



MEMORANDUM

TO: Director, National Institutes of Health
Through: Associate Director for Research Services ___/s/___

FROM: NIH Day Care Board

SUBJECT: Report on the Status of the NIH Day Care Program, and Recommendations of the NIH Day Care Board

DATE: October, 2000

Employer sponsored child care is critical to organizations that wish to attract and maintain a high quality workforce. The productivity and performance of parents in the workforce is enhanced when their children are in quality care, and children are helped to grow and thrive when they are nurtured in a safe and appropriate learning environment.

One of the missions of the NIH Day Care Board is to advise the NIH with regard to child care services and policies. This memorandum fulfills the Board's mandate to report to the NIH Director on the status of day care programs at NIH, and includes five important recommendations for NIH with regard to child care.

Background

The Day Care Board consists of NIH employees who have undergone a self-nomination process and appointment by the Associate Director for Research Services. The Board has three primary functions:

- to serve as an advocate for quality day care at NIH;
- to communicate day care information to NIH employees, receive suggestions and recommendations from the NIH community, and serve as a forum for discussion of NIH day care issues and policies; and
- to advise the NIH with regard to day care issues and policies, e.g., status of existing programs, quality of care, need for modification of existing services or development of new services.

The Board was created in 1993 as a committee with responsibility for oversight of the NIH child care centers. In order to better utilize limited resources and avoid duplication of effort, the Director, NIH

approved a revised charter that redefined the Board as an advisory body of employees, in December, 1998.

Child care services are currently provided by four independently operated nonprofit corporations, each occupying NIH-owned or -leased space. Three are located in the metropolitan area and one in Research Triangle Park. Each center's Board of Directors is made up of parents of children enrolled in the center. Each center Board President, as the official representative of the nonprofit corporation, signs a use agreement with the NIH. Under these agreements, NIH provides space and services to the centers, and center Boards agree to operate their respective centers in accordance with the terms of their use agreement (e.g., children of NIH employees are given priority.)

As the result of the recent reorganization of the Office for Research Services (ORS), NIH, the Worksite Enrichment Program Branch (WEPB) in the Division of Support Services (DSS), is now responsible for the child care services that are provided by the NIH. WEPB provides necessary support services to the Child Care Centers and provides administrative support for the NIH Day Care Board. Until October 1, 2000, this was the responsibility of the former Division of Space and Facilities management (DSFM). The Branch Chief, WEPB, is the permanent vice-chair of the Board in a non-voting ex-officio capacity.

Current Status of Child Care

The quality of care provided in all of the NIH day care centers is outstanding. Each center is fully accredited by the National Association for the Education of Young Children (NAEYC), a national, professionally sponsored accreditation system for preschools, child care centers, and school-age child care programs. Programs that receive NAEYC accreditation must demonstrate a safe and nurturing environment and promote the physical, social, emotional, and intellectual development of young children. NAEYC accreditation criteria address all aspects of a program, including interactions, curriculum, administration, staff qualifications and professional development, physical environment, nutrition and food service, and program evaluation. NIH requires, through the use agreements, that the day care centers maintain NAEYC accreditation. This requirement is consistent with the goal established by the President in March of 1998 that all Federally sponsored centers be accredited by the year 2000. The centers also meet State and local licensing requirements.

The centers provide uniformly high-quality care, but multiple characteristics distinguish them from one another:

ChildKind, Inc. is an infant care center that accommodates 33 children from 6 weeks to 3 years old. ChildKind recently moved from old temporary quarters, which it had occupied since it opened in 1987, into new temporary quarters (Building T-46). Although the new structure offers a vast improvement over the previous trailer and ChildKind has been provided with a new playground, ChildKind's greatest need is to be located in a permanent building with additional space to accommodate more children.

Parents of Preschoolers, Inc. (POPI) has been an NIH center since 1973 and currently provides day care to 65 children ages 22 to 5 years old in Building 35. POPI will move

into a new day care facility on the southeastern portion of campus. The groundbreaking for the new center took place on June 30, 2000, and the center is scheduled to open in spring, 2001. This 21,000 square foot facility will include classrooms for approximately 100 children, administrative spaces, interior and exterior play areas, kitchen and laundry facilities, and a parent/teacher conference area. The new facility will allow POPI to expand the current preschool program by 15 slots (from 65 to 80), and to establish an accredited kindergarten for 20 children..

Executive Child Development Center, Inc. (ECDC) has existed as an NIH center offering day care to 218 children ranging in age from 6 weeks to 13 years old since June 1995. The program includes an accredited kindergarten, before- and after-school care, and summer camp for school age children. ECDC occupies a state-of-the art facility on Executive Boulevard, and has recently been granted additional space (two rooms) to help accommodate the ever-increasing demand for services.

First Environments Early Learning Center is a joint NIEHS/EPA facility providing 140 spaces for children ages 6 weeks to 5 years old in Research Triangle Park. The Center has been in existence for 14 years. In 2002 it will move to a new Federally owned site under the jurisdiction of EPA. NIEHS and EPA will continue to share the cost of operation.

Urgent Need for Additional Child Care Services

NIH currently provides child care spaces for 2% of the entire NIH population (456 day care spaces). While a comprehensive need assessment survey is critical to determine present and future child care needs and will be discussed below, there are currently two measures that indicate a significant and immediate need for additional services.

The first piece of datum is the chronically long waiting lists at the existing centers. These clearly indicate that the NIH is unable to meet the current demand for child care slots. For example, as of fall 2000, the number of children on ECDC's waiting list (for all programs) is 400, POPI is 175, and First Environments Early Learning Center's current waiting list includes 130 names. The ChildKind infant center can essentially enroll 6 infants every year. The vast majority of families seeking a slot at ChildKind are unable to secure one.

The second measure has been acquired by the Resource and Referral Service, which is located at the Work and Family Life Center (WFLC). The contractor for this service assists NIH employees in determining their individualized dependent care needs and in locating care that meets those needs. Since its inception, well over 500 inquiries have been received and 71% of those (355) were specifically about child care. During the last report period alone, (April- June, 2000), 124 employees were assisted by the Child Care component of the Referral service. These numbers are clearly increasing and corroborate the great need for child care services.

Finally, in 1997 the [then] NIH Day Care Oversight Board sent a survey to all NIH employees to assess the day care needs of the NIH community. Sixty-five percent of the 898 respondents indicated that they have children that require day care. In priority order, the types of needed day care were a

toddler day care program, an infant care program, summer programs, and before- and after-school programs. Affordability of care was also cited as a significant concern. While there were major issues with the specific questions asked in the survey, the overall result that the need for child care slots is not being met by the NIH was clear. A statistically valid, well designed survey to determine current and projected types of needed care (i.e. infant, toddler, preschool, before- and after-school, etc.) is critical and will be discussed below.

Recent and Ongoing Initiatives

Management Assessment Study - DSFM, in conjunction with the Day Care Board, has recently received the final report from Fried and Sher, Inc., a local company with extensive experience in integrating work and family through child care center development, management and design, options analysis, resource centers, seminars, etc. Fried and Sher, Inc. were charged with assessing the efficiency, effectiveness, and communications of the various management components of the NIH day care program. The purpose of the study was to evaluate the current management structure, identify areas of strength, weakness, and overlapping function, and provide recommendations for an improved management structure. The final report was submitted, with the Day Care Board recommendations in September, 2000.

The report presented both short term and long term recommendations. The short term recommendation made by Fried and Sher, Inc. is to improve the management structure of the NIH day care programs through increased communication between parties. Five specific ways to address this goal are to:

1. Complete the hiring of a child care expert to coordinate the NIH child care programs;
2. Once the child care expert is on-board, have them open a dialogue with the various programs to explore opportunities for developing consistency among the centers;
3. Move child care activities from DSFM to an organization where they can receive the visibility they deserve;
4. Conduct a needs assessment to examine projected child care demands; and
5. Redefine the role of the current NIH Day Care Board.

In the long term, two alternative management structures were presented. The Board did not reach consensus as to which structure would be more advantageous to pursue and felt that this determination would depend upon the outcomes of implementation of the short term strategies. The Day Care Board recommended that the management structure be reevaluated after the implementation of these short term activities.

Child Care Coordinator Position – In accordance with the recommendations of the management assessment report and because of the clear need for more centralization and visibility for child care programs, the ORS allocated one FTE to hire a professional child care coordinator. This individual will have oversight and management responsibility for the NIH day care program. After a competitive selection process, a highly qualified individual was selected for the position. Ms. Mary Ellen Savarese joined the WEPB in October. The Board views this as a significant and positive step towards a more coherent and effective child care program.

Increased Visibility – As a result of the reorganization of ORS, the child care is now located in the WEPB, DSS, a location where it will receive increased visibility, recognition, and resources.

Evaluation of the role of NIH Day Care Board- Based on the Management Study conducted by Fried & Sher, Inc., it is recommended that the NIH Day Care Board re-evaluate its:

- **Mission:** It needs to be determined if the Board's focus should be solely on child care services for NIH employees or if the Board should have a broader focus, encompassing more than just child care and including more types of dependent care for NIH employees and their families.
- **Strategic Plan:** An evaluation of where the Board currently is and a determination of the Board's vision for the future is necessary. This would enable the Board to set measurable goals and objectives for future endeavors.
- **Name:** The name of "NIH Day Care Board" needs to be reviewed to ensure that the name accurately reflects the Board's mission.

Although the NIH Day Care Board has not yet addressed these important issues, they will be addressed in upcoming FY 2001 Board meetings.

Resource and Referral Service – This service which functions through the WFLC has been tremendously successful and is expected to continue. It began in October, 1999 as a pilot program with the goal of providing employees with the opportunity for one-on-one consultation with a professional child care resource and referral contractor. As stated above, since its inception, over 500 inquiries have been received and about $\frac{3}{4}$ of those were specifically about child care. The reports show that this service is well received by the community and is filling an important void.

White House Initiative - The President described four steps to improve the quality of Federally sponsored child care in a March 19, 1998 memorandum to the heads of Federal departments and agencies. The four steps include: (1) ensuring proper background checks of child care workers; (2) achieving 100 percent independent accreditation; (3) exploring partnerships with the private sector to improve child care quality and affordability; and (4) ensuring that Federal workers become better informed of child care benefits and the options available to them.

The NIH has made significant progress in meeting the Administration's goals. With regard to background checks, the NIH ORS now offers fingerprinting services to centers in order to expedite the background checks of potential employees, and the General Services Administration processes background checks for all NIH centers. As indicated above, all NIH centers have achieved and maintain NAEYC accreditation. The Day Care Board expects to explore ways to improve affordability in the near future especially with the recent legislation regarding subsidy of child care services (see below).

Legislative - Included in the appropriations bill for Fiscal Year 2000 was a provision authorizing Federal agencies to use appropriated funds otherwise available for salaries to provide child care assistance for lower income employees. The Office of Personnel Management (OPM) issued regulations implementing this provision earlier this year. These authorities grant Federal agencies wide discretion in establishing these tuition assistance programs and in determining which employees are "lower income" and, therefore, eligible for a child care subsidy. Although the authority to provide child care assistance for lower income employees was set to expire at the end of Fiscal Year 2000, it is expected that this authority will be extended. If the authority is extended, the NIH Day Care Board recommends strongly that the NIH take advantage of this legislation and allocate as much funding as possible to assist lower employees with their child care expenses.

RECOMMENDATIONS

1. *In order to meet the clear and urgent need for additional day care and prepare to accommodate continual growth of the NIH workforce, NIH should find innovative ways to provide more day care services to employees.*

The center to be constructed on the southeastern portion of campus will meet a long-standing need for an adequate facility for POPI, currently in Building 35, but will only increase the total number of day care slots at NIH by 35 (from 456 to 491 total slots). The two additional rooms that were approved for the ECDC center will also help, but it is not enough. In order to meet the demand for more child care spaces, the NIH should explore all options, including combinations of options, e.g. additional space could be provided to existing centers, plans for new or renovated buildings could incorporate day care centers (i.e., centers need not be separate buildings), and additional centers could be built or leased.

2. *ChildKind, Inc. should be provided with a permanent location.*

ChildKind is currently in its second temporary building since 1987. These temporary structures are not intended for long term use. They have heating and air conditioning problems, and are prone to pest infestation. A permanent facility for the youngest children of NIH employees is imperative. Presently, it is recognized that the new Northwest Day Care Center that is being planned near the new Clinical Research Center will provide a permanent home to satisfy Childkind needs. The funds for the planning and design of this new facility is presently in the FY2001 Building and Facilities (B&F) President's Budget which is yet to be approved. Also, the funds for the construction of the new Northwest Day Care Center are in the FY2003 B&F budget, which also has not been approved. It is strongly recommended that the funds for the new facility remain as a high priority for NIH and that approval of this funding is obtained. In planning a new facility the Board would recommend an expanded center to provide for more day care slots in accordance with results obtained from the proposed needs assessment.

3. *Needs Assessment.*

As recommended by the Management Assessment Report, a well-designed, statistically reliable assessment of current and future child care needs should be carried out. This will be critical in

determining in what age groups (i.e. infant, toddler, preschool, before- and after-school, etc.) child care activities should be focused and will determine where need is greatest.

4. *Subsidy program.*

Should the authority to provide child care assistance for lower income employees be extended as expected (see Legislative section), the NIH Day Care Board recommends strongly that the NIH allocate as much funding as possible to assist lower employees with their child care expenses. Making child care assistance available to lower income NIH employees could produce long-term cost savings for the NIH by, among other things, reducing employee turnover and absenteeism resulting from child care obligations and by increasing morale among NIH employees

5. *NIH should commit designated funds for child care to cover capital improvements, new furniture, and new equipment, on an annual basis as part of the annual budget activities.*

When a day care center required repairs or new equipment, funds from the Repair and Improvement budget or DSFM operating funds were utilized. This often resulted in delays that can quickly become safety issues in the centers. For example, a broken door or window, or the need for new mulch on a playground, are real hazards for children if not addressed immediately. A dedicated fund to address building repairs, maintenance and services for the day care centers would be a significant step towards more efficient and effective management of the NIH day care program. With the creation of WEPB, we hope that this recommendation will be acted upon.

The Day Care Board would be pleased to provide additional consultation regarding these recommendations as necessary.

/s/
Deborah Henken, Ph.D.
Co-Chair

/s/
Gerald Hines
Out-going Vice-Chair

/s/
Corliss Taylor
Co-Chair

/s/
Tim Tosten
In-coming Vice-Chair

**This report was signed and presented to Dr. Ruth Kirschstein, Acting Director, NIH on
November 21, 2000**