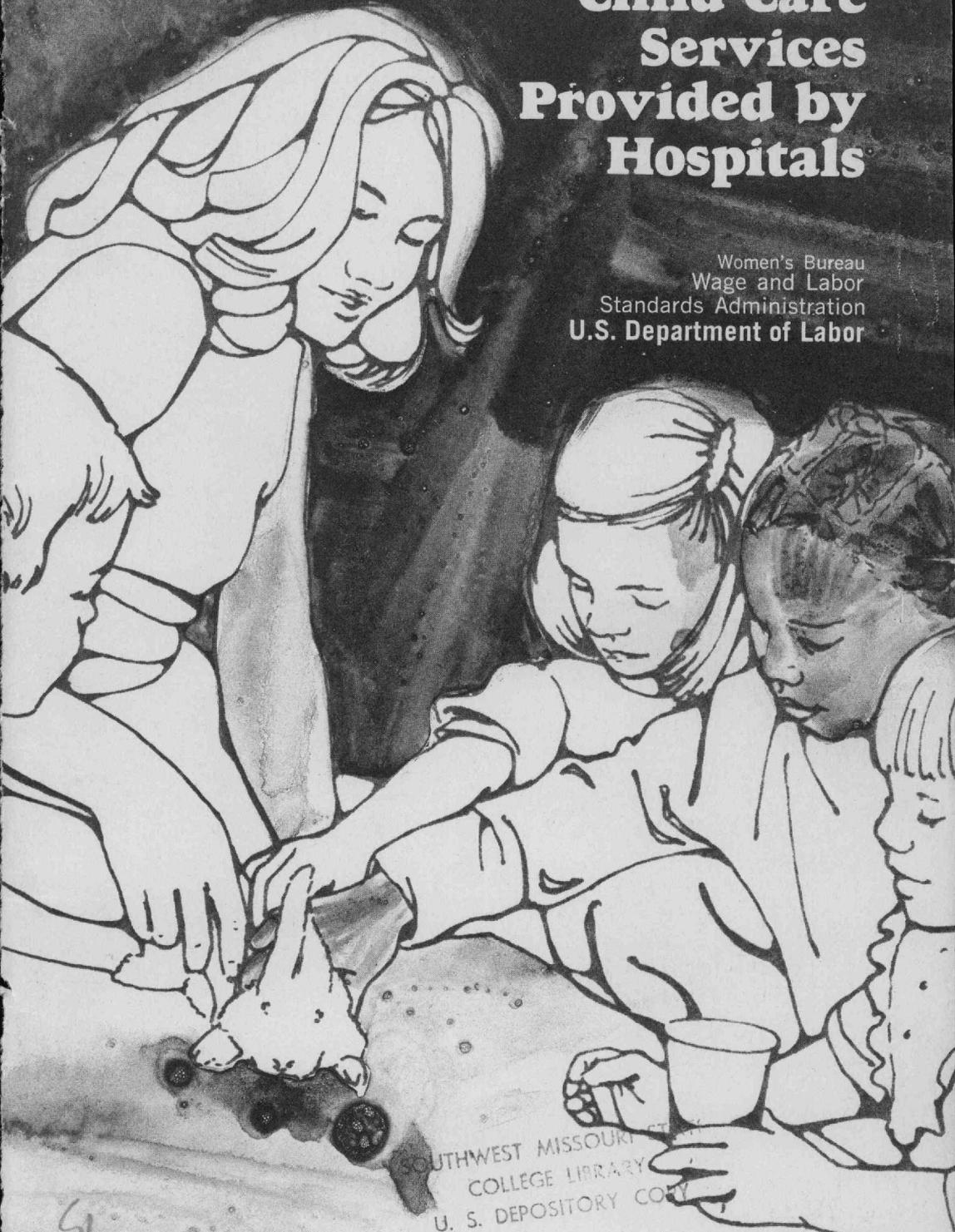


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# Child Care Services Provided by Hospitals

Women's Bureau  
Wage and Labor  
Standards Administration  
U.S. Department of Labor



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**WOMANPOWER-**  
A NATIONAL RESOURCE

# Child Care Services Provided by Hospitals

WOMEN'S BUREAU

*Elizabeth Duncan Koontz, Director*

WAGE AND LABOR STANDARDS ADMINISTRATION

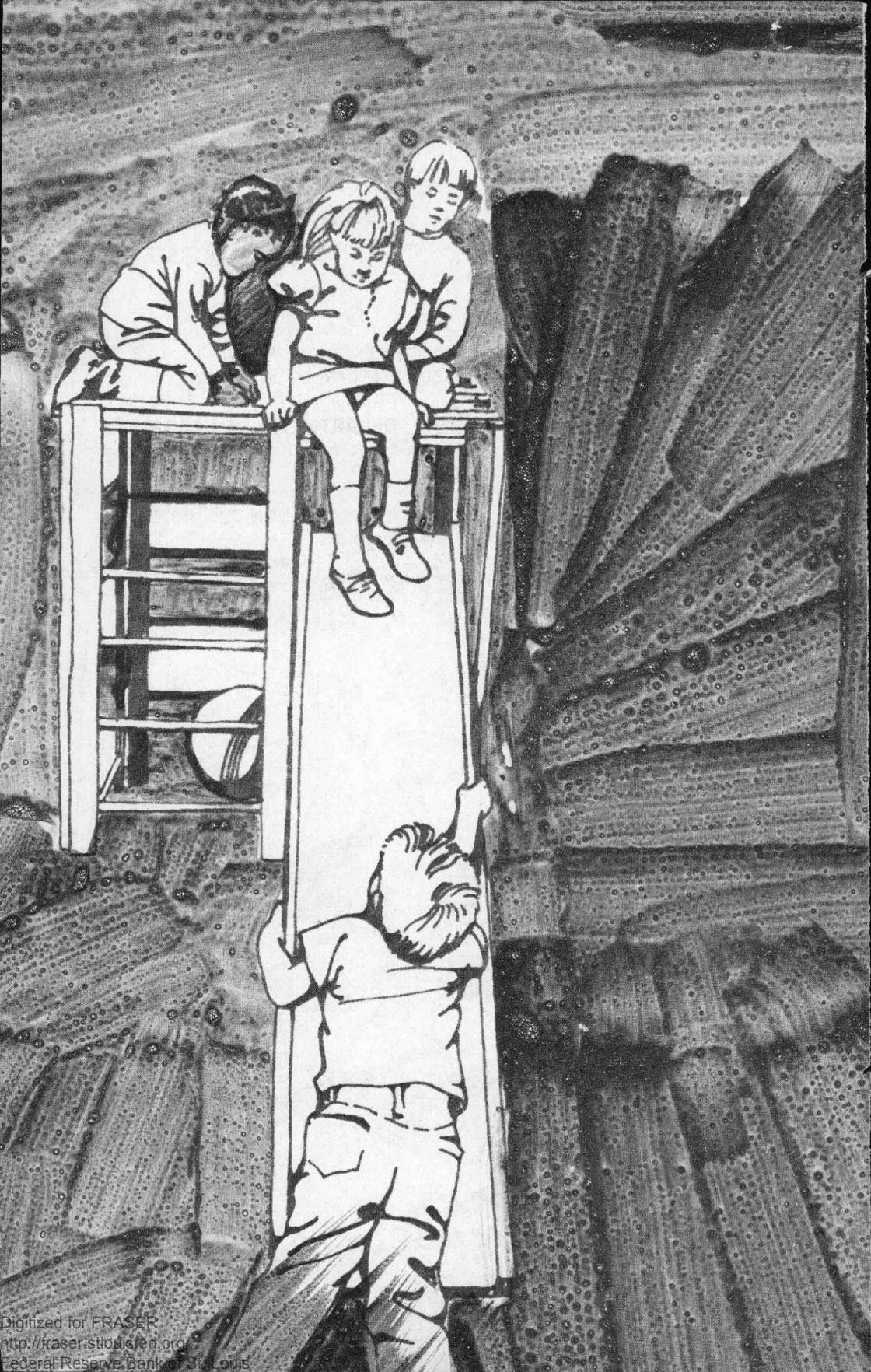
*Arthur A. Fletcher, Administrator*

**U.S. DEPARTMENT OF LABOR**

*George P. Shultz, Secretary*

BULLETIN 295 / 1970





# Foreword

The rising demand in our Nation for skilled workers has led employers to explore new ways to meet their growing personnel needs. One emerging practice is the establishment of child care centers which serve as a tool in the recruitment and retention of needed personnel and at the same time aid the working parent.

In order to determine the extent to which hospitals had established such child care services, the Women's Bureau, Wage and Labor Standards Administration, U.S. Department of Labor, conducted a survey of hospitals with 100 or more beds and a few smaller ones known to have set up child care centers. The survey revealed that hospitals operating child care centers find the provision of these services beneficial to both employers and employees. Recruitment of personnel is improved, and absenteeism and labor turnover are reduced. Women who were unable to work because of lack of adequate child care are now employed. Part-time employees can work more hours a day and more days a week. Working mothers are more comfortable knowing their children are nearby and can be reached promptly in case of emergency.

Acknowledgment is made to all of the hospitals participating in the survey for their excellent cooperation. This study was prepared by Annie L. Hart, under the supervision of Isabelle S. Streidl, and with the technical assistance of Pearl G. Spindler and Beatrice Rosenberg, who also prepared the questionnaire and related correspondence.

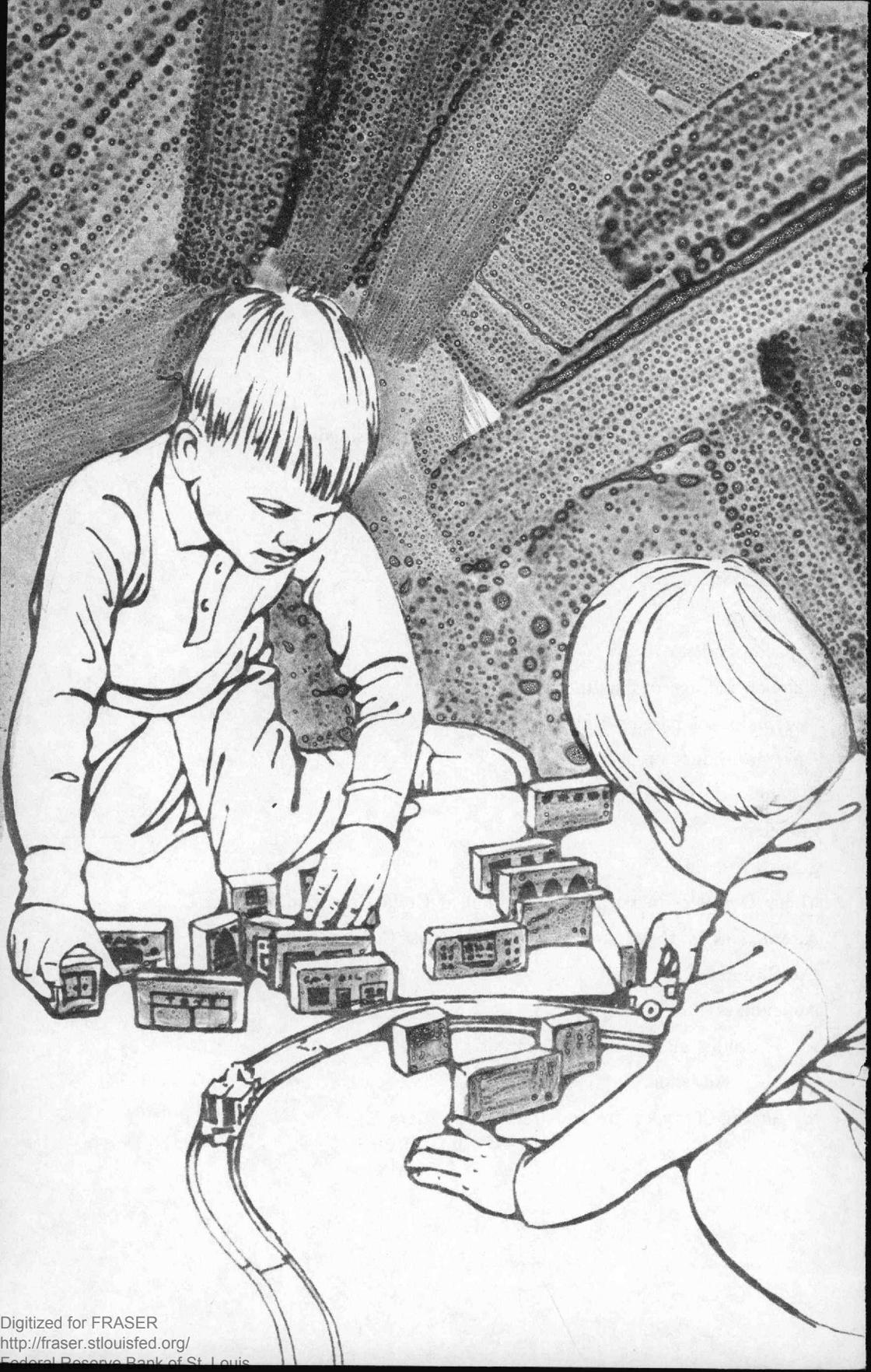
It is hoped that this report will serve as a stimulus to additional hospitals and other industries to establish child care centers for use of their personnel. The development of programs of this type may aid considerably in meeting the increasing demand in many segments of our economy for additional trained personnel as well as in alleviating one of the problems encountered by many mothers who work or who would like to work.

ELIZABETH DUNCAN KOONTZ  
Director, Women's Bureau



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# Introduction

To meet the ever-growing demand for skilled manpower in many sectors of our economy, increasing attention is being given to methods of tapping the reservoir of women who want to work but who are not free to work because they lack adequate facilities for the guidance, care, and supervision of their children during work hours. Of concern, also, is the need for adequate child care services for many mothers who are now in the labor force. Adequate care for children whose mothers are at work is of vital importance not only to the families involved but also to society as a whole.

In the labor force in March 1968, there were 11.1 million mothers with children under 18 years of age; 4.1 million of these mothers had children under 6 years of age.<sup>1</sup> About 39 percent of all mothers with children under 18 and about 29 percent of all mothers with children under 6 were working or looking for work.

Mothers have used a variety of arrangements for the care of their children while they are on the job. A study jointly conducted by the Women's Bureau and the Children's Bureau in February 1965 found that, of the 12.3 million children under 14 years of age whose mothers had worked—either full or part time—for at least 6 months during the preceding year, 46 percent were cared for at home by the father, another relative, or a nonrelative.<sup>2</sup> Another 28 percent were looked after by the mother, who either cared for her children while she worked or worked only during their school hours. Only 2 percent of the children were cared for in a group care center, while about 16 percent were cared for in someone else's home. The remaining 8 percent looked after themselves. In fact, the survey showed that even among children under 6 years of age a small number looked after themselves.

As a result of pressing need, a growing number of employers—some with the active participation of unions—have solved the

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<sup>1</sup> U.S. Department of Labor, Bureau of Labor Statistics.

<sup>2</sup> U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau, and U.S. Department of Labor, Wage and Labor Standards Administration, Women's Bureau: "Child Care Arrangements of Working Mothers in the United States." Children's Bureau Pub. 461-1968.

child care problems of mothers (or fathers) working for them by providing for the care of the workers' children.<sup>3</sup> For example, to improve recruitment and retention of needed personnel in the medical and health services industry (where 80 percent of the workers are women), some hospitals provide such services.

There is a shortage of skilled medical and health personnel, especially nursing personnel; and anticipated requirements in this field continue to increase. A survey conducted in 1966 by the American Hospital Association (AHA) and the Public Health Service (PHS) of all AHA hospitals and a survey the same year by the PHS of extended care facilities revealed that urgent unmet staffing requirements for all health personnel totaled 120,300 for hospitals and 24,300 for extended care facilities.<sup>4</sup> More than three-fourths of the additional staff needed were in the field of nursing—62,000 registered nurses (56,900 for hospitals and 5,100 for extended care facilities); 21,800 licensed practical nurses (14,100 for hospitals and 7,700 for extended care facilities); and 29,000 aides, orderlies, and attendants (21,800 for hospitals and 7,200 for extended care facilities). During 1966 about 286,000, or 31 percent, of the more than 900,000 licensed registered nurses were not employed in nursing.<sup>5</sup>

By 1975 employment requirements for registered nurses were expected to rise by 240,000 from the 1966 level to a total of 860,000, with an additional 150,000 needed to replace nurses who retire, die, or otherwise leave the labor force. Employment needs for licensed practical nurses were expected to rise by 165,000 to

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<sup>3</sup> For a discussion of some of these programs, see "Report of a Consultation on Working Women and Day Care Needs," Women's Bureau, Wage and Labor Standards Administration, U.S. Department of Labor, 1968.

<sup>4</sup> U.S. Department of Labor, Bureau of Labor Statistics: "Health Manpower, 1966-75: A Study of Requirements and Supply." Rept. 323. June 1967.

<sup>5</sup> U.S. Department of Health, Education, and Welfare, Public Health Service, Health Services and Mental Health Administration: "Health Resources Statistics: Health Manpower and Health Facilities, 1968." Pub. 1509. December 1968.

465,000, with an additional 125,000 required to replace those leaving the labor force. And requirements for aides, orderlies, and attendants were expected to increase by 380,000 to nearly 1.1 million, with an additional 310,000 required to replace those leaving the labor force.<sup>6</sup>

To determine the extent of child care facilities operated by hospitals in their effort to recruit and retain personnel, and to learn how useful these services might be in helping to meet anticipated health personnel needs, in April 1968 the Women's Bureau, Wage and Labor Standards Administration, U.S. Department of Labor, conducted a questionnaire survey of about 3,000 hospitals with 100 beds or more.<sup>7</sup> A few smaller hospitals known to operate child care centers also were surveyed.

Of the nearly 2,000 hospitals that responded to the questionnaire, 98 were operating child care facilities for use of their personnel.<sup>8</sup> In addition, nearly 500 hospitals were either considering or indicated an interest in such a program, 22 had plans to start one, and 12 were making surveys to determine the extent of personnel interest. Most of the remaining hospitals indicated that they had no plans to open a child care center.

Only 29 hospitals reported that their personnel had indicated through surveys that they had no interest in a program of this type.

An analysis of the major portion of the information acquired as a result of the survey follows. It is hoped that the results of this study will prove useful to other hospitals, institutions, or industries interested in establishing a child care center for their present and prospective employees' children.

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<sup>6</sup> See footnote 4.

<sup>7</sup> As listed in the *Journal of the American Hospital Association, Guide Issue, August 1, 1967.*

<sup>8</sup> A list of these hospitals is attached as appendix A. A few of the centers reported on, although located on or near the hospital grounds primarily for use of the hospital's personnel, are actually operated by private concerns.



## child care centers reported on by surveyed hospitals<sup>9</sup>

5

**Geographical distribution.**—Of the 98 hospital-operated child care centers in the United States, 50 were located in the South, 27 in the North Central area, 11 in the Northeast, and nine in the West.<sup>10</sup> The centers were located in 35 States. Ohio led with a total of 16 hospitals operating such facilities.

**Number of years in operation.**—Fifty-six of the centers had been in operation less than 5 years; 16, for less than 1 year. Nine had functioned for at least 15 years.

**Location of physical facility in relation to hospital grounds.**—Seventy-nine centers were located on the hospital grounds (table 1). Of these, 16 were located within the hospital building. Only four were located more than 8 blocks from the hospital.

**Table 1.—Location of Centers**

Location	Number
Total reporting .....	98
Within hospital building .....	16
On hospital grounds, in building other than hospital .....	63
Off hospital grounds:	
Less than 1 block .....	7
1 to 8 blocks .....	8
½ mile or more .....	4

**Administration.**—Forty-five of the child care programs were administered by the nursing service of the hospital; 26, by the administrator's office; and 11, by the personnel department. The remaining 16 were administered by other hospital branches. In some instances administration of the program required coordination between the various hospital services because the child care facilities were used in the training of selected personnel.

<sup>9</sup> Copies of the survey questionnaire and transmittal letter are attached as appendix B.

<sup>10</sup> The location of one hospital operating a child care center was not shown.

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**Licensing.**—In all 50 States there is some kind and some degree of State regulation of day care, usually licensing. State licensing is usually contingent on a facility's meeting local ordinances in such areas as fire and building safety, sanitation, and zoning. However, several States grant exclusion from licensing requirements because of the purpose of the program, the number of children in care, ages of the children cared for, or number of hours of care provided. A few grant exclusion based on operation under religious, fraternal, or recreational auspices. One grants exclusion to facilities operated on a nonprofit basis; one, to facilities operated by privately endowed agencies; and one, to facilities operated under profitmaking auspices. Two require licensing only in certain counties. In three States child care facilities may choose not to be licensed.

Of the 96 hospitals which reported their licensing status, 64 were licensed by their States. Three of the 32 centers not licensed were located in Federal or State institutions; three were in the process of being licensed; four provided babysitting services only; one gave staff members annual physical examinations and required the supervisor to have a foodhandler's license; one was inspected periodically by the health department; and 20 did not comment on why they were not licensed.

**Capacity and use.**—Only 32 of the centers had facilities for less than 25 children (table 2). Of the 47 centers that could accommodate 25 to 49 children, 34 had at least 25 enrolled. Of the 19 centers that had facilities for 50 or more children, 12 had at least 50 enrolled. Some parents with children enrolled at the centers worked only part

**Table 2.—Capacity and Current Enrollment**

Capacity	Number of centers	Current enrollment		
		Less than 25 children	25 to 49 children	50 children or more
Total reporting . . . . .	98	45	39	14
Less than 25 children . . . . .	32	32	—	—
25 to 49 children . . . . .	47	13	32	2
50 children or more . . . . .	19	—	7	12

time or on certain days of the week. Thus a number of hospitals, particularly those with centers open during more than one shift or operating 6 or 7 days a week, reported that the weekly total of children cared for greatly exceeded the number who could be accommodated at any one time.

Thirty-five centers had a waiting list for certain age groups or work shifts.

**Number and age of children enrolled.**—The 98 child care centers had facilities to accommodate nearly 3,700 children (table 3). Almost 3,200 children were enrolled.

**Table 3.—Age of Children Enrolled, by Number of Centers and Number of Children**

Age	Number
CENTERS REPORTING	
Preschool age .....	98
Under 1 to 5 years .....	66
1 to 5 years only .....	20
3 to 5 years only .....	12
School age .....	141
6 to 9 years only .....	32
6 to 13 years .....	9
CHILDREN REPORTED	
Preschool age .....	2,944
Under 1 year .....	340
1 and 2 years .....	720
3 to 5 years .....	1,884
School age .....	221
6 to 9 years .....	191
10 to 13 years .....	30

<sup>1</sup> Centers admitting both preschoolers and school-age children.

All the centers enrolled children under 6 years of age. Sixty-six centers admitted children under 1 year of age, 20 admitted children from 1 to 5 years only, and 12 admitted children from 3 to 5 years only. Nearly 1,900 of the enrolled preschoolers were 3 to 5 years, 720 were 1 or 2 years, and 340 were under 1 year.

In addition to caring for preschool children, 32 centers provided afterschool care for children aged 6 to 9 years; nine centers, for children 10 to 13 years old. There were 191 children aged 6 to 9 and 30 children 10 to 13 years of age currently enrolled. Sixteen of the centers provided care for about 150 children of persons not employed by the hospital, such as residents of the hospital neighborhood; welfare recipients; employees of other area hospitals; military personnel of service hospitals; physicians, dentists, and their employees; teachers and volunteers at child care centers; and patients in the hospital.

**Occupation of parents with children enrolled.**—The major users of the child care centers were nursing personnel, who constituted more than 61 percent of parents who had children enrolled in the 98 units (table 4). (This proportion is not surprising, since priority in enrollment was given to children of nurses by 71 of the centers.) Laboratory technicians accounted for nearly 12 percent of the parents; nurses' aides and orderlies, 7 percent; administrative and clerical personnel,

**Table 4.—Occupation of Parents With Children Enrolled**

Occupation	Total		Mothers		Fathers	
	Number	Percent	Number	Percent	Number	Percent
Total reporting . . . . .	2,554	100.0	2,414	100.0	140	100.0
Nurses . . . . .	1,560	61.1	1,557	64.5	3	2.1
Technicians (laboratory) . . . . .	303	11.9	274	11.4	29	20.7
Nurses' aides, orderlies . . . . .	174	6.8	172	7.1	2	1.4
Administrative, clerical workers . . . . .	173	6.8	162	6.7	11	7.9
Doctors, dentists, anesthetists . . . . .	131	5.1	46	1.9	85	60.7
Other . . . . .	213	8.3	203	8.4	10	7.1

7 percent; doctors, dentists, and anesthetists, 5 percent; and other personnel, 8 percent.

Only 5.5 percent of the parents using the child care centers were male. Three-fifths of these were doctors, dentists, or anesthetists.

**Days and hours of operation.**—Of the 94 centers for which periods of operation were reported, 54 were open 7 days a week; 12, 6 days a week; and 28, 5 days a week (table 5). About half (48) were open for at least 9 but less than 16 hours a day. Only five were open less than 9 hours a day, while one center was open for 24 hours a day.

**Table 5.—Number of Hours and Days of Operation**

Number of hours	Number of centers	Number of days		
		5 days	6 days	7 days
Total reporting . . . . .	94	28	12	54
Less than 9 hours . . . . .	5	3	—	2
9 and less than 12 hours . . . . .	39	17	9	13
12 and less than 16 hours . . . . .	9	4	—	5
16 and less than 24 hours . . . . .	33	2	1	30
24 hours . . . . .	1	—	—	1
Combination <sup>1</sup> . . . . .	7	2	2	3

<sup>1</sup> Centers open a different number of hours on different days of the week.

The most common length of operation for the 54 centers open 7 days a week was between 16 and 18 hours a day. In fact, two-thirds of the centers open every day operated 12 or more hours daily. However, for centers that were open 5 or 6 days a week, the most common daily period of operation was between 9 and 12 hours (17 and 9 centers, respectively).

With respect to the actual hours of operation, most of the centers were open during the daytime, from about 6 a.m. to approximately 5 or 6 p.m.

Forty centers were open during hours convenient for personnel working on the 3 to 11 p.m. shift. Most of the 33 centers that operated at least 16 hours a day were open from about 6 a.m. to 11:30 or 12 p.m. Six centers began the day's activities during the afternoon (about 2:30 or 3 p.m.) and continued operating until

10 at least 7:30 p.m., although most continued on until 11:30 p.m.

In addition to the center open 24 hours a day, only one center provided services during the 11 p.m. to 7 a.m. shift; this was open from 10:30 p.m. to 12 noon.

**Staffing.**—Center staffs included teachers, assistant teachers, nurses, attendants, assistants or aides, maids, orderlies, cooks, and janitors. Nearly all staff workers were paid for their services, although volunteers had been recruited in a few instances. Other staff members were available in 29 centers because the child care center was used to train nurses, pediatricians, Head Start teachers, workshop students, or prospective licensed child care center personnel.

Of the 94 centers reporting on staff composition, 23 had professionals only, 28 had nonprofessionals only, and 43 had a combination of professionals and nonprofessionals.

Recommendations on child-to-adult ratios in day care centers were included in day care standards developed in 1968 for facilities receiving Federal funds under certain programs.<sup>11</sup> They were as follows:

- (a) **3 to 4 years:** No more than 15 in a group, with an adult and sufficient assistants, supplemented by volunteers, so that the total ratio of children to adults is normally not greater than 5 to 1.
- (b) **4 to 6 years:** No more than 20 in a group, with an adult and sufficient assistants, supplemented by volunteers, so that the total ratio of children to adults is normally not greater than 7 to 1.
- (c) **6 through 14 years:** No more than 25 in a group, with an adult and sufficient assistants, supplemented by volunteers, so that the total ratio of children to adults is normally not greater than 10 to 1.

Most of the centers (91) had at least one staff member for each group of 10 or less children under 6 years of age (table 6).

Of the 66 centers with professionals on their staffs, 55 had a ratio of at least one paid professional for each group of 20 or less children under 6 years of age (table 7). Of these, 25 centers had one paid professional for each group of 6 to 10 children.

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<sup>11</sup> *Federal Panel on Early Childhood, % U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau: "Federal Interagency Day Care Requirements." September 23, 1968. (The Federal Panel on Early Childhood was composed of representatives of the Departments of Agriculture; Commerce; Defense; Health, Education, and Welfare; Housing and Urban Development; Interior; and Labor; and the Office of Economic Opportunity.)*

**Table 6.—Number of Children Under 6 Years of Age for Each Member of Operating Staff <sup>1</sup>**

Number of children for each staff member	Total	Number of centers with—		
		Less than 25 children	25 to 49 children	50 children or more
Total reporting . . . . .	<u>94</u>	<u>45</u>	<u>39</u>	<u>10</u>
2 to 5 . . . . .	49	26	20	3
6 to 10 . . . . .	42	17	18	7
11 to 15 . . . . .	3	2	1	—

<sup>1</sup> Professional or nonprofessional.

**Table 7.—Number of Children Under 6 Years of Age for Each Paid Professional Member of Operating Staff**

Number of children for each paid professional staff member	Total	Number of centers with—		
		Less than 25 children	25 to 49 children	50 children or more
Total reporting . . . . .	<u>66</u>	<u>27</u>	<u>30</u>	<u>9</u>
3 to 5 . . . . .	14	5	8	1
6 to 10 . . . . .	25	9	12	4
11 to 15 . . . . .	7	4	1	2
16 to 20 . . . . .	9	8	1	—
21 to 29 . . . . .	4	1	3	—
30 and over . . . . .	7	—	5	2

**Financing.**—Of the 96 hospitals that reported on fees, 90 charged for services provided in the centers (table 8). Six set rates on a sliding scale basis according to family income, and four others charged a combination of rates based on income, hours, age group, and/or military rank. Fifty-five varied rates according to the number of children enrolled from the same family.

Of the hospitals that required payment for services, 67 set basic rates on a daily basis, charging from \$1 to \$4 for the first child, with the most common rate \$1 to \$2.99. Eleven charged on an hourly basis—from 25 to 50 cents. Seven set weekly rates varying from \$8.50

**Table 8.—Fees Charged for First Child in the Family, by Type of Rate**

Type of rate and fee	Number of centers
Total reporting .....	<u>96</u>
Hourly .....	<u>111</u>
Less than 25 cents .....	2
25 cents to 50 cents .....	8
Daily .....	<u>167</u>
\$1.00 to \$1.99 .....	26
\$2.00 to \$2.99 .....	25
\$3.00 to \$3.99 .....	9
\$4.00 .....	3
Weekly .....	<u>17</u>
\$8.50 to \$20.00 .....	4
Biweekly .....	11
Monthly .....	<u>14</u>
\$60.00 to \$90.00 .....	3
No charge .....	6

<sup>1</sup> Includes child care centers charging a fee not shown separately and based on age of children, number of hours at center, and/or earnings or income of parents.

to \$20. Four hospitals charged by the month—from \$60 to \$90. The remaining hospital charged on a biweekly basis—from \$11.25 to \$20, depending on family income.

Some illustrations of the methods used by other hospitals that charged a fee on a sliding scale based on income are as follows:

(a) One hospital charged \$2 a day for the first child in the family if the employee's salary was less than \$2.40 an hour and \$3 a day if the employee's salary was more than \$2.40 an hour.

(b) Another hospital charged 75 cents a day for employees with income of \$260 a month or less and \$1.50 a day for those with income of \$500 a month or more.

(c) A third hospital charged a weekly rate of \$10 for the first child in a family with income from \$3,000 to \$5,000 a year and \$12 for the first child in a family with income of more than \$5,000 a year.

Fees paid to child care centers by hospital employees and other

users generally were not adequate to meet operating costs. This was particularly true in the case of nurses' aides and other low-paid ancillary health workers. Most (90) of the surveyed hospitals subsidized their centers—by donating the physical facility, supplies, medical services, heat, light, or other necessary equipment, and/or paying some portion of the administrative expenses.

**Services provided.**—Services provided at child care centers varied according to the needs of the individual facility and the standards set by appropriate regulatory agencies.

Other than the ready accessibility of emergency hospital facilities, there was no significant difference between the basic services provided at child care units operated by hospitals and those provided at units operated by other types of institutions. Generally they included, but were not limited to, nutritional, health, educational, and social services.

Ninety-six of the centers provided meals and snacks for the children (table 9). Some provided either dinner only, lunch only, or snacks only. The meals were, of course, closely related to the individual needs of the child as well as the hours during which the facility was open.

Health services were provided by 56 of the centers. Seventeen centers provided services for the handicapped child. Only seven indicated that they provided any type of social service for the family.

**Table 9.—Meals Provided to Children**

Type of meal	Number of centers
Total reporting	96
Breakfast, lunch, and snacks	23
Breakfast, lunch, dinner, and snacks	15
Breakfast and snacks	1
Lunch only	2
Lunch and snacks	33
Lunch and dinner	2
Lunch, dinner, and snacks	14
Dinner only	3
Dinner and snacks	1
Snacks only	2



## **major obstacles to hospital operation of child care centers**

Some of the hospitals which were not operating a child care center cited certain obstacles to providing the services. A few of these hospitals said that the expense of operating such a center or in meeting standards set by licensing authorities was the major obstacle.

However, more hospitals reported that the major obstacle was lack of adequate space or facilities. Licensing involves meeting appropriate safety and sanitation standards as well as other requirements set by regulatory authorities. A child care center must provide space and equipment for free play, rest, privacy, and other indoor and outdoor activities.

Another factor was the difficulty of providing services during the evening and night shifts when the services would be most helpful.

The availability of other child care facilities apparently was the determining factor in the 29 cases where personnel surveys had indicated no need for a hospital-operated center.

Only nine hospitals reported that they had discontinued operation of their child care centers (one of these centers has since been reopened). The primary reason cited by more than half of those hospitals was the lack of utilization by their personnel. Another reason was that the proximity of the children caused some mothers to visit them during working hours, resulting in reduced productivity on the job and, occasionally, unsatisfactory relationships between the child care staff and the mothers. (Most respondents who commented on this subject, however, stated that having their children nearby usually resulted in a more productive effort by the mothers.)



## **alternatives to hospital-operated child care centers**

Alternative methods of providing adequate child care for working mothers were suggested by some of the hospitals responding to the survey. One suggested that payment of salaries which would permit mothers to take advantage of existing facilities would be preferable to hospital operation of an expensive child care center. Another respondent, concerned with recruitment problems during the evening and night shifts, reported that the payment of a higher shift differential was found to be less expensive than having the hospital provide child care services. Another hospital reported an arrangement with a local day care center to pay half the cost of caring for the children of their employed registered nurses. 17

A final suggestion was that, in view of the great need for services of this type, the Federal Government should consider establishing child care centers for children of working mothers.



## Conclusion

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The results of the survey illustrate that the provision of adequate child care facilities for the children of health personnel benefits both the employed parent and the employer. Mothers who are working or would like to work find that having child care readily available eases their dual responsibility of worker and homemaker. The same is true for fathers who may be bringing up children in a motherless home. Employers find that providing child care services for their employees is effective as a recruitment tool and a stabilizing influence. The very fact that 90 hospitals subsidized in some way the operation of a child care center indicated that they considered the benefits worth the cost.

The advantages to the parents of children enrolled in hospital child care facilities are demonstrated by some of the comments which were made on the questionnaires, as follows:

"[The child care center is] close and convenient to parent(s) working in hospital. Mothers who are breastfeeding are able to continue after returning to work."

"We feel the day care center relieves many mothers of worry concerning their children. They are nearby and can check on children when necessary."

"The day care center is conveniently located and provides a program designed to meet the individual needs of each child in an atmosphere of warmth and acceptance. This service allows mothers to work with the knowledge that their children are receiving good care; thus they are more effective employees."

"We have any number of mothers who have told us that if it were not for the nursery, they would be unable to work. Also, they can relax and not worry about their children when they know they are in the same building and can be contacted at once in case of emergency."

"It has been a convenience and economic fringe benefit for our employees."

Most of the hospitals operating centers advised that the availability

of child care services has been helpful in recruiting and retaining needed nursing personnel, resident doctors, and other health workers. This is supported by the fact that 86 hospitals reported that they believe some of their staff would resign if the services were discontinued. Some comments from hospitals on the usefulness of the center in recruiting and retaining personnel are as follows:

“Since we have provided adequate responsible care for the employees of . . . Hospital, the hospital has many new staff members, especially R.N.’s. These workers have returned to work now that our services are available.”

“The day nursery was inaugurated specifically to enable nurses to work who would otherwise be unable to work due to lack of adequate day care facilities. We are convinced it is fulfilling this need and that we would have fewer nurses if we did not maintain the nursery.”

“There is no question that the nursery is a major asset in our recruitment of nurses.”

“We feel that the facility has been most helpful to us, since it brought back young graduates who needed little or no orientation, many of them our own school graduates. Some of these are part time but work full days when they are in. We would not give up the Center but would rather think that it might pay to enlarge it.”

“The . . . center has been of definite benefit in hiring women. Many of the mothers have expressed the opinion that they would not leave for more money because of the [child care center].”

Other advantages cited were the opportunity for some nurses and other personnel to work full time instead of part time or to work overtime, the facilitation of shift rotation, and a reduction in absenteeism.

“It was set up as a recruitment tool and we feel that it has been beneficial in the employment of Registered Nurses and Licensed Practical Nurses; they do not only return to work but work more days and more hours per day.”

“Some would be unable to work at all. Many would be able to work only part time.”

“Part-time nurses are able to work extra days. R.N.’s transferred from part time to full time. Rotation of shifts made easier for nurse.”

“The nursery not only attracts personnel, but increases tenure and lessens absenteeism.”

“This program was developed to bring back to the hospital nurses who could not work because of family responsibilities. So far it has served very well as a method of encouragement to nurses to work the 3-11 shift.”

“I am sure our hospital gets preference due to availability of child care. Staffing is more stable and maternity leave shorter.”



# Appendix A

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## HOSPITALS INCLUDED IN THE ANALYSIS\*

### Alabama

Huntsville Hospital  
101 Sivley Road  
Huntsville, Ala. 35801

### Arizona\*\*

Good Samaritan Hospital  
1033 East McDowell Road  
Phoenix, Ariz. 85006

### Arkansas

Sparks Memorial Hospital  
1311 South I Street  
Fort Smith, Ark. 72901  
Arkansas Baptist Medical  
Center  
1700 West 13th Street  
Little Rock, Ark. 72202

### California

Methodist Hospital of  
Southern California  
Post Office Box 418  
Arcadia, Calif. 91006  
Santa Teresita Hospital  
1210 Royal Oaks Drive  
Duarte, Calif. 91010  
Loma Linda University Hospital  
11055 Anderson Street  
Loma Linda, Calif. 92354  
U.S. Naval Hospital  
8750 Mountain Boulevard  
Oakland, Calif. 94627

### Colorado

Fitzsimons General Hospital  
Peoria Street and East Colfax  
Avenue  
Denver, Colo. 80240

### Connecticut

New Britain General Hospital  
100 Grand Street  
New Britain, Conn. 06050

### Florida

Alachua General Hospital  
Post Office Box 1207  
Gainesville, Fla. 32601  
Hialeah Hospital  
651 East 25th Street  
Hialeah, Fla. 33013  
John F. Kennedy Memorial  
Hospital  
Post Office Box 1489  
Lake Worth, Fla. 33460  
Lakeland General Hospital  
Drawer 448  
Lakeland, Fla. 33802  
Baptist Hospital of Miami  
8900 SW. 88th Street  
Miami, Fla. 33156  
Florida Sanitarium and Hospital  
601 East Rollins Avenue  
Orlando, Fla. 32803

\* The analysis includes one hospital not listed here because the name and address of the respondent were not shown.

\*\*See Addendum.

Tampa General Hospital  
Tampa, Fla. 33606

**Georgia\*\***

Athens General Hospital  
797 Cobb Street  
Athens, Ga. 30601

Crawford Whong Memorial  
Hospital  
35 Linden Avenue NE.  
Atlanta, Ga. 30308

Georgia Baptist Hospital  
300 Boulevard NE.  
Atlanta, Ga. 30312

St. Joseph's Infirmary  
265 Ivy Street NE.  
Atlanta, Ga. 30303

Hall County Hospital  
743 Spring Street NE.  
Gainesville, Ga. 30501

Kennestone Hospital  
737 Church Street  
Marietta, Ga. 30060

**Illinois**

Mennonite Hospital  
807 North Main Street  
Bloomington, Ill. 61701

**Indiana**

St. Francis Hospital  
101 North 17th Avenue  
Beech Grove, Ind. 46107

**Iowa**

Iowa Methodist Hospital  
1200 Pleasant Street  
Des Moines, Iowa 50308

**Kentucky**

St. Elizabeth Hospital  
21st and Eastern Avenue  
Covington, Ky. 41014

Eastern State Hospital  
627 West Fourth Street  
Lexington, Ky. 40508

**Louisiana\*\***

Flint-Goodridge Hospital  
2425 Louisiana Avenue  
New Orleans, La. 70115

Southern Baptist Hospital  
2700 Napoleon Avenue  
New Orleans, La. 70115

**Maryland**

Johns Hopkins Hospital  
601 North Broadway  
Baltimore, Md. 21205

Prince George's General  
Hospital  
Cheverly, Md. 20785

Rosewood State Hospital  
Owings Mills, Md. 21117

**Massachusetts**

New England Memorial Hospital  
5 Woodland Road  
Stoneham, Mass. 02180

Middlesex County Sanatorium  
775 Trapelo Road  
Waltham, Mass. 02154

**Minnesota**

Mt. Sinai Hospital  
737 East 22d Street  
Minneapolis, Minn. 55404

**Mississippi**

Methodist Hospital  
Hall Avenue and Bay Street  
Hattiesburg, Miss. 39401

**Missouri**

State Hospital  
1 East Fifth Street  
Fulton, Mo. 65251

\*\*See Addendum.

Independence Sanitarium and  
Hospital  
1509 West Truman Road  
Independence, Mo. 64050

Bethesda General Hospital  
3655 Vista Avenue  
St. Louis, Mo. 63110

St. Vincent's Hospital  
7301 St. Charles Rock Road  
St. Louis, Mo. 63133

#### **Nebraska**

Bryan Memorial Hospital  
4848 Sumner Street  
Lincoln, Nebr. 68506

#### **New Jersey**

Saint Barnabas Medical Center  
Old Short Hills Road  
Livingston, N.J. 07039

Newton Memorial Hospital  
175 High Street  
Newton, N.J. 07860

#### **New Mexico**

St. Mary's Hospital  
South Main and Chisum Streets  
Roswell, N. Mex. 88201

#### **New York\*\***

Montefiore Hospital and  
Medical Center  
110 East 210th Street  
Bronx, N.Y. 10467

Crouse-Irving Hospital  
820 South Crouse Avenue  
Syracuse, N.Y. 13210

#### **North Carolina**

Memorial Mission Hospital  
509 Biltmore Avenue  
Asheville, N.C. 28801

Haywood County Hospital  
1615 North Main Street  
Waynesville, N.C. 28786

#### **North Dakota**

State Hospital  
Post Office Box 476  
Jamestown, N. Dak. 58401

#### **Ohio**

Children's Hospital  
Buchtel Avenue at Bowery  
Street  
Akron, Ohio 44308

Apple Tree Day Care Center  
220 William Howard Taft Road  
Cincinnati, Ohio 45219  
(operated by members of Medi-  
cal Auxiliary; serves various  
hospitals in the area)

Highland View Hospital  
3901 Ireland Drive  
Cleveland, Ohio 44122

University Hospitals  
2065 Adelbert Road  
Cleveland, Ohio 44106

Riverside Methodist Hospital  
3535 Olentangy River Road  
Columbus, Ohio 43214

Good Samaritan Hospital  
1425 West Fairview Avenue  
Dayton, Ohio 45406

Miami Valley Hospital  
1 Wyoming Street  
Dayton, Ohio 45409

St. Joseph Hospital  
205 West 20th Street  
Lorain, Ohio 44052

\*\*See Addendum.

Robinson Memorial Hospital  
449 South Meridian Street  
Ravenna, Ohio 44266

Mercy Hospital  
1343 Fountain Boulevard  
Springfield, Ohio 45504

Flower Hospital  
3350 Collingwood Boulevard  
Toledo, Ohio 43610

Maumee Valley Hospital  
952 Toronto Avenue  
Toledo, Ohio 43609

Riverside Hospital  
1609 Summit Street  
Toledo, Ohio 43604

St. Charles Hospital  
2600 Navarre Avenue  
Toledo, Ohio 43616

Toledo Hospital  
2142 North Cove Boulevard  
Toledo, Ohio 43606

Dettmer Hospital, Inc.  
3130 North Dixie Highway  
Troy, Ohio 45373

**Oklahoma\*\***

Oklahoma General Hospital  
301 South Eighth Street  
Clinton, Okla. 73601

Midwest City Memorial Hospital  
2825 Parklawn Drive  
Midwest City, Okla. 73110

University of Oklahoma  
Hospitals  
800 NE. 13th Street  
Oklahoma City, Okla. 73104

Hillcrest Medical Center  
1120 South Utica Avenue  
Tulsa, Okla. 74104

**Oregon\*\***

Providence Hospital  
830 NE. 47th Avenue  
Portland, Oreg. 97213

**Pennsylvania**

Allegheny General Hospital  
320 East North Avenue  
Pittsburgh, Pa. 15212

Philadelphia General Hospital  
34th Street and Civic Center  
Boulevard  
Philadelphia, Pa. 19104

**Rhode Island**

Rhode Island Hospital  
593 Eddy Street  
Providence, R.I. 02903

**Tennessee\*\***

Bristol Memorial Hospital  
209 Memorial Drive  
Bristol, Tenn. 37620

St. Mary's Hospital  
Oak Hill Avenue  
Knoxville, Tenn. 37917

Baptist Memorial Hospital  
899 Madison Avenue  
Memphis, Tenn. 38103

Clover Bottom Hospital  
and School  
Stewarts Ferry Pike  
Nashville, Tenn. 37214

Park View Hospital, Inc.  
230 25th Avenue North  
Nashville, Tenn. 37203

**Texas\*\***

Northwest Texas Hospital  
Post Office Box 1110  
Amarillo, Tex. 79105

\*\*See Addendum.

All Saints Episcopal Hospital  
Post Office Box 31  
Fort Worth, Tex. 76101

Memorial Baptist Hospital,  
Central  
1100 Louisiana Street  
Houston, Tex. 77002

Memorial Baptist Hospital,  
Northwest  
1635 North Loop  
Houston, Tex. 77018

Memorial Baptist Hospital,  
Southwest  
6440 High Star Street  
Houston, Tex. 77036

Texas Medical Center  
Houston, Tex. 77025

(Member hospitals of child  
care center:

Ben Taub General Hospital  
Hermann Hospital

Methodist Hospital  
M. D. Anderson Hospital  
and Tumor Institute

Texas Children's and St.  
Luke's Hospital

Texas Research Institute  
for Mental Sciences

Texas Institute for  
Rehabilitation and  
Research)

Medical Center  
Post Office Box 3277  
Tyler, Tex. 75701

#### Virginia\*\*

University of Virginia Hospital  
Jefferson Park Avenue  
Charlottesville, Va. 22903

Virginia Baptist Hospital  
3300 Rivermont Avenue  
Lynchburg, Va. 24503

Norfolk Community Hospital  
2539 Corprew Avenue  
Norfolk, Va. 23504

Norfolk General Hospital  
600 Gresham Drive  
Norfolk, Va. 23507

Petersburg General Hospital  
Mt. Erin and Adams Streets  
Petersburg, Va. 23803

Stuart Circle Hospital  
413 Stuart Circle  
Richmond, Va. 23220

St. Mary's Hospital of  
Richmond, Inc.  
5801 Breomo Road  
Richmond, Va. 23226

Roanoke Memorial Hospitals  
Bellevue Avenue and  
Lake Street  
Roanoke, Va. 24014

#### Washington

Tacoma General Hospital  
315 South K Street  
Tacoma, Wash. 98405

#### West Virginia

Memorial Hospital  
3200 Noyes Avenue SE,  
Charleston, W. Va. 25304

#### Wisconsin

St. Catherine's Hospital  
3556 Seventh Avenue  
Kenosha, Wis. 53140

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\*\*See Addendum.

## Addendum

Since the survey was completed, the Women's Bureau has learned that the following hospitals also operate child care centers for use of their health personnel. (NOTE.—There may be other hospitals not known to this Bureau which provide child care services for their personnel.)

Memorial Hospital  
1200 South Fifth Avenue  
Phoenix, Ariz. 85003

De Kalb Hospital  
2701 North Decatur Road  
Decatur, Ga. 30033

Baton Rouge General Hospital  
3662 North Boulevard  
Baton Rouge, La. 70806

Touro Infirmary  
1400 Foucher Street  
New Orleans, La. 70115

Doctors' Hospital  
1130 Louisiana Avenue  
Shreveport, La. 71101

Genesee Hospital  
224 Alexander Street  
Rochester, N.Y. 14607

Baptist Hospital  
3303 NW. 56th Street  
Oklahoma City, Okla. 73112

Capitol Day School  
NE. 21st and Kelly  
Oklahoma City, Okla. 73105

Holy Family Day Care Centers  
1923 South Utica  
Tulsa, Okla. 74104

St. Francis Hospital  
61st and Yale Avenue  
Tulsa, Okla. 74135

St. Vincent's Hospital  
2447 NW. Westover Road  
Portland, Ore. 97210

Baroness Erlanger Hospital  
261 Wiehl Street  
Chattanooga, Tenn. 37403

High Plains Baptist Hospital  
1600 Wallace Boulevard  
Amarillo, Tex. 79106

Presbyterian Hospital  
8200 Walnut Hill Lane  
Dallas, Tex. 75231

Mother Francis Hospital  
825 East Houston  
Tyler, Tex. 75701

Richmond Memorial Hospital  
1300 Westwood Avenue  
Richmond, Va. 23227





# Appendix B

Budget Bureau No. 44-S68004  
Approval Expires August 1968

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**U.S. DEPARTMENT OF LABOR**  
Wage and Labor Standards Administration  
**WOMEN'S BUREAU**  
WASHINGTON, D.C. 20210

Name of hospital \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### INQUIRY

#### HOSPITALS OPERATING DAY CARE CENTERS FOR CHILDREN OF THEIR HEALTH PERSONNEL

Your reply will be held in strict confidence. Please return completed questionnaire to Women's Bureau, Washington, D.C., 20210.

1. When was the day care center established? (date) \_\_\_\_\_

2. Where is it located?

- Within the hospital building
- On the hospital grounds
- Other area (describe—include distance from hospital) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Which branch of your hospital organizational structure administers the day care program?

- Administrator's Office
- Nursing Service
- Social Service
- Pediatrics
- Other (specify) \_\_\_\_\_



If yes, which children?

- Neighborhood children       Other children (specify) \_\_\_\_\_
- Patients' children

13. During what days and hours does the center remain open?

Days of week: From \_\_\_\_\_ To \_\_\_\_\_

Hours of day: From \_\_\_\_\_ To \_\_\_\_\_

14. For the majority of children what is the average number of daily hours of care? \_\_\_\_\_ Hours.

15. How many of the day care center staff are:

	<b>Paid staff</b>	<b>Unpaid volunteers</b>
Teachers	Number _____	Number _____
Assistant teachers	Number _____	Number _____
Other (specify)	Number _____	Number _____
_____	Number _____	Number _____
_____	Number _____	Number _____
_____	Number _____	Number _____
_____	Number _____	Number _____

16. Is the day care center used to train any of your hospital staff?

- Yes       No

If yes, in which occupations?

- Check:  Nurses       Pediatricians
- Other (specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

17. Do you charge fees?       Yes       No

If yes, are fees based on a sliding scale?

- Yes—describe:       No

18. If you charge fees, what are the fees per child?  
 Per hour \$ \_\_\_\_\_ Per month \$ \_\_\_\_\_  
 Per day \$ \_\_\_\_\_ Other \$ \_\_\_\_\_
19. If there is a special fee schedule where there is more than one child in family, please describe:
20. Does the hospital contribute, in either cash or kind, toward the operating cost of the day center?  Yes  No  
 Comments, if any:
21. Is the center licensed?  Yes  No  
 Comments, if any:
22. Please check meals and snacks provided.  
 Breakfast  Mid-morning snack  Other  
 Lunch  Mid-afternoon snack
23. Are the children provided with health services?  
 Yes—describe:  No
24. Are families provided social services?  Yes—describe:  No
25. Would any of your staff members probably terminate employment if you did not provide day care services?  Yes  No  
 Comments, if any:
26. Please add any other comments you would like to make with respect to particularly successful features of your day care program, and whether you have any serious problems in maintaining the service.
27. May we identify your hospital in relation to specific items in our report?  
 Yes  No

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**U.S. DEPARTMENT OF LABOR**  
**WOMEN'S BUREAU**  
**WASHINGTON, D.C. 20210**

Dear Sir:

The Women's Bureau has long been concerned with the need for day care facilities, particularly for the children of working mothers. In this connection we are undertaking a study of the availability of day care services for the children of hospital personnel. Therefore, we are sending inquiries to you and various other hospitals with 100 or more beds.

It is our belief that a survey of existing services may be exceedingly helpful to those hospitals now considering plans for establishing day care centers. The expansion of such centers may well play an important part in helping to relieve present shortages of health personnel.

If you have such a program, may we look to you for cooperation in answering the enclosed questions. The last question, number 27, requests permission to identify your hospital in relation to specific items in our report. If you do not wish us to refer to you specifically, we will of course not disclose your identity. If you do not have day care services, we would like to know whether you are planning to institute them. Also, if you are interested, we can provide you with the names and addresses of the hospitals which we know or believe have this type of day care program.

We would be grateful for a reply to our inquiry at your early convenience. We will be happy to send you a copy of the report when it becomes available.

Sincerely,

Mary Dublin Keyserling  
Director

Enclosure

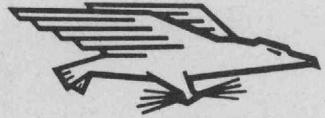
U.S. DEPARTMENT OF LABOR

Wage and Labor Standards Administration

WOMEN'S BUREAU

WASHINGTON, D.C. 20210

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