WorkLife Initiative Assessment - English

Thank you for participating in the Work Life Initiative's Assessment & Awards Program.

It is a component of the Santa Rosa Metro Chamber's Workplace & Workforce Innovation program funded by First 5 Sonoma County and Measure I.

Your answers in the assessment help us evaluate your commitment to employee well-being and qualify your organization for a Work Life Initiative Award.

Please have an HR leader, executive, or someone who deeply understands your organization's benefits - such as flexible work arrangements, paid family leave, child care support, employee wellness, and workplace culture - complete the survey.

Note: SurveyMonkey allows you to leave the survey and return to finish it later ONLY if you are using the same link, device and browser.

By submitting this survey, you authorize the Santa Rosa Metro Chamber to share anonymized survey responses with program partners and funders for program evaluation, reporting, continuous improvement, and to communicate the impact of the Work Life Initiative. Any data shared publicly or with program partners will be anonymized. Your organization's name and other identifying information will be removed or aggregated to protect confidentiality.

You will receive follow-up communication regarding your eligibility for a Work Life Initiative Award.

Again, thank you for your participation.

Santa Rosa Metro Chamber

BUSINESS PROFILE

* 1. Business/Organization Name:

* 2. Business Address:

Street Address, Suite #:

City:

State:

Zip Code:

* 3. Primary Contact (First & Last Name):

* 4. Title:

* 5. Direct Ph #:

* 6. Email address:

* 7. What industry category does your business represent?

* 8. Number of full-time employees on your payroll?

1 10,000

* 9. Number of part-time employees on your payroll?

1 10,000

* 10. Do you hire seasonal workers?

- [ ] Yes
- [ ] No

11. If you hire seasonal workers, how many do you typically hire per year:

1 to 5,000

* 12. What year was your business established? (Ex: 1966)

* 13. Before today, have you heard of First 5 Sonoma County?

- ◯ Yes
- ◯ No

* 14. Before today, have you heard of Measure I?

- ◯ Yes
- ◯ No

* 15. Before today, have you heard of the Santa Rosa Metro Chamber?

- ◯ Yes
- ◯ No

EMPLOYEE SURVEYING

* 16. Do you survey your employees regarding benefits and/or supportive programs?

- ◯ Yes
- ◯ No

If yes, how often?

EMPLOYER SUPPORTED CHILD CARE

* 17. Does your workplace offer any of the following childcare benefits? (C*heck all that apply)*

- [ ] On-site child care
- [ ] Near-site child care partnership or subsidy
- [ ] Child care vouchers, stipends, reimbursements (subsidies)
- [ ] Discounts for child care
- [ ] Company-paid guaranteed/sponsored child care slots
- [ ] Referrals for child care
- [ ] Backup or emergency child care or allowed to bring child to work
- [ ] Dependent Care Flexible Spending Accounts (DCFSA)
- [ ] Employer Subsidized Dependent Care Flexible Spending Accounts (DCFSA)
- [ ] None apply
- [ ] Other (please specify)

18. If you answered yes to child care subsidies, what is the dollar amount offered to each employee?

$1 $25,000

* 19. If school is closed unexpectedly, are employees permitted to do any of the following? *(Check all that apply)*

- [ ] Work from home or bring child to work
- [ ] Adjust work schedule to make up time
- [ ] Take the day off (paid)
- [ ] Access work-provided emergency/backup child care referrals
- [ ] None apply
- [ ] Other (please specify)

20. Please explain any barriers that may exist for your company if you are unable to offer any of the employer supported child care benefits listed above.

EARLY PARENT SUPPORT

* 21. What support do you provide for new and nursing parents? *(Check all that apply)*

- [ ] Reasonable break time for employees to express milk, breastfeed, or in the case of non-breastfeeding parents, feed and bond with their children
- [ ] Functional space for expressing milk (meaning room is shielded from view, free from intrusion, available as needed, and not a bathroom)
- [ ] A private space with a sink
- [ ] Appropriate breast milk/formula storage (such as a refrigerator or small cooler)
- [ ] Lactation policy and statement of support for new parents provided at time of hire and return from maternity leave
- [ ] None apply
- [ ] Other (please specify)

22. Do you provide a modified duty for expectant mothers?

- ◯ Yes
- ◯ No
- ◯ Other (please specify)

23. Do you allow employees to bring their babies/children to work?

- ◯ Yes
- ◯ No
- ◯ Other (please specify)

24. Do you offer a Return-to-Work Program to help ease the transition for new parents?

- ◯ Yes
- ◯ No
- ◯ Other (please specify)

* 25. Do you offer an Employee Assistance Plan (EAP)?

- ☐ Yes
- ☐ No

26. If you offer an EAP, check all types of education/training you provide for parents/caregivers above and beyond the program:

- [ ] Parenting
- [ ] Breastfeeding
- [ ] Financial planning
- [ ] Self-care
- [ ] Sleep management
- [ ] Stress Management
- [ ] Support Groups
- [ ] Counseling (mental health, family, spouse/partners)
- [ ] None apply
- [ ] Other (please specify)

27. Please briefly explain any barriers that may exist for your company if you are unable to provide any of the early parent support benefits listed above:

WELL-BEING

* 28. Are benefits offered to spouses, domestic partners and/or dependents?

- [ ] Yes
- [ ] No

* 29. Which of the following benefits do you offer to your employees? *(Check all that apply)*

- [ ] Health insurance
- [ ] Dental insurance
- [ ] Vision insurance
- [ ] Life insurance
- [ ] Long-Term Care insurance
- [ ] Flexible Health Spending Accounts (FSA)
- [ ] Retirement or pension plan
- [ ] Fertility benefits
- [ ] Adoption benefits
- [ ] Short-term disability
- [ ] Tuition reimbursement under an IRS 127 educational assistance program
- [ ] Tuition reimbursement not under an IRS 127 plan
- [ ] College Saving Plan (529 Plan)
- [ ] Workplace wellness program
- [ ] None apply
- [ ] Other (please specify)

30. If you answered “yes” to health insurance, do you pay 90% or more of the employee health insurance premium?

- ◯ Yes
- ◯ No

31. If you offer retirement contributions, is it greater than or equal (≥) 5%?

- ◯ Yes
- ◯ No

32. If you answered yes to a 127 educational assistance program, how much do you fund, per employee, per year?

$1 $5,250

33. If you answered yes to a non-127 educational assistance program, how much do you fund, per employee, per year?

$1 $50,000

* 34. Do you offer either full or partially paid benefits to your employees and/or their dependents? Check all that apply.

- ☐ Full-time salaried employees
- ☐ Part-time salaried employees
- ☐ Full-time hourly employees
- ☐ Part-time hourly employees
- ☐ None apply

35. If your organization offers health insurance to dependents, what percentage of the premium do you pay?

- ◯ 0%
- ◯ 1% - 24%
- ◯ 25% - 49%
- ◯ 50% - 74%
- ◯ 75% - 100%

36. Do you offer services or other access programs aimed at an inclusive and diverse company culture? *(Check all that apply)*

- [ ] Language Learner Programs
- [ ] Employee Resource Groups
- [ ] Mentorship for BIPOC employees
- [ ] Bias and Anti-Racism Training
- [ ] No, we do not offer these types of services
- [ ] Other (please specify)

37. Please explain any barriers that may exist for your company if you are unable to offer any of the benefits listed above.

TIME OFF

* 38. What types of leave do you offer your employees? *(Check all that apply)*

- [ ] Paid family leave
- [ ] Paid sick leave (can be included in PTO)
- [ ] Paid vacation leave (can be included in PTO)
- [ ] Personal leave
- [ ] FMLA (less than 12 weeks)
- [ ] FMLA (more than 12 weeks)
- [ ] Unpaid time off
- [ ] School-age child-related leave
- [ ] Religious observation leave
- [ ] Bereavement leave
- [ ] Community service leave
- [ ] Sabbatical leave
- [ ] Domestic violence/sexual assault/stalking survivors leave
- [ ] None apply

39. During family leave, does your organization supplement California Paid Family Leave benefits by paying employees more than the state benefit?

- ◯ Yes, partial wage replacement
- ◯ Yes, employees receive 100% of their regular pay
- ◯ No

40. Does your organization provide additional paid family leave time beyond California's requirement?

- ◯ Yes, paid
- ◯ Yes, unpaid
- ◯ No

41. If you answered yes to paid vacation leave (PTO), out of all the PTO your employees earned in the last benefit year, what percentage did they use?

- ◯ Less than 50%
- ◯ 51% - 84%
- ◯ 85% or greater
- ◯ We do not track PTO utilization

42. Please explain any barriers that may exist for your company if you are unable to offer any of the benefits listed above:

FLEXIBILITY

* 43. What flexible work arrangements do you provide for your employees? *(Check all that apply)*

- [ ] Occasional flexibility
- [ ] Time off during work hours for medical and/or personal appointments
- [ ] Core hours (Set specific times employees must be available to be at work and/or be available for meetings or feedback.)
- [ ] Job sharing
- [ ] Part-time work options
- [ ] Alternate work (compressed scheduled) week
- [ ] Phased return to work post-return
- [ ] Work part-day and/or party-year to match school schedules
- [ ] Time off to attend school meetings/parent conferences during the work day
- [ ] Telework
- [ ] Occasional Telework
- [ ] None apply
- [ ] Other (please specify)

* 44. Does your workplace have a written policy outlining flexible work arrangements?

- ◯ Yes
- ◯ No

* 45. What scheduling options do you provide for your employees? *(Check all that apply)*

- [ ] Advance notice of work schedule (at least 14 days)
- [ ] Written estimate of scheduled work hours (at the time of hire)
- [ ] “Predictability pay” for insufficient advance notice of work schedule
- [ ] Right to rest requirement (no back-to-back close/open shift requirement)
- [ ] None apply
- [ ] Other (please specify)

46. Please explain any barriers that may exist for your company if you are unable to offer any of the flexibility benefits listed above

CREATIVE & INNOVATIVE SUPPORT

47. If any of these options apply, please briefly describe each offering and why you believe the support is creative/innovative.

Equity-centered or culturally specific support (self-reported)

Non-standard family benefits unique to your organization

Community resource navigation and/or partnerships (i.e., 4Cs, housing assistance)

Benefits or policies specifically designed for seasonal or non-standard workers

48. Are there any other creative and/or innovative support elements or fringe benefits you offer your employees? If so, please describe in detail.

- [ ] No
- [ ] Yes (please describe each offering in detail)

END