### **RML Family Care Survey 2019**

### Section 0: All Respondents

#### **Burden Disclosure**

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

#### Introduction:

This survey asks a series of questions about your perception of Child and Adult Dependent Care availability and quality in Hamilton, MT and the surrounding area. Your feedback is valuable and will be used to evaluate options for assistance guidance in addressing this problem for Rocky Mountain Laboratory employees.

#### Instructions:

Please see the attached survey card for your reference and use. The survey will be digital, however a hard copy of the survey questions is included to assist in the evaluation process. In addition, please note the following below:

- Survey responses reside behind the NIH firewall and are secure to the extent permitted by law.
- For each question, select the option that best represents your view.
- The survey will take approximately 10 minutes to complete.
- Try to answer each question as honestly and accurately as possible.
- At any point, you may exit the survey and return to complete the survey at a later time. Your answers will be saved.

Questions about this survey may be sent to Aaron Bestor at bestora @niaid.nih.gov.

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## **RML Child Care Survey**

- \* 1. What is your Institute/Center (IC)?
- O NIAID
- ORS
- O ORF
- O DEA

- \* 2. Which one of the following best describes you? 💽
- NIH Federal Employee (Title 5 or Title 42)
- O Contractor
- IRTA/CRTA fellow
- Visiting fellow



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3. How long have you worked at RML? 🔽	05/31
O Less than a year	
○ 1 – 3 years	
○ 7 – 10 years	
O 10+ years	
4. What best describes the work you perform?	
O Scientific	
O Administrative	
Central Support Services	

Title: RML Family Care Survey 2019 (OMB #: 0925-0648, Exp. Date: 05/31/2021) \* 5. What is your age range? 🔽 Under 25 45-54 25-34 55-64 65+ 35-44

\*6. What is your gender?

O Female

Male.

* 7. Where do you live? 🔽	(OMB #: 0925-0048, Exp. Date: 05/31/2021)	
O Hamilton Area		
O Corvallis/Pinesdale Area		
O Darby Area		
O Stevensville Area		
O Victor Area		
O Florence Area		
Missoula Area		
* 8. How do you want to get information on child	care options? (check all that apply)	À
website		
Listserv		
welcome packet		
poster boards		

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## **RML Child Care Survey**

\* 9. Do you have or intend to have children?



Yes

O No



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## **RML Child Care Survey**

## Child Care Section

* 10. Please check all of the following that apply to you. 🔽	
☐ I have children 12 years or younger	
☐ I anticipate having children 12 years or younger during my tenure at NIH	
I have children 12 years or younger enrolled in a child care program	
I anticipate having children enrolled in a child care program during my tenure at NIH	
I prefer my children attend a child care program close to my/my spouse's work location	
I prefer my children attend a child care program close to where I live	
I prefer my children attend a child care program close to their school	
I have a child(ren) with special needs	
☐ I have children 13 years or older	
None of the above apply to me	

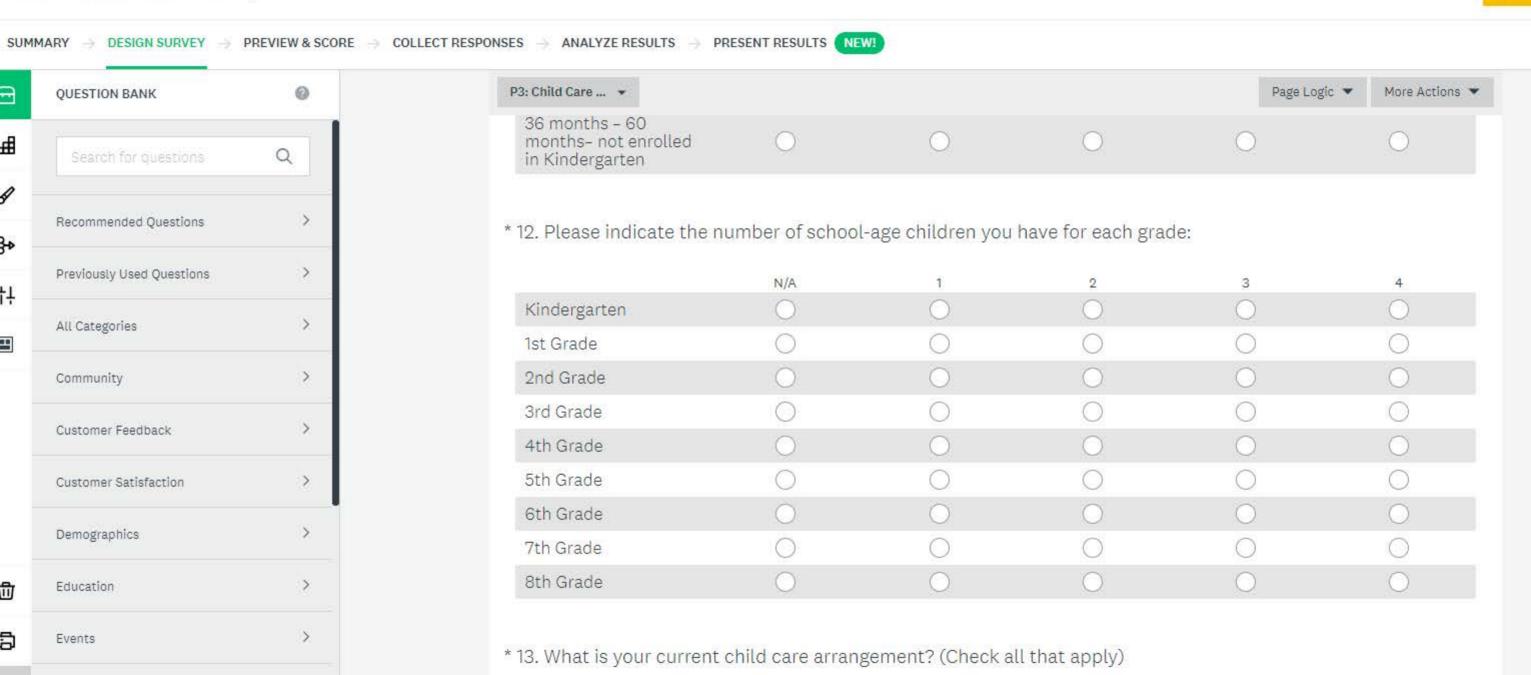
Title: RML Family Care Survey 2019 (OMB #: 0925-0648, Exp. Date: 05/31/2021)

\* 11. Please indicate the number of children you have for each age group:

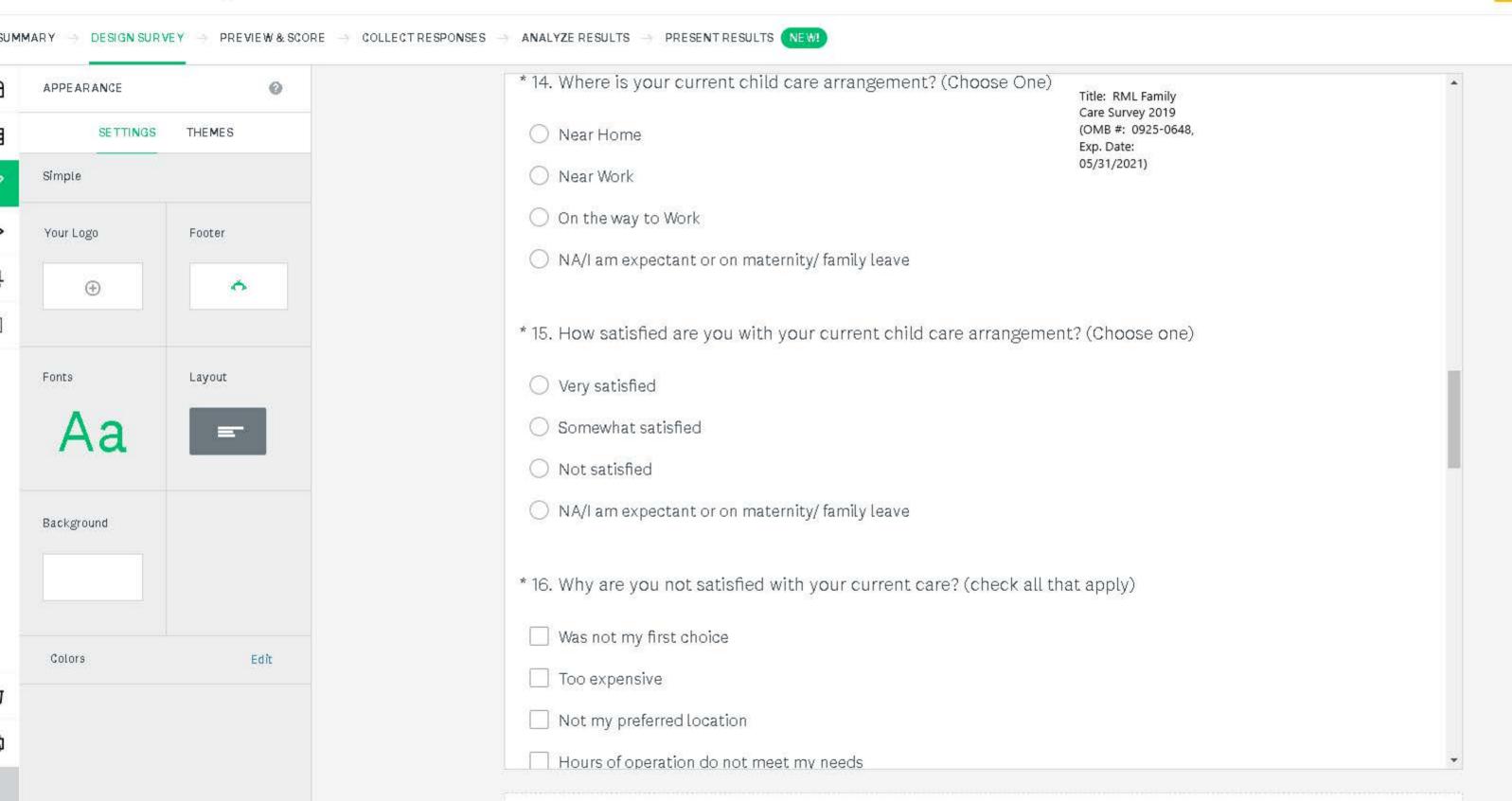
	N/A	1	2	3	4
Currently pregnant – 5 weeks of age					
6 weeks of age – 17 months					
18 months – 23 months					
24 months- 35 months					
36 months - 60 months- not enrolled in					

### RML Child Care Survey

NEXT



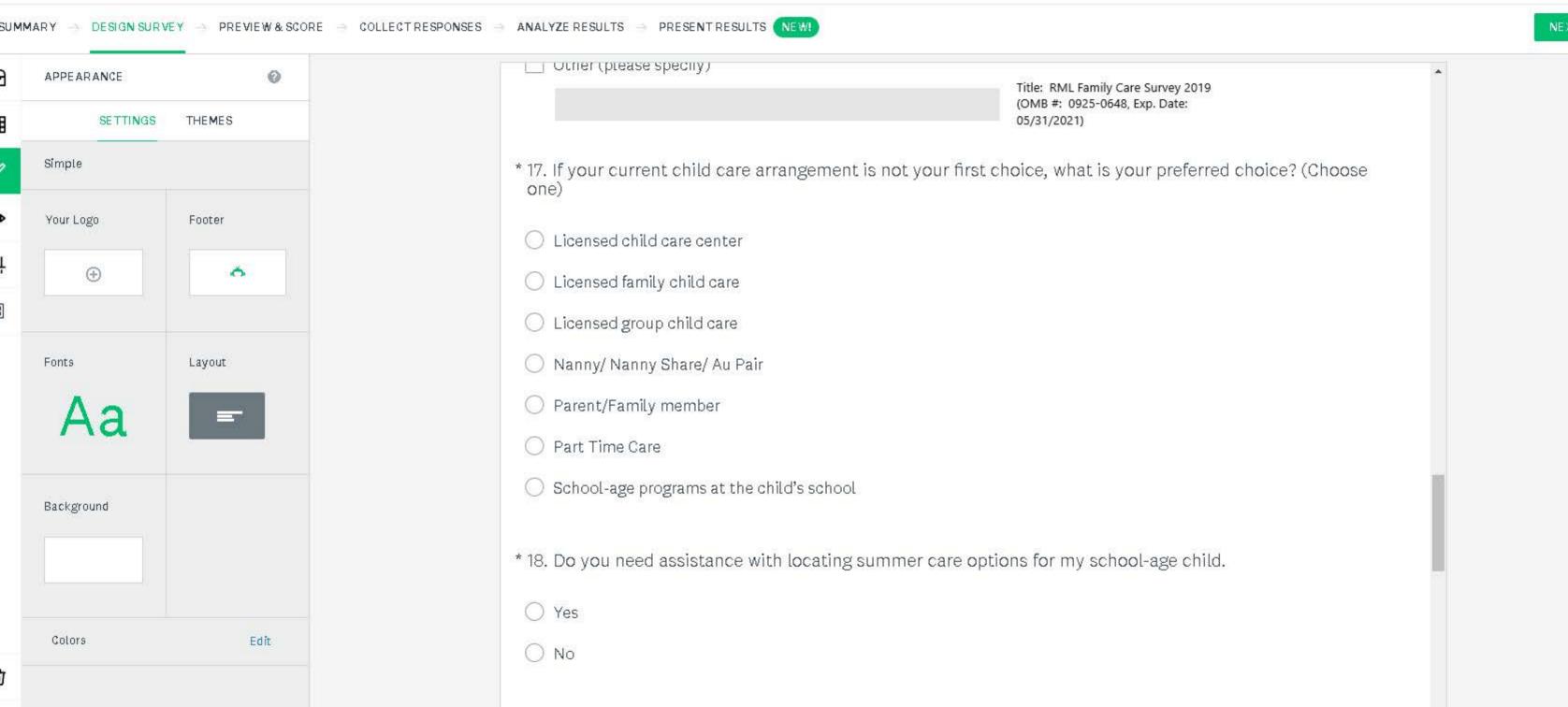
* 13. What is your current child care arrangement? (Check all that apply)	Title: RML Family Care Survey 2019 (OMB #: 0925-0648, Exp. Date: 05/31/2021)
Licensed child care center	
Licensed family child care	
Licensed Group Care	
Nanny/ Nanny Share/ Au Pair	
Parent/Family member	
Informal or Unlicensed child care	
Part Time Care	
NA/Expectant or on maternity/ family leave	
Home alone – School-ager	
Other (please specify)	

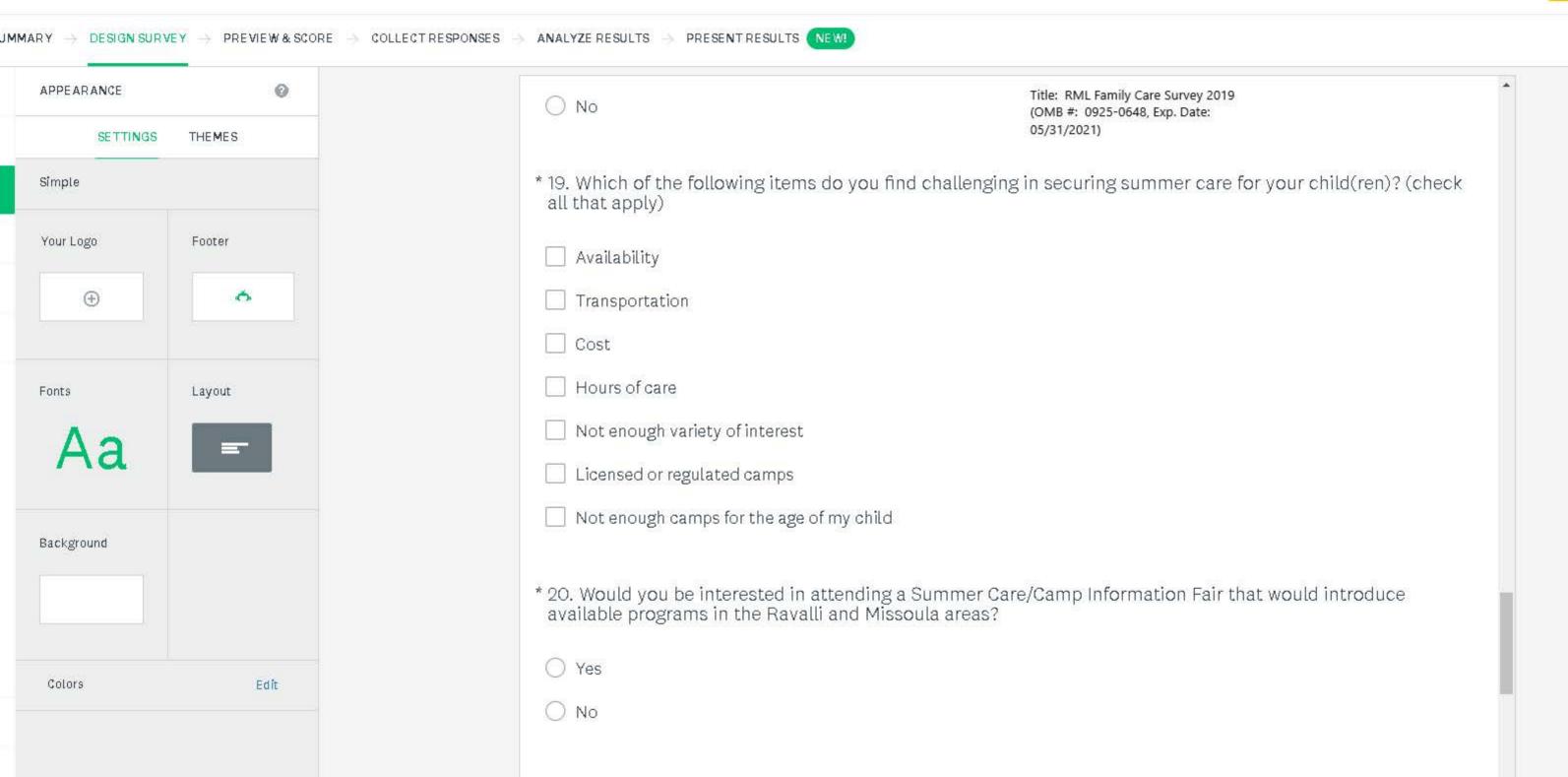


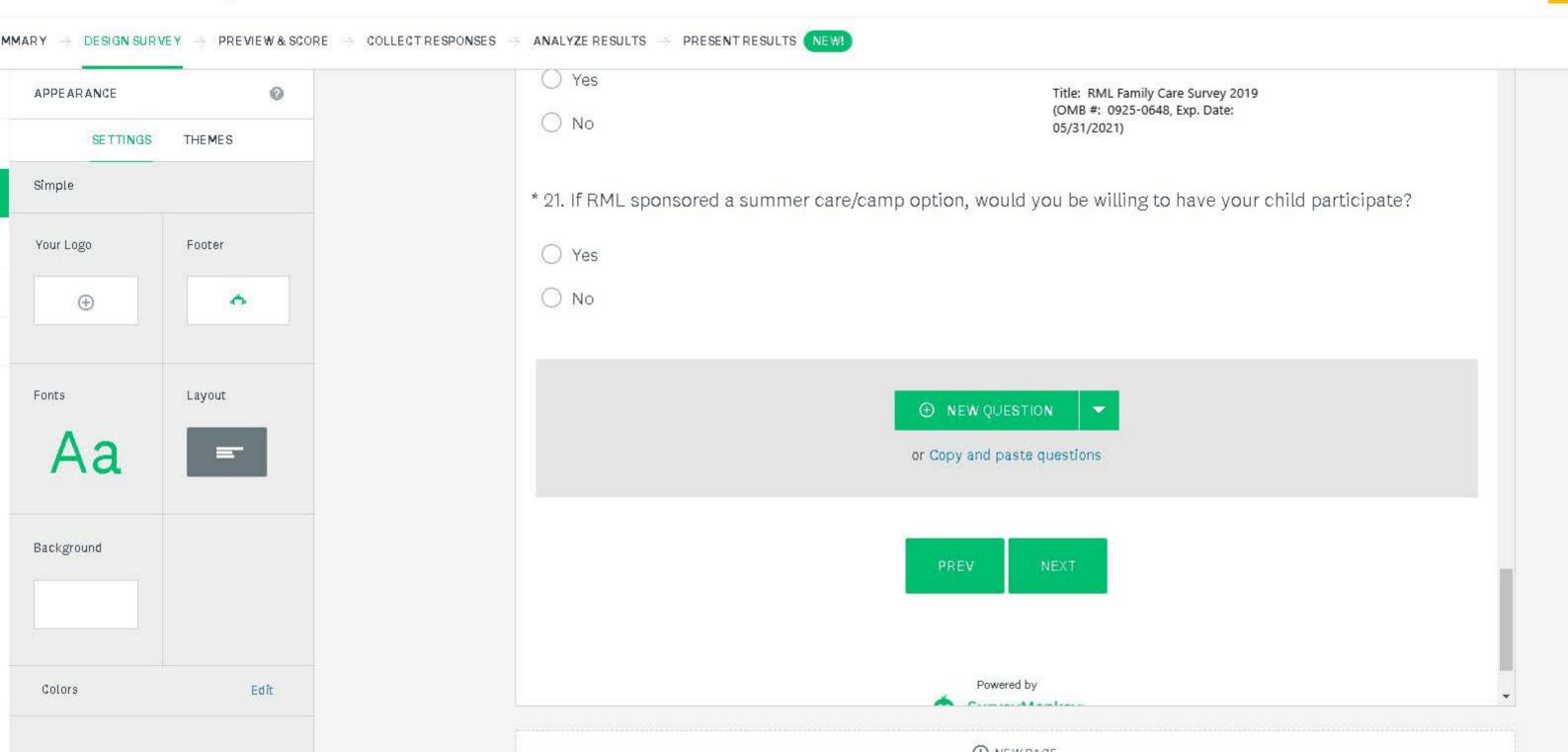
## RML Child Care Survey

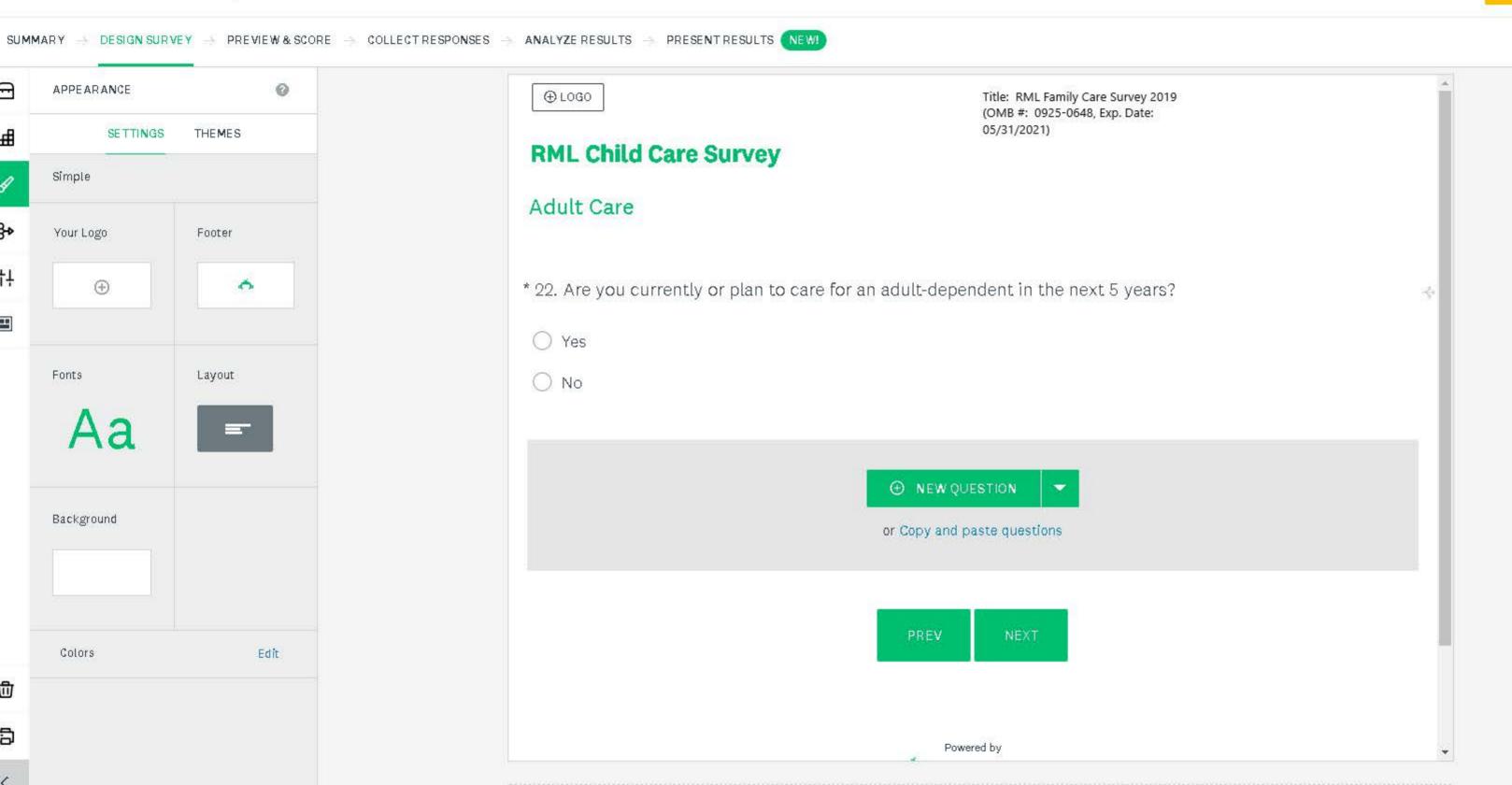


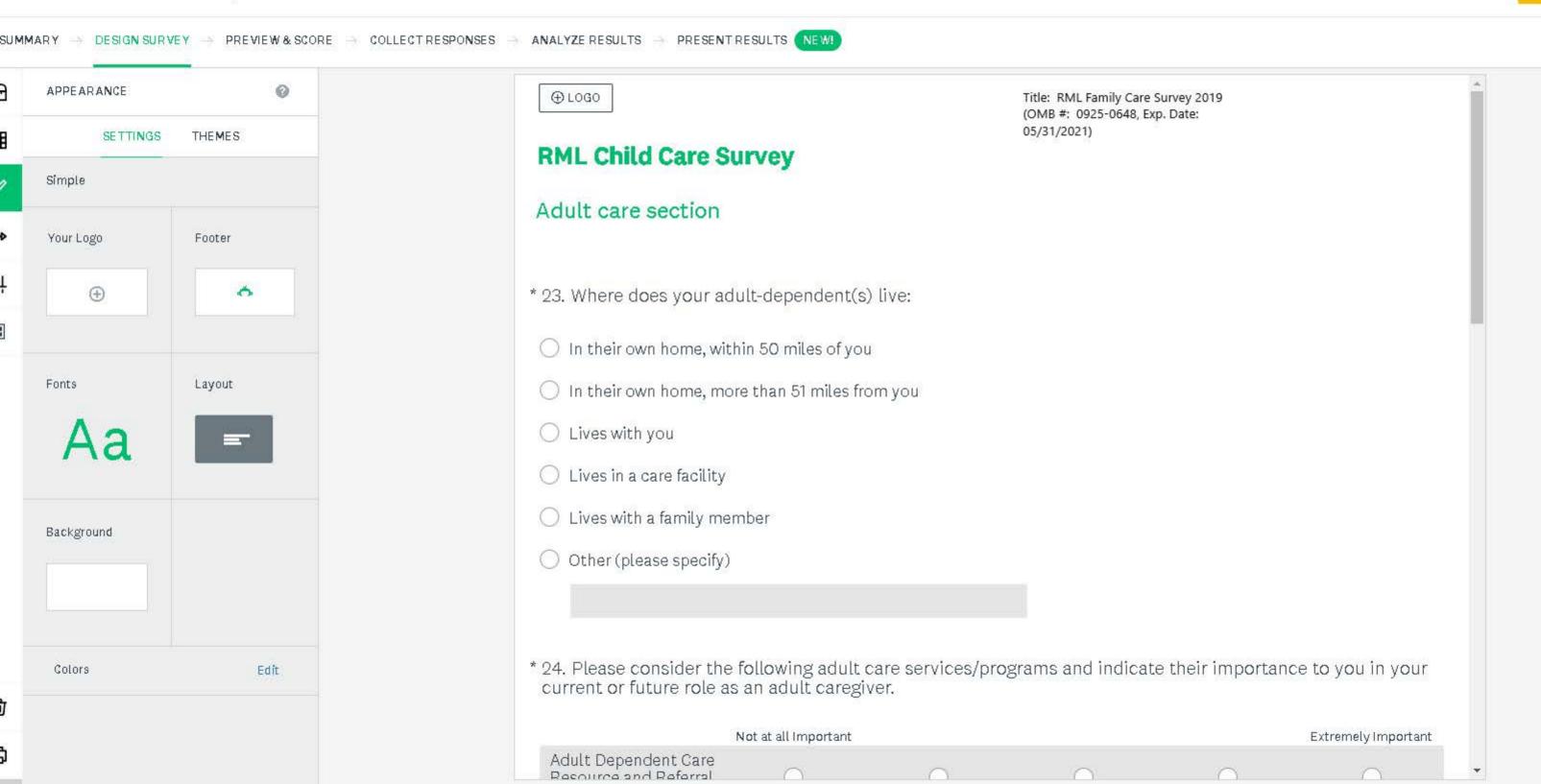












SETTINGS

APPEARANCE

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Your Logo

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Title: RML Family Care Survey 2019 UPGRADE

(OMB #: 0925-0648, Exp. Date: 05/31/2021)

SUMMARY -> DESIGN SURVEY -> PREVIEW & SCORE -> COLLECT RESPONSES -> ANALYZE RESULTS -> PRESENT RESULTS (NEW!)

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* 24. Please consider the current or future role as			grams and indicat	e their importance	e to you in your
	Not at all Important				Extremely Important
Adult Dependent Care Resource and Referral Service	0	0	O	0	0
Financial Resource and Referral Service	$\circ$	0	0	0	0
Legal Resource and Referral Service	0	0	0	0	0
Adult/Elder Back-Up Care	0	0	0	0	0
Adult Day Care	0	0	0	0	0
Housing Options	0	0	0	0	0
Transportation Services	0	0	0	0	0
Meal Services		0	0		0
Home Health Aides	0	0	0	0	0
Employee Assistance Program (EAP) Caregiver Support	0	0	0	0	
Long-distance Caregiving	0	0	0	0	0
Communication Tips – how to discuss adult care issues with my supervisor	0	0	0	0	0
Evaluating Care Options	0	0	0	0	0

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APPEARANCE ②	* 25. Please indicate your aw	vareness for each of the following work/	life integration services/programs.	
SETTINGS THEMES		I am <b>NOT AWARE</b> of the service/program	I am <b>AWARE</b> of the service/program	
Simple	Child and Dependent Care Resource and Referral Services	0	0	
Your Logo Footer	Child Care Subsidy Program	0		
⊕	Lactation Rooms and Support (Nursing Mothers Program)	0	0	
Fonts Layout	Lunch & Learn Seminars on Parenting/Dependent Care Issues			
Aa 🖃	Wellness Events and Services	0	0	
	Club RML	0	0	
Background	Fitness Center/Fitness Classes	0	0	
	Employee Assistance Program (EAP)	0	0	
	Alternative commuting support (Vanpool, etc.)	0	0	
Colors Edit	NIH Bicycle Program (Yellow Rikes)	0	0	•
		⊕ NEW PAGE		

SUMMARY -- DESIGN SURVEY -- PREVIEW & SCORE -- COLLECT RESPONSES -- ANALYZE RESULTS -- PRESENT RESULTS NEW!

Title: RML Family Care Survey 2019 (OMB #: 0925-0648, Exp. Date: 05/31/2021)

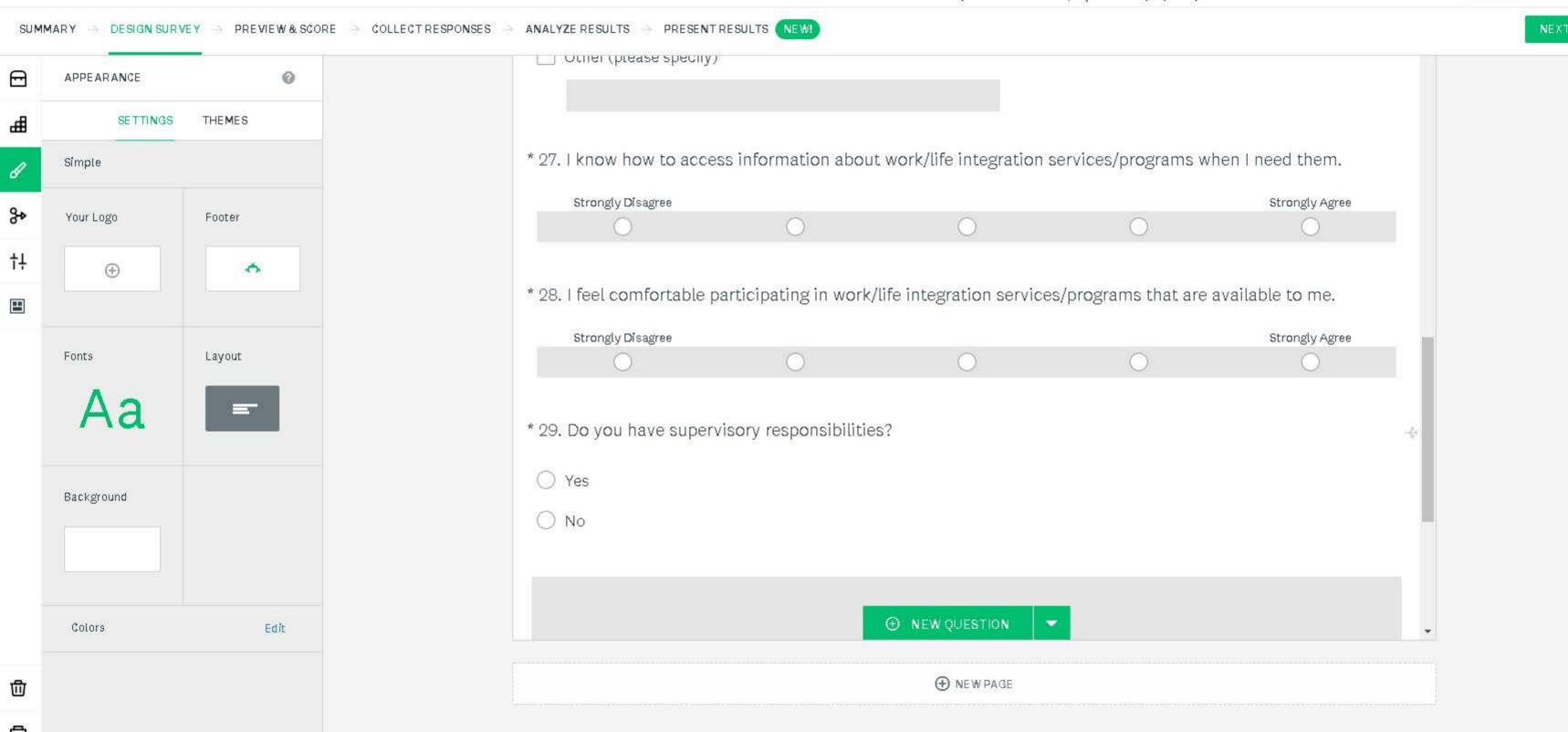


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	APPEARANCE	0	* 26. What are the best ways for you to learn about work/life integration services/programs at the NIH? (Check	
#	SETTINGS	THEMES	all that apply)	
8	Simple		NIH New Employee Orientation	
<b>%</b>	Your Logo	Footer	IC Orientation	
	Tour Logo	Loorei	Flyers, brochures, pamphlets, posters	
†‡	•	ŏ	Email/Global announcements	
=			Parenting Listserv	
	Fonts	Layout	Referral service	
	Aa		Lunchtime seminars	
	ла	-	Human Resources	
	er v		Coworker	
	Background		Other (please specify)	
	Colors	Edit	* 27. I know how to access information about work/life integration services/programs when I need them.	
⑪			⊕ NEW PAGE	

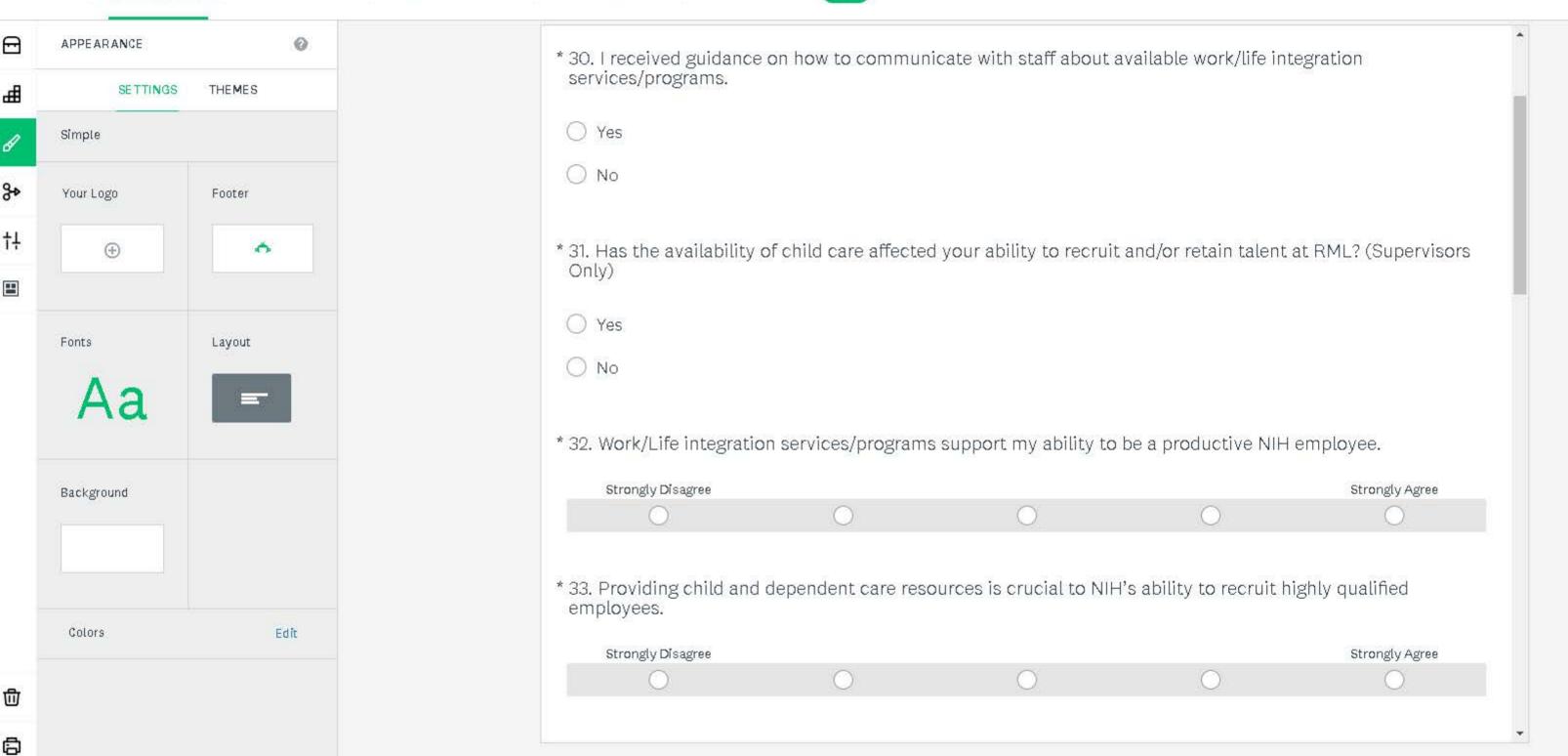
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# RML Child Care Survey

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0	Strongly Disagree				Strongly Agree
S THEMES	Strolligity Disagree		0	Ō	Strollgly Agree
EN VOICOLIE		V			9
	* 34. Providing child and	dependent care reso	urces has a positiv	e impact on the e	ntire NIH workforce.
Footer	Strongly Disagree				Strongly Agree
	Gill Oligity Disagree		0	0	Strongly Agree
<b>6</b>		O	U	U	
Province	* 35. Providing child and employees.	dependent care resor	urces is crucial to	INIT 5 ability to ret	ani ingniy qualined
Layout	employees.	dependent care resor	arces is cracial to	Will by ability to rea	am mgmy quamed
	Strongly Disagree				Strongly Agree
=	Ottorigty Draggee			0	Ottorigty Agree
	* 36. Please consider the	following work/life in	tegration services	/programs and inc	icate their importance to
	* 36. Please consider the you.	following work/life ir	tegration services	/programs and inc	icate their importance to
	you.	following work/life in	tegration services	/programs and inc	icate their importance to  Extremely Importan
	you.  Alternative	Not at all Important	tegration services	/programs and inc	
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SUMMARY -> DESIGN SURVEY -> PREVIEW & SCORE -> COLLECT RESPONSES -> ANALYZE RESULTS -> PRESENT RESULTS NEW!

Title: RML Family Care Survey 2019 (OMB #: 0925-0648, Exp. Date: 05/31/2021) UPGRADE

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ħ	Not at all Important				Extremely Important
Alternative Commuting Support Vanpool, etc.)	0	0	0	0	0
NH Bicycle Program Yellow Bikes)	0	0	0	0	0
NH Child Care Centers	0	O	0	0	0
child Care Subsidy Program	0	0	0	0	0
Child and Dependent Care Resource and Referral Services	0	0	0	0	0
lexible work chedules (telework, lternative work chedule (AWS), Maxiflex, part-time vork schedule)	0	0	0	0	0
actation rooms and upport (Nursing Mothers Program)	O	0	0	0	0
n-site fitness center	0	0	0	0	0
n-site cafe/vending	0	0	0	0	0