



National Institutes of Health
Bethesda, Maryland 20892

www.nih.gov

OCT 10 2004

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

FROM: Director, NIH

SUBJECT: 2003-2004 Annual Report on NIH Child Care

Thank you for sending me a copy of the 2003-2004 Annual Report on NIH Child Care. I greatly appreciate all the efforts of the NIH Child Care Board and am pleased to report that my staff has been hard at work to implement your Board's first recommendation.

The NIH Child Care Subsidy Pilot will be presented to Executive Officers for discussion in October. We anticipate that the Pilot will begin once we have a final FY 2005 appropriation and we have provided the appropriate notification to the Congress, as required by Public Law 107-67. We have allocated \$50,000 for the first year of the three-year pilot and have tentatively requested \$100,000 to be included for FY 2006 (funding will be re-evaluated to ensure the funds requested will meet the demand of our employees). I appreciate the Board's offer to participate in the launch and promotion of this important program.

Stable child care arrangements are critical to the presence and productivity of employees. Accessing quality licensed child care is often difficult for lower income workers who can spend as much as 50 percent of their gross income on child care expenses. This child care subsidy will provide the opportunity for NIH lower income employees to access licensed care that supports their family and enhances the early learning opportunities of their children.

I offer my sincere thanks for the Child Care Board's efforts on behalf of the NIH employees, both present and future.

Elias A. Zerhouni, M.D.



SFP 1 3 2004

National Institutes of Health
Bethesda, Maryland 20892

TO: Dr. Elias A. Zerhouni, Director, NIH
FROM: NIH Child Care Board
SUBJECT: Annual Report on NIH Child Care

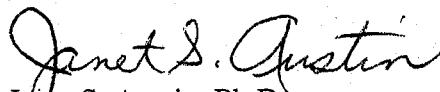
I am pleased to present to you, on behalf of the NIH Child Care Board, the *2003-2004 Annual Report on NIH Child Care*. We have included four specific recommendations and hope that you will take action to make them a reality.

The first recommendation, the Child Care Subsidy Pilot Program, requires immediate attention in order to be implemented in the new Fiscal Year. After reviewing the program with Dr. Kington in January of this year, we sent a formal proposal to him on June 1, 2004. We are now awaiting implementation of this very important initiative.

Our additional three recommendations are equally important to the success of child care efforts at the NIH. Your attention and support will make a positive impact on these programs that assist our NIH employees who have, or will have, young children.

In the past year, the Board has thoroughly researched and deliberated over complex issues resulting in thoughtful recommendations concerning child care needs of NIH staff. Information about our work plan and activities, along with the board priorities for 2004-2005, are included in this report. We hope that you will reflect on our concerns and approve our recommendations.

In conclusion, we sincerely thank you for the programs and resources for child care that you and the NIH leadership currently provide our working parents. With your support, we hope to continue our efforts to make NIH the very best place for employees and their families. Board members would appreciate an opportunity to meet with you to discuss this report and address any other areas of interest that you would like to see the Board undertake in the future.


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

Attachment

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

National Institutes of Health



**The NIH
Child Care Board**

“Working for Quality Child Care at the NIH”

**2003-2004 Annual Report
on NIH Child Care**



2003 - 2004 Annual Report

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NIH Child Care Board 2003-2004 Recommendations

1) Implement a Child Care Subsidy Pilot Program for NIH employees

- NIH employees continue to report that the cost of child care has a major impact on families. Data from the 2001 NIH Child Care Needs Assessment Survey, which reported direct tuition assistance as a priority initiative for the NIH, continues to be borne out in anecdotal reports by the child care centers and the NIH Work/life Center, particularly through its child care referral service.
- The NIH Child Care Board has presented a revised and expanded Child Care Subsidy Proposal to the leadership of NIH for consideration and implementation. The Board is prepared to assist with the implementation of the program, disseminate information about the program, and participate in the evaluation of the Subsidy Pilot.

The Board's revised proposal for an NIH Child Care Subsidy Pilot Program is included as an attachment to this report.

2) Support the legislative proposal submitted in 2002 to broaden 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 postdoctoral 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 or any future alternative arrangements that NIH may make 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 is included as an attachment to this report.

3) Support additional child care spaces and services for employees by:

- *Increasing NIH child care spaces*
 - *Identifying barriers and solutions to using community-based child care*
- In August 2004, there were over 900 children on the waiting list for the NIH Child Care Centers. The current capacity to serve 450 children falls well short of the NIH demand. The Board supports NIH efforts to identify additional leased space for child care facilities and the funding of the new Northwest Child Care Center on campus in FY08.
- Additionally, the NIH should explore requesting modifications to existing legislation that limits NIH from seeking solutions to the child care capacity situation by using resources in nearby communities. Some NIH employees would prefer to use child care resources located in their home communities due to work schedules, transportation issues, cultural preferences, and family support systems. Federal legislation concerning supports for child care for Federal employees does not permit NIH and other Federal agencies to contract for reserved or priority placement with community-based child care providers. The Board recommends that NIH explore legislative solutions to this situation that would permit NIH to expand child care services by contracting for additional child care services with licensed child care providers in employees' home communities.

4) Demonstrate senior leadership commitment to the importance of high-quality child care for its workforce by:

- *Supporting NIH child care programs and initiatives*
 - *Supporting existing workplace flexibility programs, e.g. telecommuting, job-sharing, and encourage their use as a support for working parents*
-
- The challenges of child care at NIH can be partly met by the recommendations detailed above, and expressed support from NIH leadership will be critical in meeting these goals. But these programs and initiatives can only meet part of employees' various life-cycle needs, and will not "solve" child care issues in and of themselves. NIH has tools, through quality of work/life initiatives; to supply additional solutions, and to relieve some of the pressure on child care services. These Federal initiatives are dealt with in policy, but are not being implemented comprehensively or consistently across NIH.
 - Existing Federal family-friendly programs and policies are not simply employee benefits. They are management initiatives designed to help agencies achieve their missions. Workplace flexibility—including alternative work schedules, telework, and part-time and job-sharing arrangements—can enable employees to be more effective at work by helping them meet the challenges of family and community. Support by NIH leadership will send the message throughout NIH ICs that these programs are an important component of developing and maintaining an effective workforce.

NIH Child Care Board Priorities and Results in 2003-2004

Priority:

Take steps to advance the creation and implementation of a Child Care Subsidy for lower-income NIH employees through:

- Refined and presented the 2002 Board proposal to the NIH Deputy Director
- Requested funding of subsidy pilot by ORS
- Publicized Flexible Spending Account (FSA) as an important means to making child care more affordable

Priority:

Consider the issue of Child Care benefits for Contractors

- Discussed the implications of positions at NIH filled by contractors related to priority access for child care services
- Explored other NIH/Federal policies on services and benefits for contractors
- Recommended that ORS modify waiver provisions in Use Agreements

Priority:

Continue to expand child care priority placement and parenting resources for the NIH community.

- Re-Submitted the ORS Legislative Proposal regarding NIH Researchers to the Deputy Director, NIH. The proposal was first developed by the Board in 2002 to modify the definition of NIH employees for the purposes of child care services in order to give similar access to child care services for NIH Researchers as their Federal employee counterparts
- Sponsored the NIH Parenting Festival in May 2004 which attracted 500 interested attendees
- Continued and expanded outreach efforts on and off campus
- Submitted articles to NIH Publications on child care programs and services

Priority:

Provide input and guidance to the NIH Child Care Program on issues and services

- Regularly reviewed child care waiting list and referral data for improved methodology and reporting
- Reviewed and recommended changes regarding emergency closing of child care centers
- Supported the development of additional child care facilities and programs

Priority:

Continue efforts to ensure that the Board reflects the diversity of the NIH workforce

- Refined systems for seeking and selecting Board members and assuring active participation in Board activities
- Maintained a full and effective Board

NIH Child Care Board Priorities for 2004-2005

- **Continue to support the implementation of the NIH Child Care Subsidy Pilot Program and explore additional subsidy resources.**
- **Improve and increase the Communication at NIH regarding the Child Care Board and Child Care and Parenting Resources.**
- **Explore additional types of Programs and Services that would support NIH working parents.**
- **Working with the ORS Child Care Programs Office and Community Partners, provide additional resources on child care and parenting to NIH employees.**
- **Provide support to the NIH in accomplishing the recommendations contained in the Annual Report.**

CHARTER
NATIONAL INSTITUTES OF HEALTH
CHILD CARE BOARD

VISION

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

MISSION

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

OBJECTIVES

The Board will:

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

APPOINTMENT

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

VOTING MEMBERS

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

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

TERMS and VACANCIES

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

EX-OFFICIO, NON-VOTING MEMBERS and LIAISONS

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

MEETINGS and ATTENDANCE

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

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

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

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

RECORDS and REPORTS

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

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

TERMINATION DATE

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

APPROVED

Ruth L. Kirschstein
Acting Director, NIH

5/3/01
Date

**NIH Child Care Board Membership
2003 - 2004**

Members

Dr. Janet Austin, NIAMS/OCPL (Chairperson)	Dr. Barbara Murphy, NCI/DBS
Ms. Debra Chew, OGC/BAL	Ms. Kim Plascjak, NIAID/OMNI
Ms. Alisa Green, OD/OSMP	Mr. Henry Primas, CC/HFCD
Ms. Deborah Fountain, NCI/OM	Ms. Susan Reider, OD/OHR
Dr. Susan Koester, NIMH/DIRP	Dr. Qin Ryan, NCI/DCDT
Ms. Jayne Lura-Brown, NIDCR/DPHP	Ms. Lisa Strauss, OD/OSP

Ex-Officio Members

Ms. Valerie Hurt, HHS/OGC

Ms. Juanita Mildenberg, OD/ORF

Ms. Mary Ellen Savarese, ORS/DSS

Mr. Tim Tosten, ORS/DSS

Non-Voting Liaisons

ChildKind, Inc.- Ms. Lee Ettman

POPI- Ms. Paulina Alavardo

ECDC-Ms. Anne Schmitz

First Environments- Ms. Dona McNeill, NIEHS



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

TO: Dr. Raynard Kington, Deputy Director, NIH

FROM: NIH Day Care Board

SUBJECT: NIH Child Care Subsidy Proposal

The NIH Parenting Festival on May 26th was a huge success, with more than 500 enthusiastic attendees. We credit the global e-mail you sent on our behalf for drawing many of those attendees. Thank you for your support.

At our January meeting with you we discussed the legislative proposal to cover NIH researchers, activities to promote child care and parenting resources, and the implementation of an NIH child care subsidy. We sent you the legislative proposal on March 19, 2004, for consideration, and we will continue to keep you informed of our activities to help support the NIH community. We appreciate your interest.

In response to your questions and concerns for more detail about the proposed subsidy, we have attached the revised *NIH Child Care Board Proposal* for the implementation of the NIH Child Care Subsidy Pilot Program. As you suggested, we have revised the proposal to include concrete examples that apply to NIH, and we have worked with the Office of Research Services to identify funds for the pilot. Before his retirement, Mr. Steve Ficca approved the inclusion of funding for the subsidy pilot in the proposed ORS budget for FY 05 and 06.

The NIH Child Care Subsidy Pilot Program is the top priority for the NIH Child Care Board. With your support, we can pilot the program in September 2004.

Please let us know if we have your approval to move forward with this pilot program. Thank you again for your attention and assistance.

Sincerely,

/s/

Janet S. Austin, Chair, NIH Child Care Board
Director, NIAMS Office of Communications and Public Liaison

/s/

Susan Koester, Assistant Chair, NIH Child Care Board
Associate Director, NIMH Division of Intramural Research Programs

Attachment

NIH Child Care Board Proposal for Child Care Subsidy

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 Tribe 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

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