# Assessment of the National Institutes of Health (NIH) Child Care Services Program

## Final Report

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# EXECUTIVE SUMMARY

IMPAQ International, LLC, was contracted by the National Institutes of Health (NIH) to conduct an assessment of NIH's child care programs, services, and resources. This assessment included:

- Literature review of child care return-on-investment articles
- Conduct of interviews with NIH stakeholders
- Review of previous child care surveys conducted by NIH and other relevant reports
- Administration of a survey to NIH Parents Listserv members
- Review of postings to the NIH Parents Listerserv
- Conduct of a benchmarking study with outside organizations.

A summary of the research questions addressed and a summary of the results are presented below.

## Key Research Questions and Summary of Results

1. ***To what extent does NIH's Child Care Services Program support the mission of science at NIH and how critical is it to achieving this mission?***

The data collected and documents reviewed as part of this study provide solid evidence to support the value of child care services in helping NIH employees to accomplish the agency's mission. The majority of the NIH community, both with and without children, felt that access to high quality, accessible child care programs and resources provides a sense of stability for parents and results in increased employee productivity. For example, 65% of parents with children at an NIH-sponsored child care center experience reported that they have fewer absences due to child care issues and 67% also experience less stress related to child care issues. The availability of on-site or near-site child care allows parents to stay focused on the research they are conducting, rather than having to worry about child care concerns.

2. ***What role does the provision of child care services play in employee decisions to join and continue their employment with NIH?***

The findings of this study strongly suggest that the availability of child care services plays a key role in the recruitment and retention of NIH staff. Results of the employee survey indicated that 37% of those surveyed indicated that the availability of child care programs at NIH impacted their decision to join the organization, while 67% indicated that it impacts their decision to continue their employment with NIH. They results are consistent with those from the literature review which consistently found that the availability of affordable, employer-sponsored child care has a significant impact on employment decisions.

3. ***What are the greatest strengths and weaknesses of the NIH child care services program and how has the child care services program improved over time?***

One of the greatest strengths of NIH's child care services program is the high quality of the NIH-sponsored child care centers. NIH survey and interview results found that most participants

believe that the level of quality at NIH-sponsored child care centers is very high as compared to other child care options available to them.

A second area that was seen as a strength and an area of improvement in the NIH child care services program was the implementation of the child care subsidy program. An evaluation of the results of the Pilot program indicated that the Pilot was successful in providing support to those NIH employees most in need, allowing them to obtain licensed child care services at a lower out-of-pocket cost.

Another area of improvement has been the transparency of the wait list process. The survey results in 2005 reflected some improvements in this area, as a greater percentage of survey respondents in 2005 indicated that they had been contacted by waitlist staff (66%) than those participating in the 2001 survey (51%).

The major perceived weaknesses of the child care program are the relative scarcity of child care slots at NIH-sponsored on-site and near-site child care facilities and the perceived affordability of the child care programs sponsored by NIH. This was a theme that emerged from all of the data sources reviewed as part of this study.

***4. Are NIH's child care services program offerings competitive with other organizations trying to attract similar types of employees?***

NIH's child care program is among the top programs being offered by the benchmarked organizations. Its key strengths are the number of centers it offers and the number of child care slots that are made available to NIH employees. However, NIH's program is at about the same level as most of the benchmarked organizations on key program elements and is behind relative to providing back-up child care and offering short-term disability for maternity leave coverage, as well as its inability to meet the high demand for child care center slots.

***5. Based on the findings and analysis of related research, how can the program continue to meet the needs of its staff and better support NIH's mission?***

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

If NIH is to regain its "cutting-edge" status in the child care area, it will need to invest additional resources in establishing new programs, such as providing back-up child care, providing increased compensation to women while they are on maternity leave, and perhaps contracting with community-based child care centers to allow for more employees to take advantage of nearby child care centers for their children.

# ASSESSMENT OF THE NIH CHILD CARE SERVICES PROGRAM – FINAL REPORT

## 1. Introduction and Overview of the NIH Child Care Program

The National Institutes of Health (NIH) serve approximately 30,596 employees at various Institutes and Centers in medical, scientific, and research occupations across the country. NIH's employees focus on and support research efforts with the goal of making important medical discoveries that improve health and save lives. With such a critical mission, it is important that NIH attract and retain the best pool of human talent.

The NIH Office of Research Services (ORS), Division of Employee Services (DOES) is responsible for developing, implementing, and overseeing tools that will lead to NIH's ability to recruit and retain the most highly qualified employees. One of NIH's tools for recruiting and retaining the best and brightest employees is the provision of child care services.

With the cost of living continuing to rise, there is an increasing necessity for dual-income households. "Between 1999 and 2005, the overall cost of living has increased between 21% and 27% for families in the District of Columbia, from 32% to 51% in Montgomery County, Prince George's County, Arlington County, and Alexandria City, and from 43% to 68% for families in Fairfax County."[1] The implication for dual-income households is that there is a paramount need for high quality, affordable, and easily-accessible child care. For over 30 years, NIH has been committed to supporting that need by offering a broad array of child care services to NIH staff.

Many organizations and industry reports have stated that the provision of child care services offer high value to both the organization and to its employees. For example, the report entitled, "*Attraction and Retention: The Impact and Prevalence of Work-Life & Benefit Programs*" by WorldatWork stated that "25 percent of organizations surveyed that offer on-site child care programs rated it as having a high impact on attraction (41 percent) and retention (43 percent)."[2]

Through this study, NIH seeks to evaluate its child care programs, services, and resources to determine potential impacts on its organization, culture, and employees. To conduct this study, IMPAQ International, LLC (IMPAQ) was contracted by NIH to collect and analyze data that will provide information on the effectiveness of the existing programs, resources, and services, as well as the program's needs for continued competitiveness with other child care services.

[1] *Building Self-sufficient Families: Housing in the District of Columbia*. Document produced by Wider Opportunities for Women.

[2] *Attraction and Retention: The Impact and Prevalence of Work-life and Benefit Programs*. Research Report produced by WorldatWork, October 2007.

This Report presents the research findings of existing administrative data and survey data, as well as finding from the newly-collected survey data, stakeholder interviews, and benchmarking study. This report provides a snapshot of NIH's current child care services program, its progression over time, and the perceptions of the program amongst NIH shareholders.

## 1.1 Study Objectives

Thirty-four years ago (in 1973), the doors to the first NIH child care facility were opened, as the Parents of Preschoolers, Inc. (POPI) began serving 18 children. Since that time, NIH has established two additional child care facilities in the Bethesda, MD area: ChildKind Inc. and the Executive Child Development Center, Inc. These three centers collectively serve over 450 children. NIH also co-sponsors a child care center with the Environmental Protection Agency (EPA) in North Carolina, the First Environments Early Learning Center. This study, however, focuses only on the child care centers, programs, and services provided to NIH employees working in its Maryland-based offices.

At this stage of the NIH's child care services program's life-cycle, it is important for NIH to analyze existing data and obtain new data to assess the effectiveness of the program. Specifically, the objectives of this study are to:

- Determine the NIH child care services programs' return on investment (ROI) to NIH
- Assess the current state of the child care services program
- Benchmark NIH's child care program against others deemed "best in class"
- Determine the future needs of NIH's child care program
- Develop recommendations for program improvements.

To support these objectives, five principal research questions were used to guide project activities:

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

## 1.2 Overview of Child Care Programs, Services, and Resources Offered

In an effort to support the expansive child care needs of the NIH community, NIH's child care services program includes many offerings. It is comprised of on-site and near-site child care centers, a child care center wait list, a child care subsidy program, resource and referral services, a Parent Listserv, and lactation support.

***Child Care Centers***. NIH sponsors three child care centers in the state of Maryland: The Executive Child Care Development Center (ECDC), Parents of Preschoolers, Inc. (POPI), and ChildKind, Inc. ECDC is an off-site center serving 261 children ages 6 weeks through 12 years of age. ECDC additionally offers before- and after-school care to include homework assistance. The POPI child care center is situated on-campus at NIH and serves 153 children ages 6 weeks through 6 years. Finally, ChildKind, Inc. is the smallest center, located on NIH's main campus, serving infants and toddlers ages 6 weeks to 3 years. All of the centers provide an interactive curriculum that allows for growth and development of the children. The three centers are accredited by the National Association for the Education of Young Children (NAEYC) and are all licensed by the State of Maryland's Department of Education. Each individual center is a non-profit, private corporation managed by a volunteer Board of Directors.

***Child Care Center Waitlist***. To assist with the NIH (Maryland-based) child care center enrollment process, NIH sponsors the NIH Child Care Waitlist. The wait list is administered and monitored by the NIH contractor, LifeWork Strategies. LifeWork Strategies upholds the equitable treatment of all wait list persons to ensure fair enrollment into the child care centers, as well as provides resources and quarterly updates to those on the waitlist.

***Child Care Subsidy Program***. The Child Care Subsidy Program, which started out as a pilot program in 2005, was recently implemented as a permanent program in 2007 to provide affordable, quality child care assistance to Federal NIH employees. The Child Care Subsidy Program, administered by the Federal Employee Education and Assistance Fund (FEEA), serves NIH employees with a family income of less than or equal to $60,000 per year. This subsidy program provides NIH employees discounts of 10%-50% on child care costs at licensed and regulated child care centers. Contractors and NIH fellows are not eligible for this benefit due to Federal regulations.

***Resource and Referral Services***. The NIH Work/Life Center, which was established by NIH's Office of Human Resources (OHR), offers NIH employees free referrals to various types of child care services. Child care specialists work with NIH employees to meet their child care and parenting needs. A specialist is available to research issues for employees and assist them in making informed decisions. Resources and referrals include:

- Family child care
- Child care centers
- Before- and after-school care
- Nanny and au pair placement agencies
- Summer camps and programs

- Back-up, emergency, temporary, or sick child care
- Childbirth classes
- Parent groups.

The Child Care Resource and Referrals service also provides:

- Personal guidance from a child care consultant
- Information to assess a child's physical, social, emotional and intellectual development
- Tip sheets, handbooks and other tools for evaluating options.

Additional resources offered by NIH (on its child care website) include a link to a list of all Federal Child Care centers, an annual Summer Camp Guide for the Metropolitan area, and additional links regarding children's activities, education, health, and safety.

***Parent Listserv***. The Parent Listserv is an interactive e-mail list that includes approximately 790 parent subscribers. This listserv is an open venue where parents and guardians can share advice, ask questions, and discuss topics relevant to child care and parenting. Topics typically addressed include recommendations or information on nannies and day care issues, education, children's health issues, and balancing work-life issues.

***Lactation Support***. The Lactation Program provides support to new nursing mothers. The program offers use of on-site lactation rooms, prenatal counseling, various workshops on lactation, and lactation consultants.

In addition to its child care services program offerings, NIH also has other family-friendly policies to support working parents. Some of the additional work-life balance offerings include job sharing, part-time schedules, alternative work schedules, and flexi-place telecommuting policies. These offerings are designed to support a flexible work environment needed by many working parents and guardians.

***Child Care Services Program Annual Budget***. According to information provided by the NIH Project Officer, the annual operating budget for the child care services program is $1.67 million. These costs include funding for rental of space at the three NIH-sponsored child care centers, the costs of the child care subsidy program, the waitlist management contract, and program administrative costs. A summary of the FY 2008 annual budget expenditures for the child care services program is presented in Table 1.

**Table 1: NIH Child Care Services Program FY 2008 Operating Budget**

| Cost Element | Annual Cost |
|---|---|
| **Child Care Centers Rent/Space Costs**<br>- Executive Child Care<br>- POPI<br>- Childkind | **$1,069,168** |
| **Child Care Subsidy** | **$300,000** |
| **Waitlist Management Contract, Outreach, Special Events, and Summer Camp Fair** | **$65,000** |
| **Program Administrative Costs** | |
| - Staff Costs | $166,000 |
| - All Other (e.g., training, supplies, equipment, repairs, and service agreements) | $69,000 |
| **Subtotal Costs** | **$235,000** |
| **TOTAL** | **$1,669,168** |

[Source: Data provided by the NIH Project Officer]

It should be noted that all of the operating expenses for each of the three child care centers (e.g., salaries, other direct expenses) are paid for through the enrollees' tuition costs. Other than rent/space costs, which are paid for by NIH, the child care centers are self-supporting.

## 2. Study Methodology

The methodology employed in this study included in-depth analysis and synthesis of various existing data, coupled with the development, collection, and analysis of new data. To gain a comprehensive view of the overall program, the effectiveness of the program, the environment of the organization and its staff, the needs of stakeholders and the perception of the programs offerings, several data collection methods were employed.

### 2.1 Data Sources

The following data sources were reviewed and analyzed as part of this phase of the study:

- ***Literature Review*** – Several articles and key surveys were reviewed pertaining to the child care support and other work-life benefits as they affect the performance of an organization and its employees. This analysis will allow us to make recommendations for improvement to services provided at NIH and extrapolate the effect of improved child care services on the performance of NIH as a cutting edge research institute.

- ***Administrative Data*** – Administrative data were used to develop a demographic profile of NIH employees, including information on work location, salary levels, and age distribution.

- ***Stakeholder Interviews*** – Stakeholder interviews were conducted with four NIH stakeholders identified by the NIH Project Officer. Stakeholders include both men and women, clinical staff and scientists, previous fellows, and tenured employees. IMPAQ staff developed an interview protocol that focused on three primary areas: organizational issues surrounding the provision of the child care services program, personal benefits of the NIH child care services program, and improvement of the NIH child care services program. Each interview lasted one hour.

- ***2001 and 2005 NIH Child Care Surveys and 2006 Fellows Survey*** – The Office of Research Services (ORS) developed and conducted two waves of the NIH Child Care Survey – first in 2001 and then again in 2005. A child care survey was administered by the NIH Fellows Committee (FELCOM) in 2006.

- ***Evaluation Report of the NIH Child Care Subsidy Pilot Program*** – This report, prepared by the NIH Child Care Board, evaluated the results of the NIH child care subsidy pilot program, which ended in April 2007.

- ***2007 Listserv Member Survey*** – IMPAQ developed a brief survey regarding the use and perceptions of the child care services offered by NIH, as well as the satisfaction with the services being offered by NIH to its employees. The survey was sent out to subscribers to the interactive NIH Parents Listserv.

- ***Review of NIH Parent Listserv Postings*** – An examination of the NIH Parent Listserv was conducted to provide additional information on the needs that are being addressed and met through the online collaboration of the parents on the listserv. This data was used to identify the most widely addressed topics, as well as document the level of activity of the listserv.

- ***Benchmarking of NIH's Child Care Program Against Other Organizations*** – Descriptive data on key child care program elements from twelve Federal government, university, and private sector organizations was collected and compared to NIH's child care program, services, and resources.

## 2.2 Study Limitations

This multiple-method approach allows for a full, comprehensive, and balanced interpretation of the data. However, there are several limitations to the study that should be noted.

As this is the first study of its kind of the NIH child care services program, this project has very limited numerical and fiscal data on human resource returns and costs, including absenteeism data, recruitment data, and retention data. For this study, we instead have utilized a softer definition of return on investment to include the intangible costs and benefits, such as satisfaction and perceptions of the services offered. We have also utilized data obtained from industry literary sources to draw on industry statistics of the general ROI of work-life benefits, specifically child care services, and draw inferences for the NIH employee population.

Second, this assessment focused on NIH employees located on its Maryland campuses. The needs of employees located in other areas were not assessed in this study. Except for the NIH Parents Listserv, which is open to all NIH employees, all of the data collected was from individuals whose work locations were in the Bethesda-Rockville, MD areas.

Third, neither the stakeholder interview participants nor the respondents to the Listserv Member survey were drawn from a representative sample of NIH employees. Interviewees were selected by the NIH Project Officer, while the survey was completed on a voluntary basis by Listserv members, who have already self-selected themselves as being interested in child care issues. Thus, the views represented by both the interviewees and the survey respondents may not be fully representative of the entire NIH employee population.

# 3. Literature Review

More and more organizations are recognizing the need for family-friendly work environments as a means of better supporting working parents. In this section, we summarize key reports and articles that address the impact of organization-sponsored child-care services on employee attraction and retention, the need for child care assistance for graduate researchers, and the ROI of child care services on organizational variables of interest. Using this literature review, we can draw parallels that aid in our assessment of the child care services provided by NIH to its employees.

## 3.1 Child Care Services' Impact on Attraction and Retention

The Alliance for Work Life Programs' *WorldatWork Survey Report* indicated that a majority of the respondents to the survey acknowledged that reward programs beyond total compensation and including child care services are required to attract, retain and motivate employees. While paid vacation and medical plans were most highly ranked among the benefits needed to retain employees, child care was also ranked high in the list. Other dependant care programs, such as flexible spending accounts, were also seen as improving the retention and turnover rate of the organizations.

The WorldatWork Survey Report, the report summarized the perceived impact on attraction and retention of the following child care-related programs and services: on-site child care, dependant care referral and resource services, emergency backup dependant care services, mothers' privacy lactation rooms, and adoption assistance services (see Table 2).

As can be seen, providing on-site child care facilities was perceived by survey respondents as having the strongest impact on attraction and retention of employees, as compared to the other child care services that were evaluated. Seventy-eight percent (78%) of respondents felt that providing on-site child care facilities had a *moderate* or *high* impact on the attraction of employees, while seventy-six percent (76%) felt that it had a *moderate* or *high* impact on employee retention. The child care service which was rated as having the second largest impact on attraction and retention was the provision of emergency back-up dependent care services, for which forty-two percent (42%) of respondents felt it had a *moderate* or *high* impact on attraction and fifty-one percent (51%) of respondents felt it had a *moderate* or *high* impact on retention. It

should also be noted that despite respondents' perceptions of the impact of providing these child care services on attraction and retention, for the majority of services offered, less than half of the organizations participating in the study offered the services to their employees.

**Table 2: WorldatWork Survey Results (Caring for Dependants)**

| Program or Service Offered | | Degree of Impact on Attraction and Retention | | | | % of Companies with Program |
|---|---|---|---|---|---|---|
| | | High | Moderate | Low | No Impact | |
| **On-site Child Care** | *Attraction* | 41% | 37% | 16% | 7% | 25% |
| | *Retention* | 43% | 33% | 19% | 5% | |
| **Dependent Care Referral and Resource Services** | *Attraction* | 5% | 16% | 52% | 28% | 45% |
| | *Retention* | 4% | 20% | 29% | 29% | |
| **Emergency Back-up Dependent Care Services** | *Attraction* | 9% | 33% | 42% | 16% | 24% |
| | *Retention* | 12% | 39% | 31% | 17% | |
| **Mother's Privacy/ Lactation Rooms** | *Attraction* | 4% | 14% | 52% | 31% | 59% |
| | *Retention* | 5% | 25% | 46% | 24% | |
| **Adoption Assistance Services** | *Attraction* | 4% | 26% | 51% | 19% | 44% |
| | *Retention* | 5% | 25% | 52% | 18% | |

[Source: *Attraction and Retention: The Impact and Prevalence of Work-life and Benefit Programs.* Research Report produced by WorldatWork, October 2007]

Per the statistics provided in the *Benefits of Work-Site Child Care Report*, (Simmons College, 1997), approximately ninety-three percent (93%) of respondents felt that work-site child care services was an important factor when considering a change in jobs. The statistics on retention and turnover provided in the report also indicate that nineteen percent (19%) had turned down job offers, rather than lose the benefit of onsite child care. The study also indicated that eighty-six percent (86%) of parents, who did not intend to return to work after having a child, would consider doing so if the organization would provide a child care program as part of benefits package. In terms of turnover, a majority of parents (85%) said that the availability of onsite child care services would affect their decision to stay at their job.

## 3.2 Offering Child Care Benefits to Assist the Careers of Young Researchers

The article "*The Family Friendly Competition*" by Inside Higher ED discussed the recent initiatives being undertaken by leading research universities to help young academics and researchers trying to launch their careers while caring for young children. The universities are aware of the dilemma faced by faculty and staff at the early stages of their career, as they try to balance their work schedules with the hectic demands of caring for their young children. Keeping in mind the importance of family-friendly policies and the need for maintaining a work-life balance, the institutions have plans to open additional on-campus child care facilities which would cater to the needs of the growing population of young faculty and graduate students, who

under the policies of certain universities would be eligible to take advantage of these child care facilities.

These university initiatives are of important significance for NIH, since universities are often the primary competition for NIH when attracting fellows and researchers. Assuming that the demographics of employees at NIH are similar to those at leading universities, it is vital that NIH realize the potentially high ROI by providing child care services and family friendly policies similar to the universities described in the article.

### 3.3 Impact of Child Care Programs on Overall ROI

The Bright Horizons report on the *Benefits of Employer Sponsored Care* suggests that child care programs can generate a powerful ROI. According to the report, by driving down turnover, reducing absenteeism, and increasing productivity on the job, child care and work/life programs are not only an investment in employees, but also "an investment in the success of the company."

The study also indicated that availability or lack thereof of child care facilities directly influences the absenteeism rate of an organization, as well as the performance and productivity of employees. The report estimates that, on average, parents miss about 4.3 days every six-months and about 65% are either late or leave work early for child care related issues. In terms of job satisfaction and performance, a study conducted by Dupont in 1995 suggested that an organizations' most dedicated employees are those who take advantage of work/life programs and options that the organization provides to its employees. These employees are so appreciative of these services that they are "more likely to go the extra mile" for their organization.

According to the *Personnel Journal*, the estimated full cost of turnover for a firm is 1.5 times the annual salary of the employee leaving the firm plus an additional 0.75 times the salary of the new employee hired. These numbers clearly indicate that reducing turnover through providing onsite child care facilities would directly affect the organization's bottom line.

Furthermore, "*The Family Friendly Competition*" article is clear to point out that provision of child care services is becoming increasingly important for organizations and is being seen as a key factor for organizations and institutions to maintain their competitive edge and attract talent from the market.

These results suggest that providing on-site child care services provides a high value to employees and a high ROI for the organization offering these services. Providing on-site child care facilities helps to retain and also attract top talent and, on the whole, supports the organization in achieving its goals. With changing workforce demographics, it is important for organizations to continue to dedicate resources towards providing effective child care services to their employees, a large percentage of which are young parents in need of assistance from work/life programs.

# 4. Description of the NIH Employee Population

In this section, we provide an overview of the NIH employee population in terms of the number of employees by location, salary levels, and age distribution of employees.

## 4.1 Number of Employees by Work Location

Table 3 below presents a summary of the number of NIH Federal employees by work location. As can be seen, the majority of NIH employees are located on its Bethesda campus (60%), with an additional twenty-eight percent (28%) being located at other Bethesda/Rockville locations nearby. Approximately twelve percent (12%) of NIH Federal employees work in other locations, including Research Triangle, NC (4%), Baltimore, MD (4%), Fort Detrick, MD (3%), and Montana (1%).

**Table 3: Number of NIH Employees Per Site**

| Site | # of Federal Employees | % of Total Employees |
|---|---|---|
| Bethesda Campus | 18,222 | 60% |
| Other Bethesda/Rockville Locations* | 8,466 | 28% |
| NIEHS (Research Triangle, NC) | 1,523 | 4% |
| Johns Hopkins Bayview (Baltimore, MD) | 1,251 | 4% |
| Frederick Cancer Research Center (Fort Detrick) | 861 | 3% |
| Rocky Mt. Laboratory (Montana) | 273 | 1% |
| **TOTAL** | **30,596** | **100%** |

[Source: 2006 NIH Census]

* - Includes the Executive Boulevard and Rock Spring Park Cluster facilities

## 4.2 Salary Levels of NIH Employees

Due to the nature of the work being performed by NIH employees, which is highly scientific and technical, salary levels of NIH employees are quite high relative to those of most other organizations. Table 4 below presents a summary of the salary levels of employees located at the Bethesda NIH campus.

**Table 4: Salary Levels of NIH Employees (Bethesda NIH Campus Only)***

| Employee Salary Level | # of Employees | % of Employees |
|---|---|---|
| $20,000 - $40,000 | 1899 | 10% |
| $40,000 - $80,000 | 7542 | 41% |
| $80,000 - $100,000 | 3276 | 18% |
| $100,000 - $150,000 | 4436 | 24% |
| More than $150,000 | 1027 | 6% |
| **TOTAL** | **18180** | **100%** |

[Source: NIH PATCO Data]

* Salary data for employees based at other NIH locations was not made available to the researchers. It should also be noted that the number of employees are slightly different from those presented in Table 3 above, as data were collected from different points in time.

As can be seen from the table, almost half of the NIH workforce has a salary of $80,000 or greater (48%). The range in which the highest numbers of employees fall is $40,000 - $80,000 (41% of employees).

## 4.3 NIH Employee Age Levels

Table 5 below presents a summary of the age distribution of NIH Bethesda Campus-based employees. Of particular relevance for this study, as these ages are the typical child-bearing and child-raising years, thirty percent (30%) of employees are 40 years old or younger, while another thirty-two percent (32%) of employees are aged 41-50.

**Table 5: Age Distribution of NIH Employees (Bethesda NIH Campus Only)***

| Employee Age Levels | # of Employees | % of Employees |
|---|---|---|
| 11 - 20 | 94 | 1% |
| 21 - 30 | 1207 | 7% |
| 31 - 40 | 3927 | 22% |
| 41 - 50 | 5739 | 32% |
| 51 - 60 | 5286 | 29% |
| 61+ | 1927 | 11% |
| **TOTAL** | **18180** | **100%** |

[Source: PATCO Data]

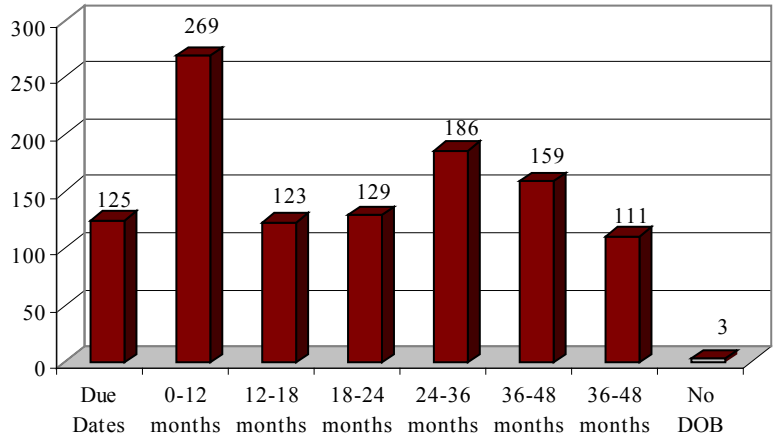
* Data on the age of employees based at other NIH locations was not made available to the researchers. It should also be noted that the number of employees are slightly different from those presented in Tables 3 and 4, as data were collected at different points in time.

## 5. Analysis of the NIH-sponsored Child Care Center Waitlist Data

NIH currently contracts out management of its waitlist to LifeWork Strategies, Inc. Each quarter, they prepare a *Waitlist Management Report* summarizing the current status of the NIH-sponsored child care center waitlist. This section summarizes some of the key statistics relating to the waitlist included in the April 1, 2007 – June 30, 2007 report, prepared on July 19, 2007, which was the most recent report made available to this study.

***Age of Children on the Waitlist.*** As of the end of June, 2007, there were a total of 1,105 children on the waitlist. The breakdown of children by age is presented in Exhibit 1 below. As can be seen, infants aged 0-12 months represent the largest number of children on the waitlist.

**Exhibit 1: Age of Children on the Waitlist**




[Source: April – June 2007 Waitlist Management Report, LifeWork Strategies, Inc.]

***Average Length of Time on the Waitlist.*** According to the April-June 2007 Waitlist Management Report, for those children who have not yet been enrolled and have either current or future desired dates of enrollment, the number of days on the waitlist range from between 144-155 days and 962 days (2.6 years), with the average number of days waiting ranging from 495 to 521 days (almost 1.5 years).

For those children who have been placed at one of the centers, the average wait time ranged from 477 days (1.3 years) to 659 days (1.8 years). The *maximum* wait time for enrollment was 5.3 years for a space in ECDC, 4.16 in POPI, and 3.8 in ChildKind.

***Demographic Data of the Children on the Waitlist***. The April-June 2007 Waitlist Management Report indicates that the majority of children on the waitlist are from Montgomery County, MD (77%), followed by Washington, DC (6%), Prince George's County, MD (4%), and Fairfax County, VA (3%), with the remaining children on the waitlist (10%) coming from other local jurisdictions.

# 6. Stakeholder Interview Results

IMPAQ International staff conducted interviews with four NIH-identified stakeholders. These stakeholders were:

- Dr. Amy Adams, Special Assistant to the NIH Director
- Dr. Alfred Johnson, Director of the Office of Research Services
- Ms. Hillary Fitilis, Deputy Chief Operating Officer for Workforce Management (representing the NIH Clinical Center)
- Dr. Lynn Hudson, Director, Office of Science Policy Analysis (representing Women Scientists)
- The NIH Child Care Board.

The data collected from these stakeholders was designed to provide qualitative perceptions of NIH child care programs and services. Stakeholders shared their opinions of and experience with the programs, as well as their recommendations for improvements. Key themes emerging from the stakeholder interviews are presented below.

## 6.1 Role of Child Care Services in Fulfilling the Organizational Mission

When assessing child care services at a leading research institution such as NIH, the question often raised is how important a role does child care and other family work-life programs have in promoting and fulfilling the overall mission of the organization. Stakeholders at NIH who were interviewed as part of this study felt that child care services, among other family friendly policies, are crucial in promoting the overall mission of NIH; however they emphasized that in its current form, child care is not being given enough support and needs to be given a higher priority.

There was a consensus among stakeholders that providing additional child care programs, especially more on-site child care centers, would help attract new talent and retain current employees at NIH and also have a positive effect for NIH as a whole by reducing the absenteeism rate and increasing employee productivity. The participants felt that because NIH competes with leading research institutes and universities for talent, NIH needs to acknowledge the role that child care support plays in retaining its talent and maintaining its market edge.

## 6.2 Demand for Child Care Services

The interviewees emphasized that the on-site child care facilities at NIH were a "hot commodity," with employee demand far surpassing the supply of child care slots available. An inherent problem of such a high demand is a long waiting list, which all participants stressed is a matter of concern. They suggested that resources should be directed to shorten the list and provide additional child care and alternate services to NIH employees, to include additional slots and partnerships with other child care centers.

While alternative child care solutions and assistance were viewed as being helpful, interviewees also highlighted the particular value of adding more on-site child care slots. According to interviewees, on-site child care decreases the compounded stresses of dealing with traffic concerns, increases parents' ability to reach the child in a crisis, and helps to balance work-life priorities. Overall, stakeholders noted that on-site child care allows staff to focus more on the mission of research by providing them with piece of mind about their children.

### 6.3 Major Perceived Challenges

While all of the stakeholders agreed that child care center offerings are an essential asset to NIH for those able to secure a slot, they noted that there are still other challenges that the stakeholders would like to see addressed. These challenges include the high costs of child care, the relative scarcity of child care slots in comparison to the need, and a lack of awareness of program offerings.

Interviewees stressed that the cost of child care services provided by NIH-sponsored child care centers should be given a serious review. The costs were reported to be high and especially burdensome for the fellows and junior scientists whose pay scales do not allow them to afford such child care services. It should also be kept in mind that fellows and junior scientists represent a large percentage of the research staff at NIH. At present, NIH has a Federal subsidy in place to help reduce and share the burden of child care costs; however, fellows and international scientists are not eligible for the subsidy program, which is limited only to Federal employees. The current subsidy and assistance program also has an income cap of $60,000 per year. With this eligibility requirement, relatively few employees are able to take advantage of the program.

As described above, interviewees also indicated that the small number of on-site or near-site child care facilities being offered by NIH is a serious challenge. The waitlist for child care slots is long and employees are often frustrated by their inability to obtain a slot for their children at NIH-sponsored child care centers. Several of the interviewees spoke to the need for making additional slots available.

Interviewees also viewed lack of employee awareness of the child care programs, services, and resources offered by NIH as another challenge. Interviewees noted that it is difficult for NIH staff to obtain the information they need on available child care programs and services. Interviewees felt that because these scientists are often highly focused on the research they are conducting, that it is very difficult to get them to pay attention to issues and offerings that may not be relevant to them at the time. The difficulty then arises when child care issues do become relevant and they do not know how to access the information they need. Interviewees suggested that NIH provide information packets on all available child care programs, services, and resources to those scheduling maternity leave or FMLA, as well as provide monthly informational workshops on the programs, services, and resources offered to parents.

### 6.4 Benefits of the Child Care Programs, Services, and Resources

Interviewees who had children were asked a series of questions regarding their personal experiences with NIH-sponsored child care programs, services, and resources. While they did experience some challenges relating to the existing NIH child care services and programs, the parents that have had the opportunity to utilize the services agreed that they are very helpful and add to their ability to better function in their organizational roles. The participants stressed that the main strength of the services provided at NIH was the quality of child care, which they ranked among the top programs in the area. For those that have been able to secure child care at NIH-sponsored on- and off-campus sites, they felt that the convenience is beneficial and that the quality is outstanding. The parents that were interviewed as part of this study were very satisfied with the environment, staff, and curriculum of each of the child care centers.

Those persons who were not able to secure a slot at NIH-sponsored child care centers mentioned that they have used the other child care resources such as the NIH Parent Listserv, waitlist, and Work/Life Center for information and referrals. Specifically, stakeholders found the Work/Life Center's resources and referrals helpful in meeting needs for alternate child care, as well as identifying summer camps and nannies. This resource has also been helpful in offsetting the inconvenience of the long waitlist. While the waitlist is very long, respondents report that the updates, follow up, and fair practices add value to the process.

### 6.5 Recommended Improvements to the Child Care Services Program

In addition to providing additional on-site child care facilities, the interviewees thought it would be beneficial for NIH to promote and sponsor more family-friendly and dependant care programs that would further strengthen employee commitment and work towards making NIH a sought after organization for work. Among the benefits that interviewees mentioned were: lactation programs, flexible work schedules, job sharing, mentoring programs for new parents, and an expanded voluntary leave bank program to include all Federal employees, even those that were recently hired.

In addition, interviewees mentioned that only about 40% of women fellows graduate from the fellows program, and that even fewer continue on a tenure track at NIH. Interviewees believe that introduction of a maternal/paternal leave policy would help improve their retention significantly. Currently, NIH has a 'turn back the clock' program for tenure track staff (whereby time taken off for child-related reasons does not count toward the time in which they are given to obtain tenure), which is advantageous. Interviewees felt that offering similar benefits for NIH fellows would help to improve NIH's position in the job market as they compete to attract talent.

## 7. 2001 and 2005 NIH Child Care Surveys and 2007 Fellows Survey Results

NIH administered surveys to its employees in the Washington, DC metropolitan area regarding its child care programs and services in 2001 and 2005. In 2007, a survey was also administered to NIH fellows by NIH FELCOM. The work locations of respondents to the NIH Fellows Survey were not reported. A summary of the results from each of these surveys is presented below.

## 7.1 2001 and 2005 NIH Child Care Survey Results

In 2001 and 2005, ORS administered surveys to the NIH community to determine the impact of the child care services program on the retention and recruitment of talented NIH staff and to assess the child care needs of the NIH community. For the 2001 wave of the survey, approximately 22,000 employees were invited to participate, with 1,441 respondents completing the survey, for a response rate of 6.6 percent.

In 2005, 29,552 respondents were invited to participate in the survey, with 2,600 completing the survey for a nine percent (9%) response rate. While these response rates are low, not all of the NIH population has a vested interest in child care related issues. This report summarizes the FY 2001 results in comparison to the FY 2005 results, where possible.

***Utilization of NIH Child Care Services and Resources***. Respondents to both the 2001 and 2005 surveys were asked to provide information on the NIH-provided child care services that they had previously used. These results are presented in Table 6 below. It should be noted that individuals were allowed to indicate all of the services and resources that they had used, so the percentages are not additive.

**Table 6: NIH Child Care Services and Resources Used**

| Services and Resources | 2001 Survey Results % Using the Service or Resource | 2005 Survey Results % Using the Service or Resource |
|---|---|---|
| Work/Family Life Center | 34% | 22% |
| Alternative Work Schedules | 21% | 13% |
| Telecommuting | 10% | 10% |
| Part-time Work Schedule | 9% | 6% |
| Classes/Workshops/Seminars | 7% | 6% |
| Job Sharing | 0% | 0% |

As can be seen from the table, there was a drop-off in the percentage of survey respondents who indicated that they used the Work/Family Life Center (-9%) and had Alternative Work Schedules (-8%). The percentage of survey respondents using the remaining services and resources were about the same across the two survey periods.

***Satisfaction with the NIH-sponsored Child Care Centers***. In both the 2001 and 2005 surveys, respondents whose children were enrolled in NIH-sponsored child care centers indicated a high level of satisfaction with the quality of the centers. The centers received high ratings for location, staff professionalism, warm and caring staff, child health and safety, and hours of operation. The only area that did not receive a high rating was affordability, as survey respondents felt that the NIH-sponsored child care centers were expensive.

When respondents who did not use the NIH-sponsored child care centers were asked why they did not use them, the responses in 2001 and 2005 were consistent. The two primary reasons provided were that the waitlist was too long and that the child care centers were too expensive.

***Return on Investment***. Respondents to the 2005 survey were asked a series of questions regarding the impact and return on investment of the child care programs provided by NIH to its employees. The results showed that the majority of respondents either *agreed* or *strongly* agreed with the statements that providing child care and parenting services is crucial for both recruiting and retaining highly qualified employees, and that it has a positive impact on the quality of the work environment.

***Recommendations for Expanded Child Care Programs and Services***. In both the 2001 and 2005 surveys, respondents were asked to provide their recommendations for expanded child care programs and services. The most frequently mentioned programs and services in both 2001 and 2005 were:

- Increased NIH-sponsored child care capacity near the NIH worksite, as well as increased child care capacity near where the employees live
- Expanded tuition assistance
- Back-up child care and summer/holiday care
- Classes, workshops, and seminars.

For both the 2001 and 2005 surveys, an increased number of child care slots was the most important need identified by NIH employees. In 2001, the emphasis was on providing child care programs near employees' homes, whereas in 2005, the majority of respondents preferred child care centers near NIH worksites.

## 7.2 2006 NIH Fellows Survey

The NIH Fellows Survey was conducted in November and December 2006. There were a total of 614 survey respondents. Of these respondents, fifty-five percent (55%) had children, while forty-five percent (45%) did not. For those fellows that did have children, only nineteen percent (19%) used NIH-sponsored on-site or near-site child care facilities. The monthly costs of child care for NIH fellows ranged from $0 – $2,000+ per month.

The results of the Survey suggest that fellows strongly believe that provision of child care services has an impact on employee recruitment and retention. Specifically, the survey found that ninety percent (90%) of all fellows surveyed believe that additional access to child care would influence recruitment. Similarly, a high percentage of NIH fellows – both with children (87%) and without children (88 %) – believe that increased access to child care would positively influence retention. Seventy-two percent (72%) of fellows with children reported reduced productivity due to child care issues.

Finally, fifty-one percent (51%) of survey respondents indicated their dissatisfaction with the NIH child care system, primarily due to the long wait on the waitlist and the high cost of NIH child care. In the cover letter to the survey, the co-chairs of the survey effort suggested that NIH address the child care needs of incoming and current fellows so that it can continue to attract the most promising national and international fellows.

## 8. NIH Child Care Subsidy Pilot

The NIH Child Care Subsidy Pilot conducted by the Office of Research Services (ORS) during May 2005 through September 2007 provided subsidized child care to NIH Federal employees with a total household income of less than or equal to $60,000. The program was intended to:

- Increase employee productivity
- Increase the quality of child care provided to the children of low income employees
- Increase morale.

The child care subsidy was made in the form of a voucher payable to a licensed child care provider; be it NIH-sponsored or not. The benefits were limited to $5,000 per family per year. The subsidy was not open to NIH fellows, visiting scientists, or contractors due to Federal regulations. Guidelines for the subsidy are presented in Table 7 below:

**Table 7: Subsidy Eligibility Guidelines**

| Eligible Employees Total Adjusted Family Household Income | Percentage of the Eligible Child Care Expenses Plan will Pay |
|---|---|
| $30,000 or less | 50% |
| $30,001 – $37,500 | 40% |
| $37,501 – $45,000 | 30% |
| $45,001 – $52,500 | 20% |
| $52,501 – $60,000 | 10% |
| More than $60,000 | 0% |

[Source: NIH Child Care Subsidy Pilot Program Report]

Within 5 months of the announcement of the pilot in June 2005, the program was fully enrolled. During fiscal year (FY) 2006, 60 NIH Federal employees, with an average total adjusted gross income of $34,371, received subsidized child care. This accounted for the partial child care costs of 75 children. Of the children served, 22 percent were between 0-2 years old, which is the most expensive age for child care. Most employees served were eligible for the 50 percent tuition subsidy, thus the program served those NIH employees with the greatest need.

The total cost of the pilot program during FY 2006 was $180,730. The majority of the funds ($166,417) were used for actual subsidies, while $14,313 (8%) supported program administration costs.

The Evaluation Report emphasized a significant number of positive benefits of the Child Care Subsidy program, as it:

- Provided critical financial support to families of employees with low income (i.e., the program reduced the percent of total household income spent on child care)
- Resulted in a higher quality of care for children (i.e., a greater number of children were enrolled in licensed child care programs)

- Helped to increase staff allegiance to NIH and aided in the retention of high quality employees (i.e., there was no attrition by any of the child subsidy recipients during the period the pilot was operating)
- Enhanced the efficiency and productivity of employees (i.e., pilot participants reported reduced absenteeism and less distractions from work associated with child care).

The subsidy pilot led to the permanent implementation of a Child Care Subsidy program, which is being administered by the Federal Employees Education and Assistance Fund (FEEA).

# 9. 2007 NIH Parent Listserv Member Survey Results

The Office of Research Services e-mailed and posted an invitation to NIH Parenting ListServ members to participate in the survey for a period of five days (November 5 – November 9, 2007). A total of 105 responses to the survey were received. The survey addressed the following areas:

- Respondent demographics
- Preferences for child care program elements
- Assessment of the impact of child care program availability
- Overall rating of the quality of the programs, services, and resources offered by NIH and additional child care-related services that should be provided by NIH.

Respondents were also offered the opportunity to provide additional suggestions for improvements to NIH-sponsored child care programs, resources, and services.

## 9.1 Respondent Demographics

The survey asked respondents a series of demographic questions to provide background information about the respondents.

***Age of Child***. Table 8 presents a summary of the age of the respondent's children. The survey asked respondents to identify the age of their *youngest* child only. As can be seen, the largest group of respondents' youngest child was under two years old (43%), while another 28% of respondents' youngest child was between two and three years old.

**Table 8: Survey Respondents – Age of Children***

| Age of Child | Number of Respondents | % of Respondents |
|---|---|---|
| Under 2 years | 45 | 43% |
| 2 – 3 years | 29 | 28% |
| 4 – 5 years | 15 | 14% |
| Over 5 years old | 13 | 12% |
| Do not have a child | 3 | 3% |
| **TOTAL** | **105** | **100%** |

* - Respondents were asked to provide the age of their *youngest* child only.

***Current Household Income***. Table 9 summarizes the results for current household income. The majority of respondents indicated that their household income was more than $100,000 (68%); while another 19% indicated that their household income was between $70,001 and $100,000. Only 5% of respondents indicated that their household income was $50,000 or below.

**Table 9: Survey Respondents – Household Income**

| Household Income | Number of Respondents | % of Respondents |
|---|---|---|
| Under $30,000 | 1 | 1% |
| $30,001 - $50,000 | 4 | 4% |
| $50,001 - $70,000 | 8 | 8% |
| $70,001 - $100,000 | 20 | 19% |
| More than $100,000 | 72 | 68% |
| **TOTAL** | **105** | **100%** |

***Child Currently Enrolled in Child Care Program***. The number and percentage of survey respondents who have a child currently enrolled in a child care program is presented below. As can be seen in Table 10, the majority (87%) of respondents indicated that they have a child currently enrolled in a child care program.

**Table 10: Survey Respondents – Child Enrolled in Child Care Program**

| Child Enrolled in Child Care Program | Number of Respondents | % of Respondents |
|---|---|---|
| Yes | 91 | 87% |
| No | 14 | 13% |
| **TOTAL** | **105** | **100%** |

***Child Currently Enrolled in a NIH-sponsored Child Care Center***. As shown in Table 11, forty-six percent (46%) of respondents have children who are currently enrolled in a NIH-sponsored child care center. Almost an additional one-third of respondents (31%) were currently on the NIH waitlist for NIH-sponsored child care facilities.

**Table 11: Survey Respondents – Child Enrolled in NIH Child Care Center**

| Child Enrolled in NIH Child Care Center | Number of Respondents | % of Respondents |
|---|---|---|
| Yes | 48 | 46% |
| On NIH Waitlist | 33 | 31% |
| No | 24 | 23% |
| **TOTAL** | **105** | **100%** |

## 9.2 Preferences for Child Care Program Elements

The next set of questions asked respondents to indicate their preferred location for a child care program, as well as assessed whether the respondents have children with special needs.

***Preferred Location for Child Care Program.*** As shown in Table 12, the majority of respondents indicated that they preferred their children's child care program to be either located close to their place of work (64%) or close to their home (31%). Very few respondents (6%) indicated other preferred locations.

**Table 12: Preference for Location of Child Care Program**

| Location | Number of Respondents | % of Respondents |
|---|---|---|
| Close to my place of work | 67 | 64% |
| Close to my home | 32 | 31% |
| Close to my child's school | 5 | 5% |
| Close to my spouse/significant other/other family member's place of work | 1 | 1% |
| Close to family member or friend's home | 0 | 0% |
| **TOTAL** | **105** | **100%** |

It should be noted that these results are similar to those found in the 2005 employee survey, in which the preferred locations for the respondent's child care center were either "*close to my place of work*" (51%) and "*close to my home*" (37%).

***Children with Special Needs***. Respondents were asked to indicate whether their children have any special needs (e.g., physical, medical, behavioral, or allergies) that would require accommodations by the child care program they use (or intend to use). The results are presented in Table 13. As can be seen, 9% of respondents indicated that their children have special needs. These results are similar to those found in the 2005 survey, where 8% of survey respondents indicated that their children had special needs.

**Table 13: Children Have Special Needs**

| Children Have Special Needs | Number of Respondents | % of Respondents |
|---|---|---|
| Yes | 9 | 9% |
| No | 96 | 91% |
| **TOTAL** | **105** | **100%** |

## 9.3 Impact of Child Care Program Availability

Respondents who had children enrolled in NIH-sponsored child care centers (N=48) were asked questions regarding the extent to which they experience less absenteeism and stress as a result of having their children enrolled in these facilities (see Tables 14 and 15). All respondents (N=105) were asked whether the availability of child care programs, resources, and services impacted their decision to take a position at NIH (see Table 16) and whether it impacts their decision to continue working at NIH (see Table 17).

***Impact on Absenteeism and Stress***. Almost two-thirds of the respondents whose children were enrolled in NIH-sponsored child care centers (65%) indicated that they experienced fewer absences due to child care issues *to a great extent* as a result of having their children enrolled in a NIH-sponsored child care center. An additional 25% of respondents indicated that their absences were reduced *to some extent*. Only ten percent (10%) indicated that their absenteeism rate was not impacted at all.

**Table 14: Experience Fewer Absences Due to Child Care Issues**

| Extent to Which They Experience Fewer Absences | Number of Respondents | % of Respondents |
|---|---|---|
| To a great extent | 31 | 65% |
| To some extent | 12 | 25% |
| Not at all | 5 | 10% |
| **TOTAL** | **48** | **100%** |

In terms of stress levels, almost all of the respondents (98%) indicated that their stress levels were reduced *to some* or *a great extent* by having their children enrolled at NIH-sponsored child care centers.

**Table 15: Experience Less Stress Due to Child Care Issues**

| Extent to Which They Experience Fewer Absences | Number of Respondents | % of Respondents |
|---|---|---|
| To a great extent | 32 | 67% |
| To some extent | 15 | 31% |
| Not at all | 1 | 2% |
| **TOTAL** | **48** | **100%** |

***Impact on Decision to Join NIH and Stay at NIH***. All survey respondents were asked the extent to which the availability of child care programs, services, and resources impacted their decisions to join NIH (Table 16) and continue their employment with NIH (Table 17).

Slightly more than a third (37%) of respondents indicated that the availability of child care programs, services, and resources impacted their decision to join NIH *to some or a great extent*. However, the majority of respondents (63%) indicated that it did not have any impact at all. While the survey did not address this, these results may be partially due to the fact that many of the respondents did not have children at the time their decision to work at NIH was made.

**Table 16: Impact of Availability of Child Care Programs, Services, and Resources on Decision to Take a Position with NIH**

| Impact on Decision to Join NIH | Number of Respondents | % of Respondents |
|---|---|---|
| Not at all | 64 | 63% |
| To some extent | 28 | 27% |
| To a great extent | 10 | 10% |
| **TOTAL** | **102*** | **100%** |

* Three (3) survey respondents did not answer this question.

Twenty-eight percent (28%) of respondents indicated that the availability of child care programs, services, and resources impacts their decision to continue their employment at NIH *to a great extent*, while 39% felt that it impacts their decision *to some extent*. One-third of respondents (33%) indicated that it does not have any impact.

**Table 17: Impact of Availability of Child Care Programs, Services, and Resources on Decision to Continue Employment at NIH**

| Impact on Decision to Stay at NIH | Number of Respondents | % of Respondents |
|---|---|---|
| To a great extent | 29 | 28% |
| To some extent | 40 | 39% |
| Not at all | 33 | 33% |
| **TOTAL** | **102*** | **100%** |

* Three (3) survey respondents did not answer this question.

## 9.4 Overall Rating of Quality and Additional Services to be Offered

In this section, survey respondents were asked to rate the overall quality of the programs, services, and resources offered by NIH to its employees, as well as identify additional work-life services that they would like to have offered to them by NIH.

***Rating of Overall Quality***. Respondents were asked to rate the overall quality of the programs, resources, and services offered by NIH to its employees as compared to other organizations they knew about. These results are presented in Table 20. As can be seen, more than half of the respondents (56%) rated NIH's offerings as *better* or *much better* than other organizations, 23% rated them as *about the same*, while 22% indicated that they were *worse* or *much worse* than other organizations.

**Table 18: Rating of Overall Quality**

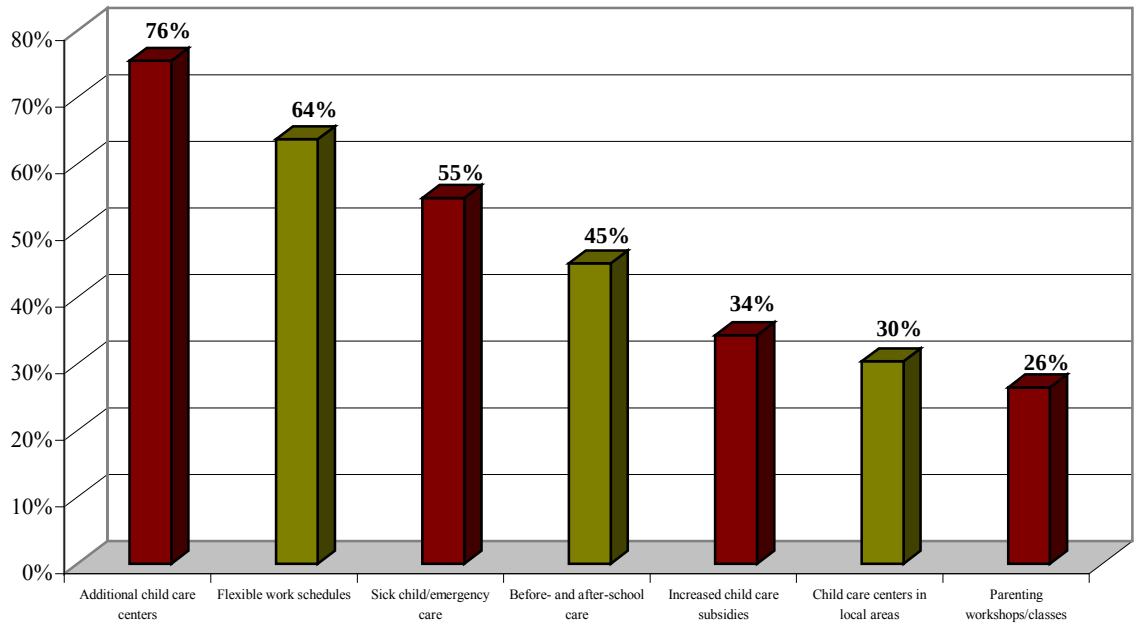
| Rating of Quality Compared to Other Organizations | Number of Respondents | % of Respondents |
|---|---|---|
| Much Better | 20 | 20% |
| Better | 37 | 36% |
| About the same | 24 | 23% |
| Worse | 18 | 18% |
| Much worse | 4 | 4% |
| **TOTAL** | **102*** | **100%** |

* Three (3) survey respondents did not answer this question.

***Additional Work-life Balance Services***. Respondents were asked to indicate additional child care work-life balance services that they were interested in having available to them. Note that respondents were not limited to just one choice – they were allowed to select all the services that they were interested in receiving.

As can be seen from Exhibit 1, the offerings for which more than half of the respondents indicated their interest in receiving were: additional child care centers (76%), flexible work schedules (64%), and sick child/emergency care (55%). Respondent preferences for the remaining potential offerings included: before- and after-school care (45%), increased child care subsidies (34%), access to other child care centers in local areas (30%), and parenting workshops/classes (26%).

**Exhibit 1: Additional Child Care Work-life Balance Services to be Offered by NIH**



These results are consistent with the 2001 and 2005 surveys, in which the provision of additional child care centers was the improvement most desired by survey respondents. Increased child care subsidies, which was a significant issue in past years, was viewed as less important in the 2007 survey. Flexible work schedules and sick child/emergency care emerged as important benefits/services for the 2007 survey respondents.

## 9.5 Responses to Open-ended Question on Suggestions for Improvements to the Child Care Programs, Resources, and Services Offered by NIH

More than half of the respondents (N=53) provided their suggestions for improvements to the child care programs, resources, and services offered by NIH to its employees. The key themes emerging from the open-ended responses are presented below. Note that the numbers in parentheses indicate the number of respondents who mentioned the issue in their comments.

- The need for additional child care centers and child care spaces (N=23) – especially infant slots (N=6)
- Issues related to the waitlist including fairness of the list, the waitlist process, and the time it takes to move off the list and obtain a slot at a NIH-sponsored child care center (N=13)
- Satisfaction with the child care centers and expressions of thanks to NIH for offering the child care services they do provide (N=7)
- The high cost of the NIH child care centers (N=4) and a desire for an increased child care subsidy (N=3)
- Increased access to additional child care centers through contracting out child care slots with these additional centers (N=2)
- The need for better maternity services and paid maternity leave (N=2)
- Better information on child care services and an increased transparency of the process for accessing the centers and other child care services (N=2).

A number of individual-specific comments (areas addressed by only one respondent) were also made:

- The need for flexible work schedules
- Provide emergency, on-campus day care (i.e. to attend unscheduled meetings on the employee's scheduled work-at-home day)
- Provide on-campus child care for sick children
- Expand benefits to a greater number of staff
- Increase the quality of the centers
- Have earlier start times for the centers
- Allow for later pick-up times at the centers
- Provide better support to Baltimore-based employees

- Provide after-school care and summer programs
- Improve the children's play areas at the centers
- Provide parent education classes (at the centers).

## 10. Analysis of NIH Parent Listserv Usage

Postings from the NIH Parent ListServ from July to October 2007 were reviewed as part of this study to examine the usage of this service and determine the topics most frequently discussed by listserv members. The usage data from the Parent Listserv shows that parents utilize this resource to meet their informational and resource needs on a variety of topic areas including:

- Health and safety issues
- Child care programs and schools
- Activities for kids
- Referrals for doctors and other resources
- Children's products for sale / needed
- Product recommendations
- Babysitter and nanny needs
- General tips and advice
- Child development and behavior.

Table 19 displays the number an percentage of postings by topic area for the July – October 2007 time period. The top four areas for postings on the NIH Parent Listserv were child care items that were for sale or to be given away (23% of postings), information on child care programs and schools (14%), health and safety issues (13%), and activities for kids (10%). Cumulatively, these topics accounted for sixty percent (60%) of all postings.

**Table 19: Number of Postings by Topic Area (July - October 2007)**

| Topic Area | # of Postings | % of Postings |
|---|---|---|
| Child Products for Sale/Needed | 116 | 23% |
| Child Care Programs/Schools | 67 | 14% |
| Health and Safety Issues | 66 | 13% |
| Activities for Kids | 51 | 10% |
| Referrals (e.g., Doctors, Resources) | 46 | 9% |
| Miscellaneous Posts | 34 | 7% |
| Babysitter/Nanny Needed or Available | 29 | 6% |
| General Tips/Advice | 28 | 6% |
| Kids Product Recommendations | 27 | 6% |
| Child Development/Behavior | 22 | 4% |
| ListServe-Related Posts | 9 | 2% |
| **Total** | **495** | **100%** |

Table 20 presents a summary of the number of postings per month. As can be seen, the average number of separate postings per month was 102, with a range from 56 to 151. The results also show that the number of postings have increased significantly in the past six months.

**Table 20: Number of Postings - Past 12 Months**

| Month | # of Postings |
|---|---|
| November 2006 | 56 |
| December 2006 | 71 |
| January 2007 | 94 |
| February 2007 | 86 |
| March 2007 | 97 |
| April 2007 | 92 |
| May 2007 | 151 |
| June 2007 | 95 |
| July 2007 | 128 |
| August 2007 | 117 |
| September 2007 | 114 |
| October 2007 | 127 |
| **Total Number of Postings** | **1,228** |
| **Average # of Postings/Month** | **102** |

While the listserv fills in the gap for NIH parents' and guardians' child care needs with the large variety of subject matter discussed, the stakeholder interviewees noted that the listserv can sometimes be overwhelming in terms of the large volume of emails generated.

# 11. Benchmarking Results

A core component of the assessment of NIH's child care programs and services was the conduct of a benchmarking study which compared the elements of NIH's program to those of other organizations. To initate this research task, IMPAQ contacted Federal government agencies, universities, and private sector organizations via phone and e-mail to solicit their participation in the study. After obtaining their agreement, IMPAQ sent the organization's representative a list of benchmarking data element for which we wished to obtain data. We then conducted a follow-up interview to collect the data. Once we received and processed the data, we sent it back to the organization for final review and approval.

The following organizations agreed to participate in the benchmarking study:

- Federal Government:
  - U.S. Securities and Exchange Commission (SEC)
  - U.S. Environmental Protection Agency (EPA)
  - U.S. Office of Personnel Management (OPM)
  - U.S. Department of Justice (DOJ)
  - Nuclear Regulatory Commission (NRC)
  - Centers for Disease Control and Prevention (CDC)
- University/Academic Institutions:
  - Georgetown University (GU)
  - Harvard Medical School (HMS)
  - Johns Hopkins University (JHU)
  - Duke University (Duke)
- Private Sector Organizations:
  - Fannie Mae
  - Bristol Myers Squibb.

## 11.1 Organizational Characteristics of Benchmarking Organizations

Table 2 1 presents a summary of the organizational characteristics of the participating benchmarking organizations. The organizations ranged in size from 1,653 ( Georgetown University) to 102,000 (Department of Justice).

Nine of the 13 organizations (69%) participating in the benchmarking study were located in the Washington, DC metropolitan area; the exceptions were the Centers for Disease Control and Prevention ( Atlanta, GA), Harvard Medical School ( Cambridge, MA), Duke University (Durham, NC), and Bristol Myers Squibb (New York).

Data was available on workforce gender for six of the organizations. The percent female ranged from a low of 48% at Fannie Mae to a high of 66% at Duke University. Data on employees' age was also available from six organizations. There was no clear trend, although with the exception of the CDC, all of the organizations had more than 20% of their employees who were less than 40 years of age. At NIH, thirty percent (30%) of the employees are less than 40 years of age.

## Table 21: Organizational Characteristics of Benchmarking Organizations

| Organization | Headquarters Location | Number of Employees (including Regional Offices) | % Female | Employee Age |
|---|---|---|---|---|
| **Federal Government** | | | | |
| National Institutes of Health | Bethesda, MD | 30,596 | 59% | 30% < 40 yrs. old |
| Securities & Exchange Commission | Washington, D.C. | 3,502 | * | 23% < 35 yrs. old |
| Environmental Protection Agency | Washington, D.C. | * | * | * |
| Office of Personnel Management | Washington, D.C. | 5,800 | 60% | * |
| Department of Justice | Washington, D.C. | ~ 102,000 | * | * |
| Nuclear Regulatory Commission | Rockville, MD | 3,300 | * | * |
| Centers for Disease Control and Prevention | Atlanta, GA | 9,237 | * | 14% < 35 yrs. old |
| **Academic/University** | | | | |
| Georgetown University | Washington, D.C. | 1,653 | * | * |
| Harvard Medical School | Cambridge, MA | ~ 18,000 | * | * |
| John Hopkins University | Baltimore, MD | 12,000 | 55% | 42% < 40 yrs. old |
| Duke University | Durham, NC | 24,198 | 66% | * |
| **Private Sector** | | | | |
| Fannie Mae | Washington, D.C. | 6,018 | 48% | Ave. age = 43 |
| Bristol Myers Squibb | NYC, NY | 17,000 [1] | 50% | 50% < 45 yrs. old |

* - Data was not available.

[1] - U.S.-based facilities only

### 11.2 Number and Location of Child Care Facilities

Information was collected on the number and location of child care facilities offered by the benchmarking organizations. Table 22 presents a summary of the number of on-site or near site facilities offered by each organization, as well as information on whether the organization contracts with outside child care centers or providers to provide additional child care slots to their employees.

Eleven of the thirteen benchmarked organizations (85%) provide some form of on- or near-site child care facilities, while two of the organizations (15%) do not provide such services (OPM and EPA). On-site care is provided more frequently than near-site care (9 vs. 5 organizations). Three organizations (NIH, CDC, and Bristol Myers Squibb) provide both on-site and near-site care.

Five of the 13 benchmarked organizations (CDC, DOJ, Duke, Fannie Mae, and Bristol Myers Squibb) contract for services with community-based child care centers, while the remaining eight organizations do not. As noted by the NIH Project Officer, most Federal government agencies, such as NIH, are prohibited from doing so due to current government policies.

## Table 22: Location of Child Care Facilities

| Organization | Number On-site or Near-site Child Care Facilities with Reserved Slots | | Does Organization Contract with Community-based Child Care Centers? |
|---|---|---|---|
| | On-Site | Near Site | |
| **Federal Government** | | | |
| National Institutes of Health | 2 | 1 | *X* |
| Securities & Exchange Commission | 1 | - | *X* |
| Environmental Protection Agency | - | - | *X* |
| Office of Personnel Management | - | - | *X* |
| Department of Justice | 1 * | - | ✓ |
| Nuclear Regulatory Commission | 1 | - | *X* |
| Centers for Disease Control and Prevention | 1 | 1 | ✓ |
| **Academic/University** | | | |
| Georgetown University | 2 | - | *X* |
| Harvard Medical School | - | 2 | *X* |
| John Hopkins University | - | 2 *** | *X* |
| Duke University | 1 | - | ✓ |
| **Private Sector** | | | |
| Fannie Mae | 1 | - | ✓ |
| Bristol Myers Squibb | 4 ** | 1 | ✓ |

* - DOJ also has child care facilities in Connecticut and West Virginia

** - Includes 3 on-site centers in New Jersey, 1 on-site center in Connecticut

*** - A third center is located in downtown Baltimore, but is used very infrequently by staff

### 11.3 Type of Child Care Services Offered

Benchmarked organizations were asked to provide information on the type of child care services they offer, including:

- Full-time child care
- Back-up/emergency care
- Sick child care.

They were also asked to provide information on the age of the children that are enrolled in their child care centers. These results are presented in Table 23 on the following page.

## Table 23: Type of Child Care Services Offered

| Organization | Full-time Child Care | | Back-up/ Emergency Care | | Sick Child Care | | Age of Children Served | | |
|---|---|---|---|---|---|---|---|---|---|
| | Reserved/ Priority Spaces | Referral | Reserved/ Priority Spaces | Referral | Reserved/ Priority Spaces | Referral | Infants | Pre-school | School-Age |
| **Federal Government** | | | | | | | | | |
| National Institutes of Health | ✓ | ✓ | *X* | ✓ | *X* | ✓ | ✓ | ✓ | ✓ |
| Securities & Exchange Commission | ✓ | * | ✓ | * | *X* | * | ✓ | ✓ | *X* |
| Environmental Protection Agency | *N/A* | * | *N/A* | * | *N/A* | * | *N/A* | *N/A* | *N/A* |
| Office of Personnel Management | *N/A* | ✓ | *N/A* | * | *N/A* | * | *N/A* | *N/A* | *N/A* |
| Department of Justice | ✓ | *X* | X | ✓ | *X* | *X* | ✓ | ✓ | *X* |
| Nuclear Regulatory Commission | ✓ | * | *X* | * | *N/A* | * | ✓ | ✓ | ✓ |
| Centers for Disease Control and Prevention | ✓ | ✓ | *X* | * | *X* | * | ✓ | ✓ | *X* |
| **Academic/University** | | | | | | | | | |
| Georgetown University | ✓ | * | *X* | * | *X* | * | ✓ | ✓ | ✓ |
| Harvard Medical School | ✓ | * | ✓ | * | ✓ | * | ✓ | ✓ | *X* |
| John Hopkins University | ✓ | *X* | *X* | ✓ | *X* | *X* | ✓ | ✓ | *X* |
| Duke University | ✓ | * | ✓ | * | *X* | * | ✓ | ✓ | *X* |
| **Private Sector** | | | | | | | | | |
| Fannie Mae | *X* | *X* | ✓ | *X* | *X* | *X* | ✓ | ✓ | ✓ |
| Bristol Myers Squibb | ✓ | ✓ | ✓ | ✓ | *X* | ✓ | ✓ | ✓ | ✓ |

* - Data was not available

Ten of the thirteen benchmarked organizations (77%), including NIH, provide full-time, reserved or priority child care spaces at their child care centers for their employee's children. Four of the seven organizations for which data was available (57%) indicated that they also provide referrals to other child care facilities.

One organization, Fannie Mae, only provides back-up/emergency care at their on-site facility. Of the remaining nine organizations with on-site or near-site child care facilities, four also provide reserved or priority spaces for back-up/emergency care. NIH does not currently provide this service. Four of the five organizations for which data was available (80%) indicated that they provide referrals to their employees for this service. Only Harvard Medical School provides reserved or priority spaces for sick child care, while Bristol Myers Squibb provides referrals for this service.

In terms of the ages of the children served by the child care centers of the benchmarked organizations, all of the ten organizations with on- or near-site facilities serve infants and pre-school children at their sites. Five of the organizations (50%), including NIH, also serve school-age children.

## 11.4 Age Distribution of Children Using Child Care Facilities

Table 24 presents a summary of the distribution of the ages of the children served at the benchmarked organizations. The ages of children served were divided into five categories based on industry-standard distinctions: Infants (0-1 years old), Toddlers (1-2 years old), Young Pre-School (2 years old), Older Pre-school (3-5 years old), and School-age children (5-12 years old).

As can be seen from the Table, the age distribution of children served varies across the different child care centers, with six organizations having the largest percentage of children in the older pre-school group (NIH, NRC, CDC, JHU, Duke, and Fannie Mae), while two organizations primarily serve infants (DOJ, Harvard Medical School). The remaining organizations for which data was available had a more even distribution of children across the age groups.

## Table 24: Age Distribution of Children Served at Sponsored Child Care Centers

| Organization | Ages of Children Served | | | | |
|---|---|---|---|---|---|
| | Infants (0-1 yr.) | Toddlers (1-2 yrs.) | Young Pre-School (2 yrs.) | Older Preschool (3-5 yrs.) | School Age (5-12 yrs.) |
| **Federal Government** | | | | | |
| National Institutes of Health | 8% | 8% | 11% | 56% | 18% |
| Securities & Exchange Commission | * | | | | |
| Environmental Protection Agency | N/A | | | | |
| Office of Personnel Management | N/A | | | | |
| Department of Justice | Mostly infants | | | | |
| Nuclear Regulatory Commission | 12% | 6% | 25% | 41% | 15% |
| Centers for Disease Control and Prevention | 15% | 19% | 22% | 44% | N/A |
| **Academic/University** | | | | | |
| Georgetown University | N/A | 31% | 41% | 28% | N/A |
| Harvard Medical School | Mostly infants | | | | |
| John Hopkins University | 15% | 17% | 15% | 52% | N/A |
| Duke University | 16% | 20% | 28% | 37% | N/A |
| **Private Sector** | | | | | |
| Fannie Mae | Majority are Older Pre-School (3-5 years old) | | | | |
| Bristol Myers Squibb | 19% | 29% | 29% | 9% | 14% |

* - Data was not available.

## 11.5 Child Care Services – Supply and Demand

The next set of benchmarking elements that were collected addressed the supply of child care slots for employees and the demand for those slots. The elements that were collected included the percentage of the centers' total spaces dedicated to employees of the benchmarked organization, the number of spaces available, whether the center was at full capacity, the number of employees on the wait list, the average time on the wait list, and wait list rules. A summary of these results is presented in Table 25.

***Child Care Services – Supply***. Nine of the 11 organizations for which data was applicable and available (82%) indicated that all of their available child care slots are provided to their employees. Only two organizations (CDC and Harvard Medical School) have a more limited percentage of slots at the centers they sponsor.

# Table 25 – Child Care Services Supply and Demand

| Organization | Supply | | Demand | | | |
|---|---|---|---|---|---|---|
| | % of Center's Total Spaces Dedicated to Employees [1] | Number of the Organization's Children Able To Be Served At On- or Near-Site Facilities | Facility at Full Capacity? | Number of Employees on Wait List | Average Length of Time on Waitlist | Waitlist Rules |
| **Federal Government** | | | | | | |
| National Institutes of Health | 100% priority | 450 | Yes | 1,105 | ~ 1.5 years | Sibling priority; first come, first served |
| Securities & Exchange Commission | 100% priority | 88 | No [3] | No wait list | N/A | N/A |
| Environmental Protection Agency | N/A | N/A | N/A | N/A | N/A | N/A |
| Office of Personnel Management | N/A | N/A | N/A | N/A | N/A | N/A |
| Department of Justice | 100% priority | 76 | Yes | A high number of families on the wait list (espcially for infants) | * | Sibling priority; first come, first served |
| Nuclear Regulatory Commission | 100% priority | 97 | Yes | 68 | 9 months - 1 year | Sibling priority; first come, first served |
| Centers for Disease Control and Prevention | 24% | 102 | Yes | 400 | 1 year | Sibling priority; first come, first served |
| **Academic/University** | | | | | | |
| Georgetown University | Main-100%; Law-priority | 96 | Varies | 111 | Varies | Need birth date of child; first come, first served |
| Harvard Medical School | Bright Horizon - 17%; Longwood - 13% | 36 | Yes | 25 | Several years | Sibling priority |
| John Hopkins University | Bright Horizon - 100%; YMCA - limited # slots | 248 | Yes | * | Bright Horizon - 1 year; YMCA - avg. variable | * |
| Duke University | 100% | 152 | Yes | 363 | * | Sibling priority; first come, first served |
| **Private Sector** | | | | | | |
| Fannie Mae | 100% | 20 [2] | Varies | Generally None | Generally None | Can reserve a spot up to 30 days in advance; first come/first served |
| Bristol Myers Squibb | 100% | 640 | Yes | 200-300 | * | Sibling priority; first come, first served |

* - Data not available.

[1] - 100% indicates organizations that can only take children of the organizations' employees; 100% priority indicates organizations which may enroll children of non-employees after needs of staff are met.

[2] - Back-up/emergency care available only.

[3] - The center was only open for 3 weeks at the time of the inteview.

The number of child care slots provided to employees ranged from a low of 20 at Fannie Mae (which only provides back-up/emergency care at its site) to a high of 640 provided by Bristol Myers Squibb. NIH provides 450 slots, which was the second-highest number of slots and considerably more than the next highest organization, which was Johns Hopkins University (248 slots).

***Child Care Services – Demand***. Eight of the 11 organizations that have child care centers (73%) indicated that their child care facilities were at full capacity, while two of the organizations indicated that it varies over time whether or not their center is at full capacity. One organization (SEC) had just opened its center three weeks prior to the conduct of the study and thus was not yet at full capacity.

With the exception of Fannie Mae and the SEC, all of the organizations indicated that there was currently a wait list of employees who wish to use their center(s). The organizations with the largest number of employees on their wait list were NIH (1,105), CDC (400), Duke University (363), and Bristol Myers Squibb (200-300). The Department of Justice did not provide a specific number of employees who are on their wait list, but indicated that their wait list was lengthy.

For those organizations with long wait lists, the typical length of time employees spent on the wait list was 1 year or longer. The CDC and Johns Hopkins University had an average wait of 1 year, while Harvard Medical School and NIH had an average time on the wait list of more than one year. All of the organizations followed a "first-come, first-served" policy for their child care slots. Most of the benchmarked organizations also offered priority to children of families that already had a sibling attending a center sponsored by the organization.

## 11.6 Facility Operations

Information was collected on a number of characteristics of the child care centers sponsored by the benchmarked organizations, including the number of years in operation, fees, hours of operation, whether food service was provided, child/staff ratios, staff education requirements, accreditation status, and whether they serve special needs children. This information is presented in Tables 26 – 28.

Many of the benchmarked organizations have operated child care centers for a significant period of time, with NIH's child care centers being in existence significantly longer than most of the benchmarked organizations (30+ years). Fees for the benchmarked organizations were typically based on the age of the child being served, with higher fees being charged for infants and two-year olds. Some of the organizations also had a sliding scale for fees based on household income.

The benchmarked organizations with the lowest annual fees (which were for pre-school aged children) were the CDC ($10,348), ECDC and POPI of NIH ($10,452), and the SEC ($10,660). The organizations with the highest annual fees (for infant care) were Harvard Medical School ($24,000) and Johns Hopkins University ($17,640).

## Table 26: Facility Operations

| Organization | Number of Years in Operation | Name of Organization(s) Operating Facility | Annual Fees [1] |
|---|---|---|---|
| **Federal Government** | | | |
| National Institutes of Health | 30+ years | ECDC | Under 2: $16,224 |
| | | | 2 yrs: $12,792 |
| | | | 3-5 yrs: $10,452 |
| | | | Kindergarten: $10,452 |
| | | | School-age: $4,920 |
| | | POPI | Under 2: $17,244 |
| | | | 2 yrs: $13,080 |
| | | | 3-5 yrs: $10,452 |
| | | | Kindergarten: $11,280 |
| | | ChildKind | Under 2: $17,556 |
| | | | 2 yrs: $13,920 |
| Securities & Exchange Commission | 3 weeks | Bright Horizons | $10,660 - $15,860 |
| Environmental Protection Agency | N/A | N/A | N/A |
| Office of Personnel Management | N/A | N/A | N/A |
| Department of Justice | 15 years | Parent board/ consortium w/4 other fed agencies | $12,480 |
| Nuclear Regulatory Commission | 10 years | Georgetown Hill | $12,780 - $17,640 |
| Centers for Disease Control and Prevention | On-site - 19 years; Near-site - 5 years | Consortium between CDC, Emory University and Atlanta Pediatric Hospital | $10,348 - $12,064 |
| **Academic/University** | | | |
| Georgetown University | 10 years | Hoya Kids Learning Center (University) | $11,772 - $13,128 |
| Harvard Medical School | Bright Horizons- 7 years; LMCCC - 28 years | (1) Bright Horizons; (2) Longwood Medical Child Care Center (LMCCC) | $15,900 - $24,000 |
| John Hopkins University | Bright Horizon - 6 years; YMCA - 3 years | (1) Bright Horizons; (2) YMCA | $13,956-$17,760 |
| Duke University | 7 years | Bright Horizons | $11,928 - $13,932 |
| **Private Sector** | | | |
| Fannie Mae | 17 years | Fannie Mae | $10 /day Fee for Back-up Child Care |
| Bristol Myers Squibb | 8 years (2 sites) 7 years (1 site) 4 years (1 site) | Bright Horizons | $13,520 - $16,016 |

[1] - Annual fees typically differed by the age of the child served, with higher fees for infants and 2-year olds than pre-school or school-age children.

All of the child care centers had "standard" hours of operation, with opening times between 6:30 am and 7:30 am and closing times between 6:00 pm and 7:00 pm (see Table 27). None of the benchmarked organizations offered extended hours, such as opening earlier than 6:30 am or staying open past 7:00 pm. All of the organizations provided lunch and snacks; a couple of the organizations that opened earlier also served breakfast.

Staff/child ratios at the centers are determined by State laws and regulations, with each State setting its own standards and guidelines. Maryland and the District of Columbia require lower staff to child ratios than other states; as a result, the ratios for the programs in the Washington metropolitan area were typically lower than those from organizations located outside the area. This has a significant impact on costs, as a key driver for tuition/fees is staff labor.

Table 28 presents information on such topics as teacher qualifications, curriculum used, service of special needs children, and the facility's health and safety record. Relative to these factors, a couple of areas stand out for mention:

- Educational requirements of center staff range from a Child Development Associate (CDA) degree to a Bachelors or a Masters degree, with different organizations requiring different types of degrees
- Almost all of the centers are accredited and offer academic/developmental curriculum for the children they serve
- All of the centers report good to excellent health and safety records
- All of the centers serve special needs children.

## Table 27: Facility Operations (Continued)

| Organization | Hours of Operation [1] | Food Service | Staff/Child Supervision Ratio* | | | | |
|---|---|---|---|---|---|---|---|
| | | | Infants (0-1 yr.) | Toddlers (1-2 yrs.) | Young Pre-School (2-4 yrs.) | Older Preschool (4-6 yrs.) | School Age (6-12 yrs.) |
| **Federal Government** | | | | | | | |
| National Institutes of Health | Standard | Snacks, lunch | 1 to 3 | 1 to 3 | 1 to 6 | 1 to 10 | 1 to 15 |
| Securities & Exchange Commission | Standard | Snacks, lunch | 1 to 4 | 1 to 4 | 1 to 8 | 1 to 10 | N/A |
| Environmental Protection Agency | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Office of Personnel Management | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Department of Justice | Standard | Snacks, lunch | 1 to 4 | 1 to 4 | 1 to 8 | 1 to 10 | N/A |
| Nuclear Regulatory Commission | Standard | Snacks, lunch | 1 to 3 | 1 to 3 | 1 to 6 | 1 to 10 | 1 to 15 |
| Centers for Disease Control and Prevention | Standard | Snacks, breakfast, lunch | 1 to 4 | 1 to 5 | 1 to 6 | 1 to 8 | N/A |
| **Academic/University** | | | | | | | |
| Georgetown University | Standard | Food provided (type unknown) | N/A | 1 to 4 | 1 to 6 | 1 to 9 | * |
| Harvard Medical School | Standard | Snacks | 2 to 7 | 2 to 9 | 2 to 20 | | * |
| John Hopkins University | Standard | Only On-Site (type unknown) | 1 to 3 | | 1 to 6 | 1 to 10 | 1 to 15 |
| Duke University | Standard | Breakfast, Lunch, Snacks | 1 to 4 | 1 to 5 | 1 to 6 | 1 to 9 | 1 to 10 |
| **Private Sector** | | | | | | | |
| Fannie Mae | Standard | Snacks | 1 to 4 | | | | |
| Bristol Myers Squibb | Standard | Breakfast, Lunch, Snacks | 1 to 4 | 1 to 5 | 1 to 10 | 1 to 9 | 1 to 15 |

[1] - All of the centers opened between 6:30 am and 7:30 am; most also closed between 6:00 and 7:00 pm. None of the centers offered "extended" hours - i.e., were open at 6:00 am or closed at 8:00 pm, for example.

# Table 28: Facility Operations (Continued)

| Organization | Staff Turnover / Educational Requirements | | | Accredited? (Number of Years) | Curriculum | Special Needs Children Served? | Facility Health and Safety Record (Excellent, Good, Poor) |
|---|---|---|---|---|---|---|---|
| | Turnover Frequency | Educational/ Training Requirements (Staff) | Educational/ Training Requirements (Director) | | | | |
| **Federal Government** | | | | | | | |
| National Institutes of Health | Low | AA Degree (Teachers) | Bachelors Degree | Yes | Creative Curriculum | ✓ | Excellent |
| Securities & Exchange Commission | * | CPR/First Aid | * | Too soon | "World at Their Fingertips" | ✓ | No record yet |
| Environmental Protection Agency | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Office of Personnel Management | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Department of Justice | * | Bachelors Degree | Bachelors Degree | 10 - 13 years | Child-focused based on needs | * | Excellent |
| Nuclear Regulatory Commission | Low | CDA to Bachelors Degree | Bachelors Degree | 2 years | Cromwell Curriculum | ✓ | Excellent |
| Centers for Disease Control and Prevention | * | CDA to Masters Degree | Masters Degree in ECE & 5 years experience | 16 years | Creative - Reggio/Emilia approach | ✓ | * |
| **Academic/University** | | | | | | | |
| Georgetown University | Recently frequent; usually occasional | Minimum of Associates | Bachelors Degree/ Masters Degree | 6 years | Emerging curriculum - child centered | ✓ | Excellent |
| Harvard Medical School | Low | Bachelors Degree | Masters Degree | Yes | Child-focused based on stage of development | ✓ | Excellent |
| John Hopkins University | * | Associates Degree | Bachelors Degree | Yes | * | ✓ | Excellent |
| Duke University | Low | Lead Associate/ Bachelors Degree or 12 semester hours of child development + 2 years experience | Bachelors Degree preferred with 2 years Director experience | 7 years | "World at Their Fingertips" | ✓ | Excellent |
| **Private Sector** | | | | | | | |
| Fannie Mae | Low | Bachelors Degree | Bachelors Degree | Yes | Develomental-themes based on child's age | ✓ | Excellent |
| Bristol Myers Squibb | Low | CDA or Bachelors Degree | Bachelors Degree or higher | Yes | "World at Their Fingertips" | ✓ | Good |

* - Data was not available.

## 11.7 Child Care Subsidy and Reimbursement

Table 29 presents a summary of the findings related to whether the benchmarked organizations provide a subsidy to their employees for child care expenses. Twelve of the thirteen benchmarked organizations (92%) do provide such a subsidy. The only organization that does not provide a subsidy is the Department of Justice. All of the organizations for which data was available allow employees to use the subsidy for sponsored facilities and other licensed child care programs.

The percentage of child care expenses covered by the subsidy varies across the benchmarking organizations and by the salary levels of those employees. Most of the benchmarking organizations cover some percentage between 10% and 75% of employee costs. Fannie Mae, which provides back-up/emergency care only, subsidized 75% of its employees' costs. Four of the benchmarked organizations set a maximum value on the amount of subsidy they provide; NIH, NRC, and the CDC set the maximum at $5,000, while Harvard Medical School set its maximum subsidy at $6,000.

Eight of the nine benchmarked organizations for which data was available (89%) set a limit on eligibility for the subsidy based on maximum household income. This limit ranged from a low of $50,000 (Johns Hopkins University) to a high of $130,000 (Harvard Medical School). NIH, Georgetown University, and OPM each set their limit at $60,000. All of the organizations for whom data was available have a sliding scale for the subsidy percentage, with a different subsidy percentage provided depending on employee household income. Fannie Mae, which only provides back-up child care, did not set a limit on the subsidy they provide.

It was interesting to note that one of the benchmarked organizations, Duke University, offers a child care reimbursement program for its graduate students, in lieu of a subsidy. Fannie Mae provides a $40/ day reimbursement for in-home or other child care centers. All of the benchmarked organizations have a pre-tax program to support child care expenses.

# Table 29: Child Care Subsidy and Reimbursement

| Organization | Child Care Subsidy Offered? | Use of Subsidy | % of Child Care Expenses Covered by Subsidy (Range) | Maximum Provided Per Year | Maximun Household Income Eligible for Subsidy | % of Child Care Expenses Covered by Subsidy By Income | Child Care Reimbursement Program Offered? | Pre-Tax Program For Child Care Expenses? |
|---|---|---|---|---|---|---|---|---|
| **Federal Government** | | | | | | | | |
| National Institutes of Health | ✓ | Sponsored facility and other licensed programs | 10% - 50% | $5,000 | $60,000 | 50% if <$30,000;<br>40% if $30,001-$37,500;<br>30% if $37,501-$45,000;<br>20% if $45,001-$52,501;<br>10% if $52,501-$60,000 | *X* | ✓ |
| Securities & Exchange Commission | ✓ | Sponsored facility and other licensed programs | 20% - 50% | None | $57,669 | 50% if<$24,069;<br>40% if $23,069-$34,602;<br>30% if $34,603-$46,136;<br>20% if $46,137-$57,669 | *X* | ✓ |
| Environmental Protection Agency | ✓ | Sponsored facility and other licensed programs | 29% - 65% | None | $69,000 | 65% if <$30,000<br>45% if 30,000-$45,000;<br>29% if $45,000-$69,000 | *X* | ✓ |
| Office of Personnel Management | ✓ | Sponsored facility and other licensed programs | 25% - 75% | None | $60,000 | 70% if <39,999;<br>40% if 40,000 - 55,000;<br>25% if 55,000-60,000 | *X* | ✓ |
| Department of Justice | *X* | N/A | N/A | N/A | N/A | N/A | *X* | ✓ |
| Nuclear Regulatory Commission | ✓ | Sponsored facility and other licensed programs | * | $5,000 | $55,000 | * | * | ✓ |
| Centers for Disease Control and Prevention | ✓ | Sponsored facility and other licensed programs | 30% - 50% | $5,000 | $65,000 | 50% if <$35,000;<br>40% if $35,00-$49,999;<br>30% if $50,000-$65,000 | *X* | ✓ |
| **Academic/University** | | | | | | | | |
| Georgetown University | ✓ | Sponsored facility and other licensed programs | 30% | $180,000 annual subsidy budget | $60,000 | 30% if <$60,000 | *X* | ✓ |
| Harvard Medical School | ✓ | * | Average subsidy $2,000 to $3,000/ yr. | $6,000/year | $130,000 | * | *X* | ✓ |
| John Hopkins University | ✓ | Sponsored facility and other licensed programs | 20% - 40% | * | $50,000 | 40% if $40,000 ;<br>20% if 40,000 - $50,000 | *X* | ✓ |
| Duke University | ✓ | * | * | * | $75,000 | * | ✓ [2] | ✓ |
| **Private Sector** | | | | | | | | |
| Fannie Mae | ✓ | Sponsored facility and other licensed programs [1] | 75%; On-site employee pays $10/day for care | 30 days/year/ child; no max if not at capacity | None | N/A | Receives $40/dependant/ day in-home or other center care | ✓ |
| Bristol Myers Squibb | ✓ | Sponsored facility and other licensed programs | 12% - 36% [3] | * | 87,000 | 36% if <$46,700<br>12% if 46,700-87,000 | *X* | ✓ |

* - Data was not available

[1] - For back-up emergency care and sick-child care only.
[2] - Child care scholarship of $5,000/year available for graduate students; no subsidy allowed with scholarship.
[3] - Based on average costs across all age categories.

## 11.8 Other Family-Friendly Benefits Provided to Employees

The benchmarking organizations were also asked about other family-friendly benefits they offer to their employees, including sources of compensation for new parent leave, whether they offer alternative work schedules, and the extent to which they provide other parenting and child care resources to their employees. These findings are presented in Table 30.

The first area that was examined was the types of compensation offered to employees during maternity leave. All of the organizations allow employees to use their vacation and sick time during the maternity leave period. Since all of the organizations are covered by the requirements of the Family Medical Leave Act (FMLA), employees at each of the benchmarked organizations are allowed to leave without pay for up to 12 weeks following childbirth.

There were, however, significant differences among the benchmarked organizations in terms of their allowance of the use of short-term disability insurance to cover compensation during maternity leave. None of the Federal government organizations allowed employees to use short-term disability insurance, while five of the six universities and private sector organizations did allow employees to use short-term disability. Duke University was the only exception.

In addition to these sources of compensation, four organizations (NIH, DOJ, NRC, and Duke University) allow employees to donate their earned, but unused, annual leave to a "Leave Bank," which can be drawn upon by employees on maternity leave. Two organizations, Duke University and Fannie Mae, also offered paid leave to their employees. Duke provides three weeks paid leave to non-faculty employees and staff and one paid semester off for faculty members. Fannie Mae provides four weeks paid leave to employees on maternity leave (in addition to allowing the use of short-term disability).

## Table 30: Source of Compensation for New Parent Leave

| Organization | Types of Compensation Offered During Maternity Leave | | | | |
|---|---|---|---|---|---|
| | Vacation Time | Sick Time | Leave Without Pay [1] | Short-term Disability | Other Paid Leave |
| **Federal Government** | | | | | |
| National Institutes of Health | ✓ | ✓ | ✓ | *X* | Leave Bank |
| Securities & Exchange Commission | ✓ | ✓ | ✓ | *X* | * |
| Environmental Protection Agency | ✓ | ✓ | ✓ | *X* | * |
| Office of Personnel Management | ✓ | ✓ | ✓ | *X* | * |
| Department of Justice | ✓ | ✓ | ✓ | *X* | Leave Bank |
| Nuclear Regulatory Commission | ✓ | ✓ | ✓ | *X* | Leave Bank |
| Centers for Disease Control and Prevention | ✓ | ✓ | ✓ | *X* | * |
| **Academic/University** | | | | | |
| Georgetown University | ✓ | ✓ | ✓ | ✓ | *X* |
| Harvard Medical School | ✓ | ✓ | ✓ | ✓ | *X* |
| John Hopkins University | ✓ | ✓ | ✓ | ✓ | *X* |
| Duke University | ✓ | ✓ | ✓ | *X* | 3 weeks paid leave for staff; One semester paid leave for faculty; Leave Bank |
| **Private Sector** | | | | | |
| Fannie Mae | ✓ | ✓ | ✓ | ✓ | 4 weeks paid leave |
| Bristol Myers Squibb | ✓ | ✓ | ✓ | ✓ | *X* |

* - Data was not available.

[1] - All of the organizations must follow the requirements of the Family Medical Leave Act (FMLA), which require an allowance for up to 12 weeks of paid/unpaid leave in the 12 months following childbirth.

As shown in Table 31, almost all of the benchmarked organizations offer a menu of alternative and flexible work schedules, including job sharing, new parent phase-in, flexible work hours, and tele-commuting opportunities. The only exception was the CDC, which did not offer job-sharing to its employees. Similarly, all of the organizations for whom data was available provided referral/resource programs to their employees and parenting classes and seminars.

**Table 31: Other Family-friendly Benefits Offered**

| Organization | Work Schedule | | | | Other Resources | |
|---|---|---|---|---|---|---|
| | Job Sharing | New Parent Phase In | Flex Hours | Tele-Commuting | Referral/ Resource Program | Classes/ Seminars |
| **Federal Government** | | | | | | |
| National Institutes of Health | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Securities & Exchange Commission | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Environmental Protection Agency | ✓ | ✓ | ✓ | ✓ | * | * |
| Office of Personnel Management | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Department of Justice | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nuclear Regulatory Commission | ✓ | ✓ | ✓ | ✓ | ✓ | * |
| Centers for Disease Control and Prevention | *X* | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Academic/University** | | | | | | |
| Georgetown University | * | * | * | * | * | * |
| Harvard Medical School | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| John Hopkins University | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Duke University | ✓ [1] | ✓ [1] | ✓ [1] | ✓ [1] | ✓ [2] | ✓ |
| **Private Sector** | | | | | | |
| Fannie Mae | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Bristol Myers Squibb | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

* - Data was not available.

[1] - Child Care Services Association was hired to run the Duke Childcare Partnership and provides numerous referral services and parental resources.

[2] - Work schedule changes are subject to approval by the employee's department head and may not be available for all jobs. Where it is feasible to offer schedule flexibility, Duke permits this at the department's discretion.

## 11.9 Program Marketing Strategies and Data Collection

Table 32 presents a summary of the marketing strategies used by the benchmarked organizations to promote their child care programs, as well as data collection activities undertaken to monitor and evaluate their child care programs.

As can be seen, most of the benchmarked organizations use a variety of marketing techniques, including new employee orientation, the Intranet, newsletters, and employee seminars. Other techniques mentioned were having recruiters discuss the family-friendly benefits of the

organization, posters and brochures distributed through the organization, and e-mail updates about the child care programs, services, and resources offered to employees.

The benchmarked organizations did not provide a lot of information on the types of data they collect relative to their child care programs. For those that did provide such information:

- All eight of the organizations providing data (100%) indicated that they use contractor reports as a source of information on their child care program
- Five of six organizations providing data (83%) indicated that they ask questions about the child care program in their exit interviews
- All six of the organizations providing data (100%) conduct periodic surveys on employee perceptions of the child care programs or needs assessments.

Several other programs mentioned additional data sources, including conducting interviews with faculty members (Duke University) and participating in Working Mother Magazine's annual survey on the most family-friendly places to work (Bristol Myers Squibb).

## Table 32: Program Marketing Strategies and Data Collection Efforts

| Organization | Marketing Strategies | | | | | Data Collection | | | |
|---|---|---|---|---|---|---|---|---|---|
| | New Employee Orientation | Intranet | Newsletters | Employee Seminars | Other Methods | Contractor Reports | Exit Surveys | Random or Periodic Surveys | Other Methods |
| **Federal Government** | | | | | | | | | |
| National Institutes of Health | X | ✓ | ✓ | ✓ | ✓ | ✓ | X | ✓ | X |
| Securities & Exchange Commission | ✓ | ✓ | ✓ | * | * | ✓ | * | * | * |
| Environmental Protection Agency | * | ✓ | * | * | * | ✓ | * | * | * |
| Office of Personnel Management | ✓ | ✓ | * | * | * | ✓ | * | * | * |
| Department of Justice | ✓ | ✓ | ✓ | X | E-mail | ✓ | ✓ | * | * |
| Nuclear Regulatory Commission | ✓ | X | ✓ | ✓ | X | * | * | * | * |
| Centers for Disease Control and Prevention | ✓ | ✓ | X | ✓ | Posters, Brochures | * | * | ✓ | * |
| **Academic/University** | | | | | | | | | |
| Georgetown University | ✓ | ✓ | ✓ | ✓ | Recruiters | * | * | ✓ | * |
| Harvard Medical School | ✓ | ✓ | * | ✓ | * | * | ✓ | * | * |
| John Hopkins University | ✓ | X | ✓ | X | ✓ | * | * | * | * |
| Duke University | ✓ | ✓ | ✓ | ✓ | * | ✓ | ✓ | ✓ | Faculty Interviews |
| **Private Sector** | | | | | | | | | |
| Fannie Mae | ✓ | ✓ | ✓ | ✓ | Recruiters | ✓ | ✓ | ✓ | X |
| Bristol Myers Squibb | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | Working Mother Survey |

* - Data was not available

## 11.10 Comparison of the NIH Child Care Program to Benchmarking Organizations on Critical Program Elements

An important focus of the benchmarking study was a direct comparison of NIH's child care programs, resources, and services to those being offered by the benchmarked organizations. Table 33 summarizes this comparison relative to sixteen key variables selected for this analysis.

Compared to the other benchmarked organizations, NIH's child care program, resources, and services were better (or in the top group of organizations) on 3 of the 16 elements analyzed. In particular, compared to the other benchmarked organizations, NIH:

- ***Sponsors more child care centers*** – NIH currently sponsors 3 child care centers, which is more than any of the benchmarked organizations except for Bristol Myers Squibb, which has 5 child care centers.
- ***Offers more child care slots to its employees*** – NIH offers 450 child care slots, which is more than any of the benchmarked organizations except for Bristol Myers Squibb, which offers its 640 slots to its employees.
- ***Serves a broader range of children*** – NIH serves all-aged children (infants, pre-schoolers, and school-aged children). Only 4 other organizations (NRC, Georgetown University, Bristol Myers Squibb, and Fannie Mae) provide child care services to school-aged children.

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

- Full-time child care (77%)
- Child care subsidies (92%)
- A pre-tax program for child care (100%)
- Alternative work schedules to employees (100%).

Most of the organizations, including NIH, do ***not*** offer sick child care (only Harvard Medical School offers this service).

In terms of annual tuition/fees for child care programs, NIH's fees fell into the middle range in comparison with the other benchmarked organizations. Five of the organizations, including NIH, offered other forms of paid leave to employees on maternity leave beyond the use of vacation and sick leave or short-term disability. Four organizations (NIH, DOJ, NRC, Duke) have a leave bank to which employees can donate their leave that is available for use by other employees to cover their time away from work. However, both Duke University and Fannie Mae go one step further and offer paid time off to their employees to fully cover employee compensation during the first weeks of maternity leave (three and four weeks respectively).

## Table 33: Summary Comparison on Key Elements

| Child Care Program Elements | Federal Government Agencies | | | | | | Academic/Universities | | | | Private Sector | | NIH | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | SEC | DOJ | CDC | EPA | OPM | NRC | George-town | Harvard Medical School | Johns Hopkins | Duke | Bristol Myers Squibb | Fannie Mae | **NIH** | **Comparison to Benchmark Orgs.** |
| Number of Child Care Centers | 1 | 1 | 2 | 0 | 0 | 1 | 2 | 2 | 2 | 1 | 5 | 1 | **3** | Better |
| Number of Child Care Slots | 88 | 76 | 102 | 0 | 0 | 97 | 96 | 36 | 248 | 152 | 640 | 20 | **450** | Better |
| Serve All-aged Children | *No* | *No* | *No* | N/A | N/A | ✓ | ✓ | *No* | *No* | *No* | ✓ | ✓ | ✓ | Better |
| Offer Full-time Child Care | ✓ | ✓ | ✓ | *No* | *No* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | *No* | ✓ | About the Same |
| Offer Child Care Subsidy | ✓ | *No* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | About the Same |
| Offer Pre-tax Program for Child Care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | About the Same |
| Offer Alternative Work Schedules | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | About the Same |
| Average "Low" Annual Fee | $10,660 | $12,480 | $10,348 | N/A | N/A | $12,780 | $11,722 | $15,900 | $13,956 | $11,928 | $13,520 | N/A | **$10,452** [1] **$10,452** [2] **$13,920** [3] | About the Same |
| Average "High" Annual Fee | $15,860 | $12,480 | $12,064 | N/A | N/A | $17,640 | $13,128 | $24,000 | $17,760 | $13,932 | $16,016 | N/A | **$16,224** [1] **$17,244** [2] **$17,556** [3] | About the Same |
| Offer Sick Child Care | *No* | *No* | *No* | N/A | N/A | * | *No* | ✓ | *No* | *No* | *No* | *No* | ***No*** | About the Same |
| Provide Other Paid Leave | * | Leave Bank | * | * | * | Leave Bank | *No* | *No* | *No* | ✓ | *No* | ✓ | ***Leave Bank*** | About the Same |
| # of Employees on Wait List | 0 | * | 400 | N/A | N/A | 68 | 111 | 25 | * | 363 | 200-300 | N/A | **1,105** | Not as Good |
| Average Time on Wait List | N/A | * | 1 year | N/A | N/A | 9 mos. to 1 year | Varies | 1+ years | 1 year | * | * | N/A | **1.5+ years** | Not as Good |
| Contract with Community-based Centers | *No* | ✓ | ✓ | *No* | *No* | *No* | *No* | *No* | *No* | ✓ | ✓ | ✓ | ***No*** | Not as Good |
| Offer Back-up Child Care | ✓ | *No* | *No* | N/A | N/A | *No* | *No* | ✓ | *No* | ✓ | ✓ | ✓ | ***No*** | Not as Good |
| Allow Use of Short-term Disability for Maternity Leave | *No* | *No* | *No* | *No* | *No* | *No* | ✓ | ✓ | ✓ | *No* | ✓ | ✓ | ***No*** | Not as Good |

* - Data was not available.

[1] – ECDC / [2] – POPI / [3] – Childkind

NIH's programs, however, were not as good as the other benchmarked organizations on five of the key benchmarking elements. First, NIH had the highest number of employees on its wait list and the one of the longest average time spent on the wait list. Second, five of the benchmarked organizations contract with outside child care centers/providers, while NIH does not. Contracting with outside child care centers can be an effective option for increasing the number of child care slots available, and thus could have a significant impact on reducing the number of employees on the wait list.

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

A key issue that was raised in the employee survey was the use of short-term disability for maternity leave. None of the government organizations benchmarked, including NIH, offer the use of short-term disability for maternity leave, while three of the four universities and both private sector firms offer this benefit to its employees. The one university that did not allow short-term disability, Duke University, however, offered its staff three weeks paid leave and its faculty one semester of paid leave, along with access to a leave bank.

# 12. CONCLUSIONS AND RECOMMENDATIONS

Using the findings of the data reviewed, collected, and analyzed, the results have been synthesized to provide responses to each of the five research questions that this study sought to examine.

## 12.1 To what extent does NIH's Child Care Services Program support the mission of science at NIH and how critical is it to achieving this mission?

The data collected and documents reviewed as part of this study provide solid evidence to support the value of child care services in helping NIH employees to accomplish the agency's mission. The majority of the NIH community, with and without children, felt that provision of child care services helps to support NIH's staff in performing their critical work.

The analysis suggests that access to high quality, accessible child care provides a sense of stability for parents and results in increased employee productivity, as it enables parents to stay focused on the research they are conducting, which is central to NIH's mission. Providing child care assistance is also seen as leading to reduced employee absenteeism and a lowering of the stress levels experienced by employees related to child care issues. Finally, offering child care programs and services is seen by NIH employees as increasing NIH's ability to attract and retain the pool of highly qualified research scientists that are essential to fulfilling NIH's mission.

## 12.2 What role does the provision of child care services play in employee decisions to join and continue their employment with NIH?

The findings of this study strongly suggest that the availability of child care services plays a key role in the recruitment and retention of NIH staff. Data presented from the literature review demonstrated that offering child care services to employees increases the organization's ability to both recruit and retain highly qualified professional staff. While "hard" data on the recruitment and retention of NIH employees was not available to this study, the results of previous NIH surveys, the stakeholder interviews, and the NIH Parent Listserv Survey data all suggest that NIH employees strongly perceive that providing child care services can and does make a difference in employee recruitment and retention at NIH. For example, respondents to the NIH Parent Listserv Survey expressed their views on this issue:

> *"Having access to NIH Child care makes my work possible. Without it, I would not be as effective at work and would possibly not continue working at all."*

> *"If I could have my child at the daycare centers here, not only would the added convenience and significant decrease in my commute be extremely helpful, I would be much better at my job and so much happier working for the NIH."*

Results from the NIH Parent Listserv Survey suggested that while offering child care services may play a lesser role in the recruitment process at NIH, it clearly plays an increasingly important role in retention decisions as employees begin to have children and find themselves in need of child care services.

### 12.3 What are the greatest strengths and weaknesses of the NIH child care services program and how has the child care services program improved over time?

A key finding of this study was that one of the greatest strengths of NIH's child care services program is the high quality of the NIH-sponsored child care centers. NIH survey and interview results found that most participants believe that the level of quality at NIH-sponsored child care centers is very high as compared to other child care options available to them. For example, NIH Parent Listserv Survey respondents provided this feedback:

> *"My son has been at [Name of NIH Child Care Center] since he was 6 months old (now 6 years old). He attended the wonderful kindergarten program there, and is now a first grader at Luxmanor Elementary school. I cannot speak highly enough about the Director, staff, and safe/clean environment of the center."*

> *"We've been very satisfied. Our son attends [Name of Child Care Center] and is getting a nice preparation for kindergarten, learning, and interacting with others. The special activities (karate, soccer, etc.) are great."*

For those individuals who have not had the opportunity to utilize the child care services, the additional child care benefits, including the resource and referrals and the parent listserv, were noted as positive facets of the child care services program.

A second area that was seen as a strength and an area of improvement in the NIH child care services program was the implementation of the child care subsidy program. The NIH Subsidy Pilot was implemented in 2005 to partially assist with the issues of affordability that were raised by NIH employees in the earlier surveys that were conducted by NIH. The results of the Pilot program indicate that the Pilot was successful in providing support to those NIH employees most in need, allowing them to obtain licensed child care services at a lower out-of-pocket cost. The Pilot has subsequently been implemented as a permanent program. It is hoped that this program will enable more NIH employees to receive child care subsidies in the future.

As several NIH Parent Listserv Survey respondents noted, however, there is a perceived need for expansion of the subsidy program to provide support to NIH fellows (post-docs):

> *"…Increased child care subsidies for [fellows]. Most [fellows] come out of graduate school in prime child-bearing years, with no savings, no retirement accounts, and a mountain of grad school debt in the form of federal or personal loans. As the prime NIH research workforce, the [fellows] deserve better benefits, and the child care subsidy would be a good start. This would also set the standard for non-NIH [fellows] working extramurally at universities, whose situations, by comparison, make NIH [fellows] salaries and benefits sometimes appear generous."*

A third area in which improvements have been noted relate to the waitlist process. The 2001 employee survey found that many employees felt that the wait list process was biased and

resulted in an unfair admission process of children into the NIH-sponsored child care facilities. In recent years, NIH's Office of Research Services (ORS) has sought to improve the wait list process. It has made efforts to improve the transparency and equity of the registration and wait list policies and procedures. In addition to hiring an outside vendor (LifeWork Strategies, Inc.) to manage the waitlist, the process now includes a "warm hand-off" to referral specialists who work with waitlist registrants to assist them with child care alternatives. The survey results in 2005 reflected some improvements in this area, as a greater percentage of survey respondents in 2005 indicated that they had been contacted by waitlist staff (66%) than those participating in the 2001 survey (51%).

Despite these improvements, NIH employees expressed continuing concerns related to the waitlist – both in terms of the length of time individuals remain on the waitlist before a child care slot opens up to them (1.3 – 1.8 years, as of the April – June 2007 Waitlist Report prepared by LifeWork Strategies), as well as issues related to the perceived fairness and equity of the waitlist process. A number of the respondents to the NIH Parent Listserv Survey expressed their dissatisfaction with the waitlist process. For example, one respondent remarked:

> "*I was on the waiting list for the child care at the NIH for over 1 1/2 years with no foreseeable end. I think a lot of the frustrations with the waiting list could be addressed by making the process more transparent... i.e. to have people access the list and see where they are – you don't need to put names in order to maintain confidentiality if it is a problem – a number, initials, code or other system would work just as well and relieve some of the anxiety about the system if people can track the list for themselves*."

The major perceived weakness of the child care program is the relative scarcity of child care slots at NIH-sponsored on-site and near-site child care facilities. This was a theme that emerged from all of the data sources reviewed as part of this study. NIH employees consistently requested additional on-site or near-site child care slots to be provided. As one NIH Parent Listserv survey participant stated:

> "*We have been on the wait list for over a year and recent phone conversations with center directors confirmed that we would not be able to enter any of the NIH-campus child care facilities for at least another 18 months! There is clearly much more demand than supply in this sector.*
>
> *Having (reasonably priced) child care close to my work place is a priority and I have been quite disappointed in that respect by the provision NIH has for its employees. Child care around Bethesda is VERY expensive and a slot in one of the NIH child care facilities would be a great solution if such slot were available....*"

As described in Section 5 of this report, the greatest level of need is for infant care, yet there are currently very few slots for this age group at NIH-sponsored child care facilities. One NIH Parent Listserv Survey participant remarked about this particular need:

*"…Furthermore, there are not enough slots in the child care especially for infants. Considering the number of child-bearing aged females employees (especially due to large number of post-docs), this service needs to be expanded."*

Providing infant care at on-site facilities is especially important, as noted by one of the stakeholder interviewees, in that such facilities also enhance new mothers' lactation activities, which have been shown to lead to healthier children. By inference, the interviewee noted, if NIH employees' children are healthier (due to breast-feeding), this should result in a decreased level of absenteeism of the parents, as they would not have to stay home to take care of their sick children as often.

Stakeholders also identified the affordability of the NIH-sponsored child care facilities as another area of perceived weakness. Costs for full-time infant child care in an NIH-sponsored child care facility can be more than $15,000 per year. This cost is high, however, it is only slightly more expensive than the average annual cost of full-time infant care in Montgomery County, which is approximately $14,317 per year.[3]

The establishment of the child care subsidy has helped to address this issue somewhat; however, the subsidy does not cover a large population of eligible NIH staff members. Currently, only a small percentage of NIH Federal employees meet the current financial eligibility standards for participation in the child care subsidy program. As one NIH Parent Listserv survey respondent noted:

*"…[NIH-sponsored child care centers] generally have good service, but [are] very expensive... especially relative to what government employees earn. My husband and I both work at the NIH, and with a second child coming, we CANNOT afford to put both children in the NIH child care at the same time. We cannot qualify for the child care subsidy (which seems to be geared towards single-income families) and yet, we cannot afford the service."*

### 12.4 Are NIH's child care services program offerings competitive with other organizations trying to attract similar types of employees?

Looking across all of the data elements for the benchmarked organizations, it is clear that NIH's child care program is among the top programs being offered by the benchmarked organizations. Its key strengths are the number of centers it offers and the number of child care slots that are made available to NIH employees. However, NIH is about the same on most of the other key program elements and is behind relative to providing back-up child care and offering short-term disability for maternity leave coverage, as well as its inability to meet the high demand for child care center slots.

[3] From *Cost of Care Report for Montgomery County*, Maryland Committee for Children, Inc. , 2007.

### 12.5 Based on the findings and analysis of related research, how can the program continue to meet the needs of its staff and better support NIH's mission?

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

The NIH was one of the first organizations to provide child care services to its employees (back in the early 1970s), and thus was on the cutting edge of human resources at that time. Very few, if any, organizations had yet recognized the value and importance of providing child care services to their employees.

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

The NIH child care services program has made some significant program improvements in recent years, but clearly there are still some areas where additional improvements can be made. While NIH does provide more child care slots than most of the organizations benchmarked, the relative scarcity of on-site and near-site child care slots remains the key driver of employee satisfaction with the program. Until this issue is addressed, it is likely that NIH employees will continue to express their dissatisfaction with some of the key aspects of NIH's child care services program.

In some sense, NIH is a victim of its own success. By providing a relatively large number of on-site and near-site child care slots, it has created an extraordinarily high demand for child care services amongst staff – one that cannot be met with its current level of resources. Anecdotal evidence suggests that ready availability of child care to NIH employees has been used as an effective marketing tool to recruit new staff and has been used to help keep staff on board once they have children. However, the reality has not always matched the promises that have been made to employees. As a result, there are often severely unmet expectations, which can lead to employee dissatisfaction. Ultimately this may lead to a lessened ability of NIH to recruit and retain qualified staff in the future, as the number of women in the workforce increases.

If NIH is to regain its "cutting-edge" status in the child care area, it will also need to invest additional resources in establishing new programs, such as providing back-up child care, providing increased compensation to women while they are on maternity leave, and perhaps contracting with community-based child care centers to allow for more employees to take advantage of nearby child care centers for their children.

In sum, NIH is in direct competition with universities and the private sector for the shrinking pool of highly talented scientific and technical staff. If it wishes to continue to be on the leading edge of the research it is conducting, it will also need to be on the leading edge in its human resource practices. This requires making additional investments in the child care program to ensure that it is among the leaders in the benefits it provides to its employees.

# Appendices

## Appendix 1. NIH Parent Listserv Survey Questions

## Appendix 2. NIH Parent Listserv Survey – Comments and Suggestions

# Appendix 1.
# NIH Parent Listserv Survey Questions

*Please answer the following questions regarding your perceptions of the child care programs, services, and resources offered by NIH to its employees. All responses will be kept anonymous and will be used by NIH staff to help determine the future directions for the child care programs, services, and resources offered to NIH employees.*

**Section 1. Background Information**

1. How old is your child?

   *(If you have more than one child, please provide information on the child attending the NIH-sponsored Center or the age of your youngest child only.)*

   - ○ Under 2 years old
   - ○ 2 – 3 years old
   - ○ 4 – 5 years old
   - ○ Over 5 years old
   - ○ Not applicable – do not have a child

2. Please indicate your current salary level:

   - ○ Under $30,000
   - ○ $30,001 – $50,000
   - ○ $50,001 – $70,000
   - ○ $70,001 – $100,000
   - ○ More than $100,000

3. Is your child currently enrolled in a child care program (or you intend to do so in the near future)?

   - ○ Yes
   - ○ No

4. Please indicate your top preference as to the location of a child care program for your child:

   - ○ Close to my home
   - ○ Close to a family member or friend's home
   - ○ Close to my place of work
   - ○ Close to my spouse/significant other/other family member's place of work
   - ○ Close to my child's school

5. If your child attends (or will attend) a child care program, what is your preferred DROP-OFF time:

   - ○ Before 7:00 am
   - ○ Between 7:00 am and 8:00 am
   - ○ Between 8:00 am and 9:00 am
   - ○ After 9:00 am
   - ○ Flexible drop-off time

6. If your child attends (or will attend) a child care program, what is your preferred PICK-UP time?

   - ○ After 5:00 pm
   - ○ After 6:00 pm
   - ○ After 7:00 pm
   - ○ After 8:00 pm
   - ○ Flexible pick-up time

7. Does your child have any special needs (e.g., physical, medical, behavioral, or allergies) that require accommodations by the child care program you currently use (or intend to use)?

   - ○ Yes
   - ○ No

8. Does your child currently attend an NIH-affiliated child care center (or attended one in the recent past)?

   - ○ Yes
   - ○ No
   - ○ Currently on the Waiting List

## 2. Impact of Your Child Attending a NIH-sponsored Child Care Center

9. To what extent has having your child attend a NIH-sponsored child care center resulted in your having fewer absences from work due to child care issues?

   - ○ Not at all
   - ○ To some extent
   - ○ To a great extent

10. To what extent has having your child attend a NIH-sponsored child care center reduced your stress related to child care issues?

    - ○ Not at all
    - ○ To some extent
    - ○ To a great extent

## 3. Additional Questions

11. To what extent did the availability of NIH-sponsored child care facilities and other child care programs/resources/services (e.g., child care referrals, child care subsidy, parenting workshops, camp information) impact your decision to take a position with NIH?

    - ○ Not at all
    - ○ To some extent
    - ○ To a great extent

12. To what extent does the availability of NIH-sponsored child care facilities and other child care programs/resources/services impact your decision to continue your employment with NIH?

    - ○ Not at all
    - ○ To some extent
    - ○ To a great extent

13. Compared to other places of work you may know about (i.e. through your past experience or that of your friends or family), how would you rate the ***overall quality*** of the child care programs/services/resources provided by NIH to its employees?

    - ○ Much worse
    - ○ Worse
    - ○ About the same
    - ○ Better
    - ○ Much better

14. What other child care/work-life balance services do you think NIH should offer to its employees (*please check all that apply*):

    - ○ Regular before- and after-school care
    - ○ Sick child/emergency care
    - ○ Provision of additional *onsite or near site* child care centers for NIH employees
    - ○ Arrangements to provide child care for NIH employees at centers based in local communities
    - ○ Flexible work hours/alternative work schedules
    - ○ Increased child care subsidies
    - ○ Provision of parenting workshops/classes

15. Please provide any suggestions and/or improvements to the child care services provided by NIH to its employees you may have in the space below.

# Appendix 2.
# NIH Parent Listserv Additional Comments and Suggestions

1. I think the NIH does a wonderful job in helping the needs of it's employees and the fact that it offers any of these services is a real strength. Given that there are over 1000 kids on the waitlist, it seems reasonable for the Institute to consider expanding these services. I recognize that building another center is difficult, but it would be reasonable for the NIH to "purchase" though this would be paid by the employee some priority placements in community day care centers. Having a mass of employees using the same center helps to build a community within the agency and also helps to allow the parents/guardians to have some influence over the type of services that the center provides. Overall, NIH does a good job, but I think it is time to move to GREAT.

2. I think the NIH does a wonderful job in helping the needs of its employees and the fact that it offers any of these services is a real strength. Given that there are over 1000 kids on the waitlist, it seems reasonable for the Institute to consider expanding these services. I recognize that building another center is difficult, but it would be reasonable for the NIH to "purchase" though this would be paid by the employee some priority placements in community day care centers. Having a mass of employees using the same center helps to build a community within the agency and also helps to allow the parents/guardians to have some influence over the type of services that the center provides. Overall, NIH does a good job, but I think it is time to move to GREAT.

3. I was on the waiting list for the child care at the NIH for over 1 1/2 years with no foreseeable end. I think a lot of the frustrations with the waiting list could be addressed by making the process more transparent.... i.e. to have people access the list and see where they are – you don't need to put names in order to maintain confidentiality if it is a problem – a number, initials, code or other system would work just as well and relieve some of the anxiety about the system if people can track the list for themselves.

4. We love ECDC!!

5. More NIH sponsored centers or reserved infant spaces at other centers. More lactation support. Pickup times to 6:30 instead of 6:00pm at NIH centers. Parent education classes (similar to PEP or others offered at the YMCA), during lunch time brown bag sessions or even evening classes at the child care centers would be great as well!

6. Better way to handle the wait list. Clearly defined process, preferably in order on the wait list and not allowing ones who call incessantly to shift the order.

7. The centers should (at least one should) have better play areas for older kids. It is a shame that older kids have to play in a beat up tennis court when the other kids get really nice play areas. I would like to see that fixed soon as would other parents. I don't understand how NIH could let this go.

8. The main needs are for: - more infant spaces, (who wants to move a two or three year old, especially without a guarantee that there is a good chance a second child will get in to the same center) - a strong emphasis on the importance of flex schedules (this is mandated by the white house), for instance: training for how to apply, how to manage flex time employees, sample applications or sample office policies regarding flex time, etc. - parental leave policies for ALL parents (including fellows and contractors, regardless of gender, and employment length) - so far they don't exist, at best there are some recommendations.

9. We have been on the wait list for over a year and recent phone conversations with center directors confirmed that we would not be able to enter any of the NIH-campus child care facilities for at least another 18 months! There is clearly much more demand than supply in this sector. Having (reasonably priced) child care close to my work place is a priority and I have been quite disappointed in that respect by the provision NIH has for its employees. Child care around Bethesda is VERY expensive and a slot in one of the NIH child care facilities would be a great solution if such slot were available. Partial NIH-sponsored subsidy for private child care centers would be a wonderful employee benefit...

10. I do not understand why for some child both mom and dad work in NIH, but they do not have the ability to enter the child care quicker.

11. We need much more available child care for NIH employees. The waitlist for the 3 centers is way too long and there is also great need for NIH sponsored or secured child care in the community for those who would like child care closer to home or who have the opportunity to use AWS or telecommute. Also, child care in the DC metro area is so expensive-- it would be nice if NIH would increase their subsidy program to cover all of it's budding scientists, especially the youngest ones. NIH needs to also include maternity services and offer paid maternity leave. It's bad when you have to beg through the VLTP just to take time off to recover from childbirth and bond with your baby. Especially since child care centers will not take infants less than 6 weeks old. Do love the Lactation Program!

12. Lower the cost of child care services.

13. There are definitely not enough spaces in the Child Care centers associated with NIH to accommodate all the children at NIH who would like to attend. It would be very helpful to have more centers or increase the capacity of centers that can have more classrooms without sacrificing quality.

14. We were soooooooooo lucky to get into campus daycare. Wish there were more spots! Thanks!

15. I telework several days a week. Although I have a nanny while I'm working from home it would be nice to have the ability to bring a child to the NIH campus for an emergency meeting - couple hours daycare needed every month or so.

16. Though it's clear that infant care is the most difficult (resource-intensive) service to provide, it would be wonderful if the existing NIH child care centers could offer more capacity for infant care. It seems that once children are two and three years old, there are so many additional options for child care in the community, and that the first year especially is when parents most need to feel secure about their child care arrangements in order to work effectively.

17. Work to make the waiting list shorter, and adopt a policy to provide some paid maternity leave.

18. Sadly, the current state of child care offerings at the NIH is an embarrassment; the NIH can hardly claim to even *offer* child care when there are over 1,000 children on the waiting list, and I've now been told by all three of the child care centers that they haven't been able to accept a non-sibling infant off of the waiting list in OVER TWO YEARS. As a new NIH employee who is expecting my first child in the spring, there's not even the slightest chance my child will have the opportunity to attend an NIH daycare, which just makes me resent that it's an "offered" service in the first place. In talking to co-workers, though, I understand that this has been the case for so long that there's little chance of it ever being fixed, so I don't know why I bang my head against the wall... Finally, question #14 in this survey is flawed -- it requires an answer, despite a valid response to the question being that I don't think *any* of the choices are things that should be offered by the NIH.

19. There is still some confusion about how the wait lists work. Also it was very discouraging when on the wait list for my first child several people in my office got their second children in based on the sibling rule. I am not saying the sibling rule is a bad idea I am just saying that after 2 years of waiting it was depressing seeing these other people get in right away

20. Increased child care subsidies for postdocs. Most postdocs come out of graduate school in prime child-bearing years, with no savings, no retirement accounts, and a mountain of grad school debt in the form of federal or personal loans. As the prime NIH research workforce, the postdocs deserve better benefits, and the child care subsidy would be a good start. This would also set the standard for non-NIH postdocs working extramurally at universities, whose situations, by comparison, make NIH postdocs salaries and benefits sometimes appear generous.

21. My daughter attended POPI last year and experienced a wonder year with the program. We like the program very much. There are few suggestions I would like to address: 1. The kindergarten class can be divided into several groups based on the kid's intellectual ability development; 2. Can provide several international culture programs. Overall, POPI is a very competitive child-care program and our daughter benefit a lot from this program. Thank all the staff and the director of POPI to continue to provide the high quality of educational child care program to NIH employees and their families.

22. Thanks for working so hard on this issue.

23. We've been very satisfied. Our son attends ECDC and is getting a nice preparation for kindergarten, learning, and interacting with others. The special activities (karate, soccer, etc.) are great.

24. Add more infant rooms so that there isn't a 2 year waitlist.

25. The only problem with NIH child care is the lack of it! I've been on the waiting list for about 3 years for my oldest child. The POPI facility is far superior to anything else around here and it drives me a little crazy that we can't get into it.

26. More transparent information about services and intended services (wait list, facilities, etc) - More child care services to meet the needs of all staff (all levels and all types- administrative and management in addition to direct science staff). This is a huge benefit and would retain talented individuals. -More support for child care if children are sick- and flexibility in getting work done at different times but not having to take time off.

27. NIH spends a lot of money on several daycare in or out of campus, this is our employee benefit. The quality of NIH sponsor daycare centers should have a much higher quality compared to surround private daycare centers, since NIH, we NIH employees, have contributed those centers some of the funding.

28. Providing more access to care via more centers, perhaps in the community.

29. The wait list is very long usually up to 3 years. By they time a slot is available you already have your child enrolled in another Center and it makes for a tough decision as to pull your child from a place where they are use to going to a place that is more convenient for you. With such long waits some coworkers don't bother signing up for the list because they think they will never be called.

30. I feel the services for an organization like NIH to have so few NIH child care options is criminal. I had put myself on the wait list even before I had my son and to think he may be enrolled in school before his name comes up is a pathetic demonstration of the organization taking a vested interest in its employees and the youth of tomorrow! With the NIH employee child care need so significant why are there not more spaces/availability?

31. Increase the number of infant care spots at NIH daycares.

32. Having access to NIH Child care makes my work possible. Without it, I would not be as effective at work and would possibly not continue working at all.

33. Offer child care services at an affordable cost to all families.

34. Additional care facilities are necessary for our youngest child. The 0-2 year age seems to be the most difficult range to find child care for.

35. NIH needs more capacity for under 2 AND for 36mo-6yrs! I signed up for the wait list when I was 12 weeks pregnant; my daughter is now 1, and we are ~9 on the waitlist at Childkind for her age group (maybe there will be an opening in the 18-24 month room?) and ~ 90 at POPI (call back in 9/08 to check when there might be openings?). This does not count siblings (who I agree should be given preference). So if I take a Childkind slot when it opens, I'm still potentially stuck trying to find an alternative for 2-12 months once she is 3, and she'll end up in 3 different centers in 3 years...

36. The NIH Child Care system is a joke. There is a significant shortage of child care compared to the demonstrated need. The length of the wait list is absurd (although management of it has improved greatly in recent years). Considering the relatively meager salaries many NIH staff (FTE and non-FTE) earn, child care costs are also outrageous. For a government institution that is supposed to be improving the health of the nation's citizens, for it to provide so poorly for the mental well-being of its staff/parents, and provide so few services for the children of its staff is the epitome of the near-sightedness of government regulations. Afterall, isn't is NIH dollars that fund studies showing how important the quality of early child-care is? Yet NIH can't provide space or sufficient salaries for many of its employees to provide for their children. Suggestion: MORE CHILD CARE SPACE ON CAMPUS

37. The wait list for child care is disappointing. It is perplexing that with the persistent wait list and the volume of infants/children on the wait list that increased facilities have not been developed. It is clear that the significant cost of the child care indicates that this valuable service is not a charitable service, therefore given the apparent self-sustaining nature of the service and the demand for care in the area - it seems expanding care should be feasible?

38. Generally good service. but very expensive... especially relative to what government employees earn. my husband and I both work at the NIH, and with a second child coming, we CANNOT afford to put both children in the NIH child care at the same time. We cannot qualify for the child care subsidy (which seems to be geared towards single-income families) and yet, we cannot afford the service.

39. NIH should expand care for babies and toddlers. I have been on the waiting list for 29 months or so. My two year old is still on the indefinite waiting list. Sibling priority is a good things but I have a school age child and it is a difficult situation as well for me not to have my baby at NIH center. I have to go extra miles to other daycare center. I think lottery should be considered for those of us who are on the list for long time. Thanks.

40. First, I would prefer to have more child care spots available to NIH employees (especially 2 years and under). I realize that there are a host of issues with this one suggestion, but convenient, quality child care is in such demand in the DC area. Second, I would like to have much more transparency in how the wait list works for an NIH child care spot. It all seems very mysterious. Some folks never get a call, while other do, but after two or three years. Even though both folks put their children on the list around the same time? Also, what exactly are the rules for getting and staying on the wait list? I met a person who unfortunately had a miscarriage, but stayed on the wait list, and with her next pregnancy, she was able to acquire an infant spot. If this is the case, then anyone could get on the wait

list before they are even trying to conceive. I met another person who had one child on the wait list, that child went into kindergarten, the she adopted a second child and was able to get the second child into NIH because the older child's name was still on the wait list? How exactly does that happen? Once a child is old enough to be in school, shouldn't their name be removed from the list? Knowing how exactly the wait list works (and the fact that it is nearly impossible to get into an NIH child care center) would have really helped me when planning the arrangements for child care for my child. And it would avoid a lot of frustration for NIH parents in need of quality child care close to work! Thanks!

41. The waitlists are way too long, and people remain on them for years!

42. More slots on campus!! Otherwise- ECDC has been EXCELLENT.

43. Maybe have some correspondence with us. We still (1yr and 10mo after signing up) haven't heard anything from the NIH child care providers (All 3) Accept the obligatory email to see if we are still interested.

44. I have 3 children, and both my husband and I have a combined income of $85,000, yet somehow, we are not able to afford daycare for THREE children at any NIH site. After taxes, minimal tsp, and health insurance, we then have a combined take home pay of $55,000, which equals $4595 per month. If you look at NIH daycare rates, this is about equal to what we would have to pay for THREE children at YOUR daycare. I think the fees are exorbitant and do not help families who have multiple children. I would not qualify the NIH daycare as a benefit to being an employee if it is not accessible in all locations (live in Frederick) or if the costs generally exceed most other daycares, or if subsidies are not designed to assist families with multiple children. Also, why would a daycare open up so late? I have to be at work by 7 am plus I have an hour commute. opening a daycare that late in the morning does not help most people with children who actually want to enjoy a dinner with their children. Sorry for being so negative, but I don't see how NIH child care is useful or helpful.

45. It seems like the NIH waitlist is not managed in a fair and structured way. I have heard numerous stories from parents about calling "bugging" until their child was accepted into a center. This is not fair to the parents who "wait their turn". I think the waitlist needs to be reassessed. Furthermore, there are no enough slots in the child care especially for infants. Considering the number of childbearing aged females employees (especially due to large number of post-docs) this service needs to be expanded.

46. The waiting lists are entirely too long and completely unrealistic. They give individuals no hope of ever getting a slot. I think the demand is there to justify provision of additional daycare facilities. A center that allowed for emergency/backup care would be fantastic.

47. The obvious: more spaces.

48. NIH should consider increasing the amount of available spaces for child care services at NIH. As many older employees retire or leave, they are being replaced by younger

employees who are needing child care. This increase can be temporary or permanent. To the person-in-charge, you can just "take a peek" at the waitlist and you'll see this dire need.

49. There are so many children who are on the waitlist - it seems evident that we need more available spaces for the children of NIH/FDA employees.

50. Despite the GREAT demand for child care at one of the NIH-centers for many NIH employees, I am truly surprised that SO FEW SLOTS ARE AVAILABLE! I have been on the waiting list for almost 3 years for a slot for my 2.5 year old, and still have not had my turn. It's ridiculous that there is only space available for 12 kids (for the 2year olds, even less for infants, even less if a sibling isn't already enrolled) even though there are hundreds (if not thousands) of parents with 2 year olds who have them in daycare. It seems that in reality, only a handful of slots a year become available. The NIH really needs an ENTIRE building devoted to providing child care for its employees - a necessary and important part of our employment here - and extremely worthwhile. The centers we have here are truly amazing - and better than all centers I've seen - and it's such a SHAME that SO FEW spaces are available for us. If I could have my child at the daycare centers here, not only would the added convenience and significant decrease in my commute be extremely helpful, I would be much better at my job and so much happier working for the NIH.

51. My son has been at ECDC since he was 6 months old (now 6 years old). He attended the wonderful kindergarten program there, and is now a first grader at Luxmanor Elementary school. I cannot speak highly enough about the director, staff and safe/clean environment of the center.

52. NIH needs additional facilities for child care. There is obviously a tremendous need for it and being on the waitlist for over 2 years isn't acceptable.

53. I work off campus in Baltimore. Our institute provides minimal assistance with child care/family-life issues. This has somewhat negatively impacted my experience here. For example, I follow the NIH family e-mail list, but it is nearly all focused on needs at Bethesda. To my knowledge there has been no effort to start a similar list for the Baltimore employees, although it would be very useful. Also, I think the way that NIH ignores the needs of contractors and trainees/fellows is terrible. This is the population with probably the greatest need and they get the least help.

54. Contracting with other center-based providers to provide slots to NIH employees, especially close to home. After school care and summer programs for school-aged children.