

Appendix C. Parent Survey Instrument



City of North Vancouver Childcare Strategy *Parent Survey Regarding Childcare*

To incentivize your participation, we will be awarding one \$100 Visa gift card to a randomly selected respondent. **Please enter your name and phone number at the end for a chance to win.**

Purpose and Instructions

The City of North Vancouver is updating the existing Childcare Policy and Plan (2009) and creating a Childcare Strategy. The Childcare Strategy will include a needs analysis, objectives for childcare in our community, and implementation strategies.

The purpose of this survey is to understand, from parents' and guardians' perspectives, the current and anticipated childcare service needs from residents of City of North Vancouver and those who anticipate needing childcare in City of North Vancouver. For this survey, childcare includes group daycare, in-home childcare, preschool and out-of-school care. The information you provide is critical in assisting the city in childcare planning and policy development.

If you recently completed a survey (from United Way and North Shore Municipalities) about out of school time, please also complete this survey. It asks complementary questions.

This survey is to be completed by **current or potential parents and guardians of children** that live or access childcare in the City of North Vancouver. This survey includes questions about personal and family demographic information, current and anticipated childcare needs, as well as current childcare experiences. This survey will take approximately 15 minutes. If you are not familiar with the subject of any of the questions, please skip the question and move on to the next one.

Your responses will be summarized along with those of others; therefore, your personal anonymity will be maintained.

Participating in this survey is an entirely voluntary process and you may skip any questions you do not want to answer and end the process at any time.

Do you agree to take part in the survey?

- a. Yes: Continue to the next question
- b. No: Thank you for your time and close survey

About You

1. I am a parent or guardian of a child aged 0-12 years of age:

- Yes No
- No, but I am planning on becoming a parent or guardian in the next year of a child aged 0-12

2. The number of children aged 0-12 for whom I am a parent or guardian is:

- 0 3
- 1 4
- 2 5 or more

3. I plan to adopt, foster or have, more children aged 0-12 within the next 5 years:

- Yes No
- Unsure

4. I am:

- Married Single
- Living in a common-law relationship Prefer not to say
- Other: _____

5. My current employment status is:

- Employed full-time Student
- Employed part-time Unemployed
- On maternity/paternity leave Other: _____
- Retired Prefer not to say
- Stay-at-home parent

6. I have lived in City of North Vancouver for:

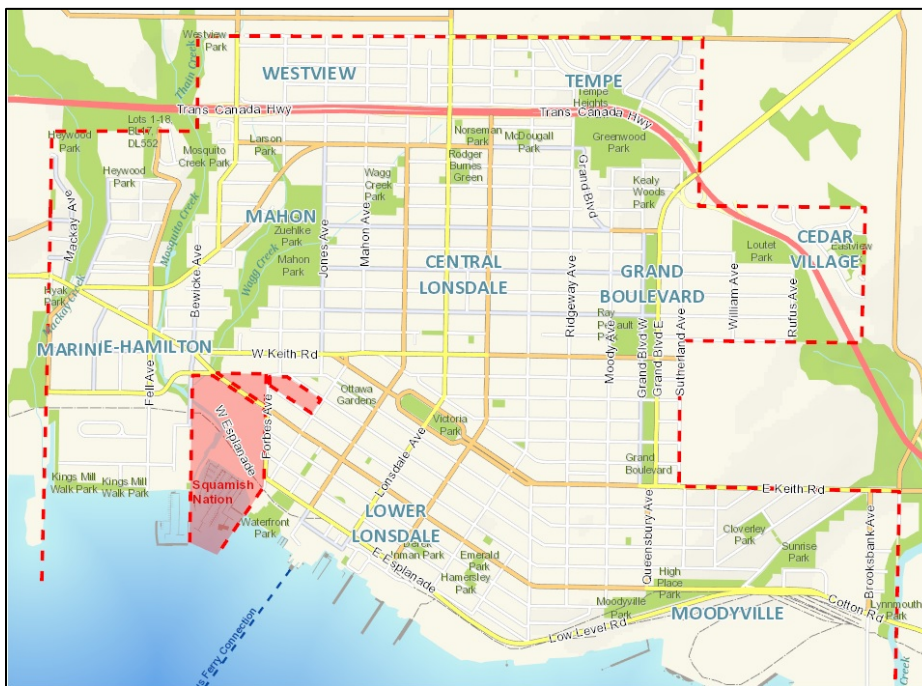
- | | |
|---|---|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 6-10 years |
| <input type="checkbox"/> 1-2 years | <input type="checkbox"/> 10+ years |
| <input type="checkbox"/> 3-5 years | <input type="checkbox"/> I do not live in City of North Vancouver |

7. The first three (3) digits of my postal code are:

8. I work or attend school in, or close to, this City of North Vancouver neighbourhood:

- | | |
|---|--|
| <input type="checkbox"/> Cedar Village | <input type="checkbox"/> Tempe |
| <input type="checkbox"/> Central Lonsdale | <input type="checkbox"/> Westview |
| <input type="checkbox"/> Grand Boulevard | -- |
| <input type="checkbox"/> Lower Lonsdale | <input type="checkbox"/> Other - District of North Vancouver |
| <input type="checkbox"/> Mahon | <input type="checkbox"/> Other - West Vancouver |
| <input type="checkbox"/> Marine-Hamilton | <input type="checkbox"/> Other - City of Vancouver |
| <input type="checkbox"/> Moodyville | <input type="checkbox"/> Other – None of the Above |

Reference Map – City of North Vancouver



Your Family

9. My total household income in 2016, before taxes, was:

- | | |
|--|--|
| <input type="checkbox"/> Under \$19,999 | <input type="checkbox"/> \$80,000-\$119,999 |
| <input type="checkbox"/> \$20,000-\$39,999 | <input type="checkbox"/> \$120,000-\$199,999 |
| <input type="checkbox"/> \$40,000-\$59,999 | <input type="checkbox"/> \$200,000 or more |
| <input type="checkbox"/> \$60,000-\$79,999 | <input type="checkbox"/> Prefer not to say |

10. The main language my family speaks at home is:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> French | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Punjabi | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Korean | |

11. A family member, other than myself, is available and provides regular care for my child:

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

12. If yes, the family member(s) that provides regular childcare is/are related to my child as a:

- | | |
|---|---|
| <input type="checkbox"/> Other parent or guardian | <input type="checkbox"/> Family friend |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Older sibling | <input type="checkbox"/> Not Applicable, there is no one else who can care for my child |
| <input type="checkbox"/> Aunt or uncle | |

Your Needs for Childcare Services in the City of North Vancouver

13. My required childcare schedule is: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Full-day (during business hours) | <input type="checkbox"/> Half-day (≤ 5 hours during business hours) |
| <input type="checkbox"/> Full-day (evenings and/or weekends) | <input type="checkbox"/> Half-day (≤ 5 hours on evenings and/or weekends) |
| <input type="checkbox"/> Before school care | <input type="checkbox"/> Preschool Schedule (short morning or afternoon during school hours) |
| <input type="checkbox"/> After school care | |
| <input type="checkbox"/> I do not require childcare | |

14. I require childcare during these days: (Check all that apply)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Mondays | <input type="checkbox"/> Fridays |
| <input type="checkbox"/> Tuesdays | <input type="checkbox"/> Saturdays |
| <input type="checkbox"/> Wednesdays | <input type="checkbox"/> Sundays |
| <input type="checkbox"/> Thursdays | <input type="checkbox"/> I do not require childcare |

15. I require childcare during these hours: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Early morning (7:00-9:00am) | <input type="checkbox"/> Evening (6:00-11:00pm) |
| <input type="checkbox"/> Morning (9:00-12:00pm) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Afternoon (12:00-3:00pm) | <input type="checkbox"/> I do not require childcare |
| <input type="checkbox"/> Late afternoon (3:00-6:00pm) | |

16. The fee(s) my family currently pays for childcare is/are sustainable for my family:

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

17. I believe there is an adequate supply of childcare services in the City of North Vancouver for my needs:

- | | |
|---------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Unsure | |

18. I would prefer my childcare program to be located at, or near, a location that also offers: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Family drop-in programs | <input type="checkbox"/> Outdoor parks |
| <input type="checkbox"/> Infant development programs | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Library services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Recreational services | |

19. If given the choice, I would choose a childcare program close to:

- | | |
|---|---|
| <input type="checkbox"/> My home | <input type="checkbox"/> My child's elementary school |
| <input type="checkbox"/> My place of employment | <input type="checkbox"/> No preference |
| <input type="checkbox"/> My post-secondary school | <input type="checkbox"/> Other: _____ |

20. The primary reasons I seek, or would seek, childcare for my child is: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> So I can work | <input type="checkbox"/> So I can attend appointments |
| <input type="checkbox"/> So I can attend school | <input type="checkbox"/> I do not require childcare |
| <input type="checkbox"/> For my child's development | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> For personal time | |

Your Childcare Experiences

If you have never accessed childcare, please skip to **question 23**.

21. I most often travel to and from childcare services by:

- | | |
|--|---|
| <input type="checkbox"/> Foot (walking) | <input type="checkbox"/> My own vehicle |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Carpool |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> My childcare takes place inside my home | |

22. I currently use childcare services in this municipality:

- | | |
|--|--|
| <input type="checkbox"/> City of North Vancouver | <input type="checkbox"/> City of Vancouver |
| <input type="checkbox"/> District of North Vancouver | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> West Vancouver | |

23. I have used the following resources to help me find childcare services in City of North Vancouver: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> North Shore Childcare Resource and Referral (CCRR) | <input type="checkbox"/> Friends/word-of-mouth |
| <input type="checkbox"/> Elementary school staff | <input type="checkbox"/> Vancouver Coastal Health |
| <input type="checkbox"/> Community centre staff | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> My employer | <input type="checkbox"/> I have not used any resources |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Other: _____ |

About Your Youngest Child

Please answer for your youngest or only child. If you do not currently have a child, please skip to the end of the survey and fill in **question 60**.

24. The age of this child (my youngest/only child) is:

- | | |
|--|--|
| <input type="checkbox"/> 0-18 months | <input type="checkbox"/> 2.5 – 5 years |
| <input type="checkbox"/> 19 months – 2.5 years | <input type="checkbox"/> 5 – 12 years |

25. If school aged, my child attends this school in the City of North Vancouver:

- | | |
|---|--|
| <input type="checkbox"/> My child is not yet school aged | <input type="checkbox"/> Lions Gate Christian Academy |
| <input type="checkbox"/> Alcuin College | <input type="checkbox"/> Lynn Valley Elementary |
| <input type="checkbox"/> Blueridge Elementary | <input type="checkbox"/> Lynnmour Elementary |
| <input type="checkbox"/> Boundary Elementary | <input type="checkbox"/> Montroyal Elementary |
| <input type="checkbox"/> Braemar Elementary | <input type="checkbox"/> Norgate Community Elementary |
| <input type="checkbox"/> Brockton School | <input type="checkbox"/> North Star Montessori Elementary School |
| <input type="checkbox"/> Brooksbank Elementary | <input type="checkbox"/> Queen Mary Community Elementary |
| <input type="checkbox"/> Canyon Heights Elementary | <input type="checkbox"/> Queensbury Elementary |
| <input type="checkbox"/> Capilano Elementary | <input type="checkbox"/> Ridgeway Elementary |
| <input type="checkbox"/> Carisbrooke Elementary | <input type="checkbox"/> Ross Road Elementary |
| <input type="checkbox"/> Cleveland Elementary | <input type="checkbox"/> Saint Edmund's Elementary School |
| <input type="checkbox"/> Cousteau French International School | <input type="checkbox"/> Saint Pius X Elementary School |
| <input type="checkbox"/> Cove Cliff Elementary | <input type="checkbox"/> Seymour Heights Elementary |
| <input type="checkbox"/> Dorothy Lynas Elementary | <input type="checkbox"/> Sherwood Park Elementary |
| <input type="checkbox"/> Eastview Elementary | <input type="checkbox"/> Upper Lynn Elementary |
| <input type="checkbox"/> Highlands Elementary | <input type="checkbox"/> Vancouver Waldorf School |
| <input type="checkbox"/> Holy Trinity Elementary School | <input type="checkbox"/> Westview Elementary |
| <input type="checkbox"/> Kenneth Gordon Maplewood School | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Larson Elementary | |

26. My child primarily attends this type of childcare program:

- | | |
|---|---|
| <input type="checkbox"/> Group childcare (infant/toddler) | <input type="checkbox"/> Hired babysitter/nanny |
| <input type="checkbox"/> Group childcare (2.5 years – school age) | <input type="checkbox"/> Unpaid extended family member or friend |
| <input type="checkbox"/> Family childcare | <input type="checkbox"/> Not using any childcare; an immediate family member is at home |
| <input type="checkbox"/> In-home multi age childcare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Preschool | |
| <input type="checkbox"/> School age out-of-school care | |

27. My child also accesses this secondary form of childcare:

- | | |
|---|--|
| <input type="checkbox"/> Group childcare (infant/toddler) | <input type="checkbox"/> Hired babysitter/nanny |
| <input type="checkbox"/> Group childcare (2.5 years – school age) | <input type="checkbox"/> Unpaid extended family member or friend |
| <input type="checkbox"/> Family childcare | <input type="checkbox"/> I do not access another form of childcare |
| <input type="checkbox"/> In-home multi age childcare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Preschool | |
| <input type="checkbox"/> School age out-of-school care | |

If your youngest child is currently accessing childcare outside the home, please answer **questions 28-34**, otherwise proceed to **question 37**.

28. This child's childcare situation is:

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Paid | <input type="checkbox"/> A mix of unpaid and paid |
| <input type="checkbox"/> Unpaid | <input type="checkbox"/> Not applicable |

29. This child's childcare program is:

- | | |
|---|---|
| <input type="checkbox"/> Licensed | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Unlicensed | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> A mix of licensed and unlicensed | |

30. My child is currently enrolled in childcare:

- | | |
|--|--|
| <input type="checkbox"/> 0 days/week | <input type="checkbox"/> 5 days/week |
| <input type="checkbox"/> 1-2 days/week | <input type="checkbox"/> 6-7 days/week |
| <input type="checkbox"/> 3-4 days/week | |

31. My child attends childcare during these times: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Early morning (7:00-9:00am) | <input type="checkbox"/> Evening (6:00-11:00pm) |
| <input type="checkbox"/> Morning (9:00-12:00pm) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Afternoon (12:00-3:00pm) | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Late afternoon (3:00-6:00pm) | |

32. The average travel time to take my child to or from childcare is:

- | | |
|--|---|
| <input type="checkbox"/> 0-5 minutes | <input type="checkbox"/> 30+ minutes |
| <input type="checkbox"/> 5-15 minutes | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> 15-30 minutes | |

33. After applying for childcare, securing a spot for my child took this long:

- | | |
|--|---|
| <input type="checkbox"/> 1 month or less | <input type="checkbox"/> 1 – 2 years |
| <input type="checkbox"/> 1 – 6 months | <input type="checkbox"/> 2+ years |
| <input type="checkbox"/> 6 months – 1 year | <input type="checkbox"/> Not applicable |

34. I currently spend the following amount (\$CAN) on childcare for this child each month:

- | | |
|---|--|
| <input type="checkbox"/> \$0-\$200 | <input type="checkbox"/> \$1,201-\$1,500 |
| <input type="checkbox"/> \$201-\$400 | <input type="checkbox"/> \$1,500-\$2,000 |
| <input type="checkbox"/> \$401-\$600 | <input type="checkbox"/> \$2,000+ |
| <input type="checkbox"/> \$801-\$1,000 | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> \$1,001-\$1200 | <input type="checkbox"/> Not applicable |

If your youngest child is **not** currently accessing childcare outside the home, please answer **questions 35-38**, otherwise proceed to **question 39**.

35. I have not accessed childcare services outside of home for this child because: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I, or another member of my family looks after this child | <input type="checkbox"/> There are no childcare options with the hours I need |
| <input type="checkbox"/> I cannot find space for my child at any childcare providers | <input type="checkbox"/> There are no childcare options close to my home or workplace |
| <input type="checkbox"/> Childcare is too expensive | <input type="checkbox"/> I cannot find information on childcare services |
| <input type="checkbox"/> I am uncomfortable about putting my child in childcare programs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I have an alternative, in home, care provider (e.g. nanny) that meets my needs | |

36. My child is currently on a waiting list for a childcare program:

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

37. My child has been on a waiting list for (months):

- | | |
|--|--|
| <input type="checkbox"/> 1 month or less | <input type="checkbox"/> 1 – 2 years |
| <input type="checkbox"/> 1 – 6 months | <input type="checkbox"/> 2+ years |
| <input type="checkbox"/> 6 months – 1 year | <input type="checkbox"/> Not applicable, my child is not on a waiting list |

38. My child is on a waiting list for the following childcare programs: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Group childcare (infant/toddler) | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Group childcare (2.5 years – school age) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> In-home multi age childcare | <input type="checkbox"/> Not applicable, my child is not on a waiting list |
| <input type="checkbox"/> School age out-of-school care | |

39. I believe my child requires additional support within a childcare setting due to a developmental delay or disability:

Yes

No

Prefer not to say

If yes,

40. I have experienced the following challenges to securing spots in a childcare facility: (Check all that apply)

It is difficult to find childcare that is inclusive of my child's extra support needs

It is difficult to find childcare that is accessible for my child's mobility needs

There is a requirement to pay additional fees for my child

I have not experienced challenges

Other: _____

A childcare centre will not accept my child for an open spot

A childcare centre has removed my child from their program

41. I use a Supported Child Development Consultant to help secure a suitable placement for my child:

Yes

I am on a waitlist for a Supported Child Development Consultant

No

About Your Next Youngest Child

Please answer for your second/next youngest child. If you do not currently have a second child, please skip to the end of the survey and **question 60**.

42. The age of this child (my youngest/only child) is:

- | | |
|--|--|
| <input type="checkbox"/> 0-18 months | <input type="checkbox"/> 2.5 – 5 years |
| <input type="checkbox"/> 19 months – 2.5 years | <input type="checkbox"/> 5 – 12 years |

43. If school aged, my child attends this school in the City of North Vancouver:

- | | |
|--|--|
| <input type="checkbox"/> My child is not currently school aged | <input type="checkbox"/> Lions Gate Christian Academy |
| <input type="checkbox"/> Alcuin College | <input type="checkbox"/> Lynn Valley Elementary |
| <input type="checkbox"/> Blueridge Elementary | <input type="checkbox"/> Lynnmour Elementary |
| <input type="checkbox"/> Boundary Elementary | <input type="checkbox"/> Montroyal Elementary |
| <input type="checkbox"/> Braemar Elementary | <input type="checkbox"/> Norgate Community Elementary |
| <input type="checkbox"/> Brockton School | <input type="checkbox"/> North Star Montessori Elementary School |
| <input type="checkbox"/> Brooksbank Elementary | <input type="checkbox"/> Queen Mary Community Elementary |
| <input type="checkbox"/> Canyon Heights Elementary | <input type="checkbox"/> Queensbury Elementary |
| <input type="checkbox"/> Capilano Elementary | <input type="checkbox"/> Ridgeway Elementary |
| <input type="checkbox"/> Carisbrooke Elementary | <input type="checkbox"/> Ross Road Elementary |
| <input type="checkbox"/> Cleveland Elementary | <input type="checkbox"/> Saint Edmund’s Elementary School |
| <input type="checkbox"/> Cousteau French International School | <input type="checkbox"/> Saint Pius X Elementary School |
| <input type="checkbox"/> Cove Cliff Elementary | <input type="checkbox"/> Seymour Heights Elementary |
| <input type="checkbox"/> Dorothy Lynas Elementary | <input type="checkbox"/> Sherwood Park Elementary |
| <input type="checkbox"/> Eastview Elementary | <input type="checkbox"/> Upper Lynn Elementary |
| <input type="checkbox"/> Highlands Elementary | <input type="checkbox"/> Vancouver Waldorf School |
| <input type="checkbox"/> Holy Trinity Elementary School | <input type="checkbox"/> Westview Elementary |
| <input type="checkbox"/> Kenneth Gordon Maplewood School | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Larson Elementary | |

44. My child primarily accesses this type of childcare program:

- | | |
|---|---|
| <input type="checkbox"/> Group childcare (infant/toddler) | <input type="checkbox"/> Hired babysitter/nanny |
| <input type="checkbox"/> Group childcare (2.5 years – school age) | <input type="checkbox"/> Unpaid extended family member or friend |
| <input type="checkbox"/> Family childcare | <input type="checkbox"/> Not using any childcare; an immediate family member is at home |
| <input type="checkbox"/> In-home multi age childcare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Preschool | |
| <input type="checkbox"/> School age out-of-school care | |

45. My child accesses this secondary form of childcare:

- | | |
|---|--|
| <input type="checkbox"/> Group childcare (infant/toddler) | <input type="checkbox"/> Hired babysitter/nanny |
| <input type="checkbox"/> Group childcare (2.5 years – school age) | <input type="checkbox"/> Unpaid extended family member or friend |
| <input type="checkbox"/> Family childcare | <input type="checkbox"/> I am not accessing a secondary form of care |
| <input type="checkbox"/> In-home multi age childcare | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Preschool | |
| <input type="checkbox"/> School age out-of-school care | |

If your youngest child is currently accessing childcare outside the home, please answer **questions 46-52**, otherwise proceed to **question 53**.

46. This child's childcare situation is:

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Paid | <input type="checkbox"/> A mix of unpaid and paid |
| <input type="checkbox"/> Unpaid | <input type="checkbox"/> Not applicable |

47. This child's childcare program is:

- | | |
|---|---|
| <input type="checkbox"/> Licensed | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Unlicensed | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> A mix of licensed and unlicensed | |

48. My child is currently enrolled in childcare:

- | | |
|--|--|
| <input type="checkbox"/> 0 days/week | <input type="checkbox"/> 5 days/week |
| <input type="checkbox"/> 1-2 days/week | <input type="checkbox"/> 6-7 days/week |
| <input type="checkbox"/> 3-4 days/week | |

49. My child attends childcare during these times: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Early morning (7:00-9:00am) | <input type="checkbox"/> Evening (6:00-11:00pm) |
| <input type="checkbox"/> Morning (9:00-12:00pm) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Afternoon (12:00-3:00pm) | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Late afternoon (3:00-6:00pm) | |

50. The average travel time to take my child to or from childcare is:

- | | |
|--|---|
| <input type="checkbox"/> 0-5 minutes | <input type="checkbox"/> 30+ minutes |
| <input type="checkbox"/> 5-15 minutes | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> 15-30 minutes | |

51. After applying for childcare, securing a spot for my child took this long:

- | | |
|--|---|
| <input type="checkbox"/> 1 month or less | <input type="checkbox"/> 1 – 2 years |
| <input type="checkbox"/> 1 – 6 months | <input type="checkbox"/> 2+ years |
| <input type="checkbox"/> 6 months – 1 year | <input type="checkbox"/> Not applicable |

52. I currently spend the following amount (\$CAN) on childcare for this child each month:

- | | |
|---|--|
| <input type="checkbox"/> \$0-\$200 | <input type="checkbox"/> \$1,201-\$1,500 |
| <input type="checkbox"/> \$201-\$400 | <input type="checkbox"/> \$1,501-\$2,000 |
| <input type="checkbox"/> \$401-\$600 | <input type="checkbox"/> \$2,001+ |
| <input type="checkbox"/> \$601-\$800 | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> \$801-\$1,000 | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> \$1,001-\$1200 | |

If your youngest child is **not** currently accessing childcare outside the home, please answer **questions 53-56**, otherwise proceed to **question 57**.

53. I have not accessed childcare services outside of home for this child because: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I, or another member of my family looks after this child | <input type="checkbox"/> There are no childcare options with the hours I need |
| <input type="checkbox"/> I cannot find space for my child at any childcare providers | <input type="checkbox"/> There are no childcare options close to my home or workplace |
| <input type="checkbox"/> Childcare is too expensive | <input type="checkbox"/> I cannot find information on childcare services |
| <input type="checkbox"/> I am uncomfortable about putting my child in childcare programs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I have an alternative, in home, care provider (e.g. nanny) that meets my needs | |

54. My child is currently on a waiting list for a childcare program:

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

55. My child has been on a waiting list for:

- | | |
|--|--|
| <input type="checkbox"/> 1 month or less | <input type="checkbox"/> 1 – 2 years |
| <input type="checkbox"/> 1 – 6 months | <input type="checkbox"/> 2+ years |
| <input type="checkbox"/> 6 months – 1 year | <input type="checkbox"/> Not applicable, my child is not on a waiting list |

56. My child is on a waiting list for the following childcare programs: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Group childcare (infant/toddler) | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Group childcare (2.5 years – school age) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> In-home multi age childcare | <input type="checkbox"/> Not applicable, my child is not on a waiting list |
| <input type="checkbox"/> School age out-of-school care | |

57. I believe my child requires additional support within a childcare setting due to a developmental delay or disability:

Yes

No

Prefer not to say

If yes,

58. I have experienced the following challenges to securing spots in a childcare facility: (Check all that apply)

It is difficult to find childcare that is inclusive of my child's extra support needs

It is difficult to find childcare that is accessible for my child's mobility needs

There is a requirement to pay additional fees for my child

I have not experienced challenges

A childcare centre will not accept my child for an open spot

Other: _____

A childcare centre has removed my child from their program

59. I use a Supported Child Development Consultant to help secure a suitable placement for my child:

Yes

I am on a waitlist for a Support Child Development Consultant

No

Thank you for taking the time to participate. Before you submit your responses

60. If you would like to be considered for a chance to win a \$100 Visa gift card, please enter your name and phone number or e-mail:

Please submit your completed survey to the front desk, or where directed, at the location you received this survey.

Appendix D. Childcare Provider Survey Instrument



City of North Vancouver Childcare Strategy Parent Survey Regarding Childcare

To incentivize your participation, we will be awarding one \$100 Visa gift card to a randomly selected respondent. **Please enter your name and phone number at the end for a chance to win.**

Purpose and Instructions

The City of North Vancouver is updating the existing Childcare Policy and Plan (2009) and creating a Childcare Strategy. The Childcare Strategy will include a needs analysis, objectives for childcare in our community, and implementation strategies.

The purpose of this survey is to understand, from childcare providers’ perspectives, the current and anticipated childcare service gaps and needs as well as vulnerabilities that children experience in our neighbourhoods.

This survey is to be completed by **managers, owners, and/or operators of childcare facilities** that are located in the City of North Vancouver. More than one manager, owner, and/or operator for each childcare facility may provide their own perspective by completing this survey and we encourage participants to forward this survey to other managers, owners, operators, of childcare facilities in the City of North Vancouver.

This survey includes questions about your childcare facility, program, staffing, and early childhood development support capacity. You will be asked to provide responses for each facility you manage, own, and/or operate.

This survey will take approximately 30 minutes. If you are not familiar with the subject of any of the questions, please skip the question and move on to the next one. Your responses will be summarized along with those of others; therefore, your personal anonymity will be maintained.

Participating in this survey is an entirely voluntary process and you may skip any questions you do not want to answer and end the process at any time.

1. Do you agree to take part in the survey?

a. <input type="checkbox"/> Yes
b. <input type="checkbox"/> No ¹⁵

¹⁵ Skip Logic: End survey

Facility #1 Information

If you manage, own, and/or operate more than one childcare facility in the City of North Vancouver, please provide your responses related to just one facility.

2. What type of building best describes where your childcare facility is located?

a. <input type="checkbox"/> City-Owned Facility (other than a recreation centre)
b. <input type="checkbox"/> Commercial Building
c. <input type="checkbox"/> Industrial Building
d. <input type="checkbox"/> Recreation Centre
e. <input type="checkbox"/> Residential Building (also used as a family home)
f. <input type="checkbox"/> Residential Building (not used as a family home)
g. <input type="checkbox"/> Religious Institutional Building (church, mosque, synagogue, temple, etc.)
h. <input type="checkbox"/> School Building
i. <input type="checkbox"/> Other (please describe)
Additional Comments

Childcare facilities may be operated within a building or space that is owned (e.g., home), rented or leased (e.g., building). A lease agreement differs from rental agreements in that a lease typically provides for short-term, month-to-month agreements and requires continued renewal by both the tenant and owner of the building or space. Rental agreements provides for longer periods of occupancy of the building or space.

3. Do you own, rent, or lease your building or space located in North Vancouver?

a. <input type="checkbox"/> Own
b. <input type="checkbox"/> Rent
c. <input type="checkbox"/> Lease (please indicate the lease term, in years, in box d below)
d. <input type="checkbox"/> Other (please describe)
Additional Comments

4. How long have you been at the current location in North Vancouver?

a. <input type="checkbox"/> Less Than 1 Year
b. <input type="checkbox"/> 1 – 2 Years
c. <input type="checkbox"/> 3 – 5 Years
d. <input type="checkbox"/> 5 – 7 Years
e. <input type="checkbox"/> 8 – 10 Years
f. <input type="checkbox"/> More than 10 Years
Additional Comments

5. Please complete the following table with information about relocation, expansion, and renovation plans for your childcare facility in North Vancouver.

	<i>Yes</i>	<i>No</i>	<i>Unsure</i>	Other or Additional Comments (please describe)
a. Do you see a need to relocate your childcare program within the next two years?	<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"/>	
c. Do you have any plans to renovate your building or space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. What challenges do you face concerning your childcare facility? (select all that apply)

a. <input type="checkbox"/> Physical program space (e.g., Difficulty moving around, limited storage space, etc.)
b. <input type="checkbox"/> Physical location of the facility (e.g., Difficulty accessing parks, libraries, and other city spaces)
c. <input type="checkbox"/> Design of program space (e.g., Dimensions of the interior affects learning, opportunities for privacy are limited, accessibility issues such as lacking ramps, handrails, wide doorways, etc.)
d. <input type="checkbox"/> Noise level (e.g., Excessive noise from traffic, transportation systems, machines, and people)
e. <input type="checkbox"/> Temperature and ventilation
f. <input type="checkbox"/> Accessibility for dropping off and picking up children
g. <input type="checkbox"/> Parking availability
h. <input type="checkbox"/> Other (please describe)
Additional Comments

7. Do you have any other comments you would like to share about your facility that would assist the City of North Vancouver in updating its Childcare Strategy?

--

Programs Offered (Facility #1)

8. Which types of childcare programs are offered in your childcare facility? (select all that apply)

a. <input type="checkbox"/> Group Care Under 30 Months
b. <input type="checkbox"/> Group Care 30 Months to School Age
c. <input type="checkbox"/> Pre-School
d. <input type="checkbox"/> School Age Care
e. <input type="checkbox"/> Family Childcare
f. <input type="checkbox"/> In-Home Multi-Age Care
g. <input type="checkbox"/> Multi-Age Care
h. <input type="checkbox"/> Occasional Care
i. <input type="checkbox"/> Registered License-Not-Required
j. <input type="checkbox"/> Other (please describe)
Additional Comments

Program Information (Facility #1)

9. What are the days of operation for your programs?

	<i>Mon.</i>	<i>Tue.</i>	<i>Wed.</i>	<i>Thu.</i>	<i>Fri.</i>	<i>Sat.</i>	<i>Sun.</i>
a. Group Care Under 30 Months							
b. Group Care 30 Months to School Age							
c. Pre-School							
d. School Age Care							
e. Family Childcare							
f. In-Home Multi-Age Care							
g. Multi-Age Care							
h. Occasional Care							
i. Registered License-Not-Required							
j. Other (please describe)							
Additional Comments							

10. What are the opening times of your programs each day?

	<i>Mon.</i>	<i>Tue.</i>	<i>Wed.</i>	<i>Thu.</i>	<i>Fri.</i>	<i>Sat.</i>	<i>Sun.</i>
a. Group Care Under 30 Months							
b. Group Care 30 Months to School Age							
c. Pre-School							
d. School Age Care							
e. Family Childcare							
f. In-Home Multi-Age Care							
g. Multi-Age Care							
h. Occasional Care							
i. Registered License-Not-Required							
j. Other (please describe)							
Additional Comments							

11. What are the closing times of your programs each day?

	<i>Mon.</i>	<i>Tue.</i>	<i>Wed.</i>	<i>Thu.</i>	<i>Fri.</i>	<i>Sat.</i>	<i>Sun.</i>
a. Group Care Under 30 Months							
b. Group Care 30 Months to School Age							
c. Pre-School							
d. School Age Care							
e. Family Childcare							
f. In-Home Multi-Age Care							
g. Multi-Age Care							
h. Occasional Care							
i. Registered License-Not-Required							
j. Other (please describe)							
Additional Comments							

12. Do you offer programming during any of the following periods of time? (select all that apply)

a. <input type="checkbox"/> Spring Break
b. <input type="checkbox"/> Summer Break
c. <input type="checkbox"/> Winter Break
d. <input type="checkbox"/> During school year professional days
e. <input type="checkbox"/> None
f. <input type="checkbox"/> Other (please describe)
Additional Comments

Childcare Populations (Facility #1)

13. Please select the child population groups that either receives FULL-TIME, PART-TIME, and/or DROP-IN or have been placed on a WAITLIST and will receive childcare services at some point.¹⁶

a. <input type="checkbox"/> Children in families who are recent immigrants
b. <input type="checkbox"/> Children who are Aboriginal
c. <input type="checkbox"/> Children who live in lone parent families
d. <input type="checkbox"/> Children who come from low-income households
e. <input type="checkbox"/> Children who primarily speak a language other than English
f. <input type="checkbox"/> Children with extra support needs
g. <input type="checkbox"/> All other children <u>not meeting any of the above descriptions</u> or with backgrounds that may not have been disclosed to you
Additional Comments

¹⁶ Selections made on Question 13 are carried over to Questions 14 through 18 and Questions 25 through 29.

Please answer the following questions by providing enrollment data of different child populations receiving childcare services in your facility. Children may be counted in more than one child population category.

14. Please indicate the TOTAL ENROLLMENT of children from the following population groups.

a. <input type="checkbox"/> Number of children in families who are recent immigrants
b. <input type="checkbox"/> Number of children who are Aboriginal
c. <input type="checkbox"/> Number of children who live in lone parent families
d. <input type="checkbox"/> Number of children who come from low-income households
e. <input type="checkbox"/> Number of children who primarily speak a language other than English
f. <input type="checkbox"/> Number of children with extra support needs
g. <input type="checkbox"/> Number of children in multiple categories listed above
h. <input type="checkbox"/> Number of children <u>not meeting any of the above descriptions</u> or with backgrounds that may not have been disclosed to you
Additional Comments

15. Please indicate the number of children from the following population groups who are ENROLLED FULL-TIME.

a. <input type="checkbox"/> Number of children in families who are recent immigrants
b. <input type="checkbox"/> Number of children who are Aboriginal
c. <input type="checkbox"/> Number of children who live in lone parent families
d. <input type="checkbox"/> Number of children who come from low-income households
e. <input type="checkbox"/> Number of children who primarily speak a language other than English
f. <input type="checkbox"/> Number of children with extra support needs
g. <input type="checkbox"/> Number of children in multiple categories listed above
h. <input type="checkbox"/> Number of children <u>not meeting any of the above descriptions</u> or with backgrounds that may not have been disclosed to you

Additional Comments

16. Please indicate the number of children from the following population groups who are ENROLLED PART-TIME.

a. <input type="checkbox"/> Number of children in families who are recent immigrants
b. <input type="checkbox"/> Number of children who are Aboriginal
c. <input type="checkbox"/> Number of children who live in lone parent families
d. <input type="checkbox"/> Number of children who come from low-income households
e. <input type="checkbox"/> Number of children who primarily speak a language other than English
f. <input type="checkbox"/> Number of children with extra support needs
g. <input type="checkbox"/> Number of children in multiple categories listed above
h. <input type="checkbox"/> Number of children <u>not meeting any of the above descriptions</u> or with backgrounds that may not have been disclosed to you
Additional Comments

17. Please indicate the number of children from the following population groups who are provided DROP-IN SPOTS (the same child may be included in multiple categories).

a. <input type="checkbox"/> Number of children in families who are recent immigrants
b. <input type="checkbox"/> Number of children who are Aboriginal
c. <input type="checkbox"/> Number of children who live in lone parent families
d. <input type="checkbox"/> Number of children who come from low-income households
e. <input type="checkbox"/> Number of children who primarily speak a language other than English
f. <input type="checkbox"/> Number of children with extra support needs
g. <input type="checkbox"/> Number of children in multiple categories listed above
h. <input type="checkbox"/> Number of children <u>not meeting any of the above descriptions</u> or with backgrounds that may not have been disclosed to you
Additional Comments

18. Please indicate the number of children from the following population groups who are on a WAITLIST (the same child may be included in multiple categories).

a. <input type="checkbox"/> Number of children in families who are recent immigrants
b. <input type="checkbox"/> Number of children who are Aboriginal
c. <input type="checkbox"/> Number of children who live in lone parent families
d. <input type="checkbox"/> Number of children who come from low-income households
e. <input type="checkbox"/> Number of children who primarily speak a language other than English
f. <input type="checkbox"/> Number of children with extra support needs
g. <input type="checkbox"/> Number of children in multiple categories listed above
h. <input type="checkbox"/> Number of children <u>not meeting any of the above descriptions</u> or with backgrounds that may not have been disclosed to you
Additional Comments

19. Do you have any other comments you would like to share about your program(s) and child enrollment that would assist the City in updating its Childcare Strategy?

--

Childcare Staffing (Facility #1)

20. Please indicate which types of staff are employed at your childcare facility.¹⁷

a. <input type="checkbox"/> Supervisor/Manager
b. <input type="checkbox"/> Early Childhood Educator (ECE)
c. <input type="checkbox"/> ECE with Infant/Toddler Certification
d. <input type="checkbox"/> ECE with Special Needs Certification
e. <input type="checkbox"/> ECE Assistant
f. <input type="checkbox"/> Other
Additional Comments

21. Please indicate the number of FULL-TIME staff for each staff position at your facility.

a. Supervisor/Manager	
b. Early Childhood Educator (ECE)	
c. ECE with Infant/Toddler Certification	
d. ECE with Special Needs Certification	
e. ECE Assistant	
f. Other	
Additional Comments	

¹⁷ Selections made on Question 20 are carried over to Questions 21 through 22.

22. Please indicate the number of PART-TIME staff for each staff position at your facility.

a. Supervisor/Manager	
b. Early Childhood Educator (ECE)	
c. ECE with Infant/Toddler Certification	
d. ECE with Special Needs Certification	
e. ECE Assistant	
f. Other	
Additional Comments	

23. What challenges does your program face? (select all that apply)

a. <input type="checkbox"/> Limited supply of applicants to fill positions
b. <input type="checkbox"/> Limited supply of applicants with the right qualifications and experiences to fill positions
c. <input type="checkbox"/> High staff turnover
d. <input type="checkbox"/> Other (please describe)
Additional Comments (please describe)

24. Do you have any other comments you would like to share about staffing that would assist the City of North Vancouver in updating its Childcare Strategy?

--

Children's Physical Health and Wellbeing (Facility #1)

We would like to ask about your program's capacity to address the physical health and wellbeing of different child population groups in your care.

25. Please rate your childcare program's capacity to contribute to the physical health and wellbeing of each child population group when they are in your care.

	<i>Adequate Capacity</i>	<i>Somewhat Adequate Capacity</i>	<i>Somewhat Inadequate Capacity</i>	<i>Inadequate Capacity</i>	<i>Not Applicable / Not Sure</i>
a. Children in families who are recent immigrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children who are Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Children who live in lone parent families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children who live in low-income households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children who primarily speak a language other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Children with extra support needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Children in two or more categories listed above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. All other children <u>not meeting any of the above descriptions</u> or with backgrounds that may not have been disclosed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments					

Children's Language and Cognitive Development (Facility #1)

We would like to ask about your program's capacity to address the language and cognitive development of different child population groups in your care.

26. Please rate your childcare program's capacity to address the language and cognitive development of each child population group when they are in your care.

	<i>Adequate Capacity</i>	<i>Somewhat Adequate Capacity</i>	<i>Somewhat Inadequate Capacity</i>	<i>Inadequate Capacity</i>	<i>Not Applicable / Not Sure</i>
a. Children in families who are recent immigrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children who are Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Children who live in lone parent families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children who live in low-income households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children who primarily speak a language other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Children with extra support needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Children in two or more categories listed above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. All other children <u>not meeting any of the above descriptions</u> or with backgrounds that may not have been disclosed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments					

Children's Social Competence (Facility #1)

We would like to ask about your program's capacity to address the social competence of different child population groups in your care.

27. Please rate your childcare program's capacity to address the social competence of each child population group when they are in your care.

	<i>Adequate Capacity</i>	<i>Somewhat Adequate Capacity</i>	<i>Somewhat Inadequate Capacity</i>	<i>Inadequate Capacity</i>	<i>Not Applicable / Not Sure</i>
a. Children in families who are recent immigrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children who are Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Children who live in lone parent families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children who live in low-income households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children who primarily speak a language other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Children with extra support needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Children in two or more categories listed above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. All other children <u>not meeting any of the above descriptions</u> or with backgrounds that may not have been disclosed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments					

Children's Emotional Maturity (Facility #1)

We would like to ask about your program's capacity to address the emotional maturity of different child population groups in your care.

28. Please rate your childcare program's capacity to address the emotional maturity of each child population group when they are in your care.

	<i>Adequate Capacity</i>	<i>Somewhat Adequate Capacity</i>	<i>Somewhat Inadequate Capacity</i>	<i>Inadequate Capacity</i>	<i>Not Applicable / Not Sure</i>
a. Children in families who are recent immigrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children who are Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Children who live in lone parent families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children who live in low-income households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children who primarily speak a language other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Children with extra support needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Children in two or more categories listed above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. All other children <u>not meeting any of the above descriptions</u> or with backgrounds that may not have been disclosed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments					

Children's Communication Skills/General Knowledge (Facility #1)

We would like to ask about your program's capacity to address the communication skills and general knowledge of different child population groups in your care.

29. Please rate your childcare program's capacity to address the communication skills and general knowledge of each child population group when they are in your care.

	<i>Adequate Capacity</i>	<i>Somewhat Adequate Capacity</i>	<i>Somewhat Inadequate Capacity</i>	<i>Inadequate Capacity</i>	<i>Not Applicable / Not Sure</i>
a. Children in families who are recent immigrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children who are Aboriginal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Children who live in lone parent families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children who live in low-income households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children who primarily speak a language other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Children with extra support needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Children in two or more categories listed above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. All other children <u>not meeting any of the above descriptions</u> or with backgrounds that may not have been disclosed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments					

30. Do you have any other comments you would like to share about ECD support and capacity that would assist the City of North Vancouver in updating its Childcare Strategy?

Additional Childcare Facility

31. Do you manage, own, and/or operate an additional childcare facility for which you * can provide data?

a. Yes and I will provide the data by continuing with this survey ¹⁸
b. No ¹⁹
c. Yes, but I am unable to provide the data at this time ²⁰

If you have additional childcare program and facility data you would like to provide, please provide an email below.

You may also forward additional program/facility data for evaluation purposes to Matthew Waugh at mwaugh@sparc.bc.ca.

All data is kept confidential and would be used for this evaluation only. If you have any questions, please contact Matthew at the email provided.

--

¹⁸ Skip Logic: respondents are taken to Question 32 and repeat the survey (Questions 32 – 60).

¹⁹ Skip Logic: Survey Ends

²⁰ Skip Logic: Survey Ends