Annual Report on NIH Child Care

2013-2014

The NIH
Child Care Board

TO: Brian Rabin, M.Ed., M.B.A.
            Chair, NIH Child Care Board

FROM: Director, NIH

DATE: SEP 2 3 2014

SUBJECT: Annual Report on NIH Child Care 2013-2014

I would like to convey my appreciation to the Child Care Board members for your excellent work on the 2013-2014 Annual Report on Child Care at the National Institutes of Health (NIH). The report clearly reflects the actions that Board members have undertaken to support and to enhance NIH programs for our parents and caregivers.

I am very proud of the support the NIH offers our working parents, and your carefully researched report shines a light on the importance of the child care program to our community. The report demonstrates the integral part that quality, accessible child care plays in recruitment and retention of a diverse and high quality workforce. Continuous evaluation and education around this issue are vital.

I look forward to additional information from the Board on how the NIH may best address the issue of adult dependent care. This is an area of growing concern for many agencies, and I believe the NIH can and should be a model employer in this regard as well.

Again, thank you for the Board's service to the NIH community. I look forward to carefully considering and working with you on the four recommendations the Board outlined.

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

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

FROM: Brian Rabin, Chair, NIH Child Care Board 2013-2014

SUBJECT: Annual Report on NIH Child Care

I am pleased to present to you the 2013-2014 NIH Child Care Board Annual Report on Child Care. This report reflects the activities and accomplishments of the NIH Child Care Board for the past year and includes four specific recommendations to improve the current Child Care Program services and policies at the NIH.

For over 20 years, the NIH Child Care Board has been advising the Director of NIH on critical child care needs and work life services to support the NIH workforce. The NIH Child Care Board is instrumental in bringing together stakeholders from all levels of the NIH and working together on difficult challenges the workforce encounters in supporting the NIH mission. Through thoughtful research, surveys and creative ideas, members of the Board explore, evaluate, and make recommendations to develop and improve programs and services that support recruitment and retention efforts. The child care programs and services supported by the NIH Child Care Board along with telework and other workplace flexibilities, make NIH an employer of choice. These types of programs and services strengthen our ability to attract new talent to NIH and retain exceptional talent in the NIH workforce. The NIH Child Care Board plans to be a valuable contributor in supporting the NIH workforce for years to come.

This report outlines our specific four (4) recommendations:

- Proceed immediately with the construction of the NIH Campus Northwest Child Care Center as quickly as possible. This project has been a long time in coming to fruition and continues to be a high priority for the Board to assist with the expansive need for NIH-sponsored child care spaces.

- Continue to support the resources of child care subsidy, back-up care, resource and referral, and parent education, as they demonstrably relate to employee productivity and morale, and rely on the Board to evaluate their effectiveness and report their value to NIH.

- Explore whether the legislative authority currently exists with the NIH Director for NIH to partner with accredited, licensed, community-based child care centers to expand capacity.

- Explore the impact that adult dependent and elder care issues have, and will increasingly have, on workforce productivity.

The NIH Child Care Board is committed to supporting the NIH mission and advising the NIH leadership to create work life balance for the unique needs of the NIH workforce through child care and parenting programs and services. During a time of limited resources, we sincerely appreciate your consideration of our presented recommendations. We look forward to another successful year continuing in our role to support the scientific efforts of the NIH by being a resource and advocate for quality, affordable, and accessible child care services.

Sincerely,

Brian Rabin, M.Ed., M.B.A.
Chair, NIH Child Care Board

Attachment

cc:
Ms. Barros
Dr. Johnson
Mr. Tosten
Ms. Cook

Table of Contents

NIH Child Care Board Mission

Throughout its existence, the mission of the National Institutes of Health (NIH) Child Care Board has been to promote affordable, accessible, and high quality child-care-related services for the NIH Community. The NIH Child Care Board advises the NIH Director and leadership regarding child care programs, services, and issues in support of the NIH mission. The NIH Child Care Board recognizes that the quality of scientific research at the NIH and the NIH's capability to support research nationwide is a direct result of the quality of the workforce. The productivity and performance of parents and guardians in the workforce are enhanced when their children are in high quality care. Employer-sponsored child care and related support systems are critical to organizations that wish to attract and maintain a highly efficient and increasingly diverse workforce. The Board appreciates that the entire NIH workforce benefits from the stable child care arrangements of working parents and guardians.

On June 23, 2014, President Barack Obama issued a Presidential Memorandum entitled "Enhancing Workplace Flexibilities and Work-Life Programs." The purpose of the memorandum is to assist in attracting, empowering, and retaining a talented and productive federal workforce into the 21st century by the making progress in enabling federal employees to meet their responsibilities at work and home. Specifically, Section 3 of the memorandum calls for the expansion of the availability of and the encouragement to use Work-Life programs in the federal workforce. In this section, the President urged agency heads to increase the availability and use of dependent care programs, including the availability of on-site child care, child care subsidies, emergency child care, and elder care. The NIH Child Care Board welcomes the opportunity to support NIH leadership in reaching the goals set forth in the memorandum.

NIH Child Care Board Membership

The NIH Child Care Board Membership is comprised of voting members, emeritus member, ex-officio members and liaisons from the NIH child care centers. The voting members are NIH Federal employees who are appointed to the Board by the NIH leadership. The Board members are carefully chosen to represent the diversity of the NIH community and workforce. This diverse group, with their combined efforts and talents, address, research, and evaluate the child-care-related needs of the NIH and its workforce.

VOTING MEMBERS 2013-2014

Mr. Brian Rabin, OD/OHR (Chair)
Dr. Sheri Schully, NCI (Vice-Chair)
Ms. Julie Berko, OD/OHR
Ms. Andria M. Cimino, NINR
Dr. Rosalind King, NICHD
Dr. Jason Levine, NCI
Dr. Zhiyong Lu, NLM
Ms. Christine Moretto Wishnoff, NCCAM
Ms. Sybil Philip, NICHD
Ms. Reaya Reuss, NIAMS
Mr. Tim Tosten, CSR
Ms. Erin Williams, NIA

2013-2014 NIH Child Care Board Members and Liaisons

EMERITUS MEMBER

Ms. Heather Rogers, NIDDK

EX-OFFICIO MEMBERS

Dr. Wendy Knosp, FELCOM
Dr. Anastasia Aksyuk, FELCOM
Ms. Eva Chen, OD/EAP
Mr. Phil Neuberg, OD/ORF
Dr. Lynn Adams, NIH Working Group on Women
  in Biomedical Careers
Ms. Mary Ellen Savarese, OD/ORS
Ms. Tonya Lee, OD/ORS

NIH CHILD CARE CENTER LIAISONS

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

NIH Back-up Care Program Pilot

In January 2012, the NIH launched the NIH Back-up Care Program Pilot to assist the diverse NIH workforce with the competing demands of work and family responsibilities. Back-up care plays an important role for the NIH workforce, particularly for those serving in critical roles such as patient care clinical studies, and laboratory research. The NIH is the first Federal Agency in the Executive Branch to offer extensive nationwide child and adult back-up care to its workforce.

Since its inception, the program offers a comprehensive array of emergency and short-term care services for employees' child and adult/elderly dependents and self-care (when the employee is ill or injured; see details in Table 1), whether at home or on official travel across the United States. The program was first made available only to NIH Federal Employees and Fellows, but in January 2013 it was opened to the entire NIH Community. Therefore, anyone at the NIH can use this program when they need to be at work and their regular source of care is unavailable.

Table 1: Back-up care options available to the NIH Community.

Care Category	Description	Ages served	Cost
Center-Based Child Care	Care provided in a licensed Bright Horizons Center or an approved child care center	6 weeks to 12 years of age	$6.00 per child/per hour
In-home Child Care	Care provided in the home by qualified trained caregivers	6 weeks to 18 years of age	$16.00 per hour/up to 3 children
In-home Mildly Ill Child Care	Care provided in the home for children with common non-contagious, short-term illness or symptoms of an illness have caused them to be excluded	6 weeks to 18 years of age	$16.00 per hour/up to 3 children
In-home Adult/ Elder Care	Care provided in the home of the adult receiving care, qualified trained caregivers who care for well, mildly ill, or recovering adults	19 years of age and older	$16.00 per hour/up to 3 adults
Self-Care	Care provided in home for the NIH individual who may be recovering from a medical procedure or illness	19 years age and older	$16.00 per hour/per individual

In FY 2014, the NIH Child Care Board reviewed and assessed data on a number of key elements of the Back-up Care Program Pilot collected from January 1, 2012, to September 28, 2013. The data was collected from two separate sources: the program contractor, Bright Horizons, Inc., and the NIH Office of Research Services (ORS). NIH Back-up Care Program Pilot Evaluation and Recommendation Report (Appendix A) was presented to NIH Leadership in February 2014.

Key findings from the program pilot evaluation include:

<u>**Demand and usage:**</u> From the program's inception until September 2013, 1,122 individuals (1,722 dependents total) registered for the Back-up Care Program. In FY 2013, nearly all of NIH's 400 contracted uses (**99.5%**) were exhausted by the community, indicating a strong demand among the NIH workforce for such a program and its full use.

<u>**Program effectiveness:**</u> The contracted care provider, Bright Horizons, was able to provide care for **98%** of the requests from NIH employees during the pilot program, and they continue to expand their network by adding more child care centers around the campus and in nearby communities where the demand is highest.

<u>**User satisfaction:**</u> Throughout this pilot, the Back-up Care Program has proven to be an effective resource for the NIH community. In fact, **100%** of the recipients who responded to a Bright Horizons survey from January 2013 to October 2013 were satisfied with their experience using the Back-up Care program and would recommend it to their coworkers. A separate user satisfaction survey conducted by the NIH ORS confirmed these results.

Comments from Back-up care program users:

"I don't have enough leave and am also responsible to patients and project. One day off affects five days of work."

"I am a Post Doc Fellow and my child's child care closes more than my leave, plus it allows for me to get work done, I can't telework."

"Essential program. I would not have been able to come in for our experiment. The 4th day is critical for our experiment and I didn't come to work, the 3 previous days of the experiment would have been wasted."

Based on the findings of the detailed review and evaluation of the pilot program, the Back-up Care Program Committee made the following recommendations to the NIH leadership:

- The NIH Back-up Care Program should be established as an ongoing program.
- The Program should continue to be available to the entire NIH workforce.
- The ORS Office of Child Care should continue to monitor, evaluate, and modify the program to ensure that the needs of the NIH workforce are being met.

In April 2014, ORS notified the NIH Child Care Board that funding had been secured for the continuation of the NIH Back-up Care Program. The NIH Child Care Board assisted ORS in the process to identify a contractor prior to the end of the pilot program, which is September 28, 2014. The NIH Back-up Care Program contract was awarded on August 5, 2014 to ensure no disruption of service.

The NIH Northwest Child Care Center

Figure 1. Artist rendering of the NIH Northwest Child Care Center

After more than twenty years of planning, the NIH Northwest Child Care Center, located on the main NIH campus between the Children's Inn and the NIH Fire Station is becoming a reality. A ground-breaking ceremony was held at the site on April 29, 2014, and featured representatives from the key groups responsible for making the new center a reality, including Ms. Colleen Barros from the Office of the Director, Dr. Richard Wyatt from Office of Intramural Research, Dr. Alfred Johnson from the Office of Research Services, Mr. Daniel Wheeland from the Office of Research Facilities, and Mr. Brian Rabin from the NIH Child Care Board.

The new center will be a green building with LEED (Leadership in Energy & Environmental Design) certification and will feature a living green roof and stone and brick features to match the existing campus architecture. When construction is completed, the Northwest Child Care Center will provide care to 170 children, from six weeks to five years of age. Selection of the child care provider will take place in 2015, and the program will be licensed by the Maryland State Department of Education and accredited by the National Association for Education of Young Children.
Given there are presently more than 900 children on the waitlist for NIH-sponsored child care, this new center will have a positive impact in supporting employee recruitment, retention, and productivity. Construction is anticipated to be completed and the new center open for use in 2016.

NIH Child Care Wait List

One of the most contentious issues with regards to child care at NIH is the dearth of open slots in NIH-sponsored child care centers, available to the NIH community. In order to standardize the process of obtaining child care openings, ORS maintains a waiting list for NIH employees. Traditionally, this list contained over 1400 children, many of whose parents had found care for them elsewhere. The NIH Child Care Board formed a Waitlist Committee to evaluate list policies and procedures and make recommendations for the future.

The Waitlist Committee achieved several major goals in 2013-2014. First, the committee examined the impact of the One-Decline Policy on the NIH Child Care Wait List. Second, the committee developed a procedure for incorporating the Northwest Child Care Center (NWCCC) into the existing NIH Wait List structure.

The One-Decline Policy went into effect on April 1, 2013. The policy states that when parents/guardians are offered a space from any of the three (3) child care centers and they decline the space or do not respond within two (2) business days, the child's waitlist profile will be given a new registration date — the date of the decline. The One-Decline Policy appears to have had a positive impact on the waitlist. From Sept. 30, 2012, to Sept. 30, 2013, the Board saw a decrease from as many as 503 children waiting for immediate enrollment (by center) to as few as 180.

Additionally, the average number of days spent waiting for immediate enrollment for all age groups decreased during this same period (Sept. 2012-2013). This decrease was especially evident in the following age groups: 25-36 months, 37-48 months and 49+ months.

The opening of the NWCCC is a hugely-anticipated event within the NIH community. As noted on page 10, the facility is scheduled to open in 2016. At that time, the ChildKind Center will close, and children enrolled there will be transferred to NWCCC unless their parents opt out and move them elsewhere. Beyond the automatic priority for ChildKind children, the Board lacked a protocol for filling the other spaces at the new NWCCC.

The Waitlist Committee proposed the following process, which was approved by the NIH Child Care Board and recommended to ORS:

- Children on the waitlist for on-campus centers (ChildKind and POPI) will be transferred to NWCCC. Families will keep their <u>ORIGINAL</u> application date and can opt out.

- Children on the waitlist for the off-campus center (ECDC) will have a two-week "early bird" period to sign up for NWCCC. Families will receive a <u>NEW</u> application date if they opt for placement at the NWCCC (date of response).

- The NIH Community will be notified of the NWCCC option via global/website.

The Board, working with ORS, is formulating a communication plan for distributing this information to the NIH community. The Board will take action on this plan over the coming months so that the Waitlist participants and the NIH community will be well-informed in advance of the 2016 NWCCC opening.

NIH Child Care Board Website Enhancement

http://www.ors.od.nih.gov/nihchildcareboard

The Office of Research Services, Division of Amenities and Transportation Services (DATS) underwent a website upgrade in 2013-2014. The DATS provides administrative support to the NIH Child Care Board in carrying out its mission to promote affordable, accessible, and quality child care for all NIH employees. The NIH Child Care Board webpages (Board Charter, membership roster, archived meetings minutes and reports, and the current Child Care Board Work Plan) are included on the website. In addition to hosting content on NIH community amenities and transportation services, the DATS website serves as the main portal for content pertaining to child care topics at the NIH, including the NIH Parent Coach, the NIH Child Care Subsidy Program, the NIH-sponsored child care centers, the Back-up Care program, child and adult dependent care resource and referral services, and summer camp information.

Through visually-appealing images and plain-language text, the upgraded website welcomes visitors with streamlined, logical navigation and enhanced functionality, having met all accessibility provisions of the Americans with Disabilities Act (ADA). The updated DATS website features uncluttered layouts to allow viewers to focus on important content. Visitors are guided to content through the use of informational graphics and consistent layouts intended to minimize scrolling and drop-down menus. The finished product is an inviting, invaluable resource for the NIH parent community.

Select screenshots from the new NIH Child Care website:

Adult Dependent and Elder Care Issues

In May 2013, the NIH Child Care Board presented the findings of the "Life@NIH" Survey, conducted in the fall of 2012, to NIH leadership. During that meeting, Ms. Colleen Barros recommended that the Board explore dependent care issues pinpointed by the survey; further, she challenged the Board to seek out NIH partners who could assist in addressing these issues.

In response to Ms. Barros' recommendation, the Board included in its 2013-2014 Work Plan a review of the Life@NIH Survey data. It also set the following goals: to convene an interest group, sponsor dependent care seminars, and identify action items for the NIH to address dependent care issues. The NIH Child Care Board reported the progress of the Board's efforts in a letter to Ms. Barros. (Appendix C).

The Board submitted information to the Office of Human Resources to assist in developing a comprehensive website for individuals who need resources to manage work and family responsibilities.

Figure 1. Screenshot of the NIH Office of Human Resources Work/Life page

The Board developed a Dependent Care Committee to focus on additional recommendations. One of the first actions of the committee was to determine which other NIH Partners would be

interested in exploring dependent care issues. The Committee reached out to the Health and Wellness Council, and presented at the Council's meeting in March 2014. The focus of the presentation was on the Life@NIH Survey finding that dependent care is currently an issue of concern at NIH, coupled with a lack of awareness of currently available dependent care programs/services . At the end of the presentation, the NIH Child Care Board asked the Council to consider collaborating with the Board on exploring dependent care issues more fully, including the impact they have on the NIH workforce.

The Health and Wellness Council agreed to partner with the NIH Child Care Board, and the Dependent Care Committee added five members from the Council. The first bridging meeting was held on April 22, 2014. The committee members included NIH Child Care Board members, Office of Research Services, Employee Assistance Program, Health and Wellness Council members, National Institute on Aging, and the Office of Human Resources. The Committee discussed the focus of the committee, goals, and the definition of "dependent care."

The Dependent Care Committee has identified several action items for the upcoming 2014-2015 Board year:
- Provide dependent care information and resources to the Health and Wellness Council to be incorporated in a new Health and Wellness Website
- Increase the visibility of elder care resources on the ORS webpages
- Sponsor outreach events to assess need for Dependent Care resources
- Assist with the coordination of an elder care and adult dependent care information and resources fair
- Develop a work plan based on the committee's findings

The Board is very supportive of and interested in engaging with this joint committee as we explore the impact Dependent Care issues have on families who are caring for young children and aging parents, i.e. the sandwich generation. The Board is looking forward to reporting any findings the committee may uncover.

NIH Child Care Board Recommendations

Based on all of the Boards' efforts during 2013-2014, the NIH Child Care Board makes the following recommendations to NIH leadership:

- NIH should proceed with the construction of the NIH Campus Northwest Child Care Center as quickly as possible.

- NIH should continue to provide support for critical resources--the child care subsidy, back-up care, resource and referral, and parent education--as each demonstrably relates to employee productivity and morale. NIH should also continue to rely on the Board to evaluate program effectiveness and to report on program value to NIH.

- NIH should explore whether the legislative authority currently exists with the NIH Director for NIH to partner with accredited, licensed, community-based child care centers to expand capacity.

- NIH should explore the impact that adult dependent and elder care issues have, and will increasingly have, on workforce productivity.

NIH Child Care Board
2014-2015 Strategic Work Action Plan

NIH Northwest Child Care Center
• Conduct focus groups with stakeholders to determine program requirements
• Participate and advise ORS in the selection of a program and a provider for the NWCCC
• Monitor the inclusion of the NWCCC in the NIH Waiting List

NIH Back-up Care Program
• Participate and advise ORS in the selection of a provider for the new contract
• Monitor, evaluate, and report on the value of Back-up Care services to NIH

NIH Child Care Subsidy Program
• Evaluate and report on the impact of the changes to the NIH Child Care Subsidy Program
• Coordinate with other groups on legislative changes and evaluate the impact of those changes

NIH Dependent Care Issues
• Continue efforts to identify resources, gaps, and recommendations to address the issue of adult/elder dependent care, to include expanded outreach efforts
• Continue to partner with the Health and Wellness Council and Employee Assistance Program to evaluate dependent care issues and report findings to NIH Leadership

Legislative Options
• Continue to explore legislative options for expanding NIH Child Care resources
• If authority does exist, explore a model for Community Child Care

Strategy, Marketing, and Communication
• Review/revise promotional materials for NIH outreach efforts
• Identify additional target populations for outreach
• Create PR articles/messages for NIH community

Appendix A. NIH Child and Dependent Back-up Care Program Pilot Evaluation and Recommendation Report

NIH Child & Dependent Back-up Care Program Pilot Evaluation & Recommendation Report

Executive Summary

In fall 2011, the National Institutes of Health (NIH) became the first agency in the Executive Branch of the Federal Government to fund back-up child and dependent care to its workforce. The NIH Back-up Care Program Pilot ([NIH Back-up Care webpage](#)) offers a variety of options: emergency/short term care for children, adult/elder dependents and self-care. NIH federal employees, fellows, and contractors across the nation are eligible to use the program when they need to be at work and their regular child or adult/elder care is unavailable. This service supports the NIH mission by supporting the NIH workforce in balancing the competing demands of work and family.

This report summarizes the activities of the NIH Back-up Care Program Pilot and provides a program evaluation. This evaluation, conducted in the winter of 2013 by the NIH Child Care Board and the Office of Research Services (ORS) Office of Child Care, includes data and anecdotal information gathered from a variety of sources.

Key Findings
The Back-up Care Program is an effective and valued component of a system of supports for the NIH workforce.

This program:
- Is fully utilized to the limits of the pilot;

- Is managed effectively and documented appropriately;

- Is reported by the NIH workforce, whether they used the program or not, as a support for their work, their effectiveness, and their morale;

- Is beneficial to intramural, clinical, and extramural research programs of the NIH.

Recommendations
Based on the findings in this evaluation, the NIH Child Care Board supports the following recommendations:

1) The NIH Back-up Care Program should be established as an ongoing program at NIH.
The Program should transition to an ongoing program within the ORS Child and Dependent Care Services and be included in annual budget allocations for such programs. Funding for the continuation of the program beyond the Pilot phase is required starting Fiscal Year (FY) 2015.

2) The NIH Back-up Care Program should continue to be available to the entire NIH workforce.
The NIH Back-up Care Program should continue to be available to the entire NIH workforce and be extended to visitors who support NIH science and services, such as scientific reviewers, guest lecturers, and conference presenters.

3) The ORS Office of Child Care should continue to monitor, evaluate and modify the program to ensure that the needs of the NIH workforce are being met.

ORS Office of Child Care should continue to conduct quality assurance on the delivery of the program, recipients' experience with the service, and report regularly to the NIH Child Care Board.

Contents

Introduction

NIH launched the NIH Back-up Care Program Pilot in January 2012 to assist the diverse NIH workforce with the competing demands of work and family responsibilities. The availability of back-up child and dependent care services supports the stability of the NIH mission. Back-up child and dependent care is defined as "child care and adult/elder care that is available in unexpected/unusual situations in a timely manner". Such care is important for the NIH workforce, particularly those serving in critical roles such as patient care clinical studies, and laboratory research.

This report summarizes the evaluation of the NIH Back-up Care Program Pilot conducted in the winter of 2013 by the NIH Child Care Board and the Office of Research Services (ORS) Office of Child Care. The NIH Child Care Board evaluated demand for the program, who utilized the program, types of care used, reasons for utilization of the program, effectiveness, and how the program specifically supports the NIH mission.

Even those who have the most stable child and dependent care arrangements may find themselves facing an emergency if a provider becomes ill or has unexpected changes in scheduling. Last minute conflicts may seriously disrupt the NIH mission if an individual must miss an appointment, an experiment, or a meeting/ training needs to be canceled. Having a reliable child and dependent back-up care service for the NIH workforce would reduce unscheduled absences and loss of productivity. Actual comments from recipients have been included in this report.

"Don't have enough leave and am also responsible to patients and project. One day off affects five days of work."
"I am a Post Doc Fellow and my child's child care closes more than my leave, plus it allows for me to get work done, I can't telework."

Through this evaluation, the Board reviewed and assessed a number of key elements of the Back-up Care Program Pilot based on data from January 1, 2012 to September 28, 2013. Data was provided by the back-up care provider, Bright Horizons Inc., who monitored and documented usage and from the ORS Office of Child Care, who conducted quality assurance surveys and calls to every recipient who utilized the program.

Back-up Care Program Pilot Overview

History of the Pilot

At the request of the NIH Child Care Board, the ORS conducted a "Needs Assessment and Benchmarking" survey of Child and Dependent Care programs in 2008.
This survey was conducted by Impaq International, LLC, for the purpose of answering the following questions:

- To what extent does NIH's child care services program support the mission of science at NIH and how critical is the program to achieving this mission?

- What role does the provision of child care services play in employee decisions to join and continue their employment with NIH?

- What are the greatest strengths and weaknesses of the NIH child care services program and how has the child care services program improved over time?

- Are NIH's child care services program offerings competitive with other organizations trying to attract similar types of employees?

- Based on the findings and analysis of related research, how can the program continue to meet the needs of its staff and better support NIH's mission?

An interesting finding of the Study was a result of the Benchmarking of NIH child/family related services to 13 other similar institutions. The reports states:

"The child care program, services, and resources offered by NIH to its employees are about the same as the benchmarked organizations on 8 of the 16 key benchmarking elements.
*Five of the benchmarked organizations provide **back-up child care**, which is a service that is **not** offered by NIH. It is interesting to note that two of the four universities participating in the study offer back-up child care, as well as both of the private sector organizations, while only one government agency (SEC) provides this service.*

The results of this study indicated that most NIH employees appreciate the child care services, programs, and resources that are offered to them and feel that the services which are available are of high quality. NIH employees also strongly believe that the child care services program has a positive impact on recruitment, retention, absenteeism, and productivity. These findings mirror those found in the child care literature, which have clearly demonstrated a high return-on-investment of child care programs.

However, based on the results of all of the analyses conducted as part of this study, it appears that while NIH does offer a competitive set of child care programs, services, and resources, it can no longer be considered to be "leading edge," at least relative to the organizations which were benchmarked as part of this study. Most of the organizations benchmarked now offer a comparable set of child care programs and services as NIH, and while NIH may be better than other organizations in a couple of areas, it is the same or behind comparable organizations in many of the key areas examined as part of this study.

*If NIH is to regain its 'cutting-edge' status in the child care area, it will also need to invest additional resources in establishing new programs, **such as providing back-up child care**…"*

Complete details from the survey can be found here: *Needs Assessment and Benchmarking Survey*

As a result of the 2008 report, the NIH Child Care Board began a review of available child care back-up programs. They found that resources were limited and no models were currently used by other Executive Branch agencies.

During this same time period, the NIH Director convened a high level group, the NIH Working Group on Women in Biomedical Careers Intramural Committee, to study the issues related to the low numbers of women who reach the top levels of research and science. This important group was co-chaired by the NIH Deputy Director and their 2007 Report identified … "**Need to enhance availability of child/family care options**" as a critical issue for further attention.

To that end, a sub-group of the NIH Working Group on Women in Biomedical Careers Intramural Committee, the Working Group Child Care Committee, was appointed. Working with the ORS Office of Child Care and the NIH Child Care Board, they examined the potential role of back-up care in supporting women, and all parents, who wish to combine full-time careers in science with secure plans for child care, including child care in last minute situations. During this discussion, the concerns of the "sandwich generation"-individuals who have care responsibilities for children and adult family members- was raised.

Additionally, the NIH Clinical Center Work-Life Committee had identified the need for emergency back-up child care as an issue critical to staffing of patient care and other clinical positions.

These groups were linked by a common interest: supporting all parents and family members who want to be doing the work of the NIH, while being certain that their families are cared for.

With the support of the groups mentioned, NIH leadership allocated money for a three year pilot program which would include back-up care for child and adult dependents. ORS conducted a contract competition and identified one national provider able to meet the needs of the NIH solicitation.

In FY 2011, the ORS Office of Child Care received funding to establish the administrative structure for a child and dependent back-up care program pilot. The approved pilot was funded for three years (September 29, 2011 – September 28, 2014). NIH would support a framework of access to dependent care and recipients would pay the actual cost of care used.
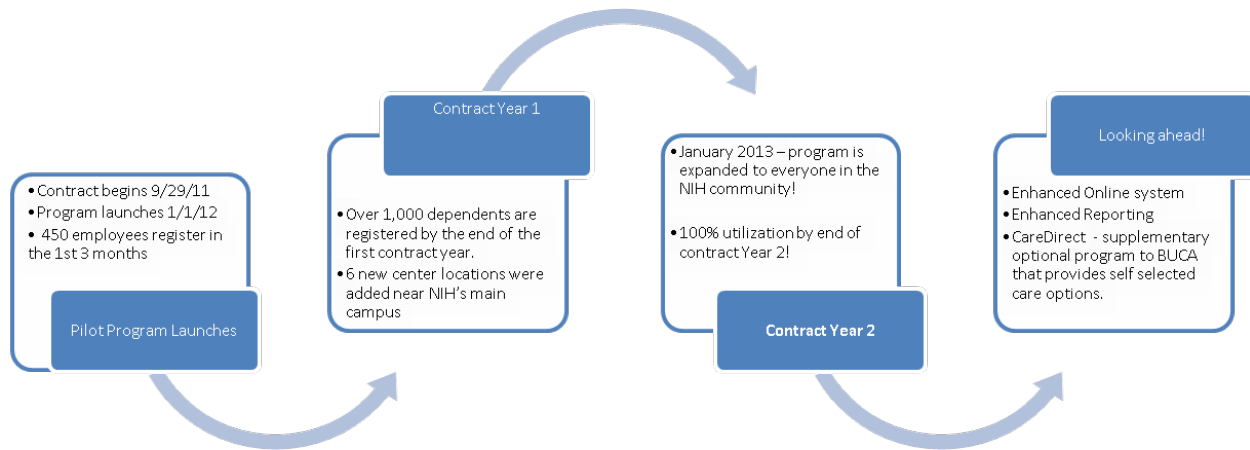
Figure 1. Timeline of the NIH Back-up Care Program Pilot.

Pilot Program Administration

NIH has contracted with Bright Horizons, Inc. to provide child and adult dependent back-up care services to the NIH workforce for the pilot. The ORS Office of Child Care oversees the contract and has worked very closely with Bright Horizons to establish a business model that meets the unique needs of the NIH workforce and adheres to Federal Law. Title 40 U.S.C. 590 (Trible Amendment) prohibits the use of appropriated funds to pay for direct child care costs. In contrast, many back-up care services programs provided by private businesses cover either the total cost of care, or the majority, with minimal co-pay.

The NIH model separates the administrative costs of a back-up care program and the cost of direct care. NIH is charged a yearly fee for administrative costs and allows the NIH workforce access to the Bright Horizons Back-up Care Advantage Program (BUCA). BUCA is a nationwide network that offers access to 48 Bright Horizons' dedicated back-up child care centers, 300+ Bright Horizons full-service child care centers, nearly 2,200 extended network centers, and more than 200,000 trained, credentialed, and experienced in-home care providers and nanny agencies. Within a five mile radius of the NIH main campus, there are three in-home providers and nine child care centers. Within a 10 miles radius, there are 10 in-home providers and 33 child care centers. The NIH workforce has access the following back-up care options:

Type of Care	Description	Ages served	Cost
Center-Based Child Care	Care is provided in a licensed Bright Horizons Center or an approved child care center	6 weeks to 12 years of age	$6.00 per child/per hour
In-home Child Care	Care is provided in the home by qualified trained caregivers	6 weeks to 18 years of age	$16.00 per hour/up to 3 children
In-home Mildly Ill Child Care	Care provided in the home for children with common non-contagious, short-term illness or symptoms of an illness have caused them to be excluded	6 weeks to 18 years of age	$16.00 per hour/up to 3 children
In-home Adult/ Elder Care	Care provided in the home of the adult receiving care, qualified trained caregivers who care of well, mildly ill, or recovering adults	19 years of age and older	$16.00 per hour/up to 3 adults
Self-Care	Care provided in home for the NIH individual who may be recovery from a medical procedure or illness	19 years of age and older	$16.00 per hour/per individual

Figure 2. Back-up care options available to the NIH Community.

Direct cost of care is the responsibility of the recipient. There is a four hour minimum for reserving care. Recipients can cancel with no charge by notifying Bright Horizons before 5:00 pm, the business day before care is scheduled. Bright Horizons collects the fee for care directly from the recipient.

ORS Office of Child Care conducts monthly quality assurance calls to all recipients who called to reserved care. Recipients who used care speak highly of their experience. Those who have cancelled, state, "It is a relief to know the program is available when they need it."

Program Eligibility

The NIH Back-up Care Program Pilot provides up to 10 days of care to any individual who has a valid NIH email address and is available for NIH employees, fellows, and contractors. Each individual who wishes to utilize the program, must register with Bright Horizons either by telephone or on-line. The NIH Back-up Care Pilot Program webpage, NIH Back-up Care webpage , gives the NIH workforce detailed information on the program and how to register. Although the employee is responsible for paying for care, registration for the program is free. Once a "Profile" has been established, the individual can reserve care up to 30 days in advance or on the day care is needed. The program is only available if the recipient is scheduled to work or is on official travel.
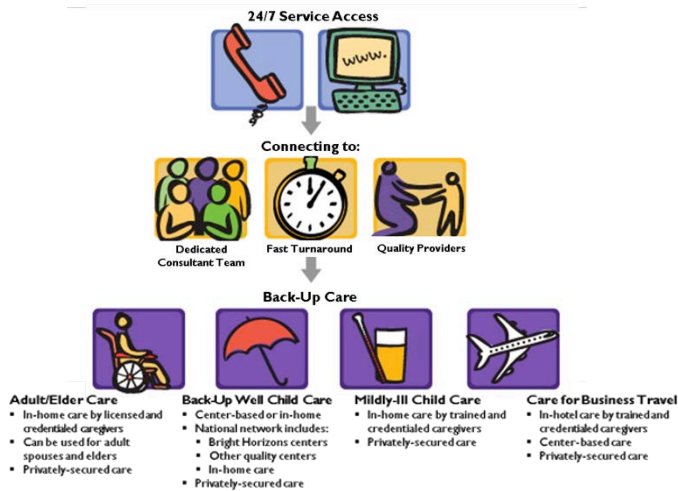
Figure 3. Reservation Process

Individuals who have utilized their 10 days of care and still need back-up care services, may submit a written waiver to the NIH Child Care Manager requesting additional days.

Individuals who assist with the science at NIH (scientific reviewers, guest lectures, and conference presenters) and who do not have a valid NIH email address, can also be approved for back-up care with a written request from an appropriate NIH contact.

"I'm one of the Clinical Fellows at the Clinical Center, and I am also the mother of an almost 11-month-old son. The backup care program has been a lifesaver for us this past month, as our nanny has been having some health problems and actually had to quit yesterday due to her health concerns. Thank you so much for having the program!"

"I am SRO of the BGES Study Section at CSR. I have invited a reviewer to participate in the BGES meeting on October 8 in Washington DC. She will need child care for her infant child for the day in order to participate in the meeting."

Modifications of the program during the pilot phase

After the first year of the program, the NIH Child Care Board reviewed the usage and effectiveness of the program. Based on the data and recipients' feedback collected during quality assurance calls, the Board made the following three recommendations to ORS:

1) Expand the program to the entire workforce.
At the beginning of the pilot, the program was only available to federal employees. The NIH Child Care Board made this recommendation based on the 50% utilization that was reported after the first year of the program and the recognition that NIH contractors and guests have a vital role in day-to-day operations. This recommendation was implemented in January 2013. With the program now available to the entire workforce (including fellows and contractors), the program was utilized at 99.5% in the second year.

2) Expand the number of network child care centers in Montgomery County, Maryland.
During the first year of the program, the feedback from the recipients reflected a deficit in child care centers, especially those who offer infant care. The ORS Office of Child Care identified several child care organizations in Montgomery County and facilitated linkage to the Bright Horizons Back-up Care network.

As a result of this effort, there are 13 additional centers now registered in the Bright Horizons network within a 10 mile radius of the NIH main campus.

3) Educate the NIH Workforce on In-home Care and Adult/Elder Care options.
During the first year of the program, recipients expressed a reluctance to use the in-home care option of the program. The ORS Office of Child Care and Bright Horizons conducted two seminars: NIH Back-up Care: In-home Care in January 2012 and NIH Back-up Care: Not just for Kids/Caring for Adult/Elder Care Dependents in February 2012. In addition, multiple outreach events to introduce the benefits and flexibility of in-home care were conducted. During the second year of the program, there was an increase of 9% usage for in-home care.

Back-up Care Pilot Evaluation

Figure 4. Word cloud created from responses to the Back-up Care Program Pilot survey responses.

Findings

The NIH Child Care Board reviewed and assessed a number of key elements of the Back-up Care Program Pilot based on data from January 1, 2012 to September 28, 2013, collected from two separate sources: the program contracting partner, Bright Horizons, Inc., and the NIH Office of Research Services (ORS).

Specifically, the following elements were evaluated and reviewed in detail:

Demand: describes the needs and awareness of the program. The Board reviewed registration and utilization data.

Type of use: reports on the use of the program. The Board reviewed the age group of those who received the care and where the care was provided.

User profile: characterizes the users of the program. The Board reviewed user gender, job category, affiliated Institute, and work locations.

Reasons for use: explains why such a program is used on each occasion. The Board reviewed different use cases and their proportion in overall usage.

Program effectiveness: measures the practical implementation of the program. The Board reviewed the successful fill rate; time spent by Bright Horizons in response to a care request, and other user survey results.

Benefits to NIH: assesses the return on investment of the program. The Board reviewed the number of saved days and representative uses in supporting the mission of the NIH.

Demand

Since the launch of the program through September 2013, 1,122 individuals registered in the program, for a total of 1,722 dependents (recipients are allowed to register multiple family members).   Also shown in Figure 5, the program registration increased significantly in Year 2, as program awareness increased and as the program became available to the entire workforce. This translated into much higher utilization from Year 1 to Year 2. NIH has contracted with Bright Horizons for a total of 400 uses per year. In Year 1, 198 were utilized (50% of usage). However, this number nearly doubled in Year 2:   398 contracted uses (99.5% of usage).

When assessing the demand for the program, we noted hundreds of potential cases where the NIH workforce first made their request for back-up care to Bright Horizons and later canceled when alterative care options were found. Although these requests are not counted as utilization, they indicate the perceived need for back-up care services. The NIH workforce understood the availability of the service and planned to rely on this care if alternate care was not found.
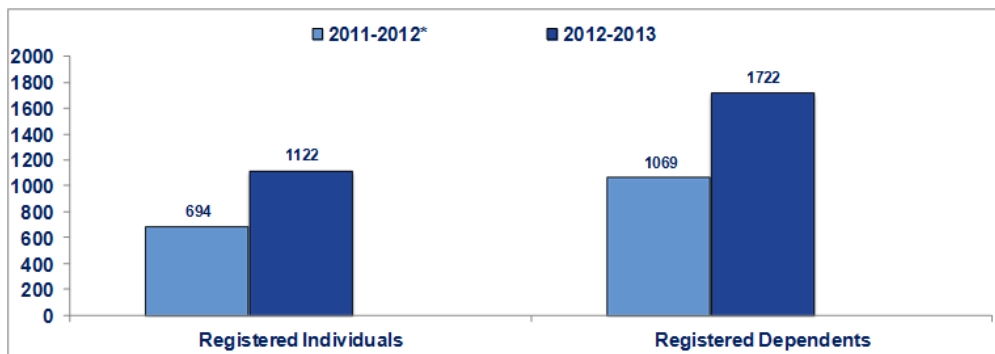

Figure 5. The number of registered individuals and dependents in both Year 1 (2011-2012) and Year 2 (2012-2013), respectively. *Note that the data for 2011-2012 (Year 1) is based on 9 months from program launched in January of 2012.*

Types of Uses

The Back-up Care Program was used mainly by parents of young children. The data shows that the dominant category in usage is for infants (22%), toddlers (44%) and school-age children (27%). We believe the low percentage of usage for adult/elder care and self-care (7% combined) can be attributed to lack of awareness of these options. Since this is a pilot, the NIH workforce is still getting acquainted with the services provided by the Back-up Care Program. We anticipate the demand for adult/elder care and self-care will rise.

During Year 1, center-based care was used by 67% recipients. (Figure 6) However, in Year 2, there was an increase of 9% in demand for in-home care. This indicates efforts to educate the NIH workforce on the in-home care option were effective.
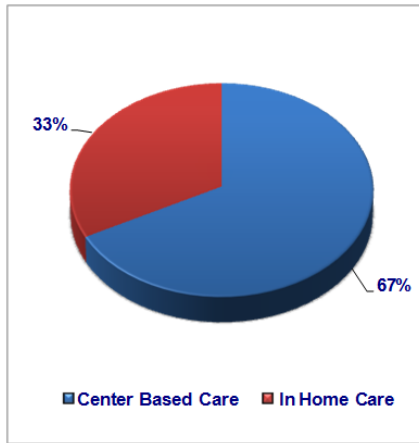
Year 1 (9/29/11- 9/28/12)   **Year 2 (9/29/12 - 9/28/13)**
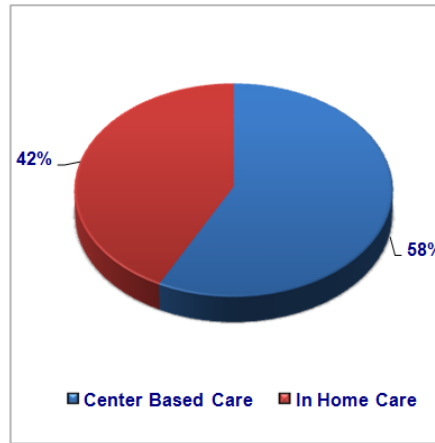
**Figure 6. Utilization by Type of Care.**

User Profiles

Users were primarily female (79%). Children, dependents under the age of 18 years, accounted for 92% of the individuals receiving care.

During Year 2, the majority of recipients who utilized the program were NIH full time employees (FTEs), (72%) followed by fellows (13%) and contractors (10%). Verbal feedback shows that opening the program to fellows and contractors was welcomed by the NIH community. Many programs available at NIH, related to work-life balance, are often not offered to fellows and contractors.

The highest number of utilizations was by intramural and extramural researchers/scientists. This is a category of employees involved in scientific work with critical and demanding work schedules often involving work-related travel, late hours in laboratories, and the Clinical Center. This group does not always follow a regular tour of duty. The high percentage of usage by this category of employees speaks to the value of this program for specific categories of the workforce.

Since the main NIH campus is based in Bethesda, Maryland, it is not surprising the data showed that the program's highest utilization was in Montgomery County, MD (79%) compared to DC (10%) and Virginia (6%). While there was not significant utilization in North Carolina, Atlanta and Massachusetts, there was program utilization in these regions. NCI, NIAID and NHLBI were the leading Institutes in the usage of this program which correlates directly to the sizes of these Institutes.
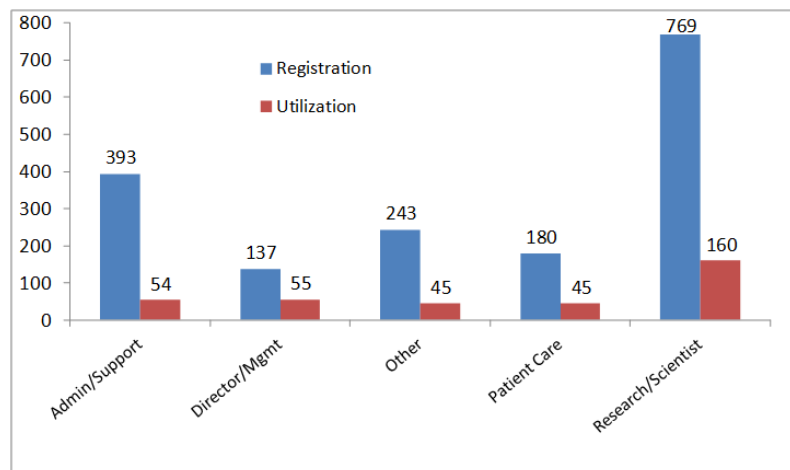
Figure 7. Registration and Utilization by Job Category (Data from 9/29/12 – 9/28/13).

Reasons for Use

Based on user feedback, most of the recipients utilized back-up care because their regular care was not available; either the provider was sick or on vacation (55%) or school was not in session (15%). Other uses included 13% that had a mildly ill dependent at home, 4% had a spouse that was unavailable and a very small percentage used adult dependent and self-care. The decision by the individual to use back-up care and pay an hourly rate instead of taking leave, signifies the individual's determination to be present at work. About 5% used the back-up care services during business travel.

Effectiveness of the program

Through this pilot, the Back-up Care Program has proven to be an effective resource for the NIH community. In fact, 100% of the recipients who responded to a Bright Horizons survey from January 2013 to October 2013 were satisfied with their experience using the Back-up Care program and would recommend it to their coworkers.

Bright Horizons was able to provide care for 98% of the requests from NIH during the pilot program. They continue to expand their network by adding more child care centers around the campus and in nearby communities where the demand is the highest.

Benefits to the NIH

Traditionally, a provider of contract services, such as Bright Horizons on the back-up program, reports annually to its customer regarding the "Return on Investment" for the purpose of demonstrating that the funds spent by the agency had a measurable "payback" and was of an actual financial value to the agency. In the most recent year-end report, Bright Horizons reported total cost savings to NIH of $196,184.

This Return on Investment was calculated as follows:
During FY13, NIH individuals used 398 days of back up care, saving 358 work days (difference in days of care and work days saved is due to multiple child families). If the average salary is a GS 13 step 1 ($89,033), the daily pay rate is $548. The total cost savings (not including benefits) is $196,184 (358 days saved x $548 per day). Using this figure, the program benefit exceeded the cost of the program by more than $85,000.

Calculating Return on Investment				
Days Used	Days Saved	Cost of Absenteeism	Saving Achieved	Program Benefit
398	358	$548/day	$196,184	$86,984

Figure 8. Return on Investment

However, the NIH Child Care Board feels strongly this method of reporting Return on Investment is <u>not</u> accurate or adequate to measure the benefit/value of the NIH Back-up Care Program Pilot.

Return on Investment assumes that the primary interest for a company or agency is loss of work hours, measured by an individual's pay and work days saved. Although that measure is of interest to NIH, there are more compelling aspects of the data that speak to the "value of the investment" for NIH. The primary value is the willingness of the workforce, when they know that they will have family responsibilities on a work day, to understand the service exists and how it can be used to give them the choice- take leave or use back-up care and perform their work duties. The existence of this choice is demonstrated by the number of reservations for care made, but later cancelled (231 in Year 1, 175 in Year 2).

NIH is a unique federal agency that must accommodate work roles that do not exist in other federal agencies. It must be able to accommodate research scientists, clinicians, animal care staff, clinical staff and a whole array of diverse job roles. Back-up care has become another component of the "toolbox" for employees to use; even when they must pay the cost of care out of pocket. In addition, the program's existence and availability to the entire workforce, demonstrates that NIH understands individuals require contemporary solutions to contemporary work life issues. The Office of Human Resources highlights this program as an important component of recruitment efforts as NIH competes with other world class organizations for top talent in research, medicine and administration.

The NIH Child Care Board believes that the value of attending a critical meeting, participating in scientific review groups, conducting experiments, treating patients, and maintaining facilities is of much greater value than a day's wage. The real Return on Investment for NIH is the commitment to support a workforce that deeply values its role in turning discovery into health.

Recommendations

Based on the findings from this evaluation of the NIH Back-up Care Program Pilot, the NIH Child Care Board recommends establishing the NIH Back-up Care Program as an ongoing program to the NIH workforce. Specifically:

1) The NIH Back-up Care Program should be established as an ongoing program at NIH.
The Program should transition to an ongoing program within the ORS Child and Dependent Care Services and be included in annual budget allocations for such programs. Funding for the continuation of the program beyond the Pilot phase is required starting Fiscal Year (FY) 2015.
2) The NIH Back-up Care Program should continue to be available to the entire NIH workforce.
The NIH Back-up Care Program should continue to be available to the entire NIH workforce and be extended to visitors who support NIH science and services, such as scientific reviewers, guest lecturers, and conference presenters.
3) The ORS Office of Child Care should continue to monitor, evaluate and modify the program to ensure that the needs of the NIH workforce are being met.
ORS Office of Child Care should continue to conduct quality assurance on the delivery of the program, recipients' experience with the service, and report regularly to the NIH Child Care Board.

NIH Back-up Care Flyer

NIH Back-Up Care Program

Care When You Need it Most

National Institutes of Health has contracted with **Bright Horizons®** to offer **NIH employees** back-up care when they need to be at work and their regular child or adult/elder care is unavailable, for example:

- Your regular caregiver or stay-at-home spouse is unavailable
- You are transitioning between child or adult/elder care arrangements
- Your child's regular center or school is closed
- Your adult/elder relative is ill or needs temporary assistance
- Your child is mildly ill at home

Programs Available

NIH Employees have access to the following back-up care programs:

- Center-based child care
- In-home child care
- In-home mildly ill child care
- In-home adult/elder care
- Self-care

Care Consultants

A care consultant can assist you in finding the care arrangement that will best meet your needs and will work with you to ensure you have completed all required forms and information needed for the care option you select.

Register today to ensure peace of mind tomorrow.

Back-Up Care Advantage™
A Bright Horizons Solution at Work

Your Back-Up Care Solution

As an NIH employee, you are eligible for up to 10 days of back-up care per calendar year.

Cost of Care

Center-based care- $6 per hour/ per child.

In-home care- $16 per hour/up to 3 children or 3 adults.

Plan Ahead

NIH Employees must verify eligibility before using the service and reservations are required.

Reservations for care can be placed one month in advance and up to the day care is needed.

Every effort will be made to accommodate your request. Care availability is not guaranteed and will depend on the availability of providers on any given day.

Register Today

http://backupcare.ors.nih.gov

NATIONAL INSTITUTES OF HEALTH

Division of Amenities and Transportation Services
DATS

NIH Child Care
http://childcare.ors.nih.gov

Comments from NIH Back-up Care Program Recipients

Absolutely love it, been able to go to work when I wouldn't otherwise have the opportunity. If would have been frustrating to call all those centers myself.

This program has helped make family working decisions. Knowing it is a back-up opportunity helped us decide my wife could work more hours.

Had to attend a scientific conference, but was still nursing. I wouldn't have been able to attend without the Back-up care program.

When flying up to NIH for training, a conversation began with a woman sitting next to me and my 4 month old daughter. I was telling her I was coming up for training and she asked about my child and what I was going to do with my child while I was in training. I told her about the back-up care program and she was very impressed with the program and stated that it was an attribute to NIH to offer such a unique program. I found out that this woman was a Senator from NC. The Back-up Care Program is a huge benefit to me because I am still nursing.

Helps me be a more productive employee

Excellent program. Hope we can keep it and have more than 10 days.

Very impressed that NIH has this program.

Glad this program is available. It has saved me many hours of annual or sick leave, because I could still go to work, knowing my child was in good hands.

Impressed with how engaged the caregivers were

Impressed with the communication, they really kept in touch

Very positive program

Very accommodating

Would love more days because my nanny is having knee problems and may be out for an extended period of time.

Great program, service is a benefit when I have conferences to go to and need to make plans

Absolutely love it.

It is a great program

Very important program with an A+ for the program needs to become a permanent service.

Life Changing/ Amazing

This should be continued very critical for productivity.

It is a great service. I have recommended it to others.

Very capable and friendly people.

It was hard to find center care for my 4 year old so resorted to home care. Found out the morning of care that they couldn't find a space, I was able to do telework while provider was at the house.

Hope we can get more centers

Out of days for this year. Hopefully we can get more days.

Frustrated because no center based care in my area so had to settle for home care. But, it is a great service and I am glad we have it.

Very easy… same fee for two kids very helpful when you don't know anyone around and have to go to work.

Terrific program. Glad to take advantage of it. Let's me come to work without having to stay home it is a value to the organization.

God send

Originally wanted care at a center near a training I was attending but when they couldn't find one, I chose to have someone actually come to the hotel we were staying at. It was great that I had that option.

Appendix B. Full NIH Child Care Waiting List Report

The NIH Child care Board Waitlist Committee had several major accomplishments in 2013-2014. First, the committee examined the impact of the One-Decline Policy on the NIH Child Care Waitlist. Second, the committee developed a procedure for incorporating the Northwest Child Care Center (NWCCC) into the existing NIH Waitlist structure.

The One-Decline Policy went into effect on April 1, 2013. The policy states that when parents/guardians are offered a space from any of the three (3) child care centers and they decline the space or do not respond within two (2) business days, the child's wait list profile will be given a new registration date - the date of the decline.

Previously, the first decline had no effect on the child's registration date and this action was only taken when the second decline occurred. This change to the number of declines was made in response to reports from the directors of the centers about the number of offers of a space that they had to make in order to fill each space. The committee had become concerned that the waitlist – particularly the desired date of enrollment – was not truly representative of actual need for child care. People could be on the NIH Wait List but have stable child care arrangements in some place elsewhere. The point of the policy is to emphasize to parents that their date of enrollment is a definitive statement that they are ready to leave their current care situation as soon as an NIH child care center calls. The NIH Wait List Manager contacts families multiple times each year to remind them of their stated desired date of enrollment and that they have the ability to change that information at any time.

The committee and the center directors agreed that parents could best make this decision with as much information in advance as possible. The centers set up a system of holding open houses in order to give families a better understanding of the dynamics of each center. The Board and the centers hope that this preview will enable parents to decide more quickly whether to accept a space when a center calls to offer one to them. A related hope is that parents who decide that a center is not the right place for their child will take themselves off the list for that center after the tour, rather than waiting for an offer to then discover that information. Several hundred parents have

attended open house events so far, and the directors of the centers think that the events are very useful and worth continuing.

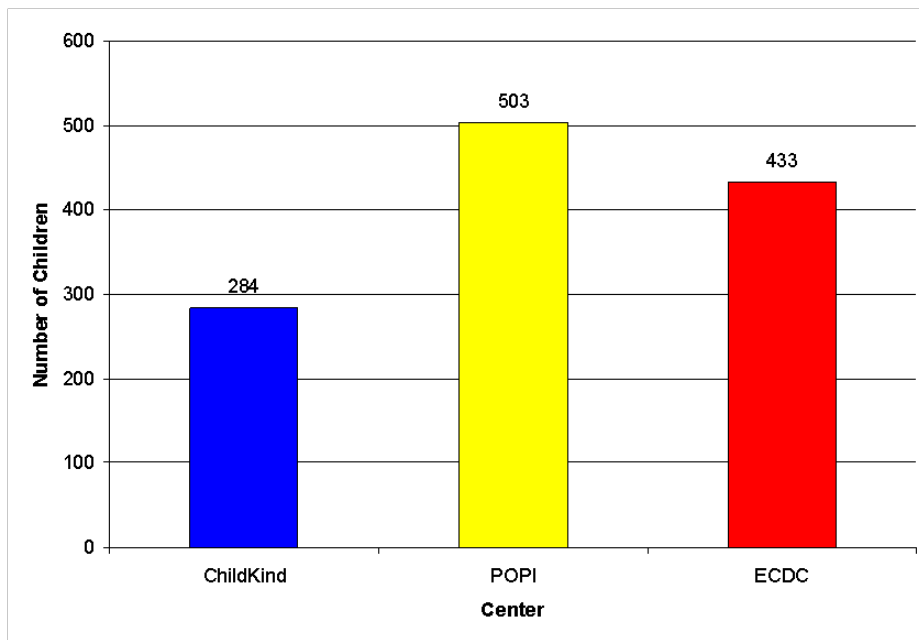Figure 1. NIH-sponsored Child Care Centers Open Houses data and flyer

The One-Decline Policy appears to have had a positive impact on the waitlist. From Sept 30, 2012 to Sept 30, 2013, we saw a decrease from a range of 284 to 503 children waiting for immediate enrollment (by center) to a range of 180 to 317 children waiting for immediate enrollment (by center).
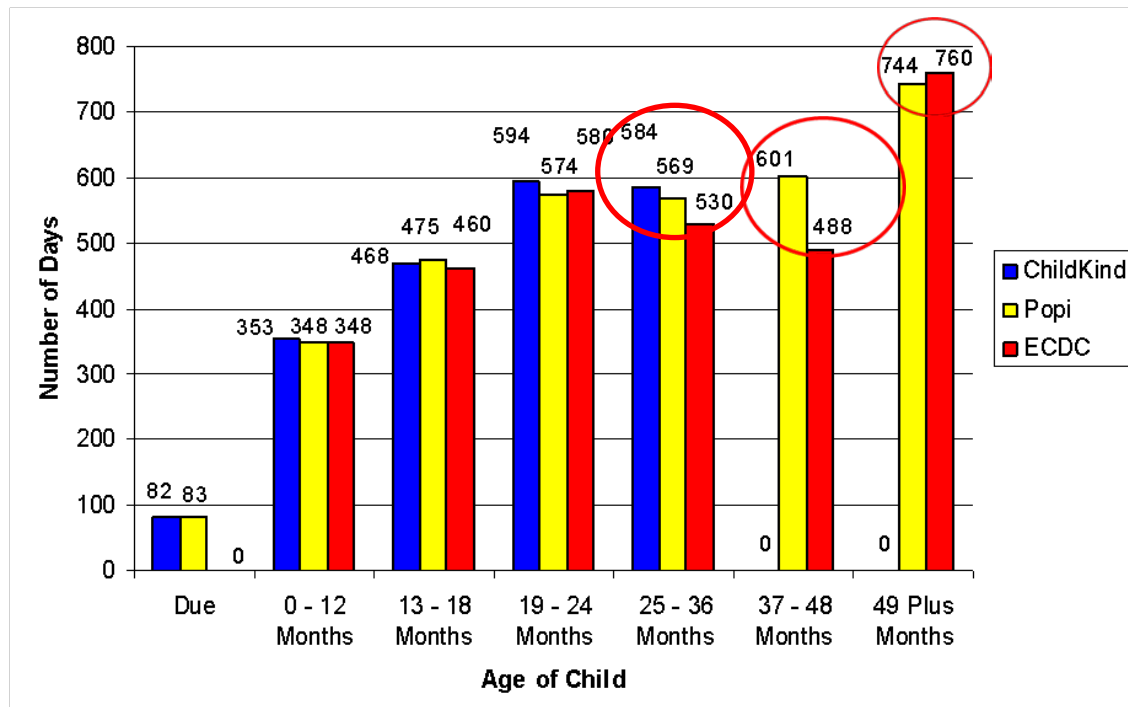
Figure 2. Number of Children Waiting for Immediate Enrollment by Center <u>Before</u> One Decline Policy
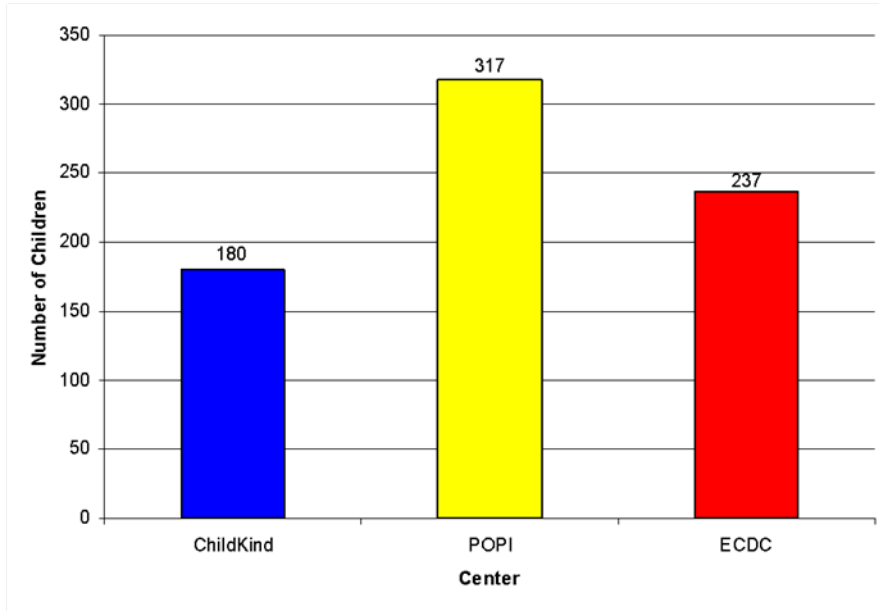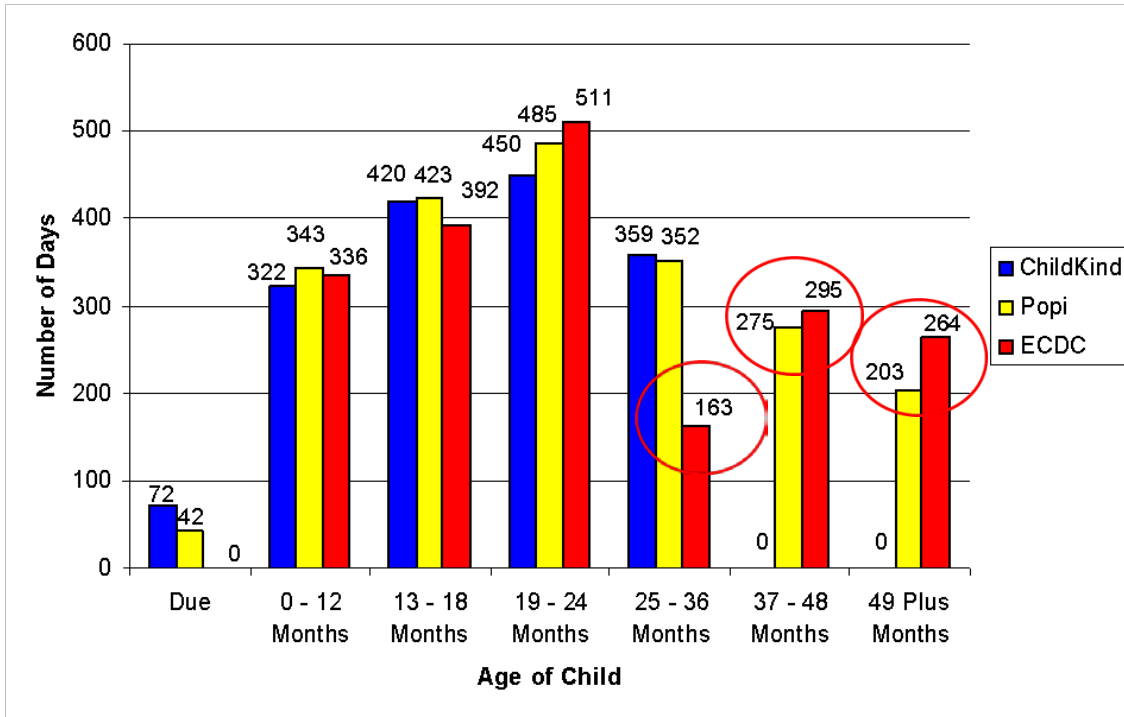

Figure 3. **Number of Children Waiting for Immediate Enrollment by Center After One Decline Policy**

The average days waiting for immediate enrollment for all age groups have decreased from Sept 30, 2012 to Sept 30, 2013. This decrease is especially evident in the following age groups; 25-36 months, 37-48 months and 49+ months.

Figure 4. Average Days Waiting for Immediate Enrollment by Center and Age <u>Before</u> One Decline Policy

Figure 5. Average Days Waiting for Immediate Enrollment By Center and Age <u>After</u> One Decline Policy

The opening of the NWCCC is a hugely anticipated event within the NIH community. The groundbreaking occurred this spring and the facility is scheduled to open in 2016. At that time, the facility that houses the ChildKind Center will close and children enrolled there will be transferred to the new center unless they prefer to switch to care elsewhere. Beyond the automatic priority for those children, the Board lacked a protocol for filling the other spaces.

To develop a protocol, the Board first considered the current waitlist and data on the number of children on each NIH center's waiting list and the overlapping of families on multiple lists. As of March 21, 2014, 906 children were on the NIH Child Care Wait List. Almost the entirety of ChildKind's waitlist was also on POPI's – 463; 288 children were on POPI's waitlist but not on ChildKind's; 286 children were on ECDC's waitlist but not on ChildKind's; 154 children were on ECDC's waitlist and not on any other. All children on ChildKind's waitlist were eligible for POPI and ECDC, but children older than 36 months cannot enroll in ChildKind. Thus, the Board expected to see that POPI and ECDC would have children who were not waiting on ChildKind. The Board was impressed that all virtually all children waiting on ChildKind were also waiting on POPI. The Board was also impressed that ECDC's waitlist had more independence from the other two lists. Thus, the Board concluded that the parents of these children have a preference for "on-campus" versus "off-campus" care, and that it is meaningful to group the waiting lists in this way.

Current Waiting List
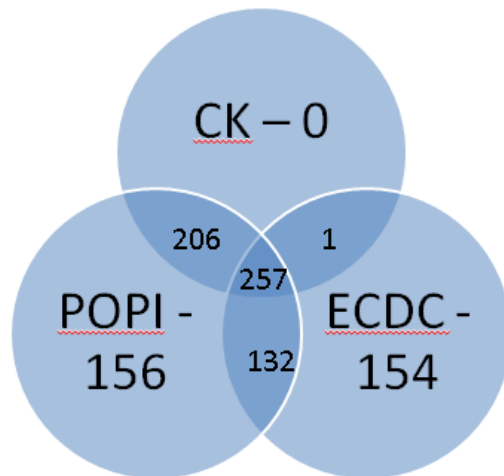
Figure 6. Current Waiting List and data on the number of children on each center's waiting list and the overlapping of children on multiple lists

The Waitlist Committee put forward four conceptual principles to guide their decision-making about how to integrate the NWCCC into the existing Waitlist. Those principles are:

- We want to respect those who have invested specifically in ChildKind and losing that option.

- We want to respect those who have invested in obtaining care on campus.

- We want to respect those who have invested in obtaining NIH Child Care generally.

- We want to welcome members of the NIH community who newly need child care.

The Board then considered two options for recommendations. The first option prioritized the first principle, those families waiting on enrollment at ChildKind. The second option prioritized the first and second principles, those families waiting on enrollment at a center on campus.

Option #1: Enrollment at ChildKind

- ChildKind waitlist (464) will transfer automatically to NWCCC. Participants will keep <u>ORIGINAL</u> application date - families can opt-out.

- POPI and/or ECDC waitlist only (442) will have a two week "early bird" period to sign up for NWCCC. Participants will receive <u>NEW</u> application date for NWCCC (date of response).

- NIH Community will be notified they can sign up for the NWCCC via global/website.

Option #2: Enrollment at a center on campus

- ChildKind and POPI waitlists (752) will be transferred to NWCCC. Participants will keep <u>ORIGINAL</u> application date - families can opt-out.

- ECDC-only waitlist (154) will have a two week "early bird" period to sign up for NWCCC. Participants will receive <u>NEW</u> application date for NWCCC (date of response).

- NIH Community will be notified they can sign up for the NWCCC via global/website.

The Waitlist Committee proposed a timeline of 10/1/14 for transfers, 10/15/14 for the start of the "early bird" period, and 11/1/14 for opening the NWCCC waitlist to the NIH community. The Waitlist Committee also recommended Option #2 to the Board for consideration. The Board voted 6-1 to accept the recommendation for Option #2.

The Board also considered a communication plan for distributing this information. The Board will take action on this plan over the coming months so that the Waitlist participants and the NIH community will be well-informed as we move forward.

Appendix C. Letter to Ms. Colleen Barros addressing the Board's approach to NIH's dependent care issues

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

Dear Ms. Barros:

In May 2013, you attended a special meeting of the NIH Child Care Board for a presentation of the findings of the "Life@NIH" Survey. That survey, conducted in fall of 2012, covered many issues related to children, families and work life balance. It also included several items regarding elder/dependent care, an issue that the Board has been concerned about for some time due to its impact on working families.

In our report to NIH leadership we recommended that NIH identify a group to focus on the issue, as the Child Care Board wanted to remain focused on children's issues.

You very nicely and clearly recommended that the Board should expand its interest to include dependent care issues, and you challenged the Board to seek out other NIH partners for that effort.

We would like to report that we heard you and want to share information regarding those efforts.

During the 2013-2014 Work Year, the Child Care Board took the following actions in support of Dependent Care Issues at NIH:
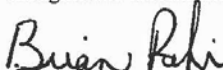
- Appointment of a voting Board member from the National Institute of Aging (NIA)
- Identified a permanent liaison to the Board from the Employee Assistance Program
- Revised the Board Annual Work Plan to reflect this issue
- Appointed a committee to lead this effort
- Presented the survey results regarding this issue to the NIH Health and Wellness Council
- Presented the information to the Women in Science Working Group
- Convened a joint committee meeting of the Child Care Board, ORS, EAP, Health and Wellness Council, and NIA to plan for combined efforts

Additionally, in support of the Board efforts, the ORS/DATS Child Care Program has taken these actions:

- Increased visibility of elder care resources on the ORS webpages
- Sponsored a webinar on "How to Find Care for Your Aging Parent" (165 Viewers)
- Spotlighted elder care resources at the fall Benefits Fair sponsored by the Office of Human Resources

Presently the Board and ORS staff are in the process of planning a "Dependent Care Information Event", to be scheduled in the fall of 2014. We will most certainly send you an invitation.

We appreciate your ongoing support and interest in our efforts and will keep you informed of future thoughts and recommendations.

Brian Rabin, Chair
NIH Child Care Board

Sheri Schully, Ph.D., Vice Chair
NIH Child Care Board