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## Let's Talk Child Care in Richmond



The City of Richmond is seeking your help with updating its Child Care Needs Assessment and Strategy.

Your response to the survey will improve the City's understanding of the current child care situation in Richmond. Information received will be useful for identifying service gaps, and updating the City's Child Care Strategy. The results of the survey will be published in early 2017.

We encourage you to complete the survey. It should take between 10 to 15 minutes.

Survey results must be received by **Sunday, October 16, 2016.**

If you have any questions about the survey, please contact: Coralys Cuthbert, Child Care Coordinator, (604) 204-8621, [ccuthbert@richmond.ca](mailto:ccuthbert@richmond.ca).

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### CONTACT INFORMATION

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Person completing the survey (if different from above): \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

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## FACILITY INFORMATION

**1. What type of building best describes where your child care program is located?**

- |   |   |
|---|---|
| <input type="checkbox"/> Residential building (family home)   | <input type="checkbox"/> Recreation centre                                    |
| <input type="checkbox"/> Religious institutional building (church, temple, mosque, synagogue, etc.) | <input type="checkbox"/> City-owned facility (other than a recreation centre) |
| <input type="checkbox"/> Commercial building  | <input type="checkbox"/> School building                                      |
| <input type="checkbox"/> Industrial building  | <input type="checkbox"/> Other: _____   |

**2. Do you own or lease your building or space?**

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> Own   | <input type="checkbox"/> Rent  |
| <input type="checkbox"/> Lease | <input type="checkbox"/> Other |

*Answer Question 3 if you lease or rent your building or space.*

**3. When will your current lease term or rental agreement expire?**

\_\_\_\_\_  
\_\_\_\_\_

**4. Do you see a need to relocate your child care program within the next 2 years?**

- Yes  
 No

*Answer Question 5 if you see a need to relocate your child care program in the next 2 years.*

**5. Why would you need to relocate your child care program?**

\_\_\_\_\_  
\_\_\_\_\_

**6. Do you have any plans to expand your current facility?**

- Yes  
 No

**7. Do you have any plans to renovate your building or space?**

- Yes  
 No

## PROGRAM INFORMATION

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

- |   |  |
|---|--|
| <input type="checkbox"/> Group care under 36 months         | <input type="checkbox"/> In-home multi-age care          |
| <input type="checkbox"/> Group care 30 months to school age | <input type="checkbox"/> Multi-age care                  |
| <input type="checkbox"/> Preschool                          | <input type="checkbox"/> Occasional care                 |
| <input type="checkbox"/> School age care                    | <input type="checkbox"/> Registered license-not-required |
| <input type="checkbox"/> Family child care                  |  |

**9. Please complete the following table with information about your licensing capacity, enrolment and the number of children on your waitlist for each program you operate.**

	Licensed capacity	Total enrolled	Enrolled full-time	Enrolled part-time	Drop-in spots	Waitlist
Group care under 30 months						
Group care 30 months to school age						
Preschool						
School age care						
Family child care						
In-home multi-age care						
Multi-age care						

Occasional care						
Registered license-not-required						

**10. What are the days and hours of operation for your programs?**

	Opening Time	Closing Time	Facility closed (Y/N)
Group care under 30 months			
Group care 30 months to school age			
Preschool			
School age care			
Family child care			
In-home multi-age care			
Multi-age care			
Occasional care			

Registered license-not-required			
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**11. If you offer school age care, do you deliver full-time care on school year professional days?**

- Yes  No

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

- Spring Break  Open all year round  
 Summer Break  None  
 Winter Break

**13. Do you offer any of these specialized programs or curriculum? (select all that apply)**

- Fine arts  Emergent Curriculum  
 Educational  Play-based  
 Montessori  Nature  
 Reggio Emilia  Other

**14. How many children who require extra support can be accommodated in your program? (select all that apply)**

- 0  3  
 1  4  
 2  5 or more

**15. What do you find are some of the challenges with including children who require extra support?**

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## FEE INFORMATION

**16. What are the base level fees for your programs (as of September 2016)? Please specify by type of program.**

Base level fees: regular monthly fees paid by the family (e.g. not including charges for optional additional services)

**GROUP CHILD CARE:**

*\*Full-time care is considered 4 hours or more per day*

	Full-time monthly fee	Part-time hourly fee
Infant care (0-18 months)		
Toddler care (19 months to 3 years)		
3-5 years old care (30 months to school age)		
School age care (6-12 years old)		

**PRESCHOOL:**

*\*Full-time care is considered 4 hours per day*

	Full-time monthly fee	Part-time hourly fee
1 day/ week		
2 days/ week		
3 days/ week		
4 days/ week		
5 days/ week		

6-7 days/ week		
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**SCHOOL AGE CARE:**

	Before care monthly fee	After care monthly fee	Before and after care monthly fee
School age care			

**FAMILY CHILD CARE:**

*\*Full-time care is considered 4 hours or more per day*

	Full-time monthly fee	Part-time hourly fee
Infant care (0-18 months)		
Toddler care (19 months to 3 years)		
3-5 years old care (30 months to school age)		
School age care (6-12 years old)		

**MULTI-AGE CARE:**

*\*Full-time care is considered 4 hours or more per day*

	Full-time monthly fee	Part-time hourly fee
Multi-age care		

**OCCASIONAL CARE:**

	Full-time monthly fee	Part-time hourly fee
Infant care (0-18)		

months)		
Toddler care (19 months to 3 years)		
3-5 years old care (30 months to school age)		
School age care (6-12 years old)		

**REGISTERED LICENSE-NOT-REQUIRED:**

*\*Full-time care is considered 4 hours or more per day*

	Full-time monthly fee	Part-time hourly fee
Registered license-not required		

**16-1. If your fees are not represented in the table(s) above, please describe your full-time monthly fees here:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**17. Are any of the following breaks included within your base level fees paid throughout the year? (select all that apply)**

- Spring Break
- Summer Break
- Winter Break
- All breaks are included
- None

**18. Are any of the following services included in your base level fees? (select all that apply)**



Breakfast

Lunch

Morning and afternoon snacks

Pick-up & drop-off transportation

None

Other: \_\_\_\_\_

**19. Do you charge parents any additional fees, over and above the base level parent fees, for other activities or services?**

Yes

No

**20. What are the other activities or services that require extra fees?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**21. Do you charge a waitlist fee?**

Yes, and it is refundable

No

Yes, and it is non-refundable

**How much is your waitlist fee?** \_\_\_\_\_

**22. Do you charge a deposit at the time of registration?**

Yes, and it is refundable

Yes, and it is applied to the first or last month of payment

Yes, and it is non-refundable

No

**How much is your deposit fee?** \_\_\_\_\_

**23. In the past year, have you had families pay for a child care space even when their child was unable to attend (e.g. "holding a spot")?**

Yes

No

**24. How many times has this occurred in the past 12 months?** \_\_\_\_\_

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## ORGANIZATION INFORMATION

**25. What is the management structure for your program(s) or facility?**

- |  |   |
|--|---|
| <input type="checkbox"/> Privately owned                           | <input type="checkbox"/> Non-profit – other (e.g. Religious organization) |
| <input type="checkbox"/> Non-profit – parent/community board       | <input type="checkbox"/> Other: _____                                     |
| <input type="checkbox"/> Non-profit- multipurpose community agency |   |

**26. Is your child care centre unionized?**

- Yes  No

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## FUNDING INFORMATION

**27. In the past 12 months, how many families have you had who are in receipt of Ministry of Children and Family Development Child Care Subsidy? \_\_\_\_\_**

**28. In the past 12 months, what is the funding source you have received for children in your program who require extra support? (mark N/A if you do not receive any funding for children who require extra support) \_\_\_\_\_**

**29. Have you received any financial assistance from the provincial Child Care Operating Funding Program in the past 12 months?**

- Yes  No

**30. In the past 12 months, have you received any other funds to offset operating expenses?**

- Yes  No

**31. What are the sources of funding that you used to offset operating costs?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**32. Have you received any funding for capital projects in the past 12 months?**

- Yes
- No

**33. What are the sources of capital funding that you have received in the past 12 months?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

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**STAFFING INFORMATION**

**34. From your experience, are you finding there are enough qualified staff applying for positions with your organization?** (e.g. with ECE certification, Infant/Toddler certification, Special Needs certification, etc.)

- Yes  No

**35. What are the challenges that you are facing with hiring qualified staff?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**36. From your experience, are you finding there are enough qualified substitutes you can access for your programs?** (e.g. with ECE certification, Infant/Toddler certification, Special Needs certification, etc.)

- Yes  No

**37. What do you find challenging to securing qualified substitutes?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**38. In the last five years, how well trained are the staff you have hired?**

- Very poorly trained   
  Poorly trained   
  Neutral   
  Well trained   
  Very well trained   
  Unknown

**39. What do you think is needed to enhance the qualifications and job experience of the staff you have hired?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**40. Do you require your staff to have any of the following certifications? (select all that apply)**

- Early Childhood Education (ECE)                     
  Responsible Adult  
 Infant and toddler Certificate                             
  Other: \_\_\_\_\_  
 Special Needs Certificate

**41. What is the pay range for the staff in your program(s)?**

Please also indicate the number of full-time and part-time staff you employ.

Full-time: 30 hours or more per week

Part-time: 29 hours or less per week

	Minimum hourly wage	Maximum hourly wage	Number of full-time staff	Number of part-time staff
Supervisor/ Manager				

Early Childhood Educator				
ECE with Infant/Toddler Certification				
ECE with Special Needs Certification				
ECE Assistant				
Other				

**42. Do you provide any of the following benefits? (select all that apply)**

- Medical
- Dental
- RRSP or other retirement savings plan
- Professional development
- Other: \_\_\_\_\_

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**ADDITIONAL COMMENTS**

**43. Do you have any other comments you would like to share that would assist the City in updating its Child Care Strategy?**

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**THANK YOU FOR SHARING YOUR THOUGHTS ON THE FUTURE OF CHILD CARE SERVICE DELIVERY AND FACILITY DEVELOPMENT IN RICHMOND.**

Should you have any questions please contact: [childcare@richmond.ca](mailto:childcare@richmond.ca)

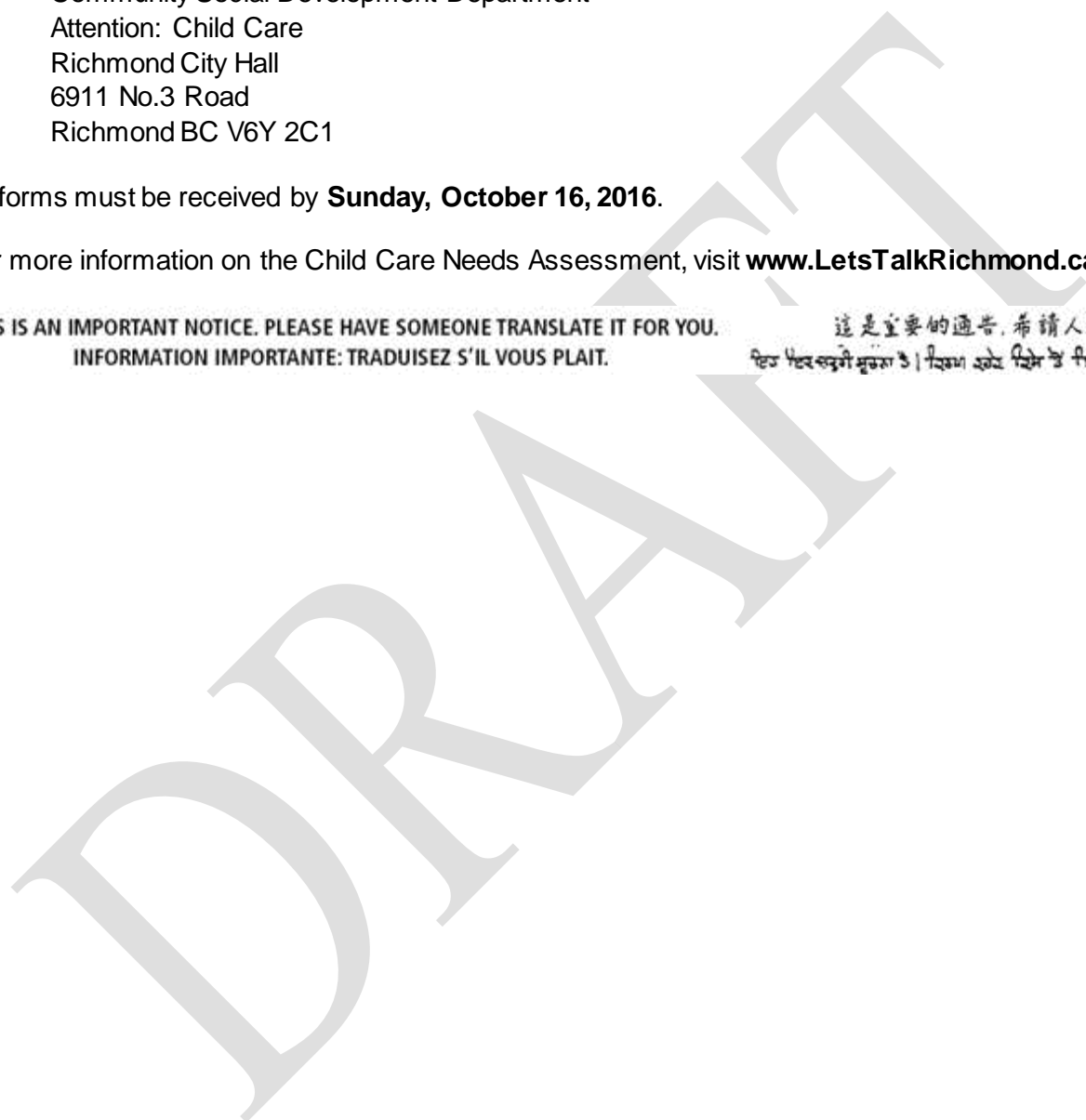
Completed forms can be mailed or delivered to:  
Community Social Development Department  
Attention: Child Care  
Richmond City Hall  
6911 No.3 Road  
Richmond BC V6Y 2C1

All forms must be received by **Sunday, October 16, 2016.**

For more information on the Child Care Needs Assessment, visit [www.LetsTalkRichmond.ca](http://www.LetsTalkRichmond.ca)

**THIS IS AN IMPORTANT NOTICE. PLEASE HAVE SOMEONE TRANSLATE IT FOR YOU.  
INFORMATION IMPORTANTE: TRADUISEZ S'IL VOUS PLAIT.**

這是重要的通告，希請人譯讀。  
ਇਹ ਮਹੱਤਵਪੂਰਨ ਸੂਚਨਾ ਹੈ | ਕਿਸੇ ਹੋਰ ਵਿਅਕਤੀ ਨੂੰ ਇਸਨੂੰ ਅਨੁਵਾਦ ਕਰਵਾਓ |





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## Let's Talk Child Care in Richmond

We invite you to take part in the Child Care Needs Assessment Survey, which will take approximately 10-15 minutes to complete.

Your feedback will help the City understand current and future child care needs in our community, and create an updated Child Care Strategy. Your feedback will also inform child care providers about service needs in Richmond.

Thank you for your participation.

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## TELL US ABOUT YOURSELF

### 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

### 2. I am: (Choose all that apply)

- A Richmond resident  A parent or guardian of a child attending an elementary school in Richmond
- Employed in Richmond  Other: \_\_\_\_\_
- A post-secondary student in Richmond

*Answer Questions 3-4 if you are a Richmond resident.*

### 3. The first three (3) digits of my postal code are: \_\_\_\_\_

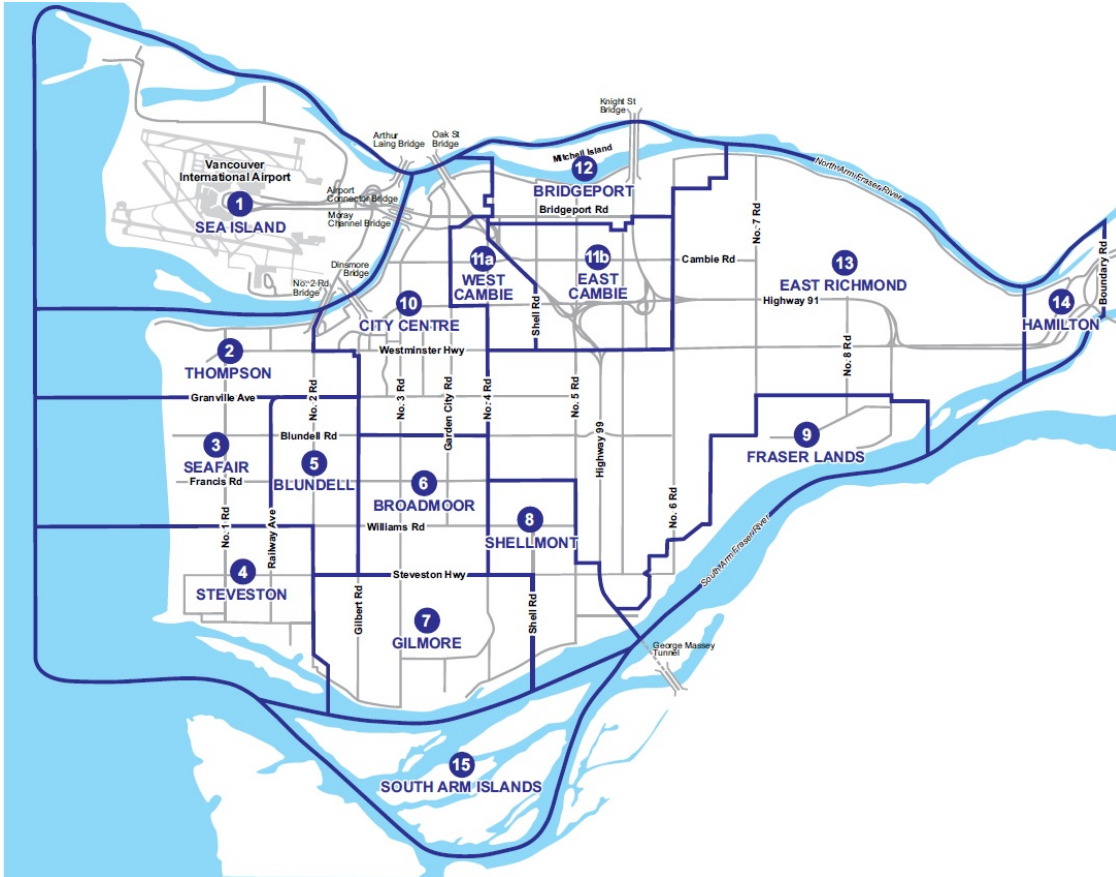
### 4. I have lived in Richmond for:

- Less than 1 year  6-10 years
- 1-2 years  More than 10 years
- 3-5 years

Answer **Question 5** if you work in Richmond.

**5. I work in this Planning Area:**

**City of Richmond Planning Areas**



- |  |  |
|--|--|
| <input type="checkbox"/> Blundell      | <input type="checkbox"/> Hamilton        |
| <input type="checkbox"/> Bridgeport    | <input type="checkbox"/> Seafair         |
| <input type="checkbox"/> Broadmoor     | <input type="checkbox"/> Sea Island      |
| <input type="checkbox"/> City Centre   | <input type="checkbox"/> Shellmont       |
| <input type="checkbox"/> East Cambie   | <input type="checkbox"/> South Arm Lands |
| <input type="checkbox"/> East Richmond | <input type="checkbox"/> Steveston       |
| <input type="checkbox"/> Fraser Lands  | <input type="checkbox"/> Thompson        |
| <input type="checkbox"/> Gilmore       | <input type="checkbox"/> West Cambie     |

Answer **Question 6** if you attend a post-secondary school in Richmond.

**6. The post-secondary institution I attend in Richmond is:**

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Answer **Question 7** if your child attends elementary school in Richmond.

**7. My child, or children, currently attend(s) this elementary school in Richmond:**

- |   |  |
|---|--|
| <input type="checkbox"/> Anderson Elementary School       | <input type="checkbox"/> Lee Elementary School                   |
| <input type="checkbox"/> Az-Zahraa Islamic Academy        | <input type="checkbox"/> Maple Lane Elementary School            |
| <input type="checkbox"/> Blair Elementary School          | <input type="checkbox"/> McKay Elementary School                 |
| <input type="checkbox"/> Blundell Elementary School       | <input type="checkbox"/> McKinney Elementary School              |
| <input type="checkbox"/> Bridge Elementary School         | <input type="checkbox"/> McNeely Elementary School               |
| <input type="checkbox"/> Brighthouse Elementary School    | <input type="checkbox"/> Mitchell Elementary School              |
| <input type="checkbox"/> Byng Elementary School           | <input type="checkbox"/> Muslim School of B.C.                   |
| <input type="checkbox"/> Choice School                    | <input type="checkbox"/> Quilchena Elementary School             |
| <input type="checkbox"/> Cook Elementary School           | <input type="checkbox"/> Richmond Christian Elementary School    |
| <input type="checkbox"/> Cornerstone Christian Academy    | <input type="checkbox"/> Richmond Jewish Day School              |
| <input type="checkbox"/> DeBeck Elementary School         | <input type="checkbox"/> Sea Island Elementary School            |
| <input type="checkbox"/> Diefenbaker Elementary School    | <input type="checkbox"/> Spul'u'kwuks Elementary School          |
| <input type="checkbox"/> Dixon Elementary School          | <input type="checkbox"/> Steves Elementary School                |
| <input type="checkbox"/> Errington Elementary School      | <input type="checkbox"/> St. Joseph The Worker Elementary School |
| <input type="checkbox"/> Fawkes Academy                   | <input type="checkbox"/> St. Paul's Elementary School            |
| <input type="checkbox"/> Ferris Elementary School         | <input type="checkbox"/> Tait Elementary School                  |
| <input type="checkbox"/> Garden City Elementary School    | <input type="checkbox"/> Talmev Elementary School                |
| <input type="checkbox"/> General Currie Elementary School | <input type="checkbox"/> Thompson Elementary School              |
| <input type="checkbox"/> Gilmore Elementary School        | <input type="checkbox"/> Tomsett Elementary School               |
| <input type="checkbox"/> Glen Eden School                 | <input type="checkbox"/> Westwind Elementary School              |
| <input type="checkbox"/> Grauer Elementary School         | <input type="checkbox"/> Whiteside Elementary School             |
| <input type="checkbox"/> Hamilton Elementary School       | <input type="checkbox"/> Woodward Elementary School              |
| <input type="checkbox"/> Homma Elementary School          | <input type="checkbox"/> Wowk Elementary School                  |
| <input type="checkbox"/> Kidd Elementary School           | <input type="checkbox"/> Other: _____                            |
| <input type="checkbox"/> Kingswood Elementary School      |  |

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## TELL US ABOUT YOUR FAMILY

**8. The primary language my family speaks at home is:**

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

**9. My current employment status is:**

- |   |  |
|---|--|
| <input type="checkbox"/> Unemployed                   | <input type="checkbox"/> Student           |
| <input type="checkbox"/> Stay-at-home parent          | <input type="checkbox"/> Retired           |
| <input type="checkbox"/> On maternity/paternity leave | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Employed full-time           | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Employed part-time           |  |

**10. There is another member of my family, other than myself, who can provide care for my child:**

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

Answer **Question 11** if there is another member of your family who can provide care for your child.

**11. The relation this family member(s) has to my child is/are:** (Choose all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Other parent or guardian | <input type="checkbox"/> Aunt or uncle |
| <input type="checkbox"/> Grandparent              | <input type="checkbox"/> Family friend |
| <input type="checkbox"/> Older sibling            | <input type="checkbox"/> Other: _____  |

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## TELL US YOUR THOUGHTS

**12. Ideally, I would like my child care program to be located in the same site as:**  
(Choose all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Family drop-in programs     | <input type="checkbox"/> Outdoor parks     |
| <input type="checkbox"/> Infant development programs | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Library services            | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Recreational services       |  |

**13. I believe there is an adequate supply of all forms of child care services in Richmond for my needs:**

- Yes  Unsure  
 No

**14. The primary reasons that I pursue, or would pursue, child care for my child is:**  
(Choose all that apply)

- So I can work  So that I can attend appointments  
 So I can attend school  I do not require child care  
 For my child's development  Other: \_\_\_\_\_  
 For personal time

**15. When securing child care, the top three qualities that I seek in a child care arrangement are:**

- 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

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## TELL US ABOUT YOUR CHILD'S CHILD CARE ARRANGEMENTS

**16. The number of children aged 0-12 years for whom I am a parent or guardian to is:**  
(Choose any one option)

- 0  3  
 1  4  
 2  5 or more

**17. I plan to adopt, foster, or have more children within the next five (5) years:**

- Yes  Unsure  
 No

Please complete the following questions for each child.  
Proceed to **Question 18** if you do not currently have any children.

**CHILD 1**

Please answer the following questions for your youngest child, or your only child.

**A. The age of Child 1 (youngest/only child) is:**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> 0-18 months        | <input type="checkbox"/> 6-9 years   |
| <input type="checkbox"/> 19 months-2½ years | <input type="checkbox"/> 10-12 years |
| <input type="checkbox"/> 2½-5 years         |                                      |

**B. My child uses this primary form of child care arrangement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Group child care-infant/toddler            | <input type="checkbox"/> School age out of school care                                   |
| <input type="checkbox"/> Group child care – 30 months to school age | <input type="checkbox"/> Hired babysitter/nanny  |
| <input type="checkbox"/> Family child care                          | <input type="checkbox"/> Unpaid extended family member or friend                         |
| <input type="checkbox"/> In-home multi age child care               | <input type="checkbox"/> Not using any child care; an immediate family member is at home |
| <input type="checkbox"/> Preschool                                  | <input type="checkbox"/> Other: _____  |

**C. My child uses this secondary form of child care arrangement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Group child care – infant/toddler          | <input type="checkbox"/> School age out of school care  |
| <input type="checkbox"/> Group child care – 30 months to school age | <input type="checkbox"/> Hired babysitter/nanny   |
| <input type="checkbox"/> Family child care                          | <input type="checkbox"/> Unpaid extended family member or friend                                |
| <input type="checkbox"/> In-home multi age child care               | <input type="checkbox"/> No secondary form of child care; an immediate family member is at home |
| <input type="checkbox"/> Preschool                                  | <input type="checkbox"/> Other: _____   |

Answer **Question D** if you do not use any child care services for your child

**D. I have not obtained child care services for this child because:**

(Choose all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> I, or another member of my family is able to look after this child          | <input type="checkbox"/> There are no child care options with the hours I need         |
| <input type="checkbox"/> I cannot find space for my child at any child care providers                | <input type="checkbox"/> There are no child care options close to my home or workplace |
| <input type="checkbox"/> Child care is too expensive   | <input type="checkbox"/> I cannot find information on child care services              |
| <input type="checkbox"/> I am nervous or uncomfortable about putting my child in child care programs | <input type="checkbox"/> Other: _____  |

**E. My child's child care situation is:**

- Paid child care  A mix of unpaid and paid child care  
 Unpaid child care

**F. My child's child care program is:**

- Licensed  Unknown  
 Unlicensed  Not Applicable

**G. My child is enrolled in child care:**

- 0 days/week  4 days/week  
 1 day/week  5 days/week  
 2 days/week  6-7 days/week  
 3 days/week

**H. My child attends child care in the: (choose all that apply)**

- Early morning (7:00-9:00am)  Evening (6:00-11:00pm)  
 Morning (9:00am-12:00pm)  Other: \_\_\_\_\_  
 Afternoon (12:00-3:00pm)  Not Applicable  
 Late afternoon (3:00-6:00pm)

**I. The typical travel time (in minutes) to take my child to and from child care is: \_\_\_\_\_**

**J. I would rate various factors regarding my child's current child care arrangement as follows: (mark with an X)**

	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied	Not Applicable
Quality of care and activities						
Education and experience level of staff						
Location of care						
Cost						
Quality of the facility						
Ease of transportation						
Hours of care						
Accommodation of siblings						

	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied	Not Applicable
Flexibility of hours/days of care						
Multicultural programming						
Inclusion of children requiring extra support						

**K. After first applying for a child care space for my child, securing the spot took:**

- |   |  |
|---|--|
| <input type="checkbox"/> 1 month or less    | <input type="checkbox"/> 1 year to 2 years |
| <input type="checkbox"/> 1 to 6 months      | <input type="checkbox"/> More than 2 years |
| <input type="checkbox"/> 6 months to 1 year | <input type="checkbox"/> Not Applicable    |

**L. I currently spend the following (\$CAN) each month on child care for this child:**

- |  |  |
|--|--|
| <input type="checkbox"/> \$0-\$250       | <input type="checkbox"/> \$1,500-\$2,000 |
| <input type="checkbox"/> \$250-\$500     | <input type="checkbox"/> \$2,000 or more |
| <input type="checkbox"/> \$500-\$1,000   | <input type="checkbox"/> Not Applicable  |
| <input type="checkbox"/> \$1,000-\$1,500 |  |

**M. I use occasional drop-in hourly child care services in Richmond for this child:**

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

**N. My child is currently on a waiting list for a child care program:**

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

*Answer Questions O-P if your child is currently on a wait list.*

**O. This child has been on a waiting list for (months):** \_\_\_\_\_

Number of waitlists this child is on: \_\_\_\_\_

**P. This child is on a waiting list for the following form of child care program:**

\_\_\_\_\_

**Q. In the past 12 months, I have taken my child to programs and services in Richmond such as: (Choose all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Parent and tot playtime programs | <input type="checkbox"/> I have not taken my child to programs and services in Richmond |
| <input type="checkbox"/> Sports and recreation programs   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Library programs                 |   |
| <input type="checkbox"/> Pools and/or ice rinks           |   |

**R. I believe my child requires additional support within a child care setting due to a developmental delay or disability:**

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No  |  |

*Answer Questions S-T if your child requires additional support in a child care setting.*

**S. I have experienced the following challenges to securing spots in a child care facility: (Choose all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> It is difficult to find child care that is inclusive of my child | <input type="checkbox"/> It is difficult to find child care that is accessible for my child |
| <input type="checkbox"/> There is a requirement to pay additional fees for my child       | <input type="checkbox"/> I have not experienced challenges                                  |
| <input type="checkbox"/> A child care centre will not accept my child for an open spot    | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> A child care centre has removed my child from their environment  |   |

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

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I am on a waitlist for a Supported Child Development Consultant |
| <input type="checkbox"/> No  |  |

**CHILD 2**

Please answer the following questions for your 2<sup>nd</sup> youngest child.

**A. The age of Child 2 (2<sup>nd</sup> youngest child) is:**

- 0-18 months
- 19 months-2½ years
- 2½-5 years
- 6-9 years
- 10-12 years

**B. My child uses this primary form of child care arrangement:**

- Group child care – infant/toddler
- Group child care – 30 months to school age
- Family child care
- In-home multi age child care
- Preschool
- School age out of school care
- Hired babysitter/nanny
- Unpaid extended family member or friend
- Not using any child care; an immediate family member is at home
- Other: \_\_\_\_\_

**C. My child uses this secondary form of child care arrangement:**

- Group child care – infant/toddler
- Group child care – 30 months to school age
- Family child care
- In-home multi age child care
- Preschool
- School age out of school care
- Hired babysitter/nanny
- Unpaid extended family member or friend
- No secondary form of child care; an immediate family member is at home
- Other: \_\_\_\_\_

*Answer **Question D** if you do not use any child care services for your child*

**D. I have not obtained child care services for this child because:**

(Choose all that apply)

- I, or another member of my family is able to look after this child
- I cannot find space for my child at any child care providers
- Child care is too expensive
- I am nervous or uncomfortable about putting my child in child care programs
- There are no child care options with the hours I need
- There are no child care options close to my home or workplace
- I cannot find information on child care services
- Other: \_\_\_\_\_



**E. My child's child care situation is:**

- Paid child care  A mix of unpaid and paid child care  
 Unpaid child care

**F. My child's child care program is:**

- Licensed  Unknown  
 Unlicensed  Not Applicable

**G. My child is enrolled in child care:**

- 0 days/week  4 days/week  
 1 day/week  5 days/week  
 2 days/week  6-7 days/week  
 3 days/week

**H. My child attends child care in the: (Choose all that apply)**

- Early morning (7:00-9:00am)  Evening (6:00-11:00pm)  
 Morning (9:00am-12:00pm)  Other: \_\_\_\_\_  
 Afternoon (12:00-3:00pm)  Not Applicable  
 Late afternoon (3:00-6:00pm)

**I. The typical travel time (in minutes) to take my child to and from child care is: \_\_\_\_\_**

**J. I would rate various factors regarding my child's current child care arrangement as follows: (mark with an X)**

	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied	Not Applicable
Quality of care and activities						
Education and experience level of staff						
Location of care						
Cost						
Quality of the facility						
Ease of transportation						
Hours of care						
Accommodation of siblings						

	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied	Not Applicable
Flexibility of hours/days of care						
Multicultural programming						
Inclusion of children requiring extra support						

**K. After first applying for a child care space for my child, securing the spot took:**

- |   |  |
|---|--|
| <input type="checkbox"/> 1 month or less    | <input type="checkbox"/> 1 year to 2 years |
| <input type="checkbox"/> 1 to 6 months      | <input type="checkbox"/> More than 2 years |
| <input type="checkbox"/> 6 months to 1 year | <input type="checkbox"/> Not Applicable    |

**L. I currently spend the following (\$CAN) each month on child care for this child:**

- |  |  |
|--|--|
| <input type="checkbox"/> \$0-\$250       | <input type="checkbox"/> \$1,500-\$2,000 |
| <input type="checkbox"/> \$250-\$500     | <input type="checkbox"/> \$2,000 or more |
| <input type="checkbox"/> \$500-\$1,000   | <input type="checkbox"/> Not Applicable  |
| <input type="checkbox"/> \$1,000-\$1,500 |  |

**M. I use occasional drop-in hourly child care services in Richmond for this child:**

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

**N. My child is currently on a waiting list for a child care program:**

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

*Answer Questions O-P if your child is currently on a wait list.*

**O. This child has been on a waiting list for (months):** \_\_\_\_\_

Number of waitlists this child is on: \_\_\_\_\_

**P. This child is on a waiting list for the following form of child care program:**

\_\_\_\_\_

**Q. In the past 12 months, I have taken my child to programs and services in Richmond such as:** (Choose all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Parent and tot playtime programs | <input type="checkbox"/> I have not taken my child to programs and services in Richmond |
| <input type="checkbox"/> Sports and recreation programs   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Library programs                 |   |
| <input type="checkbox"/> Pools and/or ice rinks           |   |

**R. I believe my child requires additional support within a child care setting due to a developmental delay or disability:**

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No  |  |

*Answer Questions S-T if your child requires additional support in a child care setting.*

**S. I have experienced the following challenges to securing spots in a child care facility:** (Choose all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> It is difficult to find child care that is inclusive of my child | <input type="checkbox"/> It is difficult to find child care that is accessible for my child |
| <input type="checkbox"/> There is a requirement to pay additional fees for my child       | <input type="checkbox"/> I have not experienced challenges                                  |
| <input type="checkbox"/> A child care centre will not accept my child for an open spot    | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> A child care centre has removed my child from their environment  |   |

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

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I am on a waitlist for a Supported Child Development Consultant |
| <input type="checkbox"/> No  |  |

**TELL US ABOUT THE SPECIAL ACCOMMODATIONS YOU MAKE, OR WOULD MAKE, TO SECURE CHILD CARE**

**18. I require child care for my child(ren) during different hours or days than my current arrangement:**

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

Answer **Questions 19-20** if you require child care during different times than your current arrangement.

**19. I require these hours or days for my child(ren):** \_\_\_\_\_

---

---

**20. I do not access child care during these hours or days because:** \_\_\_\_\_

---

---

**21. I primarily travel to and from child care 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: _____   |

**22. I look for child care services close to:** (Choose all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> My home                  | <input type="checkbox"/> My child's elementary school |
| <input type="checkbox"/> My place of employment   | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> My post-secondary school |   |

**23. I currently use child care services in another municipality:**

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

Which municipality? \_\_\_\_\_

**24. Reasons that I have had to use alternate child care arrangements include:** (Choose all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> I had to cover days that my child's child care service is not open | <input type="checkbox"/> My child was sick |
| <input type="checkbox"/> My child care provider quit or cancelled                           | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> My work hours changed  | <input type="checkbox"/> Not Applicable    |
| <input type="checkbox"/> My child care provider was sick                                    |  |

**25. I have had to use these forms of alternate child care arrangements during the past year: (Choose all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> I asked family or friends for help                              | <input type="checkbox"/> I hired a babysitter or nanny |
| <input type="checkbox"/> I took time off work to care for my child                       | <input type="checkbox"/> I worked from home            |
| <input type="checkbox"/> I put my child into another child care facility                 | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> I put child into a day-camp                                     | <input type="checkbox"/> Not Applicable                |
| <input type="checkbox"/> I used an occasional child care drop-in facility for a full day |  |

**26. I use these forms of alternate arrangements during the summer months or on holidays: (Choose all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Summer camps/day-camps   | <input type="checkbox"/> I do not require child care during these times of the year |
| <input type="checkbox"/> Another child care that is different from the school year                    | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Family or friends take care of my child                                      |   |
| <input type="checkbox"/> I do not need alternate arrangements, my child attends their regular program |   |

**27. I would change a current child care arrangement if an alternative was available:**

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

*Answer Question 28 if you change your current child care arrangement.*

**28. I would prefer an arrangement for my child such as:**

**29. In the past year, lack of a suitable child care arrangement has affected my ability to:**

- |  |   |
|--|---|
| <input type="checkbox"/> Find work   | <input type="checkbox"/> Participate in community events or recreational activities |
| <input type="checkbox"/> Attend work   | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Attend school or training                               | <input type="checkbox"/> Not Applicable   |
| <input type="checkbox"/> Attend appointments, run errands or perform daily tasks |   |

**30. I would like to see the following child care services offered within the Richmond community:**

---

**TELL US MORE ABOUT YOURSELF**

**31. The gender I self-identify with is:**

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |

**32. My marital status is:**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Married    | <input type="checkbox"/> Single            |
| <input type="checkbox"/> Common-law | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Divorced   | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Separated  |  |

**33. My total household income in 2015, before taxes and deductions, was:**

- |  |  |
|--|--|
| <input type="checkbox"/> Under \$20,000    | <input type="checkbox"/> \$80,000-\$100,000  |
| <input type="checkbox"/> \$20,000-\$34,000 | <input type="checkbox"/> \$100,000-\$150,000 |
| <input type="checkbox"/> \$34,000-\$57,500 | <input type="checkbox"/> \$150,000-\$200,000 |
| <input type="checkbox"/> \$57,500-\$60,000 | <input type="checkbox"/> \$200,000 or over   |
| <input type="checkbox"/> \$60,000-\$80,000 | <input type="checkbox"/> Prefer not to say   |

**34. I have used the following resources to help locate child care services in Richmond:**  
(Choose all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> The Child Care Resource and Referral | <input type="checkbox"/> Newspaper advertisement      |
| <input type="checkbox"/> The City of Richmond website         | <input type="checkbox"/> My employer                  |
| <input type="checkbox"/> Spoken to staff at community centres | <input type="checkbox"/> The elementary school system |
| <input type="checkbox"/> Vancouver Coastal Health             | <input type="checkbox"/> Prefer not to answer         |
| <input type="checkbox"/> General Internet search              | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Friends/word-of-mouth                |   |

**35. I heard about this survey via:** (Choose all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Local newspaper advertisement                          | <input type="checkbox"/> A poster in a City facility |
| <input type="checkbox"/> News story written by a reporter in a local news paper | <input type="checkbox"/> My child care provider      |
| <input type="checkbox"/> LetsTalkRichmond.ca email sent to me                   | <input type="checkbox"/> Word of mouth               |
| <input type="checkbox"/> Twitter  | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Facebook   |  |

**36. Other thoughts or questions I have regarding child care service delivery in Richmond are:**

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**THANK YOU FOR SHARING YOUR THOUGHTS ON THE FUTURE OF CHILD CARE SERVICE DELIVERY AND FACILITY DEVELOPMENT IN RICHMOND.**

Should you have any questions please contact: [childcare@richmond.ca](mailto:childcare@richmond.ca)

Completed forms can be mailed or delivered to:  
Community Social Development Department  
Attention: Child Care  
Richmond City Hall  
6911 No.3 Road  
Richmond BC V6Y 2C1

All forms must be received by **Sunday, October 2, 2016.**

For more information on the Child Care Needs Assessment, visit [www.LetsTalkRichmond.ca](http://www.LetsTalkRichmond.ca)

**THIS IS AN IMPORTANT NOTICE. PLEASE HAVE SOMEONE TRANSLATE IT FOR YOU.**  
**INFORMATION IMPORTANTE: TRADUISEZ S'IL VOUS PLAÎT.**

這是重要的通告，希請人譯讀。  
ਇਹ ਖੇਤਰ ਬਹੁਤ ਮਹੱਤਵਪੂਰਨ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੂੰ ਰਿਚਮੰਡ ਅਭਿਆਗਤ ਕਰਵਾਓ।