initiatives, such as the Early Care and Education Initiative.

Child Care Feasibility Study of NCI at Frederick and Shady Grove

In 2013, in order to comply with federal appropriations law, the NCI at Frederick closed its child care facility. There has been interest off and on since then to re-open the center. The Board has been aware of discussions and efforts. In 2018 NCI contracted with a third-party firm that had extensive expertise in child care. Due to interest in a facility at the Shady Grove campus, NCI extended the study to both locations. The contractor conducted stakeholder meetings, vendor interviews, listening sessions, a childcare needs survey and a market analysis in order to understand the cost and sustainability. Based on the results, the contractor did not recommend opening a child care center at either location. It was clear that there are many child care resources available to NCI staff members at Frederick and Shady Grove; however, they were not aware of these resources. The Board and the Child and Family Programs team have been working with NCI staff to conduct on-site outreach events and developing materials targeting the specific needs of each location.

NIAID Rocky Mountain Laboratories, Hamilton, Montana

The NIAID Rocky Mountain Laboratories (RML) in Hamilton, Montana is another NIH location that has been interested in providing on-site child care for many years. In December of this year, the Child and Family Program Manager visited the location to hold stakeholder group discussions, presented the Work-Life@NIH: A Supervisor's Guide on Enhancing Workforce Well-being training, and met with local business partners to discuss workforce needs, opportunities, and resources that could be used to develop new child care options. A survey was conducted to assess the needs and interest of the RML workforce for on-site child care. The respondents reported they were able to locate child care within a reasonable amount time but wanted higher quality and lower cost of care. Currently, RML is focusing on summer care for school-age children and is consulting with the ORS on availability of resources and ideas on how to partner with local providers.

The Innovative Programs Committee will remain available, as requested, to consult with external partners who may wish to develop new programs to fill gaps in current Child and Family Programs for the NIH community.

Future plans

The Committee believes that additional data on the current needs of the NIH community for child and family programs, as well as other work-life services, is needed. **We recommend that NIH support the development and implementation of the 2020 Life@NIH survey. The instrument will aid NIH senior leaders by capturing progress since 2012 in meeting NIH employee work-life support needs and identify areas for future enhancement.**

Proposed Work Plan for 2019-2020

The Committee will:

- In consultation with the ORS/Division of Amenities and Transportation Services (DATS) and the Office of General Counsel, determine if, and in what capacity, NIH representatives could serve on identified local government or community forums focused on child care.
- In partnership with ORS/DATS and OHR, develop concepts and questions related to child care and family services to be included in the 2020 Life@NIH survey instrument.

Child Care Board Recommendations

Based on the Board's efforts during 2018-2019, the NIH Child Care Board makes the following recommendations to the NIH/ORS leadership:

- The NIH should explore alternative contract models for the NIH Back-up Care Program that allows the NIH flexibility in meeting the current and future demands of the NIH workforce.
- The NIH should implement the 2020 Life@NIH Survey to gauge progress since 2012 in educating the NIH workforce of its many work-life programs, improving supervisor understanding about the program, assessing aging and adult-dependent care needs, and identifying areas for future improvement.
- The NIH should establish a cohesive framework and consistent branding for work-life initiatives and programs within the ORS and OD, including a comprehensive gateway/navigator landing page; and update the existing ORS Child and Family Program websites to be mobile responsive.
- The NIH should enact a second decline removal policy for the NIH Wait List.
- The NIH should provide additional staff resources within the Division of Amenities of Transportation Services to support the growth of the NIH Child and Family Programs.

2019-2020 Draft NIH Child Care Board Work Plan

Back-up Care Program

- Evaluate and report utilization of the program for the current contract year.
- Examine trends in program usage across contract years.
- Increase program awareness and utilization by collaborating with the Communications and Outreach Committee on marketing and communication strategies.
- Participate and advise the ORS in the selection of a provider for the new contract.

Child Care Subsidy Program

- Evaluate and report program utilization, specifically the impact of increasing the total household income and reimbursement rates.
- Collaborate with the Communication and Outreach Committee to disseminate new outreach materials and to monitor the effect of outreach efforts.

Communication and Outreach

- Continue to use an outreach calendar and available analytics to plan activities; leverage the calendar to record metrics and demonstrate progress.
- Assess and support other Child Care Board committees in reaching outreach, awareness, and utilization goals.
- Support the ORS in preparation and implementation of October 2019 Work and Family Month.
- Review and submit recommendations to the ORS on Child and Family Programs' communications and outreach efforts, including websites and other digital outreach channels.
- Support the Innovative Programs committee in replicating the 2012 Life@NIH Survey.

Innovative Programs

- In consultation with the ORS/DATS and the Office of General Counsel, determine if, and in what capacity, NIH representatives could serve on local government or community forums focused on child care.
- In partnership with ORS/DATS and OHR, develop concepts and questions related to child care and family services to be included in replicating the 2012 Life@NIH Survey to assess NIH-wide awareness of programs, supervisor training efforts, and upcoming trends. Partner with other stakeholders such as Health and Wellness Council, Aging and Adult Dependent Care Committee, and Office of Human Resources in developing the survey.

Membership Committee

- Conduct a membership campaign beginning in March 2019 to recruit for two vacancies, with interviews taking place in April 2019.
- Advertise and recruit various members of the NIH community to attract a diverse array of candidates.
- Establish the OHR liaison position for Board year 2020-2021.

Wait List

- Review Wait List data and report on trends and impact of changes to policies and procedures on an annual basis.

Attachment A: NIH ORS Resource and Referral Services Infographic

Front Side

FREE RESOURCES for NIH Employees, Trainees and Contractors

Adult • Child • Financial Planning • Identity Theft • Legal Consultation

1-800-777-1720

NIH offers many resources to assist you in all phases of your life. Visit <https://dats.ors.od.nih.gov> to gain information on Child and Family Programs, Back-up Care, Lunch and Learn Webinars, Employee Assistance Program (EAP), Wellness Initiatives, Listservs, and more!

Back Side

NIH Child Care Subsidy Program

Are you a GS or Title 42 NIH Federal Employee?

Is your total adjusted household income less than \$80,000?

Do you need assistance paying for licensed child care?

You may be eligible to save money on your child care tuition!

Program Qualifications



Look at line 7 of your most recent IRS 1040 Form to find your Adjusted Household Income

CONTACT US

For more information, visit the NIH Child and Family Programs Website at: <http://www.ors.od.nih.gov/childcaresubsidy>



NIH Federal Employees may be eligible to save up to \$5,000 per family each year

NIH child & family
www.childfamilycare.ors.nih.gov

NIH National Institutes of Health
Office of Management

Did you know?



77% of participants received more than 50% of tuition reimbursed



63% of participants use the program for their school-age children



77% of children in the program are from single-family households