

## Request for Information on Workplace Flexibilities and Work-Life Programs

### I. Agency Information

1. Please enter your agency's name: \_\_\_\_\_
2. Please provide the following information for a point of contact (POC) who submitted this report, can answer questions about it, and who can provide contact information for agency representative(s) for the working groups that the U.S. Office of Personnel Management (OPM) plans to convene in 2015:
  - a. Name: \_\_\_\_\_
  - b. Phone: \_\_\_\_\_
  - c. Email Address: \_\_\_\_\_

### II. Survey Instructions

Please provide responses to the following questions to OPM. Agency responses will require consultation with agency experts on matters of leave, work schedules, work-life, part-time employment, and job sharing. Please do not respond by providing copies of agency policies or merely pointing to provisions of law, regulations, agency or OPM guidance without explanation. A complete response will include detailed information on the results of your review of agency workplace flexibilities and work-life programs. The information provided by each agency will be used for OPM's working group sessions and ultimately for OPM's report to the President. Your response to this request must cover your entire agency. Therefore, departments and independent agencies must consolidate information from all of their components or bureaus before sending a response to OPM.

To ensure complete and accurate data, agencies may not skip items when responding to the survey. It is important for us to have the best, most complete information possible. The answers you provide to this survey will help OPM provide an accurate report to the President and will be used to facilitate follow-up discussions in the working groups. Please read questions carefully before responding. Unless indicated otherwise, please select only one response to each item.

The [Presidential Memorandum on Workplace Flexibilities and Work-Life Programs](#) requires that each Executive department or agency submit information to OPM for inclusion in this report. **All responses must be received no later than 120 days after issuance of OPM's memorandum transmitting this request.** Failure to submit your data by this date will mean that your agency will not be included in OPM's report to the President, which will include a list of participating agencies.

If you have questions regarding specific program areas or terminology used within this instrument, please visit the following websites:

- [Leave Administration](#)
- [Work Schedules](#)
- [Part-Time & Job Sharing](#)
- [Work-Life Programs](#)

For all other questions, please contact us at [workflex@opm.gov](mailto:workflex@opm.gov).

**SECTION ONE: WORKPLACE FLEXIBILITIES**

**I. Workplace Entitlements and Flexibilities**

Please complete the chart below concerning your agency’s specific policies on workplace entitlements and flexibilities.

<b>Workplace Entitlements and Flexibilities</b>			
<b>Workplace Entitlements and Flexibilities</b>	<b>Does your agency have policies on the use and administration of the following programs?  (Y or N)</b>	<b>Are agency policies formally communicated to supervisors?  (Y, N or No Policy)</b>	<b>Are agency policies formally communicated to employees?  (Y, N or No Policy)</b>
Annual Leave			
Sick Leave—Self			
Sick Leave—Family Care/Bereavement			
Sick Leave—Serious Health Condition of Family Member			
Family and Medical Leave			
Voluntary Leave Transfer Program			
Voluntary Leave Bank Program			
Emergency Leave Transfer Program			
Military Leave			
Bone Marrow or Organ Donor Leave			
Court Leave			
Home Leave			
Funeral Leave			
Shore Leave			
Holidays			
Compensatory Time Off in Lieu of Overtime			
Compensatory Time Off for Travel			

Compensatory Time Off for Religious Observances			
Flexible Work Schedules			
Credit Hours under Flexible Work Schedules			
Compressed Work Schedules			
Part-Time Work Schedules			
Job Sharing			

## II. Workplace Discretionary Flexibilities

### A. Discretionary Leave Programs

Please respond to the following questions regarding your agency's discretionary leave programs. Please be as specific as possible.

1. Advanced Annual Leave
<p>a. Does your agency grant advanced annual leave?</p> <p>Yes, Agency-Wide ____ Yes, Some Components ____ No ____</p>
<p>b. Does your agency have a policy that governs the circumstances under which advanced annual leave will be granted, or is it granted solely at managers' discretion? (Mark all that apply.)</p> <p>Agency Policy ____ Component Policy ____ No policy, solely at Manager's Discretion ____</p> <p>N/A ____</p>
<p>c. If your agency has a policy, describe the circumstances under which advanced annual leave is granted: _____</p>

**2. Advanced Sick Leave**

a. Does your agency grant advanced sick leave?

Yes, Agency-Wide \_\_\_\_ Yes, Some Components \_\_\_\_ No \_\_\_\_

b. Does your agency have a policy that governs the circumstances under which advanced sick leave will be granted, or is it granted solely at manager discretion? (Mark all that apply.)

Agency policy \_\_\_\_ Component Policy \_\_\_\_ No policy, solely at Manager's Discretion \_\_\_\_

N/A \_\_\_\_

c. If your agency has a policy, describe the circumstances under which advanced sick leave is granted \_\_\_\_\_

**3. Intermittent Leave under the Family and Medical Leave Act (FMLA)**

a. Does your agency grant intermittent use of FMLA leave for bonding purposes following the birth or adoption of a child? (See 5 CFR 630.1205(b).)

Yes, Agency-Wide \_\_\_\_ Yes, Some Components \_\_\_\_ No \_\_\_\_

b. If yes, is intermittent FMLA provided equally to employees who are fathers and employees who are mothers?

Yes \_\_\_\_ No \_\_\_\_

c. If yes, does your agency have a policy that governs the circumstances under which intermittent use of FMLA for bonding purposes will be granted, or is it granted solely at manager discretion? (Mark all that apply.)

Agency Policy \_\_\_\_ Component Policy \_\_\_\_ No policy, solely at Manager's Discretion \_\_\_\_

N/A \_\_\_\_

d. If you agency has a policy, describe the circumstances under which intermittent FMLA use for bonding purposes is granted \_\_\_\_\_

<b>4. Voluntary Leave Bank Program (VLBP)</b>		
a. Does your agency have a VLBP?		
Yes, Agency-Wide ____ Yes, Some Components ____ No ____		
b. If not agency-wide, please list the components that have voluntary leave banks.		
<b>5. Agency Best Practices</b>		
Please describe your agency best practices for using leave flexibilities to help foster a culture and work environment that attract, empower, and retain a talented and productive workforce (e.g., offering annual employee training on how leave and work scheduling flexibilities can be combined for maternity and paternity purposes.)		
<b>6. Barriers/Limitations</b>		
a. Please identify any barriers or limitations that may unnecessarily restrict the use of existing leave flexibilities and programs.		
	Yes	No
Statutory		
Regulatory (OPM regulations)		
Agency policy		
Component policy (if applicable)		
Budget limitations		
HR Staffing Levels		
Management Resistance		
Lack of Manager Awareness		

Lack of Employee Awareness		
Agency Cultural Norms		
Other (Please list):		
b. For any item(s) identified as barriers or limitations, please explain in detail.		
c. For any item(s) identified as barriers or limitations, please provide any recommendations for addressing or eliminating these barriers or limitations.		

## B. Work Schedules

Please respond to the following questions regarding work schedules. Please be as specific as possible.

1. Work Schedules	
Please provide an estimate for the number of agency employees who work the following schedules:	
Flexible Work Schedules (e.g., <b>flexible</b> 5/4-9, flexitour, etc.)	
Compressed Work Schedules (e.g., <b>non-flexible</b> 5/4-9, 4-10)	
Standard 8-hour schedule	
First-40 schedule	
Uncommon tour of duty	
Other (please list)	
Unknown	
2. Flexible Work Schedules	
a. Please indicate which flexible work schedules (including their variations) your agency offers:	

	Yes, Agency-Wide	Yes, Some Components	No
Flexitour (employees elect start/stop times, which become fixed)			
Gliding schedule (employees may vary start/stop times daily)			
Variable day schedule (employees may vary the length of the workday)			
Variable day schedule (employees may vary the length of the workweek)			
Maxiflex (employees may work less than 10 workdays biweekly)			
Other			
If you answered "Other" above, please briefly describe the other flexible work schedules your agency offers.			
b. Please answer these additional questions about flexible work schedules in your agency as applicable:			
	Yes, Agency-Wide	Yes, Some Components	No
Can employees earn credit hours?			
Does your agency offer flexible bands that permit employees on schedules without weekend core hours to work on weekends?			

Please provide one or more examples (if applicable):			
	Yes, Agency-Wide	Yes, Some Components	No
Does your agency permit employees on schedules without core hours between 6 p.m. – 6 a.m. to work on week nights after 8:00 p.m.?			
Please provide one or more examples (if applicable):			
<b>3. Compressed Work Schedules</b>			
Note: Compressed work schedules are <b>fixed</b> schedules, with absolutely no employee flexibility, of less than 10 workdays biweekly.			
Please indicate which compressed work schedule(s) your agency offers (if applicable).			
	Yes, Agency-Wide	Yes, Some Components	No
4-day workweek			
3-day workweek			
5/4-9 fixed			
Other			
If you answered “Other” above, please briefly describe the other compressed work schedules your agency offers.			
<b>4. Agency Best Practices</b>			

Please describe your agency best practices for using work schedules to help foster a culture and work environment that attract, empower, and retain a talented and productive workforce (e.g., offering wider flexible hour bands in an agency maxiflex program, permitting employees to earn credit hours).

**5. Barriers/ Limitations**

a. Please identify any barriers or limitations that may unnecessarily restrict the use of alternative work schedules.

	Yes	No
Statutory		
Regulatory (OPM regulations)		
Agency policy		
Component policy (if applicable)		
Budget limitations		
HR Staffing Levels		
Management Resistance		
Lack of Manager Awareness		
Lack of Employee Awareness		
Agency Cultural Norms		
Other (Please list)		

b. For any item(s) identified as barriers or limitations, please explain in detail.

<p>c. For any item(s) identified as barriers or limitations, please provide any recommendations for addressing or eliminating these barriers or limitations.</p>

**C. Interaction of Workplace Flexibilities**

Please respond to the following questions about the interaction of workplace flexibilities at your agency. Please be as specific as possible.

1. Interaction of Workplace Flexibilities		
<p>a. Does your agency educate HR specialists, managers and employees on how leave programs interact with each other and can be used in conjunction with each other as well as in conjunction with other work schedule flexibilities (e.g., telework, alternative work schedules) to maximize work-life balance (e.g., to maximize time off for child birth purposes, care of a family member with a serious health condition, etc.)?</p>		
	Yes	No
HR Specialists		
Managers/Supervisors		
Employees		
<p>b. If yes, how does your agency provide this information to <b>HR specialists</b>? (Mark all that apply.)</p> <p>In HR specialist-specific guidance _____</p> <p>In agency guidance (not specific to HR specialists, managers, or employees) _____</p> <p>In HR specialist-specific training _____</p>		

Other (please list ) _____
<p>c. If yes, how does your agency provide this information to <b>manager/supervisors</b>? (Mark all that apply.)</p> <p>In manager-specific guidance _____</p> <p>In agency guidance (not specific to HR specialists, managers, or employees) _____</p> <p>In new manager training _____</p> <p>In other manager training _____</p> <p>Other (please list) _____</p>
<p>d. If yes, how does your agency provide this information to <b>employees</b>? (Mark all that apply.)</p> <p>In employee-specific guidance _____</p> <p>In agency guidance (not specific to HR specialists, managers, or employees) _____</p> <p>In employee onboarding _____</p> <p>In other employee training _____</p> <p>Other (please list) _____</p>

**D. Part-Time Employment and Job Sharing**

Please answer the following questions about the use of part-time employment and job sharing in your agency:

<b>1. Part-Time Employment</b>		
a. Does your agency offer part-time employment opportunities to new employees?	Yes	No
<p>b. If yes, does your have an agency have a policy that governs the circumstances under which part-time employment will be granted or is it granted solely at manager discretion? (Mark all that apply)</p> <p>Agency policy ____ Component policy ____ No policy, solely at manager’s discretion            ____ N/A____</p>		
c. Does your agency allow full-time employees to request a change to temporary or permanent part-time employment (e.g., paternity/maternity care, elder care, phased retirement)?	Yes	No

d. If yes, does your agency have a policy that governs the circumstances under which full-time employees may request part-time employment or is it granted solely at manager discretion? (Mark all that apply)

Agency policy \_\_\_\_\_ Component policy \_\_\_\_\_ No policy, solely at manager's discretion \_\_\_\_\_ N/A\_\_\_\_\_

**2. Job Sharing**

a. Does your agency permit job sharing?	Yes	No
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b. If yes, does your agency have a policy that governs the circumstances under which job-sharing will be permitted, or is it granted solely at manager discretion? (Mark all that apply)

Agency policy \_\_\_\_\_ Component policy \_\_\_\_\_ No policy, solely at manager's discretion \_\_\_\_\_ N/A\_\_\_\_\_

**3. Agency Best Practices**

Please describe your agency best practices for using part-time employment and job sharing to help foster a culture and work environment that attract, empower, and retain a talented and productive workforce.

**4. Barriers/Limitations**

a. Please identify any barriers or limitations that may unnecessarily restrict the use of part-time employment and job sharing.

	Yes	No
Statutory		
Regulatory (OPM regulations)		
Agency policy		
Component policy (if applicable)		
Budget limitations		
HR Staffing Levels		

Management Resistance		
Lack of Manager Awareness		
Lack of Employee Awareness		
Agency Cultural Norms		
Other (Please list)		
<p>b. For any item(s) identified as barriers or limitations, please explain in detail.</p>		
<p>c. For any item(s) identified as barriers or limitations, please provide any recommendations for addressing or eliminating these barriers or limitations</p>		

## SECTION TWO: WORK-LIFE PROGRAMS

### Work-Life Programs

**Note: Additional information on each program can be accessed by following the link in each section header.**

Please answer the following regarding your agency's work-life program. Please be as specific as possible:

<b>1. <u>Dependent Care Programs</u></b>
<p>a. Does your agency offer the following dependent care programs? (When choosing your response, please note that dependent care programs are programs that assist employees who are currently or who will be responsible for providing care to a dependent. This support can extend to employees providing care for children and/or dependent adults.)</p> <p>1. Child Care Programs (e.g., on-site child care, child care subsidies, child care seminars, child care fairs, etc.) Yes, Agency-Wide ____ Yes, Some Components ____ No ____</p> <p>2. Elder Care Programs (e.g., elder care seminars, elder care support groups, elder care fairs, etc.) Yes, Agency-Wide ____ Yes, Some Components ____ No ____</p> <p>3. Adult Dependent Care Programs (e.g., resources, support programs, daycare, etc.) Yes, Agency-Wide ____ Yes, Some Components ____ No ____</p> <p>4. Other (please list) or continue to question "b" if no. Yes, Agency-Wide ____ Yes, Some Components ____</p>
<p>b. If yes to any of the above, please describe the specific services you offer <u>for each program area</u>:</p>
<p>c. Please answer the following questions if your agency has a child care subsidy program:</p> <p>1. Has your agency stopped offering a child care subsidy program since the last time you reported the data in the "2012 Child Care Subsidy Data Call" administered by OPM? Yes ____ No ____</p> <p>2. Income ceiling of the child care subsidy program in your agency \$ ____</p> <p>3. In the past fiscal year, has the income ceiling level changed? Yes, Increased ____ Yes, Decreased ____ No Change ____</p>

4. Total agency population \_\_\_\_\_
5. Number of employees utilizing the child care subsidy program \_\_\_\_\_
6. The average total annual family income of employees in the child care subsidy program \$\_\_\_\_\_
7. Total amount of funds disbursed in fiscal year 2014 \$\_\_\_\_\_
8. Total child care costs of all employees participating in the child care subsidy program (pre-subsidy) \$\_\_\_\_\_
9. Number of children served by the child care subsidy program \_\_\_\_\_
10. Number of children in licensed and/or regulated center-based child care \_\_\_\_\_
11. Number of children in licensed and/or regulated family child care homes \_\_\_\_\_
12. Did your agency contract with another organization to administer the child care subsidy funds?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ (the agency/component administered the funds)
13. If yes, please name the organization and indicate the type (e.g., non-profit)  
 Organization \_\_\_\_\_ Organization type \_\_\_\_\_
14. Total cost to administer the program during fiscal year 2014 \$\_\_\_\_\_

d. If there has been any substantial change in your child care subsidy program or if you have additional comments, please describe them below:

**Agency Best Practices**

e. Please describe your agency best practices for using Dependent Care Programs to help foster a culture and work environment that attract, empower, and retain a talented and productive workforce.

**Barriers/Limitations**

f. Please identify any barriers or limitations that may unnecessarily restrict the use of Dependent Care programs.

	Yes	No
Statutory		
Regulatory (OPM regulations)		
Agency policy		
Component policy (if applicable)		
Budget limitations		
HR Staffing Levels		
Management Resistance		
Lack of Manager Awareness		
Lack of Employee Awareness		
Agency Cultural Norms		
Other (please list)		
g. For any item(s) identified as barriers or limitations, please explain in detail.		
h. For any item(s) identified as barriers or limitations, please provide any recommendations for addressing or eliminating these barriers or limitations.		

<b>2. <u>Worksite Health &amp; Wellness Programs</u></b>	
a.	<p>Does your agency offer the following worksite health and wellness interventions? (When choosing your response, please consider that worksite health and wellness programs include programs, policies, environmental supports, and links to related agency programs and the surrounding community designed to meet the health and safety needs of all employees.)</p> <p>1. Health Education (e.g., brochures, videos, seminars, webinars, etc.)  Yes, Agency-Wide ____ Yes, Some Components ____ No ____</p> <p>2. Nutrition Support (e.g., healthy food options, nutritional information, farmers markets, health coaching, etc.)</p>

	Yes, Agency-Wide ____	Yes, Some Components ____	No ____
3. Physical Activity Support (e.g., on-site facilities, stairwell promotion, exercise classes, shower facilities, etc.)	Yes, Agency-Wide ____	Yes, Some Components ____	No ____
4. Tobacco-Free Living Support (e.g., a tobacco-free campus, referrals to tobacco cessation supports, education of FEHB benefits, etc.)	Yes, Agency-Wide ____	Yes, Some Components ____	No ____
5. Screenings (e.g., Health Risk Appraisals, BMI assessments, blood pressure screenings, etc.)	Yes, Agency-Wide ____	Yes, Some Components ____	No ____
6. Organizational Supports (e.g., health and wellness policies, wellness committee, training for managers, etc.)	Yes, Agency-Wide ____	Yes, Some Components ____	No ____
7. Linkages to Related Programs (e.g., FEHB, EAP, Drug-Free Workplace Program, etc.)	Yes, Agency-Wide ____	Yes, Some Components ____	No ____
8. Other (please list) or continue to question “b” if no.	Yes, Agency-Wide ____	Yes, Some Components ____	
b. If yes to any of the above, please describe the specific services you offer <u>for each program area</u> :			
<b>Agency Best Practices</b>			
c. Please describe your agency best practices for using Worksite Health and Wellness Programs to help foster a culture and work environment that attract, empower, and retain a talented and productive workforce.			
<b>Barriers/Limitations</b>			
d. Please identify any barriers or limitations that may unnecessarily restrict the use of Worksite Health and Wellness Programs.			
	Yes	No	
Statutory			

Regulatory (OPM regulations)		
Agency policy		
Component policy (if applicable)		
Budget limitations		
HR Staffing Levels		
Management Resistance		
Lack of Manager Awareness		
Lack of Employee Awareness		
Agency Cultural Norms		
Other (Please list)		
e. For any item(s) identified as barriers or limitations, please explain in detail.		
f. For any item(s) identified as barriers or limitations, please provide any recommendations for addressing or eliminating these barriers or limitations		

<b>3. <u>Employee Assistance Programs (EAPs)</u></b>		
<p>a. Does your agency offer an Employee Assistance Program (EAP)? (When choosing your response, please consider that an EAP is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems.)</p> <p>Yes, Agency-Wide _____ Yes, Some Components_____ No_____</p>		
<p>b. If yes, <u>among those components that have an EAP</u> program, does the EAP offer the following services?</p> <p>1. Referral Services  Yes, All EAPs _____ Yes, Some Components_____ No_____</p> <p>2. Emotional Counseling  Yes, All EAPs _____ Yes, Some Components_____ No_____</p>		

3. Grief Counseling  
 Yes, All EAPs \_\_\_\_ Yes, Some Components \_\_\_\_ No \_\_\_\_
4. Financial Counseling  
 Yes, All EAPs \_\_\_\_ Yes, Some Components \_\_\_\_ No \_\_\_\_
5. Alcohol and Substance Abuse Support  
 Yes, All EAPs \_\_\_\_ Yes, Some Components \_\_\_\_ No \_\_\_\_
6. Education and Awareness  
 Yes, All EAPs \_\_\_\_ Yes, Some Components \_\_\_\_ No \_\_\_\_
7. Other (please list) or continue to question “c” if no.  
 Yes, All EAPs \_\_\_\_ Yes, Some Components \_\_\_\_

c. If yes to any of the above, please describe the specific services you offer for each program area:

**Agency Best Practices**

d. Please describe your agency best practices for using Employee Assistance Programs to help foster a culture and work environment that attract, empower, and retain a talented and productive workforce.

**Barriers/Limitations**

e. Please identify any barriers or limitations that may unnecessarily restrict the use of Employee Assistance Programs.

	Yes	No
Statutory		
Regulatory (OPM regulations)		
Agency policy		
Component policy (if applicable)		
Budget limitations		
HR Staffing Levels		
Management Resistance		
Lack of Manager Awareness		

Lack of Employee Awareness		
Agency Cultural Norms		
Other (Please list)		
f. For any item(s) identified as barriers or limitations, please explain in detail.		
g. For any item(s) identified as barriers or limitations, please provide any recommendations for addressing or eliminating these barriers or limitations		

**4. Lactation Support**

- a. Does your agency provide the following lactation supports? (When choosing your response, please consider that lactation supports include any programs and services that support breastfeeding in the workplace.)
1. A private space, other than a bathroom, to express milk  
 Yes, Agency-Wide \_\_\_\_ Yes, Some Components \_\_\_\_ No \_\_\_\_
  2. Reasonable break time to express milk  
 Yes, Agency-Wide \_\_\_\_ Yes, Some Components \_\_\_\_ No \_\_\_\_
  3. Paid break time to express milk  
 Yes, Agency-Wide \_\_\_\_ Yes, Some Components \_\_\_\_ No \_\_\_\_
  4. Schedule flexibility to express milk (e.g., flexibility to pump when needed, flexibility regarding when and/or where to make up work time)  
 Yes, Agency-Wide \_\_\_\_ Yes, Some Components \_\_\_\_ No \_\_\_\_
  5. Other (please list) or continue to question “b” if no.  
 Yes, Agency-Wide \_\_\_\_ Yes, Some Components \_\_\_\_

b. If yes to any of the above, please describe the specific services you offer, including a description of any space(s) you provide:

**Agency Best Practices**

c. Please describe your agency best practices for using Lactation Support Programs to help foster a culture and work environment that attract, empower, and retain a talented and productive workforce.

**Barriers/Limitations**

d. Please identify any barriers or limitations that may unnecessarily restrict the use of

Lactation Support Programs.		
	Yes	No
Statutory		
Regulatory (OPM regulations)		
Agency policy		
Component policy (if applicable)		
Budget limitations		
HR Staffing Levels		
Management Resistance		
Lack of Manager Awareness		
Lack of Employee Awareness		
Agency Cultural Norms		
Other (Please list)		
e. For any item(s) identified as barriers or limitations, please explain in detail.		
f. For any item(s) identified as barriers or limitations, please provide any recommendations for addressing or eliminating these barriers or limitations		
<b>5. Other Support for Work-Life or Work-Life Programs</b>		
<p>a. Does your agency provide any other support for work-life or work-life programs? (When choosing your response, please consider that work-life is the business practice of creating a flexible, supportive environment to engage employees and maximize organizational performance. Support for work-life and work-life programs include any organizational programs and practices that actively support efforts to help employees effectively integrate their work and non-work responsibilities.)</p> <p>Yes, Agency-Wide ____ Yes, Some Components ____ No ____</p>		
b. If yes, please describe the specific services you offer <u>under each program area</u> :		
c. Please describe any assistance your agency needs in any specific work-life area:		

<b>Agency Best Practices</b>		
d. Please describe any practices within your agency that are designed to foster a culture and work environment that attract, empower, and retain a talented and productive workforce.		
<b>Barriers/Limitations</b>		
e. Please identify any barriers or limitations that may restrict the use or implementation of work-life programs.		
	Yes	No
Statutory		
Regulatory (OPM regulations)		
Agency policy		
Component policy (if applicable)		
Budget limitations		
HR Staffing Levels		
Management Resistance		
Lack of Manager Awareness		
Lack of Employee Awareness		
Agency Cultural Norms		
Other (Please list)		
f. For any item(s) identified as barriers or limitations, please explain in detail.		
g. For any item(s) identified as barriers or limitations, please provide any recommendations for addressing or eliminating these barriers or limitations.		