

**Annual Report
of the
NIH Child Care
Board
2015-2016**



August 2016

TO: Francis S. Collins, M.D., Ph.D., NIH Director
Lawrence A. Tabak, D.S.S., Ph.D., NIH Principal Deputy Director

FROM: Sheri D. Schully, Ph.D., Chair, NIH Child Care Board 2015-2016

SUBJECT: Annual Report of the NIH Child Care Board

Dear ~~Dr. Collins~~ Francis:

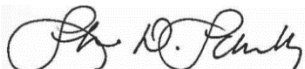
I am pleased to present to you the 2015-2016 NIH Child Care Board Annual Report. This report reflects the activities and accomplishments of the NIH Child Care Board for the past year and includes four specific recommendations to improve the current Child Care Program services and policies at the NIH.

The Board would like to thank you for your continued support for the construction of the Northwest Child Care Center. The child care center continues to be a high priority for the Board due to the continued high demand for NIH-sponsored child care spaces. We look forward to seeing NIH leadership at the ribbon cutting of this facility in spring 2017.

The NIH Child Care Board is committed to supporting the NIH mission and advising the NIH leadership to create work/life balance for the unique needs of the NIH workforce through child care programs and services. To this end, we requested that ORS perform a benchmarking study to evaluate how NIH compares to other governmental and non-governmental employers with regards to work/life programs. The results of the study are presented in this report and we would welcome an opportunity to meet with NIH leadership to discuss its implications.

We look forward to another successful year continuing in our role to support the scientific efforts of the NIH as a resource and advocate for quality, affordable, and accessible child care services, aiding in the recruitment, productivity, and retention of the entire NIH community.

Sincerely,



Sheri D. Schully, Ph.D.
Chair, NIH Child Care Board

Attachment: Annual report on childcare

cc:
Dr. Alfred Johnson
Mr. Tim Tosten
Ms. Susan Cook

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NIH Child Care Board Mission

Throughout its existence, the mission of the National Institutes of Health (NIH) Child Care Board has been to promote affordable, accessible, and high quality child-care-related services for the NIH Community. The NIH Child Care Board advises the NIH Director and leadership regarding child care programs, services, and issues in support of the NIH mission. The NIH Child Care Board recognizes that the quality of scientific research at the NIH and the NIH's capability to support research nationwide is a direct result of the quality of the workforce. The productivity and performance of parents and guardians in the workforce are enhanced when their children are in high quality care. Employer-sponsored child care and related support systems are critical to organizations that wish to attract and maintain a highly efficient and increasingly diverse workforce. The Board appreciates that the entire NIH workforce benefits from the stable child care arrangements of working parents and guardians.

NIH Child Care Board Membership

The NIH Child Care Board Membership is comprised of voting members, emeritus members, ex-officio members, and liaisons from the NIH child care centers and other employee groups. The voting members are NIH Federal employees appointed to the Board by NIH leadership. The Board members are carefully chosen to represent a full range of careers and experience of the NIH community. This diverse group leverages their combined talents to address, research, and evaluate the child care and related needs of the NIH workforce.

VOTING MEMBERS 2015-2016

Dr. Sheri Schully, NCI (Chair)
Ms. Reaya Reuss, NIAMS (Vice-Chair)
Dr. Andrew Bremer, NIDDK
Ms. Deborah Coelho, OHR
Mr. Eric Cole, CC
Dr. Theresa Cruz, NICHD
Dr. Chao Jiang, NIAMS
Ms. Christine Moretto Wishnoff, NCCIH
Ms. Sybil Philip, NICHD
Dr. Suzanne Ryan, CSR
Ms. Erin Williams, NIA
Ms. Sarah Williams, OD/EDI
Dr. Richard Wyatt, OIR



2015-2016 NIH Child Care Board Members and Liaisons

EMERITUS MEMBER

Ms. Heather Rogers, NIDDK

EX-OFFICIO MEMBERS

Dr. Kristin Dupre, FELCOM
Dr. Kimberley LeBlanc, FELCOM
Ms. Eva Chen, OD/EAP
Mr. Ivan Locke, OD/ORF
Dr. Jennifer Plank, NIH Working Group on
Women in Biomedical Careers
Ms. Mary Ellen Savarese, OD/ORS
Ms. Tonya Lee, OD/ORS

NIH CHILD CARE CENTER LIAISONS

Ms. Jaydah Wilson, Director, ChildKind, Inc.
Ms. Christina Segura, Director, Parents of
Preschoolers, Inc.
Ms. Anne Schmitz, Director, Executive Child
Development Center, Inc.
Mr. Ed Kang, NIEHS, First Environments
Early Learning Center

2016 NIH Workforce Benchmark Study

In September 2015, the National Institutes of Health (NIH) hired FocalPoint Consulting Group, a management consulting firm, to perform a benchmarking study of several of NIH's employee benefits programs. This report presents the results of that effort. In 2008, NIH conducted a review which also included a benchmarking study of child care benefits. One of the objectives of this study was to compare the current and 2008 results in the category of child care. In addition to child care benefits, the current study also reviewed:

- Flexible work benefits.
- Elder care benefits.
- Wellness and other resources.

The overall objectives for this study were to:

- Conduct a follow up to the 2008 Benchmark Study of child care services, with the addition of selected programs pertaining to flexible work schedules, elder care needs, and employee wellness.
- Compare services to those offered by other similar federal agencies, private institutions, and universities in order to assess impact relative to other organizations as they relate to employee recruitment and retention.
- Compare newly collected data with the data from the original benchmark study to determine if progress and growth were achieved.
- Evaluate if NIH's programs help position the organization to remain competitive in securing the most skilled workforce required to further the NIH mission.

Key activities included: conducting a literature review, developing a benchmarking matrix to support data collection and analysis, identifying organizations in the peer comparison group, reviewing benefits-related documentation for peer comparison group organizations, conducting interviews, and conducting the analysis of data collected.

Key Research Questions and Summary of Results

1. Are NIH's flexible work, child care, elder care, and wellness program offerings competitive in securing the most skilled workforce required to further the NIH mission?

- Overall, yes, NIH's flexible work, child care, elder care, and wellness program offerings are competitive.
- NIH is about the same as the other organizations in the peer comparison group in the provision of each area within the Flexible Work benefits category.
- Overall, NIH is about the same with its peer group organizations across the Child Care benefits category and is better in the specific sub-categories of child care centers, backup child care, parenting skills and networking support, and lactation support. It is not as good as some peers in the area of parental leave.

- Overall, NIH is about the same with its peer group organizations across the Elder Care benefits category and is better in the specific sub-categories of backup elder care and elder care skills and networking support.
- Overall, NIH is about the same with its peer group organizations across the Wellness and Other Resources category, is weaker in legal services, and is better in the specific sub-categories of fitness and other personalized services.

2. Have NIH's child care services program offerings achieved progress and growth since the original benchmark study in 2008 when compared to the benchmark organizations?

Yes, in three of the nine child care sub-categories that were evaluated in both studies, NIH was rated as better in this study. Sub-categories in which the relative rating increased were: child care center waitlist process, backup care referral, and parenting skills and networking support. In six of the areas: child care center quality, child care center capacity, child care community-based centers, subsidies, maternity paid leave, and child care resources and referral, the comparison to benchmark organizations remained approximately the same. NIH continues to be not as good in the areas of child care community-based centers and paid maternity leave in 2008 and 2016. Overall, in this study, NIH is about the same as the peer group organizations in the Child Care benefits category.

Table1: Comparison of 2008 and 2016 NIH Benchmarking Studies

2008 Report Topic		2008 Rating	2016 Rating	Change
Child Care Centers	Quality	Better	Better	↔
	Capacity	About the same	About the same	↔
	Waitlist process	Not as good	Better	↑
	Community-based centers	Not as good	Not as good	↔
	Subsidies	About the same	About the same	↔
Backup Care	Referral	Not as good	Better	↑
Maternity Leave	Paid leave	Not as good	Not as good	↔
Child Care Resources and Referral	Resources and referral	About the same	About the same	↔
Parenting Skills and Networking Support	Range of additional services	About the same	Better	↑

3. Based on the findings and analysis of related research, how can the program be more competitive and improve its impact on employee recruitment and retention to better support the NIH mission?

1. Develop improved ways of communicating benefits and resources already in place to both existing staff and candidates: Employees and recruits are often unaware of benefits and resources that are pertinent to their situation. Personalized messages and materials reflecting individual needs or life stages can be more valuable than trying to appeal to all employees at once.

2. Emphasize delivering tailored benefits for different groups of employees: Tailoring packages could include looking at your employee demographics and creating bundled benefits packages tailored for each group.

3. Measure the impact of programs: Measuring the impact would provide an effective way of communicating the benefits to stakeholders.

4. Continue with plans to introduce legal-oriented Work/Life services: NIH is in the process of introducing resources to provide legal assessment, consultation, planning and referrals. This will bring NIH on par with the other organizations in the study, which are currently offering such resources.

5. Review and evaluate additional practices used by peer group organizations: There were a number of additional practices used by other organizations in the peer comparison group, but not by NIH. Some of these may be applicable and beneficial to NIH. These are discussed in Section 3.8 of the full report. (See Appendix B)

Child Care Board Strategic Planning

The Strategic Planning Committee established three main goals for the year:

- (1) Identify additional outreach opportunities,
- (2) Increase public awareness, and
- (3) Explore and develop a brand and marketing plan for current services.

Repeatedly, results from surveys such as the Life@NIH survey, DATS webinars and outreach events, as well as the 2016 Benchmarking survey, suggest that NIH does provide sufficient services, but the NIH community lacks awareness of the services.

The Strategic Planning committee focused on developing a professional, purposeful plan to increase the awareness of existing services and promote awareness of the new adult/elder care services. In order to create an effective plan, the committee requested the assistance of the NIH Division of Medical Arts (DMA). With special funding from the Office of Research Services (ORS), the committee worked with DMA to develop a Brand Design plan to address and assist with the committee's goals.

The Brand Design plan can be divided into four phases:

- Phase 1: Branding Visioning
- Phase 2: Visual Identity Design
- Phase 3: Marketing Plan
- Phase 4: Launch and Implementation

The committee completed Phase 1 and Phase 2 during the 2015-2016 Board year. The committee began Phase 1 with a visioning meeting with the committee and other stakeholders from the Health and Wellness Council, Employee Assistance Program, Child Care Board, Office of Human Resources, and consumers of NIH Child and Family services. DMA focused the meeting on defining the identity, attributes, audiences and the message. To help define the Board's identity, DMA led a discussions to hear more about who we are, how we are new, our differentiators, allies, brand aspirations, limitations, personality aspirations, hurdles, perceptions and measures of success. The committee also spent time defining our audience and stakeholders through role based scenarios and identified consensus attitudes and attributes.

The information from the meeting was evaluated and analyzed by DMA (Phase 2). Three distinct brand concepts were designed and developed for the committee's review. The committee selected two concepts to be presented to the Board for consideration. The brand concept represented in Figure 1 was selected for further development.



Figure 1. NIH Childcare Board final marketing concept.

The Strategic Planning committee is looking forward to receiving the final concept and materials. In order to proceed with Phases 3 and 4 of the branding process, additional funding from the ORS will be needed.

Back-up Care Program

In January 2012, the NIH launched the NIH Back-up Care Program as a pilot program. The purpose of the program is to assist the diverse NIH workforce with the competing demands of work and family responsibilities by providing options for short-term care services – either center-based or in-home care - for employees' child care, adult-dependent or elderly care, or self-care when the employee is ill or injured. Employees may utilize backup care services at home or across the United States. Based on the success of the pilot program, in 2014, NIH leadership secured funds to establish the Back-up Care Program as an ongoing program, and Bright Horizons was selected to serve as the contractor. The first of the five-year contract ran from October 2014-September 2015, and the first-year results are presented below.

The contract allows 400 care uses per year for NIH federal employees. (The program is not accessible for fellows, contractors, or other non-federal employee categories.) Individual employees are eligible to use up to ten days of care per year. Center-based care costs \$6/hour and in-home care costs \$16/hour. NIH does not pay for the *actual* costs of care, but only for the contract that provides employees with access to care. In addition to having access to back-up care providers, NIH employees registered for the service can access the Bright Horizon's *Family Matters* online resource room, which provides tips and strategies for parents and caregivers across a variety of family care and educational topics, as well as a webinar series.

During the 2015-2016 NIH Child Care Board year, the Back-up Care Committee met with the Bright Horizons program manager and evaluated program utilization during the first contract year.

Key Findings

Overall Usage: As of September 2015 (end of the first contract year), a total of 1,033 NIH employees had registered for the program, for the potential care of 1,637 dependents. 361 of the 400 utilizations for which NIH contracted were expended, yielding a very good utilization rate of 90%. An average of 30 uses per month was observed with the highest usage in April and August.

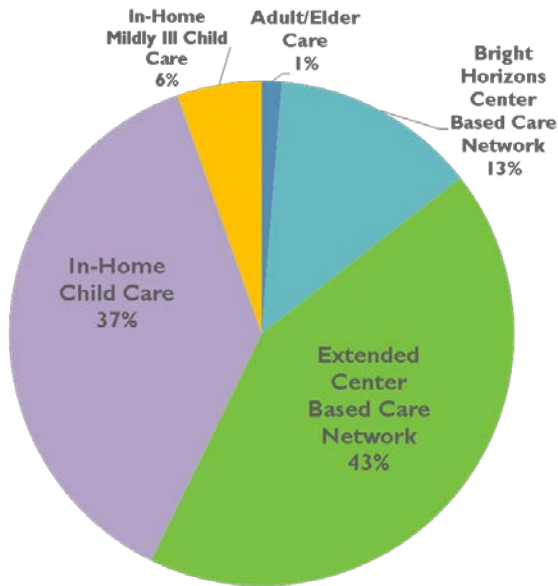


Figure 2. Type of Care Used

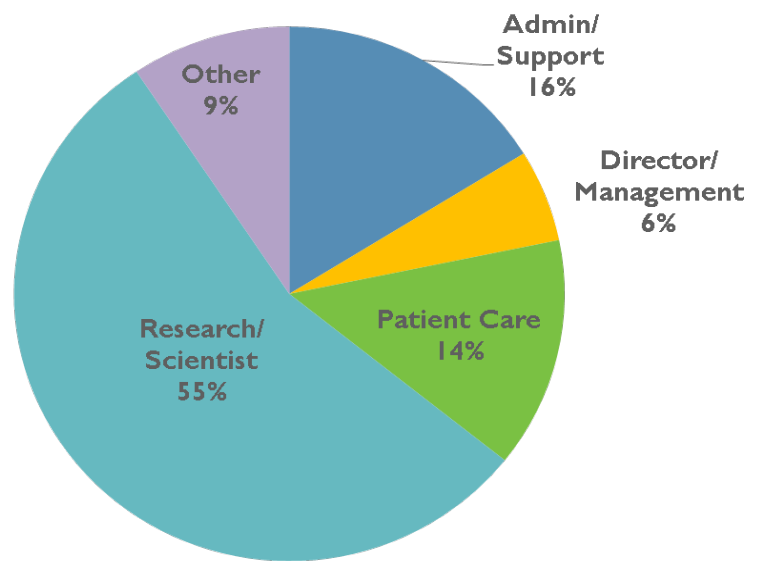


Figure 3. Usage by Job Type

Type of Care Used: Among employees who used the Back-up Care program, 56% of uses were for center-based care, 37% were for in-home care of well children, and 6% were for in-home care of mildly ill children (see Figure 2). Only 1% of all care uses were for adult care (5 usage days). There was very little usage outside the DC/MD/VA area. The program was most often used for the care of preschoolers (34%) and toddlers (31%).

Usage by Job Type: Across NIH employee job categories, the majority of uses (55%) were by Researchers and Scientists. Usage among other job categories was much lower: 16% of uses were by Administration/Support personnel, 14% by Patient Care personnel, and 6% by Director/Management personnel (see Figure 3).

Value of the Program: A total of 334 employee absentee days were saved through the Back-up Care program. Based on surveys of the program users, 100% of survey respondents said they would have missed work without the back-up care program. Ninety-two percent of respondents said the program enhances their productivity, 93% would recommend the program to a co-worker, and 92% were satisfied overall with the program.

Future Changes: Bright Horizons plans several important changes in the upcoming year, including online system enhancements, improved reporting capabilities, and the launch of a new mobile App that will make registering and reserving back-up care easier.

Next Steps: As shown by the data, the program is being utilized at close to capacity, and the value of the program to the users and to NIH is very high. In order to ensure the program continues to meet the needs of the NIH community, the Back-up Care Committee will:

1. Continue to monitor and report utilization of the program.
2. Review and revise program marketing materials in collaboration with the Strategic Planning and Outreach Committee in order to improve awareness of the program.
3. Review the results of the Benchmark Study and determine if program changes should be recommended.
4. Recommend that ORS monitor the Back-up Care Program usage and prepare possible funding options in the event participation reaches its maximum capacity.

NIH Child Care Subsidy Program

The purpose of the NIH Child Care Subsidy Program is to make licensed child care more affordable for NIH federal employees through the use of agency appropriated funds. The program is advised by the NIH Child Care Board Subsidy Committee, which met three times during the 2015-2016 Board year to accomplish the goals set forth in the Work Plan.

Specifically, they were tasked to:

- Identify eligible population and evaluate participation
- Identify gaps in awareness and identify effective marketing strategies
- Collaborate with Strategic Planning Committee on marketing and communication initiatives

Overall, the program experienced sustained success in 2015-2016. No families had to be placed on a wait list, and the program was almost fully utilized. The Committee continued to monitor the effects of program changes enacted in 2013 and determined that they have had a positive impact on utilization of the program. The Committee also reviewed data from OHR and updated several marketing and informational materials for the program.

The Committee's efforts were focused on the following:

Identification of Eligible Population and Participation

In order to determine if major populations of consumers were being missed by the Subsidy Program, the Committee reviewed the GS level and IC of the current participants. ICs with low or no participation were identified for targeted outreach efforts. Furthermore, the committee determined that most of the program participants were GS level 9. Next, the Committee requested data from the Office of Human Resources (OHR) to identify IC with large numbers of GS level 9 employees who may be eligible for the program. The Committee felt the entire NIH would benefit from more program awareness, not just the populations identified for targeted outreach efforts through this analysis.

Outreach Materials and Communication

This year the Committee developed an infographic (Figure 4) to attract eligible employees and provide essential information for applying to the program. All materials and web sites were updated to explicitly indicate Title 42 employees as eligible for the program, a source of confusion previously.

In order to reduce potential stigma associated with the program, the term "lower income" was removed from the outreach materials. A global email was sent in April 2016 with the updated language. The Committee has also been working with the Strategic Planning Committee to collaborate on promoting child care programs at NIH.

Work Plan

The Committee will continue to:

- Monitor and report program utilization to the NIH Child Care Board
- Work with ORS to develop program recommendations in the event program resources are exhausted
- Collaborate with the Strategic Planning Committee on outreach and communication initiatives

- Review the results of the Benchmark Study and determine if program changes should be recommended

NIH Child Care Subsidy Program


Are you a GS or Title 42 NIH Federal Employee?
Is your total adjusted household income under \$75,000?
Do you need assistance paying for licensed child care?
You may be eligible to save money on your child care tuition!

Program Qualifications

Adjusted household income	% program will pay
\$50,000 or less	60%
\$50,001-\$65,000	50%
\$65,001 - \$75,000	30%
More than \$75,000	0%

Look at line 37 of your IRS 1040 Form to find your Adjusted Household Income

CONTACT US For more information, visit the NIH Child and Family Programs Website at: <http://www.ors.od.nih.gov/childcaresubsidy>




NIH Federal Employees may be eligible to save up to \$5,000 per family each year


NIH Child Care
<http://childcare.ors.nih.gov>

NIH National Institutes of Health
Office of Management


Did you know?



67% of program users are GS-9 or lower



33% of program users are GS-10 or above



Scan for more information

Figure 4. NIH Childcare Board Subsidy Flyer

Northwest Child Care Center



Exterior Layouts

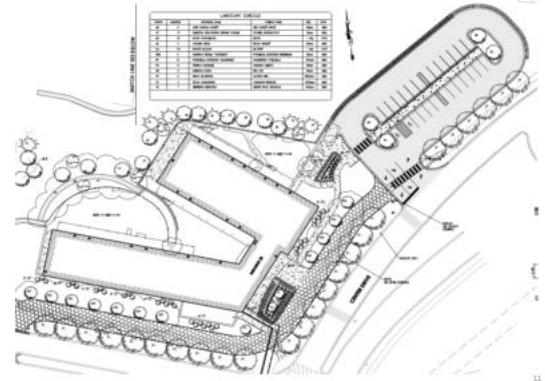


Figure 5. NIH Northwest Child Care Center Drawings

The bell tower stands in front of steel beams as the NWCCC becomes a reality on the NIH Campus. After multiple delays, due to site constraints, new security requirements and enhanced environmental features, the NWCCC is rising from the ground on Center Drive.

The one story facility will provide a place for quality early childhood development and education opportunities for 170 children of NIH employees. These children, infants to age 5, will play and learn in 12 bright rooms designed with spaces to grow and learn in a safe enriched environment. Parents will have open access to the center and will be encouraged to participate in activities and events which support classroom learning.

The Child and Family Program Team in the ORS Division of Amenities and Transportation Services will continue to work closely with the Child Care Board to identify the program operator for the NWCCC. The chosen provider will begin the licensing process in January 2017 and should move into the facility by April 2017. The Board has already begun planning for the incorporation of these “new” spaces into the current child care waiting list. The current Child Care Board, and all previous Board members who have supported and dreamed of this event, will be thrilled to walk in the doors of the NWCCC in May 2017.

Legislative Committee

The purpose of the Legislative Committee of the NIH Child Care Board is to explore the current laws governing federal child and family care and support programs, and to make recommendations to ensure the broadest possible access to programs for all NIH employees.

Under the Tribble Amendment, which is the statutory language authorizing child care programs at federal facilities, many NIH child and family programs and services may only be utilized by Title 5 and Title 42 federal employees. This leaves a significant portion of the NIH population, such as pre- and post-doctoral fellows and contractors, unable to access certain programs, including the NIH Childcare Subsidy program and NIH Backup Care program.

In addition, the Tribble Amendment authorizes the provision of space on federal facilities for child care services. The NIH has three child care centers available for employees. However, as demonstrated by the waitlist for these centers, the NIH population continues to have a need for high-quality care in the local community. Indeed, the increased adoption of workplace flexibilities means that many families may prefer to access high-quality care closer to home, rather than at the office.

During the 2015-2016 Board year, the Legislative Committee met to discuss potential strategies to expand access to Child and Family services for NIH employees. They invited representatives from the Office of General Counsel (OGC), the Office of Legislative Policy Analysis (OLPA), the Office of Intramural Research (OIR), and FELCOM to participate in these discussions. Three potential avenues were discussed that would expand access to child care services.

1. Legislative proposal – As part of the FY 2015 legislative proposals (A-19) process, the OIR, in consultation with DATS, offered a proposal that would change the definition of an NIH employee to include the OIR “trainee” designation for the purposes of child care programs. This proposal was later withdrawn.

The Committee discussed this approach, and agreed that the Child Care Board and DATS should support OIR if they choose to resubmit the proposal. In addition, the Subcommittee noted the proposal could be strengthened by including additional data on the potential impact that such an expanded definition may have on utilization of the NIH Child Care Subsidy program and Backup Care program. The FELCOM representatives worked with OHR and DATS to conduct some preliminary modeling, but further analysis will be needed when this option is pursued.

2. Community-acquired care – Certain federal agencies, in particular the Department of Defense, consider the provision of child care services to be critical to their readiness strategy, and have statutory authorities to procure community-based child care services for their employees. In addition, the Benchmark Survey revealed that other agencies within the Department of Health and Human Services have identified ways to implement community child care services. Some of these

authorities could potentially be utilized by the NIH Director to authorize programs for the NIH community. The ORS/DATS previously sought a clear opinion from the OGC if such authorities are available to the NIH Director, however, a final resolution to this question has not been obtained.

The Committee will continue to work with DATS and OGC to finalize an opinion on the authority of the NIH Director to implement a program of community-acquired child care services. If OGC finds that such authority already exists, the Child Care Board can develop a proposal for a program pilot. If OGC determines that such authority is not available to the NIH Director, the Legislative Committee will work with OGC to determine potential alternatives.

3. Alternative programs – As part of the Committee discussions, it became apparent that a primary barrier to the expansion of programs for non-FTE employees is that the programs use appropriated funds. There are several NIH partners (e.g., FAES and FNIH) that are able to raise funds to support research at the NIH, and potentially by extension, could fund programs for the employees that conduct research at NIH.

The Committee determined that pursuing this option would require a carefully crafted proposal (e.g., a Fellows Subsidy Program). In addition, the specific path to submit and vet the proposal would need to be determined. The Committee felt that the Child Care Board could advise on the structure and needs a proposal should address if FELCOM or OIR wanted to move forward, but that the Board was not the right entity to initiate such an activity.

After consideration of the above options, the Child Care Board recommends DATS continue to work with OGC to receive a final interpretation of the authorities available to the NIH Director related to procurement of community-acquired child care services. In addition, the Legislative Committee will assist other offices in developing either legislative proposals or proposals for new programs.

Aging and Adult Dependent Care

The Aging and Adult Dependent Care Committee has continued to make progress to address the three recommendations that were made last year.

Recommendation 1: Specify within the ORS a dedicated resource independent of the child care programs to provide focused attention on aging, adult dependent and elder care programs, including enhancing awareness of existing programs among the NIH population and coordinating the expansion of programs to meet identified needs.

Progress:

- NIH Child Care Programs changed its' name to NIH Child and Family Programs and a new URL: <http://www.childfamilycare.ors.nih.gov> to focus on the shift from child care to family.
- NIH Employee Assistance Program (EAP) created two flyers to enhance awareness of the existing Aging and Dependent Care Consultation and Caregiver Stress Support services that have been available to NIH workers in the last three decades.
- An Adult Care Support listserv was created, modeled after but independent of the Parenting listserv and Life-Management listserv. It was launched on April 26, 2016.
- The ORS and the OHR developed a supervisor training called Work/Life@NIH: A Supervisor's Guide to Enhancing Workforce Well-being. This workshop is taught by NIH Subject Matter Experts and has been approved for 2 Continuous Learning Points for supervisory refresher purposes. The first workshop was offered on May 17, 2016 with additional workshops on July 14, July 27, and November 9, 2016.
- DATS & EAP have conducted a number of presentations to provide an overview of the DATS & EAP Services for different ICs. These presentations educated NIH workers on the expansion of existing resources that are available for addressing aging and adult dependent concerns.

Future Plans:

1. Website updates to promote the specific aging and dependent care services that are available to all NIH workers.
2. The committee will continue to collaborate with DATS, EAP, OHR, and Health & Wellness Council to enhance awareness of existing programs among the NIH population and coordinate the expansion of programs to meet identified needs.

Recommendation 2: Establish an ongoing trans-NIH Aging and Adult Dependent/Elder Care Committee that will operate independently from the NIH Child Care Board and is supported by the Office of Research Services (ORS).

The Aging and Adult Dependent Care Committee were keenly aware that this recommendation needed an especially strategic and thoughtful approach. The number of NIH employees who are or will soon be grappling with aging and adult dependent care issues is a challenge to productivity, retention, and recruitment. At the same time, the potential to address that challenge can yield significant opportunities to strengthen productivity and increase both retention and recruitment.

The Committee undertook a detailed and iterative process to define the structure and functions of the new entity. A charter will be developed during summer of 2016, and be ready to submit to the NIH Child Care Board at their September 2016 meeting. If accepted, the charter will then go through appropriate NIH/OD approval channels, with the goal of constituting the committee in time to begin full operation in January 2017.

In developing the charter, the Committee will be careful to include provisions for the new entity to collaborate and communicate with a range of NIH partners, including the NIH Child Care Board, ORS, NIH Health and Wellness Council, ORS, EAP, and others.

Information and services related to aging and adult dependent care are critical to the population of NIH employees, now and into the future. The new committee will be constituted to meet those needs.

Recommendation 3: Expand existing aging, adult-dependent, and elder care resources to meet the needs identified by the NIH workforce.

Progress:

- The Legal, Financial, and Identity Theft Resource and Referral Services was launched on May 1, 2016.
- A list of topics for the Aging and Adult Care webinars was developed based on past webinars and outreach events, including Medicaid, housing options, aging in place, and legal concerns.
- A referral process had been developed for EAP to refer NIH workers to the new Legal, Financial, and Identity Theft Resource and Referral Services.
- NIH EAP provided an EAP Consultant at the NIH Adult Dependent and Elder Care Information and Resource Fair on June 22, 2016 to deliver Caregiver Stress Support Consultation for NIH workers.

Future Plans:

1. The Child Care Board will work on promoting the new Legal, Financial, and Identity Theft Resource and Referral Service.
2. The Committee will continue to collaborate with the Strategic Planning Committee on outreach and communication initiatives.
3. The Committee will continue to assist in the development and launch of the new Aging and Adult Dependent Care Committee that will operate independently from the Child Care Board.

Child Care Board Recommendations

Based on the Boards' efforts during 2015-2016, the NIH Child Care Board makes the following recommendations to NIH leadership:

- NIH Director, Deputy Director for Management, and Director of the Office of Human Resources review the 2016 NIH Worklife Benchmark Study Report and share it with IC leadership and other relevant staff and standing committees (e.g., Executive Officers, MAWG).
- ORS support the Child Care Board efforts to create a revamped outreach campaign to increase awareness about the important existing NIH Child and Family programs and services.
- ORS monitor the NIH Child Care Subsidy program and the NIH Child and Adult Back-up Care program usage in FY 2017 and prepare possible options for FY 2018 in the event that maximum usage is reached.
- NIH/OD support a new committee, modeled after the NIH Child Care Board, to be established in FY 2017 that will focus on aging, adult dependent, and elder care services available to the NIH community.

2016-2017 NIH Child Care Board Work Plan

Strategic Planning and Communication

- Continue to advise and assist ORS with a branding and outreach campaign
- Review and revise information materials for NIH outreach efforts
- Identify additional populations for targeted outreach
- Continue to create articles and messages for NIH community
- Use a Calendar of articles/outreach and track impact data
- Conduct presentations to NIH Leadership, Executive Officers, etc.

Aging and Adult Dependent Care Issues

- Create a charter for, and assist ORS in establishing an ongoing trans-NIH Aging and Adult Dependent Care Committee that will operate independently from the NIH Child Care Board that will be supported by the ORS

NIH Child Care Subsidy Program

- Monitor and report program utilization
- Work with ORS to develop program recommendations in the event program resources are exhausted with current funding
- Collaborate with Strategic Planning Committee on marketing and communication initiatives

Legislative Options

- Work with OGC to explore legal opportunities for expanding access to NIH Child and Family Programs
- Review the results of the Benchmark Study to identify child care programs implemented by other federal agencies and to determine how they have overcome barriers

Northwest Child Care Center

- Educate the NIH community on the progress of the project through NIH Record articles or other means
- Assist ORS in defining requirements for a child care services provider to occupy the new facility, and in selecting a provider

Waiting List

- Assist in the review of current database, reports, and process and determine if policy changes are needed
- Advise ORS on the implementation of a transparent wait list process for the NWCCC

NIH Back-up Care Program

- Monitor and report utilization of the program
- Work with ORS to develop program recommendations in the event program utilization maximum is reached
- Review and revise program outreach materials in collaboration with the Strategic Planning and Outreach Committee
- Review the results of the Benchmark Study and determine if program changes should be recommended

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

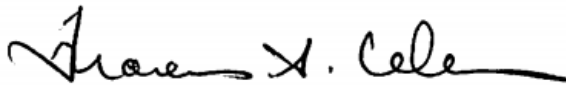
The Board may request information as needed for the purposes of carrying out its functions. The Board will report at least annually in writing or in person to the NIH Director on the status of child care programs and other related services at NIH, identify areas of concern, and recommend actions when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



Director, National Institutes of Health

2/19/16

Date

Appendix B. Complete Report from 2016 NIH Worklife Benchmark Study

Please click on the link below to access the complete report:

https://www.ors.od.nih.gov/pes/dats/childcare/studies/Documents/2016%20NIH%20Worklife%20Benchmark%20Study_508_complaint.pdf