CHARTER
NATIONAL INSTITUTES OF HEALTH
CHILD CARE BOARD
MAY 2016

VISION

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

Employer-sponsored child care and related support systems are critical to attract and maintain a highly efficient and diverse workforce. The productivity and performance of parents and guardians in the workforce are enhanced when their children are in quality care, and children thrive when they are nurtured in a safe and appropriate learning environment. The entire NIH workforce benefits from stable child care arrangements.

MISSION

The NIH Child Care Board, hereinafter referred to as the Board, will promote affordable, accessible, and quality child care and additional related services to the NIH community. The Board will also advise the NIH Director regarding child care programs and issues in support of the NIH Mission.

OBJECTIVES

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

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

The Board will:

- Serve as an advocate for affordable, accessible, and quality child care and additional related services to the NIH community.
- Serve as a forum for NIH child care issues and policies.
- Advise the NIH Director with regard to child care issues and policies (e.g., status of existing programs, quality of care, need for modification of existing services, or development of new services).
• Promote and advertise programs and initiatives that support the role of parents and guardians as the first and primary caregivers for children.

• Engage in collaborations with other NIH organizations to achieve its vision and mission.

• Develop an annual action plan to direct Board efforts to meet these objectives.

APPOINTMENT

NIH federal employees interested in serving on the Board as a voting member will submit a Membership Application form to the Office of Research Services (ORS), who will then forward a copy to the Board’s Membership Committee for review and consideration. After review of all applications and conducting selected interviews, the Membership Committee will provide to the Board a list of potential members. The Board will vote on the list and provide its recommendations in writing to ORS. Voting members will span the interests of the NIH community and their dependents, represent the diverse population of the NIH community, and will directly contribute to the completion of the Board’s objectives.

The ORS Director will forward the nomination packet to the Deputy Director of Management at the NIH for appointment consideration. The Deputy Director of Management will then notify appointees in writing of their appointment to the Board.

VOTING MEMBERS

The Board will consist of at least 9 federal employees, including the Chairperson and Vice Chair. Elections by a simple majority of voting members for the positions of Chairperson and Vice Chair shall be held annually.

Voting members may not be an officer, member of the board, trustee, employee, or partner of any NIH-supported child care center, except that they may have a dependent enrolled in such program. Voting members who have or may have a financial interest or receive any financial benefits from any NIH child care programs must receive approval to participate as a voting member of the Board from the member’s appropriate Institute or Center ethics official.

TERMS AND VACANCIES

Voting members will serve on the Board for a term of three (3) years, not to exceed two (2) full terms. The terms for voting members will be staggered, such that no more than one-third of the Board members should be replaced in any given year in order to preserve continuity and effectiveness of operation.

If a Voting Member is first appointed to fill a vacancy on the Board, they will be eligible for appointment for two (2) full terms after completing the initial partial term.
EX-OFFICIO, NON-VOTING MEMBERS, and LIAISONS

Ex-officio members shall include the NIH Child Care Program Manager, who will serve as the permanent Executive Secretary of the Board, and the Director of ORS, or their respective designee. Additional non-voting members and liaisons may include representatives from any other NIH organization that has an interest in child care and other related issues. Ex-officio members, non-voting members, and liaisons may serve indefinite terms.

MEETINGS and ATTENDANCE

Regular meetings will be held at least six (6) times a year. The Chairperson may call additional meetings as necessary and may also call closed sessions of voting members only. The Chairperson may also request a voting member’s resignation if the member fails to attend three (3) consecutive meetings.

Three-fourths of the voting members will constitute a quorum for the transaction of the Board’s official business. Meetings may be held in the absence of a quorum; however, official votes may not be taken unless a quorum is present.

RECORDS and REPORTS

The Board may request information as needed for the purposes of carrying out its functions. The Board will report at least annually in writing or in person to the NIH Director on the status of child care programs and other related services at NIH, identify areas of concern, and recommend actions when necessary.

The ORS Division of Amenities and Transportation Services will provide a corresponding and recording administrator to manage the business of the Board, prepare correspondences and minutes, record attendance at meetings, maintain membership lists, obtain conference room space, notify members of meetings, and maintain the permanent files of the Board.

TERMINATION DATE

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

APPROVED

[Signature]
Director, National Institutes of Health

Date
2/19/16