

2005–2006

Annual Report on NIH Child Care



August 2006





TO: Dr. Elias A. Zerhouni, Director, NIH
Dr. Raynard S. Kington, Deputy Director, NIH

FROM: NIH Child Care Board

SUBJECT: Annual Report on NIH Child Care

As Chair of the NIH Child Care Board, it is my pleasure to present to you the Annual Report on NIH Child Care. The attached report presents child care challenges faced by NIH employees and possible solutions proposed by the NIH Child Care Board during 2005–2006.

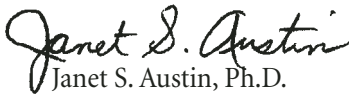
In addition to sharing our activities, we have also included several specific recommendations for consideration by NIH leadership. While we understand that there are multiple competing priorities for NIH resources, attracting, retaining, and motivating quality staff – who place a high priority on care of their children – will be critical to the agency's long-term success.

The Board urges swift approval by your office of the Child Care Subsidy Pilot Program as a permanent NIH program. This subsidy program has been very successful in making high quality child care affordable for the lowest income NIH employees. This document includes honest and important comments from your employees who participate in the subsidy pilot program.

Your support is also needed to achieve changes in Federal legislation that can expand child care options for NIH employees. With legislative changes, NIH could provide access to quality community-based child care in a more flexible and cost-effective manner. This would meet the needs of individual employees and the agency.

We understand that employee job satisfaction, performance, and dedication involve complex issues and realities. We know that child care issues are only one part of the equation. But we also know that if parents do not have stable, affordable, high quality child care arrangements for their children, they will not be at work, physically or emotionally. If you can identify ways for this Board to help enhance employee morale, recruitment, and retention, please let us know.

We appreciate your attention to this document, and would also appreciate an opportunity to discuss this report, including recommendations, accomplishments, and challenges, with you directly at your earliest convenience.


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

Attachment

cc:

NIH Executive Officers
Ms. Shirl Eller, OD/ORS



Table of Contents

Section I Child Care Board Accomplishments.....	1
Section II Challenges.....	4
Section III Board Recommendations	7
Section IV Board Priorities for 2006–2007	9
Attachment 1 Additional NIH Employee Comments.....	A-1
Attachment 2 NIH Child Care Board Membership 2005–2006.....	A-6
Attachment 3 NIH Child Care Board Charter 2006.....	A-7
Attachment 4 NIH Child Care Board Charter 2001.....	A-11
Attachment 5 Draft Proposed Legislative Amendment	A-14
Attachment 6 Emergency Brochure for Families.....	A-16





Section I Child Care Board Accomplishments

Monitored Implementation of NIH Child Care Subsidy Program

The NIH Child Care Subsidy Pilot Program has been an incredible success. The Subsidy Pilot was formally launched in May 2005 with an announcement from the NIH Deputy Director. The program was completely subscribed by November 2005, serving 55 NIH employees with 66 children. Most other Federal Agencies participating in the program have never reached full subscription.

The unexpected demand for the program caused the Office of Research Services (ORS) to halt enrollment of new families and create a waiting list. The NIH Child Care Board monitored enrollment and impact.

Of the 55 NIH employees enrolled in January 2006, 20 were eligible for 50% subsidy of the cost of child care tuition because their annual income was below \$30,000 (adjusted gross income). Of those 20 employees, six had two or more children enrolled in licensed child care.

Due to the high number of NIH Federal employees with multiple children and/or who earn the lowest incomes (under \$30,000), the Child Care Board supported an ORS request for additional funds for FY 2006. An additional \$98,000 was approved, which allowed all employees who were eligible and enrolled to remain in the program for the entire fiscal year.

The Child Care Board continues to monitor the NIH Child Care Subsidy Program and continues to hear from parents who have participated in the program. Many of these comments are included in this Report.

Reviewed Options to Expand Child Care Services Through Appropriate Legislative Channels

The Child Care Board worked with representatives of the NIH Office of General Counsel and the Office of Legislative Policy and Analysis (OLPA) to review the potential options available to NIH that would expand services to meet employee demand for child care. However, though several other Federal agencies have the flexibility to seek capacity solutions, that remedy is not available to NIH at this time.

Those solutions might include:

- agreements with community-based child care programs for spaces





- back-up or Holiday child care programs
- networks of Family Child Care Providers
- other ideas to be explored.

The Board has worked with OLPA to draft wording of a legislative amendment that might permit more options. [That Draft is attached to this Report.](#)

Continued Improvements to the NIH Child Care Waiting List

One goal of the Child Care Board is to make the NIH child care waiting list more understandable and transparent to NIH employees, and to ensure that each registration is handled in an efficient, professional manner. This effort is the result of complaints from NIH employees who questioned the fairness and accuracy of the waiting lists of the three local centers.

A standing committee of the Board meets regularly to review the operations of the Child Care Waiting List Program. Using input from employees on the list, parents enrolled in the centers, and child care center staff, the committee has created a “Frequently asked Questions” section of the NIH Child Care Web site to assist employees with the intricacies of the list system. In addition, the committee recommended that ORS adopt major policy changes in 2006. These changes require that employees take more responsibility for specifying realistic dates for desired enrollment in a center and limiting the number of times an employee can decline a position when offered. These changes will permit more accurate tracking of length of time on the waiting list and will eventually result in data that can help employees plan for enrollment in NIH child care centers. In the six months since these policy changes were made, feedback from parents has been generally positive.

Promoted Child Care and Parenting Services to NIH Employees

The Child Care Board actively promotes child care and parenting services and provides information and resources to interested NIH employees by co-sponsoring and participating in related events and activities.

These activities included:

- The NIH Parenting Festival in May 2006. Three hundred and fifty NIH employees attended, visiting exhibits that highlighted research and initiatives related to child and family health. These exhibits were sponsored by 13 NIH Institutes and Centers. Also participating were many NIH employee services that support parents and families (HR Benefits, EAP, Work/Life, Child Care, Police/Safety, Credit Union, etc.) Attendee feedback was positive and enthusiastic, and the Board plans to sponsor the event again in 2007.





- Six sessions of “Ask the Parenting Specialist” outreach programs in the fall of 2005 and spring of 2006. These sessions were offered at NIH dining centers on and off campus. A child-development specialist was available to talk about those large and small issues that make being a parent such a challenge. During these free 10-minute sessions, parents receive simple and practical advice about their children’s eating, sleeping, behaving and misbehaving patterns. Employee feedback for this event is 100% positive.
- The NIH “Parenting List.” This is an interactive listserv with 680 NIH employee members who share concerns, solutions, and resources for children and parenting in an informal format. In the past year there have been 2400 postings on a wonderfully wide range of topics pertaining to children of all ages.

Produced a New Brochure – “Families: Planning for an Emergency”

After researching policies and procedures for child care center emergency preparedness, the Child Care Board produced an easy-to-read brochure with important emergency planning and safety tips for all parents. Drawing on local and national resources, and in collaboration with the NIH Division of Police and Division of Public Safety, the Board created this brochure for distribution at the Annual Parenting Festival. The brochure received favorable comments and is still distributed by the Division of Employee Services Child Care Office.

[A copy of this brochure is included in this report.](#)

Revised the Child Care Board Charter

The Board Charter that was signed in 2001 was set to expire in 2006. The Board undertook a thorough review of the Charter and recommitted to the Vision and Mission.

Several procedural changes were recommended to bring Board appointments and operations in line with similar NIH Boards. Specifically, the appointment process for new members was updated. The Board expanded the Charter Objectives to clarify its interest in supporting and facilitating the work of NIH communities and offices that help the parents and guardians who are primary caregivers for their children. It also added language supporting collaboration with other NIH entities.

[Copies of the 2001 and 2006 Charters are included in this report.](#)

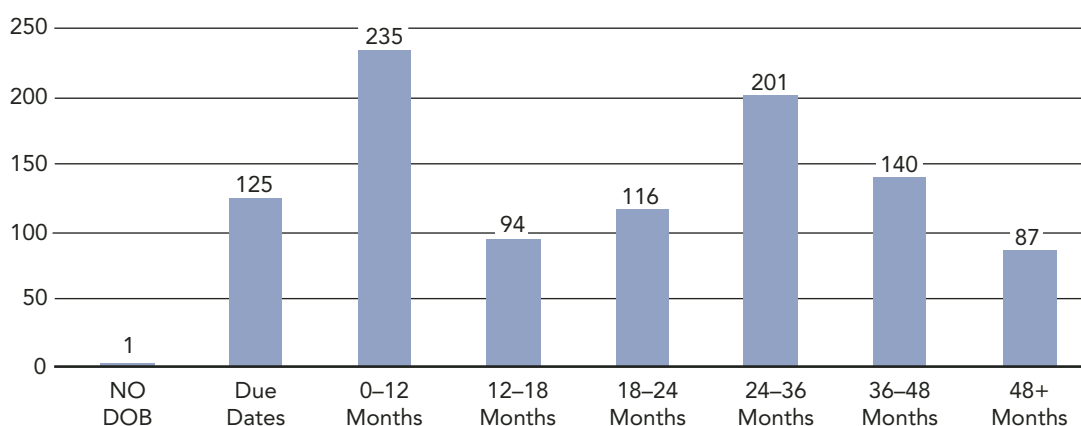




Section II: Challenges

Demand for Space in NIH Child Care Centers Exceeds Supply

There are 450 spaces in the three local NIH-sponsored child care centers. There are 999 children on the waiting list for those spaces.



Waiting List report July 15, 2006

N= 999

The number of children on the waiting list has remained constant since 2003.

Children under the age of 2 years represented 57% of the July waiting list. Care for that age is the most difficult to find and most expensive to pay for. The current cost of center-based infant child care in Bethesda, Maryland is over \$16,000 a year.

Demand for the NIH Child Care Subsidy Program Exceeds Current Funding Levels

Child care is expensive, especially in licensed and accredited child care centers like those at the NIH. In fact, it is so expensive that lower income employees are often forced to use unlicensed or low quality child care. NIH is entering the third year of a three-year pilot program to provide child care subsidies to lower income Federal employees of the agency.

Presently there are 66 children of 55 NIH employees benefiting from the child care subsidy program. There are 12 children of seven NIH employees on the waiting list for the subsidy program. The waiting list began in November 2005, and no children have been moved into the program since that date. In FY 06 the NIH doubled the funding for the program, from \$100,000 to \$198,000. The need remains and will continue to grow. Based on the current NIH Master Plan,





it is anticipated that the NIH Federal employee population on the Bethesda campus will increase from 17,900 to 22,000 by the year 2020. Some of these employees will be lower income.

As shown in the following accounts from two NIH employees, those who are fortunate enough to have their children enrolled in the NIH Child Care Subsidy Pilot Program have benefited enormously. NIH, in turn, has benefited from the employees' renewed commitment to their jobs.

“I am a single mother with three small children. I have worked here at NIH for the past two years and been a recipient of the NIH Child Care Subsidy Program for the past year. I am also one of the individuals now on the waiting list to add my third child to the program. The NIH Child Care Subsidy Program has been like an answer to my prayers. With the financial burden of trying to pay child care costs for three small children, the program has helped me be able to afford good child care for my kids. The peace of mind that having good child care provides is not able to be measured in words or money. This program is an essential part of why I would never consider leaving NIH. The assistance it provides cannot be matched anywhere, which is something that I know first hand. The more that you help your employees to thrive and be successful, the more they will do the same for you.”

– *Employee from the Office of the Director, GS 6*

“The Child Care Subsidy Program has had a tremendous affect on my family. As a single parent, it has been very difficult for me to pay for quality daycare because of the high tuition costs in Montgomery County, Maryland. However, the subsidy program has afforded me the opportunity to place my four-year-old daughter in a daycare center that has an outstanding curriculum and nurturing environment. Since I am able to place my daughter in a daycare center, my absenteeism has decreased and I am able to focus on my workload knowing that my daughter is being well taken care of. I hope the Child Care Subsidy Program will continue, so other families can benefit from this program.”

– *Administrative Assistant NIAID, GS 5*

Additional comments can be found in Attachment 1.

Current Federal Legislation Limits Creative Solutions for Child Care Issues

NIH-sponsored child care centers, even with expanded capacity, will not be able to meet all of the employee child care needs. Many NIH employees cannot afford an NIH-sponsored child care center. Some NIH employees need or prefer to use child care resources located in their home communities due to work schedules, transportation issues, cultural preferences, and family support systems. Some NIH work sites (Montana, Baltimore) with low employee populations cannot sustain a stand-alone child care center.





Some corporate organizations use innovative solutions to meet a variety of situations. One solution is the “reservation” of spaces in licensed child care centers and homes. Reserved spaces at child care programs in employees’ home communities can be a lower cost and flexible way to meet demand for care. The use of contracted back-up child care – care when an employee has an unexpected need, when regular child care is not available, and during holidays and weather emergencies – has proven valuable to businesses and other Federal agencies.

Current Federal legislation regarding child care for Federal employees does not permit NIH and most other Federal agencies to contract for reserved or priority placement with non-Federally sponsored child care providers. The Board agrees that addressing these problems of affordability and accessibility of child care requires multiple strategies, including use of both traditional and non-traditional methods. Changes in legislation could permit innovation in creating new partnerships, sharing resources and ideas, and designing and trying new methods of meeting this challenge.





Section III Board Recommendations

Establish a Permanent Source of Funding for the NIH Child Care Subsidy Program

The NIH Child Care Board recommends that the Child Care Subsidy Program be incorporated into the NIH Director’s Budget as a permanent program at the end of the pilot phase (September 2007), with a budget of \$250,000 and plans to make annual adjustments that keep pace with changes in the cost of living and cost of child care.

The need for the child care subsidy program is well documented. Of the 25 Federal agencies participating in the subsidy program, the NIH program was the only one that was fully subscribed within the first six months of operation. In fact, the demand for the program far exceeded original estimates, which were based on data from other DHHS and Federal entities. This required NIH to allocate additional funds during the second year of the pilot phase in order to maintain subsidy levels for all 50+ employees enrolled.

There are currently seven low-income NIH employees on the waiting list for the subsidy. Several of those employees have been on that list since November 2005.

The Board solicited comments about the subsidy program from current participants. Those comments, included in this report, speak eloquently to the need for and importance of this program.

Build and Lease Space for Additional NIH Child Care Centers

The NIH Child Care Board recommends that NIH leadership include a request for capital funds to construct the Northwest Child Care Center and to establish a new off-campus child care center in a leased space.

The NIH Master Plan calls for the construction of the Northwest Child Care Facility. Funding for this facility will be available in FY 2009 at the earliest – and only if NIH leadership requests these funds.

The FY 2005 ORS plan to lease space for an additional off-campus child care center was not carried out due to budget constraints. There is ample data to demonstrate the need for a leased child care facility in the Rocksprings Cluster that would serve the expanding NIH employee population in Bethesda and Rockville.





Identify Ways of Amending Current Federal Regulations that Do Not Permit Federal Agencies to Partner or Contract with Local non-Federal Child Care Facilities

The Child Care Board recommends that NIH leadership request changes in Federal Legislation specific to child care that would provide opportunities for flexible solutions to agency need.

The NIH should request modifications to the existing Federal legislation, which limits use of agency funds to facility-specific expenditures (building, leasing and maintaining space). This would permit NIH to explore ways to increase child care capacity and serve employees with a variety of child care options. The Board recognizes that new ideas and solutions may result in requests for additional funds, but these requests may prove to be more economical than the current limited options.

Support Flexible Workplace Programs and Policies that Enable NIH Employees to Meet Their Dependent Care Responsibilities

Child care centers and the child care subsidy are cornerstones of NIH's efforts to help employees with their child care needs. However, not all child care needs can be met by these programs, particularly when employees have school-aged children or cannot be served by the limited slots available at the centers and in the subsidy program. Flexible workplace programs such as alternative work schedules and telework help employees with these needs, by giving them more control over their schedules and reducing commute times. NIH policies allow employees to access these programs.

Board outreach efforts and a recent NIH-wide child care survey indicate, however, that NIH employees continue to struggle with morale issues. These concerns are exacerbated by their efforts to balance work with the "real life" issues of home and family. Employees say they are working harder and longer, and that they feel pressured to meet the demands of work and the needs of their children and families. Despite the policies and programs offered at NIH, not all employees feel they have access to needed flexibility.

NIH leadership can help improve morale and staff satisfaction by demonstrating commitment to these issues, and by working with Institute and Center leadership to ensure that all NIH employees have access to the flexibility they need.





Section IV

Board Priorities for 2006–2007

The Board Will Address These Priorities in 2006–2007:

- Complete a final evaluation of the Child Care Subsidy Pilot Program and make recommendations regarding program design and operation.
- Encourage NIH to provide additional child care facilities, constructed or leased, to meet the demand for child care of NIH employees.
- Continue to monitor, evaluate, and refine data on the NIH Child Care Waiting List to provide realistic and helpful information to NIH employees.
- Execute the Board Communication Plan: Expand board member liaison list, revise child care Web site and written materials, promote all NIH child care resources via events/articles, and link parents to as many NIH resources as possible.
- Continue to research possible child care options that could result from changes in Federal Regulation.
- Explore viable back-up child care options for NIH staff.
- Continue to support the inclusion of children with special needs in all child care programs.
- Study NIH workforce changes and their impact on child care needs/issues using NIH demographics, 2005 child care survey results, and benchmarking of other Federal agencies.
- Support programs and services that assist employees with minor children in their roles as primary care givers.

– *Approved June 8, 2006*



Attachment I Additional NIH Employee Comments

NIH Employees Comment on the Child Care Subsidy Pilot Program

I will like to start out by thanking all those who have made the NIH Child Care Subsidy possible. This program has truly been a blessing for me; I am a single mother of five children. Not only does this program help me financially but it has made it possible for me to be able to afford quality license child care. In the past I was forced to use unlicensed child care. Also because of the Child Care Subsidy I have decided to continue my career here at NIH because I feel that NIH cares about their employees and supports them by offering these great programs. I hope that in the future this program will be a permanent program here at NIH. Thank you.

– OD, GS 5

I personally think this program is great for NIH employees for several reasons. This initiative is a great way to attract other federal agency employees to become members of the NIH workforce. Also, daycare is very expensive and almost unaffordable for some of us. This benefit takes a lot of the stress off the money issue when it comes to paying for daycare. Because of the high cost of daycare many of us can not affordable to register our children in reliable, registered daycare facilities. Because of this program I have been able to register my child in an excellent daycare where my daughter has learned so much and my accountability at work has increased because I count on a very responsible daycare who is open even when the public/private schools are closed.

– NCI, GS 8

I want to write and express my thanks for the NIH Child Subsidy program. I am a single Mom and have a son that is 8 years old that requires before and after care so that I am able to work full time here at NIH. I would like to say that this program has helped me out tremendously to be able to pay for my child care fees and it also has helped me during the summer for my child to go to summer camp. I am so delighted for being able to send him there with help from the child subsidy program and it was such an easy and convenient process for this to happen. Child care can be very expensive especially for single moms and single dads. I am hoping that this program will be able to continue because I am one parent that appreciates it and I believe there other employees that need to know that there is help here at NIH if they qualify. Again thank you so, so much for the help you have given my family.

– OD, GS 7

I have been blessed by knowing that I have the opportunity to be able to come to work every-day and not worry about my 2 year old because the subsidy has really helped me out financially. Childcare is really expensive and for some of us who have to pay this expense alone as well as maintain everything else in your everyday life it means a lot. So I hope that this program will become permanent because NIH is a large Institute and I know that there are more families that could benefit from this. So I feel this program has had a very good impact on my family and work situation.

– *NICHD, GS 5*

I am a single parent with two children in daycare. My oldest is going to third grade in the fall and my youngest is three, leaving her with two more years before she can attend kindergarten. Child care is expensive, especially in Montgomery County where I reside. Raising two children, paying rent, child care, utilities, student loan, gas, groceries, and other expenses on one income is very stressful. Can you imagine having to pay \$1,096 per month in child care expenses while only making \$36, 671 yearly? Well, that was my situation last year. I fell behind in my utilities and student loan payments, because I had to pay \$1,096 monthly for child care. At one point, I was behind in child care and had to face the threat of having my children removed from their daycare because I couldn't pay the bill. Which in turn, would mean that I wouldn't have child care and that would threaten my job situation, which at the time I had just received a permanent position after being a Stay in School Student at NIH for 5 years. Since being a recipient of the NIH Child Care Subsidy, I have been able to alleviate some of my financial stress. Both of my children are now on this program, and it truly has been a tremendous blessing for my family. I am now able to pay my student loan and utilities in addition to my child care obligations and not have to worry about daycare being terminated and possibly my job. Without this subsidy, things would really be hard for my family. This program is a valuable asset to the parents of the NIH community that are able to utilize it. Not having this program would have an adverse reaction, and possibly lead to termination of child care and in worse cases employment. I feel that setting aside a permanent budget for this program is a worthwhile investment that would greatly impact a lot of people in the NIH community. Yes I am just one person, but there are tons of parents who may be in the same situation or even worse. Please take into consideration how much of a positive aspect this program is, and invest to make it permanent.

– *NIAID, GS 7*

My name is xxxxxx and I have been working at NIH for 11 1/2 yrs. I am a grade 6 and a single parent of 2 kids: a 2 yr old son and an 8 yr old daughter. For years, I struggled with commuting back and forth to work, paying my bills including daycare. My daycare used to cost me close to \$1000 a month with only a salary of \$30,000. But, with the help of the NIH Childcare subsidy program that I have been on since it first launched my daycare now cost me \$400 a month and

I'm able to pay that and still able to maintain my other bills and take care of my kids. I am asking that NIH please consider making this a permanent program because this would be a great benefit to all the single parents and all the other parents who are struggling just as much as I am. Thank you so much for your time and effort.

– *NIDA, GS 6*

The Child Care Subsidy Program has had a tremendous affect on my family. As a single parent, it has been very difficult for me to pay for quality daycare because of the high tuition costs in Montgomery County, Maryland. However, the subsidy program has afforded me the opportunity to place my four year old daughter in a daycare center that has an outstanding curriculum and nurturing environment. Since I am able to place my daughter in a daycare center, my absenteeism has decreased and I am able to focus on my workload knowing that my daughter is being well taken care of. I hope the Child Care Subsidy Program will continue, so other families can benefit from this program.

– *NIAID, GS 6*

I receive the NIH childcare subsidy since the beginning of the program. I am a single mother with 2 children, ages 8 and 13. I have been able to put my children in a safe daycare without going broke. My younger son has bipolar and ADHD and daycare has been a challenge for me since he started school. Not all daycares are equipped to deal with children who have these problems and the ones that are have been too expensive for me. I now have my son in a before and after care program and summer program that he is succeeding in. It is such a relief to have a daycare that I feel comfortable leaving my son in. NIH childcare subsidy has made this more possible for me than it was in the past.

– *OD, GS 8*

I am a single mother with three small children. I have worked here at NIH for the past two years and been a recipient of the NIH Child Care Subsidy Program for the past year. I am also one of the six individuals now on the waiting list to add my third child to the program. The NIH Child Care Subsidy Program has been like an answer to my prayers. With the financial burden of trying to pay child care costs for three small children, the program has helped me be able to afford good child care for my kids. The peace of mind that having good child care provides is not able to be measured in words or money. This program is an essential part of why I would never consider leaving NIH. The assistance it provides can not be matched anywhere, which is something that I know first hand.

As I am sure you are aware child care costs, especially in this area, are astronomical. So therefore, parents would be forced to find unlicensed providers, who charge less, to care for their children

in order to be able to afford child care. I would worry constantly about the efficiency of the child-care that my children were receiving. In order to get good service, you have to pay for it and child care is definitely an area where you can not cut corners. In addition to the difficulty I had in finding suitable child care while on the state assistance, I was also penalized when I had an additional child.

Without the NIH Child Care Subsidy Program I do not know how I would continue to work. With the cost of living and the cost of childcare rising daily, it would come down to a choice between rent or childcare.

The more that you help you employees to thrive and be successful, the more they will do the same for you.

– *NIAAA, GS 5*

As you can imagine, it is quite a struggle to support a family of four on one income. The program has made life a little more comfortable and I don't have to choose between paying child care or buying food. The program has also increased my desire to remain at NIH. I feel like a valued employee, in spite of the fact that I am not a scientist. This means a great deal to me and I have not pursued other employment outside of the Institute for this reason.

– *NIAAA, GS 9*

I am currently a grade 5, and without the child care subsidy I would not be able to send my daughter to day care. I am a single mother of two children ages 3 and 12, and it would be impossible for me to pay over \$500 a month in day care expenses.

Before the subsidy program began, I had to wake my children at 4:30am in the morning to drive more than 30 miles to drop my daughters at my parents. When this became too much of a burden on myself, and my family (not to mention the gas prices) I was forced to give up my apartment and move in with my parents. After I received the subsidy I was able to become more self sufficient and get my own place again, and my daughter is happy to be at day care learning and playing with children her age.

Even though my daughter will be school age when the subsidy program is expected to end, I will still need help with before and after care. I love my job and am proud to be an NIH employee. The subsidy program encourages me to stay focused on my work and not have to worry with child care bills, and where is the money going to come from.

Thank you for allowing me to express my feelings. I hope that the program continues, not only for me but for other families in need.

– *NCI, GS 5*

The Childcare Subsidy Program has been a Godsend for me. Even though I only receive a small subsidy each month, it has made a huge difference. I have been living from paycheck to paycheck, with crazy housing prices, extracurricular activity and outrageous childcare expenses, but the subsidy program has allowed me to put aside a small portion of my paycheck for my daughter's college fund over the last academic year. I imagine that the only reason more people don't participate in the subsidy program is that they don't know about it! Making it a permanent program with increased funding would allow more people to be able to plan for their futures rather than just scraping by. This is an incredibly helpful program that allows me specifically to spend less energy worrying about whether my child is safe, and to focus better on my duties at work. Thank you!

– *NHGRI, GS 10*

Because of the subsidy, my daughter is at a licensed learning center. I never worry about the care she is receiving and this allows me to accomplish my work tasks without interruption. Others I know who have in home providers often miss work due to provider vacations, illness, or unreliability. My daughter's daycare center is always open on my work days. Others I know also question the care their child receives and call the providers throughout the work day to check on their children or are otherwise distracted from work tasks. I sometimes visit my daughter on my lunch break, but because I love seeing her, not because I worry about her care. Because of the NIH Childcare Subsidy, I am a fully productive employee and a single mother. I don't know where I would be without it.

– *NHLBI, GS 5*

July 2006

Attachment 2 NIH Child Care Board Membership 2005–2006

Voting Members

Dr. Janet Austin, NIAMS/OCPL (Chairperson)

Ms. Christie Baxter-Espinoza, NIDA

Dr. Valerie Durrant, CSR/HOP

Ms. Monica Ellerbe-Scott, OD/NIMH

Ms. Hillary Fitis, OD/CC

Ms. Jayne Lura-Brown, NIDCR/CHPBR

Ms. Angela Magliozzi, DEA/NIAID

Dr. Richard Morris, DEA and OMO/NIAID

Ms. Kim Plascjak, NIAID

Mr. Henry Primas, CC/HFCD

Ms. Lisa Strauss, OD/OSP/OSE

Dr. Tracy Waldeck, DEA/NIMH

Ex-Officio Members

Ms. Valerie Bonham, HHS/OGC

Dr. Lynn Hudson, NINDS

Ms. Dona McNeill, NIEHS

Ms. Juanita Mildenberg, OD/ORF

Ms. Mary Ellen Savarese, ORS/DoES

Mr. Thomas Hayden, ORS

Non-Voting Center Liaisons

ChildKind, Inc.

Ms. Jaydah Wilson, Director

Parents of Preschoolers, Inc.

Ms. Paulina Alvarado, Director

Executive Child Development Center, Inc.

Ms. Anne Schmitz, Director

Attachment 3 NIH Child Care Board Charter 2006

CHARTER NATIONAL INSTITUTES OF HEALTH CHILD CARE BOARD

June 2006

VISION

The NIH Child Care Board recognizes that the quality of scientific research at the National Institutes of Health (NIH) is a direct result of the quality of the workforce.

Employer-sponsored child care and related support systems are critical to organizations that wish to attract and maintain a highly efficient and increasingly diverse workforce. The productivity and performance of parents and guardians 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 entire NIH workforce benefits from the stable child care arrangements of working parents.

MISSION

The NIH Child Care Board, hereinafter referred to as the Board, will promote affordable, accessible, and quality child care and related services for all NIH employees. The Board will advise the NIH Director regarding child care programs and issues.

OBJECTIVES

The Board aims to contribute actively and substantively to making and keeping NIH a highly desirable place to work when compared to any public or private workplace.

The success of the Board in supporting a quality workforce and accomplishing its mission depends on its ability to effectively communicate and collaborate with various communities.

The Board will:

1. Serve as an advocate for affordable, accessible, and quality child care and related services for the NIH community.
2. Serve as a forum for NIH child care issues and policies.
3. Advise the NIH Director 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.
4. Support programs and initiatives that support the role of parents and legal guardians as the first and primary care givers for children.
5. Foster collaborations to achieve its vision.
6. Develop an annual action plan to direct Board efforts to meet these objectives.

APPOINTMENT

Members will span the interests of NIH employees and their dependents and represent the diverse population of the NIH community.

Applicants shall have a strong interest in issues related to child care and programs for children and families. Employees interested in participating on the Board shall submit a nomination letter to the Director, Division of Employee Services (DOES), who shall forward a copy to the Board's voting members for review and consideration.

The Board shall provide its recommendations in writing to the DOES Director. The DOES Director will forward the nomination packet to the Deputy Director of Management, NIH for appointment consideration. The Deputy Director of Management shall notify applicants in writing of their appointment to the Board.

VOTING MEMBERS

The Board shall consist of at least 7 Federal employees, including the Chairperson and Vice Chair. Elections by a simple majority of voting members for the positions of Chair and Vice Chair 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 3 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 Deputy Director of Management, NIH.

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 Executive Secretary of the Board, the Director of the Division of Employee Services, the Director of the Office of Research Facilities, the Director of the NIH WorkLife Center, the NIH Legal Advisor, or their respective designee. Additional non-voting 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 may include the Director and the President of each Center's Board of Directors or their designees.

MEETINGS and ATTENDANCE

Regular meetings shall be held at least 6 times a year. The Chair may call additional meetings as necessary and may also call closed sessions of voting 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 continue 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.

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 in writing and/or in person to the NIH Director on the status of child care programs at NIH, identify areas of concern, and recommend actions where necessary.

The ORS Division of Employee 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, notify members of meetings, and maintain the permanent files of the Board.

TERMINATION DATE

The Board will terminate 5 years from the date this Charter is approved unless renewed by the NIH Director and re-commissioned prior to its expiration.

APPROVED

Director, National Institutes of Health

Date

Attachment 4 NIH Child Care Board Charter 2001

CHARTER NATIONAL INSTITUTES OF HEALTH CHILD CARE BOARD

May 2001

VISION

The quality of scientific research supported at the National Institutes of Health (NIH) is a direct result of the quality of the workplace. Employee sponsored child care is critical to organizations that wish to attract and maintain a high 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 Employee Services (DOES), who shall forward a copy to the Board's voting members for review and consideration. The Board shall provide in writing its recommendation to the DOES Director. The DOES 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 of 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 Employee 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 designees, and the Director of the 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 continue 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.

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 Employee 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 chapter is approved unless renewed by the NIH DIRECTOR and re-commissioned prior to its expiration.

APPROVED

Attachment 5

Draft Proposed Legislative Amendment

Amend NIH's Day Care Program Authority

DRAFT

Current Law:

Section 402(k) authorizes the Director of NIH to establish a program to provide day care services for NIH employees.

Proposal:

Modify 402(k) increase flexibility of NIH's day care program in the following manner:

(k)(1) Notwithstanding any other provision of law, the Director of NIH may establish a program to provide child 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).

(2) Any day care provider at the National Institutes of Health shall establish a sliding scale of fees that takes into consideration the income and needs of the employees.

(3) For purposes regarding the provision of child day care services, the Director of NIH may enter into rental or lease purchase agreements.

(4)(A) The Director of NIH may enter into an agreement for priority placement with a non-Federal, licensed child care facilities or planned child care facilities that will become licensed, for the provision of child care services for children of employees, trainees and guest researchers.

(B) Before entering into an agreement, the Director of NIH shall determine that child care services to be provided through the agreement are more cost-effectively provided through the agreement than through establishment of a Federal child care facility.

(C) In an agreement referred to in paragraph (1) above, may include payment for space and services and other costs associated with operating a licensed child care facility.

Rationale:

Expanding eligibility. 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. This excludes Visiting Fellows, Intramural Research Training Authority Fellows (IRTAs), National Research Services Award Intramural Fellows (NRSAs), National Research Council Fellows, Special Volunteers, and Guest Researchers. Therefore, thousands of individuals who are vital participants in the scientific work of the NIH, in training positions are not entitled to receive priority placement in the four NIH-sponsored child care centers.

Expanding eligibility would provide NIH 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.

Contracting with community-based providers for child care slots. GSA, OPM, other government agencies, and private sector experts agree that affordability and accessibility of child care facilities concern the public and private sector alike, and tackling these problems requires multiple strategies. We believe we must be innovative in creating new partnerships, sharing resources and ideas, and designing and trying new methods of meeting this challenge. Therefore, we propose a legislative changes to increase flexibility in Federal (non-DOD) child care programs.

The proposed change addresses several current challenges at NIH:

- High demand for spaces in NIH sponsored child care centers (Currently more than 1000 children on the waiting list).
- Inability of NIH to construct or lease additional child care facilities in current budget situation.
- NIH Institutes and Centers are primarily scattered around the Washington Metropolitan region making one or two specific center sites unreasonable for many employees.
- In non-urban areas where the NIH work force is disbursed (Montana, Frederick), a small single site child care center cannot be constructed an operated in a fiscally prudent manner.
- The 24/7 staffing required by research and health care employees of NIH cannot be addressed in a traditional work site child care facility without substantial agency subsidy.

There is clearly a need for more child care slots on and off campus, emergency and back-up child care, and other supports for working parents. However, Federal legislation such as the Triple Amendment, which is the current statute governing the specifics of Federal child care, limits NIH and other Federal agencies to spending appropriated funds only on capital expenses. This makes NIH unable to contract with community-based providers for child care slots and expand the range of services offered to NIH employees.

Attachment 6 Emergency Brochure for Families

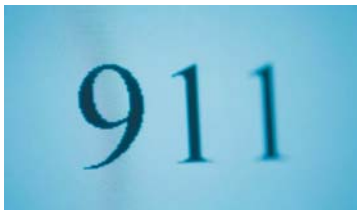
Shelter in Place

Shelter in Place or *SIP*, is when it is safer to take shelter where you are versus evacuate, it is a precaution aimed to keep you safe while remaining indoors for a short period of time. Shelter in place may be different at home versus work or school. Some suggestions for creating a shelter in place at home include:

- Choose a room with few or no windows and a secure door to serve as a shelter
 - If there is not a water supply in the room, store gallons of water there
 - Be sure that you will be able to hear neighborhood warning systems from this location
- Know how to turn off household utilities (water, gas, electric)
- Gather all family members and pets
- Close and lock all windows & exterior doors
- If there is danger of explosion, close all shades, blinds or curtains
- Turn off all utilities, fans, heating and A/C systems
- Close fireplace damper
- Gather family disaster supplies - be sure radio is working
- Listen to radio until you are told all is safe or told you should evacuate



Practice your plan!



How to best help your child deal with emergency situations:

- Have a family discussion
- Make a family plan for emergencies
- Practice your plan
- Let your child know that you trust their school or child care
- Be honest, positive and reassuring.

Take care with what you say and portray!

Additional Resources:

- American Red Cross: www.redcross.org
- Division of Emergency Preparedness and Coordination (DEPC): ser.ors.od.nih.gov/emergency_prep.htm
- FEMA – www.fema.gov
- Safety.Com: www.safety.com/checklists/family_safety_blueprint.html
- U.S. Department of Homeland Security: www.ready.gov/kids/index.html



Families: Preparing for an Emergency

Emergency Preparedness

No one wants to think and worry about disasters. A few simple steps will help prepare and protect your family and assure that your children feel safe and are safe.



Department of Health and Human Services
National Institutes of Health

Emergency Brochure for Families (continued)

What Would You Do In An Emergency?

Have a Plan!

Planning for separation from your child, what you should have in place

- Develop a communication plan, or emergency contact list.
 - Pick a local and an out-of-state family/friend contact person who family members can “check in” with.
- Give your child(ren) a copy of your emergency contact list to keep in their bag/book-bag (for older children you can help them memorize the list).
- Agree on a meeting place away from your home in the case of separation and a back up place as well.
- Know emergency plans (ask your child(ren)’s school or child care about their plan).
- Get the school or child care center’s emergency number.
- Be sure that your child(ren)’s school and/or childcare providers have the following information on file:
 - Work/cell/home/pager/fax numbers
 - E-mail address(es)
 - Authorization cards for other adults to pick up your child(ren)
 - Who is permitted to contact your child(ren) if you can’t

What you can do to prepare yourself and your home for emergencies

- Prepare an **Emergency Kit** that contains everything that you and your family would need for at least three to five days, including items such as:
 - Change of clothes, sleeping bag/blankets, diapers
 - First aid kit (including a 3 day supply of all necessary prescription medicines)
 - Water (1 gallon per day, per person).
 - Canned or other non-perishable food that can be eaten without cooking
 - Pet food
 - Battery operated radio (and batteries)
 - Flashlight (and batteries) and other small tools (pocket knives, manual can opener, etc.)
 - Important papers (identification, insurance, birth/marriage certificates, passports, etc.) in a waterproof container
 - Extra car keys
 - Credit card, cash or travelers checks
 - Extra pair of eyeglasses
 - Children’s toys and games
 - Prepare same kit for your vehicle



If you have children enrolled in child care or school – you need to know...

The Center’s Emergency Plan:

- What happens if they experience:
 - A “Shelter In Place” (SIP) situation (*see back panel*)
 - A facility evacuation
 - A lock-down because of an outside threat
 - A power outage
 - A hazardous materials emergency
 - Water or heat loss
 - A bomb threat or suspicious article/message/person
 - A missing child
 - A relocation to another site

Questions to ask your child care provider about their emergency plan:

- What happens if the shelter issues a ‘shelter in place?’
- How will parents be notified in an emergency situation?
- What is the process of evacuation?
- Do they have an emergency e-mail notification system

Get a copy of your center’s plan