



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

FROM: NIH Child Care Board

SUBJECT: NIH Back-Up Care Program Pilot Evaluation and Recommendation Report

Please accept this comprehensive evaluation report of the NIH Back-Up Care Program Pilot. The NIH Child Care Board is proud to have played a key role in the initiation of the Back-Up Care Program Pilot at NIH, the first agency within the Executive Branch to offer child and adult dependent back-up care to its workforce. The Board is pleased to present to you detailed information documenting the success of the pilot and its benefits to NIH federal employees, fellows, contractors, tenants and council members. This service supports the NIH mission by supporting the NIH workforce in balancing the competing demands of work and family.

The attached Evaluation Report represents a thorough and thoughtful review of data on the Pilot Program and includes three specific recommendations for establishing an ongoing Back-Up Care Program at NIH. We acknowledge and appreciate that there are many competing demands for limited resources at NIH but we feel confident that, after reviewing this Evaluation Report, you will agree that the returns to NIH related to the Back-Up Care Program greatly exceeds its costs.

The NIH Back-Up Care Program, three year Pilot, will end on September 28, 2014. Your decision and action regarding the establishment and funding of an ongoing NIH Back-Up Care Program is needed by April 2014 to assure that NIH federal employees, fellows, contractors, and council members across the nation are able to continue utilizing the program in FY 2015.

Please feel free to contact us if you would like any additional information. NIH Child Care Board members would be happy to meet with you to discuss this report and answer any questions.

A handwritten signature in black ink that reads "Brian Rabin".

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

Attachment

cc:

Dr. Alfred Johnson, OD/ORS

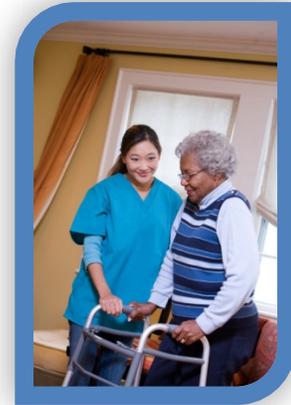
Ms. Colleen Barros, OD

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



Executive Summary

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



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

Key Findings

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

This program:

- Is fully utilized to the limits of the pilot;
- Is managed effectively and documented appropriately;
- Is reported by the NIH workforce, whether they used the program or not, as a support for their work, their effectiveness, and their morale;
- Is beneficial to intramural, clinical, and extramural research programs of the NIH.

Recommendations

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

1) The NIH Back-up Care Program should be established as an ongoing program at NIH.

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

2) The NIH Back-up Care Program should continue to be available to the entire NIH workforce.

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

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

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

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Introduction

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

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

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

“Don't have enough leave and am also responsible to patients and project. One day off affects five days of work.”

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

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

Back-up Care Program Pilot Overview

History of the Pilot

At the request of the NIH Child Care Board, the ORS conducted a “Needs Assessment and Benchmarking” survey of Child and Dependent Care programs in 2008.

This survey was conducted by Impaq International, LLC, for the purpose of answering the following questions:

- To what extent does NIH’s child care services program support the mission of science at NIH and how critical is the program to achieving this mission?
- What role does the provision of child care services play in employee decisions to join and continue their employment with NIH?
- What are the greatest strengths and weaknesses of the NIH child care services program and how has the child care services program improved over time?
- Are NIH’s child care services program offerings competitive with other organizations trying to attract similar types of employees?
- Based on the findings and analysis of related research, how can the program continue to meet the needs of its staff and better support NIH’s mission?

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

“The child care program, services, and resources offered by NIH to its employees are about the same as the benchmarked organizations on 8 of the 16 key benchmarking elements.

*Five of the benchmarked organizations provide **back-up child care**, which is a service that is **not** offered by NIH. It is interesting to note that two of the four universities participating in the study offer back-up child care, as well as both of the private sector organizations, while only one government agency (SEC) provides this service.*

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

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

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

Complete details from the survey can be found here: [Needs Assessment and Benchmarking Survey](#)

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

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

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

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

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

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

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

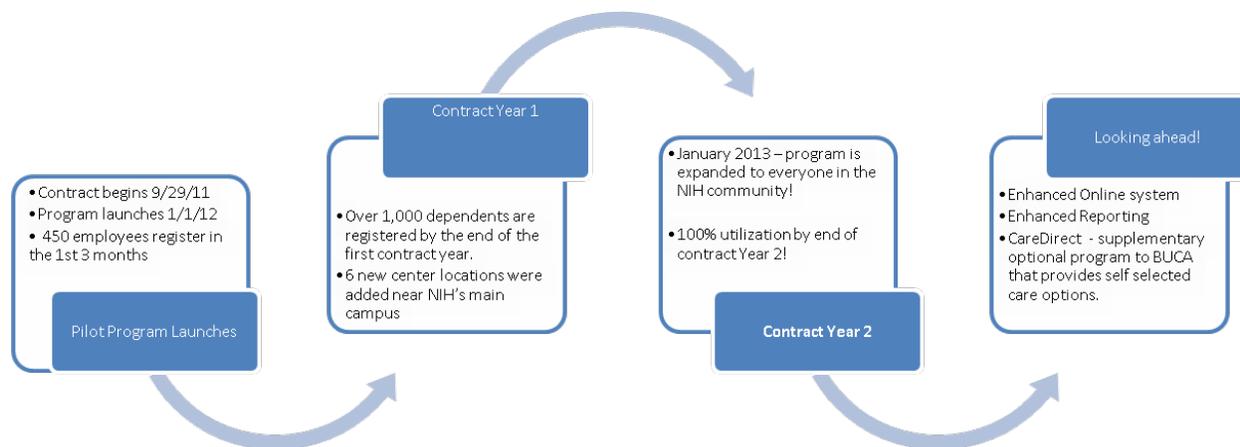


Figure 1. Timeline of the NIH Back-up Care Program Pilot.

Pilot Program Administration

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

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

Type of Care	Description	Ages served	Cost
Center-Based Child Care	Care is provided in a licensed Bright Horizons Center or an approved child	6 weeks to 12 years of age	\$6.00 per child/per hour

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

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

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

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

Program Eligibility

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



Adult/Elder Care <ul style="list-style-type: none"> ▪ In-home care by licensed and credentialed caregivers ▪ Can be used for adult spouses and elders ▪ Privately-secured care 	Back-Up Well Child Care <ul style="list-style-type: none"> ▪ Center-based or in-home ▪ National network includes: <ul style="list-style-type: none"> ▪ Bright Horizons centers ▪ Other quality centers ▪ In-home care ▪ Privately-secured care 	Mildly-Ill Child Care <ul style="list-style-type: none"> ▪ In-home care by trained and credentialed caregivers ▪ Privately-secured care 	Care for Business Travel <ul style="list-style-type: none"> ▪ In-hotel care by trained and credentialed caregivers ▪ Center-based care ▪ Privately-secured care
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Figure 3. Reservation Process

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

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

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

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

Modifications of the program during the pilot phase

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

1) Expand the program to the entire workforce.

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

2) Expand the number of network child care centers in Montgomery County, Maryland.

During the first year of the program, the feedback from the recipients reflected a deficit in child care centers, especially those who offer infant care. The ORS Office of Child Care identified several child care organizations in Montgomery County and facilitated linkage to the Bright Horizons Back-up Care network. As a result of this effort, there are 13 additional centers now registered in the Bright Horizons network within a 10 mile radius of the NIH main campus.

3) Educate the NIH Workforce on In-home Care and Adult/Elder Care options.

Demand

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

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

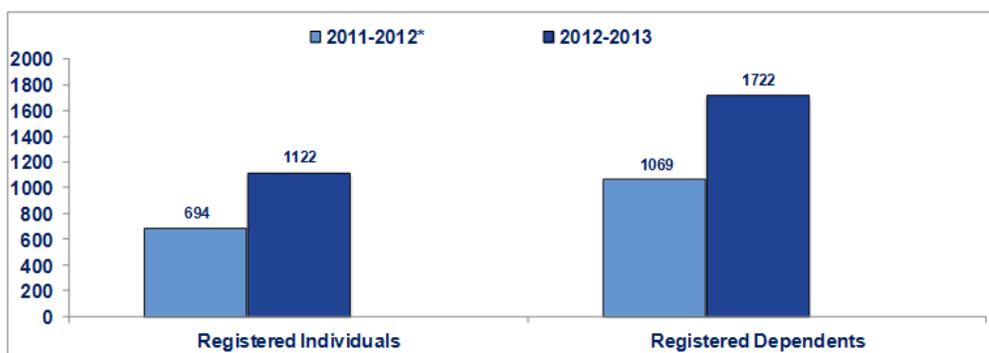


Figure 5. The number of registered individuals and dependents in both Year 1 (2011-2012) and Year 2 (2012-2013), respectively. *Note that the data for 2011-2012 (Year 1) is based on 9 months from program launched in January of 2012.

Types of Uses

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

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

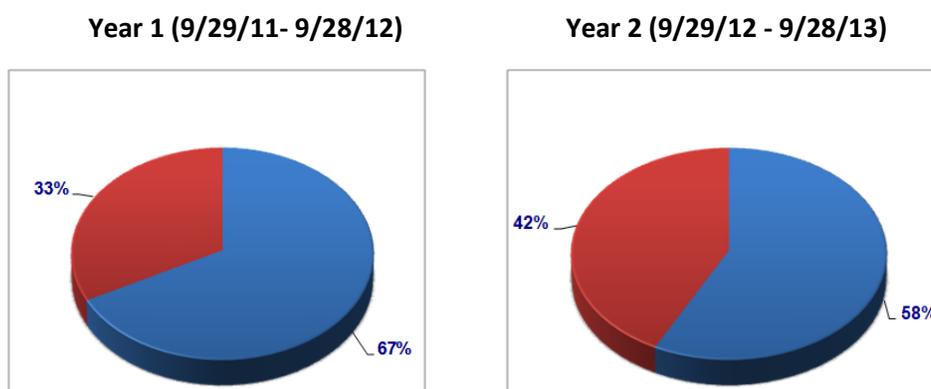


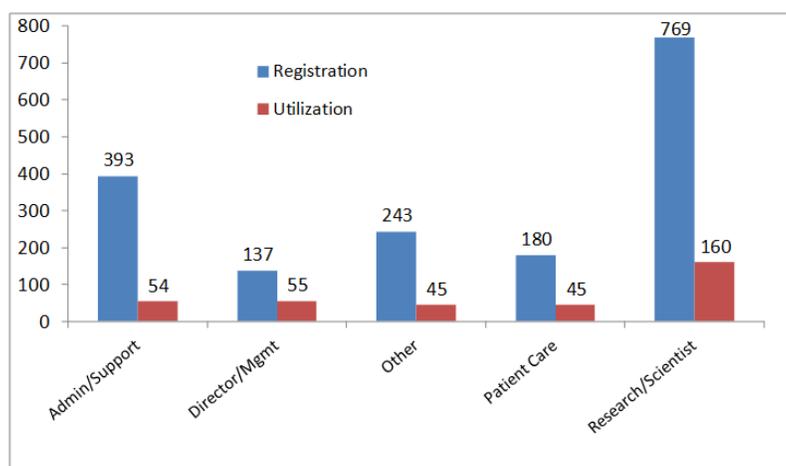
Figure 6. Utilization by Type of Care.

User Profile

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

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

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

**Figure 7. Registration and Utilization by Job Category (Data from 9/29/12 – 9/28/13).**

Since the main NIH campus is based in Bethesda, Maryland, it is not surprising the data showed that the program's highest utilization was in Montgomery County, MD (79%) compared to DC (10%) and Virginia (6%). While there was not significant utilization in North Carolina, Atlanta and Massachusetts, there was program utilization in these regions. NCI, NIAID and NHLBI were the leading Institutes in the usage of this program which correlates directly to the sizes of these Institutes.

Reasons for Use

Based on user feedback, most of the recipients utilized back-up care because their regular care was not available; either the provider was sick or on vacation (55%) or school was not in session (15%). Other uses included 13% that had a mildly ill dependent at home, 4% had a spouse that was unavailable and a very small percentage used adult dependent and self-care. The decision by the individual to use back-up

care and pay an hourly rate instead of taking leave, signifies the individual's determination to be present at work. About 5% used the back-up care services during business travel.

Effectiveness of the program

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

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

Benefits to the NIH

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

This Return on Investment was calculated as follows:

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

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

Figure 8. Return on Investment

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

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

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

Resources highlights this program as an important component of recruitment efforts as NIH competes with other world class organizations for top talent in research, medicine and administration.

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

Recommendations

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

1) The NIH Back-up Care Program should be established as an ongoing program at NIH.

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

2) The NIH Back-up Care Program should continue to be available to the entire NIH workforce.

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

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

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

Appendices

1. Back-up Flyer advertising program
2. Comments from Program recipients

Appendix 1 Flyer advertising program

NIH Back-Up Care Program

Care When You Need it Most

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

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

Programs Available

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

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

Care Consultants

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

Register today to ensure peace of mind tomorrow.



Division of Amenities and Transportation Services

DATS



Your Back-Up Care Solution

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

Cost of Care

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

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

Plan Ahead

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

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

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

Register Today

<http://backupcare.ors.nih.gov>



NIH Child Care

<http://childcare.ors.nih.gov>

Appendix 2 Comments from Program Recipients

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

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

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

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

Helps me be a more productive employee

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

Very impressed that NIH has this program.

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

Impressed with how engaged the caregivers were

Impressed with the communication, they really kept in touch

Very positive program

Very accommodating

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

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

Absolutely love it.

It is a great program

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

Life Changing/ Amazing

This should be continued very critical for productivity.

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

Very capable and friendly people.

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

Hope we can get more centers

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

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

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

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

God send

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