

Child Care Needs Assessment

Child Care Operator Survey

Developed by SPARC BC in collaboration with Sandra Menzer, Barry Forer and John Foster.

An example of tools that have been used in child care needs assessments projects in B.C.

The [insert name(s) of local government(s)] is working to develop a Child Care Strategy and Action Plan.

As part of this work, we are asking child care operators to share their experiences and knowledge about the needs of families in the community.

The survey is to be completed by the **Director, Manager, or Owner of child care facilities located in the _____**. Ideally, only one person from each child care facility should respond.

The survey includes questions about your child care facility, program, staffing, and early childhood development support capacity.

This survey takes approximately 20 minutes to complete. The survey is entirely voluntary. Please skip any questions you are unable to answer or do not want to answer. Your responses will be summarized along with those of others; therefore, your personal anonymity will be maintained.

Personal information you provide is collected pursuant to the Community Charter, and will only be used for the purposes of this Child Care Needs Assessment. Your personal information will not be released except in accordance with the Freedom of Information and Protection of Privacy Act. Questions about the collection of your personal information may be referred to [privacy contact person].

***Do you agree to participate in this survey?**

- Yes: Continue to the next question
- No: Thank you for your time (questionnaire closed)

Facility #1 Information

The following questions pertain to the main (or only) child care facility where you are the Director, Manager, or Owner. Note that this facility may be licensed for multiple child care programs.

If you are the Director, Manager, or Owner of more than one child care facility, you will have the opportunity to provide information on one additional facility later in the survey.

1. Where is the child care facility you operate located? (Drop down menu)

<input type="checkbox"/> Community 1	<input type="checkbox"/> Community 2	<input type="checkbox"/> Community 3
<input type="checkbox"/> Community 4	<input type="checkbox"/> Community 5	<input type="checkbox"/> Other (please specify): _____

2. What are the first three digits of the postal code for this facility? (e.g. V2A)

3. Which of the following day-to-day roles or responsibilities do you have at this facility? Check all that apply.

<input type="checkbox"/> Owner	<input type="checkbox"/> Manager/Administrator (e.g., hiring, payroll, billing)
<input type="checkbox"/> Supervising other staff	<input type="checkbox"/> Working directly with children
<input type="checkbox"/> Bookkeeping, cooking, or janitorial responsibilities	<input type="checkbox"/> Other (please specify): _____

If none of the first three checked (i.e. Owner, Manager, or Supervisor), end the survey with the message that the survey is intended for a person who is responsible for running the facility.

4. Please indicate the types of child care programs that are offered at this facility. Check all that apply.

<input type="checkbox"/> Group Care Under 36 Months
<input type="checkbox"/> Group Care 30 Months to School Age
<input type="checkbox"/> Preschool
<input type="checkbox"/> School Age Care
<input type="checkbox"/> Multi-Age Care
<input type="checkbox"/> Occasional Care
<input type="checkbox"/> Licensed Family Child Care
<input type="checkbox"/> Registered License-Not-Required Family Child Care
<input type="checkbox"/> Other (please describe): _____

5. What type of building best describes where your child care facility is located?

<input type="checkbox"/> Purpose-Built Child Care Facility
<input type="checkbox"/> Community Centre, Recreation Centre, Library, or other public building
<input type="checkbox"/> Indigenous government owned-facility
<input type="checkbox"/> My house or townhouse
<input type="checkbox"/> My apartment or condominium
<input type="checkbox"/> Other space in a residential building
<input type="checkbox"/> Religious Institution Building (church, mosque, synagogue, temple, etc.)
<input type="checkbox"/> School Building or Property
<input type="checkbox"/> Shopping Mall
<input type="checkbox"/> Office Building
<input type="checkbox"/> Other (please describe): _____

6. **Do you own or rent/lease your facility space and/or your land, or is it provided for free (or almost free)? Please select all that apply.**

<input type="checkbox"/> Own Building/Space
<input type="checkbox"/> Own Land
<input type="checkbox"/> Rent/Lease Building/Space
<input type="checkbox"/> Rent/Lease Land
<input type="checkbox"/> Land Provided for free or almost free
<input type="checkbox"/> Building Provided for free or almost free

7. **What challenges do you face concerning your child care building? (Please select all that apply and include a brief description of the issues).**

<input type="checkbox"/> Physical location (e.g., Difficulty accessing parks, accessibility for parents, parking, safety, shared spaces)
<input type="checkbox"/> Size or design of program space (e.g., room layout and size not appropriate, access to outdoor play space is difficult, opportunities for privacy are limited, accessibility barriers exist)
<input type="checkbox"/> Noise level (e.g., Excessive noise from traffic, machines, or people)
<input type="checkbox"/> Temperature and ventilation
<input type="checkbox"/> None of the above
<input type="checkbox"/> Other (please describe): _____

8. *[Shown only if an option other than 'None of the above' is selected]* **Please briefly provide details about the challenges you have checked above.**

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9. How long has your program been operating at its current location?

<input type="checkbox"/> Less Than 1 Year → <i>Move to question 10</i>
<input type="checkbox"/> 1 – 2 years → <i>Move to question 12</i>
<input type="checkbox"/> 3 - 5 Years → <i>Move to question 12</i>
<input type="checkbox"/> 6 - 10 Years → <i>Move to question 12</i>
<input type="checkbox"/> 11 or more years → <i>Move to question 12</i>

10. Were there any challenges in opening this child care facility?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Don't know

11. Please describe the challenges faced opening this child care facility.

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**12. [Shown only if response to 6 is not "None of the above" OR if question 10 response is "Yes"]
What actions would help address the space-related challenges you have experienced?**

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13. Please complete the following table with information about relocation, expansion, and renovation plans for this child care facility.

	Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely	Not sure
a. Do you see a need to relocate your child care program within the next two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have any plans to expand your current facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have any plans to renovate your building or space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you want to open another child care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. [Shown only if any of the responses above are “very likely” or “somewhat likely”] Please describe your plans to relocate, expand, renovate, or open another facility.

15. Which days of the week does your facility normally operate? Check all that apply.

<input type="checkbox"/> Monday
<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday
<input type="checkbox"/> Saturday
<input type="checkbox"/> Sunday

16. Does this facility have the same opening and closing times each day?

<input type="checkbox"/> Yes
<input type="checkbox"/> No → <i>Move to question 17</i>

17. [Shown only if question 3 answers included Group Care Under 36 Months, Group Care 30 Months to School Age, Multi-Age Care, Licensed Family Child Care, or Registered License-Not-Required Family Child Care] What are the opening and closing times of your full-day program? [Drop down menus]

Opening Time: _____
Closing Time: _____

18. [Shown only if question 3 answers included Preschool] What are the opening and closing times of the preschool sessions?

Morning Session Opening Time: _____
Morning Session Closing Time: _____
Afternoon Session Opening Time: _____
Afternoon Session Closing Time: _____

19. [Shown only if question 3 answers included Group School Age Care] What are the opening and closing times of the school age care sessions?

Morning Session Opening Time: _____
Morning Session Closing Time: _____
Afternoon Session Opening Time: _____
Afternoon Session Closing Time: _____

20. [Shown only if answer to question 13 is "No" – i.e. opening and closing not the same each day] Please describe the opening and closing times of your programs.

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21. Is your child care facility closed during any of the following time periods? Check all that apply.

<input type="checkbox"/> School Spring Break
<input type="checkbox"/> Summer
<input type="checkbox"/> School Winter Break
<input type="checkbox"/> School professional development days
<input type="checkbox"/> Statutory holidays
<input type="checkbox"/> None of the above
<input type="checkbox"/> Other (please specify): _____

We would like to better understand enrollment at your facility and how it may have been impacted by COVID-19.

22. [Shown only if response to question 3 included Group Care Under 36 Months program] For your Group Care Under 36 Months program, please indicate licensed capacity and number of full-time, part-time, and drop-in children enrolled during the past week and in February. [Drop down menus]

	Maximum Licensed Capacity (Number of Spaces)	Number of Full-Time Children Enrolled	Number of Part-Time Children Enrolled	Number of Drop-In Children Enrolled
This past week				
In February 2020				

23. [Shown only if response to question 3 included Group Care 30 Months to School Age program] For your Group Care 30 Months to School Age program, please indicate licensed capacity and number of full-time, part-time, and drop-in children enrolled during the past week and in February. [Drop down menus]

	Maximum Licensed Capacity (Number of Spaces)	Number of Full-Time Children Enrolled	Number of Part-Time Children Enrolled	Number of Drop-In Children Enrolled
This past week				
In February 2020				

24. [Shown only if response to question 3 included *Preschool program*] For your *Preschool program*, please indicate licensed capacity and number of full-time, part-time, and drop-in children enrolled during the past week and in February. [Drop down menus]

	Maximum Licensed Capacity (Number of Spaces)	Number of Full-Time Children Enrolled	Number of Part-Time Children Enrolled	Number of Drop-In Children Enrolled
This past week				
In February 2020				

25. [Shown only if response to question 3 included *School Age Care program*] For your *School Age Care program*, please indicate licensed capacity and number of full-time, part-time, and drop-in children enrolled during the past week and in February. [Drop down menus]

	Maximum Licensed Capacity (Number of Spaces)	Number of Full-Time Children Enrolled	Number of Part-Time Children Enrolled	Number of Drop-In Children Enrolled
This past week				
In February 2020				

26. [Shown only if response to question 3 included *Multi-Age Care program*] For your *Multi-Age Care program*, please indicate licensed capacity and number of full-time, part-time, and drop-in children enrolled during the past week and in February. [Drop down menus]

	Maximum Licensed Capacity (Number of Spaces)	Number of Full-Time Children Enrolled	Number of Part-Time Children Enrolled	Number of Drop-In Children Enrolled
This past week				
In February 2020				

27. [Shown only if response to question 3 included Occasional Care program] For your Occasional Care program, please indicate licensed capacity and number of full-time, part-time, and drop-in children enrolled during the past week and in February. [Drop down menus]

	Maximum Licensed Capacity (Number of Spaces)	Number of Full-Time Children Enrolled	Number of Part-Time Children Enrolled	Number of Drop-In Children Enrolled
This past week				
In February 2020				

28. [Shown only if response to question 3 included Licensed Family Child Care program] For your Licensed Family Child Care program, please indicate licensed capacity and number of full-time, part-time, and drop-in children enrolled during the past week and in February. [Drop down menus]

	Maximum Licensed Capacity (Number of Spaces)	Number of Full-Time Children Enrolled	Number of Part-Time Children Enrolled	Number of Drop-In Children Enrolled
This past week				
In February 2020				

29. [Shown only if response to question 3 included Registered License-Not-Required program] For your Registered License-Not-Required program, please indicate licensed capacity and number of full-time, part-time, and drop-in children enrolled during the past week and in February. [Drop down menus]

	Maximum Licensed Capacity (Number of Spaces)	Number of Full-Time Children Enrolled	Number of Part-Time Children Enrolled	Number of Drop-In Children Enrolled
This past week				
In February 2020				

30. Has your facility opted into the Provincial Child Care Fee Reduction Initiative (CCFRI)?

<input type="checkbox"/> Yes → <i>Move to question 32</i>
<input type="checkbox"/> No → <i>Move to question 31</i>
<input type="checkbox"/> Don't know → <i>Move to question 32</i>

31. Please explain any reasons your facility has not opted into the Provincial Child Care Fee Reduction Initiative (CCFRI):

32. Are any of your spaces dedicated for part-time or drop-in care?

<input type="checkbox"/> Yes → <i>Move to question 33</i>
<input type="checkbox"/> No → <i>Move to question 34</i>

33. How many of your spaces are dedicated for part-time and drop-in care? [Drop-down Menu]

Spaces dedicated to part-time care: _____
Spaces dedicated to drop-in care: _____

34. How many of your enrolled children are from each of the following groups? The same child may be included in multiple categories. Please provide an estimate if you're not sure of the precise number. [Drop down menus]

Population Group	# of Children
Children in families who have immigrated to Canada in the past five years	
Children who are Indigenous	
Children who live in lone parent families	
Children who live in low-income households	
Children who are receiving subsidy (Affordable Child Care Benefit)	
Children who primarily speak a language other than English	
Children with extra support needs	

35. Do you have a waitlist at your child care facility?

<input type="checkbox"/> Yes, currently accepting new applications → Move to question 36
<input type="checkbox"/> Yes, but not currently accepting new applications → Move to question 36
<input type="checkbox"/> No → Move to question 39
<input type="checkbox"/> Don't know → Move to question 39

36. How many children are currently on your waitlist?

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37. How long is the average wait time before a space is offered?

<input type="checkbox"/> 0 – 3 months
<input type="checkbox"/> 4 – 6 months
<input type="checkbox"/> 7 – 12 months
<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Don't know

38. Do you charge parents a fee to be on your waitlist?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

39. Do you have any other comments relating to child care enrolments or waitlists that you would like to share?

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40. [Questions 40 to 44 shown only to respondents whose answers to question 3 included Licensed Family Child Care or License-Not-Required Care OR (Multi-Age AND building is their own home/apartment/townhouse/condo)] **Do you have any other paid staff who provide care for the children in your home-based facility?**

<input type="checkbox"/> Yes → Move to question 41
<input type="checkbox"/> No → Move to question 42

41. How many paid staff do you have in each of the following categories?

Full-time (30 or more hours per week): _____
Part-time (under 30 hours per week): _____
Causal/On-Call: _____

42. What formal ECE-related education do you have? Check all that apply.

<input type="checkbox"/> None
<input type="checkbox"/> Workshops relating to family child care
<input type="checkbox"/> Workshops relating to school age care
<input type="checkbox"/> ECE courses or workshops, but no ECE certificate or diploma
<input type="checkbox"/> ECE certificate or diploma
<input type="checkbox"/> ECE- or school age-related Bachelor’s degree or higher
<input type="checkbox"/> Other (please specify): _____

43. How likely is it that you will still be providing home-based child care three years from now?

<input type="checkbox"/> Very Likely → <i>Move to Final Questions Section</i>
<input type="checkbox"/> Somewhat Likely → <i>Move to Final Questions Section</i>
<input type="checkbox"/> Somewhat Unlikely → <i>Move to question 44</i>
<input type="checkbox"/> Very Unlikely → <i>Move to question 44</i>

44. What would be your reasons for no longer providing home-based child care? Check all that apply.

<input type="checkbox"/> Ready for a career change
<input type="checkbox"/> Plan to go back to school
<input type="checkbox"/> My own children will no longer require me to be at home
<input type="checkbox"/> To have a break from caregiving
<input type="checkbox"/> Financial instability
<input type="checkbox"/> Prefer not to work alone
<input type="checkbox"/> Other (please specify): _____

[Move all respondents with home-based facilities to Final Question Section]

We would like to remind you that all questions below are optional but any information you provide will help us develop Child Care Action Plans for the Region that fully reflect your experiences and needs.

45. [Questions 45 to 60 shown only to respondents whose answers to question 3 included centre-based forms of care (i.e. not just home-based care)] Currently, how many paid staff (including yourself) are employed at this facility?

46. Please tell us about the number of staff employed at your child care facility, by role and paid hours per week. Each employee should be represented in just one call in the table. [Drop down menus]

Employee Category	# Full Time (30 or more hours/week)	# Part Time (under 30 hours/week)	# Casual or On-call
Owner/Director/Administrator; no regular direct care of children			
Owner/Director/Administrator; also cares directly for children regularly			
Supervisor; no regular direct care of children			
Supervisor; also cares directly for children regularly			
Direct care of children only			
Other staff (e.g. cooking, bookkeeping, janitorial)			
Other (please specify): _____			

47. Please tell us about the number of staff employed at your child care facility, by job roles and ECE- or school age-related education. Each employee should be represented only once in the table. [Drop down menus]

ECE-related Education	Owners/ Directors/ Administrators/Supervisors	Full-time staff, direct care of children only	Part-time staff, direct care of children only
No ECE or school age-related training			
Courses towards ECE or school age-related credential			
1-year ECE certificate			
2-year ECE diploma or post-Basic certificate			
ECE or school-age related Bachelor's degree			
ECE or school age-related Post-bachelor credential			
Other (please specify): _____			

48. What is the lowest and highest hourly rate of pay for staff in each of the following categories?

Position	Lowest hourly rate	Highest hourly rate
Directors/Administrators		
Supervisors		
Staff working with children who ARE certified as Early Childhood Educators		
Staff working with children who ARE NOT certified as Early Childhood Educators		

49. Which of the following health or pay-related benefits are provided to staff? Check all that apply.

<input type="checkbox"/> Dental care plan
<input type="checkbox"/> Supplementary health or drug plan
<input type="checkbox"/> Life insurance or disability insurance
<input type="checkbox"/> Top up payments above what EI pays for maternity, parental leave
<input type="checkbox"/> Pension plan contribution
<input type="checkbox"/> Group RRSP
<input type="checkbox"/> Paid sick leave
<input type="checkbox"/> Paid personal leave days
<input type="checkbox"/> None of the above
<input type="checkbox"/> Not sure

50. Which of the following other benefits are provided to the staff? Check all that apply

<input type="checkbox"/> Paid breaks (above those required by law)
<input type="checkbox"/> Paid program planning and preparation time
<input type="checkbox"/> Paid documentation time
<input type="checkbox"/> Paid overtime
<input type="checkbox"/> Time off in lieu of overtime
<input type="checkbox"/> Reduced child care fees
<input type="checkbox"/> Financial assistance with First Aid certification
<input type="checkbox"/> Financial assistance (or a Professional Development Fund) to attend ECE-related workshops or conferences
<input type="checkbox"/> Financial assistance (or a Professional Development Fund) to take courses or post-basic training
<input type="checkbox"/> Paid release time for training, workshops, or conferences
<input type="checkbox"/> Paid staff meetings
<input type="checkbox"/> None of the above
<input type="checkbox"/> Not sure

51. Are any of the child care program staff unionized?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Not sure

52. Have any paid staff left your facility in the past year for any reason (e.g., quit, fired, laid off, retired, parental leave)?

<input type="checkbox"/> Yes → <i>Move to question 53</i>
<input type="checkbox"/> No → <i>Move to question 58</i>

53. Which of your program had staff leave this past year? Check all that apply. [To be shown only to respondents with multiple programs & populated only with program types respondent indicated in question 4]

<input type="checkbox"/> Group Care Under 36 Months
<input type="checkbox"/> Group Care 30 Months to School Age
<input type="checkbox"/> Preschool
<input type="checkbox"/> School Age Care
<input type="checkbox"/> Multi-Age Care
<input type="checkbox"/> Occasional Care
<input type="checkbox"/> Licensed Family Child Care
<input type="checkbox"/> Registered License-Not-Required Family Child Care
<input type="checkbox"/> Other (please describe): _____

[Respondents will be looped through the following three questions for each of the programs offered at their facility, based on their responses to question 4 and question 52 above.]

Please answer the following questions about your **XXX program only**.

You will be asked about staff vacancies for any other programs in later questions.

If the number of staff who left a certain position is 0, you do not need to select an answer.

54. In the past year, how many paid staff in XXX program left your facility, for any reason (e.g., quit, fired, laid off, retired, parental leave)? [Drop down menu]

Position	# leaving in the past year
Directors/Administrators	
Supervisors	
Full-time staff working with children	
Part-time staff working with children	
Casual staff working with children	
Other (please specify): _____	

55. For which positions have these vacancies been difficult to fill? Check all that apply.

<input type="checkbox"/> Directors/Administrators
<input type="checkbox"/> Supervisors
<input type="checkbox"/> Full-time staff working with children
<input type="checkbox"/> Part-time staff working with children
<input type="checkbox"/> Casual staff working with children
<input type="checkbox"/> Other (please describe): _____
<input type="checkbox"/> None of the positions where staff left have been difficult to fill.

56. Which of these positions still have vacancies? Check all that apply.

<input type="checkbox"/> Directors/Administrators
<input type="checkbox"/> Supervisors
<input type="checkbox"/> Full-time staff working with children
<input type="checkbox"/> Part-time staff working with children
<input type="checkbox"/> Casual staff working with children
<input type="checkbox"/> Other (please describe): _____
<input type="checkbox"/> None of the positions where staff left still have vacancies.

[Loop through questions for any remaining programs at the facility]

57. [Shown only to respondents whose responses to questions 55 and 56 are NOT 'no difficulties' or 'no current vacancies'] **For your facility, what have been the main reasons that vacancies have been hard to fill or remain unfilled? Check all that apply.**

<input type="checkbox"/> Lack of time to recruit
<input type="checkbox"/> Lack of money/funding for recruiting
<input type="checkbox"/> Applicants' lack of skills required for the job
<input type="checkbox"/> Applicants' lack of related work experience
<input type="checkbox"/> Few or no applicants to choose from
<input type="checkbox"/> Applicant was not satisfied with salary offer
<input type="checkbox"/> Applicant was not satisfied with employee benefits
<input type="checkbox"/> Competition from other centres or organizations
<input type="checkbox"/> Competition from the school system
<input type="checkbox"/> Other (please specify): _____

58. **In general, for what types of programs or positions is it most difficult for child care operators to fill vacancies?**

59. **Have staff recruitment and retention challenges had an impact on your ability to operate your facility?**

<input type="checkbox"/> Yes → <i>Move to question 60</i>
<input type="checkbox"/> No → <i>Move to Final Question Section</i>

60. Please explain how staff recruitment and retention challenges have impacted your ability to operate your facility:

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Final Questions

Thank you for providing information about your child care facility! You may proceed to our final two questions requesting your input and advice for the _____ Child Care Action Plan. If you are the owner, manager, or director of another child care facility, you will also be given the opportunity to provide information about one additional centre.

61. Are you the Owner, Manager, or Director of another child care facility in _____?

<input type="checkbox"/> No
<input type="checkbox"/> Yes, but I am unable to provide additional information at this time
<input type="checkbox"/> Yes, and I can provide information for this additional child care facility → <i>Loop through questions 1 to 63.</i>

62. What are the top three actions that could be taken or things you would like to see to resolve challenges of recruitment and retention of staff?

1.
2.
3.

63. Do you have any additional suggestions, advice, or ideas for actions that should be incorporated into a Child Care Action Plan for _____?

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64. Do you have any other comments you would like to share?

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Thank you for your assistance!