

**Annual Report
of the
NIH Child Care Board
2019-2020**





September 28, 2020

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 2019-2020

SUBJECT: 2019-2020 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 childcare and related services to the NIH community. Like all aspects of life, the COVID-19 pandemic has deeply impacted the childcare landscape at NIH. This crisis has highlighted the role of childcare services as an essential requirement for a productive NIH workforce. The NIH remains at the vanguard of federal agencies in recognizing that the quality of scientific research at the agency is a direct result of the quality of work-life programs available to our workforce. The need for this trailblazing leadership will only increase as we navigate the re-opening of NIH offices and labs during the current pandemic.

The Board thanks the NIH and particularly the Office of Research Services (ORS) for working to keep the NIH on-site childcare providers open for as long as possible in March and for working with them to re-open as Essential Personnel Child Care Centers in June. The Board thanks NIH leadership for encouraging maximum flexibility by supervisors to accommodate workers with children in the home. **The Board emphasizes that a childcare crisis will remain as the pandemic continues.** Childcare centers can only operate at roughly one third to one half of previously licensed capacity when they re-open and many may not reopen at all after suffering insurmountable financial losses. The Montgomery County Public Schools have opened the 2020-2021 school year with virtual classes only, requiring most parents to remain working from the home and their children distance learning through at least February 2021. Moreover, it is well documented that women disproportionately bear the burden of childcare gaps compared to men. This disturbing trend has already surfaced in the pandemic, with male researchers' productivity far outpacing their female counterparts. We encourage supervisors to be supportive of childcare needs regardless of the gender of the employee and to consider gender balance in Return to Physical Workspace plans. The Board encourages ORS to work with Montgomery County childcare forums to review survey data of childcare needs in the county. Finally, we recommend that ORS complete an after-action assessment of the Child and Family Programs response to the pandemic to be used for future planning and preparedness.

While our year did not end as we began, I am pleased to present the 2019-2020 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,

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

Attachment: 2019-2020 NIH Child Care Board Annual Report


cc:
Alfred Johnson
Colleen McGowan
Timothy Tosten
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 childcare and parenting-related services for the NIH community. The Board advises the NIH Director and other leadership regarding childcare programs, services, and issues in support of the NIH mission. The NIH Child Care Board recognizes that the quality of scientific research at the NIH and 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 childcare resources 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 stable childcare arrangements of working parents and guardians. This has never been more apparent than during the 2020 COVID-19 pandemic.


www.childfamilycare.ors.nih.gov

NIH Child and Family Programs Services during COVID-19

NIH Federal Employees Only:

- **Back-up Care Program** is currently available for in-home care for adults and children nationwide. Center care may come available in the upcoming months as centers reopen. Registration for the program is FREE. [Click here for more information](#). There is a cost of care if you use the program. You can use the program from 20 days of care. (We added an additional 10 days due to COVID-19.)
- **Child Care Subsidy Program** is always taking applications. Applications can be submitted online. If you are wondering if you qualify, check your 2019 1040 IRS tax form Line 7 for your adjusted household income. If your adjusted household income is less than \$80,000, you may be eligible to receive up to \$3,000 in subsidy reimbursements. Apply Today! [Click here for more information](#)

NIH Federal Employees and Trainees/Fellows:

- **NIH Child Care Centers** are currently open and operating, providing safe and reliable childcare to children of NIH employees and trainees/fellows. All NIH childcare centers are adhering to health and safety guidelines required by the Centers for Disease Control and the Maryland State Department of Education, Office of Child Care Licensing. Interested individuals can register their child(ren) on the NIH Childcare Wait List. More information can be found here: <https://www.ors.od.nih.gov/pep/gsts/childcare/centers/Pages/centers.aspx>

Virtual tours of the childcare centers can be arranged by contacting each center director:

- Executive Child Development Center (ECDC), 301-496-9411
- Northwest Child Care Center (NWCCC), 301-480-5447
- Parents of Preschoolers, Inc. (POPI), 301-496-5144

Everyone is eligible - NIH Federal Employees, Contractors, and Trainees/Fellows:

- **Resource and Referral Services 1-800-777-1720**

There are five types of Resource and Referral Services to address any need you may have. Available nationwide:

- **Child** – assist with anything related to children – can assist you with finding care during COVID-19
- **Adult** (18 years or older) – anything related to an adult – especially during COVID-19, you might be caregiving from afar. This service can assist you to find options for a loved one living in another state or in the same town.
- **Legal** – first 30 minutes free, additional time is at a discounted rate
- **Financial** – first 30 minutes free, additional time is at a discounted rate
- **Identity Theft** – 60 minutes free consultation

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

- **NIH Parent Coach**

An excellent resource for answering all those questions you may have about parenting, children of all ages (including college students), and how to cope with COVID-19. [Click here for more information](#). You or your family members can reach the Parent Coach via email: nhpparentingcoach@adventisthealthcare.com

- **Lunch and Learn Webinars**

Over 60 webinars have been archived on the Child and Family Programs website ranging from before birth to end of life. Every age group is represented, even older adults and topics range from work-life, finances, parenting, to special needs. Anyone can access the webinars from any computer. Click here: https://www.ors.od.nih.gov/pep/gsts/childcare/Pages/parent_seminars.aspx

- **Listserve: Parenting Listserv and the Adult-Care-Support Listserv**

Interact with others within the NIH community concerning parenting and adult care resources, concerns, issues and recommendations. Click here for more information about the [Parenting Listserv](#) and the [Adult-Care-Support Listserv](#).

- **Caregiver Support 301-496-3164**

This service is provided by the NIH Employee Assistance Program. They can assist you with anything related to caregiving or your own well-being. This is a great place to start if you are overwhelmed with COVID-19 or with life. [Click here for more information](#).

- **"Here to Listen" Staff Support Line 301-451-1151**

NIH Employee Assistance Program (EAP) supported by NIMH, Monday-Friday, 9 am-12 noon and 1 pm-4 pm

If you cannot find a service to assist you with your child/adult/family needs, please contact the NIH Child and Family Program at 301-827-3250 or by email: Ms. Linda Owen, Program Specialist at linda.owen@nih.gov.

Updated 8/27/2020

*The Office of Research Services
Child and Family Program Services During COVID-19*

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 childcare and related needs of the NIH workforce.

VOTING MEMBERS 2019-2020

Dr. Theresa Cruz, NICHD (Chair)
Ms. Deborah Coelho, OD/OHR (Vice-Chair)
Dr. Kristin Dupre, NINDS
Mr. Dan Fogarty, NHLBI
Dr. Chao Jiang, NIAID
Ms. Olivia Kent, NIA
Dr. Theresa Cruz, NICHD (Chair)
Mr. Dan Lonnerdal, CC
Dr. Seema Nayak, NIAID
Dr. Suzanne Ryan, CSR
Dr. Blake Warner, NIDCR
Ms. Kate Winseck, OD
Dr. Richard Wyatt, OD/OIR

EMERITUS MEMBER

Ms. Heather Rogers, NIDDK

EXECUTIVE SECRETARY

Ms. Tonya Lee, ORS

NIH LIAISONS

Dr. Eric Gonzalez, NCATS, FELCOM
Dr. Melissa Conti Mazza, NIA, FELCOM
Dr. Pragya Prakash, NIDCD, FELCOM
Ms. Eva Chen, OD/EAP
Mr. Ivan Locke, OD/ORF

NIH CHILD CARE CENTER LIAISONS

Mr. Ed Kang, NIEHS
Ms. Christina Segura, Parents of Preschoolers, Inc. (POPI)
Ms. Anne Schmitz, Executive Child Development Center (ECDC)
Ms. Laura Bardini, Rockville Day Care Association - Northwest Child Care Center (NWCCC)

2020-2021 Membership Campaign

The Membership Committee crafted an NIH-wide email message in March/April 2020 seeking three members to join the NIH Child Care Board. Interviews were completed virtually in June 2020. As with years in the past, there was a focus on diversity, seeking representatives from various ICs, professions, backgrounds, and experiences. The search was held to replace two members (Vice-Chair Deborah Coelho, OHR, and Dr. Richard Wyatt, OIR) whose second three-year terms expired, and also to replace a former Board member who had to discontinue his service to the Board due to competing priorities in his final term year. We are pleased to welcome Dr. Gilman Toombes, NINDS, Ms. Nicole Ray, NIDDK, and Ms. Ila Flannigan, CC to the NIH Child Care Board. The Membership Committee is excited about the wealth of professional and personal experiences that these individuals will bring to the Board.

Liaisons

The Membership Committee and the Board also recognized keeping the Office of Human Resources (OHR) and Office of Intramural Research (OIR) representation on the Child Care Board is critical, regardless of whether those representatives are voting members. Therefore, two liaison positions were established by vote – one for OHR and one for OIR. This will ensure that future discussions at board meetings have the perspective and input of these two organizations.

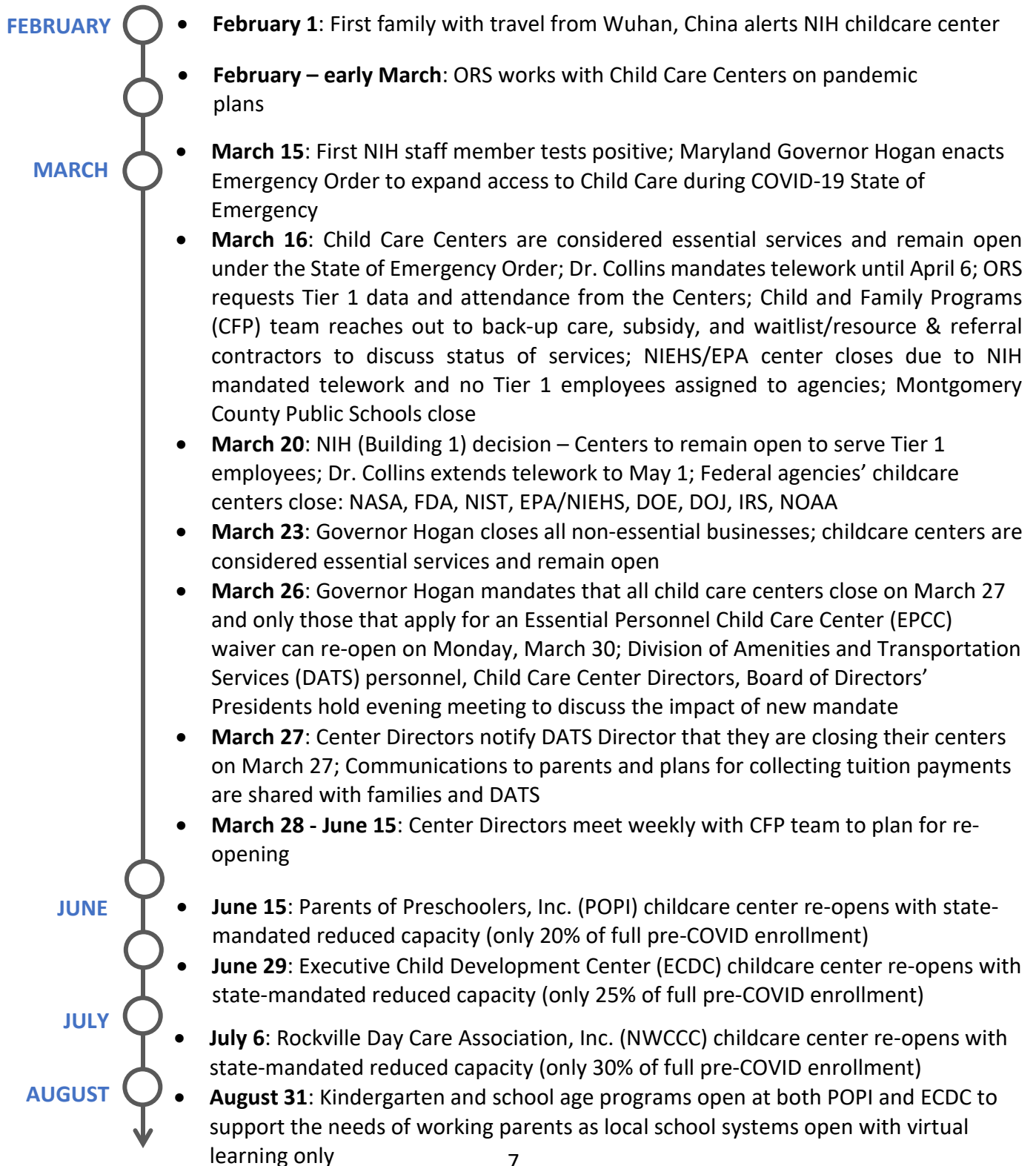
Membership Committee Proposed Work Plan for 2020-2021

The Committee will:

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

NIH Child and Family Programs during the COVID-19 Pandemic

The COVID-19 pandemic has affected nearly all aspects of the NIH Child and Family Programs. Those impacts are summarized here:



NIH Child Care Centers

The greatest impact of the COVID-19 State of Emergency to the NIH Child and Family Programs was observed in the NIH-sponsored Child Care Centers in Montgomery County, Maryland. It should be stated that these are non-profit, independently owned and operated centers that are not contracted by the NIH to provide care. Their presence in NIH facilities is managed through use agreements. The pandemic first touched the NIH childcare centers in February when a family returned from China and was asked to self-isolate for two weeks before returning to an NIH on-site childcare center. At that point, the NIH childcare centers were asked to submit their pandemic plans to ORS. As much of the NIH workforce transitioned to telework and state stay-at-home orders were issued in March, the ORS staff worked with the childcare centers to provide supplies and maintain operations. The ORS also assessed the Tier I personnel usage of the centers and developed contingency plans to provide care to those essential workers with dependent care needs. The centers remained open until Governor Hogan issued the order through the Maryland State Department of Education (MSDE) to close childcare centers on March 27. During the closure, the NIH childcare centers communicated with families, reduced tuition fees, kept staff engaged through trainings, and developed plans for re-opening. In May/June, the centers applied to the MSDE Office of Child Care Licensing for Essential Personnel Child Care waivers. POPI, ECDC, and NWCCC opened at reduced capacity on June 15, 29, and July 6, respectively. As of July 31, the NIH childcare centers were operating at about 30% of licensed capacity and no families currently enrolled were turned away for care.

Under the state mandates, the NIH childcare centers are required to:

- Promote **healthy hygiene practices**, including temperature screenings of children and staff upon arrival each day, frequent handwashing, and cloth face coverings for children and staff
- Intensify **cleaning, disinfection, and ventilation**, focusing on frequently touched surfaces, increased air circulation, and ensuring safe water systems
- Ensure **social distancing**:
 - Classes include the same group of children each day and the same providers remain with the group each day and from week to week
 - Restricting parents and visitors from entering the buildings
 - Closing communal use spaces
 - Staggering arrival and drop off times to limit contact
- **Limit sharing**, including child's belongings, classroom materials and supplies; and avoid close contact, such as hugging
- Plan for when a staff member, child, or visitor **becomes sick**
- **Train all staff** in the safety actions listed above

During this quickly evolving situation, communication was essential. The childcare center directors were responsible for keeping their families informed of operating status and policies. DATS engaged with the NIH Child Care Board at three meetings on March 12, April 16, and May 28. The Board also scheduled two additional off-cycle meetings on July 30 and August 31 to get updates on available childcare services and the re-opening plans of the Child Care Centers, as well as to provide feedback and consultation.

Subsidy Program

The NIH childcare subsidy program provides up to \$5,000 per family for licensed childcare to lower-income employees. A key requirement of the NIH Child Care Subsidy Program is that funds can only be issued when care is provided by state-licensed childcare providers. Given that childcare centers were closed for several months, and expected to be closed for longer, the program is likely to be underutilized this fiscal year. We encourage the ORS to maximize the use of funds by providing the maximum \$5,000 reimbursement to as many users as possible and to shift remaining funds to other programs under the Child and Family Program's umbrella.

Back-Up Care Program

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. This program was adapted to meet the needs of the NIH community during the pandemic by increasing the number of usages per employee from 10 to 20 in the 2020 calendar year. The program was extensively used in April (25% of the six-month capacity was used in one month). This high usage did not continue through the summer. The Board has recommended that the ORS monitor the usage of this vital program and add more uses to the contract if needed.

Other Services

The other ORS Child and Family Program services – including the Child/ Adult/ Legal/ Financial/ Identity Theft Resource and Referral Services, parenting coach, lunch and learn webinars and listservs -- have continued and adapted during the pandemic. A series of six webinars aimed at supporting families during the pandemic was launched in August; each webinar addresses the challenges faced by working caregivers and targets different age groups from children under the age of five years to elderly and adult dependents. Each of the webinars is available to everyone in the NIH workforce and archived on the CFP webpage for future viewing.

Summary

As the pandemic broke, there was deep concern over the ability of the NIH Child and Family Programs to provide childcare options to essential personnel at the NIH. Overall, the flexibility afforded by NIH supervisors and the support from NIH leadership allowed NIH staff and fellows to provide care themselves, or to find family or friends to provide childcare. The fall of 2020 will continue to present childcare challenges as most schools will not return to in-person classes

and parents will need to provide supervision for schooling, even as many will be asked to return to their physical workspaces. We anticipate new challenges to families in the areas of both physical and mental health as physical distancing requirements extend longer than originally hoped.

Child Care Subsidy Program

The purpose of the NIH Child Care Subsidy Program is to make licensed childcare more affordable for lower-income NIH federal employees using agency appropriated funds. The ORS has contracted with FEEA Child Care Services, Inc., to manage the program, and the current contract ends on December 31, 2020. During the 2019-2020 Board year, the Subsidy Committee met with the ORS and the FEEA program manager to evaluate the utilization data and provided updates to the Board. The Committee was tasked with two primary goals for the year:

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

Evaluate and report program utilization, specifically the impact of increasing the total household income and reimbursement rates

On March 1, 2019, thanks to support from ORS and NIH leadership, new total household income cap and reimbursement rates were implemented to boost program usage (Table 1).

<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%

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

In the calendar year 2019, 94 employees and 125 children received assistance through the Subsidy Program. This was a decrease from 2018 when 107 employees and 152 children participated in the program. The trend of decreasing enrollment has been observed since 2016. (Table 2).

The follow-up data showed that a significant number of participants who left the program had increased earnings that exceeded the income cap.

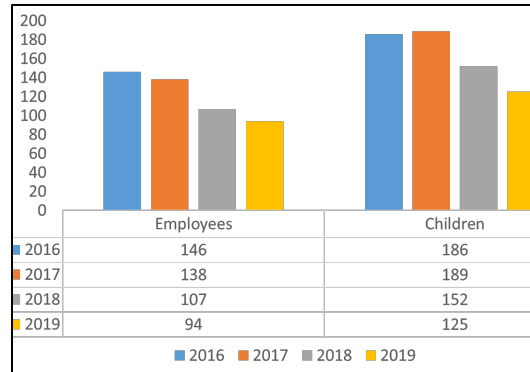


Table 2: 2016 – 2020 Enrollment by Employees and Children

However, with the total adjusted household income levels that went into effect last March, 60% of participating families received the highest reimbursement rate, with 31% reaching the \$5,000 IRS limit per family. These numbers were significantly higher than those of previous years, indicating more families benefit from the new program rates (Figure 1).

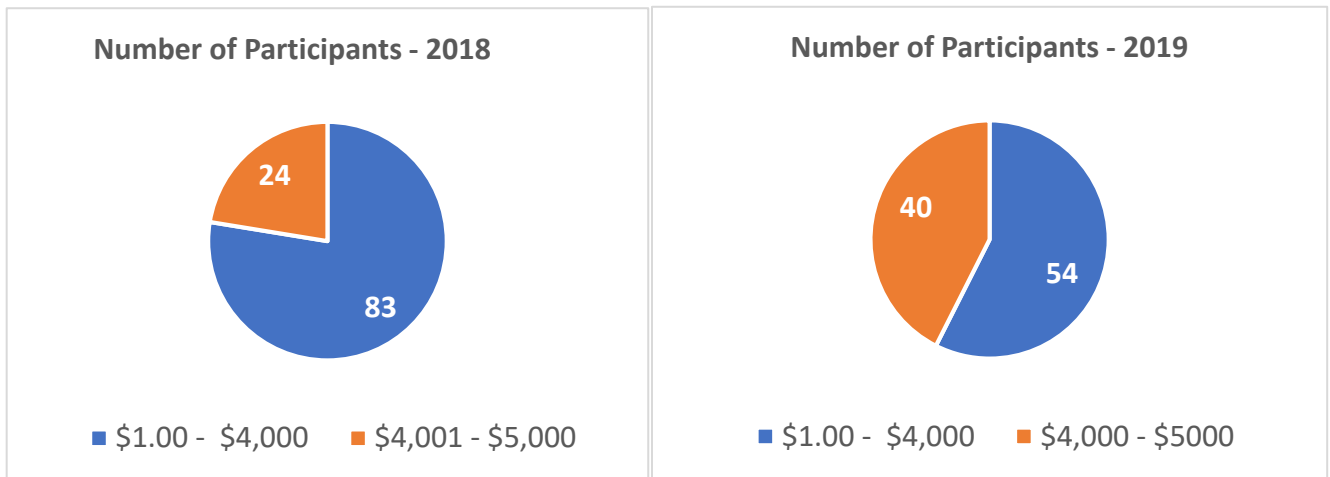


Figure 1: Comparison of the number of participants who reached the \$5,000 cap in 2018 and 2019

In addition, despite the overall reduction in participant numbers, the program was successfully attracting new participants with 16 new applications submitted (compared to four to five new enrollments per year in the past). The Committee attributes this increase to: 1) outreach efforts to raise awareness of the program; 2) an increased Total Household Adjusted Gross Income (AGI) cap that allows more participants to qualify for the program; and 3) a newly established online application system making the submission process much easier. The Board’s Child Care Subsidy

Committee also examined how the program was utilized by income level and GS level. The 2019 data showed the highest usage by the lowest income group, as 82% of the participants are GS-9 and below. Eighty percent (80%) of children receiving subsidies are in single/head of household families.

Overall, the Committee was pleased to see that families with the highest needs had the highest utilization. The revised program rates allowed participants to obtain more benefits. Despite decreasing usage, it is clear from the increase in the number of new applications that unmet needs remain. Therefore, the Committee will continue assessing the program in the upcoming year.

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

Given that the program operated below previous participation rates and this trend of decreased enrollment number has been observed since 2016, the Committee chose to focus on outreach aimed at attracting more participants. Working with the Communications and Outreach Committee, the Subsidy Committee updated the infographic flyer. It will be disseminated widely in the NIH community, especially via the Nursing Mothers Program and Federal Employees Paternity Leave Program (starting in October 2020). Supported by the ORS, a webinar titled “Get the Facts on How the NIH Child Care Subsidy Program Can Save You Money” was hosted on October 23, 2019. In addition to information on eligibility criteria, the webinar provided details on the application and reimbursement process. A recording of this event is available on the NIH Child and Family Programs website. An all-staff email introducing the program was rescheduled due to the COVID-19 pandemic.

Impact of COVID-19 on the utilization of the program

The Child Care Subsidy Program continues to receive and process applications during the COVID-19 pandemic. On March 30, 2020 all licensed childcare providers were mandated to close by the Maryland Governor. The programs remained closed until June 7, 2020. During this time, essential personnel were given free childcare by the State of Maryland and childcare subsidy reimbursements were not paid. Many childcare providers remain closed and many will not reopen. The NIH Child Care Subsidy Program usage had dropped to 66 participants and 83 children by the end of May 2020. Even though the Washington, D.C. metropolitan area is gradually reopening, it is unlikely childcare services will be back to the pre-pandemic level in the near future. Therefore, the Child Care Subsidy Committee recommends maximizing subsidy reimbursements for currently enrolled participants who are affected by COVID-19 during 2020. The Board is supportive of this recommendation, and it is pending final approval by the Office of Research Services.

Child Care Subsidy Program Committee Proposed Work Plan for 2020-2021

The Committee will continue to:

- Evaluate and report program utilization during and after the COVID-19 pandemic.
- Collaborate with the Communications and Outreach Committee to actively promote the program, increase the participation rate, and monitor the effect of outreach.
- Assist with the renewal of the NIH Child Care Subsidy Program contract.

Back-Up Care Program

The NIH Back-Up Care Program began in 2014 and is designed to assist NIH federal employees with the competing demands of work and family responsibilities by providing 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 across the United States for short-term center-based or in-home childcare, as well as in-home care for adult/elderly dependents and self-care for when an employee is ill or injured.

Since its inception, the ORS has contracted with Bright Horizons to manage the program, which is currently in a second six-month extension to the five-year contract which ended in September 2019. The original contract allowed the NIH 400 care uses per year, with 200 uses in each of the six-month extension periods. Federal employees are eligible to use up to ten days of care per year, at a cost of \$6/hour for center-based care and \$16/hour for in-home care. 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 room 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.

The back-up care provider contract is currently being re-competed, with the new contract expected to commence on September 29, 2020. A major change is that the new contract will provide 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 will continue to be responsible for the direct cost of care. This model will move from specifying a capped number of back-up care uses each year to introduce more flexibility to the contract and expand the NIH's ability to meet its workforce's current and future demands for emergency, short-term back-up care. Putting a program in place that allows the NIH flexibility in accommodating variation in back-up care needs over time is critical.

COVID-19 and Back-Up Care

When the COVID-19 global pandemic shut down schools and childcare centers in March 2020, NIH parents and caregivers faced the conflicting priorities of caring for children while simultaneously continuing to work to advance the NIH mission. The NIH Back-Up Care Program has served a critical role by providing an option for emergency childcare coverage in these challenging circumstances. As the NIH workforce moves to return to their physical workspaces, and childcare services remain unavailable or limited, the need for back-up care coverage will likely grow. In response to anticipated increased need, the Back-Up Care Program was adjusted to allow individual staff up to 20 days of care for the calendar year 2020, instead of the previous limit of 10 uses per person per calendar year. The NIH Child Care Board requested that ORS aggressively advertise the program to ensure federal employees are aware of this program

and to inform staff of the increased 20 uses/person limit. In addition, the Child Care Board requested that the ORS monitor usage carefully and acquire more contract uses for the six-month extension period as needed to ensure the resource remains available to meet the needs of NIH federal employees as the NIH reopens.

Program Utilization: Key Findings

During the 2019-2020 NIH Child Care Board year, the Back-Up Care Committee met with ORS representatives and the Bright Horizons program manager to evaluate data about program utilization and patterns of usage.

Registered Users: As of May 31, 2020, a total of 1,788 NIH employees were registered for the program, for the potential care of 2,742 dependents. This represents a 7% increase in registered employees and a 6% increase in registered care recipients from May 2019. Of the registered dependents, 15% were adults/elders and 85% were children.

Total registration in the Back-Up Care Program has grown significantly since the contract began in October 2014. In the first contract year, there were 1,033 registered users. The May 2020 total of 1,788 registered users represents an increase of 73% since the program's inception.

Overall Usage: In the most recent one-year period, between June 2019 and May 2020, there were 302 back-up care uses. This usage is lower than the previous one-year period and likely reflects two factors: 1) a mild winter with few snow-related school closings, and 2) the height of the COVID-19 pandemic which resulted in families being quarantined at home and not seeking care by outside providers.

It is important to note that *demand* for back-up care per month has been consistently high, with a total of 576 requests for care in this one-year period. 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 576 requests for care exceed the NIH's 400 contracted uses by 44%.

These important data demonstrate a high demand for back-up care services and the potential use that may 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 arrangements on their own.

Type of Care Used: Between June 2019 and May 2020, 52% of back-up care uses were for center-based care, 38% were for in-home care of well children, 7% were for in-home care of mildly ill children, and 3% were for adult/elder care. Across age groups, the program was most often used for the care of preschoolers (40%) and toddlers (36%).

Usage by Job Type: Across NIH employee job categories, the majority of uses (50%) were by Researchers and Scientists. Usage among other job categories was lower: 23% of uses were by Administration/Support personnel, 13% by Patient Care personnel, 5% by Director/Management personnel, and 2% by Professional personnel (see Figure 2).

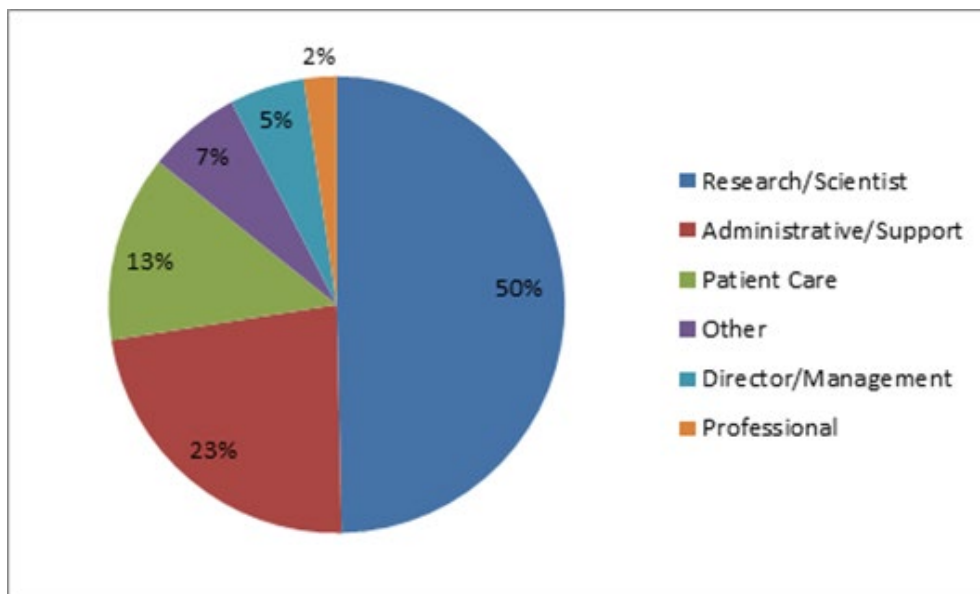


Figure 2: Usage by Job Type

Value of the Program: A total of 278 employee absentee days were saved from June 2019 to May 2020 due to the Back-Up Care program. Based on surveys of the program users, 82% of survey respondents were satisfied overall with the program. One example of feedback from an NIH employee that illustrates the value of the Back-Up Care program is as follows: *“I am very satisfied with the process of backup care. I had a child with a fever and was able to get childcare for the following day from a certified provider.”*

Outreach and Communication

ORS and the Communications and Outreach Committee of the NIH Child Care Board devoted significant efforts to improve Back-Up Care Program awareness and utilization in the past year. Focused efforts included:

- Expansion to an additional ten (10) days of care allotted to registered participants in April 2020 to respond to the pandemic
- Postings to the NIH Parenting Listserv
- Inclusion of Back-Up Care Program information in all presentations and “WorkLife@NIH: A Supervisor’s Guide to Enhancing Workforce Well-being” trainings

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.

The ORS has been working this summer to select a back-up care provider and award the new contract by late September. The move to a contract with unlimited uses will be a valuable step towards ensuring that all NIH staff can receive the emergency back-up care coverage they need—including fellows and trainees, who are currently excluded from program participation. Given the unpredictability of the COVID-19 pandemic, virtual learning for school-age children, and the limited childcare program spaces due to required physical distancing measures, providing a flexible and accessible back-up care program to the NIH staff is more important than ever.

Back-Up Care Committee Proposed Work Plan for 2020-2021

The Committee will:

- Monitor and report program utilization 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.
- Explore how the new unlimited access contract model may allow us to expand access to NIH employees more broadly.

NIH Child Care Centers Waitlist

The ORS has contracted with LifeWork Strategies to manage a complex centralized waitlist for the three NIH sponsored childcare centers located in Montgomery County, Maryland. The Board's Waitlist Committee evaluates data, policies and procedures and makes recommendations to improve the enrollment process, efficiency, transparency, and equity of the NIH Waitlist. The Waitlist Committee prepared the following data in April 2020. These data will serve as an important comparison as waitlist usage evolves over the course of the COVID-19 pandemic. The Board will review the latest data and reevaluate the state of the Waitlist when the new board year begins in October 2020.

The demand (798 children on the waitlist), as of March 31, 2020, for the NIH-sponsored childcare centers exceeds the current number of childcare spaces (559) available to NIH employees and trainees (see Table 3) in the NIH sponsored centers. Please note, the current number of available spaces (559) represents the full capacity of all three centers, not the reduced capacity currently mandated by the state of Maryland for physical distancing.

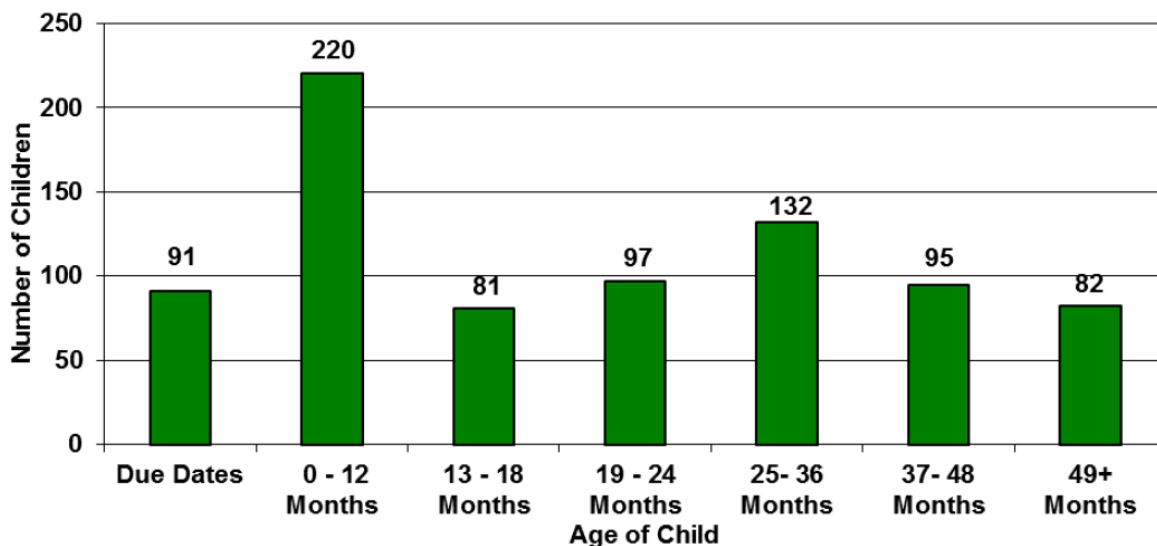


Table 3: NIH Wait List by the number of children per age group (as of March 31, 2020)

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 Waitlist. As of March 31, 2020, there are 798 unique children on the NIH Waitlist, which is over **300 fewer children** than were on the Waitlist during the construction of the new center.

Data Analysis

The Waitlist Committee, which consists of Board members and representatives from the childcare centers, met to review the waitlist data in February 2020. The major concern of the Waitlist Committee was not too many names on the list, but rather too few preschool age children on the waitlist for the Summer/Fall 2020 enrollment campaigns. As illustrated in Table 3, the majority of children on the NIH Waitlist are under 18 months of age. Moreover, when reviewing the profiles of the preschool age children, it was noted that most had previously been offered enrollment in a center and had declined. There were very few preschool age children seeking immediate care (see Table 4).

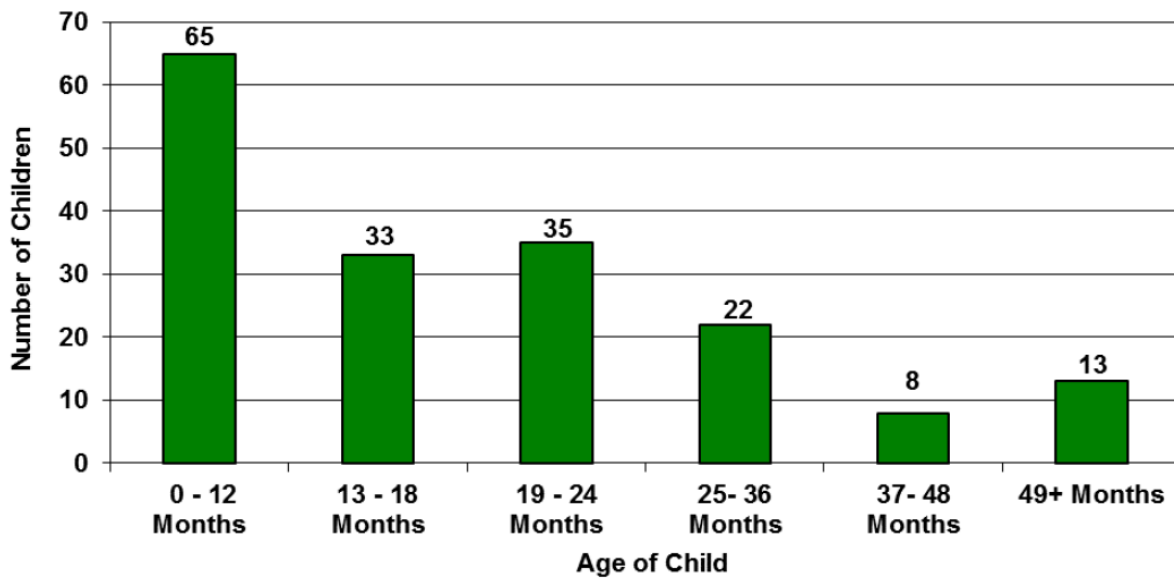


Table 4: Number of children waiting for immediate enrollment (as of March 31, 2020)

This is concerning for two reasons. First, we are not serving the greatest need of the NIH community (infant and toddler care). Second, the business model for child care centers is to have the tuition payments of the larger number of preschool age children (with a child to adult ratio of ten children to one adult) offset the costs of the infants and toddlers (with a 3 children per 1 caregiver ratio). Childcare centers are not fiscally solvent without strong preschool enrollment. In Washington, D.C., the implementation of universal Pre-Kindergarten in public schools has seen a tangible impact on private childcare centers. It is quite possible that Maryland will follow D.C.'s lead and institute universal Pre-Kindergarten, which would have consequences for the current NIH childcare providers.

In light of these trends, the NIH needs to prepare for potential changes to facilities that will be required to meet the needs of the NIH community. A preschool room cannot be turned into an infant care room without involvement by the Office of Research Facilities. For example, preschool rooms do not have diaper changing stations or cribs. Families will also need time to prepare for a cost increase as the tuition per child would need to increase to accommodate the fewer number

of children overall. The Committee worked with the ORS to develop a comprehensive contingency plan to address the immediate need to fill the preschool rooms for summer 2020. This plan was not implemented because COVID-19 led to the closure of the centers in March 2020.

Changes to Decline Policy

The NIH Waitlist is most effective in filling vacant childcare spaces when it contains a sufficient number of children who are likely to accept enrollment when offered. In recent years, the NIH Child Care Board has enacted multiple policy changes to remove children with multiple declines from the Waitlist (Decline Policy). While helpful in shortening the waitlist and allowing for spaces to be filled in a timelier manner, the names of the policies were not clear to parents. The Committee recommended eliminating the names of the different decline policies and simply refer to it as the Decline Policy. If a parent declines an offer for their child, their child will be placed at the end of the Waitlist for all three centers. If a parent declines an offer again, the child will be removed from the Waitlist. The parent must re-register if they wish to rejoin the waitlist. There is no charge to register for the Waitlist. This policy was approved in March 2020 and implemented in August 2020 during fall enrollment.

Impact of COVID-19

The immediate concern of insufficient numbers of children to fill the preschool classrooms over the summer and in the fall was sidelined by the pandemic. The NIH Waitlist is still ostensibly accepting new names, but there is little activity. New enrollments in the centers are beginning for fall 2020, although many parents have pushed back their desired dates of enrollment to 2021. The timeline for return to full capacity is unknown. Dozens of families chose to disenroll their children to save tuition fees as soon as the centers closed. Should they wish to re-enroll, they will need to re-register for the Waitlist.

NIH Child Care Centers Waitlist Committee Proposed Work Plan for 2020-2021

The Committee will:

- Review waitlist data and report on trends and the impact of changes to policies and procedures on an annual basis.
- Examine the impact of the COVID-19 pandemic on childcare availability throughout Montgomery County and its impact on the NIH Waitlist.
- Review trends in demographics and universal Pre-Kindergarten options for impact on the NIH Waitlist.

Communications and Outreach

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

- Continue to use a shared outreach calendar and available analytics to plan activities; leverage the outreach calendar to record metrics and demonstrate progress.
- Assess and support other NIH 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 Board's Innovative Programs Committee in replicating the 2012 Life@NIH Survey.

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

This awareness is no more important than when dealing with a pandemic that has affected the entire NIH community. This year the Committee supported ORS in various ways regarding communications to the broader NIH community about the COVID-19 issues affecting our community, including providing input into ORS's work with the NIH childcare centers during this time and guidance on appropriate notification strategies for families.

The Committee continued to collect expanded analytics and data on our communications and outreach efforts to refine our 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 supported the ORS in preparation and implementation of October 2019 Work and Family Month. Specifically, a Committee member facilitated the co-sponsorship of the event by the NIH Blueprint for Neuroscience Research. Committee members also reviewed and shared promotional materials for Work and Family Month.

This year, the Committee provided communications and outreach support to other Board committees, to help them communicate their programs to their various audiences. Much of the communication focused on increasing awareness and usage of the services. The Committee coordinated NIH global announcements about the NIH Child Care Centers Waitlist, the Child

Care Subsidy Program, Board membership, and the Back-Up Care Program. The Committee also updated the NIH Waitlist FAQs, a well-used resource by NIH parents.

The Committee continued to implement a plan to share Child and Family Programs outreach materials with the NIH community. The Committee made recommendations to guide the Child and Family Programs website redesign, suggested using the ORS Twitter account more frequently, and started using digital monitors at the Clinical Center to share information about Child and Family Programs. Committee members displayed posters at NCI Frederick as well as did extensive outreach at NCI Shady Grove. Thanks to the Committee's efforts, IC Well-being Ambassadors (including those from Montana and North Carolina) now attend Child Care Board meetings.

The Committee acknowledges that NIH Child and Family Programs are intended to support the entire NIH (including satellite locations) and focused efforts this year to ensure that outreach and communications reach the NIH staff at those locations.

Communications and Outreach Committee Proposed Work Plan for 2020-2021

The Committee will:

- Continue to use a shared outreach calendar and available analytics to plan activities; leverage the calendar to record metrics and demonstrate progress.
- Assess and support other NIH Child Care Board committees in reaching outreach, awareness, and utilization goals.
- Support the ORS in preparation and implementation of October 2020 Work and Family Month, including facilitation to a virtual event.
- Review and submit recommendations to the ORS on Child and Family Programs' communications and outreach efforts, including websites and other digital outreach channels.
- Provide support and guidance on the ORS website redesign project.
- Support the Board's Innovative Programs committee in replicating the 2012 Life@NIH Survey.

Innovative Programs

The Innovative Programs Committee's purpose is to examine opportunities to expand access to quality, affordable childcare and related services, such as those provided through the NIH Child and Family Programs, for the entire NIH workforce. The Committee's work in the 2019-2020 Board year focused on three distinct areas: 1) staying engaged in the local community's child care developments; 2) contributing to the development of a new Life@NIH Survey (adapting the 2012 survey); and 3) exploring options for a child care subsidy program for fellows and trainees.

Community Child Care: Montgomery Moving Forward

The provision of childcare is a highly regulated system, and across the region, there is a dearth of qualified, licensed childcare 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 the Montgomery County Executive 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 childcare services environment. In the previous Board year (2018-2019), the Innovative Programs Committee and Child Care Board discussed this new initiative, results from other childcare needs assessments conducted, and other programmatic data. As a result, during this Board year (2019-2020), in consultation with the ORS/DATS and the Office of General Counsel, the Committee determined that NIH representatives could serve on local government or community forums focused on childcare. The Committee Co-Chairs requested that ORS/DATS identify a Child and Family Programs representative to serve on the advisory board of the not-for-profit organization, [Montgomery Moving Forward \(MMF\)](#), a collective impact project of Nonprofit Montgomery focusing on the need for a better system of Early Care and Education that will support working families, address the opportunity gap, and prepare the workforce of tomorrow. Supervisory permission was given for an ORS representative to participate in the Montgomery Moving Forward (MMF) Employer Toolkit forum. MMF has developed an Early Care and Education (ECE) Employer Toolkit as a resource for employers and employees. Currently, our community has a number of programs and services for working parents that many simply do not know about and therefore do not access. The Toolkit is a compendium of resources related to ECE programs, services, and policies to facilitate the dissemination of information about childcare and other family services to Montgomery County employers, including the NIH. The Toolkit can also be used as a recruitment and retention tool. The ORS representative's participation on MMF has better enabled the Committee and Child Care Board at large to stay well-informed on the plans, activities, and impact of community initiatives, including those related to the recent COVID-19 crisis.

Life@NIH Survey

In October 2012, the NIH Child Care Board, ORS, and OHR conducted an awareness survey to explore the NIH community's knowledge about the variety of services that support work-life balance. This survey was critically important to the ongoing work of ORS, OHR, and the Board. For instance, both the Back-Up Care program and the Communication and Outreach Committee were developed in response to the survey – to fill gaps in areas that the NIH community described as lacking. Both the Back-Up Care Program and Communications and Outreach Committee's efforts have been successful and are described elsewhere in the report. Given the impact of the 2012 Life@NIH survey, the Innovative Programs Committee, in partnership with ORS/DATS and OHR, has developed concepts and questions related to child care and family services to be included in an effort to adapt and update the 2012 Life@NIH Survey to assess NIH-wide awareness of programs, supervisory training efforts, and upcoming trends. The Committee has partnered with other stakeholders, including the Health and Wellness Council and the Aging and Adult Dependent Care Committee, in development of the survey. The progress of the survey development has been impacted by COVID-19, but the Committee is committed to helping with this effort and are ready to pilot the survey when needed. The release date of the survey is not yet known but is expected to occur during the 2020-2021 fiscal year. The Committee expects the results of the survey to be extremely beneficial in the future decisions, efforts, policies, and plans of the Child Care Board and ORS. Indeed, the instrument will aid NIH senior leaders by capturing progress since 2012 in meeting NIH employee work-life support needs and identifying areas for growth.

Child Care Subsidy for Fellows and Trainees

Over the years, the Board has tried to incorporate fellows into the existing NIH Child Care Subsidy Program, which is currently available only to NIH federal employees due to legislative constraints. The Board has also supported fellows proposing their own program to non-NIH entities (e.g., FELCOM, FAES). The efforts of the Board alone have, unfortunately, not been successful. This remains an important issue to the Board, and the Committee decided to add to their work plan for this year the goal of engaging with Dr. Michael Gottesman, Deputy Director for Intramural Research. The Committee planned to inform him of the high cost of childcare, the impact on fellows, and their inability to utilize the NIH Child Care Subsidy Program. The hope is that Dr. Gottesman will view the need to offset the cost of child care for trainees and fellows as a significant issue for the scientific community, choose to champion the issue, and have the resources and creative thinking to explore avenues for financially assisting trainees and fellows with child care needs. The Committee believes that simply folding fellows into the existing NIH Child Care Subsidy Program will not meet the needs of the fellows. In preparation of any letter or discussion with Dr. Gottesman, the Committee reached out to the Office of General Counsel with several questions, including:

1. Can ICs use appropriated funds to pay the intramural fellows funds directly to support childcare support/subsidies? We could use the Fellowship Payment System as the mechanism to do this option, which is used for Stipends/Insurance.
2. Can the ICs use appropriated funds to pay for childcare support/subsidies through FAES? We pay FAES via OFM invoicing on all insurance payments and could be done similarly in this option. Pending FAES to partner/agree to provide this additional logistical support.
3. Can the ICs use appropriated funds to pay for childcare support/subsidies through a foundation (i.e. FNIH)?
4. If #1-3 are not available options, how can we provide specifically designated funds to Fellows that support childcare services? And is there a dollar (\$) minimum or maximum we can provide?

In May, the Committee Co-Chairs received the following response, [Agencies are permitted by statute to assist lower income employees with the costs of childcare. 40 USC § 590 and regulations at 5 CFR § 792.201. Employee is defined in this regulation as an individual who is “appointed in the civil service.” 5 USC § 2105. The history of the regulation permitting the childcare benefit excludes contractors from the definition of employee. 68 Fed. Reg. 14127-01, 2003. Within the NIH, trainees in the Intramural Research Training Award program are also not deemed to be employees. See e.g. Manual Chapter 2300-320-7. Thus[,] OGC does not believe that, without a legislative change, this expenditure would be considered proper. Furthermore, if an agency is not permitted to use appropriated dollars directly for a particular purpose, it also is not permitted to spend those monies indirectly for that purpose (through FNIH or FAES for example). However, there may be categories of fellows who could be categorized as “appointed in the civil service” and thus potentially eligible for the benefit. I would be glad to do further research if you can give me the details of other appointment mechanisms that may be relevant.]

Given COVID-19-related interruptions and the response from OGC, the Committee has not yet directly contacted Dr. Gottesman regarding the issue of childcare subsidy for trainees and fellows. The Committee will continue this effort in the coming Board year and is committed to engaging with scientific leadership on this important issue.

Future plans

The impact of COVID-19 on childcare programs and community needs is unprecedented. As such, the Innovative Programs Committee will continue to stay up to date on local community childcare plans and resources through the ORS’s participation with MMF. Next, 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. The Committee will continue to assist in the development and execution of the next Life@NIH Survey. Among the many expected benefits, the next survey will help determine the needs of fellows with children, and thus, will assist in the efforts of childcare subsidy for fellows. The Committee will continue their efforts on engaging intramural scientific leadership on the topic of childcare subsidy for trainees and fellows. Finally,

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.

Innovative Programs Committee Proposed Work Plan for 2020-2021

The Committee will:

- Collaborate with the Child and Family Programs representative, who serves on the advisory board of the not-for-profit organization, Montgomery Moving Forward (MMF) and the MMF Employer Toolkit forum, to stay up to date on local community childcare plans, policies, programs, and resources.
- In partnership with ORS and OHR, assist in the implementation of the next Life@NIH Survey to assess NIH-wide awareness of programs, supervisor training efforts, needs of specific NIH communities (i.e., fellows), and upcoming trends.
- Draft and submit a letter to Dr. Michael Gottesman, Deputy Director for Intramural Research, that will provide information regarding the high cost of childcare for fellows and trainees and their inability to utilize the NIH Child Care Subsidy program. In conjunction, the Committee will be available to assist the Office of Intramural Research (OIR) regarding any questions relating to the cost of childcare for fellows and trainees, as well as inform the OIR about potential childcare subsidy opportunities to service the NIH Intramural fellows and trainees.

NIH Child Care Board Recommendations

Based on the Boards' efforts during 2019-2020, the NIH Child Care Board makes the following recommendations to the NIH/ORS leadership:

- For calendar year 2020, maximize childcare subsidy reimbursements for currently enrolled participants in the NIH Child Care Subsidy Program who are affected by COVID-19.
- Actively advertise the NIH Child Care Subsidy program to increase the number of participants.
- Request the ORS aggressively advertise the Back-Up Care program to assist NIH federal employees with emergency, short-term care during COVID-19.
- Request the ORS acquire additional contract uses for the current six-month extension of the Back-Up Care Program as needed to meet the needs of the NIH federal employees as the NIH reopens its campuses.
- Request the ORS create and support a COVID-19 after-action committee to:
 - Review and identify challenges specifically related to families, parents, and childcare providers during the COVID-19 pandemic crisis.
 - Submit recommendations on how to address a future pandemic/health crisis and mitigate the impact to families.
 - Membership should include but not be limited to: Child Care Board members, NIH sponsored childcare center Board representatives and center directors, and DATS staff.
- Secure additional staff resources on the ORS/DATS Child and Family Programs team to support NIH families during the vulnerable time of the COVID-19 pandemic.

DRAFT 2020-2021 NIH Child Care Board Work Plan

Back-Up Care Program

- Monitor and report program utilization 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.
- Explore how the new awarded contract model can expand access to the NIH community.

Child Care Subsidy Program

- Evaluate and report program utilization during and after the COVID-19 pandemic.
- Collaborate with the Communications and Outreach Committee to actively promote the program, increase the participation rate, and monitor the effect of outreach.
- Assist with the renewal of the NIH Child Care Subsidy Program contract.

Communication and Outreach

- Continue to use a shared outreach calendar and available analytics to plan activities; leverage the calendar to record metrics and demonstrate progress.
- Assess and support other NIH Child Care Board committees in reaching outreach, awareness, and utilization goals.
- Support the ORS in preparation and implementation of October 2020 Work and Family Month, including facilitation to a virtual event.
- Review and submit recommendations to the ORS on Child and Family Programs' communications and outreach efforts, including websites and other digital outreach channels.
- Provide support and guidance on the ORS website redesign project.
- Support the Board's Innovative Programs Committee in replicating the 2012 Life@NIH Survey.

Innovative Programs

- Collaborate with the Child and Family Programs representative, who serves on the advisory board of the not-for-profit organization, Montgomery Moving Forward (MMF) and the MMF Employer Toolkit forum, to stay up to date on local community childcare plans, policies, programs, and resources.
- In partnership with ORS and OHR, assist in the implementation of the next Life@NIH Survey to assess NIH-wide awareness of programs, supervisor training efforts, needs of specific NIH communities (i.e., fellows), and upcoming trends.
- Draft and submit a letter to Dr. Michael Gottesman, Deputy Director for Intramural Research, that will provide information regarding the high cost of childcare for fellows and trainees and their inability to utilize the NIH Child Care Subsidy program. In conjunction, the Committee will be available to assist the Office of Intramural Research (OIR) regarding any questions relating to the cost of childcare for fellows and trainees, as well as inform the OIR about potential childcare subsidy opportunities to service the NIH Intramural fellows and trainees.

Membership Committee

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

NIH Child Care Centers Waitlist

- Review waitlist data and report on trends and the impact of changes to policies and procedures on an annual basis.
- Examine the impact of the COVID-19 pandemic on childcare availability throughout Montgomery County and its impact on the NIH Waitlist.
- Review trends in demographics and universal Pre-Kindergarten options for impact on the NIH Waitlist.