



Annual Report on NIH Child Care

2012-2013





TO: Francis S. Collins, M.D., Ph.D, NIH Director

FROM: Chair, NIH Child Care Board

SUBJECT: Annual Report on NIH Child Care

I am pleased to present to you the 2012-2013 NIH Child Care Board Annual Report. This report reflects the activities and accomplishments of the NIH Child Care Board for the past year and includes five recommendations to improve the current child care programs, services and policies at the NIH.

The Board looks forward to the much-anticipated ground breaking for the construction of the Northwest Child Care Center in 2013. 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.

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 our workforce through child care programs and services. In a time of declining resources, we sincerely appreciate your consideration of our 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 high quality, affordable, and accessible child care services which aid in recruitment, productivity, and retention for the entire NIH community. Please find attached our Executive Summary and Annual Report.

Sincerely,

Brian Rabin, M.Ed., M.B.A.

cc:
Ms. Barros
Dr. Johnson
Ms. Cook
Ms. Savarese

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Children engaged in a science activity at the NIH East Child Care Center



Mission

The mission of the National Institutes of Health (NIH) Child Care Board is 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 entire NIH workforce benefits from the stable child care arrangements of working parents and guardians.



NIH Child Care Board Meeting May 2013

NIH Child Care Board Membership

The NIH Child Care Board Membership is comprised of Voting members, Ex-Officio members and liaisons from the 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 2012-2013

Mr. Brian Rabin, OD/OHR (Chair)
Dr. Sheri Schully, NCI (Vice-Chair)
Ms. Julie Berko, OD/OHR
Dr. Catharine Bosio, NIAID
Ms. Andria M. Cimino, NINR
Dr. Rosalind King, NICHD
Dr. Jason Levine, NCI
Dr. Zhiyong Lu, NLM
Dr. Catherine Meyerle, NEI
Ms. Christine Moretto Wishnoff, NIMH
Ms. Sybil Philip, NICHD
Ms. Heather Rogers, NIDDK
Mr. Tim Tosten, CSR



NIH Child Care Board Members and Liaisons

EX-OFFICIO MEMBERS

Dr. Clara Bodelon, FELCOM
Mr. Michael Dunn, OD/DOHS
Ms. Stephanie Hixson, OD/ORF
Ms. Tonya Lee, OD/ORS
Ms. Mary Ellen Savarese, OD/ORS
Dr. Nirali Shah, Clinical Fellows
Dr. Keren Witkin, NIH Working Group on Women in Biomedical Careers

NIH CHILD CARE CENTER LIAISONS

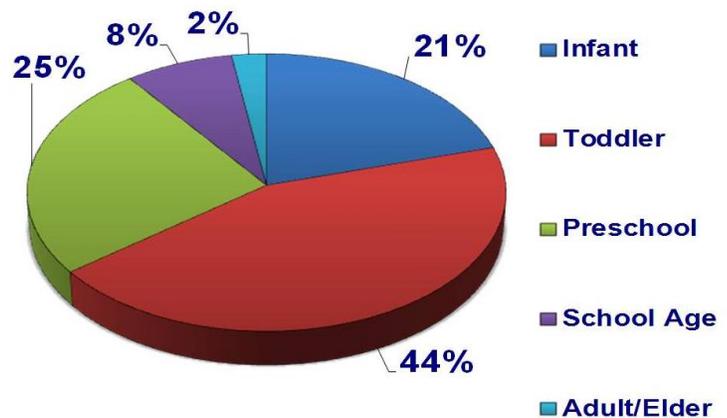
Ms. Jaydah Wilson, Director, ChildKind, Inc.
Ms. Carla Ocampo, Director, Parents of Preschoolers, Inc.
Ms. Anne Schmitz, Director, Executive Child Development Center, Inc.
Ms. Dona McNeill, NIEHS, First Environments Early Learning Center

NIH Back-Up Care Pilot Program

The NIH Back-up Care Pilot Program is a three (3) year pilot program offering 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), whether at home or on official travel across the U.S. Members of the NIH Community can use this program when they need to be at work and their regular source of care is unavailable. The NIH is the first Federal Agency in the Executive Branch to offer back-up care to its workforce.

The program was launched in January 2012 and initially served only NIH Federal Employees and Fellows. The NIH Child Care team conducted 44 outreach events, including RML, NIEHS, and Baltimore locations, to advertise this new program. In January 2013, based on the recommendations of the NIH Child Care Board, the program was opened to the entire NIH Community: employees, Fellows, trainees, contractors, and volunteers.

From 2012 to 2013, NIH Back-up Care registrations increased by 39%. Additionally, utilization of the program continues to steadily increase each month. The majority of utilization is in Maryland (82%) followed by DC (10%) and Virginia (6%). Utilization has also been reported in Montana and North Carolina. Sixty-five percent (65%) of care was for infant and toddlers, followed by preschool and school-age children at thirty-three percent (33%). Two percent (2%) of requests were for adult/elder care and there were eight (8) self-care utilizations. The program has also been utilized by NIH employees traveling to conferences and for a reviewer to attend a CSR review meeting.



“I was still nursing and had to attend a conference in Boston, I wouldn’t have been able to attend the conference if it wasn’t for this program. I brought my daughter with me and they found care for her at a center near the conference location.”

– NIH Parent

During the first year, feedback from participants indicated a resistance to using in-home care. The Back-up Care Committee recommended educating the NIH Community on this type of service. In January and February of 2013, two (2) seminars on in-home care and adult/elder care were presented to the NIH Community. Recent utilization data indicates a switch to in-home being the choice of care instead of center care as reported in 2012. We will be monitoring this trend closely.

The response to this program has been overwhelmingly positive. In October 2013, the NIH Child Care Board, the Office of Research Services and other interested groups will begin evaluating the usefulness of this program for the entire NIH community. A recommendation will be made based on this assessment of the impact of this program as a service provided by the NIH to its workforce.

NIH Child Care Subsidy Program

The NIH Child Care Subsidy Program assists lower income NIH Federal employees with the cost of child care in order for employees to secure affordable, dependable, and high quality care for their children.

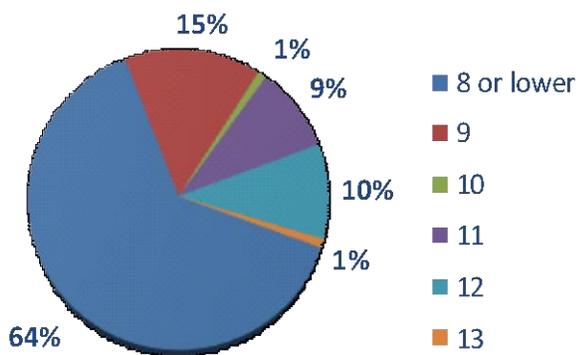
The NIH Subsidy Program has been a lifesaver for me and my daughter. I don't know how we would have gotten through the past year if it weren't for its financial assistance. Although the country's current fiscal situation may lead to significant cuts in the program's budget, I hope that NIH will continue to offer some help to its families in need.

-NIH Parent

In Fiscal Year (FY) 2012, the Subsidy Committee of the NIH Child Care Board recommended changes to the subsidy program in order to better assist the participants. In January 2012, these changes were implemented: the program received a funding increase of \$240,000, the Total Adjusted Household Income eligibility threshold was increased from \$60,000 to \$70,000, and the percentage of child care expenses that the plan will cover at various income levels was adjusted. With the additional funding, new families were able to participate in the program and the subsidy waiting list was eliminated. The increase in the eligibility threshold allowed families who would have become ineligible if the threshold had stayed at \$60,000 to remain in the program.

In FY 2013, the Subsidy Committee evaluated the effectiveness of the FY 2012 changes. Of central concern was that Federal Employees have remained at the same pay level for three years while child care costs and other expenses have steadily increased. In Montgomery County, the cost of child care accounts for an average of 23.5% of the expenses for a family of four, exceeded only by expenses for housing and taxes. The majority of the participants in the NIH Child Care Subsidy Program are single parents.

Percent of enrollees by GS Level



The Subsidy program has assisted 115 NIH Federal Employees and 147 children during FY 2013. Eighty-four of the 115 employees are at a Grade (GS) Level 8 or lower.

The NIH Child Care Subsidy Program has a subsidy cap of \$5,000 per family per year. Eighty-seven employees have one child receiving a subsidy and 17 employees have two children. The program provides assistance for children from birth to age 13, or up to the age of 18 for a child with a disability. Ninety-one out of the 147 children whose care is subsidized are five years old or younger.



At the conclusion of their detailed review and evaluation of the data and a comparative analysis of other Federal Agencies, the Subsidy Committee made the following recommendations:

- Increase the Total Adjusted Household Income eligibility threshold to \$75,000 to allow additional NIH Federal employees to participate in the program.
- Increase the percentage of the participant's child care expenses that the plan will pay to 30/50/60% from 20/40/50% (up to the \$5,000 subsidy cap).
- Increase awareness of the NIH Child Care Subsidy Program.

On July 1, 2013, the Office of Research Services approved the increases in the eligibility threshold to \$75,000 to be consistent with other local federal agencies and the percentages of the participant's child care expenses that the plan will pay in order to assist employees with the ever increasing cost of child care.

Current Subsidy Percentages:

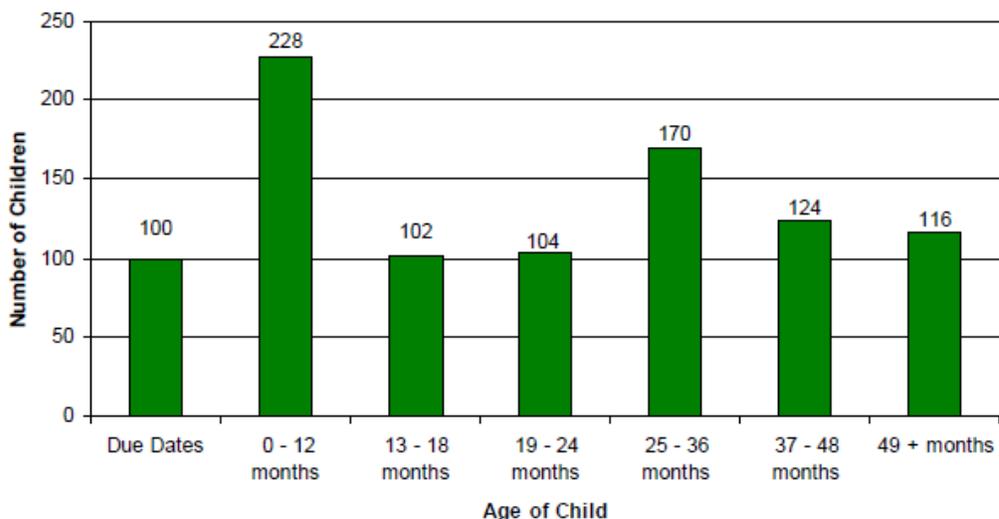
Eligible NIH Federal Employee's Total Adjusted Household Income	Percentage of eligible child care expenses paid by program
More than \$75,000	0%
\$65,001- \$75,000	30%
\$50,001-\$65,000	50%
\$50,000 or less	60%

The Subsidy Committee will continue to evaluate this program and make recommendations that continue to improve it.

NIH Child Care Wait List

The NIH Child Care Waiting List (Wait List) is a consolidated waiting list for the three NIH-sponsored child care centers located in Montgomery County. The Wait List was centralized in 2005 to ensure equality, transparency, and standard policies and procedures for those who desire to enroll their child(ren) in an NIH-sponsored child care center.

Number of Children on Waitlist by Age, as of June 30, 2013
N= 944



Source: NIH Waitlist Quarterly Report, June 30, 2013

The Wait List is an important metric by which to evaluate the need for additional NIH child care resources. The Wait List Committee has taken several actions this year to better serve the NIH community:

- Revised and updated the Frequently Asked Questions (FAQ's) on the NIH Child Care Website (<http://childcare.ors.nih.gov>) to educate employees and potential employees on the process and number of spaces available.
- Arranged for LifeWork Strategies (the contractor that maintains the wait list) to send the child(ren)'s Wait List Profile each quarter to employees on the Wait List to verify their information so that employees who no longer want NIH-sponsored child care can be removed from the list.

Additionally, the Wait List Committee focused their attention this year on evaluating the efficiency and transparency of the Wait List. The Committee gathered comments expressed on the NIH Parenting Listserv and spoke to the administrative staff of all three NIH-sponsored child care centers.

The committee developed three questions/concerns based on the evaluation:

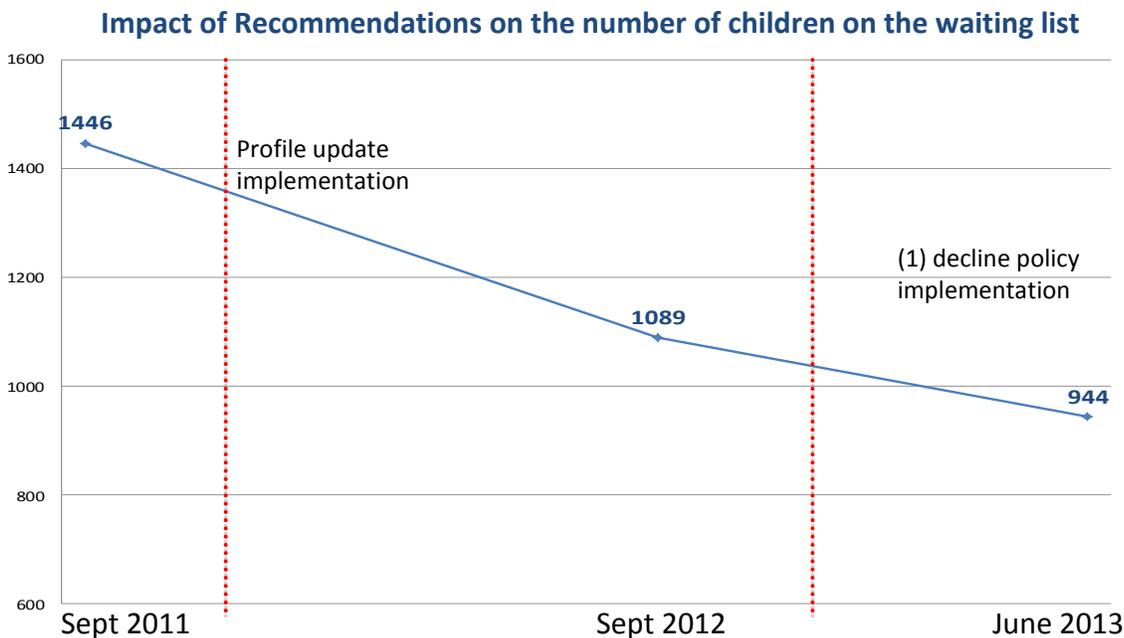
- **What is the impact of sibling priority on the wait time?** Reports provided by LifeWork Strategies (LWS) enabled an assessment of the prevalence of siblings who have been given priority over the wait list.

Childkind had three siblings out of 35 enrolled; POPI had 31 siblings out of 109 enrolled; and ECDC had 37 siblings out of 150 enrolled. The percentages of siblings enrolled are 12%, 28% and 25% respectively.

- **Does the child’s birthdate affect their chances of being offered a space in one of the centers?** No and yes. This is not true in the sense that every birth month is represented among the children enrolled in the centers. However, there is a disproportionate enrollment of children with early spring birthdays because the cut-off birthdate for Kindergarten in the Montgomery County Public Schools is September 1st.
- **Should there be only one (1) decline?** The policy in place at the time of the evaluation allowed employees to decline a space in an NIH-sponsored child care center and remain at their current place on the list. Based on the overwhelming data on the high levels of declines (905 declines for 240 spaces) that the centers had experienced over the most recent heavy enrollment periods May 2011 to October 2012, the Committee decided to recommend the implementation of a one (1) decline policy.

Following approval by the NIH Child Care Board and the Office of Research Services, effective April 1, 2013, a one (1) decline policy was implemented for the NIH Child Care Waiting List. When parents/guardians are offered a space from any of the three (3) 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 with the date of the decline, essentially moving the child to the bottom of the Wait List.

The one (1) decline policy is already making an impact. During the first month of implementation, there were 221 changes to a current child’s profile: 73 profiles were closed, 62 took specific centers off their profiles, and 86 changed their desired date of enrollment to a later date.



The Wait List Committee will continue to monitor the changes and the committee will be tasked to examine and make recommendations on the impact that the opening of Northwest Child Care Center will have on the Wait List.

Northwest Child Care Center

For over twenty (20) years, the NIH Campus Master Plan has designated a space on Center Drive (between the Children’s Inn and the NIH Firehouse) as the site for the NIH Northwest Child Care Center. Since 2003, the NIH Child Care Board has urged NIH to move forward with the planning and construction of that facility.

The Board, with significant support from the Office of Research Services, has reviewed and analyzed Wait List data, conducted NIH-wide surveys, polled parents and other employees, studied trends in child care services for Federal employees and prepared extensive information regarding the value and positive impact that this facility would have. The Board has never wavered from the vision of an additional child care facility on the main campus to support employee recruitment, retention and work and life balance.

In FY 2010, due to Board efforts and the extraordinary commitment of the NIH leadership, Congress approved an appropriation to the NIH capital budget for the purpose of constructing the Northwest Child Care Center.

In October 2012, many Child Care Board members participated with other stakeholders in a week-long charette for the facility, resulting in a beautiful, efficient and age-appropriate design for 170 children, from infancy through five years old. The facility design has been shared extensively with the NIH community and now awaits final approval and start of construction.

There are presently over 900 children on the Wait List for NIH-sponsored child care. The Child Care Board and 170 of those children anxiously await this new campus facility.



Design drawings of the Northwest Child Care Center



Life@NIH Survey

BACKGROUND

At the end of 2011, in an effort to demonstrate the value of the NIH's many work/life supports in the face of ever-tightening budgets and rapidly changing demographics, the NIH Child Care Board established a Workforce Planning Committee, which it charged with undertaking a literature review on work/life supports.

The committee reviewed 41 articles about the impact of work/life supports on employee health, morale, recruitment, retention, and productivity, and was unable to find data specific to the federal sector. The Board decided that it could best answer NIH-specific questions with NIH-specific data, and therefore formed a Survey Working Group (SWG).

SURVEY WORKING GROUP (SWG)

The first priority of the SWG was to obtain basic demographic data on the NIH community from which to estimate the need for child care programs and ask questions about service awareness and importance. Non child care work/life programs and services were also included because these supports are often integrally related to child care support. Questions were asked about awareness of the programs and services; how employees receive information about work/life supports; the role of supervisors; program importance; and impact on recruitment, retention and productivity.

TIMELINE

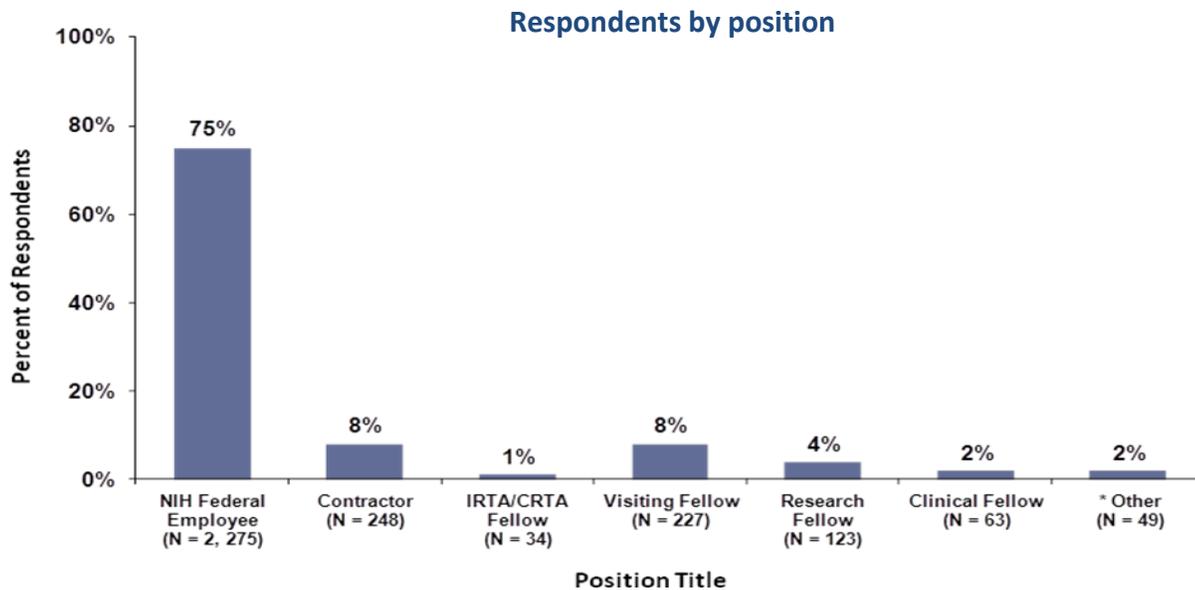
Research and development of the survey questions was completed by spring of 2012. The survey was piloted, refined, and launched that October and closed in November. Data analysis began in December 2012 and concluded (for the purposes of this report and due to budgetary constraints) in April 2013.

METHODOLOGY

The survey differed from previous Board efforts in that it was devised as an awareness/importance survey rather than a use/customer satisfaction survey. The scope of the survey was also broadened; the Board partnered with NIH's Office of Human Resources to solicit feedback not just on child and dependent care supports, but also flexible work schedules, wellness/convenience supports, and subsidy programs. Anonymous data were collected and analyzed by the ORS Office of Quality Management. Significance tests were conducted on selected ratings questions to demonstrate the magnitude of the differences in responses among various employee groups.

RESPONDENT CHARACTERISTICS

More than 3,000 responses were received. Every IC was represented.



SURVEY RESULTS

The data collected from both close- and open-ended questions provided several findings with implications for workforce planning:

- Child and dependent care programs and services are valuable for all employees, including those who do not personally need these services.
- Child and dependent care resources have a positive impact on the entire NIH workforce and are crucial to recruitment and retention.
- A notable proportion of respondents fall into more than one category requiring work/life supports, such as those who have both children and adult dependents or those who are single parents. The results also indicate that the number of employees currently in the “sandwich generation” is likely to grow and that this population feels that current work/life supports for employees with adult dependents are lacking.
- Employees do not know how to access information about work/life supports and nor know how to participate in these programs.
- Lack of awareness of work/life supports ranged from 7% (flexible work schedules) to 61% (NIH Child Care Board).
- 51% of those who anticipate having children had not heard of the Child Care Resource and Referral Services, although this dropped by 20% among those who have children. Bigger drops occur for the Back-up Care Pilot Program, from 58% to 28%, and the Child Care Subsidy Program, from 65% to 37%.
- An overwhelming majority (84%) of respondents prefer to receive information via email/global announcements. The second highest write-in preference was supervisors at 14%.
- Supervisors were more likely to rate work/life supports as less important than non-supervisory respondents.
- An overwhelming majority (73%) of supervisors had not received guidance on how to communicate with staff about available work/life supports.

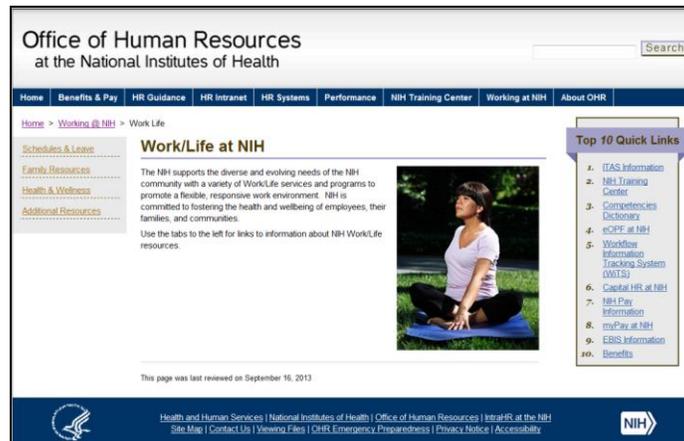
In addition to the quantitative data, respondents submitted 967 comments. A full set of de-identified comments is available on request.

Service/Program	Have Children (N = 1,155) under 12	Anticipate Having Children (N = 219)	Everyone Else (N = 1,645)
	I have not heard of this program	I have not heard of this program	I have not heard of this program
Child and Dependent Care Resource and Referral Services	31%	51%	45%
NIH Child Care Centers	6%	15%	18%
NIH Child Care Center Wait List	10%	29%	32%
Back-up Child and Dependent Care Program	28%	58%	56%
Child Care Subsidy Program	37%	65%	56%
Lactation Rooms and Support (Nursing Mothers Program)	19%	34%	34%
Lunch & Learn Seminars on Dependent Care Issues	19%	39%	35%
NIH Parent Listserv	36%	62%	61%
NIH Child Care Board	52%	75%	65%
Wellness Events and Services	14%	9%	12%
R&W Clubs	15%	12%	11%
Fitness Center/Fitness Classes	5%	4%	4%
Employee Assistance Program (EAP)	26%	31%	19%
Alternative Commuting Supports	12%	15%	10%
NIH Bicycle Program	19%	22%	19%
Flexible work schedules	8%	9%	6%

RECOMMENDATIONS BASED ON SURVEY RESULTS

Based on the results of the survey, the Child Care Board offers the following recommendations:

- When the Work/Life Center existed, employees had a physical one-stop shop for work/life support information. In its absence there is a greater reliance on web resources. But the combined findings of low awareness and a strong preference for web-based information resources indicate that the current online information is not user friendly. The Child Care Board recommended the **creation of a virtual work/life support center**, consolidating all work/life support information in a centralized web location. This virtual resource would be helpful for employees and supervisors, who would only have to provide a single link to employees needing assistance. To that end, the Office of Human Resources and the Office of Research Services redesigned the existing Work/Life page on the OHR website to consolidate the NIH resources available.



<http://hr.od.nih.gov/workingatnih/worklife/default.htm>

- Findings indicate that supervisors are less aware and supportive of work/life supports than non-supervisory employees are. Comments from respondents indicate that this unsupportive culture has a deeply negative impact on retention and productivity. The Board recommends **training for supervisors** that not only acquaints them with the work/life supports available at NIH, but also makes the business case for why it is in their best interest to encourage responsible use.
- The final recommendation stems from the noteworthy percentage of respondents who have adult dependents or anticipate having them. U.S. Census data show that this is a demographic trend that is on the rise. The Board recommends that the NIH **assess the impact that the demands of adult/elder dependent care will have on employee productivity** in the near future.



NIH Child Care Board Recommendations

Based on all of the Board's efforts during FY 2013, the NIH Child Care Board recommends to the NIH leadership that the NIH should:

- Support a single source or "one-stop" resource for all work/life support programs and services available to NIH employees and commit adequate resources to make it feasible, comprehensive and sustainable.
- Proceed with the construction of the Northwest Child Care Center as quickly as possible.
- Continue to support the Child Care Subsidy Program for lower income working parents.
- Consider forthcoming recommendation of this Board regarding the continuation of the Back-up Care Pilot Program.
- Explore the impact that adult dependent care issues have on employee productivity and determine what programs may be created to address care issues.



NIH Child Care Board Strategic Plan 2013-2014

Back-Up Child and Dependent Care Pilot Evaluation

The Board will form a committee to perform a thorough evaluation of the Back-up Care Pilot Program. The evaluation committee will begin work in October 2013.

NIH-Sponsored Child Care Center Wait List Evaluation

The Board will convene a committee to review the impact of the Board's changes to the Wait List policy on the number of children and length of time on the Wait List. The committee will also evaluate the impact that the opening of the Northwest Child Care Center will have on the Wait List.

Dependent Care Issues for the NIH Community

The Board will review data from the Life@NIH Survey for adult dependent care issues; convene an adult dependent interest group; and ultimately determine action items for the formation of a group devoted to adult dependent care.

Follow Up Results of the Life@NIH Survey

The Board will commission a formal review of user comments; share data from the survey with other offices; merge survey data with exit interview data from the Office of Human Resources; and perform a survey of current users of services.

Increase Community Child Care Capacity for NIH Employees

The Board will meet with the NIH Office of Legislative Policy and Analysis to discuss legislative changes to the Tribe amendment.

Capacity for NIH Employees

The Board will meet with the NIH Office of Legislative Policy and Analysis to discuss legislative changes to the Tribe amendment.

Northwest Child Care Center

The Board will form committees to participate in the following activities of the Northwest Child Care Center: Construction; Program Requirements; and Provider Selection.



Appendix A

NIH Employee Comments – Child Care Subsidy Program

As a **single parent with a child that has special needs**, the child care subsidy program is very beneficial to me. With lack of support, the funding helps me to finance other things that are needed for the care of my child, such as reoccurring prescriptions, other after care programs, and recommended therapy not provided by the school system or covered under my health care insurance. Child care expenses vary from facility to facility. With the help from the program, it alleviates some of the stress that comes with not having enough money to finance varies necessities.

I've been with the program for almost three years. It has been a smooth process from joining, to resubmitting, and getting the invoices in on time. The representatives that handle the process are very efficient. They are prompt and knowledgeable about the program. I've never had any problems with the group.

The subsidy program is a great benefit to have. As a **single parent** it helps to **make childcare more affordable**. I would definitely recommend it to any parent that is not taking advantage of this opportunity. I haven't had the opportunity to use the backup service yet, but just knowing that if my schedule were to run into a snag there is an alternate that I could rely on and feel that my child is being well cared for. **Those 2 simple benefits go a long way in making the work/life balance manageable.**

The NIH Subsidy Program has been a **lifesaver for me and my daughter**. I don't know how we would have gotten through the past year if it weren't for its financial assistance. **Although the country's current fiscal situation may lead to significant cuts in the program's budget, I hope that NIH will continue to offer some help to its families in need.**

I want to say that I am so thankful for the NIH Subsidy Program. **This program allows me to purchase high quality care for my child.** Without this program I would have to get a weekend job to pay for Daycare. That weekend job would take away from time spent with my child at such an early age.

The NIH Child Care Subsidy Program has been excellent. It has given my daughter an opportunity to go to daycare learning service where she has interacted with other kids that helped her adjust mental and socially for when she begin school. She reads, write, and do math at a 1st grade level at the age of 4. **It has allow us the parents the opportunity to continue school and work; all of which would had been impossible without the Subsidy Program.** The program members are helpful and efficient.

I greatly appreciate the financial assistance I receive through the NIH Subsidy Program for my son's daycare expenses. **This program helps me both as an employee and a parent;** my child is in an excellent daycare center that I could not afford without the subsidy where he is learning, happy and healthy relieving me of the emotional and financial stresses.

I'm very appreciative and grateful for the support offered by the NIH Subsidy Program. The coverage it provides for a percentage of daycare expenses **really is a great help to my budget and my son's well-being.** I think the administration of it is excellent, and the entire process has been seamless and concern-free for me the entire time I've benefitted from it. I personally don't have any suggestions for improvement — I think it's great.

I think the program is great. It has been a blessing.

I would like to add that I was excited to see the increase in percentage towards my salary range but was taken in the same breathe by the switch towards the higher income bracket.

When the opportunity presents itself, I make others aware of this subsidy. Because it is not offered at most agencies. **So KUDOS to NIH for branching out of the box and providing this opportunity for those who need a financial investment into the future of our families and upcoming leaders.** Because that is really what it is in the long run. **Bridging the gap for families.**

I wanted to take a few moments to share my thoughts and experiences with the NIH Childcare Subsidy Program. **When I first came to NIH in 2008,** I was not making a lot of money. I heard about the subsidy, applied and began receiving assistance. I've been in the program each year since. Most likely, this will be my last year qualifying for help (which is good news!).

As a single mom, to say finances have been tight is an understatement. If I hadn't had assistance with childcare, my life would have been much more difficult. During the years my son attended summer camp (extremely expensive in this area!) I would not have known how to pay for it. **As I continue to promote to higher grades in my career ladder, I am less and less dependent on this program (so I've used it less).**

Whenever I have the opportunity to, **I tell people about how much the NIH Childcare Subsidy helped me.** I am truly grateful for the financial assistance.

Since I had been on the NIH Child Care Program it has help me awhile lot. **By bring a single mom under a low income I don't know what I would do.** Thank you NIH Child Care .

I have to say that I absolutely LOVE the subsidy program and do not know how I would afford care for my 2 children without it!!! The people at FEEA are always very helpful and available whenever I have had a question. **This program is a huge perk and factor for employment!!** Again I love it and very thankful for this program!

The NIH Child Care Subsidy Program has **provided great assistance for me and my family needs during this challenging economical time.** As you know, **Federal employees have not receive a raise since 2008, the 2% social security tax increase this year,** and the recent suspension of monetary awards due to the sequestration, has caused great financial hardship on me. So, receiving the 20% subsidy from this program towards my daughter's childcare allows me to have 20% towards other monthly expenses like food or gas.

Thank you NIH for having a program that help employees with the balancing of work and life.



Appendix B

Life@NIH Survey Executive Summary

Purpose

- Feedback sought from NIH community on various aspects of work/life integration programs and services:
 - Current use/awareness of programs and services;
 - Importance of programs and services; and
 - Future workforce needs and direction.
- Results will be used to inform and assist NIH with planning for future workforce needs.
- Where possible, results are compared to previous child care-related needs assessments completed in FY02 and FY05.

Methodology

- Survey developed by the NIH Office of Research Services (ORS) Office of Quality Management (OQM) in conjunction with the NIH Child Care Board .
- Survey focused on select work/life programs and services including child and dependent care, flexible work schedules, wellness supports, and subsidy programs for commuters and parents.
- Online survey link was distributed in October to the entire NIH community. Data collected in fourth quarter of FY12.
- Responses were collected anonymously in database and analyzed by OQM:
 - Preserve customers' anonymity; and
 - Ensure the integrity of the results.

Distribution

FY12

Number of surveys distributed	36,051
Number of respondents	3,019
Percent of surveys returned	8%

FY05

Number of surveys distributed	29,552
Number of respondents	2,600
Percent of surveys returned	9%

FY02

Number of surveys distributed	22,000
Number of respondents	1,441
Percent of surveys returned	7%

Note: Data based on FY12 and FY05 census data with FDA removed

IC Classification (Coverage): Percentage of Respondents in Relation to Size of IC

- ICs with 20% or greater response coverage include:

NIDDK NIGMS NINR OD/ORS NIDA CSR

- ICs with 10% to 19% response coverage include:

NIEHS NCCAM NHGRI NIDCD NBIB CC OD

NIDCR NINDS NICHD NHLBI NIAMS CIT NCI

NIAID NIAAA NIMH NEI NIA NLM

- ICs with less than 10% response coverage include:

NCATS NIMHD FIC OD/ORF

Respondent Characteristics

- Work Location**

- Over 50% of respondents are located on the NIH Bethesda campus with 35% in Montgomery County, MD. Only 12% are located outside this regional area.

- NIH Position Designation**

- 75% of respondents are NIH federal employees.

- Work Description**

- 50% of respondents are scientific/clinical NIH employees.

- Gender**

- Survey responses reflect a higher response rate among females than overall NIH employee population:
 - Survey respondent female:male ratio is 7:3.
 - NIH employee female:male ratio is 3:2. (*US OPM FedScope Federal Human Resources Data December 2012*).

- Supervisory Status**

- Survey responses reflect a considerably higher response rate among supervisors than overall NIH employee population:
 - Survey respondent supervisor:non-supervisor ratio is 28:72.
 - NIH employee supervisor:non-supervisor ratio is 7:93. (*ORS/DATS/Child Care data*)

Respondent Profile

- 45% of respondents have or anticipate having children under the age of 12 during their tenure at NIH**
- 23% of respondents have or anticipate having adult dependents during their tenure at NIH**
- Breakout:**
 - Respondents having children under the age of 12 (N = 1,155)
 - Respondents having adult dependents (N = 350)
 - Respondents having both children under the age of 12 and adult dependents (N = 89)
 - Respondents anticipating having children under the age of 12 during their tenure at NIH (N = 219)
 - Respondents anticipating having adult dependents during their tenure at NIH (N = 338)

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- Respondents anticipating having children under of age of 12 and adult dependents during their tenure at NIH (N = 51)

Work/Life Integration Service/Program Awareness

- **Of all the work/life integration programs offered at NIH, respondents had the greatest lack of awareness (“I have not heard of this program or service”) of child/dependent care related programs**
 - For all child/dependent care related programs, 23% or more of respondents indicate they have not heard of the program/service.
 - Lack of awareness ranged from 23% (NIH Child Care Center Waiting List) to 61% (NIH Child Care Board).
- **Best ways to receive information**
 - An overwhelming majority (84%) of respondents prefer email/global announcements as information source.

Work/Life Integration Service/Program Ratings

- **Service/Program Perceptions**
 - Respondents had highest level of agreement with “Providing child and dependent care resources is crucial to NIH’s ability to recruit highly qualified employees” (4.22 out of 5).
 - Respondents had lowest level of agreement that they “Know how to access information about work/life integration services/programs when I need them” (3.19 out of 5).
- **Guidance on Communicating with Staff**
 - Among respondents who are supervisors, an overwhelming majority (73%) have not received guidance on how to communicate with staff about available work/life integration services/programs.

Work/Life Integration Service/Program Ratings

- **Importance of Work/Life Integration Programs**
 - Among respondents, child/dependent care related programs are rated among the least important of all work/life integration programs.
 - Among all child/dependent care related programs, “child and dependent care resource and referral services” are rated most important.
 - Flexible work schedules, on site cafeteria, and on site fitness centers were rated higher in terms of importance.
 - Lactation rooms and support is rated lowest, with only the NIH bicycle program rated lower in terms of importance.

Responses by Demographic

- **Responses were analyzed by the following demographics:**
 - Adult Dependent Status;
 - Child Dependent Status;
 - Gender;
 - Work Location – Main Campus, Off Campus Montgomery County, NIEHS, and RML;
 - Supervisory Status; and

- Position Type – Scientific/Clinical and non-Scientific/Clinical.
- **ANOVA and t-tests were performed at the .05 confidence level for service/program perception and importance questions**

Responses by Adult Dependent Status

- 23% of respondents either have or anticipate having adult dependents during their time working at NIH.
- Respondents who have adult dependents are more likely to be unfamiliar with the Back-up Care Pilot Program (50%) than everyone else (45%).
- Respondents with adult dependents have a *lower* overall perception of child/dependent care programs with the exception of “work/life integration programs support my ability to be a productive NIH employee:”
 - Practically, this difference is largest with “Providing child and dependent care resources has a positive impact on the entire NIH workforce.”
- Respondents either with or who anticipate having adult dependents view:
 - Flexible work schedules, child and dependent care resource and referral services, and back up child and dependent care as *more important* than everyone else.
 - There is a large practical difference among the respondent groups for child and dependent care resource and referral services
 - NIH child care centers, child care subsidies, and lactation rooms as *less important* than everyone else.
 - There is a large practical difference among the respondent groups for NIH child care centers

Responses by Child Dependent Status

- 45% of respondents either have or anticipate having children 12 years or younger during their time working at NIH.
- Respondents who have children 12 years or younger are *more familiar* with all of child/dependent care related services than everyone else.
- Respondents who anticipate having children 12 years or younger are *less familiar* with all of child/dependent care related services than everyone else.
- Respondents who have and/or anticipate having children 12 years or younger have a *higher* overall perception of child/dependent care programs with the exception of “I know how to access information...” for only respondents who anticipate having children.
 - Practically, this difference is largest with providing child and dependent care resources have a positive impact on the entire NIH workforce.
- Respondents who have and/or anticipate having children 12 years or younger view:
 - All services with the exception of alternative commuting support and bicycle subsidies (for those who anticipate having children only) as *more important* than everyone else.
 - There is a large practical difference among the respondent groups for all of the child and dependent care related services.

Responses by Gender

- Survey responses reflect a slightly higher response rate among females (70%) than the overall NIH employee population.

- Female respondents have an overall lower proportion of unfamiliarity with all work/life integration services and programs than males, including child/dependent care related programs.
- Both females and males express similar preferences for receiving information.
- Female respondents have a *higher* overall perception of all child/dependent care programs.
 - Practically, these differences are not large and fairly consistent among all questions.
- Female respondents view flexible work schedules, on site cafeterias/convenience stores, on site fitness center, child and dependent care resource and referral services, back up child and dependent care, and lactation rooms as *more important* than males.
 - There are large practical differences between females and males for the above noted programs/services.
- Only the NIH bicycle program is viewed as *less important* among females than among males.

Responses by Work Location –

- Montgomery County 54% of respondents in Montgomery County noted their work location as on campus.
- The familiarity with work/life integration programs, including child/dependent care programs, is slightly *higher* among on campus employees, however these differences are generally small.
- Off campus in Montgomery County respondents have a *higher* perception of “providing child and dependent care resources are crucial to NIH’s ability to retain highly qualified employees” and “work/life integration programs support my ability to be a productive NIH employee.”
- Off campus in Montgomery County respondents have a *lower* perception of “I know how to access information...” than on campus.
 - Practically, these differences are small.
- Off campus in Montgomery County respondents view:
 - Flexible work schedules and on site fitness center as *more important* than on campus employees.
 - There is a large practical difference among the respondent groups for flexible work schedules.
 - On-site cafeterias, alternative commuting, NIH child care centers, child care subsidy program, lactation rooms, and NIH bicycle programs as *less important* than on campus employees.
 - There is a large practical difference among the respondent groups for alternative commuting services and NIH child care centers.

Responses by Work Location – NIEHS

- 4% of respondents noted their work location as NIEHS.
- The familiarity with work/life integration programs among NIEHS employees is *slightly higher* for child/dependent care programs with the exception of the NIH parent listserv and the Child Care Board.
- NIEHS respondents have a *higher* perception of providing child and dependent care resources are crucial to NIH’s ability to retain highly qualified employees and providing child and dependent care resources has a positive impact on the entire NIH workforce.
- NIEHS respondents view:
 - Only on site cafeterias and convenience stores as *more important* than all other respondents.
 - Practically, these differences are small.

Responses by Work Location – RML

- 2% of respondents noted their work location as RML.
- The familiarity with work/life integration programs, including child/dependent care programs/services, among RML employees is overall *lower* than all other respondents.
- RML respondents have a *lower* perception of work/life integration programs support my ability to be a productive NIH employee, I feel comfortable participating in work/life integration services/programs that are available to me, and I know how to access information about work/life integration services/programs when I need them than all other respondents.
- RML respondents view:
 - Flexible work schedules, on site cafeterias, and alternative commuting supports as *less important* than all other respondents.
 - NIH bicycle program as *more important* than all other respondents.
 - Practically, these differences are large.

Responses by Supervisory Status

- 28% of respondents noted their role is a supervisor.
- The familiarity with work/life integration programs, including child/dependent care programs, is slightly *higher* among supervisors than among non-supervisor; however these differences are generally small.
- Supervisors have a *higher* perception of “only I know how to access information about work/life integration services/programs when I need” them than non-supervisors; however, practically this difference is small.
- Supervisors view:
 - On-site fitness center, child and dependent care resource and referral services, alternative commuting supports, back up child and dependent care program, NIH child care centers, child care subsidy program, and lactation room as *less important* than non-supervisors.
 - No work/life integration programs as *more important* than non-supervisors.
 - Practically speaking, some of these differences are large, namely for NIH child care centers, child care subsidies and lactation rooms.

Responses by Position Type

- 50% of respondents noted their position type as scientific/clinical.
- The familiarity with work/life integration programs, including child/dependent care programs, is slightly *higher* among scientific/clinical employees than all other employees. In some cases these differences are large, particularly for child care related programs and services.
- Scientific/Clinical respondents have a *higher* perception of work/life integration programs support my ability to be a productive NIH employee, I feel comfortable participating in work/life integration services/programs that are available to me, and “ know how to access information about work/life integration services/programs when I need them than all other respondents.
- Scientific/Clinical respondents have a *lower* perception of providing child and dependent care resources are crucial to NIH’s ability to retain highly qualified employees than all other respondents.
 - Practically, these differences are small.
- Scientific/Clinical respondents view:

- Flexible work schedules, on site cafeterias/convenience stores, and on site fitness center as *more important* than all other respondents.
 - There is a large practical difference among the respondent groups for flexible work schedules.
- Back up child and dependent care programs, NIH child care centers, child care subsidy program, lactation rooms, and NIH bicycle programs as *less important* than all other respondents.
 - There is a large practical difference among the respondent groups for all of these services/programs with the exception of back up child and dependent care programs.

Comments

- **Total of 967 respondents provided comments**
 - 32% of respondents
- **Two comment areas provided in survey**
 - What additional programs or services could NIH offer that would increase your work place satisfaction and/or productivity?
 - Other comments

Comments: Additional Services/Programs

Child Care Related Services/Programs (N = 224)

Specific Themes

- | | |
|---|--------------|
| 1. Child care availability/wait list | (44%) |
| 2. Child care at off-site locations | (8%) |
| 3. Child care affordability | (7%) |
| 4. Child care availability for all | (7%) |
| 5. Other | (6%) |
| 6. Child care subsidy | (6%) |
| 7. Increased support for parents | (6%) |
| 8. Elder care | (5%) |
| 9. Expanded Insurance coverage | (3%) |
| 10. Nursing Mothers Program | (3%) |
| 11. Perception of inequity | (2%) |
| 12. Homeschooling | (1%) |
| 13. Summer camp | (1%) |
| 14. Website, Bulletin Board, List/Serv | (1%) |

What additional programs or services could NIH offer that would increase you work place satisfaction and/or productivity

1. Child care related comments have been completed.
 1. 23% of all comments were child/dependent care related (N = 224)
2. Nearly half of all comments consisted of themes related to:
 1. Limited NIH-sponsored Child Care availability and long wait list (44%)
 2. Child care lack of availability at off-site locations (8%)
3. Comments for all other services/programs need to be completed
 1. 72% of all comments were not child/dependent care related (N = 845)
4. **Other comments**
5. Not yet completed (N = 376)

For more detailed information about any of the programs in this report, visit:
<http://childcare.ors.nih.gov>

