

## MIMP Annual Status Report

### I. Introduction

- A. Name of Institution: *Children's Hospital and Regional Medical Center*
- B. Reporting Year: *2005*
- C. Major Institution Contact Information
1. Contact Person(s): *Suzanne Petersen*  
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- D. Master Plan Adoption Date and Date of Any Subsequent Amendments:
- Master Plan: *September 1994*
- Minor Amendment: *October 1996*

### II. Progress in Meeting Master Plan Conditions

- A. Provide a general overview of progress made in meeting the goals and conditions of the approved Master Plan.

*The Children's Hospital Major Institution Master Plan authorizes 262,630 square feet of new development. Since the approval of the Children's MIMP in September 1994, Children's has renovated existing space and added approximately 230,079 square feet of new space on its campus. This leaves current remaining "net new development" of 32,551 allowed under the approved MIMP. Children's has completed on schedule perimeter street improvements and other conditions triggered by development to date. The Whale Garage opened for use March 4, 2002. The first major clinical project under the MIMP, the Inpatient Building (project #1), was completed on January 7, 2004. The second major clinical project constructed, the Ambulatory Care Building (#2), was completed in March 2006. The third*

*major construction project will be the Emergency Department/Operating Rooms (ED/OR) Expansion.*

- B. In addition, list each condition and provide a brief narrative statement about the progress made towards compliance. This statements should include information explaining progress (ranging from complete compliance, partial-compliance to non-compliance and strategies used (successful or unsuccessful) in meeting the condition plus, when applicable, what future measures will be pursued to reach compliance.

Conditions of Master Plan Approval	Progress Toward Compliance
<b><i>MIO HEIGHT DISTRICTS REZONE</i></b>	
1.a. The 90-foot height district established for the site of Project #1, the Inpatient Wing, is restricted to permit a building height of no more than 74 feet, not to include additional floors of height beyond that proposed in the Master Plan. An allowance shall be made or additional height for Project #1, the Inpatient Wing, to permit mechanical equipment penthouse and similar rooftop features that do not exceed 15 ft. in height and cover no more than 25% of the roof area, provided the features are not enclosed, or have view-obscuring screening. The upper-level bulk of the Inpatient Wing structure shall be reduced by stepping back the top three levels from the northwest corner, for a total gross floor area reduction of no less than 18% from the gross floor area of the lower level, as depicted in Table 3 in the FMIMP.	<p><i>Master Use Permit was issued for Project #1, Inpatient Wing, by the DCLU May 23, 2002. The Inpatient Wing was completed January 23, 2004.</i></p> <p><i>The overall height of the Inpatient Wing was reduced from what is allowed in the MIMP. Instead of a 74-foot building plus rooftop features, the Inpatient Wing is approximately 54 ft. in height plus rooftop features.</i></p> <p><i>As a result of the decreased overall height of the Inpatient building from the height approved in the MIMP, the top two floors are stepped back in the northwest corner of the building, for a floor area reduction of over 30% from the gross floor area of the lower level.</i></p>
b. The 70 foot height district established for the site of Project #6A, the Research Clinic, is restricted to permit a building height of no more than 54.5 feet, not to include additional floors of height beyond that depicted in the proposed Master Plan	<i>Not developed.</i>
<b><i>MASTER PLAN APPROVAL</i></b>	
<b>MUP Review of Future Development</b>	
1.a Development projects under the Master Plan subject to SEPA review in the MUP process shall be reviewed to define project-level impacts and mitigate project-specific impacts. Specialized	<i>In compliance. Accomplished for projects undertaken to date. See EIS</i>

consultant studies, as appropriate, and mitigating measures as necessary may be required by the director to address: construction noise and traffic; operational noise, traffic and on-street parking; light and glare affecting nearby residential properties; and other environmental concerns.	<i>Addendum for Proposed Parking Garage – January 2001; EIS Addendum for Proposed Inpatient Wing -- March 2002; EIS Addendum for Proposed Ambulatory Care Building(ACB) – June 2003; EIS Addendum for Proposed Emergency Department / Operating Room Project – January 2003.</i>
b. Any proposed adjustments in the building heights shown in Figure 8 of the Master Plan, which would compromise the strategy of terracing or stepping up heights from the edges of the campus to the center of the core area as mitigation for height, bulk and scale impacts on the adjacent residential areas, shall be considered major amendments to the Master Plan.	<i>No adjustments proposed.</i>
2. During project-level review, the Director shall require on air quality study to identify impacts and mitigating measures associated with the operation of the proposed parking garage.-	<i>In compliance. See Parking Garage EIS Addendum January 2001, pages 20-31.</i>
3. Mitigating measures imposed by the Director on specific development projects can include, but need not be limited to: <ul style="list-style-type: none"> <li>• Limiting construction activity to non-holiday weekdays, from 8:00 am to 5:00 pm</li> <li>• Shielding and baffling noisy equipment to reduce noise</li> <li>• Using of electric rather than diesel or gas-powered machinery</li> <li>• Using pneumatic tools with the lowest possible noise generation</li> <li>• Mixing concrete off-site</li> <li>• Keeping construction vehicles away from residential areas</li> <li>• Directing all noisy and/or ventilating equipment towards the center of the campus rather than toward surrounding residential properties</li> <li>• Shielding and controlling illumination so that it shines downward and does not reach beyond the campus boundaries</li> <li>• Using glass with low reflectivity, providing window recesses and overhangs, and allowing no large expanse of reflective exterior material</li> </ul>	<i>Complied with each measure on all projects.</i>
<b>Prior to Approval of the First Master Use Permit</b>	

<p>4 a. A Memorandum of Agreement regarding implementation of the TMP shall be executed between the City and CHRMC. Environmental review for TMP implementation was completed through the Master Plan process. The 50% SOV reduction goal calculation shall be applied to: (1) full-time, day shift employees; and, (2) part-time day shift employees in the afternoon peak for traffic in the vicinity (1 - 6 p.m.) Adjustments for part-time employees who do not work daily shall be made by averaging the number of part-time and full-time employees over a typical five day work week, consistent with SED's methodology for calculating SOV goals.</p> <p>Persons who are not employed by CHRMC and are otherwise not under the control of CHRMC (e.g. University of Washington, community physicians) as volunteer and standby personnel, patients and visitors, shall be excluded from the base population. Those CHRMC employees in the base population, who must use their vehicles as a regular part of their work, shall be exempted from the goal calculations.</p>	<p><i>This agreement was signed on May 31, 1996, prior to issuance of the first MUP. Children's currently exceeds compliance requirement at 62% non-SOV participation. See Section V below.</i></p>
<p>b. DCLU shall withhold approval Master Use permits for projects in Phases II and III unless the Director determines that the 50% SOV goals has been reached or is likely to be reached by the time of the occupancy of the projects.</p>	<p><i>In compliance.</i></p>
<p>5. CHRMC shall implement the public benefit measures described in Attachment A. A good-faith effort to provide reasonable, additional public benefit in each of these areas shall be considered as adequate benefit for these purposes.</p>	<p><i>In compliance. See comments on attachment A, page 9 of this report.</i></p>
<p><b>For the Life of the Master Plan</b></p>	
<p>6. Construction Phasing</p> <p>a. After the foundation(s) are in and the building shell(s) is (are) up for each major project, or group of projects being constructed at the same time, 6-months must elapse before demolition, excavation, foundation work or shell construction can begin on another project or group of projects. All interior, finish, and other work necessary to complete the projects(s) after the shell(s) is (are) up, will be allowed during the 6-month respite period.</p>	<p><i>In compliance. Although the parking garage does not fall under the Construction Phasing requirement, excavation, foundation work, shell construction for Whale Parking Garage was completed December 2001. Excavation work for the Inpatient Wing began June 2002. The Inpatient Wing was fully enclosed/shell completed by August 18, 2003. Demolition for the Ambulatory Care Building (ACB) began April 5, 2004. The ACB was completed in March 2006.</i></p>
<p>7. Street Improvements</p> <p>a. Based upon impact evaluation and traffic study, CHRMC shall fund traffic improvements determined by the Director of Engineering to be necessary in the Sand Point Way NE/NE 45<sup>th</sup></p>	<p><i>See EIS Addendum for Proposed Parking Garage January 2001, transportation section pages 37-44.</i></p>

Street corridor and other streets in the area directly affected by the additional traffic in the proportion CHRMC contributes to the need for those improvements.	
b. Prior to occupancy of the first major Master Plan project, CHRMC shall improve the rights-of-way with curbs, gutters, and sidewalks along the west side of 44 <sup>th</sup> Avenue NE between NE 47 <sup>th</sup> and 50 <sup>th</sup> Streets and along the south side of NE 47 <sup>th</sup> Street between 44 <sup>th</sup> and 45 <sup>th</sup> Avenues NE	<i>Completed and in compliance.</i>
c. Prior to occupancy of any major Master Plan project identified in Exhibit 13, page 21, as in the Middle Phase (years 5-10), CHRMC shall improve the rights-of-way with curbs, gutters, and sidewalks along the southeast side of Sand Point Way NE between 40 <sup>th</sup> and 41 <sup>st</sup> Avenues NE and along NE 50 <sup>th</sup> Street between 40 <sup>th</sup> Avenue NE and Sand Point Way NE	<i>Completed and in compliance.</i>
8. Parking Structure	
a. CHRMC shall complete a topographic survey of the proposed parking structure site within 60 days of the approval of the Master Plan	<i>In compliance. This survey was completed and forwarded to the DCLU on 11/16/94.</i>
b. The proposed parking structure shall be constructed at or below-grade, except that it may extend no more than 3-4 feet above existing grade in the southeast corner as depicted in the FEIS. Parking may be allowed on the top, grade level portion of the structure, but no enclosed structures shall be built on top of it (fences, railings, planters, and the like may be permitted)	<i>In compliance. Whale Parking Garage meets this condition.</i>
c. CHRMC shall construct the proposed parking structure prior to occupancy of any Master Plan development which would raise the Code-specified minimum parking requirement above that of the existing on-campus supply.	<i>In compliance. Parking garage project completed prior to major clinical area project development. Garage opened for patients' use March 4, 2002. The Whale Parking Garage resulted in an increase of 411 parking spaces once operational, for a total of 1,636 spaces on-site. To accommodate displacement of non-clinical staff during construction of proposed ACB and proposed Emergency Department / Operating Rooms expansion, temporary modular buildings have been erected in Children's Parking Lot 4 (formerly Airplane parking lot.) These temporary buildings have resulted in temporary loss of parking spaces through 2007.</i>

	<i>Displaced staff park offsite and are shuttled to Children's.</i>
<p>9. RPZ</p> <p>a. CHRMC shall fund studies for RPZs in Parking Impact Areas 1 and 2 as defined in the Advisory committee's Final Report and Recommendations, after occupancy of the first major Master Plan development and upon submittal of requests by the residents in the Parking Impact Areas. If indicated by the study and approved by the neighbors, CHRMC shall pay for implementation costs and parking permits, except that CHRMC shall be required to pay for only 50% of parking permits in Impact Area 2, provided that where there is an obligation on the part of another major institution to pay part of the costs of the parking permits that CHRMC and the other institution will divide the costs equally. The Seattle Engineering guidelines and regulations for RPZs shall apply.</p>	<p><i>In collaboration with neighbors on the block of NE 45<sup>th</sup> Street, between 43<sup>rd</sup> Avenue NE and 45<sup>th</sup> Avenue NE, Children's worked with SDOT to remove a two-hour zone on this particular block of NE 45<sup>th</sup> Street in 2004. SDOT agreed to assess conditions for RPZ after removal of zone. To date, neighbors report this change removing 2-hour parking zone has worked well, and RPZ is not desired at this time.</i></p>
<p>10. Perimeter Buffers</p> <p>a. CHRMC shall refer all landscape plans for developing/enhancing the perimeter buffers to the Master Plan Standing Committee for review and constructive comment. The Standing Committee may appoint a subcommittee to perform this function.</p>	<p><i>In compliance. Development of 44<sup>th</sup> NE and buffer zone was reviewed by the Standing Committee. Master Plan Standing Committee reviewed Whale Parking Garage perimeter buffer in November 2000 and in April 2002. In addition, Children's worked closely with each neighbor on 45<sup>th</sup> Avenue NE to establish a landscaping buffer specific to each of their needs – respecting views of the Olympics, while obscuring views of Children's. Children's worked closely with Laurelon Terrace Condominiums board chair and landscape committee to establish mutually agreeable landscape plans at the west edge of Children's, on Laurelon Terrace's slope adjacent to the new Inpatient Wing and existing hospital. Landscaping is largely completed, and additional plantings will continue to augment the landscaping. Children's has worked to</i></p>

	<p><i>preserve the landscaped buffer along NE 45<sup>th</sup> Street at the site of the Ambulatory Care Building construction to minimize views of construction and the building upon completion. Children's has also worked with Metro and the Fire Department to reconfigure an access drive along NE 45<sup>th</sup> Street in order to increase landscaping adjacent to the ACB, decreasing neighbors' visibility of the building. Landscaping adjacent NE 45<sup>th</sup> will be completed with the installation of the Treuman Katz Sculpture Garden in 2006</i></p>
<p>b. No buildings shall be permitted in the perimeter buffers; railing, fences, signs, and similar items may be permitted. Existing parking spaces with the buffers may remain only until the proposed parking structure is available for occupancy. Existing paved roadways through and within the buffer may remain in their present locations. Large, mature trees shall be retained where possible.</p>	<p><i>In compliance. No building in perimeters has occurred. Large trees and other plants have been retained where possible for landscaping of the Whale Parking Garage and the Inpatient Building. Children's has planted additional landscaping, beyond Children's perimeter buffer, on Laurelon Terrace grounds, as part of the Inpatient addition.</i></p>
<p>10. c. CHRMC shall develop/enhance the proposed landscape buffers in the following order:</p> <ul style="list-style-type: none"> <li>• Related to development of the proposed Daycare Facility, the proposed 75-ft. buffers along the entire length of abutting NE 47<sup>th</sup> Street, as well as along 45<sup>th</sup> Avenue NE sufficient to screen structure, shall be planted prior to occupancy of the facility.</li> <li>• The two buffers along 44<sup>th</sup> Avenue NE and the remainder of 45<sup>th</sup> Avenue NE shall remain intact until such time as the proposed parking garage is constructed. When occupancy of that garage is permitted, the proposed 40-ft. buffer along 44<sup>th</sup> Avenue NE and the remainder of the 75-ft. buffer along 45<sup>th</sup> Avenue NE shall be planted.</li> <li>• The Northern half of the western campus boundary buffer strip shall be planted prior to occupancy of the D and T South Wing (C Wing) Addition.</li> </ul>	<p><i>Not planned for development under this master plan. A Daycare Facility has been built offsite at 70<sup>th</sup> and Sand Point Way.</i></p> <p><i>In compliance. Whale Parking Garage landscaping maintains and enhances these buffers.</i></p> <p><i>Not yet developed.</i></p>
<p>11. Operational Noise</p> <p>a. CHRMC shall restrict all deliveries, garbage pick-up and other</p>	<p><i>In compliance.</i></p>

large truck trips, to between the hours of 7:30 a.m. and 6:00 p.m., except such of these trips that are made to the designated loading and unloading dock in the center of the campus core. This restriction shall not apply to medical emergency vehicles.	
12. Daycare Facility	<i>This survey was completed and forwarded to the DCLU on 11/16/94.</i>
a. CHRMC shall complete a topographic survey of the Daycare Facility site within 60 days of the approval of the Master Plan.	
b. The Daycare Facility structure and outside play area shall be designed, constructed and operated so as to minimize the amount of the structure visible from the street and the amount of noise created by children playing that could reach the residences across those streets. The structure shall have a residential appearance and the ridge of the pitched roof shall not extend higher than 20-ft. above the adjacent street grade, except that the Director, in consultation with CHRMC and the Standing Advisory Committee, may determine that it is feasible to limit the height above street grade to less than 20-ft. above the street grade. If it is determined that a height of less than 20-ft. is feasible, the Director shall establish such lower height as the limit. The play area shall be located as far away from the residences across 45 <sup>th</sup> Avenue NE as possible and shall be enclosed with a sound attenuating wooden fence. Outdoor play shall not be allowed prior to 7:30 a.m.	<i>Not planned for development under this master plan. A Daycare Facility has been built offsite at 70<sup>th</sup> and Sand Point Way.</i>
c. The Daycare Facility shall not be available for use by the general public; only children of CHRMC employees shall be permitted, except that occasional, short-term use by sibling of patients hospitalized at CHRMC may be allowed to provide temporary respite care while patient's parents are on-campus tending the patient.	<i>Not planned for development under this master plan. A Daycare Facility has been built offsite at 70<sup>th</sup> and Sand Point Way.</i>
13. Other Conditions	
a. CHRMC shall report on its Master Plan as provided for in the Land Use Code.	<i>In compliance. The Master Plan Advisory Committee met on May 2, 2005 and January 11, 2006.</i>
b. CHRMC shall establish a hotline for neighbors to call regarding complaints associated with noise, air quality, traffic, or other complaints. The hotline number, and the name of the appropriate CHRMC contact person shall be posted on-site and made available to neighbors, via CHRMC neighborhood newsletters and other means as necessary to make it readily available.	<i>In compliance. The Director of Community, Government Affairs and Advocacy and the Assistant Director are available by phone and respond to calls from neighbors. When the Director and Assistant Director are unavailable, calls are routed to Security or Facilities.</i>
<b>DEVELOPMENT STANDARD DETAILS</b>	
1. Above-grade hand railings and sound or view-blocking fences will not be considered structures for the purposes of lot coverage.	<i>In compliance.</i>
2. With regard to floor area calculations, these exemptions apply: all gross floor area used for accessory parking and three and one-half percent (3-1/2%) of the gross floor area for mechanical equipment.	<i>In compliance.</i>

III. Major Institution Development Activity Initiated or Under Construction within the MIO Boundary During the Reporting Period.

A. List and Describe Development Activity Initiated or Under Construction (Non-leased Activity)

*A number also identifies each renovation project listed below and the location is shown on the attached campus maps.*

Name of Building	Description	Proposed Use	Size - Gross Square Footage	Date Commenced or Completed
<b>2005 New Areas Renovations (creating new space)</b>				
#1 Inpatient Wing	Inpatient expansion, creating single-bed rooms, increasing total beds from 208 to 250.	Inpatient care	103,800 new square feet	Completed January 7, 2004.
#2 Ambulatory Care Building	Outpatient expansion, providing space for multiple ambulatory clinics.	Outpatient care	106,344 new square feet	Demolition in preparation for this project began April 2004; date of completion: March 24, 2006.
#3 ED/OR Expansion	Expansion of Emergency Department and Operating Rooms	ED, Lab, Cancer Clinic, Dialysis, Offices	To be determined; not to exceed the MIMP allotment	Construction schedule to be determined

<b>2005 Interior Renovations (in existing space)</b>				
#4 3CN	Pharm-Net Workstations	Office use	250 Square Feet	Completed February 22, 2005
#5 6D	Work stations	Administrative support	120 Square Feet	Completed February 22, 2005
#6 Giraffe Plaza	HTNW moved to Giraffe wing	Administrative space	264 Square Feet	Completed February 16, 2005
#7 Giraffe Plaza	House Staff modifications	Administrative space	200 Square Feet	Completed April 26, 2005
#8 Airplane 5	GI Office Addition	Administrative space	125 Square Feet	Completed February 22, 2005
#9 Train Plaza	A10B/A10C	Office Use	93 Square Feet	Completed February 16, 2005
#10 Train 1-2	Office renovation	Office Use	125 Square Feet	Completed April 26, 2005

#11 Whale 9	Anesthesia office modifications	Administrative use	350 Square Feet	1/19/2006
#12 Child Psych	Child Psychiatry clinic	Office use	220 Square Feet	5/18/2005
#13 Rocket 2	Office modification	Office use	50 Square Feet	4/26/2005
#14 5F	Research swing space	Office use	1,150 Square Feet	4/26/2005

B. Major Institution Leasing Activity to Non-Major Institution Uses

*CHRMC does not currently lease space within the MIO boundary.*

IV. Major Institution Development Activity Outside but within 2,500 Feet of the MIO District Boundary.

*No major institution development activity has been undertaken outside but within 2,500 feet of the MIO District Boundary. Children's purchased the property at 4575 Sand Point Way NE on September 15, 2000. Beginning in 2004, Children's is temporarily occupying approximately half of this property for outpatient clinical services disrupted by construction. Children's is leasing 4,000 square feet of previously vacant space at 4500 Sand Point Way NE (Springbrook)*

V. Progress in Meeting Transportation Management Program (TMP) Goals and Objectives

- A. Provide a general overview of progress made in achieving the goals and objectives contained in the TMP towards the reduction of single-occupant vehicle use by major institution employees, staff and/or students.

*At 62%, Children's has exceeded the 50% non-SUV goals required by the TMP.*

- B. In addition, list each goal and objective and provide a brief narrative statement about the progress made towards compliance. This statement should include information explaining progress made (ranging from compliance, partial-compliance to non-compliance) and strategies used (successful or unsuccessful) in meeting the goal or objective plus, when applicable, what future measures will be pursued to reach compliance.

*Children's TMP Memorandum of Agreement with the City of Seattle is attached. Children's offers most components of the program and has utilized additional approaches and refinements based on experience. Children's has reached the 50% non-SOV goal and currently exceeds the compliance requirement at 62% non-SOV as determined according to the Goal Calculation Methodology on page 6 of the Memorandum of Agreement:*

- *The base number of employees as defined in the goal calculation methodology adjusted for days worked was 1186 FTE's.*
- *The base number of FTE's (1186), minus employees exempted because use of their vehicle is required for the duties of their position, 207 exempts, equals 979. Exempts were determined and updated by a current position by position analysis and include a range of functions including administration, outreach, regional services, and supporting clinical and technical functions which also relate to Children's off-site locations or other organizations in the community. Determinations of exempt positions are re-evaluated annually.*
- *606 FTE's are commuting by non-SOV means, divided by the adjusted base number of all FTE's (979) equals 62% non-SOV participation.*

*Attached is the City of Seattle Transportation Management Plan Annual Report and the Commute Trip Reduction (CTR) survey, which include information about non-SOV commute mode split. The CTR survey was conducted in 2005 and represents a real-time breakdown of commute modes. Twenty-two percent of Children's Hospital campus day-shift staff commute by carpool, 12% by bus, 8% vanpool, 4% bicycle, 4% walk, and 10% use other modes, including: ride motorcycles, telecommute, work compressed work weeks, or had non-work days during the CTR survey, such as vacation, leave of absence, and off-site conferences.*

*Children's alternative commuting program continued to gain momentum in 2005, resulting in fewer SOV commute trips in 2005. This continued success is the result of a long-standing positive culture around commute alternatives, as well as several new program enhancements introduced by Children's in 2005. In addition, Children's commuting program has been recognized locally and nationally for its effectiveness. In 2005, Children's was designated as a Best Workplace for Commuters by the U.S. EPA, and was also recognized as a Commuter Challenge Pacesetter. Children's has received the Commuter Challenge Diamond Award in 2000, 2001, and 2003. In 2002, Children's received the Governor's Commute Smart Award from the Washington State Department of Transportation.*

*In 2005, Children's implemented a new system of parking charges and alternative commute bonuses. This system is designed to encourage staff to drive less in order to move into a lower parking charge category, and use commute alternatives more in order to move into a higher bonus category. In addition, we increased both the parking rate from \$27.20/month to \$50.00/month (a 91% increase), and the alternative commute bonus rates to further strengthen the disincentives and the incentives.*

*In addition, Children's implemented an unlimited Flexpass program in 2005, offering to every employee a free unlimited transit pass to cover 100% of bus, vanpool, and vanshare costs. The Flexpass distribution was coordinated with Children's annual transportation fair. To accommodate the 24-7 nature of our workforce, transportation fair was held from 7:00 am – 11:00 pm over 3 days, including a Saturday. Over 1300*

*employees took advantage of this great employee benefit and powerful transportation tool.*

*To complement the Flexpass roll-out, Commuter Services hosted a series of brown bag presentations, as well as an extended transportation fair. The brown bag presentations oriented staff from various geographical areas on their commuting options, with particular emphasis on orienting staff on how to bus to Children's from their area. Follow-up emails were sent to staff based on their geographic area.*

*Children's vanpool program was also successful in 2005; we formed 10 new vanpools from around the region, including our first evening shift vanpool, our first 4-10's vanpool, and 3 Community Transit vanpools. We attribute this growth to a focused effort on vanpool formation, Children's generous financial incentives, excellent support from Metro Rideshare Operations, the WSRO Free Wheeling promotion, increased gas and parking prices, and the positive precedent established by Children's many long-standing vanpools.*

*In addition to these enhancements, we continue to offer such valuable fundamental commuting support tools as a guaranteed ride home program, use of our on-site Flexcar for mid-day business travel, personalized commuting information for all new hires, lockers and showers for outdoor commuters (bicyclists, walkers, and motorcyclists), covered and secure bicycle parking, and shuttles to minimize interfacility trips. We maintain a comprehensive internal website and actively promote participation via our internal newsletters, email, posters, and promotions.*

*Children's is committed to ongoing enhancements of the commuting program, both building on successes and identifying outstanding needs. Frequency of Metro bus service during the day to Children's has been significantly reduced since 1999. Weekend and evening bus service is very limited and does not support the 24-7 nature of our workforce. At the same time, more Children's employees are depending upon the bus to get to work. While Children's strives for ways to enhance bus service, we continue to improve the quality, availability, and marketing of alternatives such as vanpools, carpools, and biking. Please see the enclosed brochure "Oh The Ways You Can Go . . .".*

#### Comments on Public Benefit Measures

#### Uncompensated Care and Clinical Services

*In 2005, more than 40% of Children's patients were from low-income families and covered by the Medicaid program. Last year, Children's provided \$35.8 million in uncompensated care to our patients with serious health needs and inadequate resources or insurance to cover the cost. Children's is growing to meet the needs of our region and advancements in pediatric care. The 2004 opening of the Janet Sinegal Patient Care Building provides an additional 42 beds, improved services for families,*

*and infrastructure to support technological development in medicine. Demand for outpatient care has also increased, as medical advances allow for more and more pediatric procedures to occur on an outpatient basis. The need for emergency services has, unfortunately, outpaced our region's growth due to poor access to early and preventive care for children and other factors. In this changing environment, we can no longer adequately accommodate outpatient and emergent services in our existing facilities.*

## **Research**

*In addition to quality medical care and teaching, research is a vital component of Children's mission. Pediatric research helps Children's remain a leader in providing state-of-the-art care. Research at Children's has resulted in advances in the treatment of cystic fibrosis, craniofacial conditions, and cancer, as well as innovations in caring for chronically ill and dying children. Immunology and Infectious Diseases, Cancer, and Genetic and Developmental Conditions are the primary foci of Children's research program. Research also continues in almost every specialty throughout Children's.*

*Children's has established the Treuman Katz Center for Pediatric Bioethics, the nation's first center for bioethics solely dedicated to the study of research and healthcare for children. The Center addresses the complex ethical issues that affect patients, families, healthcare institutions, and research involving children, and will promote the highest standards of medical ethics and protections of patient rights in pediatric research and healthcare.*

*Children's is also an advocate for the best interests of children and child health at the local, state, and federal levels.*

## **Attachments:**

Transportation Management program Memorandum of Agreement  
Campus maps as of December 2005  
CTR Annual Report (2006)  
TMP Annual Report (2005)

## **Enclosure:**

"Oh the ways you can go...", brochure



**CHILDREN'S HOSPITAL AND MEDICAL CENTER  
TRANSPORTATION MANAGEMENT PROGRAM  
MEMORANDUM OF AGREEMENT**

**INTENT**

As part of its Major Institution Master Plan, Children's Hospital and Medical Center (CHMC) and the City of Seattle have developed this Transportation Management Program (TMP). CHMC and the City intend for the TMP to reduce impacts to the environment, such as air quality degradation and traffic congestion, resulting from employees commuting to CHMC in single occupancy vehicles (SOV). CHMC will mitigate these impacts by consolidating commute trips into fewer vehicles, thereby reducing the number of automobiles driven on arterials leading to CHMC. Trip consolidation will be accomplished by providing incentives to use High Occupancy Vehicle (HOV) alternatives such as transit, carpooling and vanpooling and non-motorized modes of travel like walking and cycling.

**EFFECT OF THIS AGREEMENT**

This Agreement supersedes all prior memoranda of agreement between the parties, including the agreements of 1982, 1988 and 1992. This Agreement meets the requirements and conditions of the CHMC Master Plan as approved by the Seattle City Council for all development on the CHMC campus. The term of this Agreement shall be for the life of the Master Plan. This Memorandum of Agreement shall apply to the properties and buildings located at 4800 Sand Point Way NE and legally described in Attachment B.

**PARTIES TO THIS AGREEMENT**

The parties to this agreement are Children's Hospital and Medical Center, the Proponent; and the City of Seattle [Seattle Engineering Department (SED) and the Department of Construction and Land use (DCLU)].

**AUTHORITY**

This TMP meets the requirements of condition 4a of CHMC's Master Plan, approved by Ordinance 113894, and it satisfies any requirement for development, submittal and implementation of a TMP pursuant to Seattle's SEPA policies and the Commute Trip Reduction Ordinance. This TMP is also consistent with DCLU Director's Rule 2-94, attached as Attachment A, establishing contents and procedures for Transportation Management Programs. No additional TMP will be

required for any use or development which has been approved in the Master Plan. If the Master Plan is amended to add new uses or development that would independently require the development of a TMP, those uses or development may be subject to the requirement for preparation of a new or supplemental TMP for the use or development.

### **PROGRAM GOAL**

The goal of this program is to reduce the number of employee SOV commuter trips to and from CHMC to fifty percent (50%) of the total applicable number of employee weekday peak period commuter trips, excluding employees whose work requires the use of a private automobile during working hours. This goal shall not be subject to reduction or modification except by agreement of the parties or in the case of amendment of the Master Plan. The City would consider a significant reduction in the provision of Metro Public Transit service to CHMC and the Laurelhurst neighborhood as a potential basis for such a reduction. As provided in Ordinance 117319, approving the CHMC Major Institution Master Plan, the TMP goal applies to full-time day shift employees and part-time day shift employees who commute during the afternoon peak time for travel in the vicinity (1-6 p.m.). The methodology for calculating the goal is set forth in Attachment C.

### **PROGRAM ELEMENTS**

The elements of the CHMC TMP are set forth below and included in Attachment C to this Memorandum of Agreement.

#### **Standard Requirements**

All of the standard Implementation Requirements listed in Director's Rule 2-94 shall apply to this TMP.

#### **Supplemental Implementation Requirements**

Attachment C identifies a number of supplemental actions that CHMC shall use as necessary to achieve the Program Goal. CHMC shall use one or more than one of those actions to supplement the standard requirements, and may choose when and in what manner any of the actions may be employed. CHMC may make substitutions from among the list of supplemental actions without receiving approval from the City, provided that CHMC may not delete any supplemental elements from the list without prior approval from the City.

- Transit Pass Subsidy
- Carpool Incentives

- Vanpool Program Incentives
- Bicycle Program Incentives
- Pedestrian Program Incentives
- Motorcycle Program Incentives
- Drop-off Employees Incentives
- SOV Parking Fee
- SR 520 Transit Shuttle
- Shuttle Transit
- Neighborhood Parking Control
- On-site Parking Enforcement
- Transportation Plan Management
- Employee Information Program
- Institutional Coordination
- Patient Transportation
- Guaranteed Ride Home Program

#### AMENDMENTS AND REVISIONS

Amendments to this Agreement, including insertion or deletion of elements on Attachment C, require the approval of all parties. Changes to the TMP implementation elements actually in use at CHMC, however, do not require an amendment of this Agreement and do not constitute a revision of it. CHMC may add or substitute elements from Attachment C as part of its implementation of the TMP at any time. This Agreement constitutes SED's and DCLU's approval for implementation of any of the program elements in this Agreement, including those set forth in Attachment C.

#### EVALUATION

The evaluation of this TMP shall be in accordance with the evaluation procedures outlined in Director's Rule 2-94. The first evaluation shall take place within one year following execution of this Memorandum of Agreement. The SED Quarterly Report Form supplemented by CHMC annual transportation audit data shall be used as the basis for this evaluation. When evaluating the TMP at CHMC, it is understood that estimated passenger trip goals are based on the actual full-time day-shift employees and part-time day shift employees commuting in the afternoon peak period (1-6 p.m.) for the year in which the evaluation is completed. Adjustments for employees who do not work daily shall be made by averaging the number of part-time and full-time employees over a typical five-day work week, consistent with SED's methodology of calculating SOV goals. In addition, credit will be given toward accomplishment of the overall objective when any one component exceeds its individual objective.

ATTACHMENTS

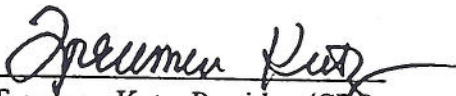
There are four attachments to this Memorandum of Agreement, which are incorporated by reference:

Attachment A: Director's Rule 2-94

Attachment B: Legal Description of properties and buildings known as Children's Hospital and Medical Center

Attachment C: CHMC TMP Supplemental Implementation Elements

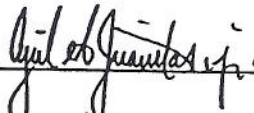
(1) CHILDREN'S HOSPITAL AND MEDICAL CENTER

  
Treuman Katz, President/CEO

Date: May 31, 1996

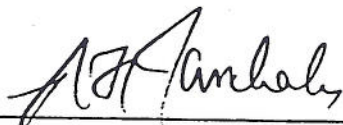
(2) THE CITY OF SEATTLE

(a) SEATTLE ENGINEERING DEPARTMENT

  
Title: Acting Director

Date: 7/19, 1996

(b) DEPARTMENT OF CONSTRUCTION AND LAND USE

  
Title: Director

Date: 7/17/96, 1996

## ATTACHMENT C

### TMP SUPPLEMENTAL IMPLEMENTATION ELEMENTS

The following summarizes the revised TMP elements that are part of the Transportation Management Program that accompanies the Master Plan. These elements are discussed individually to provide clear understanding of the elements but will work together to modify the behavior of employees and users of CHMC. Some of these programs are a part of current practice but are included here so they become a part of the formal program. Elements of the TMP will be implemented and adjusted to correspond to project phasing, to maintain progress towards TMP Program Goals, and to protect the neighborhood from traffic and parking impacts.

#### **Transit Pass Subsidy**

CHMC will pay for 100% of the Metro monthly transit passes for employees. To enhance the effect of this subsidy, CHMC requests that Metro in cooperation with other major institutions in the area and neighborhoods review the local service routes to better serve the area.

#### **Carpool Incentives**

In addition to the programs described in the main body of the TMP, CHMC will offer these carpool incentives:

- To reinforce the principle that carpooling is easy, CHMC will always sign at least 5 spaces more than the peak carpool demand so several carpool spaces always remain empty. All carpool signs would also be marked with the message "Until 1:00 p.m.", the time when most employee carpools would be on-site leaving any vacant spaces available for patients, volunteers, or others arriving late in the afternoon.
- Provide identifying stickers for all carpoolers to visibly identify these employees as participants in the program and to reinforce their contribution to reduce traffic congestion, energy consumption, and air pollution.
- Establish a guaranteed ride home program to insure that people in the carpool program can get home if their job requires them to stay later than the designated departure time for their carpool.
- Provide a carpool subsidy of up to \$30 per carpooler per month if the person carpools 4 or more times per week and up to \$18 per carpooler if the person carpools at least 3 times per week.

#### **Vanpool Program**

In addition to the program described in the TMP, CHMC will enhance the Vanpool Program as follows:

- Provide a vanpool subsidy of up to \$30 per vanpooler per month if the person vanpools 4 or more times per week and up to \$18 per vanpooler if the person vanpools at least 3 times per week.
- Subsidize the cost of vanpool operation 100%.
- Modify the definition of a vanpool to be 6 persons or more to make formation of vanpools easier. The increased cost of operating the vanpools would be absorbed by CHMC since it currently subsidizes 100% of the cost.
- Provide vanpool drivers a \$50.00 per month subsidy to account for the extra time required to pick up and drop off participants and the additional responsibility associated with their role in the vanpool.

#### **Bicycle Program Incentives**

CHMC will offer these incentives for bicycle use:

- Provide covered parking stalls for employees with fenced enclosure for security. CHMC will provide dedicated bicycle parking spaces at a minimum level of 12 outdoor and 32 covered.
- Provide lockers and showers for both men and women.
- Establish a bicycle parking area for up to 10 bicycles in the visitor parking lot.
- Provide a bicyclist subsidy of up to \$30 per bicyclist per month if the person bicycles 4 or more times per week and up to \$18 per bicyclist if the person bicycles at least 3 times per week.

#### **Pedestrian Program**

CHMC will provide these incentives to encourage pedestrian commutes:

- Provide a pedestrian subsidy of up to \$30 per pedestrian per month if the person walks 4 or more times per week and up to \$18 per pedestrian if the person walks at least 3 times per week.
- Provide an umbrella with some logo identification relating to Children's Hospital and Medical Center.

#### **Motorcycle Program**

CHMC will provide these incentives to encourage motorcycle commutes:

- Identify secure, covered, free parking in the garages for cyclists.
- Provide a motorcyclist subsidy of up to \$30 per motorcyclist per month if the person cycles 4 or more times per week and up to \$18 per motorcyclist if the person cycles at least 3 times per week.

### **Drop-off Employees**

CHMC will provide these incentives who are dropped off at CHMC:

- For employees being dropped off by spouse or friends at Children's, provide a subsidy of up to \$30 per employee per month if the person is dropped off 4 or more times per week and up to \$18 per employee if the person is dropped off at least 3 times per week.

### **SOV Parking Fee**

For people parking on campus, charge an SOV parking fee of up to \$30.00 per month or up to \$1.40 per day. The increase over the current practice of \$12.00 per month will be phased to keep pace with development phasing, to maintain progress toward TMP goals and to minimize neighborhood parking and traffic impacts. The non-SOV cash incentive of up to \$30.00 per month for persons using the non-SOV mode 4 or more times a week and up to \$18.00 per month per person using a non-SOV mode 3 times a week will be adjusted over the term of the Master Plan to keep pace with phased construction, to maintain progress toward TMP goals and to minimize neighborhood impacts. The combination of the parking fee and cash incentive is intended to provide up to a \$60.00 differential in cash incentives/fees to encourage non-SOV use.

### **SR 520 Transit Shuttle**

CHMC will work to integrate the concept of an SR-520 to Children's connection into part of a feeder service or modified Metro line haul service.

### **Shuttle Transit**

CHMC will continue to participate in the Health Sciences shuttle connecting the University Medical Center with CHMC and other affiliated hospitals and medical centers.

### **Neighborhood Parking Control**

CHMC security will continue to patrol streets surrounding the CHMC site to identify employees who violate the CHMC TMP, including the prohibition against parking in

surrounding residential neighborhoods. Violation of this prohibition will be cause for progressive disciplinary action. CHMC will coordinate with neighborhood representatives to determine the areas to be patrolled and neighbor car identification.

CHMC shall fund studies for residential parking zones (RPZs) in Parking Impact Areas 1 and 2 as defined below, after occupancy of the first major Master Plan development and upon submittal of requests by the residents in the Parking Impact Areas. If indicated by the study and approved by the neighbors, CHMC shall pay for implementation costs and parking permits, except that CHMC shall be required to pay for only 50% of parking permits in Impact Area 2, provided that where there is an obligation on the part of another major institution to pay part of the costs of the parking permits, CHMC and the other institution will divide the costs equally. The Seattle Engineering guidelines and regulations for RPZs shall apply. Parking Impact Area 1 is defined as that area within eight hundred (800) feet of the boundary of CHMC; if any portion of a block face falls within the 800-foot parking impact boundary, the full-block face shall be included in Parking Impact Area 1. Parking Impact Area 2 is defined as the residential area and streets that extend in any three-block direction from a neighborhood commercial area that is within or adjacent to Parking Impact Area 1.

#### **On-site Parking Enforcement**

CHMC will enforce parking regulations by towing cars in appropriate cases. In addition, parking violations will be reported to the Human Resources Office, will be used for periodic performance appraisals, and will be cause for progressive disciplinary action.

#### **Transportation Plan Management**

The following plan elements are included as part of the management program:

- Full-time building transportation coordinator.
- Establish an additional office for the TMP at a convenient central location in the Hospital.
- Hire a half-time secretary to support the coordinator and other TMP functions.
- Establish a transportation program committee including representatives from Grounds, Security, Marketing and Communications and Community Affairs. These departments will be responsible for implementing and updating the TMP.
- Continue the quarterly report to Seattle Engineering Department.
- Augment these quarterly reports with an annual audit of progress and an informational report to SED detailing the current activities of the CHMC program.

## **Employee Information Program**

In addition to the existing Information Fair and the two Commuter Information Centers, CHMC will include the following:

- Commuter information signs in the garages to provide information to employees interested in forming a carpool or vanpool.
- A commuter club to create a stronger identity of commuters within CHMC identifying them with a special insignia or emblem on their employee badge.
- Employee newsletter articles on aspects of the TMP.
- Transportation information emphasizing SOV alternatives and benefits as part of new employee orientation.
- Consider non-SOV status as a positive qualification for employment when considering the qualifications of new employees.
- Implement and continue the target marketing programs like the "Zip to Lunch" efforts and the employee call-back program to explore alternative transportation programs and to determine methods to remove obstacles that preclude use of non-SOV modes.

## **Institutional Coordination**

Recognizing that CHMC has exercised most traditional techniques and has achieved high levels of non-SOV participation, it appears it is close to reaching the maximum levels of cooperation for an institution with an employment base its size. Accordingly, it appears one of the better opportunities for increasing vanpool and carpool matching lies in cooperation with other major institutions. Further, as major institutions can combine their resources and work together as a unit, it will become more practical for service providers like Metro to consider changes in service. To this end, CHMC intends to work with other major employers in the area including Battelle Northwest, NOAA, the Federal Archives Facility, the future new users of the Sand Point Naval Base, Safeco Insurance, University Village and the university business district, to accomplish the following:

- Facilitate ride-match opportunities through coordination with the Metro Ride-Match Program or establishment of an independent ride-match system.
- Examine implementation of subscription bus or maxi van service where concentrations of employee residences and work schedules coincide.
- Explore opportunities for a local feeder bus service that would interface with line haul transit, the proposed regional transit system, local businesses, etc.

- Work with Metro to modify existing transit routes to better serve major institutions and the residential neighborhoods in the area to provide better direct services as well as transfer interchange with existing main line routes.

### **Patient Transportation**

Recognizing that there is no performance goal for patient and visitor SOV trips, there are certain elements relating to patient and visitor transportation that can be considered and promoted as part of the TMP:

- Provide information regarding public transportation alternatives as part of information distributed to patients in advance of appointments at CHMC.
- As part of patient transportation, alert patients to opportunities for patient transportation that is available via private carriers including private van services.
- Provide round trip bus passes to patients requesting this benefit.
- Shuttle physically challenged and family members between CHMC and Ronald McDonald House.

### **Guaranteed Ride Home Program**

In the event that a TMP program participant cannot return home from CHMC due to job-related requirements, their supervisors can make arrangements for ensuring they are transported home by sharing a ride with another employee, CHMC van or taxi.

### **Goal Calculation Methodology**

CHMC will calculate its compliance with the TMP goal as follows:

- Use the transportation software to provide the base number of employees in the TMP goal calculation using these parameters: (1) hospital payroll employee; (2) primary work site on the CHMC hospital campus; (3) active staff in the categories of actual full-time day-shift employees and part-time day shift employees commuting in the afternoon peak period (1-6 p.m.). Persons who are not employed by CHMC and are not otherwise under the control of CHMC, such as volunteer and standby personnel, will be excluded from the base number.
- Adjust the base number for exempt employees based on an annual survey to determine those employees who require use of their vehicle for work related purposes.
- Adjust the base number for days worked. Annually, the payroll records of one pay period will be analyzed to determine the daily work schedules of staff. Adjustments for employees who do not work daily shall be made by averaging the number of part-

time and full-time employees over a typical five day work week, consistent with SED's methodology for calculating SOV goals.

- Add up the number of payroll employees commuting by non-SOV means, and divide by the adjusted base number of all employees. This quotient represents the non-SOV commuter percentage.
- Compare the non-SOV commuter percentage to the TMP goal.



## CTR Annual Report (Year: 2006)

### Children's Hospital & Regional Medical Center Headquarters E82800

Jurisdiction Reviewed:  
Logged by WSDOT:

#### Section List:

Worksite Description	(Question: 1 - 18)
Employee Information	(Question: 19 - 23)
ETC Information	(Question: 24 - 28)
Program Information and Promotion	(Question: 29 - 41)
Worksite Characteristics	(Question: 42 - 52)
Worksite Parking Information and Parking Management	(Question: 53 - 66)
Financial Incentives and Subsidies	(Question: 67 - 79)
Site Amenities	(Question: 80 - 85)
Work Schedules and Schedule Changes	(Question: 86 - 92)
Other Programs	(Question: 93 - 95)
Other CTR Activities or Program Elements Report Prep	(Question: 96 - 102)
Employer Commitment	(Question: 103 - 108)

#### Worksite Description

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Date Submitted:

1 Worksite CTR ID:	E82800
2 Organization Name:	Children's Hospital & Regional Medical Center
3 Worksite/Branch:	Headquarters
4 Worksite Physical Address:	4800 Sand Point Way NE
5 City:	Seattle
6 State:	WA
7 Zip:	98105-0371
8 ETC name:	Stephanie Innis Frans
9 ETC title:	Commuter Services Coordinator
10 ETC phone:	206-987-1297
11 ETC mailing address:	PO Box 5371 M1-2
12 Email address:	stephanie.innis@seattlechildrens.org
13 Fax:	206-987-5061
14 Program manager name:	Pat Hagan
15 Title:	COO
16 Phone:	206-987-2003
17 Program manager address:	PO Box 5371 T-0111
18 E-mail address:	pat.hagan@seattlechildrens.org

## Employee Information

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- 19 Total number of employees: 2523  
20 Total number of CTR-affected employees: 1204  
21 Is your CTR program offered to all employees? Yes  
22 Is your CTR program subject to collective bargaining? No  
23 Does this worksite have multiple shifts? Yes  
If yes, describe: Multiple shifts, 24 hours a day.

### Required Element:

State law requires your organization to appoint an employee transportation coordinator (ETC), prominently post the ETC's name, location and phone number for your employees, distribute information at least once a year to employees regarding alternatives to single-occupant-vehicle commuting, and implement a set of measure designed to achieve Commute Trip Reduction goals. Some local ordinances may have additional requirements.

## ETC Information

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- 24 Is the ETC's name, location and telephone number prominently displayed at this worksite? Yes

### Where?

The ETC information is listed in the staff directory, on an extensive intranet webpage, the building transportation board, and the Commuter Services brochure. The ETC attends staff meetings, participates in new hire orientation, and is onsite for personalized assistance.

- 25 Has the ETC completed a program developer/ETC training course? Yes  
26 What month and year did this person begin serving as an ETC?  
Month: 11 Year: 2002  
27 On average, how many hours per week does the ETC spend on CTR activities? 40 Hours  
28 Does the ETC have an active worksite committee to assist with the CTR program? No

## Program Information and Promotion

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### Do you do this?

- 29 Distribute a summary of your worksite's CTR program to employees? Yes  
30 Provide information about the worksite CTR program during new employee orientations or in hiring packets? Yes  
31 Provide information via a commuter information center? Yes  
32 Post CTR promotional materials for employees? Yes  
33 Give CTR presentations to managers? Yes

- 34 Give CTR presentations to employees, excluding new hire orientations? Yes
- 35 Conduct transportation events/fairs and/or participate in county/state CTR promotions/campaigns? Yes
- 36 Send electronic mail messages about the CTR program? Yes
- 37 Publish CTR articles in employee newsletters? Yes
- 38 Distribute CTR information with employee paychecks? No
- 39 Conduct an employee ridematch campaign? Yes
- 40 Publish and update an employee CTR website? Yes
- 41 What changes to program information and/or promotions, if any, are anticipated in the next 12 months?**

Children's was awarded a WSDOT performance grant to implement CTR promotions among staff of diverse language backgrounds, geographic communities, and work shifts. We plan ongoing enhancements to our growing intranet site, with internal as well as external CTR tools.

### **Worksite Characteristics**

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- 42 What is the primary business at this worksite? health care
- 43 Is this employer a government or non-profit organization? Yes

Are any of the following facilities located on site or within 3 blocks of this worksite and accessible to employees?

	<b>On Site?</b>	<b>Within 3 Blocks?</b>
44 Bus stop(s)?	Yes	Yes
45 Ferry terminal?	No	No
46 Bike trail or lane?	No	Yes
47 Sidewalks or pedestrian trails?	Yes	Yes
48 Train (Rail) station?	No	No
49 Shopping?	Yes	Yes
50 Restaurants/Cafeteria?	Yes	Yes
51 Child care?	No	No
52 Cash machine/bank?	Yes	Yes

### **Worksite Parking Information and Parking Management**

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Parking costs include items such as leasing costs, security, maintenance and signage.

	<b>On site</b>	<b>Off site</b>
53 How many total parking spaces does this worksite have for employee use that are controlled by the employer?	756	625 *
54 How many of the total parking spaces identified above are leased?	0	625 *

55 How many of the total parking spaces identified above are reserved for HOV (carpool/vanpool) parking?	137	0
	<b>On site</b>	<b>Off site</b>
56 If you charge for parking, how much do your employees pay on average, per month for an employer owned parking space?	\$50.00	\$50.00
57 If you charge for parking, how much do your employees pay on average, per month for an employer leased parking space?	\$0.00	\$50.00
58 How much does your organization pay per month per leased parking space (estimated)?	\$0.00	\$8.30
59 Are spaces, other than those provided by the employer, available within 3 blocks of the worksite?	No	
60 If you charge for parking, do any of the proceeds from your parking charges go to your CTR program?	Yes	

**How Much Do You Charge Employees For:**

61 Reserved or priority parking for carpools?	\$0.00
62 Reserved or priority parking spaces for vanpools?	\$0.00
63 Parking charge for single occupant vehicles?	\$50.00

**Eliminated In the Past 12 Months**

64 How many SOV spaces were eliminated?	0
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**\* 65 Briefly explain how you manage and monitor your worksite parking program below or attach additional sheets if necessary.**

On-site employee parking is accessed via prox cards. HOV parking is designated via signage. Children's leases 625 off site parking spaces including 375 at Warren G. Magnuson Park to accommodate displaced employee, student and construction worker parking related to current construction at the Hospital. Of the spaces leased, Children's uses about 441 on an average basis for staff based at the Hospital.

**66 What changes to parking information and management, if any, are anticipated in the next 12 months:**

Children's will continue to monitor the effectiveness of our new parking rate system throughout 2006. Some staff parking will be converted to visitor parking with the opening of our new Ambulatory Care Building in 2006, which will require some SOV parking relocated off-site. We will increase the number of on-site carpool spaces in all employee lots to increase the visibility and attractiveness of carpooling.

## Financial Incentives and Subsidies

Identify the monthly subsidies the employer pays per participating employee.

	Do you offer?	Average monthly subsidy paid per employee
67 Transit(bus)subsidy	Yes	\$111.00
68 Ferry subsidy	Yes	\$145.70
69 Vanpool subsidy	Yes	\$111.00
70 Carpool subsidy/incentive	Yes	\$50.00
71 Walking subsidy/incentive	Yes	\$50.00
72 Bicycling subsidy/incentive	Yes	\$50.00
73 Train(Rail)subsidy	Yes	\$111.00
74 Flexpass/Other contracted pass program	Yes	\$111.00
75 Other transportation allowances/stipend	Yes	\$50.00
76 Opportunity for CTR participants to receive cash or prizes, paid leave, other incentives	Yes	

### Explain:

Drawings are held during all CTP promotion events. Along with our Flexpass distribution, we offered \$5 Tully's cards to all staff who documented 5 bus trips as a way to encourage staff to get a FlexPass then use it to try out the bus. On-site bike tune-ups are offered.

	Yes / No
77 Has this employer received a tax credit or grant for ridesharing subsidies?	Yes
78 Do you allow employees to set aside a portion of their pre-tax income for the purpose of purchasing a transit or vanpool pass?	No

### 79 What changes to incentives and subsidy programs, if any, are anticipated in the next 12 months:

To continue building on increased incentives implemented in 2005, Children's is studying further outreach and enhancements in our incentives for bus riders. While bus ridership grew in 2005 from 10% to 12% of our commute mode split, we recognize that continued growth in bus ridership may require additional education and incentives.

## Site Amenities

	Do you offer?
80 Covered spaces, cages, racks, or lockers for bicycles	Yes
81 Uncovered spaces or racks for bicycles	Yes
82 Clothes lockers	Yes
83 Showers	Yes
84 On-site loading/unloading zones or shelters for non-SOVs	Yes
85 What changes in site amenities, if any, are anticipated in the next 12 months: Children's new Ambulatory Care Building features a suite of on-site commute amenities. Bicyclists will have access to a new bike cage that accommodates an additional 100 bicycles. New locker rooms will more than double the number of lockers available to "outdoor" commuters (bicyclists, walkers, joggers, and motorcyclists). An adjacent employee exercise room will allow staff to work out before, after, or during their work day.	

## Work Schedules and Schedule Changes

### Compressed Work Week

86 Does your organization offer compressed work week schedules used to support your CTR program?

Schedule(days/hours)	Yes / No
3/36	Yes
4/40	Yes
9/80	Yes
other	No
If other, please explain:	n/a

### Flex Time and Telework

87 Does your organization offer flex time(allow employees to vary their start and end times)?

Yes / No

Yes

88 Does your organization allow employees to eliminate a commute trip by working at home, a telework center, or satellite office?

Yes

### Schedule Changes

89 Has your organization modified work schedules to that some or all employees who formerly arrived at work between 6 and 9 a.m. are now scheduled to begin work outside the 6 to 9 a.m. peak commute window?

No

If yes, when did the shift change(s) occur?

n/a

If yes, how many employees' schedules were changed?

n/a

90 Was the shift change identified as an element of the worksite's approved CTR program for a previous year?

No

If yes, in what year(s) was this a CTR program element?

n/a

91 Did the shift change occur because of impacts directly associated with the Growth Management Act of 1990? No  
If yes, please explain: n/a

92 Do you plan to modify some or all employees work schedules within the next 12 months? No

**If yes, please explain:**

Children's Commuter Services has encountered ridematching difficulties for staff in departments whose work schedules do not align with other major hospital shifts. We will continue to work with managers to review scheduling where possible to enhance ridematching opportunities.

### **Other Programs**

#### **Fleet Vehicles**

93 Does your organization offer employer provided vehicles for any of these purposes? Yes / No

(a) Guaranteed/emergency ride home	No
(b) Vanpooling	No
(c) Carpooling	No
(d) Work-related business trips	Yes
(e) Non-work-related errands	No

#### **Other Services Available at the Worksite**

94 Are the following services available at your worksites? Yes / No

(a) Employer-provided shuttle or custom bus or van	Yes
(b) Guaranteed/emergency ride home program	Yes
(c) Employer-provided bicycles	Yes
(d) Internal ridematch service	Yes
(e) Flexcar or other shared car program	Yes

95 What changes to programs listed above, if any, are anticipated in the next 12 months:

To encourage CTR participation, Children's will continue to promote the use of our many mid-day transportation options, including Flexcar, shuttle services, and loaner bikes. We will also explore ways to leverage our existing shuttle service to complement bus service.

### **Other CTR Activities or Program Elements**

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**If your organization conducts or plans to conduct other CTR activities that are not covered in this report, please describe these activities below:**

Children's CTR program continued to gain momentum in 2005, resulting in a significant decrease in drive-alone trips. The success of this effort is the result of a contagious positive culture around commute alternatives as well as several new program elements introduced in 2005. Children's implemented a new system of parking charges and commute bonuses, nearly doubling the rates of each. We implemented a FlexPass program, covering 100% of bus, Sounder train, vanpool, and vanshare costs. WE offered brown bag presentations to orient staff on commuting options from various geographical area, with particular emphasis on busing. We formed 10 new vanpool in 2005, including our first evening shift vanpool, first 4-10's vanpool, and 3 Community Transit vanpools. Children's will carry this momentum forward into 2006, seeking out and implementing additional enhancements to our CTR program. We are committing to becoming the best children's hospital in the nation, and the best CTR program in the state.

### **Report Preparation**

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96 Identify the individual(s) responsible for completing this Employer Annual Report & Program Description Employee Transportation Coordinator

If other, please provide the following information:

97 name:	Stephanie Innis
98 title:	Commuter Services Coordinator
99 organization:	Children's Hospital & Regional Medical Center
100 telephone:	206-987-1297
101 fax:	206-987-5061
102 e-mail address:	Stephanie.Innis@seattlechildrens.org

## Employer Commitment

I understand that our worksite is required by the city and/or county in which we are located to submit an Employer Annual Report and Program Description and to implement the program it describes. These actions comply with Washington State's Commute Trip Reduction (CTR) Law.

I am aware that the goal of this program is to reduce our employees' drive-alone travel to this worksite. I am also aware that our worksite is required to make a good faith effort to achieve the single occupant vehicle (SOV) and vehicle miles traveled (VMT) reduction goals. The CTR Law defines a good faith effort as one that includes meeting the minimum requirements outlined in the law and local ordinance, working collaboratively with the jurisdiction CTR representative, and continuing an existing CTR program or making program modifications likely to result in improvements over an agreed upon length of time.

I have reviewed the referenced document and I commit to the implementation of all the elements listed and submitted for your approval. I will ensure that the jurisdiction is notified if information in the document changes.

  
103 signature of CEO or highest ranking official at the worksite

  
104 date

105 name (please print): Pat Hagan

106 title: COO

107 mailing address of person who signed this form:  
4800 Sand Point Way NE, T-0111, Seattle, WA 98105

108 phone: 206-987-2003

109 fax: 206-987-3830

110 email: pat.hagan@seattlechildrens.org



TMP File Number:

For Office Use Only

**CITY OF SEATTLE**  
**TRANSPORTATION MANAGEMENT PLAN (TMP)**  
**ANNUAL REPORT for the period 2005**

**WORKSITE DESCRIPTION**

Children's Hospital & Regional Medical Center

1. Building/campus name

4800 Sand Point Way NE Seattle, WA 98105-0371

2. Building/campus address/zip

Children's Hospital & Regional Medical Center

3. Owner/developer/property manager

4800 Sand Point Way NE Seattle, WA

4. Official contact address/zip (if different than site)

5. Official phone number:

206-987-2000

6. Official fax number:

7. What is the primary business  
at this worksite?

- ☐ agriculture, forestry,  
fishing, mining
- ☐ finance, insurance, real  
estate
- ☐ construction
- ☒ health care

- ☐ educational institution
- ☐ information  
services/software
- ☐ transportation
- ☐ retail/trade
- ☐ manufacturing

- ☐ services
- ☐ public utilities
- ☐ government
- ☐ other

8. Building Transportation Coordinator (BTC) name

Stephanie Innis Frans

9. BTC address/zip (if different than site)

same

10. BTC phone number:

206-987-1297

11. BTC fax number:

206-987-5061

12. BTC e-mail address:

Stephanie.Innis@seattlechildrens.org

<b>PARKING INFORMATION</b>		
	On-Site	Remote or Satellite
13. Average number of monthly Single Occupant Vehicle permits issued:	0 <sup>1</sup>	0
14. Total parking stalls provided:	1473	625 <sup>2</sup>
15. Numbers of carpool stalls provided:	115	0
16. Numbers of vanpool stalls provided:	23	0
17. Numbers of visitor (short-term) parking stalls provided:	717	0
18. Numbers of disabled parking stalls provided:	65	0
19. Average # of carpool permits issued each month:	0 <sup>1</sup>	0 <sup>1</sup>
20. Average # of carpool participants each month who work in your building/campus:	547	0
21. Average # of vanpool participants each month who work in your building/campus:	124	0
22. Average # of vanpool permits issued each month:	0 <sup>1</sup>	n/a
23. Lowest monthly parking rate charged to any tenant:	\$ 0.00 (if 100% non-SOV)	
24. Monthly Single-Occupant Vehicle Rate:	\$ 50.00	
25. Monthly Carpool Rate:	\$ pro-rated <sup>3,4</sup>	
26. Monthly Vanpool Rate:	\$ pro-rated <sup>3,5</sup>	
27. Other Relevant Parking Rates:	n/a	

- 1 We do not issue monthly parking permits; on-site employee parking is accessed via prox card ID badges. HOV parking within these parking areas is designated via signage. Parking is monitored by a parking manager and security staff.
- 2 Children's leases 625 off-site parking spaces including 375 at Warren G. Magnuson Park to accommodate temporarily displaced employees and construction worker parking related to current construction activities at the Hospital. Of the spaces leased, we use about 441 on an average basis.
- 3 Parking charges are based on shift and the number of days that an individual drives alone. Parking charges are collected via payroll deduction. In order to further discourage staff from driving alone, Children's implemented significant changes in the structure and rates for parking charges in 2005. A schedule of Children's current transportation rates is attached.
- 4 Carpoolers receive free parking for carpool days, plus a commuter bonus cash incentive for carpooling. The commute bonus rates are listed along with the parking rates on the attached schedule.
- 5 Vanpool participants receive free parking on vanpool days, but do not receive an additional commute bonus as Children's already provides a 100% vanpool subsidy.

<b>SITE CHARACTERISTICS AND AMENITIES</b>	
664,825	0 %
28. Gross square footage	29. % of building/campus leased
none	2387 <sup>6</sup>
30. # tenant companies	31. total # site occupants/ employees

32. If site is a school : n/a

33 If eligible, how many employees are TMP exempt? 207 <sup>7</sup>

<sup>6</sup> This reflects the number of Children's-paid employees.

<sup>7</sup> Determinations of exempt positions are re-evaluated annually.

33. Showers for bicyclists on-site: yes 35. Clothes lockers on-site: yes

36. Bike rack on-site: yes If yes, how many bikes can be accommodated? 200

Location of bike racks: **There are covered, secure bike cages in the staff parking garages and open bike racks for visitors near most major entrances. Children's converted parking to a new secured bike cage in 2004 to add 80 additional bicycle parking spaces.**

#### **BUILDING OR CAMPUS'S COMMUTE MODE SPLIT SURVEY INFORMATION<sup>1</sup>**

37. SOV: 38 %	38. Carpool: 22 %	39. Bus: 12 %
40. Vanpool: 8 %	41. Bicycle: 4 %	42. Walk: 4 %
43. Others: 10 %	44. Unknown: 0 %	

**"Other" commute modes include telecommuting, motorcycling, compressed work weeks, and non-work days (due to vacation, leave of absence, and off-site conferences).**

<sup>1</sup> As requested, we used data from our 2004 CTR survey to report mode splits for alternative commutes. Mode splits based on our TMP data tracking were equivalent. The SOV rate reported is the TMP SOV rate.

#### **PROGRAM ELEMENTS/ACTIVITIES**

##### **Building Transportation Coordinator:**

*Required Element: The city TMP requires your organization to appoint a Building Transportation Coordinator (BTC).*

45. Where is name/phone of BTC displayed? **Full contact information is available on the Commuter Services webpage, on the transportation board, via online and telephone directories, and in all new-hire packets.**

##### **Promotions/Marketing:**

*Required Element: The TMP requires distribution of information to promote HOV commuting. Attach a printed piece from each activity below that was implemented:*

46. Do you provide HOV commute information to tenants? yes

47. If yes, what types of commute information and how often are they distributed?

**To serve a diverse staff with varying shifts, Children's provides commute information via several media. Routine information is available via an extensive program brochure (attached), a centrally-located transportation center, an extensive Commuter Services webpage, staff meeting presentations, new hire orientation, and office hours including appointments for night shift staff. Periodic promotions and updates are distributed via Children's weekly InHouse newsletter**

(electronically and in print), central email broadcasts, participation in administrative committees, and an annual transportation fair.

<sup>1</sup> Use data from your building's most recent commuter survey results. The sum of all commute modes should equal 100%.

48. Last transportation fair held: **July 15, 16, and 18, 2005 (7:00 am – 11:00 pm)**

**TMP Program Elements:**

*Your TMP requires your site to implement measures designed to reduce SOV commuting, some of which may be listed below. Please refer to your TMP for specific requirements. Note all elements that have been implemented and offered to site occupants (please also include any that are in addition to those required) below:*

49. Guaranteed Ride Home Program: **yes**

50. Transit Fare Subsidy: **100% subsidy on all bus, rail, ferry, and vanpool fares via FlexPass**

Monthly subsidy amount: **100%**

Average # of transit subsidies provided each month:

**Over 1200 FlexPasses have been distributed to Children's employees at this worksite. Further, Children's provides monthly bus passes to over 100 non-payroll employees such as temps and contractors.**

51. Other Incentives (please describe; attach an additional sheet if necessary):

**Children's regular incentives include a commute bonus for the following commute modes: bicycling, walking, telecommuting, motorcycling, and carpooling. In addition, bicyclists receive an annual subsidized on-site bike tune-up. Carpools receive free parking in addition to their hourly bonus, and vanpool riders receive free covered on-site parking and a fully subsidized vanpool fare. In addition, vanpool drivers receive a quarterly bonus of \$250. Children's is proud of its diverse alternative commute program as well as its generous incentive program.**

**Comments:**

**Children's alternative commuting program continued to gain momentum in 2005, resulting in a continued decrease in the number of SOV commute trips in 2005. The success of this effort is the result of a contagious positive culture around commute alternatives as well as several new program elements introduced by Children's in 2005.**

**In 2005, Children's implemented a new system of parking charges and alternative commute bonuses. This system is designed to encourage staff to drive less in order to move into a lower parking charge category, and use commute alternatives more in order to move into a higher bonus category. In addition, we increased both the parking rate and the alternative commute bonus rates to further strengthen the disincentives and the incentives.**

**In addition, Children's implemented an unlimited Flexpass program in 2005, providing all employees a free unlimited transit pass to cover 100% of bus, vanpool, and vanshare costs. The Flexpass distribution was coordinated with Children's annual transportation fair. To accommodate the 24-7 nature of our workforce, the 2005 transportation fair was held from 7:00 am – 11:00 pm over 3 days, including a Saturday. Over 1200 employees took advantage of this great employee benefit and powerful transportation tool.**

To complement the Flexpass roll-out, Commuter Services hosted a series of brown bag presentations as well as an extended transportation fair. The brown bag presentations oriented staff from various geographical areas on their commuting options, with particular emphasis on orienting staff on how to bus to Children's from their area. Follow-up emails were sent to staff based on their geographic area. An example presentation and follow up email are attached.

Children's vanpool program also shone in 2005; we formed 10 new vanpools from around the region, including our first evening shift vanpool, our first 4-10's vanpool, and 3 Community Transit vanpools. We attribute this growth to a focused effort on vanpool formation, Children's generous financial incentives, excellent support from Metro Rideshare Operations, the WSRO Free Wheeling promotion, increased gas and parking prices, and the positive precedent established by Children's many long-standing vanpools.

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### COMMITMENT STATEMENT

I am the Building Transportation Coordinator and certify that the information provided is true.

Stephanie Innis-Frans

Building Transportation Coordinator Name (please print)

Stephanie Innis-Frans

Building Transportation Coordinator signature

5-10-06

Date

**Mail your completed report to the address below. You may fax your report in order to meet your deadline. However, you must follow up by mailing the original.**

Fidel Alvarez  
Seattle Department of Transportation  
700 5<sup>th</sup> Avenue, Suite 3900  
Seattle, WA 98104  
Fax: 470-6937  
Phone: 684-7576

