

**NIH Child Care Board Meeting Minutes**  
**December 13, 2018**  
**Building 1, Wilson Hall**

**Members and Liaisons in Attendance:** Dr. Andrew Bremer, Ms. Deborah Coelho, Dr. Theresa Cruz, Dr. Kristin Dupre, Dr. Chao Jiang, Ms. Olivia Kent, Ms. Reaya Reuss, Dr. Suzanne Ryan, Ms. Kate Winseck, Dr. Richard Wyatt, Ms. Heather Rogers, Ms. Christina Segura, Ms. Jennifer Rooms, Ms. Laura Bardini, Ms. Julie Margel, Ms. Camila Torrella, Mr. Ivan Locke, Ms. Susan Cook, Ms. Linda Owen

**Guests:** Ms. Jamie Brown, Rockville Day Care Association; Ms. Anita DeMino, Rockville Day Care Association; Ms. Jessica Hawkins, OHR; Ms. Kristie Hill, NCI; Dr. Judith Walters, NINDS

- I. **Welcome and Introduction of Board Members, Liaisons and Guests - Chair**  
Theresa Cruz called the meeting to order and welcomed everyone.
- II. **Updates:**
  - A. **Approval of October 2018 Minutes** – Chair Theresa Cruz asked for approval of the minutes from the October 2018 meeting. A motion was made by Dr. Andrew Bremer, seconded by Dr. Kristin Dupre, and approved by all.
  - B. **Northwest Child Care Center Report (NWCCC)** – Chair Theresa Cruz reported that all 14 classrooms are now open with 120 children enrolled. Ms. Julie Margel, NWCCC Director added that Rockville Day Care Association is continuing their hiring search for teachers and aides and will implement full enrollment when the requisite number of personnel have been hired and onboarded.
  - C. **Aging and Adult Dependent Care Committee (AADCC)** – Dr. Chao Jiang, Liaison to the AADCC, reported that the AADCC Co-Chairs will attend the January 31 NIH Child Care Board meeting to present on their efforts.
  - D. **Membership Committee** – Ms. Deborah Coelho reported that a global email was sent on November 20 announcing an off-cycle recruitment effort for two vacancies; the Child and Family Programs website was updated to reflect the Board's desire for a diverse membership; applications are due by December 21; and interviews will be held in early to mid-January. Newly appointed voting members will be expected to start their service to the Board immediately. Board members suggested that the Membership Committee reach out to applicants from the past two years.
- III. **NIH Anti-Harassment Program Presentation** – Ms. Deborah Coelho reported on the successful launch of the NIH Anti-Harassment Program at last week's Town Hall,

and introduced Ms. Jessica Hawkins, Supervisor, Civil Program, Workforce Relations Division, Office of Human Resources, to present a summary of the new program.

- A. The NIH has strengthened and centralized the Anti-Harassment Program in order to enhance tools and policies related to identifying, reporting and addressing allegations of harassment, including sexual harassment.
- B. Oversight of the program is provided by a Committee comprised of NIH Executives and several key stakeholder groups.
- C. There are two new comprehensive policies: (1) Preventing and Addressing Harassment and Inappropriate Conduct Manual Chapter and (2) Personal Relationship Policy Statement that provides guidelines for relationships that impact the workplace.
- D. An enhanced web presence is being built to span several NIH Civil Program partner sites including OHR, EDI, OITE, Office of the Ombudsman, and the Scientific Workforce Diversity Office.
- E. The NIH Civil Program has been expanded to address all allegations of harassment and related inappropriate conduct in the workplace. Visit their website: <https://www.civilworkplace.nih.gov>
- F. Goals and roles of the Civil Program: Want all NIH staff to:
  - i. recognize harassment and other forms of inappropriate behavior;
  - ii. report any behavior they feel is disruptive – even if it is just to your first line supervisor.
  - iii. Civil Program will work closely with management to resolve issues.
  - iv. We must all work together to foster a climate of respect and civility.
  - v. Civil Program Specialists review the initial report to determine next steps; it is a multidisciplinary approach – all the resources bring a different perspective to a situation.
  - vi. Civil Program works very closely with all the partner organizations to determine the best possible way to move forward
  - vii. We all need to recognize that harassment, sexual harassment, and bullying are each forms of inappropriate conduct and should be reported. Individuals can be a victim of harassment or a bystander of the inappropriate conduct. Detailed definitions for harassment and sexual harassment can be found in the new policy.
- G. The key takeaway is:
  - i. All inappropriate conduct is expected to be reported to at least a manager or directly to the Civil Program.
  - ii. If it meets the definition of harassment – managers must report it to the Civil Program.
- H. Multiple avenues for reporting have been established, including a new hotline and web intake form that both offer the option to remain anonymous.
  - i. Civil Program, not the IC, now conducts an initial review. This new process is designed to be a central, independent process aimed at objectively gathering facts in a consistent and transparent approach, that allows every person involved to provide their perspective.

- ii. Employees can always talk with a confidential resource about their concerns and options by contacting the Office of the Ombudsman or the Employee Assistance Program.
  - iii. Civil Program is now centrally tracking all the cases reported and will begin to provide on an annual basis the aggregate number of allegations reported and the outcomes.
- I. The two key points regarding the new Personal Relationship Policy Statement are:
- i. If a relationship exists where there is a formal or informal power imbalance that could affect the career trajectory of one of the parties, it must be disclosed, steps must be taken to remediate conflicts of interest and bias, reduce the risk to both parties, and prevent the relationship from affecting the workplace. Appropriate action may include but is not limited to (a) reassignment of one party to sever the supervisory relationship, or (b) recusal of the supervisor or individual in the position of authority from all official matters affecting, or appearing to affect, the subordinate.
  - ii. Policies like this one have been around a long time in many industries to prevent a relationship from adversely affecting those involved or the workplace.

IV. **Back-up Care Committee Report** -- Dr. Andrew Bremer gave a brief overview of the 2017-2018 utilization data. The number of registered employees continues to increase (to 1,551 in 2018); the contract utilization was well below the 400 (at 263); but the total demand was above the 400 (at 506). The committee will be looking closely at this data to determine if there is a better way to represent the program's true return on investment.

In addition, the Committee's work this year will include:

1. More completely reporting on the 2017-2018 data at the January 2019 Board meeting.
2. Exploring other return on investment models and making recommendations for the new contract by February 2019.
3. Working with the Communications and Outreach Committee on marketing and communication strategies to increase program awareness and utilization.

Board members asked about offering back-up care to Fellows; their participation during the pilot program indicated an enthusiastic interest in the program. Ms. Susan Cook, Director, Division of Amenities and Transportation Services (DATS), stated that advice of the Office of the General Counsel (OGC) has been that Fellows' use of the service cannot displace a Federal employee's use. Dr. Richard Wyatt recommended eliminating the static number of uses and moving to an unlimited uses contract. The Bright Horizons representative will make a presentation to the Committee in January, and information will be shared with the Board in February.

Chair Theresa Cruz suggested that the ease of use and the perceived value of the Back-up Care Program be investigated in the new 2020 Life@NIH Survey.

- V. **Child Care Subsidy Committee Report** – Dr. Chao Jiang reported the following work of the Committee:
- A. The Committee’s edits and suggestions were incorporated in the revised Manual Chapter 1480 NIH Child Care Subsidy Program. The document is in the final stage for approval. Timeline: Early 2019.
  - B. The Committee recommended in the 2017-2018 Annual Report to Dr. Collins to increase the total adjusted household income and subsidy assistance rates. DATS Director Ms. Susan Cook commented that she supports the proposed increases. Upon her review, a Decision Memo will be sent to the ORS Acting Director for approval of the increases, with an implementation date of early 2019. The Committee will provide an update at the January Board meeting.
  - C. The Committee received an overview by Mr. Yonas Wondwossen, FEEA Liaison to NIH, on the eligibility requirements, required forms, application process, and on-line registration. The Committee will develop a PowerPoint on the NIH Child Care Subsidy Program to be recorded as a webinar that will be saved on the NIH Child Care Subsidy website. Timeline: January/February 2019.
  - D. Utilization data for the 2018 contract year will be available in late January. The Committee will review the data with the FEEA liaison in February and report findings at the March Board meeting.
  - E. The Committee will work with the Communications and Outreach Committee to:
    - i. develop a marketing plan to inform the NIH community of any changes to the program,
    - ii. monitor the effects of the new webinar and online registration,
    - iii. update the program flyer. Timeline: April 2019.
  - F. Chair Theresa Cruz suggested that the ease of use of the Child Care Subsidy Program be investigated in the new 2020 Life@NIH Survey.
- VI. **NIH Wait List Committee Report** – Co-chair Theresa Cruz reported on the work of the Committee, as follows:
- A. The Committee met and reviewed the impact of opening the NWCCC on the NIH Wait List. We are down about 170 children on the Wait List since the opening of NWCCC. Rockville Day Care has called all children on the oldest age group list without filling to capacity; as a result, they adjusted the age range of a preschool classroom from 4’s to 3’s in order to enroll children who were on the list and willing to enroll.
  - B. As of September 30, 2018, 882 children are on the NIH Wait List. The Committee continues to discuss and consider the true meaning of that number, i.e., does it represent children in need of care and willing to enroll on stated Desired Date of Enrollment? The question was raised as to who uses that number and in what context. Should Talking Points be created for those using the aggregate wait list number as a tool for advocating for more child care opportunities at NIH? Board members also asked how to get better metrics?
  - C. The Committee continues to discuss trends in Center enrollment and its relative impact on the NIH Wait List.

- i. The majority of children on the Wait List are in the 0-12 months category.
  - ii. The number of children on the Wait List in the Due Dates category is low. The Committee will work with the Communications Committee on ideas to get the word out to expectant parents.
    - 1. Due date numbers are low either because there are fewer women expecting or because fewer expectant women are choosing to get on the Wait List. Can we add something to our material to encourage expectant women to join the Wait List?
  - iii. The number of declines experienced at all three centers is a concern; what can be done to mitigate the trend?
    - 1. How can we better prepare parents for when they get the call about the space? Possible ideas:
      - a. Updated and combined FAQs from Wait List and Enrollment.
      - b. Updated and persuasive Open House/Parent Tour information.
      - c. Create a webinar to be posted on website.
- D. At this time, the Committee recommends no changes to current Wait List policies. The two newest policies that will be kept in place: One-Decline Policy, and 48-Hour Response Time (when enrollment is offered). Co-chair Cruz noted that the needs of individual families and the other 765 employees on the Wait List must be balanced; and that flexibility on response time is offered to families by the child care centers when possible.
- E. There was a robust discussion concerning the meaning of the Wait List numbers, and what the numbers characterize. The Wait List may not be able to provide a true reflection of need. What questions are we trying to answer?
  - i. Parent Perspective: How long will it take for my child to get a spot?
    - 1. Metrics we have – Average number of days on the waitlist before enrollment.
    - 2. Metrics we want – Median wait time to date of first offer; Wait by the age of the child.
- F. There was also a robust discussion concerning the programmatic perspective of “is there a need for more child care?” There is a need for infant care, but the business model of providing affordable, accessible, quality infant care is not consistent with NIH needs. To change the business model, NIH would most probably have to subsidize child care; it is not evident how to do that with appropriated funds.
- G. The report ended with a recommendation that the Committee needs to be creative. The issues of equity, diversity, and inclusion are being discussed at all levels at the NIH, and there may be an increased openness at this point in time to consider creative options concerning the availability of child care as a recruitment and retention tool.

**VII. Innovative Programs Committee Report** – Co-Chair Reaya Reuss Cruz reported on the work of the Committee, as follows:

- A. Child Care Subsidy program for non-FTEs: the Committee is not actively working on this issue at this time, but will provide support if and when contacted by FAES.
- B. In working toward the goal of improving access to infant and toddler child care in the community, the Committee will:
  - i. Seek clarification from OGC regarding how and in what capacity NIH employees (e.g., an ORS employee) can attend and act as a representative to Montgomery County child care forums, such as the Commission on Child Care or the Early Childhood Coordinating Council.
  - ii. Prepare a proposal to ORS (for OGC's review) outlining a NIH program for supporting accessibility to professional training for individuals in the process of opening their own family child care programs (in-home). This NIH program would partner with the Montgomery County Child Care Resource and Referral Center to provide training on a quarterly basis. The intent is to address the need for quality infant and toddler care in the community by supporting the development of new, licensed and trained family child care providers.
- C. Revised 2020 Life@NIH Survey – The Committee will not assume the lead role in the development and implementation of the proposed survey but will provide support to the ORS in developing survey questions.

VIII. **New Business** – A clarification of the Child Care Waiver Policy for Employees Re-Designated as Contractors (from Fellows) was requested. Currently an employee may request an initial 6-month extension for their child to remain in an NIH-sponsored child care center upon change of their employee classification. The employee can request a second and final 6-month extension, for a total extension of 12 months. Dr. Richard Wyatt raised concern that the employees affected by change in employee classification need an additional 6-month extension, for a total of 18 months waiver. Ms. Susan Cook replied that she would review the waiver policy with the Child and Family Programs team and report back to Dr. Wyatt.

IX. **Announcements and Adjournment:**

Child & Family Programs Summer Camps & Care Outreach and Information Fairs:

- A. Tuesday, January 22, 11am-1pm, Bldg. 10, South Lobby
- B. Wednesday, January 23, 11am-1pm, Bldg. 31, Cafeteria

The meeting was adjourned at 11:55 a.m.

**The next Board meeting will be held on January 31, 2019 in Building 1, Wilson Hall.**