



## ***Village of McBride***

### ***Child Care Needs Assessment***

#### ***Parent and Caregiver Survey***

The Village of McBride is working to assess the need for child care in our community. A key part of the process involves hearing the experiences of parents and guardians. The information you share will help the Village create a Child Care Action Plan.

Please help us by completing this survey. We need to hear from you!

This survey is to be completed by **parents and guardians of children 0 – 12 years of age** who live in or use child care in the Village of McBride area. The survey includes questions about personal and family characteristics, current and anticipated child care needs, current child care experiences, and desired improvements for the system. Please try to limit responses to one per household to help us avoid double counting your family.

The survey will take approximately 15 minutes to complete. 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 entirely voluntary and you may skip any questions you do not want to answer and end the process at any time.

Personal information you provide is collected pursuant to the Community Charter and will only be used for the purposes of the Village of McBride Child Care Needs Assessment. Your personal information will not be released except in accordance with the Freedom of Information and Protection of Privacy Act. Questions about the collection of your personal information may be referred to Karen Dube at [karen@mcbride.ca](mailto:karen@mcbride.ca).

**Please drop off your completed survey at the Village of McBride office at 100 Robson Centre.**

This survey is also available online at: [https://ca.research.net/r/mcbride\\_childcare](https://ca.research.net/r/mcbride_childcare)



## Before you begin...

1. Are you a parent or guardian with children ages 0 to 12 at home?

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

2. Do you or your spouse either live, work or study in the Village of McBride, Dunster, Crescent Spur, Dome Creek, or other community in the Regional District of Fraser-Fort George?

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

If you answered “yes” to both questions above, please proceed.

If you answered “no” to either question, we thank you for your interest. However, this survey is intended only for parents or guardians of children aged 0 to 12 who live, work, or study in McBride, Dunster, Crescent Spur, Dome Creek, or other nearby communities in the Regional District. Please do not continue this survey.

## Section A: Introductory Questions

### 1. Where do you live?

<input type="checkbox"/> McBride
<input type="checkbox"/> Dunster
<input type="checkbox"/> Crescent Spur
<input type="checkbox"/> Dome Creek
<input type="checkbox"/> Regional District of Fraser-Fort George
<input type="checkbox"/> Other. Please specify:

### 2. How many years have you lived in this community?

<input type="checkbox"/> Less than 1 year
<input type="checkbox"/> 1 to 2 years
<input type="checkbox"/> 3 to 5 years
<input type="checkbox"/> 6 to 10 years
<input type="checkbox"/> More than 10 years

**3. How many children living with you are in each age group?**

Under 3 years old	
From 3 to 5 years, not in kindergarten	
From kindergarten age to 12 years old	

**4. What is your relationship to these children? Check all that apply.**

<input type="checkbox"/> Mother
<input type="checkbox"/> Father
<input type="checkbox"/> Legal guardian
<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other. Please specify:

**5. Besides you and any children aged 0 to 12, who else is currently living in your household? Check all that apply.**

<input type="checkbox"/> Spouse or partner
<input type="checkbox"/> Children aged 13 to 18
<input type="checkbox"/> Children aged over 18
<input type="checkbox"/> Parents or parents-in-law
<input type="checkbox"/> Other relatives
<input type="checkbox"/> Other adults
<input type="checkbox"/> Nobody else

**5. What is your work/study situation? Check all that apply.**

<input type="checkbox"/> I work full-time (30 or more hours per week) → <i>Please continue to 5a</i>
<input type="checkbox"/> I work part-time (under 30 hours per week) → <i>Please continue to 5a</i>
<input type="checkbox"/> I am currently on maternity or parental leave → <i>Please continue to 5a</i>
<input type="checkbox"/> I am unemployed and looking for work → <i>Skip to question 6</i>
<input type="checkbox"/> I am at home full-time caring for my children → <i>Skip to question 6</i>
<input type="checkbox"/> I am a student → <i>Skip to question 6</i>
<input type="checkbox"/> I am retired → <i>Skip to question 6</i>
<input type="checkbox"/> Other. Please specify (then go to question 6):

**5a. Where do you do your paid work?**

<input type="checkbox"/> McBride
<input type="checkbox"/> Dunster
<input type="checkbox"/> Crescent Spur
<input type="checkbox"/> Dome Creek
<input type="checkbox"/> Regional District of Fraser-Fort George
<input type="checkbox"/> Other. Please specify:

**5b. How long is your usual commute to work?**

<input type="checkbox"/> Work from home
<input type="checkbox"/> Less than 15 minutes
<input type="checkbox"/> 15 to 29 minutes
<input type="checkbox"/> 30 to 44 minutes
<input type="checkbox"/> 45 to 59 minutes
<input type="checkbox"/> One hour or more

**5c. Is your paid work:**

<input type="checkbox"/> Part of the year (e.g. seasonal, school year)
<input type="checkbox"/> All year round

**5d. What best describes your work schedule?**

<input type="checkbox"/> It is the same every week.
<input type="checkbox"/> It varies.

**5e. When do you normally work? Check all that apply.**

<input type="checkbox"/> Days (Monday – Friday)
<input type="checkbox"/> Days (Weekends)
<input type="checkbox"/> Evenings
<input type="checkbox"/> Overnight

If you DO NOT LIVE WITH A SPOUSE OR PARTNER, please skip to Section B.

6. What is your spouse/partner's work/study situation? Check all that apply.

<input type="checkbox"/> My spouse/partner works full-time (30 or more hours per week) → Please continue to 6a
<input type="checkbox"/> My spouse/partner works part-time (under 30 hours per week) → Please continue to 6a
<input type="checkbox"/> My spouse/partner is currently on maternity or parental leave → Please continue to 6a
<input type="checkbox"/> My spouse/partner is unemployed and looking for work → Skip to Section B
<input type="checkbox"/> My spouse/partner is at home full-time caring for my children → Skip to Section B
<input type="checkbox"/> My spouse/partner is a student → Skip to Section B
<input type="checkbox"/> My spouse/partner is retired → Skip to Section B
<input type="checkbox"/> Other. Please specify (then skip to Section B):

6a. Where does your spouse/partner do their paid work?

<input type="checkbox"/> McBride
<input type="checkbox"/> Dunster
<input type="checkbox"/> Crescent Spur
<input type="checkbox"/> Dome Creek
<input type="checkbox"/> Regional District of Fraser-Fort George
<input type="checkbox"/> Other. Please specify:



**6b. How long is your spouse/partner's usual commute to work?**

<input type="checkbox"/> Work from home
<input type="checkbox"/> Less than 15 minutes
<input type="checkbox"/> 15 to 29 minutes
<input type="checkbox"/> 30 to 44 minutes
<input type="checkbox"/> 45 to 59 minutes
<input type="checkbox"/> One hour or more

**6c. Is your spouse/partner's paid work:**

<input type="checkbox"/> Part of the year (e.g. seasonal, school year)
<input type="checkbox"/> All year round

**6d. What best describes your spouse/partner's work schedule?**

<input type="checkbox"/> It is the same every week.
<input type="checkbox"/> It varies.

**6e. When does your spouse/partner normally work?**

<input type="checkbox"/> Days (Monday – Friday)
<input type="checkbox"/> Days (Weekends)
<input type="checkbox"/> Evenings
<input type="checkbox"/> Overnight
<input type="checkbox"/> It varies

**Section B: Your Children’s Day-to-Day Care Arrangements**

Please tell us about the current care arrangements for your three **youngest** children aged 0 to 12 living in your home.

**1. When was this child born?**

<b>Youngest Child 0 to 12</b>	<b>Next Oldest Child 0 to 12</b>	<b>Next Oldest Child 0 to 12</b>
Year: _____ Month: _____	Year: _____ Month: _____	Year: _____ Month: _____

There are many types of child care in BC. Licensed child care refers to facilities that are monitored and regularly inspected by regional health authorities. There are several types of licensed child care including:

**Licensed group care** - This is **full-time, centre-based** care for groups of children who are similar ages, including infant-toddler programs for children under 3, full day programs for children 3 to 5 not yet in school, and before and after school programs for children up to age 12.

**Licensed part-time preschool** – This is typically **part-time, centre-based** care for children 3 to 5 not yet in school, typically operating during the school year.

**Licensed family child care** – This is **home-based licensed care** for up to 7 children.

**2. What is the primary care arrangement for each child (i.e., the one you use the most, excluding school)?**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> My spouse or I	<input type="checkbox"/> My spouse or I	<input type="checkbox"/> My spouse or I
<input type="checkbox"/> Relative (other than parent)	<input type="checkbox"/> Relative (other than parent)	<input type="checkbox"/> Relative (other than parent)
<input type="checkbox"/> A licensed full-time group child care centre (any ages birth to 12)	<input type="checkbox"/> A licensed full-time group child care centre (any ages birth to 12)	<input type="checkbox"/> A licensed full-time group child care centre (any ages birth to 12)
<input type="checkbox"/> A licensed part-time preschool	<input type="checkbox"/> A licensed part-time preschool	<input type="checkbox"/> A licensed part-time preschool
<input type="checkbox"/> A licensed family child care	<input type="checkbox"/> A licensed family child care	<input type="checkbox"/> A licensed family child care
<input type="checkbox"/> A caregiver in their home	<input type="checkbox"/> A caregiver in their home	<input type="checkbox"/> A caregiver in their home
<input type="checkbox"/> A caregiver in my home	<input type="checkbox"/> A caregiver in my home	<input type="checkbox"/> A caregiver in my home
<input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Other. Please specify:

Please answer questions 3 and 3a about any children whose current primary care arrangement is a PARENT OR OTHER RELATIVE. If this does not apply to any of your children, please move to question 4.

**3. Is this child currently on a waitlist for child care?**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> Yes → Move to question 3a	<input type="checkbox"/> Yes → Move to question 3a	<input type="checkbox"/> Yes → Move to question 3a
<input type="checkbox"/> No, child care not required → Move to question 11	<input type="checkbox"/> No, child care not required → Move to question 11	<input type="checkbox"/> No, child care not required → Move to question 11
<input type="checkbox"/> No, could not find a program taking waitlist applications → Move to question 11	<input type="checkbox"/> No, could not find a program taking waitlist applications → Move to question 11	<input type="checkbox"/> No, could not find a program taking waitlist applications → Move to question 11

**3a. How long has this child been on a waitlist?**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> Less than 6 months
<input type="checkbox"/> 6 to 12 months	<input type="checkbox"/> 6 to 12 months	<input type="checkbox"/> 6 to 12 months
<input type="checkbox"/> 13 to 24 months	<input type="checkbox"/> 13 to 24 months	<input type="checkbox"/> 13 to 24 months
<input type="checkbox"/> More than 24 months	<input type="checkbox"/> More than 24 months	<input type="checkbox"/> More than 24 months

If you have any children in a care arrangement OTHER THAN A PARENT OR RELATIVE, please continue to question 4. If this does not apply to you, please continue to question 11.

**4. Was this child on a waitlist for child care?**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> Yes → Move to question 4a	<input type="checkbox"/> Yes → Move to question 4a	<input type="checkbox"/> Yes → Move to question 4a
<input type="checkbox"/> No → Move to question 5	<input type="checkbox"/> No → Move to question 5	<input type="checkbox"/> No → Move to question 5

**4a. If yes, for how long?**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> Less than 6 months
<input type="checkbox"/> 6 to 12 months	<input type="checkbox"/> 6 to 12 months	<input type="checkbox"/> 6 to 12 months
<input type="checkbox"/> 13 to 24 months	<input type="checkbox"/> 13 to 24 months	<input type="checkbox"/> 13 to 24 months
<input type="checkbox"/> More than 24 months	<input type="checkbox"/> More than 24 months	<input type="checkbox"/> More than 24 months

**5. In an average week, how many hours does this child spend in their primary child care arrangement?**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> Fewer than 10 hours	<input type="checkbox"/> Fewer than 10 hours	<input type="checkbox"/> Fewer than 10 hours
<input type="checkbox"/> 10 to 20 hours	<input type="checkbox"/> 10 to 20 hours	<input type="checkbox"/> 10 to 20 hours
<input type="checkbox"/> 21 to 30 hours	<input type="checkbox"/> 21 to 30 hours	<input type="checkbox"/> 21 to 30 hours
<input type="checkbox"/> More than 30 hours	<input type="checkbox"/> More than 30 hours	<input type="checkbox"/> More than 30 hours

**6. In which community is this child's primary child care arrangement located?**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> McBride	<input type="checkbox"/> McBride	<input type="checkbox"/> McBride
<input type="checkbox"/> Dunster	<input type="checkbox"/> Dunster	<input type="checkbox"/> Dunster
<input type="checkbox"/> Crescent Spur	<input type="checkbox"/> Crescent Spur	<input type="checkbox"/> Crescent Spur
<input type="checkbox"/> Dome Creek	<input type="checkbox"/> Dome Creek	<input type="checkbox"/> Dome Creek
<input type="checkbox"/> Regional District of Fraser-Fort George	<input type="checkbox"/> Regional District of Fraser-Fort George	<input type="checkbox"/> Regional District of Fraser-Fort George
<input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Other. Please specify:

**7. Why did you choose this arrangement? Check all that apply.**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> Convenience	<input type="checkbox"/> Convenience	<input type="checkbox"/> Convenience
<input type="checkbox"/> Reputation	<input type="checkbox"/> Reputation	<input type="checkbox"/> Reputation
<input type="checkbox"/> The physical facilities	<input type="checkbox"/> The physical facilities	<input type="checkbox"/> The physical facilities
<input type="checkbox"/> The type of program offered	<input type="checkbox"/> The type of program offered	<input type="checkbox"/> The type of program offered
<input type="checkbox"/> Recommendation by a friend	<input type="checkbox"/> Recommendation by a friend	<input type="checkbox"/> Recommendation by a friend
<input type="checkbox"/> First program to offer me a space	<input type="checkbox"/> First program to offer me a space	<input type="checkbox"/> First program to offer me a space
<input type="checkbox"/> Reasonable cost	<input type="checkbox"/> Reasonable cost	<input type="checkbox"/> Reasonable cost
<input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Other. Please specify:

Please answer question 8 for any children who receive care outside of your own home.

8. How does this child typically get to and from child care? Choose one only.

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> Walking	<input type="checkbox"/> Walking	<input type="checkbox"/> Walking
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Car	<input type="checkbox"/> Car	<input type="checkbox"/> Car
<input type="checkbox"/> Public transit	<input type="checkbox"/> Public transit	<input type="checkbox"/> Public transit
<input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Other. Please specify:



9. How satisfied are you with the following aspects of this child's primary care arrangement?

	Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<b>a. Location</b>	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied
<b>b. Quality</b>	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied
<b>c. Hours of care</b>	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied
<b>d. Cost</b>	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Somewhat dissatisfied <input type="checkbox"/> Very dissatisfied

**10. How easy or difficult was it to find care for this child?**

<b>Youngest Child 0 to 12</b>	<b>Next Oldest Child 0 to 12</b>	<b>Next Oldest Child 0 to 12</b>
<input type="checkbox"/> Very easy	<input type="checkbox"/> Very easy	<input type="checkbox"/> Very easy
<input type="checkbox"/> Somewhat easy	<input type="checkbox"/> Somewhat easy	<input type="checkbox"/> Somewhat easy
<input type="checkbox"/> Somewhat difficult	<input type="checkbox"/> Somewhat difficult	<input type="checkbox"/> Somewhat difficult
<input type="checkbox"/> Very difficult	<input type="checkbox"/> Very difficult	<input type="checkbox"/> Very difficult
<input type="checkbox"/> Doesn't apply	<input type="checkbox"/> Doesn't apply	<input type="checkbox"/> Doesn't apply

**10b. If difficult, please explain briefly why.**

**11. Are you receiving the Affordable Child Care Benefit to help with the cost of child care?**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Not sure	<input type="checkbox"/> Not sure	<input type="checkbox"/> Not sure

**12. Does this child have a special need or disability?**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

**12a. If yes, does your child's current care arrangement meet the needs of your child? Please explain.**

**13. Would you change this child’s care arrangement(s) if a preferred option became available at a price you could afford?**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No → <i>Move to question 14</i>	<input type="checkbox"/> No → <i>Move to question 14</i>	<input type="checkbox"/> No → <i>Move to question 14</i>
<input type="checkbox"/> Not sure → <i>Move to question 14</i>	<input type="checkbox"/> Not sure → <i>Move to question 14</i>	<input type="checkbox"/> Not sure → <i>Move to question 14</i>

**13a. If yes, why?**

**13b. If yes, what would be your preferred options? Rank your top three preferences.**

	<b>Youngest Child 0 to 12</b>	<b>Next Oldest Child 0 to 12</b>	<b>Next Oldest Child 0 to 12</b>
<b>1<sup>st</sup> choice</b>	<input type="checkbox"/> My spouse or I <input type="checkbox"/> Relative (other than parent) <input type="checkbox"/> Licensed full-day group child care centre <input type="checkbox"/> Licensed part-time preschool <input type="checkbox"/> Licensed family child care <input type="checkbox"/> A caregiver in their home <input type="checkbox"/> A caregiver in my home <input type="checkbox"/> Other	<input type="checkbox"/> My spouse or I <input type="checkbox"/> Relative (other than parent) <input type="checkbox"/> Licensed full-day group child care centre <input type="checkbox"/> Licensed part-time preschool <input type="checkbox"/> Licensed family child care <input type="checkbox"/> A caregiver in their home <input type="checkbox"/> A caregiver in my home <input type="checkbox"/> Other	<input type="checkbox"/> My spouse or I <input type="checkbox"/> Relative (other than parent) <input type="checkbox"/> Licensed full-day group child care centre <input type="checkbox"/> Licensed part-time preschool <input type="checkbox"/> Licensed family child care <input type="checkbox"/> A caregiver in their home <input type="checkbox"/> A caregiver in my home <input type="checkbox"/> Other
<b>2<sup>nd</sup> choice</b>	<input type="checkbox"/> My spouse or I <input type="checkbox"/> Relative (other than parent) <input type="checkbox"/> Licensed full-day group child care centre <input type="checkbox"/> Licensed part-time preschool <input type="checkbox"/> Licensed family child care <input type="checkbox"/> A caregiver in their home <input type="checkbox"/> A caregiver in my home <input type="checkbox"/> Other	<input type="checkbox"/> My spouse or I <input type="checkbox"/> Relative (other than parent) <input type="checkbox"/> Licensed full-day group child care centre <input type="checkbox"/> Licensed part-time preschool <input type="checkbox"/> Licensed family child care <input type="checkbox"/> A caregiver in their home <input type="checkbox"/> A caregiver in my home <input type="checkbox"/> Other	<input type="checkbox"/> My spouse or I <input type="checkbox"/> Relative (other than parent) <input type="checkbox"/> Licensed full-day group child care centre <input type="checkbox"/> Licensed part-time preschool <input type="checkbox"/> Licensed family child care <input type="checkbox"/> A caregiver in their home <input type="checkbox"/> A caregiver in my home <input type="checkbox"/> Other
<b>3<sup>rd</sup> choice</b>	<input type="checkbox"/> My spouse or I <input type="checkbox"/> Relative (other than parent) <input type="checkbox"/> Licensed full-day group child care centre <input type="checkbox"/> Licensed part-time preschool <input type="checkbox"/> Licensed family child care <input type="checkbox"/> A caregiver in their home <input type="checkbox"/> A caregiver in my home <input type="checkbox"/> Other	<input type="checkbox"/> My spouse or I <input type="checkbox"/> Relative (other than parent) <input type="checkbox"/> Licensed full-day group child care centre <input type="checkbox"/> Licensed part-time preschool <input type="checkbox"/> Licensed family child care <input type="checkbox"/> A caregiver in their home <input type="checkbox"/> A caregiver in my home <input type="checkbox"/> Other	<input type="checkbox"/> My spouse or I <input type="checkbox"/> Relative (other than parent) <input type="checkbox"/> Licensed full-day group child care centre <input type="checkbox"/> Licensed part-time preschool <input type="checkbox"/> Licensed family child care <input type="checkbox"/> A caregiver in their home <input type="checkbox"/> A caregiver in my home <input type="checkbox"/> Other

**14. What would help improve your current child care situation? Check all that apply.**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12
<input type="checkbox"/> Lower fees	<input type="checkbox"/> Lower fees	<input type="checkbox"/> Lower fees
<input type="checkbox"/> Extended hours and/or days of operation	<input type="checkbox"/> Extended hours and/or days of operation	<input type="checkbox"/> Extended hours and/or days of operation
<input type="checkbox"/> Program that supports my child with special needs	<input type="checkbox"/> Program that supports my child with special needs	<input type="checkbox"/> Program that supports my child with special needs
<input type="checkbox"/> Program that meets my language or cultural needs	<input type="checkbox"/> Program that meets my language or cultural needs	<input type="checkbox"/> Program that meets my language or cultural needs
<input type="checkbox"/> More convenient location	<input type="checkbox"/> More convenient location	<input type="checkbox"/> More convenient location
<input type="checkbox"/> Increased availability of part-time child care	<input type="checkbox"/> Increased availability of part-time child care	<input type="checkbox"/> Increased availability of part-time child care
<input type="checkbox"/> Increased availability of full-time child care	<input type="checkbox"/> Increased availability of full-time child care	<input type="checkbox"/> Increased availability of full-time child care
<input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Other. Please specify:	<input type="checkbox"/> Other. Please specify:

**15. What would be your ideal child care arrangement for this child?**

Youngest Child 0 to 12	Next Oldest Child 0 to 12	Next Oldest Child 0 to 12

## Section C: General Child Care Information

1. What do you like most about your current care arrangements for your child?

2. What would you like to change about your current care arrangements for your child?

**3. Which of the following sources of information have you used for help in choosing or finding child care? Check all that apply.**

<input type="checkbox"/> Your local Child Care Resource and Referral program (Prince George): <a href="https://nbc.ymca.ca/community-initiatives/initiatives-programs/child-care-resource-referral/">https://nbc.ymca.ca/community-initiatives/initiatives-programs/child-care-resource-referral/</a>
<input type="checkbox"/> Family members
<input type="checkbox"/> Friends, neighbours, parents of other children
<input type="checkbox"/> Websites, blogs
<input type="checkbox"/> Social media (Facebook, Twitter)
<input type="checkbox"/> Brochures/leaflets
<input type="checkbox"/> Community newspaper
<input type="checkbox"/> School
<input type="checkbox"/> Northern Health
<input type="checkbox"/> Community programs (please list _____)
<input type="checkbox"/> Other. Please specify:
<input type="checkbox"/> None
<input type="checkbox"/> Does not apply



4. How important is each of the following aspects of a child care program for you?

	Not at all Important	Somewhat Important	Quite Important	Very Important
Located near my home				
Located near my work				
Located near my child's school				
Cost				
Hours the program is open				
The activities for children				
Quality of indoor space				
Quality of outdoor space				
Staff				
Reputation of the program				
Accepts children with special needs				
Program reflects my language/culture				
Program is licensed				
Other. Please specify: _____				

**5. Which best describes your child care needs for *YOUR CHILDREN NOT YET IN KINDERGARTEN*? Check one only.**

<input type="checkbox"/> Not applicable – all children are school-age
<input type="checkbox"/> Five days a week, full days (more than four hours per day)
<input type="checkbox"/> Five days a week, part days (four hours per day or less)
<input type="checkbox"/> One to four days a week, full days
<input type="checkbox"/> One to four days a week, part days
<input type="checkbox"/> Occasional care as needed (irregular schedule)
<input type="checkbox"/> Other. Please specify:

**6. Which best describes your child care needs for *YOUR CHILDREN FROM KINDERGARTEN TO 12 YEARS OLD*? Check one only.**

<input type="checkbox"/> Not applicable – no school-age children 12 years or younger
<input type="checkbox"/> Out of school care, five days a week
<input type="checkbox"/> Out of school care, one to four days a week
<input type="checkbox"/> Occasional care as needed (irregular schedule)
<input type="checkbox"/> School professional days or school breaks
<input type="checkbox"/> Other. Please specify:

## Section D: Final Details

### 1. Last year, what was your total household income, before taxes and deductions?

<input type="checkbox"/> Under \$25,000
<input type="checkbox"/> \$25,000 to \$49,999
<input type="checkbox"/> \$50,000 to \$74,999
<input type="checkbox"/> \$75,000 to \$99,999
<input type="checkbox"/> \$100,000 to \$124,999
<input type="checkbox"/> \$125,000 to \$149,999
<input type="checkbox"/> \$150,000 to \$199,999
<input type="checkbox"/> \$200,000 or more
<input type="checkbox"/> Prefer not to answer

### 2. How long have you lived in Canada?

<input type="checkbox"/> Born in Canada
<input type="checkbox"/> Under 3 years
<input type="checkbox"/> 3 to 5 years
<input type="checkbox"/> 5 to 10 years
<input type="checkbox"/> More than 10 years

**3. Which language(s) are most often spoken in your home? Check all that apply.**

<input type="checkbox"/> English	<input type="checkbox"/> German	<input type="checkbox"/> Korean
<input type="checkbox"/> Hungarian	<input type="checkbox"/> Ilocano	<input type="checkbox"/> Afrikaans
<input type="checkbox"/> Italian	<input type="checkbox"/> Other. Please specify:	

**4. What are the top three things you'd like to see happen to improve the child care situation for you and other families in your community?**


**5. Do you have any other comments or suggestions you'd like to share to help with Child Care Planning for the Village of McBride?**

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**THANK YOU FOR PARTICIPATING IN OUR SURVEY. PLEASE SHARE THE SURVEY WITH FAMILY AND FRIENDS WITH YOUNG CHILDREN.**