# NIH Child Care Board Meeting Minutes
# June 23, 2010
# Building 50, Conference Room

**Members in Attendance:** Valerie Durrant, Julie Berko, Kelli Carrington, Angela Magliozzi, Brian Rabin, Heather Rogers, Lisa Strauss, Conrad Farina, Adam Lee, Joslyn Kravitz, Mary Ellen Savarese, Bea Curl, Tonya Lee

**Members Absent:** Susan Persons, Jason Levine, Hillary Fitilis, Sheri Schully, Rosalind King

**Center Liaisons Attending:** POPI: Paulina Alvarado, Ana Cotrim ECDC: Anne Schmitz, Dawn Gerhart, Stephanie Weinstein, ChildKind: Amy Cliber, Robin Kastenmayer

**Guests:** Michael Dunn, DOHS/Nursing Mothers Program and Jane Balkam, DOHS/Nursing Mothers Program

## I. Welcome and Introductions

Chair Valerie Durant welcomed Board Members, Liaisons, and Guests. Ms. Ana Cotrim was introduced as the POPI Board Liaison and Stephanie Weinstein was introduced as the ECDC Board Liaison. Guests included Michael Dunn and Jane Balkam from DOHS/Nursing Mothers Program.

## II. Approval - Minutes for March 2010

Chair Durrant called for a vote to approve the minutes from the March 2010 meeting. Minutes were approved.

## III. Report from Chair—Valerie Durrant

Chair Durrant reported that she recently received the response letter from Dr. Collins and Dr. Kington. Chair Durrant read the response letter from Dr. Collins and Dr. Kington (*See attached A).* Ms. Bea Curl reported that Mr. Hayden has confirmed that the Subsidy and the Backup Care proposals are still included with the ORS proposed FY 2011 budget.

**Northwest Child Care Center Update:** Chair Durrant asked Mary Ellen Savarese to report on a meeting that took place concerning the Northwest Child Care Center. Ms. Savarese reported that the Northwest Child Care Center would be built by the Army Corp of Engineers instead of the NIH design/build. Conrad Farina joined the discussion and stated that NIH was fast tracking the project to avoid any loss of funding. There is a current discussion that involves moving the building from the original position on site. If this occurs, it would delay the start of the project until Early Spring 2011. It was recommended that an end of the year a letter should be written to NIH Leadership expressing extreme disappointment on the lack of progress concerning this project.

**Subsidy Program Update**: Currently the NIH Subsidy program has implemented a waitlist. All current funds have been allocated for the year and new enrollees are placed on a waitlist that will be managed as a one out one in, first come first serve basis. The Board was sent an email about the status of the program and currently there are 6 individuals on the waitlist. Angela Magliozzi asked if there were any testimonials from the participants to include in the Board Annual Report to NIH leadership. In April

2010, when participants are asked to update their information a requested was sent out and a few responses were received. It was suggested to send out another request and to include testimonials with the Board Report.

**Waitlist Update:** There are currently 1,405 children on the waitlist. Over the last two months there have been multiple meetings with the NIH Child Care Center Directors to evaluate and clarify waitlist procedures. There have also been meetings with the Waitlist Manger to help with maintaining accurate data on the waitlist. Other Federal agency registrants were notified about their lack of priority status and were asked if they would like to remain on the list. Other Federal agency employees are given priority only after all NIH employees. Seventy-three (73) names were taken off the list.

**IV. Review of the proposed Child Care Board Schedule for 2010-2011—Bea Curl**

The proposed dates for the 2010-2011 meeting dates were presented to the Board for discussion. There were no objections. In mid-August the final dates will be sent to Board members. There was a discussion on whether the Board would like to consider changing the time of the meetings from 10 am -12 pm to 9 am to 11 am. The time change was proposed in case Board members preferred coming to the meeting first rather than reporting to work and then coming to the meeting. Board members decided to keep the time as 10 am to 12 pm.

**V. Report from the Strategic Planning Committee—Valerie Durrant**

The Strategic Planning Committee met to discuss two (2) very important issues concerning Dependent Care: *Should the NIH Child Care Board consider adding Dependent Care to its charter? and Develop recommendations for the Board Work Plan for 2010-2011.*

***Should the NIH Child Care Board consider adding Dependent Care to its charter?***

Board members and Liaisons were sent questions and were asked for their comments. These comments were provided for review in the Strategic Planning Committee Meeting Minutes, May 20, 2010 *(See attachment B).* There were a wide range of comments with the majority of members somewhere in between. The Committee felt defining Dependent Care would assist members in deciding if Dependent Care fit in the scope of the charter. The Committee also felt there were still multiple specific child care issues that needed the Board's support and focus.

**Recommendation: The NIH Child Care Board should maintain Child Care as the solitary focus of the revised Charter.**

**Action: Board approved recommendation.**

Dependent Care is a part of child care and it is complimentary, especially at NIH. The Strategic Planning Committee has proposed identifying another constituency who would have the resources and expertise to take on Dependent Care. The NIH Child Care Board would offer support to the group and share information.

**Recommendation: The NIH Child Care Board role concerning Dependent Care is to raise the concern to the NIH Leadership about the need for a Dependent Care**

**focus and provide the Child Care Board's model as a way for NIH to approach the dependent care issues.**

**Action: Board approved recommendation.**

***Develop recommendations for the Board Work Plan 2010-2011***

The Strategic Planning Committee recommends the following topics for the Board Work Plan 2010-2011:

**Child Care Subsidy** – Due to continued and increasing demand, continue to encourage/recommend that the NIH Leadership increase funding for the NIH Child Care Subsidy program and raise the total adjusted household income. Continue to monitor the program

**Back-up Care** – Continue to encourage/recommend that the NIH Leadership supports the establishment and implementation of Back-up Child Care Program.

**Northwest Child Care Center** - Ground breaking and construction in FY 2011.

**Workforce planning issues** – Elevate the importance of child care as a critical need for workforce planning.

**Child care essential personnel** – Propose discussion of this by NIH Leadership as a critical need for continuity of operations.

**Dependent Care** – Engage ORS in dialog about Dependent Care for the NIH Community.

**NCI move** – Support NCI in investigating child care resources for the new NCI North campus.

**Leave bank** – Request reports on the status of the leave bank pilot program.

**Outreach** – Identify other organizations/groups at NIH who actively support child care and engage them in Board efforts.

**Work schedule flexibility** – Continue to encourage the NIH Leadership in Telework and alternate work schedules to support employees in their role as caregivers.

**Recommendation: The NIH Child Care Board accepts the proposed Board Work Plan 2010-2011.**

**Action: Board approved recommendation.**

These recommendations are discussed in the next section.

## VI. Child Care Board Work Plan for FY 2011

Chair Durrant began the discussion of the next year's work plan with a reflection on this year's accomplishments. Chair Durrant stated that she had mixed feelings about the Board's progress this year. She did not want to push the Board into 2010-2011 with unresolved issues. This prompted a discussion on the Board's accomplishments in laying the ground work for advancing and developing new programs that impact families (Subsidy and Back-up Care) and invaluable outreach efforts to other programs that assist families (Nursing Mother's Program, and Employee Assistance Program). Other outreach initiatives include: Dr. Lee's active participation in informing the FELLOWS of child care related issues and the NIH Parenting Package as an important part of the outreach to Institutes. Ms. Savarese stated that Board was very effective this year and the hard work will pay off. Submitting the Subsidy and Backup Care proposals to the NIH Leadership for consideration was a huge accomplishment and these proposals are still being considered for FY 2011 budget.

The Board members accepted the recommendations with additional comments.

- **Workforce planning issues** and **Child Care for essential personnel** are closely intertwined and should be addressed together.
- **NCI move** should be approached as supporting NIH staff in their communities.
- **Dependent Care** should be viewed as a service that will fill in the gaps of current services.
- **Leave Bank** is currently a pilot program at NCI and is meeting 100% of the needs. Advancing this program is being held up due to funding. In order to move the Leave Bank from pilot program to NIH wide would require updating all computer systems such as ITAS, MY Pay, and the date base computers. The Leave Bank would not be available NIH wide until January 2012 in order to maximize donation of leave.
- **Work Schedules flexibility** is an issue that is currently being evaluated. There is currently a bill in the Congress to mandate 20% of eligible workforce to telework. Julie Berko reported in a 2008 survey NIH scored low in implementing flexible work schedules. Human Resources is aware there are many informal schedules that are being worked, however the current system ITAS does not accommodate reporting these schedules. Ms.Berko asked that if there is any ICs that are using informal schedules to please let her know. Heather Rogers stated that a large amount of scientists work informal work schedules due to the nature of their work and the demands of their research.

Current Committees will be reviewed in September to ensure all issues are addressed. New Committees may be developed.

The Board decided that this summer a report will be submitted to the NIH Leadership about the focus of the NIH Child Care Board and its accomplishments. Ms. Savarese encouraged the Board to include things that are not completed but are accomplishments, what the Board wants to accomplishes next year, and stay clear on the path where the Board can make strides. The following Board members volunteer to assist with the report: Julie Berko, Heather Rogers, and Brian Rabin. Joslyn Kravitz volunteered to edit.

**VII. Report from the Membership Committee—Angela Magliozzi**

Currently there are 3 Board members leaving the Board this year: Angela Magliozzi, Lisa Strauss and Susan Persons. Angela Magliozzi was instrumental in bring to the forefront guardianship issues, served as Chair of the Emergency Preparedness Committee, and served on many other committees. Lisa Strauss was commended on her efforts to ensure the transparency of the NIH waitlist as Chair of the Waitlist Committee, serving on the Parenting Festival, Backup Care, and Membership Committees. Susan Persons has given excellent strategic advice to the Board, served on the Backup Care Committee and assured that NIH Leadership was aware of child care issues.

The Membership Committee consists of Angela Magliozzi, Lisa Strauss and Brian Rabin. They received 3 applications: Andria Cimino, NINR, Catherine Bosio, NIAID/RML, and Sybil Philip, NICHD.

Ms. Magliozzi reported the Membership Committee's recommendations:

- **Andria (Andi) M. Cimino, Health Communication Specialist, NINR**

Ms. Cimino comes to the Board with previous board experience working in a NYC Co-op environment as well as has writer/editor/research experience. She is concerned with elder care issues and work/life balance issues. She is also interested in helping with the wait-list issues/access to quality child care for NIH. Ms. Cimino has a child who attends Executive Child Development Center.

- **Catherine (Katy) M. Bosio, Ph.D., Research Investigator, NIAID, RML**

Ms. Bosio was an employee at the Bethesda campus prior to moving to the Rocky Mountain Laboratory. She has experience in research and management and can see how quality child care affects all grade levels. Ms. Bosio would represent RML staff. Ms. Bosio has a 9 year old son.

- **Sybil Philip, Extramural Support Assistant, NICHD**

Ms. Philips has ten years experience as an in-home childcare provider and has been involved in the Family Childcare Association of Montgomery County for 8 years in various lead positions (including President). She is well organized and just completed a Masters Degree in Human Resource Management. She has interest in work/life balance issues.

**Recommendation: The NIH Child Care Board to approve the three candidates for membership.**

**Action: Board approved recommendation.**

In addition to the three new candidates, two current members who are eligible for an additional three year term were also approved. They are Heather Rogers, NIDDK and Dr. Sheri Schully, NCI.

**VIII. Report from the Parenting Festival Committee—Brian Rabin**

Brian Rabin, Chair of the Parenting Festival Committee, gave a summary of the success of the 8th Annual Parenting Festival. The event was held on April 28, 2010, from 11 am to 2 pm, in Building 50. The Parenting Festival was sponsored by the NIH Child Care Board and the Office of Research Services/Division of Amenities and Transportation Services. The focus of the Parenting Festival was to showcase the research and services focused on child health and families. Eleven Institutes participated: NIMH, NIAID, NIAMS, NIDCR, NHLBI, NIDCD, NIDA, NICHD, NEI, NIDDK, and NINDS. Eleven Services/Organizations also participated: NIH Child Care Board, NIH Child Care Program, NIH Child Care Program, NIH Nursing Mothers program, EAP, NIH Federal Credit Union, NIH Benefits and Payroll, Liaison Branch, Division of Police, Montgomery County Car Seat Program, LifeWork Strategies, and Parenting Specialists. There were a total of 280 participants and presenters in attendance, an increase over last year's 200 in attendance. Presenters, participants, and the Committee members all reported on evaluations that this year's event was a huge success. Mr. Rabin thanked the Committee members for their efforts: Sheri Scully for designing the 20th Anniversary NIH Child Care Board research poster, Julie Berko and Sheri Scully for their efforts in redesigning the Parenting Festival flyer, Lisa Strauss for sharing past events and new ideas, Heather Rogers for keeping the Committee on task and on schedule, and Adam Lee for his efforts in inviting new Institutes, especially NIAID. It was suggested that the 20th Anniversary NIH Child Care Board poster be displayed at future events.

**IX. NCI Child Care Issue—Valerie Durant**

It has been reported that the National Cancer Institute (NCI) will be moving to the Shady Grove Area in 2012. There has been discussions regarding NCI plans concerning child care and the impact NCI's move will have on NIH Child Care. It has been reported that child care was not in the original plans. The Board suggests that this would be an excellent time to examine the possibility of providing child care in the local communities. Recently, a representative from NCI has contacted the NIH Child Care Team for data. The NIH Child Care Team with assistance from LifeWork Strategies, Inc., who manages the NIH Resource and Referral Service, are pulling together data: how many NCI staff are on the waitlist, live north of Shady Grove, and enrolled in NIH Child Care Centers. Information on local child care available in the Shady Grove area is also being gathered.

Questions were asked about the status of the FDA Healthy Beginnings Child Care Center and Rock Springs Child Development Center. FDA Healthy Beginnings is currently serving NIH families. FDA will be moving to its new location in White Oak area and the future of this center is uncertain at this time. Rock Springs Child Care Center is a privately owned center. NIH families are enrolled and have reported leaving this center for an NIH Center based on cost of tuition. These child care facilities, in addition to the Northwest Child Care Center, will all be necessary to serve the increasing demand of NIH employees.

**X. Announcements and Board Meeting Adjourned**

Board members who attended all scheduled Board meetings in 2009-2010 were given The Star Award for perfect attendance. Ms. Tonya Lee reported on the **Lunch and**

**Learn Parenting Seminars** that were held in April leading up to the 8th Annual Parenting Festival.

- **April 7th** – Introduction to Developmentally Milestones and Delays, presented by Dr. Audrey Thurm, **NIMH 24** in attendance, **45** viewed live webcast, and **151** viewed archived **Total 220**
- **April 14th**-Legal Issues for the Sandwich Generation, presented by Barbara Bullman, **46** in attendance, **156** viewed live webcast, and **146** viewed archived **Total 348**
- **April 21st**-It's a Noisy Planet. Protect Their Hearing, presented by Robert Miranda-Acevedo, **NIDCD 5** in attendance, **25** viewed live webcast, and **42** viewed archived **Total 72**

The meeting was adjourned at 12:00 noon.

**The next meeting will be September 2010.**

Attachment A

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

www.nih.gov

MAR 2 4 2010

TO: Dr. Valerie Durrant, Chair
NIH Child Care Board

FROM: Director, NIH
And
Deputy Director, NIH

SUBJECT: 2008-2009 Annual Report on NIH Child Care

Thank you for the comprehensive review of the current status of NIH child care and the activities of the NIH Child Care Board during the past year as detailed in the Annual Report. As in the past, the Child Care Board recommendations have been made with thorough research and deliberate thought regarding appropriate child care options and services for NIH families. We thank the Board for demonstrating responsive and pro-active thinking in these recommendations and will give further consideration as we review funding resources and budgetary constraints.

We would like to congratulate the Child Care Board for 20 years of valuable service to the NIH community. Your efforts are extremely noteworthy and have resulted in the development of policies and programs that assist many NIH employees with balancing work and family responsibilities.

We celebrate with you the funding of the Northwest Child Care Center in the FY 2010 budget. The Child Care Board has consistently provided support and information to document the need for this important project which will help alleviate a portion of the child care waiting list. Please continue to explore and report on additional and alternative options for quality child care for the NIH community.

Thank you again for your ongoing efforts for all of the NIH.

Francis S. Collins, M.D., Ph.D.

Raynard S. Kington, M.D., Ph.D.

Attachment B

# Strategic Planning Committee Meeting
# May 20, 2010

**Present:** Valerie Durrant, Hillary Fitilis, Sheri Schully, Brian Rabin, Heather Rogers, Julie Berko, Mary Ellen Savarese, Bea Curl, Tonya Lee.

**Meeting objective:** The NIH Child Care Board Strategic Planning Committee met on May 20, 2010 to discuss the issue of the relationship between the NIH Child Care Board mission and dependent care for NIH employees and to discuss the formation of the 2010-2011 NIH Child Care Board Work Plan.

**Background information and key discussion:**

The first issue is the relationship between the NIH Child Care Board and dependent care and if the NIH Child Care Board should expand its Charter to include Dependent Care. This meeting examined all of the issues surrounding dependent care, what the Board's responsibility should be, and prepared a recommendation to present to the Board.

The second topic for the meeting was a discussion about the development of recommendations for the Board Work Plan for 2010-2011.

Prior to the meeting, the Strategic Planning Committee surveyed the NIH Child Care Board members and liaisons regarding the Board's role with dependent care. The following questions were posed:

- To what extent should the Board include Dependent Care in its responsibilities?
- What do we mean by "Dependent Care"?
- What would the Board gain by adding the Dependent Care to its Charter?
- What would the Child Care Board lose by adding Dependent Care to its Charter?
- What is our best estimate of the demand for child care/elder care/other dependent care among NIH employees?
- What would it cost to serve these needs?
- Is there sufficient infrastructure for elder/Dependent Care to provide support in a similar way to child care (do local agencies County provide resources for available elder care similar to child care?).
- How would the Board strike a balance between the child/other care when we can't even satisfy the need for child care

- Would there be pressures to create elder care centers?
- Who are the interest groups that would be effected by a change?

The Committee read over the questions and the thoughtful comments submitted by the Board members and others. The committee reviewed the history of the Child Care Board including reasons why it was created and remains in place as advisory to the NIH Director. They discussed the current state of child care resources and Board initiatives, and recognized that there remains an important role for the Board as the designated strong voice for programs and services for parents i.e. child care, resource & referral, subsidy, and education coordination. Members recognize that there will be challenges in the next 3-5 years related to budget and policy and the Board will need to focus efforts on retaining current status and reaching identified goals (North West Child Care Center, Subsidy adjustment, and back up care).

Although there was strong interest in and concern about Dependent Care issues, the consensus of the committee was to recommend that the NIH Child Care Board retain its focus on NIH child care issues. The Child Care Board was created because of the demand for child care and the absence of this focus at NIH. The main focus for the NIH Child Care Board should remain child care until the needs are met.

**The Committee will recommend to the Child Care Board to maintain Child Care as the solitary focus of the revised Charter.**

The Committee members further discussed the need for dependent care support on campus, and the lack of focal point for this issue. The surveys and Board discussion make clear that there didn't seem to be a formal group to address the dependent care issues at NIH since the Work/Life Center had changed its focus.

The committee agreed there were several aspects of dependent care that overlap with child care, such as need for care during working hours, a need for back-up care during working hours and concerns with safe and quality services.

Although the Child Care Board's focus is not Dependent Care specifically, the committee thought the Board could have a role in the transition of Dependent Care to another group because similar needs and barriers. The Committee discussed that the Board's potential role was twofold with the Dependent Care issue. The first role was to assist ORS in understanding that Dependent Care is an important issue for the NIH Workforce. The second role the Board, in partnership with other organizations (Women in Science, FELCOM, WSA, CC, etc.), has is to be a catalyst for another group to form in order to address the Dependent Care issues for the NIH workforce. The NIH Child Care Board could be an excellent resource and model further for NIH to use in the development of Dependent Care support for the NIH community.

The committee wondered if ORS should develop and initiate a Dependent Care needs survey. The results could be presented to the NIH leadership to demonstrate that this is an important issue for a substantial number of the NIH workforce.

It was suggested that a more clear definition of “dependent” may be necessary. Does this mean elderly parents, disabled adult children, and an adult the employee is responsible for financially?
(Bea will research the different Federal workplace definitions are and compile a list to present via email to the committee).

**The Committee will recommend to the NIH Child Care Board that its role with dependent care is to raise the concern to the NIH leadership about the need for a dependent care focus and provide the Child Care Board’s model as a way for NIH to approach the dependent care issues.**

The second portion of the meeting covered the NIH Child Care Board work plan for 2010-2011. The Committee brainstormed issues and developed recommendations to present to the Board. (See Attached)

**Specific action steps**

Bea will research and provide a definition of “dependent” to the committee (See attached)

Bea will prepare a list of resources NIH has regarding dependent services and who provides them. (See attached)

The Committee will recommend that the Board invite appropriate ORS Divisions to a discussion about Dependent Care issues on NIH.

Valerie will contact the National Institute on Aging (NIA) for information about relevant resources.

Bea will provide the committee meeting notes.

Attachment B

# Definitions of Dependent

During the Strategic Planning Committee the members asked for the definition of adult dependent to better clarify the meaning in relationship to dependent care.
In researching the definition of adult dependent, I found the definition varies from state to state, as well as in the Federal Government. IRS and OPM definitions were in the context of health benefits and tax deductions. I could not find a State of Maryland definition that was not connected to tax documents.

## OPM definition of dependent Adult (placed in context with child)

**What is the definition of dependent child?**
**Answer:** Dependent children should be included on your Financial Disclosure Form if they are claimed as a dependent on your income tax return.

**What about children over the age of 21?**
Answer: Regardless of the child's age, if you claim a child as a dependent on your IRS 1040 form, then all relevant financial information pertaining to the dependent should be included on your FDF.

## State of Maine

**"Dependent Adult"** means any adult who is wholly or partially dependent upon one or more other persons for care or support, either emotional or physical, and who would be in danger if that care or support were withdrawn.

## IRS definition of dependent Adult

A dependent is a person who meets either the qualifying child or the qualifying relative definitions. To be claimed as a qualifying relative, the person must meet five criteria.

The dependent will meet the relationship test for being claimed as a qualifying relative if the dependent is related to the taxpayer in one of the following ways:

- son or daughter, grandson or granddaughter, great grandson or great granddaughter, stepson or stepdaughter, or adopted child,
- brother or sister,
- half-brother or half-sister,
- step-brother or step-sister,
- mother or father, grandparent, great-grandparent,
- stepmother or stepfather,
- nephew or niece,
- aunt or uncle,
- son-in-law, daughter-in-law, brother-in-law, sister-in-law, father-in-law, or mother-in-law, or
- Foster child who was placed in your custody by court order or by an authorized government.

Attachment B

# Dependent/Elder Services & Resources – NIH

**EAP**
http://dohs.ors.od.nih.gov/eap/eap_service_employees.htm
Dependent resources
Counseling services for employees
Personal consultation

**DATS** –
http://dats.ors.od.nih.gov/pdf/dependantcare.pdf
Dependent Care Resource and Referral Service
Personal consultation

**National Institute on Aging**
http://www.nih.gov/nia
Resources regarding medical conditions
Resources for community Professionals
Resources for Caregivers

**Web Resources**

**OPM Website**
The Handbook of Elder Care Resources for the Federal Workplace
http://www.opm.gov/Employment_and_Benefits/WorkLife/OfficialDocuments/HandbooksGuides/

**Administration on Aging**
http://www.aoa.dhhs.gov

**Centers for Medicare and Medicaid Services (CMS)**
http://www.cms.gov

Attachment B

# 2010-2011 NIH Child Care Board Work Plan

**Child Care Subsidy**- Continue to encourage/recommend that the NIH Leadership increase the funding for the NIH Child Care Subsidy program and raise the total adjusted household income. Continue to monitor this program

**Back-up care** – Continual encouragement/recommendation that the NIH Leadership supports the establishment and implementation of Back-up Child Care Program

**Northwest Child Care Center** – Ground breaking and construction in FY 2011 Selection of provider.

**Workforce planning issues** - Elevate the importance of child care as a critical need for workforce planning

**Child care for essential personnel** – Propose discussion of this by NIH leadership as a critical need for continuity of operations

**Dependent Care** – Engage ORS in dialog about Dependent Care for the NIH Community

**NCI move** – Support NCI in investigating child care resources for the new NCI campus

**Leave bank** – Request reports on the status of the leave bank pilot program

**Outreach-** Identify other organizations/groups at NIH who actively support child care

**Work schedule flexibility -** Continue to encourage the NIH Leadership in Telework and alternate work schedules for parents