



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

<http://www.nih.gov>

TO: Dr. Elias A. Zerhouni
Director, National Institutes of Health

FROM: NIH Child Care Board

SUBJECT: Annual Report on the NIH Child Care Programs

“What we have for employees is excellent, but we don’t have enough. There are still numerous children on the waiting list, some employees don’t know about the programs, and others cannot afford what we offer.” NIH parent and employee

It is my pleasure, on behalf of the NIH Child Care Board, to present to you the *2002-2003 Annual Report on Child Care*. This report reviews the activities and accomplishments of the past year and includes specific recommendations for improving child care programs and services at the NIH.

The NIH Child Care Board is an advisory body to you on child care issues. Currently, the Board is comprised of 11 voting members who have undergone a self-nomination process and subsequent appointment by the Associate Director for Research Services. Additionally, there are 10 ex-officio, non-voting members and liaisons who provide information and feedback to the Board on NIH child care issues. Together, these individuals, chosen to represent the diversity of the NIH, examine important child care issues and identify opportunities to strengthen the agency’s commitment to providing high-quality, affordable child care to our employees.

The Board believes that the quality of scientific research supported by the NIH is a direct result of the quality of the workforce. Productivity and performance of parents in the workplace are enhanced when their children have high quality care. Therefore, your attention to these recommendations would benefit, in our opinion, the NIH community. Board members would appreciate an opportunity to meet with you to review this report and to hear your ideas and suggestions for strengthening child care at the NIH.

/s/

Corliss Taylor Jackson
Chair, NIH Child Care Board

Attachment

cc:
Dr. Kington, OD/DIR
Mr. Ficca, OD/ORS
NIH Executive Officers



2002 - 2003 Annual Report

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NIH Child Care Board Activities 2002-2003

✓ Expanded Child Care Spaces and Services

The Board supported the Office of Research Services (ORS) initiative to expand capacity at existing NIH Child Care Centers. The addition of two classrooms to the facility at 6006 Executive Boulevard in the fall of 2002 added the capacity for 40 additional school age children. A renovation and redesign of space at the East Child Care Center on the NIH campus will be completed by September 2003. This project will expand capacity at the East Child Care Center by 43 children and will permit the enrollment of 21 infants and toddlers. With Board support, the ORS has requested funding for new child care space at one other off-campus site that could potentially serve more than 100 children.

✓ Sponsored the First Annual NIH Parenting Festival

In May 2003, the NIH Child Care Board sponsored the first NIH Parenting Festival. In collaboration with the NIH Work/Life Center and the ORS Worksite Enrichment Programs Branch, the Board organized the mid-day event in Building 50 on the NIH campus that attracted almost 400 participants.

The Festival highlighted the research and programs of seven NIH Institutes and included other NIH services related to child health, mental health, safety, benefits, financial planning, and child care resources. In order to better address the issue of care for children with special needs, the Board developed and staffed a table with information about the Americans with Disabilities Act (ADA) and resources for parents who have children with special needs.

As a result of this event, NIH community members were informed of NIH research and resources specific to children and families. The evaluations of the event were overwhelmingly positive, and the Board plans to repeat this event in 2004.

✓ Conducted Outreach

The Board conducted ongoing outreach and provided information about NIH services and the role of the Board. As a result of this continuing effort, the Board:

- Participated in the annual NIH Orientation Festival.
- Attended a meeting of the NIH Executive Officers to share information about the role and activities of the Child Care Board.
- Sponsored and organized the First Annual NIH Parenting Festival.
- Designed a Board logo.
- Reviewed and edited written and electronic information regarding the Board and child care at NIH.
- Distributed magnets to remind parents of “101 Ways to Praise your Child”

NIH Child Care Board Activities 2002-2003 (continued)

✓ **Explored and Championed Child Care Issues Relevant to NIH Employees**

The members of the Board allocated a portion of each of the regularly scheduled Board meetings to review information, hear from subject experts, and discuss the implications of a wide range of subjects related to child care and services for parents.

NIH Child Care Centers - In October, presentations by the Directors of the NIH Child Care Centers provided an overview of current services, programs, administration, and goals of each center.

NIH Child Care Resource and Referral Service - The Executive Director of LifeWork Strategies, Inc., (LWS) provided detailed information about the Child Care Resource and Referral Service (R&R) available through their contract with the NIH Work/Life Center and discussed the data trends for the R&R and the types of child care most requested by NIH employees.

NIH Child Care Waiting List - Board members studied data provided by the Child Care Referral Service and the child care waiting list management program, as well as data from the Maryland Committee for Children regarding supply and demand. LWS presented alarming data revealing the extent of the waiting list for the three NIH Child Care Centers. With more than 1,000 children on the list in 2003, this data indicates that services provided by NIH are not adequate to meet current or future demand

Federal Child Care Subsidy Program – The Board developed a proposal regarding an NIH Child Care Subsidy Pilot after a review of information from 25 other Federal agencies already participating in the child care subsidy program and a meeting with a representative of the Federal Employee Education Association (FEEA). The FEEA manages the subsidy programs for over 20 agencies. A proposal for a pilot program is included in this report for your review and action (Attachment IV).

Child Care for Children with Special Needs - Although all of the NIH Child Care Centers serve children with a variety of special needs, a review of relevant regional data indicate that the issue of serving children with special needs is a growing problem. The Board was concerned about reports of misunderstanding by some community child care programs, which create barriers for families seeking quality child care for their special needs child. The Board is committed to engage in educational activities to increase awareness and understanding of this issue.

NICHD Longitudinal Child Care Study - In June 2003, the Board was privileged to have a presentation by Dr. Sarah Friedman, Chief Investigator of the National Institute of Child Health and Human Development Study on Child Care. Dr. Friedman shared the latest findings on research concerning high quality child care and children's socio-emotional well-being.

NIH Child Care Board Activities 2002-2003 (continued)

As a result of these information sessions and presentations, the Board

- Advised the NIH on the policy for prioritizing enrollment in the NIH Child Care Centers.
- Advised the NIH on the development of a policy for waivers for the enrollment of children of center staff in the centers.
- Reviewed revisions to child care center Use Agreements for clarity and measurability.
- Drafted a proposal for NIH participation in the Federal Child Care Subsidy Program.
- Provided ongoing evaluation and input about the child care waiting list management system.
- Reviewed and revised materials to inform the NIH audience about the resources and systems available to serve working families.

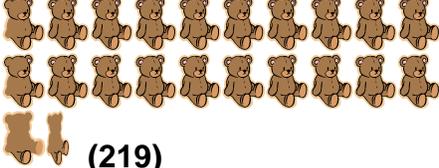
✓ **Implemented Organizational Changes to the Board Structure**

The Board continued the process of broadening employee participation and maintaining full membership throughout the year. Committees were formed to provide leadership in membership recruitment, screening, and selection.

As a result of the work of the committees, a formal position description for volunteer Board members was created. This “job description” was used in the recruitment of new members. The June 2003 recruitment efforts resulted in six candidates for three Board vacancies. The Board will begin the 2003-2004 work year with a full, diverse, and committed membership.

NIH Child Care Programs – Supply versus Demand*

July 2003

Ages Served	Spaces Available for Children Under Age 5 within the NIH Child Care Programs	Children Currently on the NIH Wait List
Birth to 12 Months	 (18)	 (386)
12 – 18 Months	 (18)	 (96)
18 – 24 Months	 (21)	 (110)
24 – 36 Months	 (60)	 (190)
Preschool	 (170)	 (219)
TOTAL	287	1,001

 = 10 Children

* Census Information as of July 31, 2003

NIH Child Care Board Recommendations to the NIH

Recommendation One:

The NIH should fund and implement a Child Care Subsidy Pilot Program with an annual cap that would provide direct tuition assistance to lower-income NIH employees based on total family income.

The 2001 NIH Child Care Needs Assessment Survey indicated that lower-income NIH employees tend not to use, or even apply for, the NIH-sponsored child care facilities due to the cost of care at these facilities. These employees, according to the survey findings, “significantly valued an increase in direct tuition assistance” as a priority initiative for the NIH.

Agencies currently participating in the Federal Child Care Subsidy Program, which was created to allow Federal agencies to assist their lower-income employees with child care expenses, have reported reduced employee absenteeism and turnover rates. Employees receiving the subsidy reported improved job performance and an increased ability to concentrate on work.

In the Washington-metropolitan area, the tuition for licensed and regulated child care is among the highest in the nation. Families in need of child care for two or more children will pay an average of \$10,000 per year for quality licensed or registered care. The cost of child care expenses for lower-income families represents the third highest family expense, after taxes and housing.

The Board’s proposal for an NIH Child Care Subsidy Pilot Program has been included as Attachment IV in this report.

Recommendation Two:

The Director of the NIH should support the legislative proposal submitted in 2002 to modify the definition of NIH employees for the purposes of child care services.

The statute authorizing Federal agencies to provide space to entities that offer child care services, the Tribble Amendment, requires that at least 50 percent of the centers’ spaces be filled by “children who have at least one parent or guardian who is *employed* by the Federal Government” and that the children of Federal employees will be given priority for any remaining spaces [40 U.S.C. section 490 (b)].

Therefore, many individuals who participate in the scientific work of the NIH (such as post doctoral fellows, Intramural Research Training Awards Fellows (IRTAs), and other fellows, trainees, and individuals who are not Federal employees) are **NOT** entitled to receive priority placement in the NIH-sponsored child care centers by the Tribble Amendment’s definition. This presents a conflict between the legislative requirements of the Tribble Amendment and the child care needs of all who work toward furthering the mission of the NIH.

A copy of the 2002 NIH Legislative Proposal has been included as Attachment V included in this report.

NIH Child Care Board Recommendations to the NIH (continued)

Recommendation Three:

The NIH Should Support Additional Child Care Spaces and Services for employees by:

- *Increasing NIH Child Care spaces*
- *Exploring additional resources to include community based care, backup care and other non-traditional child care services*

Results from the 2001 NIH Child Care Needs Assessment Survey indicate that NIH employees with young children want safe and high quality child care. However, it has become increasingly apparent that because of space limitations, the existing planned NIH child care facilities cannot accommodate the number of NIH employees needing care.

On average, there are more than 1,000 children on the waiting list for the NIH Child Care Centers. The capacity to serve 450 children in 2003 falls well short of the NIH need. Although the Work/Life Center's Child Care Resource and Referral Service helps guide employees to alternatives, problems of availability, accessibility, and cost remain serious limitations.

The NIH should expand and develop options for dealing with this lack of available space. First, NIH should identify additional child care facilities on or near NIH work sites and second establish child care options, such as contracting for reserved spaces near employees' homes or work locations. Many of the traditional ways of offering child care may not be appropriate options because of external limitations, such as limited space for adding new facilities on the NIH campus.

In addition, many NIH employees and managers would benefit from non-traditional child care options that cannot be provided by current NIH resources. These include backup child care, holiday and summer care for older children, and extended-hour care. If these are services that would support the work of the NIH, then they should be explored and resources provided.

Recommendation Four:

The NIH leadership should publicly commit to the importance of high quality child care for its workforce by:

- *Participating in NIH Child Care Activities*
- *Ensuring that the child care information provided to all current and potential employees is accurate and directly addresses the issues of availability and cost*

NIH Child Care Board Recommendations to the NIH (continued)

The Board urges the NIH leadership to confirm their commitment to high quality child care. Specific actions of the leadership could include visits to the NIH Child Care Programs, and attendance at Board events, such as the NIH Parenting Festival.

In addition, the current information that is provided to potential staff by many ICs is often incomplete and may be misleading. The information may state that the NIH has on-site child care centers, which is accurate; however, the employees may fail to understand that the extensive waiting lists for entrance into these centers. This means that potential employees may be counting on child care immediately when hired, when in reality the wait could be as long as two years or more. These employees are often relocating to this area to work at the NIH, many from outside of the U.S., and do not have the familial structure nearby to support them as they search for other child care alternatives. The cost of child care in the Washington-metropolitan area, as noted above, is among the highest in the nation. Potential employees are often unaware of the lack of availability of child care and/or are ill-prepared or unable to pay for the cost of the care that does exist. Therefore, the Board asks for support from NIH leadership in ensuring that written and electronic recruitment materials, orientation materials and informational materials are accurate and addresses the issue of availability and cost.

To this end, the Board offers to review for accuracy any material related to child care and suggest changes that would be necessary to accurately reflect the availability of child care options at NIH.

NIH Child Care Board Priorities for 2003-2004

- Take steps to advance the creation and implementation of a Child Care Subsidy for lower-income NIH employees.
- Continue to actively address findings of the 2001 NIH Child Care Needs Assessment by:
 - Improving coordination among existing programs;
 - Promoting child care and parenting resources to the NIH community; and
 - Exploring additional child care resources to serve the NIH community.
- Continue efforts to ensure that the Board reflects the diversity of the NIH workforce.
- Provide input and guidance to the NIH Child Care Program on issues and services, including the development of additional facilities and programs.
- Provide support to the NIH in accomplishing the recommendations contained in this report.

NIH Child Care Board Membership 2002 - 2003

Members

Ms. Corliss Taylor, OD/OHR (Chairperson)

Dr. Janet Austin, NIAMS/OCPL

Dr. Barbara Murphy, NCI/DBS

Ms. Debra Chew, OGC/BAL

Ms. Kim Plascjak, NIAID/OMNI

Ms. Maureen Gormley, CC/OD

Ms. Susan Reider, OD/OHR

Ms. Susan Huntley, NCI/ODEP

Dr. Qin Ryan, NCI/DCDT

Dr. Susan Koester, NIMH/DIRP

Ms. Wendy Thompson, OD/OHR

Ex-Officio Members

Ms. Valerie Hurt, HHS/OGC

Ms. Juanita Mildenberg, OD/ORF

Ms. Mary Ellen Savarese, ORS/DSS

Mr. Tim Tosten, ORS/DSS

Liaisons

Ms. Dona McNeill, NIEHS Representative for First Environments Early Learning Center

Ms. Lee Ettman, Director - ChildKind, Inc.

Mr. Gerhard Hummer, Parent Representative (ChildKind, Inc.)

Ms. Mary Haas, Director - Parents Of Preschoolers, Inc. (POPI)

Ms. Martina Vogel-Taylor, Parent Representative (POPI)

Ms. Anne Schmitz, Director - Executive Child Development Center, Inc. (ECDC)

NIH CHILD CARE BOARD 2002 - 2003 WORK/ACTION PLAN

“The NIH Child Care Board will promote affordable, accessible and quality child care for all NIH employees and advise the NIH regarding child care services and policies.”

Goal: 100% of employees working for or coming to NIH receive information and assistance with child care, in some way.

In order to meet this goal the NIH Child Care Board will act as follows:

Organize:

- Maintain full Board membership
- Seek broad and diverse membership
- Develop and distribute educational materials about the Board
- Recognize member contributions

Research Programs and Issues:

- NIH Child Care Centers
- NIH Child Services – Resource and Referral and Waiting List Management
- Child Care subsidies
- Federal child care policies and services
- Work/life issues
- Licensing and Accreditation
- Special services, i.e. special needs care, sick care, back-up care, holiday/summer
- The NICHD Study on Child Care

Advise:

- Use the research to serve as an advisory group to NIH
- Review and discuss policies and procedures related to NIH Child Care Programs
- Provide feedback to Child Care Programs Manager on new initiatives
- Participate in committees or workgroups convened on specific issues
- Respond to events or decisions as they occur
- Speak to appropriate NIH groups and organizations about child care
- Prepare an Annual Report for the Director of NIH summarizing the actions and recommendations of the Board

NIH Child Care Board
Proposal for Child Care Subsidy
July 2003

The NIH Child Care Board proposes that the NIH initiate a three-year Child Care Subsidy Pilot Program, which will assist lower and moderate-income NIH employees who need and want access to licensed child care for dependent children.

Cost: The amount allocated for the Pilot should be \$50,000.00 in the first year, and \$100,000.00 in subsequent years.

Benefit: The Board anticipates that 60 to 90 NIH Federal Employees would be served annually.

Eligibility: Employees with total household income of up to \$65,000.00 would be eligible to apply for the child care subsidy. The amount of the actual monthly subsidy would be based on total family income, number of children and actual cost of child care.

Administration: The program would be managed and monitored by the Federal Employees Educational Program (FEEA), a non-profit agency currently administering similar subsidies for over 25 Federal Agencies through a contract with the NIH Division of Employee Services. FEEA will charge an annual administrative fee of approximately 8%, included in the cost totals above.

Role of NIH: The role of the NIH will be to fund, advertise, and evaluate the program.

NIH Child Care Subsidy Pilot (continued)

There is no disagreement that high quality child care is important to parents, children, and employers. Although there is some discussion of whether that child care should be provided by families or “others”, all agree that the experiences and environments that young children have impact them for their entire lives. NIH has data to prove that better early environments support better outcomes for children. National data also indicates that licensed child care also supports the stability and productivity of parents in their work environments.

Currently, the NIH offers some of its employee’s access to wonderful full-day child care experiences by supporting four child care facilities on and nearby work locations. The four centers, three in Montgomery County and one in North Carolina, provide care to more than 500 children ranging in age from 6 weeks to 12 years. The care is licensed, accredited and subsidized by agency contribution of space and facility support. This support is possible through Federal Legislation (the Triple Amendment), which permits Federal work places to provide space and support for employee child care.

The NIH suffers as a result of its own success. By sponsoring four very high quality on-site child care centers, the NIH has become a model agency that receives praise and gratitude from the families of the 500 children who currently use, and thousands of families who have used, these centers. Although the sponsorship by NIH allows the centers to offer scholarship and sliding scale tuition to some families, the impression remains in the general NIH workforce that the centers are for high grade, high-income NIH administrators and scientists. The 2001 NIH Child Care Survey verified this discrepancy between what NIH administration thinks it is saying about access to child care by all employees, and what employees, of all grade levels, believe the reality to be. Even if NIH designated a percentage of child care slots for moderate income families, the perception would remain that NIH child care benefits are reserved for those who have financial means, transportation and traditional job hours.

A Federal program exists which permits Federal agencies to provide tuition subsidy for federal employees with a lower family income. The Federal Child Care Subsidy, Public Law 107-67, section 630, which became permanent legislation in 2002, allows agencies to allocate any portion of appropriated operating funds, determined by each agency annually, to assist parents with child care costs in the form of tuition vouchers.

In 2000, during the pilot phase of the Federal Subsidy Program, the NIH made a decision not to participate in the child care subsidy. However, in light of the permanent Federal legislation, participation by many Federal agencies and the critical results of the 2001 NIH Child Care survey, the NIH Child Care Board proposes that the NIH initiate a child care subsidy pilot as soon as possible.

Over 25 Federal agencies currently participate in this program, including the PSC, FDA, SAMHSA, CDC, and HRSA in DHHS. Currently the NIH is the only major HHS agency not providing a child care subsidy for lower and moderate income employees.

NIH Child Care Subsidy Pilot (continued)

The Board proposes a pilot system that establishes a child care tuition benefit, in the form of tuition support for lower and moderate working families, to improve the affordability for those employees who would like access to licensed child care. In the Washington Metropolitan area, child care is the second or third highest household expense for families with young children.

The direct tuition benefit has the potential to serve lower income families enrolled in the NIH child care centers as well as many additional families who are not able to use the four child care centers sponsored by NIH, due to location, transportation, or long waiting lists. Child Care Subsidy Programs have proven to be a powerful recruitment and retention tool for Federal and private agencies that offer this benefit.

The Child Care Subsidy would be provided in the form of vouchers payable directly to the licensed child care provider for services rendered. It is the responsibility of FEEA to verify compliance with local licenses and regulations and verify employee eligibility. Employees would be required to apply/re-apply annually and provide proof of total household income to FEEA staff. This ensures that no DHHS/NIH staff would be involved in screening, determining benefits, verifying utilization, and making direct payment to providers. FEEA also monitors usage, projects total expenditures, provides monthly reports of utilization and expenditure, and conducts an annual survey of participants.

The program manager of FEEA reports that, after four years of managing the program for over 25 agencies, typical agency usage is 0.5% of the total employee population of each agency. Using the population of NIH Federal staff of 18,000, FEEA would project that a maximum of 90 to 100 NIH employees might choose to participate in the program annually. If the program can be expanded through legislation to permit the inclusion of NIH researchers who are not Federal employees (post-doctoral fellows, IRTA's, Fogarty scholars, etc.) another 25-50 staff could be included. In any case, the financial costs to NIH will remain constant, as the program has a cap and additional families cannot enroll once program funding reaches that cap.

The NIH Work/Life Center and the ORS Division of Employee Services would provide extensive publicity and information about the program. It would be the responsibility of the ORS Child Care Programs Office to evaluate and provide annual reports concerning the effectiveness of this Pilot. In addition, the NIH Child Care Board would participate in the publicity and evaluation of this program.

FISCAL YEAR 2004 LEGISLATIVE PROPOSAL

NIH Child Care Eligibility

Expand Eligibility for Priority Placement in NIH Child Care Programs.

Current Law: The legislation authorizing Federal agencies to provide space to entities that provide child care services, the Tribble Amendment, requires that at least 50 percent of the centers' spaces be for "children who have at least one parent or guardian who is employed by the Federal Government" and that these children be given priority for the remainder of the spaces (40 U.S.C. 490b(a)). In addition, the Public Health Service Act (402(k)(1) of 42 U.S.C. 282(k)(1)) authorizes that, "The Director of NIH may establish a program to provide day care services for the employees of the National Institutes of Health similar to those services provided by other Federal agencies (including the availability of day care service on a 24-hour-a-day basis)."

The term "employee" is defined as excluding Visiting Fellows, Intramural Research Training Authority Fellows (IRTAs), National Research Services Award Intramural Fellows (NRSAs), National Research Council Fellows, Special Volunteers, and Guest Researchers.

Proposal: Amend the Public Health Service Act section 402(k)(1) of 42 U.S.C. 282(k)(1) to state, "The Director of NIH may establish a program to provide day care services for the children of employees, trainees, and guest researchers of the National Institutes of Health similar to those services provided by other Federal agencies (including the availability of day care service on a 24-hour-a-day basis), notwithstanding any other provision of law. The Director of NIH may also approve the use of appropriated funds to improve the affordability of child care for trainees, and Guest Researchers of the National Institutes of Health to the same extent permitted for civilian employees and subject to the conditions set forth in section 490b-1 of title 40, United States Code, and the regulations implementing that section."

Rationale: As part of an ongoing commitment to providing a quality work environment and tools for recruiting and retaining the best and brightest employees, NIH supports programs and services for families needing child care. Parents and legal guardians of young children may access full-day child care at the four NIH sponsored child care facilities, receive personalized child care referral services, attend workshops and training on parent/child issues and request consultation and technical assistance on child care issues from the NIH Child Care Specialist.

Currently, the NIH has several thousand persons in training positions who are not considered Federal Government employees. This designation prevents them from having priority placement in any of the NIH-provided child care centers or programs. The ORS would like to expand the definition of "NIH employee" to include those persons in research training programs as eligible for participation in the NIH-provided child care centers and services, in the same manner as NIH Federal employees. The statute authorizing Federal agencies to provide space and other support to child care programs directs that services give priority to, or exclusively serve, Federal employees. Therefore, many individuals who are vital participants in the scientific work of the NIH, such as IRTAs, NRSAs, and other fellows, trainees and individuals who are not Federal employees, are not entitled to receive priority placement in the four NIH-sponsored child care centers.

FISCAL YEAR 2004 LEGISLATIVE PROPOSAL

NIH Child Care Eligibility (continued)

This same statute also precludes NIH from offering other child care services or programs that may be implemented in the future (such as back-up care, holiday care, or tuition subsidy) to those individuals in a training capacity. This proposal would benefit the scientific research community at NIH and the individual trainees.

The NIH research community would be provided with the opportunity to offer child care resources to researchers with young children whom NIH would like to recruit for scientific work. Child care as a recruitment tool is recognized nationally, and internationally, as a very important variable for individuals with young children who are considering changes or relocation for job positions. This is particularly true for workers at the early stages of a career who may be starting families and have more limited resources than older, more experienced staff.

In many other parts of the United States, child care is plentiful and provided at a lower cost than on the East Coast. In many other countries, universal high quality early childhood care and education is located in every community and is free or low cost to all families. It is a tremendous shock to any employee, but especially visiting scientists and researchers who arrive in Bethesda or North Carolina and discover that quality child care is hard to find, difficult to pay for, and access to center waiting lists is available to all Federal employees before any other type of NIH staff. Scientific Directors and Administrators report concern and frustration with the difficulty of trainee staff finding appropriate child care.

To the individual trainees and their families, priority access to NIH-sponsored child care makes good family and work sense. Many of these individuals in authorized training capacities at NIH are new to the area, and many are new to the country. Having child care that is available near a work site or near their homes makes the transition easier. Having access to services that understand the policies, procedures, schedules and culture of the NIH makes the trainee feel supported and provides a smooth transition.

There are approximately 2,200 individuals in trainee/research positions at NIH (12.9 percent of 18,084). Using formulas from the 1997 National Study of the Changing Workforce, we anticipate that approximately 200 of that number could need child care services while working at NIH. These 200 families would benefit from having the same access to quality child care services as would every parent working to support the mission of NIH.

Cost: None. This proposal provides no new services or programs that require agency funding. This change in language simply provides an opportunity for all NIH staff, Federal or trainee, to participate in NIH sponsored programs or services in an equitable manner.

Current services, such as the child care centers, require that parents pay tuition fees directly to the service provider. NIH supports facility and accreditation costs only, as specified in the Triple Amendment. For any future services that NIH may develop, such as summer programs, tuition subsidy, or emergency care, this language would permit access to these services but not mandate participation, eliminate income requirements, or excuse parent fees for additional services.

Personnel Requirements: None