

**Annual Report
of the
NIH Child Care Board
2020-2021**





September 13, 2021

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

FROM: Kristin Dupre, Ph.D., Chair, NIH Child Care Board 2020-2021

SUBJECT: 2020-2021 Annual Report of the NIH Child Care Board

Dear Dr. Collins:

Like all aspects of life, the COVID-19 pandemic has deeply impacted the childcare landscape at the NIH. This crisis has highlighted the role of childcare services as an essential requirement for a productive NIH workforce. Indeed, our NIH parents and caregiver community have endured a tumultuous 17 months and counting – juggling work-life challenges to an extreme level. The efforts of the NIH Child and Family Programs staff in the Office of Research Services (ORS) and the NIH Child Care Center Directors and their staff have been heroic. The NIH Child Care Board thanks the NIH and particularly ORS for working to keep the NIH on-site childcare providers open for as long as possible in March 2020, for working with them to re-open as Essential Personnel Child Care Centers in June 2020, and for continuing to work with them as Montgomery County guidelines have evolved from June 2020 to today. Currently, our childcare providers are operating at an average of 84% capacity, supporting the highest number of NIH families since the start of the pandemic.

Further, NIH leadership’s support of working parents, including encouraging maximum flexibility and ‘dependent care’ administrative leave options, has been vital to continuing the important work of the NIH. The NIH remains at the vanguard of federal agencies in recognizing that the quality of the Agency’s scientific research 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 NIH community has shown tremendous resilience to overcome the challenges and hardships of the pandemic. But sadly, it is not over. **The Board emphasizes that a childcare crisis will remain as the pandemic continues and even thereafter.** It is well recognized that 2020 was an extremely difficult year for the childcare system. The pandemic intensified the already familiar strains on childcare providers and families. Data compiled by ChildCare Aware of America found that childcare providers were leaving the field prior to the pandemic. When providers had to close or experienced massive drops in attendance due to COVID-19, their ability to stay in business was further threatened. A survey of childcare providers conducted recently by the

National Association for the Education of Young Children (NAEYC) found that only about 68% of the children enrolled pre-pandemic were in care again by December 2020. There are also concerns about the precipitous decline in the number of qualified childcare professionals. The director of [Better Life Lab](#) reports that there are 20,000 fewer childcare centers since the pandemic, and according to the Bureau of Labor Statistics, one in nine childcare jobs have been lost. This workforce crisis is expected to grow as more parents begin to work outside the home. Reopening childcare programs is only one component of recovery. Our childcare providers need continued support to stay in business and thrive, and our NIH families need access to affordable, quality childcare to meet the mission of NIH.

Moreover, it is well documented that women, and especially women of color, disproportionately bear the burden of childcare gaps.¹ This disturbing trend was laid bare by the pandemic, with male researchers' productivity far outpacing their female counterparts.² 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. We also recommend childcare cost support for intramural fellows like the recently announced support for extramural National Research Service Award fellows. 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.

I am pleased to present the 2020-2021 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,

Kristin B. Dupre, Ph.D.
Chair, NIH Child Care Board

¹ Kate Power (2020) The COVID-19 pandemic has increased the care burden of women and families, Sustainability: Science, Practice and Policy, 16:1, 67-73, DOI: [10.1080/15487733.2020.1776561](https://doi.org/10.1080/15487733.2020.1776561); <https://www.brookings.edu/essay/why-has-covid-19-been-especially-harmful-for-working-women/>; <https://doi.org/10.1093/oxrep/graa027>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7670232/>; <https://www.nap.edu/catalog/26061/the-impact-of-covid-19-on-the-careers-of-women-in-academic-sciences-engineering-and-medicine>

Attachment: 2020-2021 NIH Child Care Board Annual Report

cc:

Alfred Johnson

Colleen McGowan

Timothy Tosten


Tammie Edwards

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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 the NIH's mission 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 COVID-19 pandemic.



NIH Child and Family Programs Services during the COVID-19 Pandemic

NIH Federal Employees Only:

- **Child Care Subsidy Program** is always taking applications. Applications can be submitted online. If you are wondering if you qualify, check your 2020 IRS Tax Form 1040, Line 11 for your Adjusted Gross Income. If your adjusted household income is less than \$80,000, you may be eligible to receive up to \$5,000 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/pes/dats/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
- **Back-up Care Program** is currently available for in-home care for adults and in-home and center care for children nationwide. Registration for the program is FREE. [Click here for more information](#). There is a cost of care when you use the program. You can use the program for 10 days of care per year.

NIH Contractors, Federal Employees and Trainees/Fellows:

- **NIH Resource and Referral Services** 1-800-777-1720
 - 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) – assist with anything related to an adult – especially during COVID-19 when 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 at a discounted rate
 - **Financial** – first 30 minutes free, additional time at a discounted rate
 - **Identity Theft** – 60 minutes free consultation

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

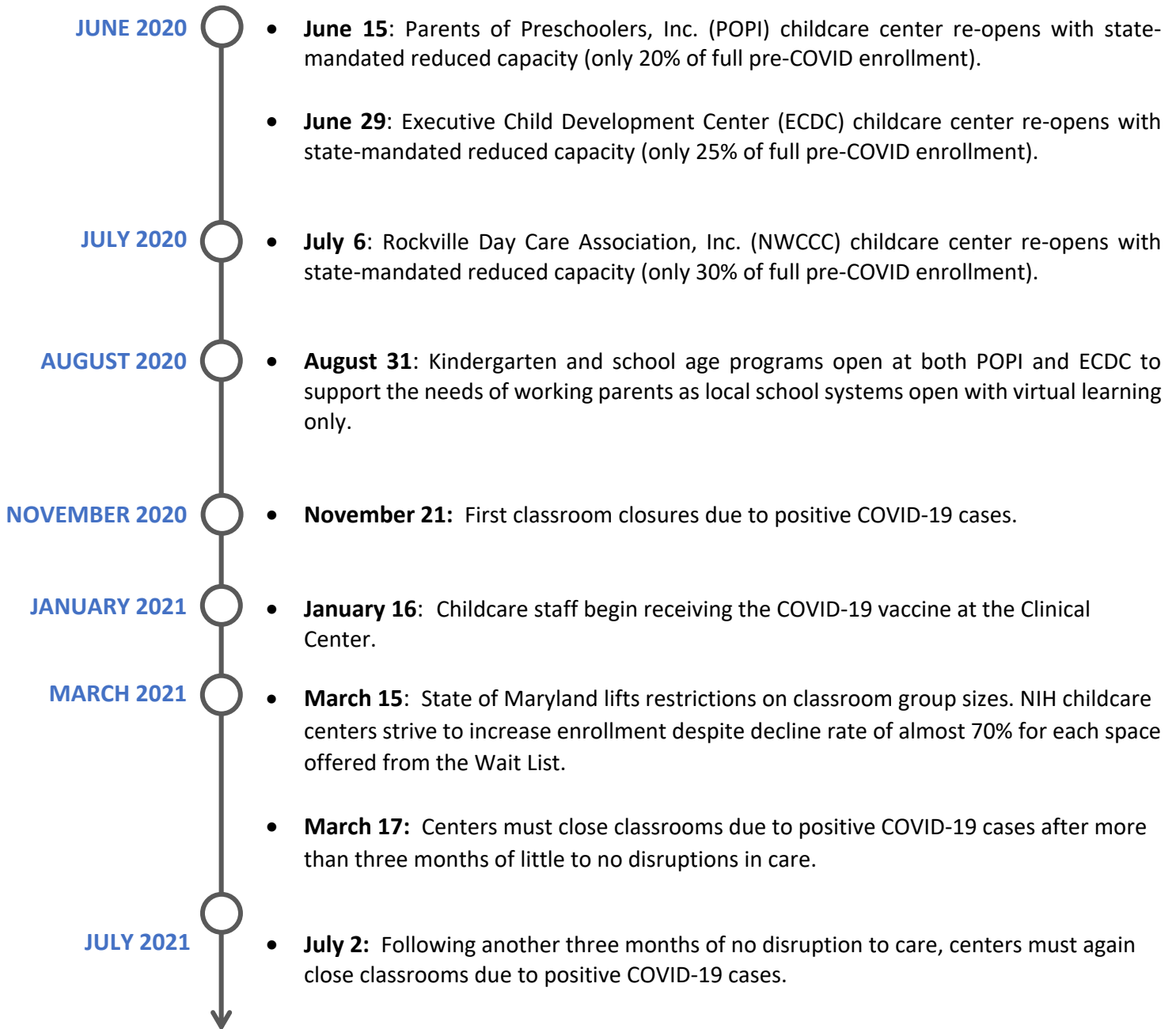
- **NIH Parent Coach**
An excellent resource for answering all those questions you may have about parenting, children of all ages (including college students), and how to cope with COVID-19. [Click here for more information](#). You or your family members can reach the Parent Coach via email: nihp parentingcoach@adventisthealthcare.com
- **Lunch and Learn Webinars**
Over 75 webinars 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 for more information](#): https://www.ors.od.nih.gov/pes/dats/childcare/Pages/parent_seminars.aspx
- **Listserves: Parenting Listserv and Adult-Care-Support Listserv**
Interact with others within the NIH community concerning parenting and adult care resources, concerns, and recommendations. [Click here for more information about the Parenting Listserv and Adult-Care-Support Listserv.](#)
- **Employee Assistance Program and Caregiver Support**
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. Call EAP at 301-496-3164 or [click here for more information](#)

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: Linda Owen, Program Manager at Linda.Owen@nih.gov.

NIH Child and Family Programs Services during the COVID-19 Pandemic
(Division of Amenities and Transportation Services, Office of Research Services, 2021)

NIH Child and Family Programs during the COVID-19 Pandemic

The COVID-19 pandemic continues to affect 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.

In early June 2020, the three NIH-sponsored childcare centers applied to the Maryland State Department of Education (MSDE) Office of Child Care Licensing for Essential Personnel Child Care waivers. Parents of Preschoolers, Inc. (POPI), Executive Child Development Center, Inc. (ECDC), and Rockville Day Care Association, Inc. (NWCCC) opened at reduced capacity on June 15, 29, and July 6, 2020, respectively, and have continued to operate without significant disruption. Two of the childcare centers offered Kindergarten and school-age cohorts to support the needs of working parents as local school systems opened with virtual learning only.

On March 15, 2021, the state of Maryland licensing restrictions limiting group sizes were lifted allowing the childcare centers to expand their enrollment. The centers worked fervently to increase the number of children enrolled but were frustrated by a decline rate as high as 71%. As of June 30, 2021, the NIH childcare centers are operating at an average of 84% of licensed capacity, supporting the highest number of NIH families since the start of the pandemic.

During the 2020-2021 Board year, the NIH Child Care Centers were open and operating at reduced enrollment, even though offers of enrollment to interested families continued throughout. With maximum telework and the limited return to the physical workplace for NIH employees, childcare enrollment is down in NIH childcare centers and available spaces remain unfilled. As a result, the center administrators were forced to make reductions in their staff. They now face uncertainty in being able to recruit and hire qualified employees when their enrollment eventually, and hopefully, increases. As stated earlier in this report, re-opening childcare programs is only one component of recovery. Childcare must be considered in conjunction with the development of plans for NIH's Return to the Physical Workspace.

The Centers' diligence and attention to state licensing and federal health and safety guidelines helped maintain a safe, productive, consistent learning environment for the children. Since the start of the pandemic, each of the three childcare centers has had to close a classroom on three separate occasions, for a total of nine classroom closures, due to positive COVID cases. Only two of the classroom closures were a result of a child testing positive for the virus. In each instance, the Maryland Department of Health (MDH) made the decision to close the classroom, and contact tracing was completed by MDH in every case. The childcare centers have received support from the Office of Research Facilities (ORF) housekeeping staff, the Division of

Occupational Health and Safety, the Child and Family Programs staff, and the parents of enrolled children since resuming operation in June 2020.

With the support and assistance of ORS staff, the childcare center staff members were prioritized for receiving the COVID-19 vaccine at the Clinical Center beginning in January 2021. Those staff members receiving the vaccine elsewhere in the community were encouraged to report their vaccination status to ORS's Occupational Medical Services (OMS). In addition, asymptomatic testing was offered and continues to be made available to all childcare center staff. The support of the Occupational Medical Service (OMS) and Clinical Center staff in facilitating vaccinations and testing has been unflagging.

Other Services

The other ORS Child and Family Programs services – including the resource and referral services, parenting coach, lunch and learn webinars, and listservs -- have continued, adapted, and expanded during the pandemic. Attendance at Child and Family Programs webinars is at an all-time high, and the webinars have reached upwards of 5,060 employees since the beginning of the pandemic. A series of six webinars aimed at supporting families during the pandemic was launched in July 2020; 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. The webinars are available to everyone in the NIH workforce and archived on the Child and Family Programs website for future viewing.

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 recommended by the Membership Committee and voted in by the Board to represent a full range of careers, backgrounds, family makeup, 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 2020-2021

NIH LIAISONS 2020-2021

Dr. Kristin Dupre (NINDS), Chair	Dr. Melissa Conti Mazza (NIA), FELCOM
Ms. Olivia Kent (NIA), Vice-Chair	Dr. Pragya Prakash (NIDCD), FELCOM
Dr. Theresa Cruz (NICHD)	Ms. Anna Verschoore (OD), EAP
Ms. Ila Flannigan (CC)	Mr. Ivan Locke (OD), ORF
Mr. Daniel Fogarty (CC)	Ms. Mallory McCormick (OD), OHR
Dr. Chao Jiang (NIAID)	Dr. Carl Hashimoto (OD), OIR
Mr. Dan Lonnerdal (CC)	Dr. Mary Kearney (NCI), WSA
Dr. Seema Nayak (NIAID)	Mr. Ed Kang (NIEHS), ASB
Ms. Nicole Ray (NIDDK)	Ms. Tammie Edwards (OD), ORS
Dr. Suzanne Ryan (CSR)	Ms. Anne Schmitz (Executive Director, Executive Child Development Center, Inc.)
Dr. Gilman Toombes (NINDS)	Ms. Christina Segura (Executive Director, Parents of Preschoolers, Inc.)
Dr. Blake Warner (NIDCR)	Ms. Laura Bardini (Executive Director, Rockville Day Care Association, Inc.)
Ms. Kate Winseck (OD)	

EMERITUS MEMBER

EXECUTIVE SECRETARY

Ms. Heather Rogers (NIDDK)	Ms. Linda Owen (OD), ORS
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2021 Membership Campaign

The Membership Committee crafted an NIH-wide email message in March 2021 seeking up to four new members to join the NIH Child Care Board. The Committee received nearly two dozen applications this year, doubling the number received in the previous year and a testament to the importance of childcare and work-life balance in a post-COVID world. Interviews were completed virtually in April 2021. As in years past, there was a focus on diversity, seeking representatives from various ICs, professions, backgrounds, and experiences. We are pleased to welcome Dr. Joe Bonner and Dr. Tuba Fehr, NICHD, Ms. Melissa Porter, NCI, and Ms. Jaclyn Franco, NIMH, to the NIH Child Care Board for the 2021-2024 board term. The Membership Committee is excited about the wealth of professional and personal experiences that these individuals will bring to the Board. The Membership Committee and the Board encouraged applicants who were not selected this year to stay engaged with the Board and attend our open meetings.

Liaisons

In the prior board year, the Membership Committee and the Board recognized that maintaining representation of the Office of Human Resources (OHR) and Office of Intramural Research (OIR) 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. Both liaisons contributed actively to the Board this year and helped ensure that the interests and priorities of OHR and OIR were reflected on the Board.

Membership Committee Proposed Work Plan for 2021-2022

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 2022 to recruit for vacancies and hold interviews in April 2022.
- Continue to review all liaison positions during the 2021-2022 Board year.

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. It provides up to \$5,000 per year per family for licensed childcare.

ORS has contracted with FEEA Childcare Services, Inc. to manage the program. The current contract was extended until December 31, 2021 and will be recompeted in the early fall of 2021. The planned start date of the contract is January 1, 2022. During the 2020-2021 Board year, the Subsidy Committee met with the FEEA program manager to evaluate the utilization data and provide updates to the Board. The Committee was tasked with three primary goals for the year:

- Evaluate and report program utilization during and after the COVID-19 pandemic.
- Collaborate with the Board's Communications and Outreach Committee to actively promote the program, increase participation rates, and monitor the effect of outreach efforts.
- Assist with the renewal of the NIH Childcare Subsidy Program contract.

Evaluate and report program utilization during and after COVID-19 pandemic.

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. While some community centers opened starting last June, capacity and availability of care were greatly reduced. Given that, the Committee expected that the program would continue to be underutilized until care was more widely available.

The total utilization of the subsidy program substantially decreased compared with the 2019-2020 year. In the 2020 calendar year, 72 employees and 92 children received assistance through the Subsidy Program compared to 94 employees and 125 children in 2019. This reduction is principally due to the COVID-19 shutdowns and interruptions and/or closures of childcare centers and providers. The subsidy program and ORS have shown flexibility in managing the program during the pandemic. This year, the re-certification deadline for participation in the subsidy program was extended until May 31, 2021 to align with the extended IRS tax filing deadline. The Committee encourages ORS to continue to maximize the utility of this program 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 Programs' umbrella.

Over recent years, an additional factor that has impacted subsidy program utilization is the eligibility matrix. A trend of decreasing participation has been observed since 2016. In 2018, the Board recommended modest changes to eligibility parameters. On March 1, 2019, a new total household income cap and reimbursement rates were implemented to boost program utilization (Table 1). If the pandemic had not occurred, the current sliding scale put in place in 2019 would have allowed more families to be eligible to receive the subsidy. However, data also shows that

a significant number of participants who left the program in 2019 and in 2020 had increased earnings that exceeded the new income cap (\$80,000 total adjusted household income). These results indicate that the current income caps have not kept pace with NIH pay increases, and thus, participation in the program has been reduced.

<u>NIH Federal Employee Total Adjusted Household Income</u>	<u>Percentage of Participant's Child Care Costs to be Subsidized</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)

Despite the reduction in program utilization, the subsidy program continues to support the families that are most in need. In 2020, 61% of families received the highest reimbursement rate, which is consistent with 2019 reimbursement levels. Further, 2020 data showed that the highest usage is by the lowest income group (61% of participants were GS-9 level and below) and 100% of children receiving subsidies were in single/head of household families.

In 2019, a new online application portal was developed to streamline the subsidy program application. This portal reduces barriers to participation by making it easier to apply and allowing for rapid verification and processing of applications.

The Committee continues its efforts to increase outreach efforts to raise awareness of the program and recommend to ORS to increase the Total Household Adjusted Gross Income (AGI) cap to keep pace with NIH pay increases and permit more participants to be qualified for the program. Overall, the Committee was pleased to see that those with the highest needs had the highest utilization, which meets the program's primary goal. However, the Committee is concerned that total program utilization continues to decline as the cost of licensed childcare continues to increase. The Committee will continue assessing the program in the upcoming year with special attention to appropriately adjusting the eligibility requirements and maximizing outreach to increase program enrollment.

Collaboration 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 seen since 2016, the Committee has focused on outreach efforts to attract additional participants. In addition to the updated flyer dissemination, a series of global emails advertising the program has been scheduled for release during the summer and fall 2021. The Committee will monitor the effects on program utilization and examine web traffic patterns to the associated websites to better understand overall interest and views.

Child Care Subsidy Program Committee Proposed Work Plan for 2021-2022

The Committee will:

- Evaluate and report program utilization during and after the COVID-19 pandemic.
- Develop proposal to recommend to ORS increasing AGI threshold, especially when considering high cost of living and childcare in the DC metropolitan area.
- Continue with the outreach effort to increase awareness and utilization of the program in collaboration with the Communications and Outreach Committee.

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 employees with access to back-up care when they need to work and their regular child or adult/elder care is unavailable. Back-up care is also available for employees who are on work-related travel or working remotely. 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 when an employee is ill or injured. Since its inception, ORS has contracted with Bright Horizons to manage the program. The original five-year contract, which ended in September 2019, allowed the NIH 400 care uses per year; two subsequent six-month extension periods allowed for 200 uses in each period.

In September 2020, a new contract was awarded to Bright Horizons. In a major change, the new contract provides 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. Participants will continue to be responsible for the direct cost of care (\$6/hour for center-based care and \$16/hour for in-home care), as they have been in the past. This model introduces more flexibility to the contract and expands the NIH’s ability to meet its workforce’s current and future needs for emergency short-term back-up care. Of particular importance, the unlimited access feature allows for expansion of the NIH Back-Up Care Program **to include fellows and trainees**.

In addition to back-up care, registered participants of the program can access the Bright Horizon’s *Family Matters* online resource room, which provides tips and strategies for parents and caregivers on family care and educational topics and a webinar series offering expert information across a range of subjects.

COVID-19 and Back-Up Care

When the COVID-19 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 served a critical role by providing an option for emergency childcare coverage in these challenging circumstances. As the NIH workforce begins to return to the physical workspace and childcare services remain limited or altogether unavailable, the need for back-up care coverage may grow. A program that allows the NIH flexibility in accommodating workers’ diverse and evolving needs for back-up care over time is critical.

To meet the needs of the NIH community during the pandemic, the program increased the number of usages per employee from 10 to 20 in the 2020 calendar year. A new contract was awarded in September 2020, allowing NIH unlimited back-up care uses and facilitating expansion of the program to include fellows and trainees. Program usage was variable during the 2020-2021 NIH Child Care Board year, likely due to the fluctuating pandemic situation.

Program Utilization: Key Findings

During the 2020-2021 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: At the end of May 2021, a total of 1,905 NIH employees were registered for the program covering potential care for 2,901 dependents. This represents a 6.5% increase in registered employees and a 5.8% increase in registered care recipients over May 2020. Of the registered dependents, 17% were adults/elders and 83% were children. Total registration in the Back-Up Care Program has grown significantly since the original contract began in October 2014, having increased by 46% since the program's inception.

In December 2020, fellows and trainees became eligible to use the Back-Up Care Program for the first time under the new unlimited access contract. This prompted a significant increase in registrations (n=44) that month, 48% of which were for fellows or trainees. Of the 86 new registrants from December 2020 to May 2021, 43% were fellows or trainees.

Overall Usage: In the most recent one-year period between June 2020 and May 2021, there were 152 back-up care uses. This usage is lower than the previous one-year period and likely reflects the impact of the ongoing COVID-19 pandemic, as many families quarantined at home and were not seeking care by outside providers. Usage by the newly eligible fellows and trainees was quite low, with only 3 days of care used by this group between January and May 2021. Feedback from fellows and trainees has suggested that cost of care is a barrier to program usage for this group.

It is important to note that *demand* for back-up care has consistently been higher than actual usage, with a total of 256 requests for care in this one-year period. More days of care were requested than were used because some employees were able to make alternative care arrangements (such as with a family member or friend) after making the initial request. The demand for care demonstrates the potential use that may have occurred if the employee/trainee/fellow had not found alternate care.

Type of Care Used: For the same time period, 35% of back-up care uses were for center-based care (both Bright Horizons Centers and partner centers) and 65% were for in-home care. Across age groups, the program was most often used for the care of toddlers (35%) and preschoolers (32%) (see Figure 1).

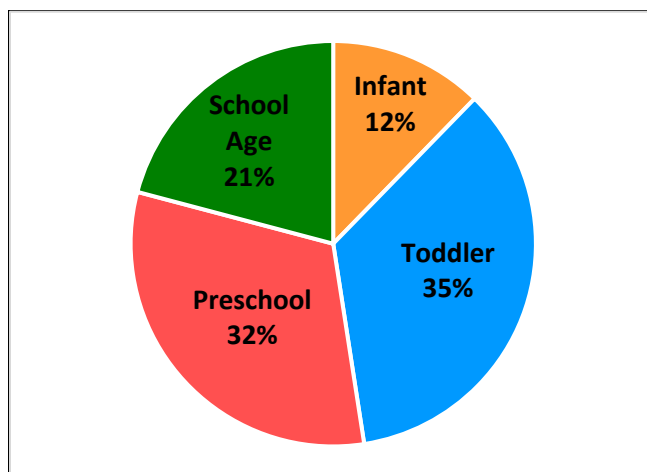


Figure 1: Type of Care Used by Age, June 2020-May 2021

Value of the Program: Even with decreased usage this year, likely the result of the pandemic, a total of 142 employee absentee days were saved due to the Back-Up Care program. In order to continue to advance the scientific mission of NIH, it is critical to have this program in place for those employees/trainees/fellows who are not able to find emergency care arrangements on their own and to provide peace of mind for all NIH families with a need for care of children and/or adult dependents.

Outreach

ORS and the Communications and Outreach Committee of the NIH Child Care Board helped increase awareness and utilization of the Back-Up Care Program by:

- Communicating about the expansion of program eligibility to fellows and trainees
- Providing monthly notices from Bright Horizons directly to registered users
- Postings to the NIH Parenting Listserv about the program
- Including Back-Up Care Program information in all Child and Family Programs presentations and in the “WorkLife @NIH: A Supervisor’s Guide to Enhancing Workforce Well-being” trainings

Next Steps

Since 2014, the value of the NIH Back Up Care Program to NIH families has been well established by the high demand for the program and feedback from the NIH community. The move to a contract with unlimited uses is a valuable step towards ensuring that all NIH employees, trainees, and fellows can access the emergency back-up care they need. Though the relatively high cost of care may require innovative approaches to assisting trainees and fellows in particular. Given the unpredictability of the COVID-19 pandemic, virtual learning for school-age children, and reduced childcare program spaces throughout the country due to required physical distancing measures, providing a flexible and accessible back-up care program to NIH staff is more important than ever.

Back-Up Care Committee Proposed Work Plan for 2021-2022

The Committee will:

- Monitor and report program utilization for the current contract year.
- Track usage by the newly eligible fellows and trainees.
- 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.
- Work with the Innovative Programs Committee to explore avenues for providing childcare cost support for fellows and trainees, including costs associated with the use of Back-up Care.

Childcare Wait List

Background

The demand (719 children on the Wait List, as of June 30, 2021) for the NIH-sponsored childcare centers exceeds the current number of childcare spaces (469) available to NIH employees and trainees (see Chart 1). ORS has contracted with LifeWork Strategies to manage the complex, centralized Wait List for the three NIH-sponsored childcare centers located in Montgomery County, Maryland. The Wait List Committee evaluates data, policies, procedures, and makes recommendations to improve the enrollment process, efficiency, transparency, and equity of the NIH Wait List. The contract for management of the NIH Childcare Wait List is being recompleted in the summer of 2021, with a planned start date of October 1, 2021.

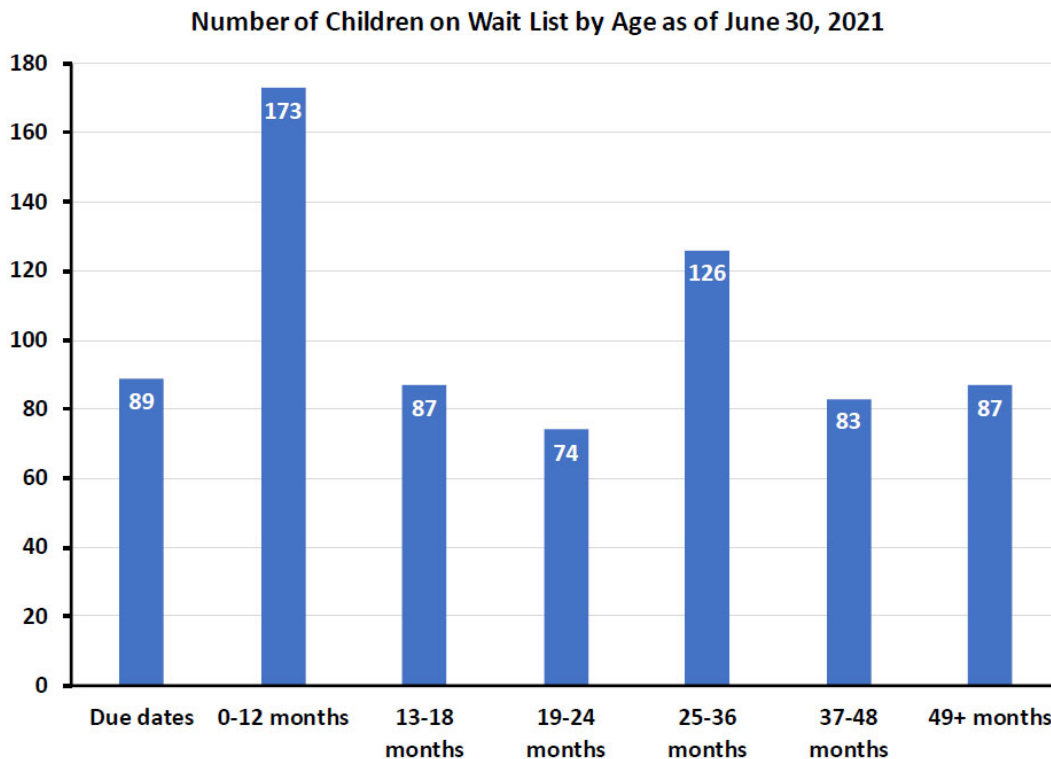


Chart 1: NIH Wait List by the number of children per age group (as of June 30, 2021).

Data Analysis

The Wait List Committee, which consists of Board members and representatives from the NIH childcare centers, met to review the Wait List data in November 2020, March 2021, and May 2021. As reported last year, the major concern of the childcare centers is too few preschool-aged children on the Wait List for Summer/Fall 2021 enrollment campaign. As illustrated in Chart 1 above, approximately 60% of the children on the Wait List are 24 months of age and under. Less than 24% are seeking preschool age care (37+ months), with even fewer numbers listing it as an **immediate need** (see Chart 2).

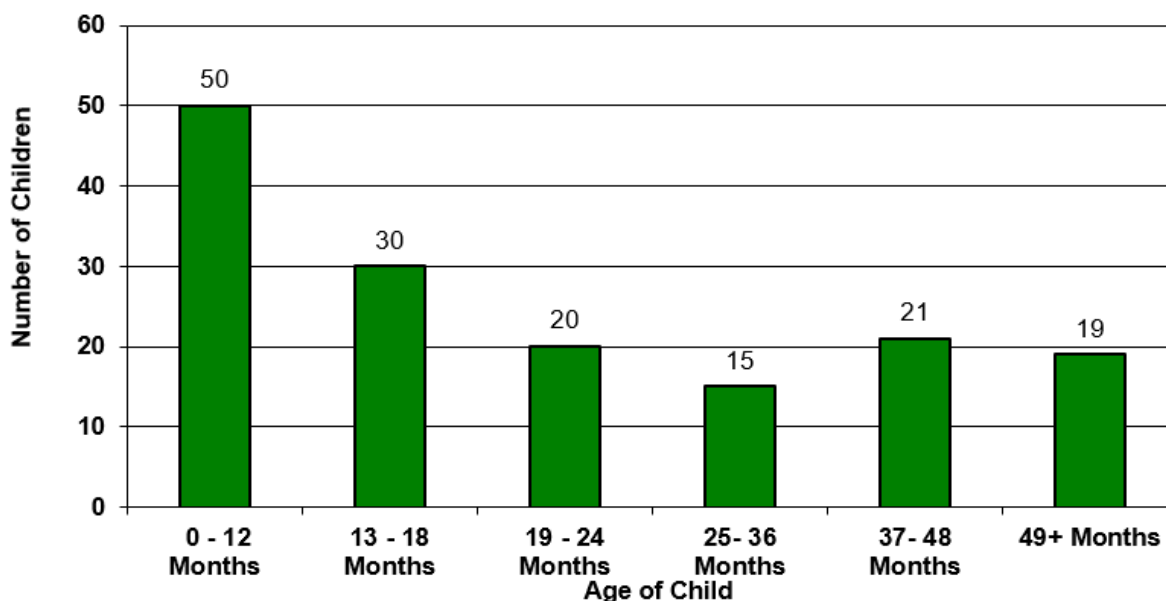


Chart 2: Number of children waiting for immediate enrollment (as of June 30, 2021).

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 childcare centers is to have the tuition payments of the larger number of preschool aged children (10 children per caregiver) offset the costs of caring for infants and toddlers (3 children per caregiver). Childcare centers are not fiscally solvent without strong preschool enrollment.

In response to this concern, the Committee requested that ORS expand the Wait List eligibility categories to allow NIH contractors to register their preschool-aged children for the Wait List. The goal is to increase the number of preschool-aged children on the Wait List with the intent of preschool enrollment at full capacity. ORS leadership approved the request to open the preschool portion of the Wait List to the children of NIH contractors. Contractors will be offered spaces in the childcare centers only after all NIH employees, trainees, or other Federal employees on the Wait List for that age group have been offered a space. The goal is to implement the change in October 2021 when the Wait List management contract is awarded.

While we are excited to be able to take steps to address this issue, allowing contractors access to childcare spaces is only a short-term solution. Additional changes in the childcare landscape described in the other sections of this report will require attention from the NIH. Finally, it should be noted that the policies recommended by the Committee have been successful in reducing the total number of children on the Wait List by over 300 children since 2017 (see Chart 3). We anticipate that when word spreads that more spaces are available for older children, the Wait List numbers will again increase.

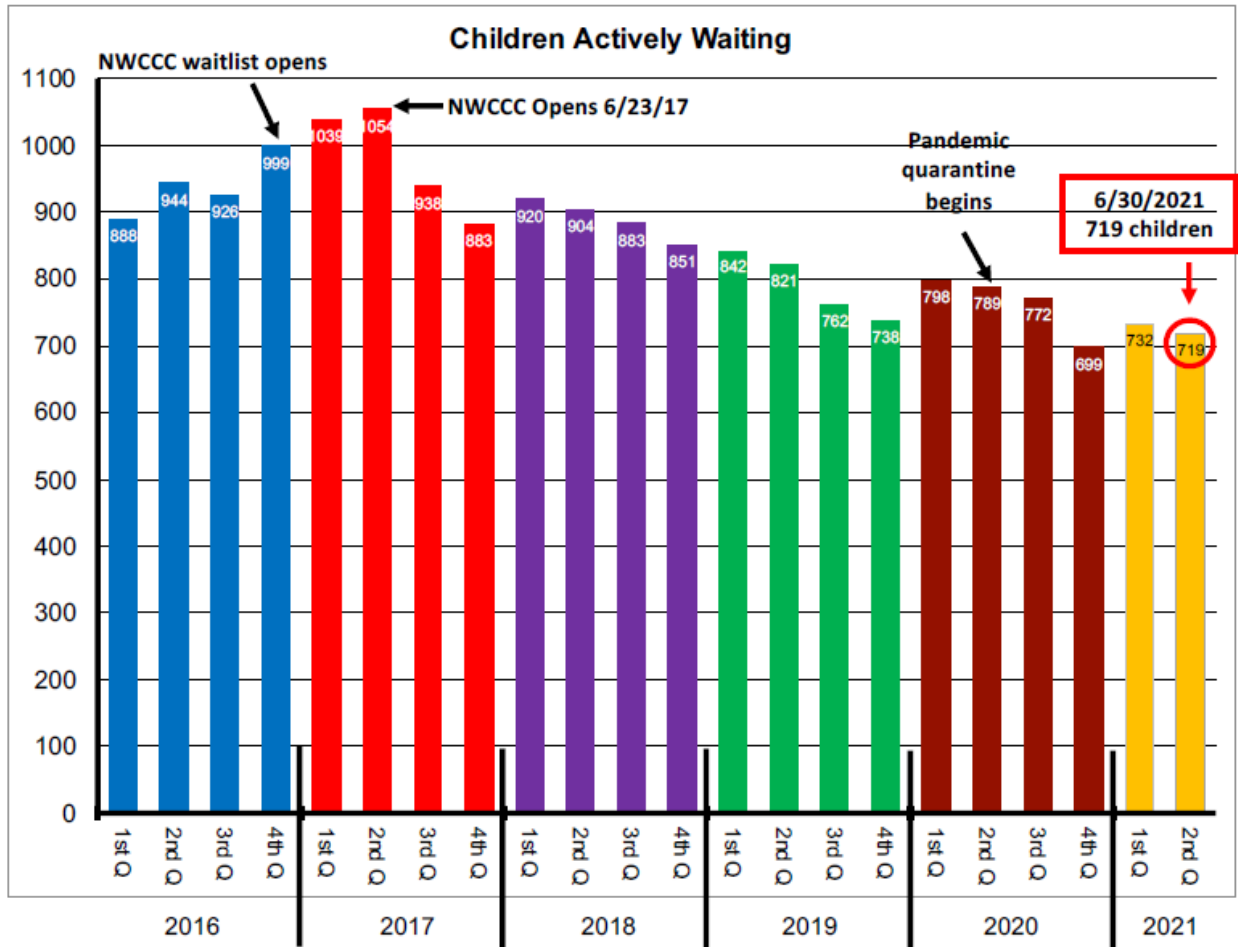


Chart 3: Number of children on the Wait List (2016-2021)

Universal Preschool

The prospect of universal preschool is gaining attention and interest from the public, especially after a difficult year that has revealed to many families just how critical early care and education is to a healthy, functioning U.S. workforce, not to mention its importance for young children. There are currently high-level discussions at the Maryland State Department of Education regarding implementation of universal preschool in the state. This change would likely have consequences for the current childcare providers like those observed in Washington, DC following the implementation of universal preschool there.

As of 2017, approximately nine of ten Washington, D.C. 4-year-olds and seven of ten 3-year-olds were enrolled in publicly funded preschool through the city’s universal preschool expansion. Program enrollment exceeded expectations and had at least one unintended consequence of causing financial instability for D.C.’s private childcare providers, leading to increased costs for infant and toddler care. Now that D.C. serves most 3- and 4-year-olds in public preschool classrooms, its childcare costs for infants, toddlers, and two-year-olds are among the country’s highest. As D.C.-area parents contend with some of the highest childcare costs in the country –

annual fees in the District average about \$24,250 for infant care and \$19,500 for toddler care — some will decide to opt out of the workforce, forgoing a salary and avoiding high childcare costs. Part of the dilemma is that childcare providers rely on the tuition income from older preschoolers to keep their programs profitable. Without older children to fill their programs, these providers struggle to keep their doors open, exacerbating the childcare crisis for working parents of younger children in particular.

If there is a large drop in the demand for preschool-age childcare, the NIH childcare providers may need to change their business models to focus on select age groups. The NIH needs to prepare for potential facility changes required to meet the needs of the NIH community. A preschool room cannot overnight be turned into an infant care room. 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 be increased.

Tuition increases can lead to unintended detrimental consequences, such as women scientists leaving the workforce to care for children. Job losses related to the COVID-19 pandemic have hit women harder than men, even a year after the pandemic's initial shutdowns.³ According to Gallup, as of February 2021, the female labor force was 3.1% smaller than a year earlier, while the male labor force is 2.2% smaller.

Childcare Wait List Committee Proposed Work Plan for 2021-2022

The Committee will:

- Review Wait List 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 Childcare Wait List.
- Review trends in demographics and universal Pre-K options for impact on the Wait List.

³ <https://news.gallup.com/poll/330533/working-women-fared-during-pandemic.aspx>

Communications and Outreach

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

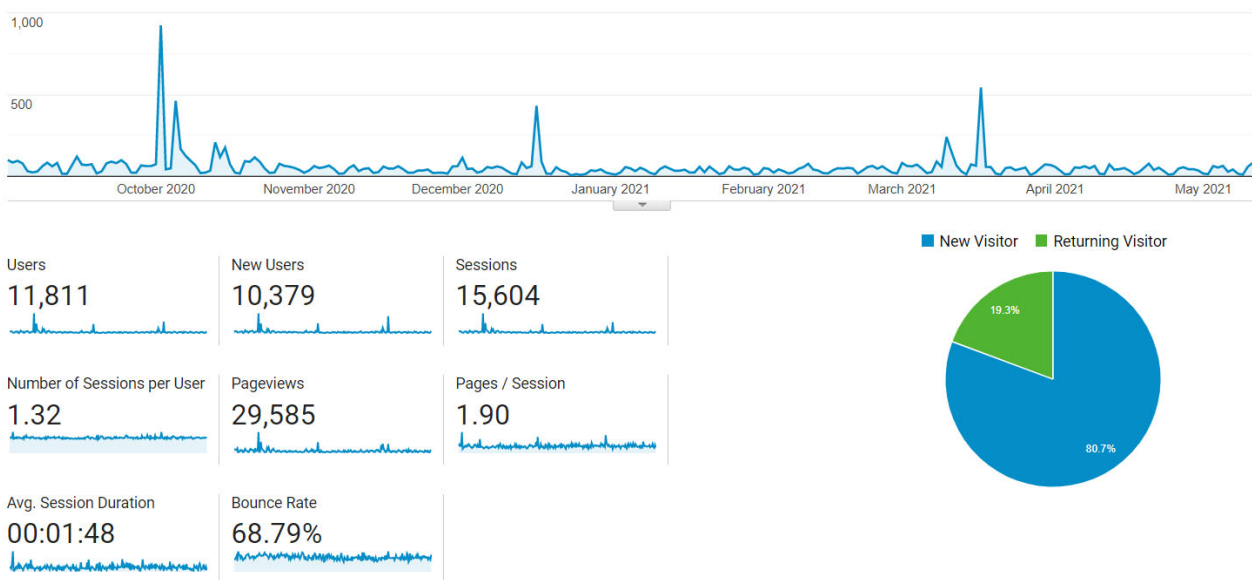
- Continue to identify and leverage available analytics to plan activities and guide outreach.
- Seek to enhance existing efforts by gathering and analyzing new sources of data on NIH outreach.
- Support ORS in preparation and implementation of October Work and Family Month, including facilitation to a virtual event.
- Review and submit recommendations to 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 we continue 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. The Committee continued to support ORS in communicating childcare-related information and guidance to NIH families during this time. ORS was able to pivot nimbly from in-person events to virtual webinars within a few months of the start of the pandemic. One interesting feature of child and family programs communications during the pandemic has been exponential growth in attendance at ORS-hosted webinars. Attendance at Child and Family Programs webinars is at an all-time high, and the webinars have reached just under 5,100 employees since the beginning of the pandemic. The webinars are available to everyone in the NIH workforce and archived on the Child and Family Programs website for future viewing. The Committee plans to further analyze and leverage this data to support future webinar efforts as more NIH staff return to the physical workspace.

The Communications and Outreach Committee continued to support the other committees and the Board as a whole in their efforts. For example, in June, the Committee supported the drafting of a global email to spread the word about the Child Care Subsidy after the extended tax filing deadline. During Work and Family Month, Board Chair Dr. Kristin Dupre gave a presentation to the NIH community on the Board and child and family programs, and the Committee contributed to the drafting of two features in the Wellness@NIH newsletters ([The NIH Child Care Board Supports NIH Families](#), and [Promoting Children's Health and Well-Being](#)).

The Committee continued to collect expanded analytics and data on our communications and outreach efforts to refine our messaging, timing, and targets. This analytics-based approach 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 figure below contains an overview of Child and Family Programs website traffic from September 2020 to May 2021.



To address the third bullet in the Committee’s work plan, it undertook a considerable effort to review and update all Child and Family Programs webpages in advance of the launch of a new ORS website. Committee members reviewed dozens of webpages to streamline the information, optimize it for search engines, and ensure accessibility, clarity, and accuracy.

Understanding the impact of the pandemic on scientific workforce diversity, mental health, workplace flexibility policies, childcare availability and cost, and other factors is essential to continuing the mission of the NIH. While the Life@NIH survey was put on hold last year, the Committee recommends creating, funding, implementing, and analyzing an NIH-wide survey to understand the impact of the pandemic on childcare for NIH families (either through an independent survey, or combining efforts with existing surveys) in the coming Board year. Finally, given the success of the virtual webinars this year, the Committee recommends continuing this virtual format after the return to the physical workspace and adding resources to the Child and Family Programs budget and team to support this effort.

Communications and Outreach Committee Proposed Work Plan for 2021-2022

The Committee will:

- Continue to use available analytics to plan activities; record metrics and demonstrate progress.
- Assess and support other NIH Child Care Board committees in achieving outreach, awareness, and utilization goals.
- Review and submit recommendations to ORS on Child and Family Programs' communications and outreach efforts, including websites and other digital outreach channels.
- Explore options to design and conduct a survey to understand the lasting impacts of the COVID-19 pandemic on NIH parents and families.

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 2020-2021 Board year focused on four distinct areas: 1) staying engaged in the local community's childcare developments; 2) supporting a new Life @NIH Survey (adapting the 2012 survey); 3) re-engaging with partners at satellite campuses to assess current needs and activities; and 4) engaging with intramural scientific leadership on the topic of childcare support for NIH intramural fellows.

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. Further, the COVID-19 pandemic has exacerbated this already burdened childcare ecosystem, resulting in many providers forced to close or scale down on staff, and many working parents caring for children at home.

Local and state leaders have been working to improve access, quality, and quantity of childcare available, and the [Early Care and Education Initiative](#) has been proposed by the Montgomery County Executive to build the cadre of childcare 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 August 2019, supervisory permission was given for an ORS 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. MMF has developed an [Early Care and Education \(ECE\) Employer Toolkit](#) as a resource for employers and employees. 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. Moreover, the Toolkit has offered additional resources for parents and caregivers during the COVID-19 pandemic. The ORS representative's participation on MMF has better enabled the Committee and the NIH Child Care Board at large to stay well-informed on the plans, activities, and impact of community initiatives, including those related to the [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 identified. Given the impact of the 2012 Life@NIH survey, the Innovative Programs Committee, in partnership with ORS and OHR, developed concepts and questions related to childcare and family services to be included 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 interested parties, 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 significantly impacted by the COVID-19 pandemic, but the Committee is committed to helping with this effort, which will remain on the 2021-2022 work plan. The Committee expects the results of the survey to be very 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, identifying areas for growth, and determining how needs have evolved as a result of the COVID-19 pandemic.

NIH Satellite Campuses

In 2013, to comply with federal appropriations law, the NCI at Frederick closed its childcare facility. In 2018, NCI contracted with a third-party firm to conduct a childcare feasibility study for both their Frederick and Shady Grove satellite campuses. Based on the results, the firm did not recommend opening a childcare center at either location. The Child Care Board and the Child and Family Programs team worked with NCI staff to conduct on-site outreach events and develop materials targeting the specific needs of each location. In addition to this action item, there were several other recommendations outlined in the feasibility report. However, it was unclear whether those recommendations had been addressed.

During this 2020-2021 Board year, the Innovative Programs Committee identified the new point-of-contact at NCI-Frederick. A sub-group of NCI-Frederick staff and Committee members met to discuss future attempts to re-open childcare in Frederick, and they agreed to work towards addressing the nine recommendations in the report and to compile a list of resources for parents at or near NCI-Frederick to share with recruits.

Childcare Cost Support for NIH Intramural Fellows

Over the years, the Board has tried to incorporate fellows into the existing NIH Childcare Subsidy Program, which is currently only available 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 as part of the 2020-2021 work plan, the Committee engaged with Dr. Michael Gottesman, NIH Deputy Director for Intramural Research (DDIR). The Committee requested Dr. Gottesman convene a task force to evaluate and determine what type of support for childcare costs can be provided to NIH IRTAs/CRTAs/Visiting Fellows (VFs) and how to implement this type of support (see Appendix 1).

As noted in the formal request, the Committee recognizes that several groups throughout the NIH (Scientific Directors, IC Directors, Administrative leadership, and other trans-NIH committees) have raised this topic. Recently, the NIH released a notice of availability of administrative supplements for childcare costs for extramural National Research Service Award (NRSA) Individual Fellows (see [NOT-OD-21-070](#) and [NOT-OD-21-074](#)). The notices announced that NIH will begin providing childcare support to recipients of NRSA fellowships on or after April 8, 2021. In Phase 2 of this initiative, a similar benefit will be provided for NRSA-supported trainees (anticipated early FY 2022). Given these groundbreaking developments in the extramural space, the time is right for the NIH Child Care Board, in collaboration with the DDIR, to support the convening of this task force.

Dr. Gottesman replied with enthusiasm and appointed two Intramural senior advisors to lead the effort. Shortly thereafter, a sub-group of the DDIR and Board members met to discuss next steps and identified a point-of-contact of the extramural Notices of Special Interest (NOSIs) for the new childcare cost supplements. This person has since elevated the request to determine whether there are authorities that permit the NIH to support intramural fellows in a similar way. The high cost of childcare impacts all trainees (not only NRSA-supported ones), and the Board is committed to engaging with scientific leadership on this important issue to create a more equitable training experience for the NIH's intramural fellows.

Future plans

The impact of COVID-19 on childcare programs and community needs is profound and unprecedented. The Innovative Programs Committee will continue to stay up to date on local community childcare plans and resources through 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 collaborate with ORS, the NIH childcare centers, and other interested parties to determine the challenges that remain in the childcare space as a result of the COVID-19 pandemic and strategize ways to improve. One tool to help accomplish this will be the next Life@NIH Survey. The Committee will continue their efforts to provide childcare support for intramural fellows and participate in the task force convened by Dr. Gottesman's senior advisors. 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. The COVID-19 pandemic exacerbated childcare-related challenges and the impact these challenges create on the scientific workforce, especially women in science (summarized in [this Science article](#), and described in detail in The National Academies of Sciences, Engineering, and Medicine (NASEM)'s published report, [The Impact of COVID-19 on the Careers of Women in Academic Sciences, Engineering, and Medicine](#)). The Committee will continue to look for ways to meet the needs of the NIH community and ensure a more equitable experience for those working at the NIH.

Innovative Programs Committee Proposed Work Plan for 2021-2022

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), to stay up to date on local community childcare plans, policies, programs, and resources.
- In collaboration with ORS, NIH Child Care Centers, and other interested parties, determine the challenges that remain in the childcare space as a result of the COVID-19 pandemic and strategize ways to improve.
 - Part of this effort will be accomplished by reviewing childcare-related aspects of the Federal Employee Viewpoint Survey (FEVS).
 - Another part will be accomplished in partnership with ORS and OHR by assisting 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/satellite campuses), and upcoming trends.
- Participate on an OIR-coordinated task force to review and conclude mechanism(s) to support childcare cost support for NIH intramural fellows.

Child Care Board Recommendations

Based on the Boards' efforts during 2020-2021, the NIH Child Care Board makes the following recommendations to the NIH/ORS leadership:

1. For calendar year 2021, maximize childcare subsidy reimbursements for currently enrolled participants in the NIH Childcare Subsidy Program who are affected by COVID-19.
2. Actively advertise the NIH Childcare Subsidy program to increase the number of participants.
3. Continue virtual webinar formats after the return to the physical workspace.
4. Create, fund, implement, and analyze an NIH-wide survey to understand the impact of the pandemic on childcare for NIH families (either through an independent survey, or combining efforts with existing surveys) in the 2021-2022 Board year.
5. For calendar year 2021, in collaboration with OIR, support a task force to review and conclude mechanism(s) to support childcare cost support for NIH intramural fellows.
6. Request that ORS actively advertise the Back-Up Care program to assist NIH federal employees with emergency, short-term care during COVID-19.
7. Request that ORS create and support a COVID-19 after-action committee to:
 - a. Review and identify challenges specifically related to families, parents, and childcare providers during the COVID-19 pandemic crisis.
 - b. Submit recommendations on how to address a future pandemic/health crisis and mitigate the impact to families.
 - c. Membership should include but not be limited to: Child Care Board members, NIH sponsored childcare center Board representatives and center directors, and DATS staff.

Proposed 2021-2022 NIH Child Care Board Work Plan

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 2022 to recruit for vacancies and hold interviews in April 2022.
- Continue to review all liaison positions during the 2021-2022 Board year.

Childcare Subsidy Program

- Evaluate and report program utilization during and after the COVID-19 pandemic.
- Develop proposal to recommend to ORS increasing AGI threshold, especially when considering high cost of living and childcare in the DC metropolitan area.
- Continue with the outreach effort to increase awareness and utilization of the program in collaboration with the Communications and Outreach Committee.

Back-Up Care Program

- Monitor and report program utilization for the current contract year.
- Track usage by the newly eligible fellows and trainees.
- 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.
- Work with the Innovative Programs Committee to explore avenues for providing childcare cost support for fellows and trainees, including costs associated with the use of Back-up Care.

Childcare Wait List

- Review Wait List 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 Wait List
- Review trends in demographics and universal Pre-K options for impact on the Wait List.

Communications and Outreach

- Continue to use available analytics to plan activities; record metrics and demonstrate progress.
- Assess and support other NIH Child Care Board committees in achieving outreach, awareness, and utilization goals.

- Review and submit recommendations to the ORS on Child and Family Programs' communications and outreach efforts, including websites and other digital outreach channels.
- Explore options to design and conduct a survey to understand the lasting impacts of the COVID-19 pandemic on NIH parents and families.

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), to stay up to date on local community childcare plans, policies, programs, and resources.
- In collaboration with ORS, NIH Child Care Centers, and other interested parties, determine the challenges that remain in the childcare space as a result of the COVID-19 pandemic and strategize ways to improve.
 - Part of this effort will be accomplished by reviewing childcare-related aspects of the Federal Employee Viewpoint Survey (FEVS).
 - Another part will be accomplished in partnership with ORS and OHR by assisting 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/satellite campuses), and upcoming trends.
- Collaborate with the Communications and Outreach Committee to actively promote child and family programs and services to NIH satellite campuses.
- Participate on an OIR-coordinated task force to review and conclude mechanism(s) to support childcare cost support for NIH intramural fellows.

Appendix 1



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

<http://www.nih.gov>

Date: April 30, 2021

To: Michael M. Gottesman, M.D., Deputy Director for Intramural Research, NIH

From: Kristin Dupre, Ph.D. and Dan Fogarty, Co-Chairs, Innovative Programs Committee, NIH Child Care Board

Subject: Request to convene a Task Force to review and conclude mechanism(s) to support child care cost support for NIH IRTA/CRTA/VFs

Proposal: To evaluate and determine what type of support for childcare costs can be provided to NIH IRTAs/CRTAs/Visiting Fellows (VFs) and how to implement this type of support.

Summary: For many years advocates across the NIH have explored ways to provide childcare services and subsidies to IRTAs/CRTAs/VFs. This effort regularly concludes with no concrete action, which unfortunately impacts our trainees and efforts to promote diversity, equity and inclusion in the workplace (both present and future recruitments). Our request is for DDIR to convene a task force to evaluate and determine what type of support for childcare costs can be provided to NIH IRTA/CRTA/VF Fellows and how to implement this type of support. Several groups throughout the NIH (SDs, IC Directors, Administrative leadership, and other trans-NIH committees) have raised this topic. Recently, the NIH released a notice of availability of administrative supplements for childcare costs for extramural NRSA Individual Fellows (see [NOT-OD-21-070](#) and [NOT-OD-21-074](#)).

As described in the notices, the NIH recognizes that the high cost of childcare impacts graduate students and post-doctorates funded through NRSA fellowships, and their ability to successfully complete their training and fully participate in the extramural research workforce. Therefore, as part of the NIH's ongoing efforts to support family-friendly work environments for the NIH-supported workforce, the NIH will begin providing childcare support to recipients of NRSA fellowships, on or after April 8, 2021. In Phase 2 of this initiative, a similar benefit will be provided for NRSA-supported trainees (anticipated early FY 2022).

Given these groundbreaking developments in the extramural space, and in collaboration with DDIR, the NIH Child Care Board (CCB) is poised to support the convening of this task force.

Proposed Team Membership & Representatives

1. OIR
2. Intramural Principal AO
3. OGC
4. OITE and/or Training Director Representative
5. ORS
6. Fellow
7. Faculty (SD and/or PI)
8. CCB Representative
9. Women Science Advisor (WSA)
10. Satellite facility (Frederick, Baltimore, Research Triangle, Montana, etc.)

Proposed Agenda for Task Force (to conclude all activity within 45-days from kick-off)

1. Establish goal and purpose of task force: To evaluate and determine what type of support for childcare costs can be provided to NIH IRTAs/CRTAs/VFs and how to implement this type of support.
2. Review previous findings
3. Develop proposed solutions
4. Evaluate (FMEA)
5. Conclude/recommend final action/path forward
6. Communicate out
7. Conclude and memorialize findings

Timeline of Action Summary

- **March 2021:** NIH published notices in the Guide to support childcare costs for extramural NRSA Individual Fellows with the intent to expand support to NRSA-supported trainees in FY2022 (see [NOT-OD-21-070](#) and [NOT-OD-21-074](#)).
- **November 2020:** OIR review of subsidy for PRAT Fellows (IRTA/CRTA) and determined no present mechanism available. Further discussion and opportunity to explore.
- **May 2020:** Child Care Board requested OGC review of using appropriated funds for childcare subsidy/services and determination was not allowable for non-FTEs.
- **May 2016:** Proposed to DHHS for legislative change to allow the NIH Director to give NIH Trainees access to childcare services. Ultimately determined not feasible and did not proceed further.

Sincerely,

Dan Fogarty & Kristin Dupre, Ph.D.
Co-Chairs, Innovative Programs Committee
NIH Child Care Board