

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.


RML Child Care Survey

* 1. What is your Institute/Center (IC)? 

- NIAID
- ORS
- ORF
- DEA

* 2. Which one of the following best describes you? 


- NIH Federal Employee (Title 5 or Title 42)
- Contractor
- IRTA/CRTA fellow
- Visiting fellow
- Research fellow

* 3. How long have you worked at RML? 

- Less than a year
- 1 – 3 years
- 4 – 6 years
- 7 – 10 years
- 10+ years

* 4. What best describes the work you perform? 

- Scientific
- Administrative
- Central Support Services

* 5. What is your age range? 

Under 25

25-34

35-44

45-54


55-64

65+

* 6. What is your gender? 

Female

Male

* 7. Where do you live? 

- Hamilton Area
- Corvallis/Pinesdale Area
- Darby Area
- Stevensville Area
- Victor Area
- Florence Area
- Missoula Area

* 8. How do you want to get information on child care options? (check all that apply) 

- website
- listserv
- welcome packet
- poster boards
- café

RML Child Care Survey

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

Yes

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

* 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 weeks of age - 17 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 months - 23 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 months- 35 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36 months - 60 months- not enrolled in Kindergarten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QUESTION BANK

Search for questions

- Recommended Questions
- Previously Used Questions
- All Categories
- Community
- Customer Feedback
- Customer Satisfaction
- Demographics
- Education
- Events

P3: Child Care ...

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More Actions

36 months - 60 months- not enrolled in Kindergarten

* 12. Please indicate the number of school-age children you have for each grade:

	N/A	1	2	3	4
Kindergarten	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1st Grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2nd Grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3rd Grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4th Grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5th Grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6th Grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7th Grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8th Grade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 13. What is your current child care arrangement? (Check all that apply)

* 13. What is your current child care arrangement? (Check all that apply)

- 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)

APPEARANCE



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* 14. Where is your current child care arrangement? (Choose One)

- Near Home
- Near Work
- On the way to Work
- NA/I am expectant or on maternity/ family leave

Title: RML Family
Care Survey 2019
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Exp. Date:
05/31/2021)

* 15. How satisfied are you with your current child care arrangement? (Choose one)

- Very satisfied
- Somewhat satisfied
- Not satisfied
- NA/I am expectant or on maternity/ family leave

* 16. Why are you not satisfied with your current care? (check all that apply)

- Was not my first choice
- Too expensive
- Not my preferred location
- Hours of operation do not meet my needs

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Other (please specify)




Title: RML Family Care Survey 2019
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05/31/2021)

* 17. If your current child care arrangement is not your first choice, what is your preferred choice? (Choose one)

- Licensed child care center
- Licensed family child care
- Licensed group child care
- Nanny/ Nanny Share/ Au Pair
- Parent/Family member
- Part Time Care
- School-age programs at the child's school


* 18. Do you need assistance with locating summer care options for my school-age child.


- Yes
- No

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No

Title: RML Family Care Survey 2019
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 05/31/2021)

* 19. Which of the following items do you find challenging in securing summer care for your child(ren)? (check all that apply)

- Availability
- Transportation
- Cost
- Hours of care
- Not enough variety of interest
- Licensed or regulated camps
- Not enough camps for the age of my child

* 20. Would you be interested in attending a Summer Care/Camp Information Fair that would introduce available programs in the Ravalli and Missoula areas?

Yes

No

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Yes

No

Title: RML Family Care Survey 2019
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* 21. If RML sponsored a summer care/camp option, would you be willing to have your child participate?

Yes

No

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or [Copy and paste questions](#)

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RML Child Care Survey

Adult Care

* 22. Are you currently or plan to care for an adult-dependent in the next 5 years?

- Yes
- No

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RML Child Care Survey

Adult care section

* 23. Where does your adult-dependent(s) live:

- In their own home, within 50 miles of you
- In their own home, more than 51 miles from you
- Lives with you
- Lives in a care facility
- Lives with a family member
- Other (please specify)

* 24. Please consider the following adult care services/programs and indicate their importance to you in your current or future role as an adult caregiver.

Not at all Important

Extremely Important

Adult Dependent Care
Resource and Referral

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* 25. Please indicate your awareness for each of the following work/life integration services/programs.

	I am NOT AWARE of the service/program	I am AWARE of the service/program
Child and Dependent Care Resource and Referral Services	<input type="radio"/>	<input type="radio"/>
Child Care Subsidy Program	<input type="radio"/>	<input type="radio"/>
Lactation Rooms and Support (Nursing Mothers Program)	<input type="radio"/>	<input type="radio"/>
Lunch & Learn Seminars on Parenting/Dependent Care Issues	<input type="radio"/>	<input type="radio"/>
Wellness Events and Services	<input type="radio"/>	<input type="radio"/>
Club RML	<input type="radio"/>	<input type="radio"/>
Fitness Center/Fitness Classes	<input type="radio"/>	<input type="radio"/>
Employee Assistance Program (EAP)	<input type="radio"/>	<input type="radio"/>
Alternative commuting support (Vanpool, etc.)	<input type="radio"/>	<input type="radio"/>
NIH Bicycle Program (Yellow Bikes)	<input type="radio"/>	<input type="radio"/>

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* 26. What are the best ways for you to learn about work/life integration services/programs at the NIH? (Check all that apply)

- NIH New Employee Orientation
- IC Orientation
- Flyers, brochures, pamphlets, posters
- Email/Global announcements
- Parenting Listserv
- Referral service
- Lunchtime seminars
- Human Resources
- Coworker
- Other (please specify)

* 27. I know how to access information about work/life integration services/programs when I need them.

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Other (please specify)

* 27. I know how to access information about work/life integration services/programs when I need them.

Strongly Disagree Strongly Agree

* 28. I feel comfortable participating in work/life integration services/programs that are available to me.

Strongly Disagree Strongly Agree

* 29. Do you have supervisory responsibilities?

Yes

No

+ NEW QUESTION

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* 30. I received guidance on how to communicate with staff about available work/life integration services/programs.

- Yes
- No

* 31. Has the availability of child care affected your ability to recruit and/or retain talent at RML? (Supervisors Only)

- Yes
- No

* 32. Work/Life integration services/programs support my ability to be a productive NIH employee.

Strongly Disagree Strongly Agree

* 33. Providing child and dependent care resources is crucial to NIH's ability to recruit highly qualified employees.

Strongly Disagree Strongly Agree

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* 36. Please consider the following work/life integration services/programs and indicate their importance to you.

	Not at all Important					Extremely Important				
Alternative Commuting Support (Vanpool, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NIH Bicycle Program (Yellow Bikes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NIH Child Care Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care Subsidy Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child and Dependent Care Resource and Referral Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible work schedules (telework, alternative work schedule (AWS), Maxiflex, part-time work schedule)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lactation rooms and support (Nursing Mothers Program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site fitness center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site cafe/vending	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. What additional programs or services could NIH offer that would increase your work place satisfaction and/or productivity? (Optional)