



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of Research Services 

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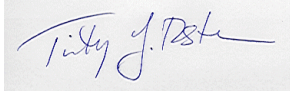
Attached please find the Office of Research Services (ORS) **Child Care Survey**. The ORS understands the importance of child care to the retention and recruitment of talented people who make up the NIH, and this survey instrument will allow the ORS to assess and determine the child care needs of the NIH community.

The questions are designed for those of you who have children of child care age, or anticipate placing children in some form of child care services within the next 12 months. If you do not fit into either of these categories but would like to provide comments and input, you may still complete the parts of the survey that pertain to your concerns.

This survey project is being performed on behalf of the ORS by Performance Dynamics, Inc., in partnership with the University of Central Florida, College of Business Administration, BE2000 Tech Team.

Thank you for taking the time to complete the survey.

Sincerely,

A handwritten signature in blue ink that reads "Timothy J. Tosten".

Timothy J Tosten, MPA

Chief, Worksite Enrichment Programs Branch

Division of Support Services, ORS, NIH

Phone: 301-402-8180, TTY: 301-435-1908

# Child Care Survey

## I. Child Care Services Used or Anticipated for Use

1. How many children do you have or expect to have in the next 12 months in the following age ranges for whom you need child care?

Not Applicable \_\_\_\_\_ 3-4 years \_\_\_\_\_  
0-14 months \_\_\_\_\_ 5-12 years \_\_\_\_\_  
15-24 months \_\_\_\_\_ 12+ years \_\_\_\_\_  
2 years \_\_\_\_\_

2. Within the last three (3) years, have you ever placed a child on a waiting list for NIH-sponsored child care?     Yes     No

3. Within the last three (3) years, after placing your child on a waiting list, were you contacted by the facility?     Not Applicable     Yes     No

4. Within the last three (3) years, if you were contacted by an NIH-sponsored child care facility about enrolling your child, how long did it take for you to be contacted?

Not Applicable                       18-24 months  
 Under 6 months                       24-30 months  
 6-12 months                           30-36 months  
 12-18 months

Did you subsequently enroll your child?     Not Applicable     Yes     No

If you subsequently enrolled your child, was this the first time you had ever enrolled a child in an NIH-sponsored child care facility?     Not Applicable     Yes     No

5. How many children do you have enrolled or do you expect to enroll during the next twelve (12) months in the following NIH-sponsored child care facilities?

\_\_\_\_\_ Not Applicable    \_\_\_\_\_ ChildKind    \_\_\_\_\_ POPI    \_\_\_\_\_ ECDC

6. If you have chosen not to place children in NIH-sponsored child care, why did you decide this? (Check all that apply.)

Not Applicable  
 I had already made other suitable child care arrangements.  
 The services were too expensive.  
 I wanted to have my child/children closer to home.  
 The hours of operation did not meet my needs.  
 I had concerns about the quality of care.  
 I had problems arranging for consistent transportation.  
 Other (please specify): \_\_\_\_\_

7. If you currently have a child on a waiting list for NIH-sponsored child care services, how long have you been waiting?

- Not Applicable
- Under 6 months
- 6-12 months
- 12-18 months
- 18-24 months
- 24-30 months
- 30-36 months

8. If you have now, or in the last three (3) years have had a child enrolled in NIH-sponsored child care services, please rate the services you have received using the scale displayed below:

- Not Applicable
- 1 = Needs Improvement**
- 2 = Below Average**
- 3 = Satisfactory**
- 4 = Above Average**
- 5 = Excellent**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Affordability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child health and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational stimulation/curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical space/facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scholarship/tuition assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value for the price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warm and caring staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you ever withdrawn a child from an NIH-sponsored child care facility?  Yes  No

If you answered "Yes", why did you do this? (Check all that apply.)

- My child graduated from the program.
- I could no longer afford services.
- I moved and chose another care location.
- I chose to find care closer to my child's school.
- I was concerned about health or safety issues.
- My child was unhappy in the facility.
- I needed different hours of care.
- I was dissatisfied with some other aspect of the service (please specify):

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**OPTIONAL:** Please indicate which facility:  ChildKind  POPI  ECDC

10. Do you currently use or plan to use within the next 12 months the following child care services **outside of NIH-sponsored child care services?** (Check all that apply.)

- Not Applicable
- Paid child care in my home
- Paid child care in another person's home
- Center-based child care
- School-based child care
- Care by relatives or friends
- Other (please specify) \_\_\_\_\_

11. How did you become aware of the child care services you have employed or expect to employ within the next 12 months?

- Not Applicable
- Friends/family/co-workers
- NIH referral services
- Written materials available through my place of work
- Phone book
- Internet
- Other (please specify) \_\_\_\_\_

12. Wherever you employ child care, how much do you currently pay or expect to pay in the next 12 months **monthly per child** for:

a. Full-time infant care (0-24 months)

- Not Applicable
- \$0-\$500
- \$501-\$600
- \$601-\$700
- \$701-\$800
- \$801-\$900
- \$901-\$1,000
- \$1,001-\$1,100
- \$1,101-\$1,200
- \$1,201-\$1,300
- \$1,301-\$1,400
- \$1,401+

b. Full-time toddler care (24-36 months)

- Not Applicable
- \$0-\$200
- \$201-\$300
- \$301-\$400
- \$401-\$500
- \$501-\$600
- \$601-\$700
- \$701-\$800
- \$801-\$900
- \$901-\$1,000
- \$1,001-\$1,100
- \$1,101-\$1,200
- \$1,201+

c. Full-time preschool care (3-5 years)

- Not Applicable
- \$0-\$200
- \$201-\$300
- \$301-\$400
- \$401-\$500
- \$501-\$600
- \$601-\$700
- \$701-\$800
- \$801-\$900
- \$901-\$1,000
- \$1,001-\$1,100
- \$1,101-\$1,200
- \$1201 +

d. School aged before/after care  
(6 years and up)

- Not Applicable
- \$0-\$100
- \$101-\$200
- \$201-\$300
- \$301-\$400
- \$401-\$500
- \$501-\$600
- \$601-\$700
- \$701+

13. Have any of the following NIH-sponsored programs assisted you in managing your child care responsibilities? (Check all that apply.)

- Work and Family Life Center Child Care Resource & Referral Service
- Alternative Work Schedule (AWS)
- Part-time work schedule
- Job-sharing
- Telecommuting (to decrease or eliminate commute time, NOT for dependent care)
- Classes, workshops and seminars dealing with child care and children's issues
- Not Applicable

## II. Service Priorities

1. A number of issues important in choosing child care services are listed below. Please place a number one (1) next to the most important factor for you **when you actually search for child care**, a two (2) next to the second most important factor, and so on through eight (8), for the following factors:

- \_\_\_\_\_Affordability/price
- \_\_\_\_\_Curriculum/education
- \_\_\_\_\_Health and safety
- \_\_\_\_\_Hours of available care
- \_\_\_\_\_Location
- \_\_\_\_\_Personal warmth of provider
- \_\_\_\_\_Staff consistency/low turnover
- \_\_\_\_\_Staff professionalism/training

2. Overall, do you prefer to employ services (check one):

- Close to my home
- Close to my child's school
- Close to my place of work
- Close to my partner/spouse's work

### III. Possible Future Initiatives

The NIH is reviewing possible future directions to meet the child care needs of its community members. Next to the possible ideas below, place a one (1) next to the one that you think would be the best idea, a two (2) next to what you think would be the second best idea, and so on through seven (7), for the following initiatives:

- \_\_\_\_\_ Increase child care capacity at current NIH spaces/locations.
- \_\_\_\_\_ Increase child care capacity through child care slots at non-NIH child care facilities in various communities, closer to where NIH workers may LIVE.
- \_\_\_\_\_ Increase child care capacity through child care slots at non-NIH child care facilities in various communities, closer to where NIH workers may WORK, but apart from NIH buildings and spaces.
- \_\_\_\_\_ Create a Dependent Care Assistance Plan, allowing people to use pre-tax dollars from their salaries/wages that can be used to pay for child care services of their choice.
- \_\_\_\_\_ Offer direct child care tuition assistance subsidies to qualified families based on income.
- \_\_\_\_\_ Offer a program of summer/holiday care for school-aged children.
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. Demographics

1. What is your gender?

Female

Male

2. What is your current work site?

Baltimore

Bethesda Campus

Downtown Bethesda

Other Bethesda Locations (Democracy, Rockledge)

Frederick

Gaithersburg

Poolesville

Rockville (Executive Blvd., Parklawn, Twinbrook)

Other (please specify) \_\_\_\_\_

3. What is your employment category?

NIH Employee

Other Federal Agency

NIH Contractor

Visiting Fellow

Intramural Research Training Awards Fellow (IRTA)

National Research Service Awards Fellow (NRSA)

National Research Council Fellow

Summer Aide

Fogarty Scholar

Guest Researcher

Other (please specify) \_\_\_\_\_

4. How many children do you now have in the following age ranges?

Not Applicable \_\_\_\_\_

0-14 months \_\_\_\_\_

15-24 months \_\_\_\_\_

2 years \_\_\_\_\_

3-4 years \_\_\_\_\_

5-12 years \_\_\_\_\_

12+ years \_\_\_\_\_

5. What is the range of your **total** annual household income before taxes?

\$0-\$19,999

\$20,000-\$35,000

\$35,001-\$50,000

\$50,001-\$65,000

\$65,001-\$80,000

\$80,001-\$95,000

\$95,001+

6. Where do you live? \_\_\_\_\_(city), \_\_\_\_\_(state), \_\_\_\_\_(zip code)







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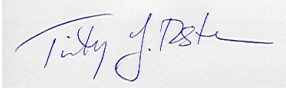
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Thank you for taking the time to complete the ORS Child Care Survey. Once we review the results, we will use them to create a comprehensive NIH Child Care Plan to inform and guide policy decisions affecting the scope and nature of NIH child care services. We will post the survey results on the Worksite Enrichment Programs Branch (WEPB) Child Care website, located at <http://www.nih.gov/od/ors/dss/special/index.htm>, on approximately November 1, 2001.

If you have any questions, comments or suggestions regarding child care at the NIH, please contact Ms. Mary Ellen Savarese, NIH Child Care Specialist on 301-402-8180 (v) or 301-435-1908 (TTY). Thanks again!

Sincerely,

A handwritten signature in blue ink that reads "Timothy J. Tosten".

Timothy J Tosten, MPA  
Chief, Worksite Enrichment Programs Branch  
Division of Support Services, ORS, NIH