

National Institutes of Health 2004-2005 Annual Report on Child Care



"Making our children a priority"



TO: Dr. Elias A. Zerhouni, Director, NIH
Dr. Raynard S. Kington, M.D., Ph.D.

FROM: NIH Child Care Board

SUBJECT: Annual Report on NIH Child Care

It is my great pleasure to submit the 2004-2005 Annual Report on NIH Child Care for your review and action. The NIH Child Care Board, which is chartered to advise you on child care matters and represent the diversity and richness of the NIH community, has included two specific recommendations for your attention and action.

First, the Board urges NIH to carry out plans for providing additional spaces for child care to serve the growing number of employees and worksites at NIH. Specifically, the Board requests the creation of a new child care center in the Rock Springs Park Cluster and the construction of the Northwest Child Care Center on campus.

Second, the NIH Child Care Board would benefit from your appointment of a legislative contact person to advise and assist the Board in studying Federal regulations. Our discussion of problems and solutions for NIH child care issues of demand, cost and quality could benefit from legislative expertise that this Board does not have.

Thanks to your support last year, the Child Care Board launched a Child Care Pilot Subsidy Program in May. The 30+ lower income NIH employees who benefit from this program are very grateful, and the Child Care Board is quite proud that NIH has joined other DHHS operating divisions in offering this important program.

With your ongoing support and assistance, the Board will continue to identify resources and create solutions for all those who work at NIH. Board members would appreciate an opportunity to discuss this report, including recommendations, accomplishments and challenges, with you.

A handwritten signature in cursive script, reading "Janet S. Austin".

Janet S. Austin, Ph.D.
Chair, NIH Child Care Board

Attachment

cc:
NIH Executive Officers
Ms. Shirl Eller, OD/ORS



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

www.nih.gov

SEP 14 2005

TO: Dr. Janet Austin
Chair, NIH Child Care Board

FROM: Director, NIH
and
Deputy Director, NIH

SUBJECT: Annual Report on NIH Child Care

Please accept our sincere appreciation for the dedicated work that the NIH Child Care Board has performed during the past year. It is evident from the 2004-2005 Annual Report on Child Care that the NIH has accomplished several major tasks, including the implementation of the Child Care Subsidy, improvements to the operations and management of the waiting list, and the various parenting services for NIH employees.

We join you in celebrating the NIH Child Care Subsidy Pilot, and we understand that nearly 40 children are currently being served by the program. We are interested in the impact that this subsidy will have on the stability of the NIH lower income workforce and look forward to the Board's analysis and evaluation regarding the demand for, and the effectiveness of, the subsidy in assisting employees with child care.

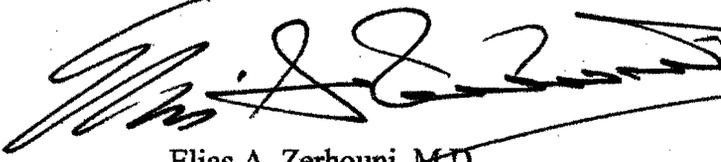
We take seriously the recommendations that the Board has provided for our consideration. The NIH Northwest Child Care Center is included in the current NIH Master Plan, and, based on budget priorities as they appear today, the earliest that funding would likely be requested is in FY 2009.

The Office of Research Services (ORS) and the Office of Research Facilities are working on finalizing a business case within budgetary constraints for new leased space, preferably in the Rock Spring Park cluster. Upon completion, the business case will be presented to the NIH Facilities Working Group for approval. As demonstrated by your research, a center in the Rock Spring Park area would serve large numbers of our employees and would be a visible demonstration of NIH commitment to this important quality of work life issue.

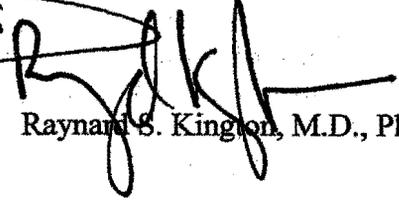
In order to support communication and understanding of those child care issues related to Federal legislation referenced in the Annual Board Report, ORS will work with the Office of Legislative Policy and Analysis (OLPA) to identify a contact person. The participation of OLPA in Board discussions will be dependent on the availability of their staff.

Page 2 – Dr. Janet Austin

We congratulate you on your accomplishments, appreciate the challenges you face, and thank you for continuing to work on the priorities you have identified for the upcoming year.



Elias A. Zerhouni, M.D.



Raynard S. Kington, M.D., Ph.D.

Annual Report on NIH Child Care 2004-2005

Section I: 2004-2005 Board Accomplishments

Implemented child care subsidy pilot program for lower income NIH employees

The NIH Child Care Board and NIH leadership launched the NIH Child Care Subsidy Program in May 2005, after three years of planning by the Board. The subsidy program provides \$50,000 in the first year and \$100,000 in the second and third years to subsidize the cost of licensed child care for NIH Federal employees with household incomes under \$60,000 per year. The subsidy will serve as many as 40 employees in the present fiscal year.

Improved the operation of the NIH child care center waiting list

Currently, over 900 children are on the waiting list for NIH child care centers. To improve the accuracy, fairness, and responsiveness of the waiting list to NIH employee-parents, the management of the list was refined to (1) provide clear registration instructions and a printed confirmation of registration and (2) monitor how centers make decisions about enrollment. A “frequently asked questions” (FAQ) section was added to the Web site to provide more in-depth information about the waiting list. Data is currently being collected to provide analysis, future evaluation, and accurate information on the length of waiting times for varying age groups.

Promoted child care and parenting services to NIH employees

The Board co-sponsored and participated in several activities to increase awareness of child care services and parenting resources at NIH including:

- the NIH Parenting Festival, May 2005
- the NIH Summer Camp Fair, February 2005
- “Ask the Parenting Specialist” programs at various campus locations
- the Parenting listserv.

Developed a five-year communication plan to increase the visibility of child care-related services and issues at NIH, and to foster active networks and partnerships across the NIH

A copy of the Board Communications Plan is attached to this report.

Investigated options for back up child care and child care for non-standard work schedules

Responding to concerns raised by parent-employees, supervisors, managers, and directors at NIH, the Board researched options to address non-routine child care needs. These include child care for school holidays, snow days, back up care when primary care is not available, temporary care when employees are returning to work after a birth or relocating to the NIH, as well as evening and night child care in Montgomery County.

Section II: Challenges

Demand for NIH child care centers far exceeds current capacity.

Although 450 children ages 6 weeks to 12 years are enrolled in NIH-supported child care centers, over 900 children are currently on the waiting list. Only about 150 child care slots become available in a given year. The situation is especially severe for infant care (children under the age of 2 years) with 594 infants currently on the waiting list for the 48 existing child care slots in this age group.

The cost of child care is a heavy burden on many NIH employees.

Child care is expensive. It costs an average family more than \$14,000 per year for fulltime care of one infant in an NIH-sponsored child care center in Montgomery County. Even in the more affordable family-based child care centers in the community, the average annual cost of fulltime care for an infant is over \$9,000¹. For a preschool child, the average annual cost of care in Montgomery County is over \$8,000². Using a family-based care provider, a family with one infant and one preschooler would need to have a total household income of over \$175,000 per year to keep the portion of household income spent on child care at around 10%, the limit recommended by the U.S. Department of Health and Human Services.³ The family would need to have a total household income of over \$220,000 if it used an NIH Child Care Center.

Legislation limits the capacity of NIH to provide and supplement child care services.

There is clearly a need for more child care slots on and off campus, emergency and back-up child care, and other supports for working parents. However, Federal legislation such as the Triple Amendment, which is the current statute governing the specifics of Federal child care, limits NIH and other Federal agencies to spending appropriated funds only on capital expenses. This makes NIH unable to contract with community-based providers for child care slots and expand the range of services offered to NIH employees. In addition, *Federally sponsored individuals central to the mission of the NIH, including Visiting Fellows, IRTAs, etc., do not specifically qualify for on-site child care* because of legislative restrictions. These restrictions make it difficult for the NIH to respond effectively to the child care needs of individuals supporting its mission.

¹ Source: Maryland Child Care Resource Network. Child Care Demographics 2005. Montgomery County Child Care Resource and Referral Center. MD: Maryland Committee for Children.

² *Ibid.*

³ Reference....mentioned in Child Care Subsidy proposal.

Section III: Board Recommendations:

1) Dedicate previously approved resources to support plans for creating child care to service the Rock Springs Cluster, and fulfill the plan for a new child care facility on campus

- The NIH child care centers are filled to capacity, and there are over 900 children still on the waiting list. Average wait times are approximately 1.5 - 2 years. Due to the large numbers of NIH employees located nearby and the proximity to several major commuter routes, over half of those individuals on the current waiting list could theoretically be served by a child care center in the Rock Springs Cluster Park area.
- The current NIH Infant Center on campus was housed in a “temporary” building over eight years ago. The NIH Campus Master Plan includes a replacement/expansion of this facility with the construction of the Northwest Child Care Center. Construction funds for this project should be included in NIH budget requests as soon as possible.

2) Provide a legislative contact from the NIH Office of Legislative Policy and Analysis to assist the Child Care Board in areas of policy and legislative issues

- The Tribble Amendment contains language that excludes many Federally-sponsored employees (i.e., Visiting Fellows, IRTAs, etc.) central to the mission of the NIH from on-site child care. In addition, the Tribble Amendment is currently interpreted to disallow Federal agencies from partnering or contracting with local non-Federal child care facilities, thereby precluding accessible child care solutions for Federal employees.
- Given that the Tribble Amendment constrains the ability of the Board to consider various alternative sources of child care, the Board plans to explore the options available within the framework of the current legislation, and decide whether seeking an amendment to the legislation is necessary. However, the Board lacks expertise in the policy and legislative issues that would allow it to pursue this goal. A legislative contact would enable the Board to make realistic and appropriate recommendations to address NIH child care issues.

Section IV: Board Priorities for 2005-2006

- **Support increasing NIH child care capacity**
- **Assess current legislation pertaining to NIH child care**
- **Implement the Board Communication Plan**
- **Expand resources for parents**
- **Monitor, evaluate and promote the Child Care Subsidy Pilot Program**
- **Monitor and analyze data regarding waiting periods and the length of waiting lists, and recommend appropriate action**
- **Support existing WorkLife initiatives and workplace flexibility programs (i.e., referral services, seminars, telecommuting, and job-sharing) to help working parents, and reduce reliance on child care services**
- **Revise the Child Care Board Charter**

July 15, 2005

NIH Child Care Board Membership 2004-2005

Members

Dr. Janet Austin, (Chairperson) NIAMS/OCPL

Dr. Valerie Durrant, CSR/HOP

Ms. Deborah Fountain, NCI/OM

Ms. Alisa Green, OD/OSMP

Dr. Susan Koester, NIMH/DIRP

Ms. Jayne Lura-Brown, NIDCR/DPHPS

Ms. Angela Magliozzi, NIAID

Ms. Kim Plascjak, NIAID/OMNI

Mr. Henry Primas, CC/HFCD

Mr. Hyden Shen, OD/OEODM

Ms. Lisa Strauss, OD/OSP

Ex-Officio Members

Ms. Valerie Hurt, HHS/OGC

Ms. Juanita Mildenberg, OD/ORF

Ms. Mary Ellen Savarese, ORS/DOES

Mr. Tim Tosten, ORS/DOES

Non-Voting Liaisons

Childkind, Inc. - Ms. Lee Ettman, Ms. Jaydah Wilson

POPI- Ms. Paulina Alvarado

ECDC- Ms. Anne Schmitz

First Environments- Ms. Dona McNeill

**CHARTER
NATIONAL INSTITUTES OF HEALTH
CHILD CARE BOARD**

VISION

The quality of scientific research supported at the National Institutes of Health (NIH) is a direct result of the quality of the workforce. Employer sponsored child care is critical to organizations that wish to attract and maintain a high quality workforce. The NIH Child Care Board recognizes that productivity and performance of parents in the workforce is enhanced when their children are in quality care, and children thrive when they are nurtured in a safe and appropriate learning environment. The NIH Child Care Board will promote services and programs that provide access to high quality, affordable child care for families in the NIH community.

MISSION

The National Institutes of Health Child Care Board, hereinafter referred to as the Board, will promote affordable, accessible, and quality child care for all NIH employees and advise the NIH regarding child care services and policies.

OBJECTIVES

The Board will:

1. Serve as an advocate for affordable, accessible and quality child care for the NIH community.
2. Serve as a forum for NIH child care issues and policies.
3. Advise the NIH with regard to child care issues and policies, e.g., status of existing programs, quality of care, need for modification of existing services and/or development of new services.

APPOINTMENT

Members will be selected in such a way as to span the interests of NIH employees and their dependents and shall represent the diverse population of the NIH community. Applicants shall have a strong interest in issues related to child care. Employees interested in participating on the Board shall submit a nomination letter to the Director, Division of Support Services (DSS), who shall forward a copy to the Board's voting members for review and consideration. The Board shall provide in writing its recommendations to the DSS Director. The DSS Director will forward the nomination packet to the NIH Associate Director for Research Services for appointment consideration. The Associate Director shall notify applicants in writing of their appointment to the Board.

VOTING MEMBERS

The Board shall consist of at least seven Federal employees, including the Chairperson and Chair-elect. Elections by a simple majority of voting members for the positions of Chair and Chair-elect shall be held annually.

No voting member may be an officer, member of the board, trustee, employee or partner of any NIH-supported Child Care Center. Voting members may not have any financial interest in such a program, either themselves or through their spouse or minor child, except that they may have a dependent in such a program, provided that they receive approval to participate from the appropriate ethics official.

TERMS and VACANCIES

Voting members shall serve on the Board for a term of three years. The terms for voting members are staggered. No more than one-third of the Board members should be replaced in any given year in order to preserve continuity and effectiveness of operation. If a member is unable to fulfill a term, a successor shall be appointed to complete the term subject to the approval and appointment by the Associate Director for Research Services.

EX-OFFICIO, NON-VOTING MEMBERS and LIAISONS

Ex-officio, non-voting members shall include the NIH Child Care Program Specialist, who shall serve as the permanent Vice-Chairperson of the Board, the Director of the Division of Support Services, the Director of the Division of Engineering Services, the Chair of the NIH Quality of Work Life Committee, the NIH Legal Advisor, or their designee. Additional members may include representatives from any other NIH organization that has an interest in child care issues. Ex-officio members will serve indefinite terms. Non-voting liaisons shall include the President of each Center's Board of Directors, or designee, and the Director of each Center.

MEETINGS and ATTENDANCE

Regular meetings shall be held at least six times a year. The Chair may call additional meetings as necessary and may also call closed sessions of members only.

The Board may request a member's resignation if the member fails to attend three consecutive meetings.

A majority of the voting members shall constitute a quorum for the transaction of the Board's official business. Meetings may be held in the absence of a quorum but official votes may not be taken unless a quorum is present.

As necessary, the Board may establish standing and ad hoc committees composed of members of the Board to perform specific functions or address areas of interest or concern within the Board's jurisdiction. The Board, through the Division of Support Services, may contract for services such as surveys, periodic reviews by expert consultants, and financial audits, as necessary.

RECORDS and REPORTS

The Board shall be provided with such information as it may require for purposes of carrying out its functions. The Board shall report at least annually to the NIH Director on the status of child care programs at NIH, identify areas of concern, and recommend actions where necessary.

The Division of Support Services shall provide the services of a corresponding and recording secretary to handle the business of the Board, prepare correspondence and minutes, record attendance at meetings, maintain membership lists, obtain conference room space and notify members of meetings, and maintain the permanent files of the Board.

TERMINATION DATE

The Board will terminate five years from the date this charter is approved unless renewed by the NIH Director and re-commissioned prior to its expiration.

APPROVED

Ruth L. Kirschstein
Acting Director, NIH
5/3/01
Date

NIH Child Care Board Communication Plan

January 2005

Primary audience: NIH leadership

Secondary audience: NIH employees

Objective: To raise awareness about the NIH Child Care Board and child care issues, and to share the vision of the Board and promote the mission throughout the NIH.

Long term objectives:

1. Increase the visibility of the Child Care Board and of child care as an important issue within the NIH
2. Develop and maintain a collection of information (including data from NIH sponsored studies) on the need for and value of child care at NIH.
3. Foster active networks and partnerships with Institutes, offices, special interest groups, parent groups, and other relevant groups and individuals within the NIH and the local community.

Short and medium range plans (for each objective):

Increase the visibility of the Child Care Board and of child care as an important issue.

- Enhance Board and child care Web sites (have child care brochures available on the Web site (PDF versions), add more pictures, more links to other relevant services, a news/what's new sections that will be updated monthly).
- Encourage the expansion of the "Ask the Parenting Specialist" initiative (add more sessions, perhaps even on a regular basis). Look into alternate formats to extend the reach of the program.
- Write articles for NIH Record and for other Institute and Division print and electronic newsletters. Talk to the Record about doing a two part series on child care at NIH with and article on this history of child care at NIH and follow up with another that highlights the current child care issues. (Jayne)
- Work with relevant NIH offices to promote child care services as an employee benefit (add link to the Board page to the regular OHR benefits email, continue working with OHR to distribute information on child care services at employee orientations and other relevant events and functions).
- Post information about child care services and resources in the lactation center and lactation rooms.
- Develop eye-catching posters advertising child care services and resources to post in buildings, etc.

Develop and maintain broad information on the need for and value of child care at NIH.

- Develop materials and presentations about how child care supports the mission of NIH, perhaps one that is targeted at leadership and one that is aimed at parents/staff.
 - to integrate the scientific research of the NIH that supports the value of quality child care for the well-being of children and work performance of parents (i.e., NICHD funded study on quality of child care).
- Collect quotes, stories, scenarios, and publications that can be used to promote the value of child care and how NIH child care services support the overall NIH mission.
- Identify NIH employees involved in relevant studies who would be willing to make presentations related to child care issues.

Foster active networks and partnerships with Institutes, offices, special interest groups, parent groups, and other relevant individuals/groups within the NIH and local community.

- Establish links/liaisons/communication lines with other NIH boards/bodies/committees. Develop a list of all possible groups to contact. Make initial contact with groups to let them know what the Child Care Board does, when we meet, and what our current initiative are (include link to Web site).
 - Women's groups/organizations at NIH, for federal employees, etc.
 - Lactation program/Work-Life Center
 - Legislative group (maybe work with them in a little different way)
 - IC offices sponsoring/funding relevant research
 - IC offices with overlapping interests—HR, special interest groups, etc.
- Develop a survey of child care needs to administer to other interest groups: what kind of information they would like from us, what child care issues come up in their organizations, how we can work together.

NIH Child Care Board Vision: The quality of scientific research supported at the National Institutes of Health (NIH) is a direct result of the quality in the workforce. Employer sponsored child care is critical to organizations that wish to attract and maintain a high quality workforce. The NIH Child Care Board recognizes that productivity and performance of parents in the workforce is enhanced when their children are in quality child care, and children thrive when they are nurtured in a safe and appropriate learning environment. The NIH Child Care Board will promote services and programs that provide access to high quality, affordable child care for families in the NIH community.

NIH Child Care Board Mission: The National Institutes of Health Child Care Board, hereinafter referred to as the Board, will promote affordable, accessible, quality day care for NIH employees and advise the NIH regarding child care services and policies.

- Raise awareness of child care issues
- Raise awareness of the Board
- Promote allocation of extra funds for new child care center at Rock Springs, as well as other appropriate services and resources
- Promote change in legislation that excludes some NIH employees (researchers) from services and limits the types of services that can be provided by NIH (e.g. money can only be allocated to capital development)