

**NIH Child Care Board Meeting Minutes
December 8, 2016
Building 1, Wilson Hall**

Members and Liaisons in Attendance: Ms. Deborah Coelho, Mr. Eric Cole, Dr. Theresa Cruz, Dr. Chao Jiang, Ms. Olivia Kent, Ms. Reaya Reuss, Dr. Suzanne Ryan, Ms. Erin Williams, Ms. Kate Winseck, Ms. Christine Moretto Wishnoff, Dr. Richard Wyatt, Ms. Heather Rogers, Dr. Sheri Schully, Ms. Jaydah Wilson, Ms. Christina Segura, Mr. Jacco de Zwart, Ms. Debbie Washington, Ms. Eva Chen, Dr. Kristin Dupre, Dr. Kimberly Leblanc, Mr. Ivan Locke, Mr. Russell Mason, Ms. Tonya Lee, Ms. Linda Owen

Guests: Mr. Starsky Cheng, OHR, Ms. Shuntrice Holloman, ORS, Ms. Jane Jacobs, NCI, Ms. Heather Narver, NINDS, Ms. Mary Ellen Savarese, ORS

Members Absent: Dr. Andrew Bremer

I. Welcome and Introduction of Board Members, Liaisons and Guests - Chair Reaya Reuss called the meeting to order and welcomed everyone. Attendees introduced themselves.

II. Updates:

- **Approval of Minutes from October 27, 2016** – Chair Reaya Reuss asked for approval of the minutes from the October meeting. A motion was made by Dr. Suzanne Ryan, seconded by Dr. Theresa Cruz, and approved by all.
- **Child and Family Programs Posters** - Ms. Tonya Lee displayed the new posters, individualized with photographs to identify young children, school age children, families, and older adults. Thirty-five posters were ordered; they will be placed in the NIH Director’s cases and bulletin boards. The posters will eventually be re-purposed with plastic pockets added and filled with cardstock information cards highlighting the resources available to the NIH community through Child and Family Programs.
- **Northwest Child Care Center (NWCCC)** –
 - A photograph of the gingerbread Northwest Child Care Center made by the ORF staff was displayed.
 - Ms. Tonya Lee reported that families on the NIH Wait List were notified on November 5, 2016, and given the opportunity to opt-in or opt-out of the NWCCC wait list. As of December 2, 2016, 540 families opted-in; 63 families opted-out; 10 families closed their profiles; and 118 families have not responded. The entire NIH community was notified via a *Record* article on December 2, 2016, followed by a global announcement on December 5, 2016. The Child and Family Programs team received only a handful of inquiries, and there was only one inquiry posted to the Parenting Listserv. Members also discussed that the number of child care

spaces being created with the NWCCC will only meet the needs of 15-20% of the families on the NIH Wait List.

- **Construction Update** – Construction is progressing; the weather has been a helpful factor. A mid-May 2017 date of occupancy is still anticipated.
- **Provider Selection** – ORS is currently in negotiations with the recommended child care organization. The proposed Use Agreement is being reviewed by ORS leadership, and hopefully will be executed the first week of January 2017. When approved, this template will be used for future NIH Child Care Use Agreements.
- **Women in Biomedical Careers (WBC)** – Dr. Sheri Schully reported that she and Ms. Tonya Lee attended the November 17, 2016 meeting of the WBC, and were able to give a brief report on the programs and services provided by Child and Family Programs; specifically what and how Fellows can use the services. Many were surprised to learn that Title 42 employees are eligible for child care subsidy. There were many questions asked, and the committee asked for Dr. Schully and Ms. Lee to return to a future meeting and be allowed more time to present and answer questions. Dr. Schully has reached out to determine a date.

III. **Benchmark Study: Committee Reports:**

(1) Aging and Adult Dependent Care Committee (AADCC) – Co-Chairs: Ms. Erin Williams and Ms. Eva Chen

From the 2016 Benchmark Study: Overall, NIH is about the same with its peer group organizations/agencies across the Elder Care category, and is better in the specific sub-categories of back-up care and elder care networking support.

Currently waiting for approval of the AADCC Charter. Then will recruit and onboard committee members by May 2017. (Chair Reaya Reuss added that the Child and Family Programs team will promote the aging and adult dependent care resources and services in the meantime.)

The AADCC needs to **promote aging and adult dependent care resources and services**, not child care resources and services, i.e., the Adult Care Listserv, the Adult-Dependent/Elder Care Resource and Referral services; the Legal, Financial and Identity Theft Resource and Referral services; and Back-Up Care. Around the holidays is an ideal time to promote the message.

One of the benchmark survey observations was that many agencies utilize elder-care support groups. The AADCC will not organize support groups, as this kind of program has been pursued by EAP in the past and was not successful due to staff factors unique to NIH. Instead, they will focus on promoting the confidential, one-on-one Caregiver Stress consultations that the NIH Employee Assistance Program provides.

(2) Wait List Committee – Co-Chairs: Ms. Christine Moretto-Wishnoff and Ms. Heather Rogers

From the 2016 Benchmark Study: The NIH Child Care Wait List performed better than the 2008 Work Life study results. Currently there are 926 children on the Wait List, down from over 1,300 before the One-Decline Policy was implemented in 2013. Opening the NWCCC will augment available child care slots available to NIH employees. The impact on the Wait List will need to be assessed once the NWCCC is fully-enrolled. At that point, final plans on communication strategies and messaging can be solidified.

What message can be communicated now?

- The current NIH Child Care Wait List process is transparent, equitable, efficient, flexible and free.
- Wait time has dropped since the implementation of the one-decline policy.
- It's worth the wait!

The Wait List Committee will monitor and review the impact of the opening of the NWCCC on wait list numbers and wait time. The Wait List Committee will reach out to Center Directors to assess their recent experience with the wait list and review any ongoing concerns.

In addition, the pursuit of community-acquired child care and shifts where NIH employees are located in leased buildings may affect the Wait List in the future.

The Board congratulated members of the Wait List Committee for the seamless roll-out of the NWCCC Wait List notifications. Ms. Lee thanked the committee for their efforts and assistance.

(3) Child Care Subsidy Committee – Co-Chairs: Dr. Theresa Cruz and Dr. Chao Jiang

NIH offers child care subsidies in three forms: Dependent Care Flexible Spending Account; Sliding scale tuition rates for the NIH child care centers; and the Child Care Tuition Assistance (aka Subsidy) Program. In 2008, NIH was rated “About the Same” as other federal agencies providing similar resources. In 2016, NIH was again rated “About the Same,” perhaps because since 2008 additional federal agencies have adopted similar services.

What Subsidy Program message should the Strategic Planning Committee incorporate in the Benchmark Study presentations?

- (1) NIH offers different subsidy programs to promote high quality, affordable child care that is on par with other agencies.
- (2) The subsidy programs are available to serve more eligible NIH employees.

Going forward, the Child Care Subsidy Committee will explore and achieve:

- (1) Increasing awareness of sliding scale/discounts available at community-based child care centers.
 - a. Community-based child care centers may offer discounts that the CCB is currently not aware of.
 - b. The contractor of child care resource and referral services will be asked to poll metropolitan area child care centers asking if they provide discounts to NIH employees.
- (2) Revisiting the \$75,000 AGI income limit and the percentage of tuition assistance covered.

The Child Care Subsidy Committee will not pursue the following:

- (1) Asking for discounts at community-based child care centers;
- (2) Subsidizing the cost of back-up care; and
- (3) Subsidizing adoption costs.

Title 42 Employees were identified as a special group that needs to be targeted. Ms. Tonya Lee made presentations to FELCOM on December 1 and to Clinical Center Fellows on December 5. A special thank you to Dr. Kristin Dupre for arranging for Ms. Lee to attend these meetings.

It was suggested optimal messaging would happen between February and April, as people complete their taxes, figure out their AGI, and make future plans.

(4) Back-Up Care Committee – Co-Chairs: Dr. Suzanne Ryan and Dr. Andrew Bremer

In 2008, NIH was rated “not as good” for back-up care. The NIH launched the Back-Up Care Program as a pilot program in January 2012. It was established as an ongoing program in October 2014. In 2016, NIH is now rated “better” for back-up care. Note: Only half of the comparison organizations from the Benchmark Study provided back-up care services.

What Back-Up Care Program message should the Strategic Planning Committee incorporate in the Benchmark Study presentations?

- (1) Back-up care is an important component of the flexible workplace environment.
- (2) Back-up care can fill specific, unique needs. A key, but perhaps under-recognized, feature is the ability to use back-up care for work-related travel.
- (3) Feedback uniformly reports that the NIH community feels comforted knowing the program is available, if needed.
- (4) NIH has been a model for other agencies, and many have reached out to NIH to learn how to implement their own back-up care program.

Going forward, the Back-Up Care Committee will explore:

- (1) The possibility of expanding the service to allow NIH an unlimited number of uses (as opposed to the current capped 400 uses per year).
 - a. This has the potential of offering use of the back-up care program to fellows, contractors, and others (e.g., reviewers) who support the NIH mission.
- (2) What authorization do other federal agencies use to defray costs?
 - a. The Tribble Amendment prohibits NIH directly paying the cost of any child care, according to the NIH OGC. So how do other federal agencies subsidize back-up care?
 - b. Could different hourly rates be charged to Federal employees versus Fellows or reviewers?
- (3) Improved messaging about the Back-Up Care Program, specifically how can we better get the message out?

The Back-Up Care Committee will not pursue the following:

- (1) Expanding the service to allow each employee an unlimited number of uses per year (currently capped at ten [10] uses per year per employee). Keeping the per-employee usage at the current level will maintain the “emergency nature” of the program, as it is important that the program truly be available for emergencies. (NOTE: Individuals can request case-by-case waiver from the 10-use cap.)

Women in Biomedical Careers is a special group that may especially benefit from being reminded about the ability to use back-up care for work-related travel.

Distributing another global message may be helpful prior to Spring Break and/or summer.

(5) Legislative Committee – Chair: Ms. Reaya Reuss

Ms. Reaya Reuss reported that the Legislative Committee identified three areas to address:

- (1) Researching and writing a legislative proposal regarding community-acquired child care;
- (2) Researching and determining an authority for partially subsidizing back-up care; and
- (3) Exploring an alternative subsidy for Fellows.

The Committee identified the following action items:

- (1) Prepare and present a legislative proposal for changing the definition of what determines a Federal employee for the purposes of child and family programs only.
- (2) Review and research information provided by the NIH OGC regarding community-acquired child care, and prepare full program proposal for review.

The proposal will be for a pilot program. If the NIH OGC agrees that authority exists, the Child and Family Program team will submit it to ORS leadership for consideration. It is not clear how, or even if, such a pilot program would be funded. Ms. Mary Ellen Savarese suggested that the Committee research how the Department of Defense program works, as that may be the only example of a Federal agency/organization providing this type of benefit to employees.

- (3) Gather information on how ICs contribute towards Fellows' health insurance. Can child care subsidies be paid for in a similar manner?

Chair Reuss thanked Mr. Eric Cole for arranging for herself and Ms. Tonya Lee to attend the February 2017 meeting of the Deputy EOs.

She also encouraged CCB members to identify opportunities for presentations to be made in individual ICs, e.g., Brown Bags. Presentations to Intramural and Extramural AOs was also suggested.

Mr. Eric Cole again suggested that the development of a digital app be considered.

IV. Announcements and Adjourn

- (1) Ms. Mary Ellen Savarese introduced the new Chief of the Amenities Program Branch, Mr. Russell ("Rusty") Mason.
- (2) Ms. Tonya Lee introduced Mr. Starsky Cheng, OHR, and spoke about the new Work-Life and Well-Being Champion Director's Award, which resulted from the work of the Work-Life Committee. Nominations for the Award are being sought.
- (3) Chair Reaya Reuss reported that an OPM Federal Work-Life Survey will be sent to a portion of Federal employees in late January 2017. NIH will receive NIH-wide data from the results. Ms. Reuss encouraged those in attendance who receive the survey to complete it, as not everyone will be given the opportunity to participate.

The meeting was adjourned at 11:30 a.m.

The next Board meeting will be held on January 26, 2017.