



**To:** Planning Committee **Date:** June 20, 2002  
**From:** Terry Crowe **File:** 4055-01  
 Manager, Policy Planning  
**Re:** 2001 - 2006 RICHMOND CHILD CARE NEEDS ASSESSMENT REPORT

**Staff Recommendation**

That Council, as per the Manager, Policy Planning Department report dated June 20, 2002:

- (i) endorse the recommendations of the 2001 - 2006 Richmond Child Care Needs Assessment Report (**see Attachment 2, Summary Report**), as objectives for the provision of child care in Richmond, and
- (ii) direct staff to establish a program proposal to implement the recommendations, as part of the City's program, service level and 2003 budget review process.

Terry Crowe  
Manager, Policy Planning

TTC:ls

Att. 3

FOR ORIGINATING DIVISION USE ONLY		
<b>ROUTED TO:</b>	<b>CONCURRENCE</b>	<b>CONCURRENCE OF GENERAL MANAGER</b>
Recreation & Cultural Services .....	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	

## Staff Report

### Origin

The Child Care Development Board (CCDB) first conducted a Needs Assessment in 1995 and the resulting recommendations, as well as the City Child Care Policy and Implementation Strategy, (see **Attachment 1**), have helped to direct the development of child care in Richmond since that time.

In 2001, the CCDB considered it timely to conduct another Needs Assessment to determine what progress had been made since 1995, what gaps still existed and what services would be needed to 2006. In addition, a more detailed City geographical analysis was desired to facilitate neighbourhood planning for child care.

In June 2001, Council approved the proposal by the Child Care Development Board to conduct a 2001 – 2006 Needs Assessment. In August, 2001, the Social Planning and Research Council of BC was contracted by the City to undertake this project.

### Findings Of Fact

#### 1. Process

The Needs Assessment process was guided by a Steering Committee consisting of five members of the Child Care Development Board.

A range of methods was used to complete the Needs Assessment:

- existing data analysis (e.g., School District population projections, 1997 Provincial Child Care Needs Assessment Survey results);
- focus groups (with parents, providers and stakeholders);
- interviews (with child care researchers and City planners); and
- surveys (with parents and child care providers re: usage patterns).

#### 2. Final Report

The resulting report, “2001 – 2006 Richmond Child Care Needs Assessment”, contains two parts:

- Part 1, “Summary Report” (**Attachment 2**) summarizes key city-wide and health area service gaps, barriers to accessing and providing child care, and presents the recommendations; and
- Part 2, “2001 - 2006 Richmond Child Care Needs Assessment” provides an extensive analysis of child care supply, demand and need in Richmond (City-wide and by six Richmond Health Areas), barriers faced by parents and providers, child care policy in other jurisdictions and the recommendations (full report distributed separately).

### **3. Child Care Development Board Priority Recommendations**

The CCDB views and recommendations regarding the Needs Assessment are presented in **Attachment 3**, entitled “Report on the 2001-2006 Child Care Needs Assessment”. While emphasizing the importance of addressing all recommendations to achieve a comprehensive, integrated approach to child care planning, the Board suggests the prioritization of four recommendations, namely:

**(a) Develop Child Care Spaces**

“To work to develop new child care spaces in the City of Richmond with specific attention to Infant/Toddler and School Age Care.”

**(b) Hire a Child Care Development Coordinator**

“To reinstate a City Child Care Planner/Manager to oversee the development of new child care spaces and to work to implement the other recommendations in the Needs Assessment Final Report. Ideally this person would work full-time for the City and provide community development and leadership in the child care sector in Richmond.”

**(c) Ensure Developer Contributions to Child Care**

“That Richmond adopt a practice of requiring developers to contribute a predetermined (formulaic) amount of money to the Child Care Statutory Reserve. This takes the development of child care out of the hands of developers and puts the City in control. The new Municipal Charter may provide a mechanism to assist with this.”

**(d) Ensure City Contributions to Child Care**

“That the City make an annual contribution to the Child Care Statutory Reserve Fund.”

#### **Analysis**

The 2001 – 2006 Child Care Needs Assessment is thorough and provides a sound basis to plan, manage and develop child care to 2006.

All recommendations have merit.

#### **Analysis of Top Four Recommendations**

The following analysis pertains to the priority recommendations identified by the CCDB. The rationale behind the recommendations is provided, followed by pros and cons of implementation.

## 1. Develop Child Care Spaces

“To work to develop new child care spaces in the City of Richmond with specific attention to Infant/Toddler and School Age Care.”

Rationale:

- The following high priority service gaps are identified in the Needs Assessment:
  - The most notable service gap is in out-of-school services for children 9 – 12, City-wide and particularly in Health Areas 1 and 4.
  - Kindercare spaces are also needed across Richmond, and especially in Health Area 1.
  - Another significant service gap is in infant/toddler care, particularly in Health Area 5.
- City-wide, infants/toddlers and nine to twelve year olds are the only growing segments of the under-thirteen population. These projected increases are significant given the shortage of group under-three spaces and out-of-school spaces.
- Figures provided in the data are extremely conservative estimates. Wait lists for child care services in Richmond indicate that real demand may be considerably higher.
- The Needs Assessment identifies the following as extremely conservative child care space requirements in 2006, to be used as a guideline in increasing the supply of regulated child care facilities and space.
- Prioritize the development of needed child care spaces.

Pros:

- Lessens gap between demand and supply of regulated child care in Richmond.
- Helps to ensure the availability of quality child care in Richmond.
- Parents currently relying on unregulated child care may prefer to use regulated services which have greater quality control, indicating that demand for regulated spaces is potentially higher than anticipated.
- Reduces waiting lists.
- The greater availability of child care spaces supports parents in planning and fulfilling employment, education and family responsibilities.
- The development of new spaces would assist the City to achieve its vision of being the most appealing, livable and well-managed City in Canada.

Cons:

- Requires planning, coordination and funding.

## 2. Hire a Child Care Development Coordinator

“To reinstate a City Child Care Planner/Manager to oversee the development of new child care spaces and to work to implement the other recommendations in the Needs Assessment Final Report. Ideally this person would work full-time for the City and provide community development and leadership in the child care sector in Richmond.”

### Rationale:

- According to the Needs Assessment, “it is unlikely that the City of Richmond can adequately act on any of the above recommendations in the absence of an adequate child care planning process that brings together the information and resources of all key community stakeholders.”
- The CCDB envisions that the primary roles of the Child Care Coordinator would be to:
  - oversee the development of new child care spaces;
  - work to implement the other recommendations in the Needs Assessment Report; and
  - provide community development and leadership in the child care sector in Richmond.
- The Needs Assessment identifies the following tasks for the Coordinator:
  - track child care needs and developments across the City;
  - mitigate problems of stakeholder fragmentation and ad hoc decision making choices that affect the Richmond child care sector;
  - monitor infrastructure development throughout the City (i.e. the construction of churches, mosques, meeting halls, etc), and encourage project coordinators to integrate space for child care into their development plans;
  - help the City of Richmond both acknowledge the growing research that links quality early childhood development opportunities with healthy communities, and integrate an appreciation for this finding into its broader Municipal mandate;
  - organize regular child care planning sessions that bring together relevant community partners;
  - mobilize a coalition of local support, e.g., cash and in-kind contributions of space and equipment from community groups and large employers; and
  - work with the School Board, Community Associations, etc.

### Pros:

- To achieve many of the recommendations in the Needs Assessment, coordination is required among the City and various stakeholders, including the City, School Board, Community Associations, developers, child care providers and related professionals.
- A Child Care Coordinator would bring knowledge of and experience with the child care field to the City child care planning process, as well as knowledge of City development.
- As a volunteer advisory committee, the Child Care Development Board does not have sufficient time to coordinate child care planning for the City.
- City staff have limited time and other social planning responsibilities (e.g., poverty, seniors, intercultural, drug strategy).

## Cons:

- Requires additional funding (e.g., City and partners), for example:
  - for ½ year, approximately \$25,000, and
  - for a full year, approximately \$50,000.

**3. Ensure Developer Contributions to the Child Care Statutory Reserve Fund**

“That Richmond adopt a practice of requiring developers to contribute a predetermined (formulaic) amount of money to the Child Care Statutory Reserve. This takes the development of child care out of the hands of developers and puts the City in control. The new Municipal Charter may provide a mechanism to assist with this.”

## Rationale:

- This is currently the approach to development projects taken by the City of Vancouver.
- Pooled revenue could be used to construct child care facilities in locations that most effectively respond to demand pressure points.
- This strategy would also permit the development of facilities designed to meet the needs of larger groups of children, thereby facilitating administrative efficiency, financial viability and continuity of care.

## Pros:

- City would provide leadership.
- Future developments provide an opportunity to rebuild the Reserve Fund.
- Child care development would be planned for by the City rather than left to developers.
- The City would be in a better position to partner with stakeholders (e.g., the School District to locate child care services on or near school grounds, possibly through the purchase of modular units).
- The Child Care Statutory Reserve Fund currently has a balance of \$34,191 that will be allocated in the Fall of 2002. No replenishment of this fund is yet planned.

## Cons:

- Developer costs would increase.

#### 4. **Ensure Annual City Contributions to the Child Care Statutory Reserve Fund**

“That the City make an annual contribution to the Child Care Statutory Reserve Fund.”

Rationale:

- Richmond Council has a positive and long standing track record in supporting and facilitating the development of regulated child care in the City (i.e., through the development of four city-owned daycares, contributions to the Child Care Development Statutory Reserve Fund, and the previous Child Care Coordinator position).
- An annual contribution to the Child Care Statutory Reserve Fund would enable the City to respond to child care development needs as they arise.
- A funding source would be assured to assist with:
  - building new centres;
  - developing playgrounds;
  - providing equipment, repairs and improvements; and
  - providing a Child Care Coordinator salary.
- The Child Care Statutory Reserve Fund currently has a balance of \$34,191 that will be allocated in the Fall of 2002. No replenishment of this fund is yet planned.

Pros:

- With annual City contributions, a source of funds for capital expenditures for licensed daycares will be ensured.
- Annual City contributions will encourage private sector contributions.
- The City will be able to provide long term and stable support to the child care sector, benefiting current and future residents of Richmond through the provision of new spaces and the enhancement of existing spaces.
- The City will benefit from a coordinated, planned approach to child care development.
- The City will be able to maintain its leadership role in child care development.

Cons:

- Requires funding.

#### **Financial Impact**

1. None at this time.

2. Considerations:

(a) **Develop Child Care Spaces**

- Cost unknown at this time.
- The cost of a City-owned child care facility which could accommodate 30-40 children can be \$400,000.

**(b) Hire a Child Care Development Coordinator**

*Possibilities:*

- (i) Annual City costs for the Child Care Coordinator would be:
  - Full-time: \$50,000.00 (estimated)
  - Part-time: \$25,000.00 (estimated)
- (ii) Alternatively, if cost shared with the School Board or other partners, City costs would be reduced, for example:
  - Full-time, consultant time and costs shared: \$25,000.00
  - Part-time, consultant time and costs shared: \$12,500.00

**(c) Ensure Developer Contributions to Child Care**

To be determined, for example:

- \$100,000 estimated annual developer contribution to the Child Care Statutory Reserve Fund

**(d) Ensure City Contributions to Child Care**

To be determined, for example:

- \$100,000 estimated annual City contribution to the Child Care Statutory Reserve Fund
- with estimated annual developer contribution of \$100,000, total annual contributions could be \$200,000
- the fund could possibly hold a balance of \$100,000 (suggested)

**(e) Other Needs Assessment Recommendations**

- To be determined.

**3. Summary**

All recommendations are to be reviewed as part of the City's program, service level and 2003 budget review process.

**Conclusion**

By endorsing the recommendations in the 2001 - 2006 Richmond Child Care Needs Assessment report and working towards its implementation, Council will contribute substantially towards improving child care in Richmond. The achievement of these goals is integral to becoming the most appealing, livable and well-managed City in Canada.



Lesley Sherlock

Social Planner

LS:cas





# City of Richmond

# Policy Manual

Page 1 of 1

Adopted by Council: Dec. 9/91

**POLICY 4002**

(See also the Implementation Strategy endorsed Apr. 27/92)

File Ref: 3070-00

**CHILD CARE - COMMITMENT****POLICY 4002:**

It is Council policy that:

1. One of the goals of Richmond's Official Community Plan is: "To provide for the social needs of the community with adequate support services .... planning for increased services for the anticipated changes in the population mix of our community".
2. The City of Richmond acknowledges that child care is now an essential service in our community for residents, employers and employees.
3. The City of Richmond is committed to being an active partner with senior levels of government, parents, the private sector, and the community in the development and maintenance of a comprehensive child care system in Richmond. This system shall provide quality programs which are accessible and affordable.

(Planning Department)



**ADMINISTRATIVE PROCEDURE 4002.01:**

***IMPLEMENTATION STRATEGY:***

To implement Richmond Child Care Policy No. 4002, City Council has endorsed the following implementation strategy:

1. To establish a child care facility for City employees, in consultation with City Employees and union representatives.
2. To establish a Child Care Development Fund, to finance development of child care in City Buildings and on City land, and to provide assistance to other endeavours directed towards achieving City child care objectives.
3. To develop policies and guidelines, and use Council's powers and negotiations in the development approval process to achieve child care targets and objectives.
4. To establish a grants policy on financial support for child care operations. Where City-owned property is leased, grants should be used in preference to subsidies.
5. To use the Child Care Development Fund to acquire sites for lease to non-profit societies for child care.
6. Consider the encouragement of spaces for children with special needs and mainstreaming such children, in developing a child care grants policy.
7. To designate a specific staff position as being responsible for co-ordination of child care matters.
8. To instruct staff to review various regulations, policies and procedures to ensure that no undue barriers exist to the development of child care.
9. To give explicit consideration to child care policies in all local area plans and develop targets for the number, type and location of child care services required.
10. To instruct the staff to develop networks and processes and data bases to facilitate the development of child care facilities, programs and non-profit child care agencies; to work with existing agencies in a complementary way to assist in development of a comprehensive information and resource base.
11. To instruct staff to determine whether any current City land holdings might be appropriate to make available for immediate use as child care facilities.
12. To encourage employer involvement in child care.



13. To investigate the possibility of establishing a group child care centre for shift workers for such institutions as Kwantlen College, Richmond General Hospital and the Workers Compensation Board.
14. To seek staff with ECE qualifications to fill appropriate new positions in Community Care Facilities Licensing in the Health Department, should they be created.
15. To instruct staff to review and where appropriate improve City produced public information material on child care.
16. To encourage the Richmond Friendship Home Society to use their land for child care.
17. To request the Council of Community Associations to review the issue of child care in community centres and provide information on the possibility and priority of child care programs in current or future community centre space.
18. To request the Co-ordinating Committee on Ethnic Relations to investigate and report on concerns, needs, and problems facing ethnic, native and other minority groups in the area of child care.
19. To declare the month of May "Child Care Month", and to support awareness and fund-raising activities during that month.
20. To work towards the establishment of a community-based Child Care Development Board (CCDB).
21. To set up a Steering Committee which would:
  - develop a community-based model for the CCDB.
  - define an appropriate structure, mandate and membership for the board.
  - work with the Province to coordinate this endeavour with current or proposed Provincial initiatives.
  - explore long term funding mechanisms for the board.
  - put this board in place in the community.

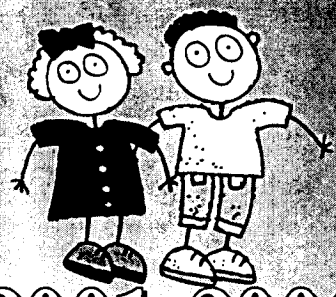
The steering committee would include representatives of the Health & Social Services Committee, the Child Care Development Task Force, the Child Care Advisory Committee of the RCSAC, Richmond Information and Volunteer Centre and their Child Care Support Program, other interested organizations such as Family Place, and resource persons from City staff.

22. To seek Provincial funding for the CCDB.
23. To consider direct financial support for the CCDB, after the initial start-up funding, through the Grants Program or through the budget process.

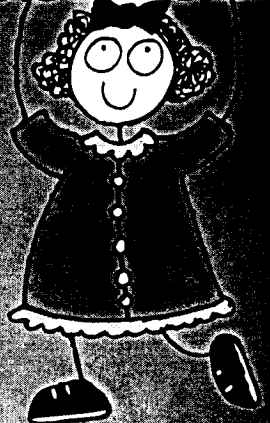
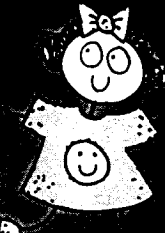
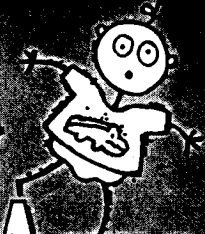


24. To transfer those functions identified as staff assignments in this strategy to the CCDB as appropriate.
25. To forward the Child Care Development Task Force report to the Richmond School Board and request the Board to consider and respond to the Task Force suggestions set out in Section II of their draft strategy.
26. To forward the Child Care Development Task Force report and this report to the Provincial Government and request that the appropriate Ministries consider and respond to the Task Force suggestions in Section III of their draft strategy and, in particular, to provide funding and other support for child care including funding for a community-based Child Care Development Board.
27. To forward the Child Care Development Task Force report to the Federal Government and request that the appropriate Ministries consider and respond to the Task Force suggestions in Section IV of their draft strategy.
28. To instruct the Director of Community and Governmental Relations to establish a liaison with the key staff members in the other levels of government and the School Board, to monitor progress made in response to the Child Care Development Task Force suggestions to those bodies, and to report back periodically on their responses.

RICHMOND  
*Island City, by Nature*



# 2001-2006 Summary Child Care Needs Assessment



**Prepared by:**

- City of Richmond
- The Needs Assessment Steering Committee of the Richmond Child Care Development Board
- Social Planning and Research Council of BC (SPARC)



## **ACKNOWLEDGEMENTS**

The City of Richmond provided funding for the 2001 – 2006 Richmond Child Care Needs Assessment.

The project was completed under the direction of the Richmond Child Care Development Board.

The following Board Members acted as the Steering Committee:

- Nicky Byres, Chairperson
- Agnes Thompson
- Susan Graf
- Maria Ressel
- Kathy Stoessl

The Child Care Development Board thanks all those involved in the production of the 2001 - 2006 Needs Assessment for their time, expertise, and support.

Particular thanks are owed to:

- Consultants (The Social Planning and Research Council of BC [SPARC] with Michael Goldberg, Paul Kershaw and Andrea Long),
- Focus group participants, key informants and district staff from Richmond's neighbouring municipalities.

## **RESPONSIBILITY**

- The City of Richmond is solely responsible for this report and recommendations.
- The Consultants (SPARC), with Michael Goldberg, Paul Kershaw and Andrea Long, conducted the research, reported findings and proposed recommendations.

**Part 1 - Summary Report**

**2001 – 2006 Child Care Needs Assessment  
City of Richmond**

## PART 1 - TABLE OF CONTENTS

<b>PURPOSE</b> .....	<b>3</b>
<b>CONTENTS</b> .....	<b>3</b>
<b>OVERVIEW</b> .....	<b>4</b>
GENERAL .....	4
CRITICAL FOCUS .....	4
DATA LIMITATIONS .....	4
<b>FINDINGS</b> .....	<b>5</b>
2001 NON-FAMILIAL - REGULATED AND UNREGULATED CHILD CARE SPACES .....	5
2001 - NON-FAMILIAL - REGULATED (ONLY) CHILD CARE DEMAND .....	6
2006 CONSERVATIVE SPACE NEEDS ESTIMATES - NON-FAMILIAL REGULATED .....	6
HEALTH AREA FINDINGS 2001 - 2006 .....	8
HIGH PRIORITY SERVICE GAPS - NON-FAMILIAL REGULATED, BY TYPE .....	12
PARENT AND PROVIDER BARRIERS .....	13
<b>RECOMMENDATIONS</b> .....	<b>15</b>
ACTION FOR STAKEHOLDERS .....	15
CHILD CARE SPACES.....	17
<b>GLOSSARY</b> .....	<b>19</b>
 <b>MAPS</b>	
MAP 1. CITY OF RICHMOND HEALTH AREA BOUNDARIES.....	9
MAP 2. 2001 NUMBER OF SPACES IN EACH HEALTH AREA .....	24
MAP 3. 2001 SPACES PER 1000 CHILDREN .....	25
MAP 4. 2001 POPULATION BY AGE GROUP .....	26
MAP 5. PERCENT CHANGE OF POPULATION BY AGE GROUP: 2001-2006 .....	27
MAP 6A. 2001 PERCENT OF CHILDREN THAT LIVE WITHIN EACH HEALTH AREA .....	28
MAP 6B. 2001 PERCENT OF SPACES IN RICHMOND.....	29
MAP 7. 2001 CONCENTRATION OF EMPLOYEES.....	30
MAP 8. 2001 FRENCH IMMERSION PROGRAMS AND PRIVATE SCHOOLS BY HEALTH AREA .....	31



## SUMMARY REPORT

### 1. Purpose

The purpose of the 2001 - 2006 Richmond Child Care Needs Assessment is to assist in making Richmond the most appealing, livable and well-managed City in Canada by:

- identifying child care changes and trends from 1995 to 2001;
- projecting Richmond child care needs from 2001 to 2006; and
- providing information, options and recommendations as to how to support the continued development of child care services, and enable Richmond to continue to be a leader in child care.

### 2. Contents

The *2001- 2006 Richmond Child Care Needs Assessment*:

- compiles 2001 and 2006 data regarding:
  - the demand for child care in the City of Richmond (e.g., based on child care time usage data),
  - the available supply of all types of regulated child care,
  - projected population trends between 2001 and 2006,
  - to 2006:
    - the needed number of child care spaces, and
    - the needed types of child care spaces.
  - barriers to accessing and delivering child care services for parent and providers, and
  - child care policy in other jurisdictions.
- presents recommendations for action on child care for City Council, key stakeholders and partners including:
  - the Child Care Development Board (CCDB),
  - the School Board,
  - Community Associations,
  - the Child Care Resource and Referral Society (CCRR), and
  - other key actors in the child care sector.

### 3. Overview

#### (1) General

- Child care can be described according to the following categories (see Glossary):

<b>Child Care Categories</b>
<b>FAMILIAL</b> (child care by a parent or other relative, usually unpaid) (unregulated)
<b>NON-FAMILIAL</b> (child care by a non-parent or non-relative) categorized as follows:
<p><b>(A) Regulated Child Care</b></p> <p><b>(i) Group Child Care (Licensed):</b></p> <ul style="list-style-type: none"> <li>(a) Infant/Toddler (under 3 yrs. old)</li> <li>(b) Group (3 - 5 yrs. old)</li> <li>(c) Preschool (3 - 5 yrs. old)</li> <li>(d) Kindercare (5 &amp; 6 yrs. old)</li> <li>(e) Out-of-School (6 - 12 yrs. old)</li> <li>(f) Specialized (e.g., disability)</li> </ul> <p><b>(ii) Family Day Care (Birth – 12 yrs. old):</b></p> <ul style="list-style-type: none"> <li>(a) Licensed</li> <li>(b) License Not Required</li> </ul> <p><b>(iii) Childminding (Licensed) (Birth –12 yrs. old)</b></p>
<p><b>(B) Unregulated Child Care (Unlicensed)</b></p> <ul style="list-style-type: none"> <li>(i) Non-relative inside the home (e.g., nanny) (Birth – 12 yrs. old)</li> <li>(ii) Non-relative outside the home (e.g., neighbour/babysitter) (Birth – 12 yrs. old)</li> </ul>

#### (2) Critical Focus of this Needs Assessment

This Needs Assessment focuses on non-familial regulated child care because it is regulated by public policy and because an appealing, livable, well-managed City ensures that parents have access to regulated child care.

#### (3) Data Limitations

- (a) The above chart lists all child care categories.
- (b) However, data is not available for every category and calculation. Accordingly, where data is not available either:
  - child care categories are consolidated and data is presented, or
  - data is not presented.

#### 4. Findings

##### (1) 2001 - Non-Familial - Regulated and Unregulated Child Care Spaces

###### *2001 Supply*

As of August 2001, the City of Richmond had:

- for children under six (excluding preschools, childminding and special need spaces), **1,141 regulated spaces** and an estimated **591 unregulated spaces**; and
- for Children aged 6-12, another **1,126 regulated spaces** and an estimated **3,215 unregulated spaces**.

###### *2001 Demand*

For 2001, child care time usage data collected in the *1997 Provincial Child Care Needs Assessment* indicate:

- for children under six (excluding preschools), a demand for approximately **1,711 full-time equivalent (FTE) child care spaces (regulated and unregulated)**; and,
- for children aged 6-12, another **4,341 FTE spaces (regulated and unregulated)**.

The time-use data therefore suggest the presence of a large unregulated child care sector in Richmond, particularly among children six and older (see Tables A and B). While research consistently indicates that quality child care is found more regularly within regulated care contexts, not all families use regulated child care services, particularly since the cost and availability of regulated child care pose significant barriers (see Parent Barriers below).

**TABLE A:  
2001 - 2006**

##### **City Wide Supply Versus Demand for Non-Familial Care for Children (0 – 6)**

Service Type	Supply of regulated FTE spaces	Projections of Use Measured in FTE spaces		Estimates of Unregulated Supply (Projections of Use minus Supply of regulated FTE spaces in 2001)	
		2001	2006	2001	2006
Non-relative outside home	473	557	550	84	77
In-home care-giver (nanny)	0	437	432	437	432
Child care centre (age 0-2)	92	90	88	-2	-4
Child care centre (age 3-4)	384	365	360	-19	-24
Child care centre (age 5)	192	262	259	70	67
Total FTE spaces	1,141	1,711	1,689	591 (and 21 regulated vacancies)	576 (and 28 regulated vacancies)

**TABLE B:  
2001 - 2006**

**Supply Versus Demand for Non-Familial Care for Children Six to Twelve**

Service Type	Supply of regulated FTE spaces	Projections of Use Measured in FTE spaces		Estimates of Unregulated Supply (Projections of Use minus Supply of regulated FTE spaces in 2001)	
		2001	2006	2001	2006
Non-relative outside home	64	1,712	1,728	1,648	1,664
In-home care-giver (nanny)	0	1,284	1,296	1,284	1,296
Out-of-School program	1,062	1,345	1,357	283	295
Total FTE spaces	1,126	4,341	4,381	3,215	3,255

**(2) 2001 Demand - Non-Familial Regulated (Only) Child Care**

Relying on assumptions about child care usage developed by the City of Vancouver, this study estimates that the demand for regulated child care for Richmond children:

- under age six ranges (0-5) from **856 to 1,232 FTE spaces in 2001** (see Part 2) and
- age six to twelve (6-12) ranges from **1,736 to 3,126 FTE spaces in 2001** (see Part 2).

Since there is reason to believe that 1997 time usage data underestimate the number of children requiring child care in the City, the findings of this Needs Assessment indicate that demand for regulated care in Richmond exceeds supply, particularly among school-age children.

Demand in 2001 continues to exceed supply in Richmond despite the finding that the number of regulated child care spaces in the City increased by 33 percent between 1995 and 2001, from 2,439 spaces to 3,216 spaces (including occasional childminding spaces).

By contrast, the population of children under thirteen in the City grew by only 3.5 percent over the last six years.

**(3) 2001 - 2006 Conservative Space Needs Estimates, Non-Familial Regulated**

- The following space needs estimates are extremely conservative.
- They take into account the financial ability of the child care sector to operate and the ability of parents to access regulated spaces, given the barriers identified below.
- Therefore, providing these spaces may not meet community needs.

- However, the child care sector and Richmond families have the capacity to support the development of at least this range of spaces.

(a) School Age (6 – 12 years old)

This needs assessment estimates that there will be a shortage of between 626 and 2,028 regulated FTE school-age spaces in 2006.

(b) Kindercare (5 years old)

The 2001 - 2006 Needs Assessment identifies the need for:

- the development of 34 - 75 new regulated spaces in Kindercare or Group Care (3-5 yrs. old) programs, particularly in Health Area 1 (Northwest Richmond/Sea Island) (see Full Report, Chapter 1, Footnote #14), and
- an additional 30-plus regulated Family Day Care spaces to cater to kindergarten children, as well as infants and toddlers. The large majority of these Family spaces should be introduced in Area 4 (Richmond Centre) (see Table D).

(c) Infant / Toddler (0 – 2 years old)

The 2001 – 2006 Needs Assessment identifies the need for the development of one new regulated group facility program (12 – 24 spaces (under 3 years old) in Area 5 (Richmond Centre North) (see Table C).

**TABLE C**

**Projections for Children Under Six  
Regulated Space Requirements to Meet Conservative Demand  
by Service Type and Health Area (2001-2006)**

City-Wide	Family: (473 current spaces) 2001: Requires 0-37 more spaces 2006: Requires 0-31 more spaces			Group Care: 2001: Requires 0 - 54 more spaces 2006: Requires 0 - 44 more spaces						Pre-school (820 current spaces)
				Under 3 (92 current spaces)			3 – 5 (576 current spaces) or Kindercare			
Health Area	Current # of Reg. spaces	Estimated Space Requirements		Current # of Reg. spaces	Estimated Space Requirements		Current # of Reg. spaces	Estimated Space Requirements		Data Not Available
		2001	2006		2001	2006		2001	2006	
1	147	0	0	58	0	0	160	30	30	
2	122	0	0	10	0	0	86	7	4	
3	104	0	0	0	0	0	53	7	0	
4	48	26	27	12	0	0	196	0	0	
5	38	7	0	0	10	10	56	0	0	
6	14	4	4	12	0	0	25	0	0	
Areas 1 to 6	473	37	31	92	10	10	576	44	34	

**TABLE D**  
**Projections for Children Six to Twelve**  
**Regulated Space Requirements to Meet Conservative Demand**  
**by Service Type and Health Area (2001-2006)**

City-Wide	Family: (64 current spaces) 2001: Requires 37-120 more spaces 2006: Requires 38-121 more spaces					Out of School Care: (1,062 current spaces) 2001: Requires 573 - 1,880 more spaces 2006: Requires 588 - 1,907 more spaces				
Health Area	Current # of Reg. spaces	Estimated Space Requirements				Current # of Reg. spaces	Estimated Space Requirements			
		Low		High			Low		High	
		2001	2006	2001	2006		2001	2006	2001	2006
1	22	11	14	37	42	276	254	293	680	753
2	15	8	4	25	22	241	132	86	431	348
3	13	0	0	10	8	180	32	15	200	171
4	7	11	14	31	32	241	52	106	286	377
5	5	5	4	12	12	104	59	43	187	160
6	2	2	2	5	5	20	44	45	96	98
Areas 1 to 6	64	37	38	120	121	1,062	573	588	1,880	1,907

**(4) Health Area Findings, 2001 – 2006 (See Table E)**

In addition to presenting data on the demand for child care services for the entire City, the 2001 – 2006 Needs Assessment outlines the factors affecting the demand for care in each of Richmond’s Health Areas.

*Health Area 1 – Northwest Richmond / Sea Island*

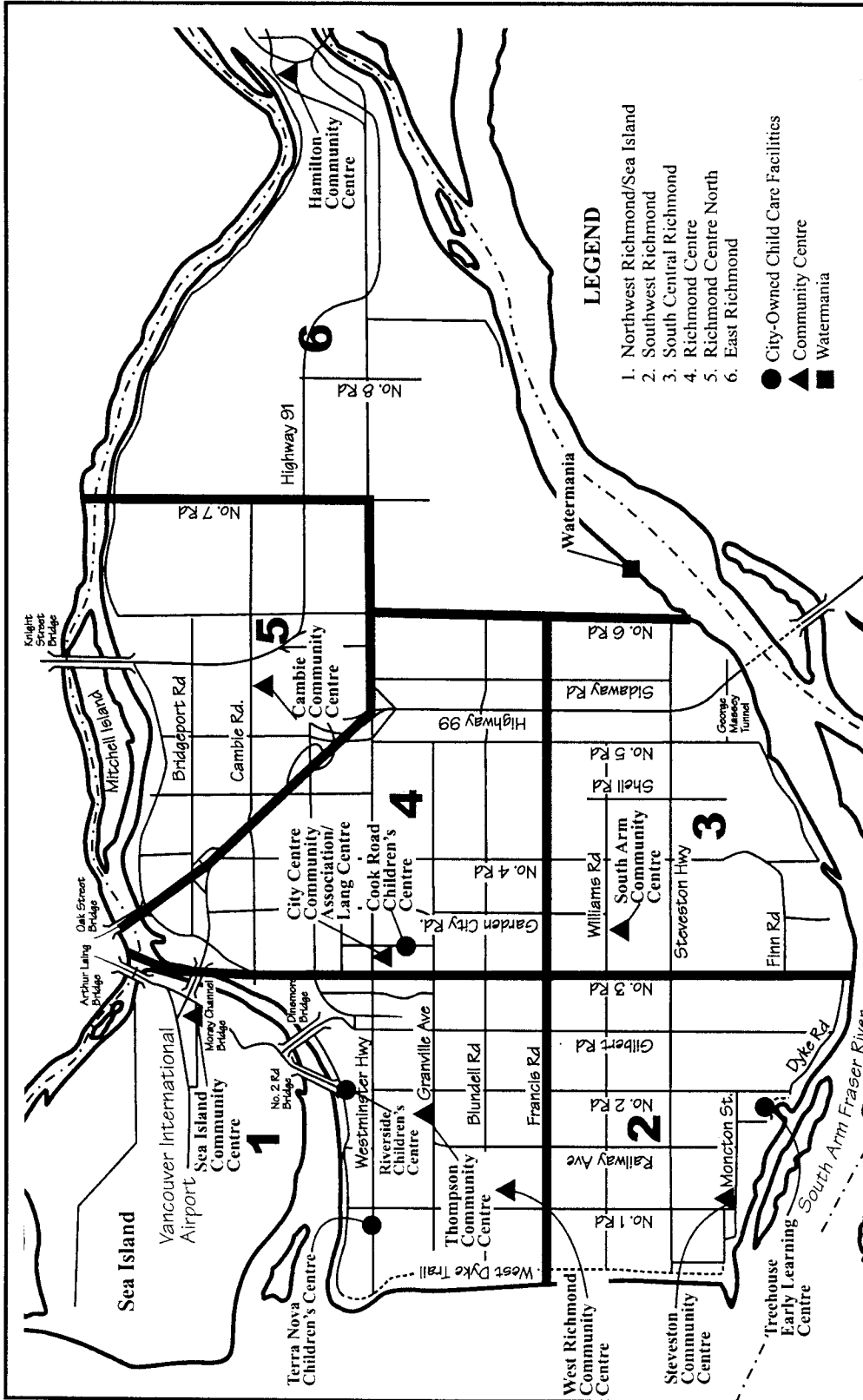
Health Area 1, with the second lowest overall capacity (number of child care spaces per 1000 children under 13) in Richmond, faces significant growth in its under thirteen population (particularly in the nine to twelve age category, followed by five year olds).

Area 1 also has the highest actual number of low income status children in Richmond, with the likely result that a larger number of children in care in this Area require provincial government subsidies.

*Health Area 2 – Southwest Richmond*

Health Area 2 experienced the second highest rate of growth in regulated child care spaces in the City since 1995, while recording the largest decline in the number of children under thirteen.

Area 2 is again projected to experience the most significant decrease in population over the next five years, particularly for children over age five.



**LEGEND**

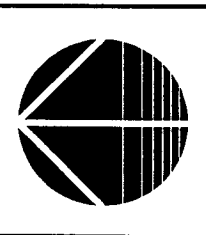
- 1. Northwest Richmond/Sea Island
  - 2. Southwest Richmond
  - 3. South Central Richmond
  - 4. Richmond Centre
  - 5. Richmond Centre North
  - 6. East Richmond
- City-Owned Child Care Facilities
  - ▲ Community Centre
  - Watermania

Original Date: 04/03/02  
 Revision Date:  
 Note: Dimensions are in METRES

# Map 1

## City of Richmond

### Health Area Boundaries



*Health Area 3 – South Central Richmond*

In 1995, Health Area 3 had the highest child care capacity in Richmond. Since that time, the Area has experienced relatively slow growth in the regulated child care sector, but the population of children under thirteen has also declined. As a result, Area 3 still has the highest child care capacity relative to population in 2001.

The number of children under three is expected to remain stable in Area 3 over the next five years. At present, the Area has no group care for the 621 children who fall in this age category, though the relatively high proportion of regulated family caregivers might be meeting some of the demand for infant/toddler care locally.

As with Area 2, however, the number of children in Area 3 is expected to decline significantly through to 2006, especially among the six to eight grouping, followed again by five year olds.

*Health Area 4 – Richmond Centre*

Health Area 4 experienced substantial growth in its under thirteen population between 1995 and 2001, with the result that there has been only a limited increase in child care capacity relative to population.

The child population in this Area is projected to increase more rapidly than anywhere else in the City over the next five years, particularly among the nine to twelve age grouping.

Area 4 is home to a large number of persons whose first language is not English, and has a high incidence of low income status.

*Health Area 5 – Richmond Centre North*

Child care capacity grew moderately in Health Area 5 between 1995 and 2001.

Over the next five years, Area 5 is the only Health Area north of Francis road in which the population of children under thirteen is projected to fall. The decline is expected to be particularly dramatic for the six to eight age group, followed by five year olds.

Area 5 has the highest percentage of low-income status in Richmond relative to its population, and is home to the largest population of non-native English speakers.



*Health Area 6 – East Richmond*

As in 1995, Health Area 6 has the lowest child care capacity relative to population in 2001. There was significant growth in the number of regulated child care spaces over the last six years, but the population of children under thirteen also increased dramatically over this period.

Growth in the population age zero to twelve is projected to slow between 2001 and 2006, although notable increases in the number of nine to twelve year olds and five year olds are expected, as is a significant drop in the number of three and four year olds.

More than half of Area 6 residents do not speak English as a first language.

**TABLE E:  
2001 – 2006  
City-Wide and Health Area Summaries**

ITEM	Health Area 1 Northwest Richmond / Sea Island	Health Area 2 Southwest Richmond	Health Area 3 South Central Richmond	Health Area 4 Richmond Centre	Health Area 5 Richmond Centre North	Health Area 6 East Richmond	Richmond Total
# of Regulated Spaces in 2001	867	781	521	589	266	88	3,112 <sup>1</sup>
2001 Child Care Spaces per 1000 Children under 13	106	147	162	124	111	89	739
2001 Population 0 – 12	8,147	5,318	3,219	4,737	2,407	994	24,822
Projected 2006 Population 0-12	8,519	4,862	2,969	5,128	2,336	1,022	24,836
% Change between 2001 and 2006	4.6%	-8.6%	-7.8%	8.3%	-2.9%	2.8%	.06%
Average Household Income (1995)	\$51,287	\$63,302	\$58,161	\$46,782	\$52,743	\$61,898	\$54,411
% of Families that are Low Income (1995)	23%	17%	17%	24%	25%	21%	23%
% of Families that are Lone-Parent (1996)	13%	12%	13%	12%	11%	9%	12%
% of Families that are ESL (1996)	47%	40%	43%	57%	63%	53%	48%

<sup>1</sup> This figure includes 820 preschool spaces, 104 childminding spaces and 25 special needs spaces not reported in Tables A or B.

**(5) High Priority Service Gaps – Non-Familial Regulated, By Type (see Tables C & D)**

On the basis of information about available services and population trends in Richmond's Health Areas, the 2001 - 2006 Needs Assessment points to anticipated high priority service gaps – areas in which the need for spaces will be the greatest over the next five years.

(a) School Age (6 – 12 years old)

The most notable service gap for all of Richmond is in school-age services for children age six to twelve.

Space development is most pressing now and in 2006 in Health Area 1, followed by Area 4 (see Table D).

Providers of school-age care should also be aware that their clientele is aging. Children age nine to twelve represent the only age category under thirteen projected to grow significantly over the next five years, while the number of six- to eight-year-olds is projected to fall by roughly an equivalent amount.

(b) Kindercare (5 years old)

Kindercare (5 years old) is another high priority service gap across Richmond.

Group (3 – 5 years old), out-of-school, and licensed family day care can all contribute to rectifying the shortage of spaces in this service area.

Kindercare spaces are especially needed in Health Area 1, where the population of five-year-olds is expected to rise over the next five years.

(c) Infant / Toddler (Birth – 2 years old)

The final high priority service gap is the development of regulated infant/toddler care. At present, there are regulated spaces for less than 2 percent of Richmond children under age three, and this is the only age group besides nine- to twelve-year-olds projected to grow between 2001 and 2006.

The development of infant/toddler spaces is particularly pressing in Health Areas 3 (South Central Richmond) and 5 (Richmond Centre North), since they currently have no regulated group care spaces for children of this age.

**(6) Parent and Provider Barriers**

(a) Parent Barriers

Although there are many barriers that parents encounter when accessing child care, the key issues that emerged in 2001 focus groups are:

- the cost, and
- the availability of care.

*Cost*

While cost was a factor across all service types, focus group participants considered it particularly pressing for infant/toddler care and school age care during the summer months.

The four cost-related concerns are:

- fees,
- family income,
- lone parent status, and
- the availability of subsidies.

*Availability of Care*

With respect to the availability of child care, two related issues are:

- the difficulty finding quality care, and
- unavailability of care for the hours needed.

*Quality of Care*

Across all service types, parents experienced anxiety around finding high quality care for their children. Long wait lists were regularly reported for all service types, and several parents insisted that they would not remove their children from current care arrangements despite changes in schedule, location, or family organization out of fear of not finding a suitable replacement. Although problems around availability span all service types, infant/toddler care (0 - 2) represents a particular area of concern.

*Other Barriers*

In addition to the issues of cost and availability, other parent barriers are:

- the need for flexible care options;
- location;
- transportation;
- the shortage of information about child care;
- care for sibling groups;
- multilingual/multicultural programming; and
- the provision of supported child care.

(b) Provider Barriers

Two key barriers also emerged from child care provider focus groups:

- First, as in 1995, the lack of funds for equipment and supplies remains a key issue. Some providers report that provincial capital grants have become increasingly difficult to access, while monetary or other support from the private sector is often unstable.
- Second, staff wages and benefits also remain key concerns for providers in 2001, and may become even more pressing with the possible elimination of the Provincial Compensation Contribution Program.

The remaining child care provider barriers discussed in the report are:

- staffing (turnover, training, and auxiliary staff recruitment);
- professional development;
- multilingual and multicultural programming;
- provision of supported child care;
- relationships with parents; and
- licensing and regulatory issues.

## 5. Recommendations

### (1) Action for Stakeholders

The 2001 – 2006 Needs Assessment identifies the following recommendations for the City and community partners:

#### City of Richmond

- Prioritize development of child care spaces for school-age children across the City, particularly for nine- to twelve-year olds. School-age care represents by far the most significant service gap in Richmond, followed by less significant shortages of Kindercare and Infant/Toddler spaces (see spaces below).
- Work with partners to meet the identified:
  - types of needed child care, and
  - the number of needed child care spaces.
- Consider re-employing a full-time municipal Child Care Coordinator. The City's capacity to meet its citizens' child care needs is impeded significantly in the absence of someone who assumes responsibility for child care planning that effectively coordinates the efforts and resources of community partners.
- Take the lead in organizing and institutionalizing regular child care planning sessions that bring together relevant community stakeholders.
- Prioritize making City-owned facilities (e.g., purpose built child care centres, community centres) available:
  - for child care,
  - at favourable rates.
- Explore with the community associations a more co-ordinated approach to the delivery of child care in community centres.
- Consider a policy to make regular annual City contributions to the City's Child Care Development Fund (e.g., from casino dollars and/or other City budget accounts).
- Revisit how the need for the construction of child care spaces factors into new development proposals.
- Consider adopting a developer 'Payment-in-Lieu' of providing child care space construction policy for new development.
- Explore with the School Board the benefits and challenges of implementing a capital program to purchase and locate purpose-designed, pre-fabricated modular child care units on school grounds.
- Explore the possibility of in-kind transportation subsidies (e.g., using City vehicles to transport families to child care programs).
- Request that the Province protect and enhance its funding for supported child care and work to enhance provincial funding for SCC in coming years.
- Explore the possibility of accessing federal early childhood development funds directly.

#### Child Care Development Board (CCDB)

- Explore opportunities to raise awareness of the importance of child care with local service organizations, and identify child care related projects that are

consistent with the mandates of these organizations. One project that would be of considerable value to Richmond would see local service organizations subsidize a program comparable to Kids Coach in order to extend the range of affordable transportation options available in the City.

- Subsidize and distribute resource materials translated into languages other than English (e.g. the publication Towards Partnership available at Westcoast Multicultural and Diversity Services).
- Monitor the findings of child care pilot projects in Toronto and Quebec that are catering to parents with child care needs during non-traditional hours.
- Monitor the results of the City of North Vancouver initiative to subsidize and lease a City-owned home to a Family child care provider providing flexible hours of care.
- Monitor plans for future provincial child care surveys with the intention of reminding the province about the importance of asking for respondents' permission to share feedback with municipal governments and regional planning bodies to facilitate planning at the local level.

### **School Board**

- Create a staff position responsible for child care coordination and planning to serve as an initial contact person for questions about child care, to participate in local planning activities, and to monitor and coordinate School Board involvement and interest in child care.
- Explore options for making existing school-based child care arrangements more affordable for parents and providers by:
  - opening more schools to the child care sector; and/or
  - renting facilities to child care operators at lower rates.
- Create a better system for equipment sharing between schools and the child care providers that operate out of them.
- Collaborate with the child care sector in efforts to use space at schools operating below full capacity for Kindercare programs, and other school age child care services.
- Encourage local Parent Advisory Committees to share with the CCDB the results of any informal child care needs assessments they administer.

### **Community Associations**

- Designate a child care contact person to answer questions and participate in planning.
- Review the practice of using child care revenues to subsidize other Community Centre activities.
- Better co-ordinate child care delivery among the community centres and the City.
- License more Community Centre based preschool and school-age child care programs to help ensure the delivery of the highest quality of care possible.
- Explore opportunities to develop additional care programs for children (e.g., for under age five).

### **Child Care Resource and Referral Society**

- Expand and advertise the data base of qualified Early Childhood Education providers who are willing to care in their own homes for children on a temporary, more flexible basis.
- Expand professional development opportunities that focus on multicultural issues.
- Continue to design educational tools in languages other than English.

### **Community Service Organizations**

- Explore opportunities to provide financial support to the development and maintenance of high quality child care programming across Richmond.

### **(2) Child Care Spaces**

- The following space needs estimates are extremely conservative.
- They take into account the financial ability of the child care sector to operate and the ability of parents to access regulated spaces, given the barriers identified.
- Therefore, providing these spaces may not meet community needs. However, the child care sector and Richmond families have the capacity to support the development of at least this range of spaces.

To achieve effective Child Care in Richmond by 2006 the following conservative child care space requirements have been identified and are to be used as a guideline in increasing the supply of regulated child care facilities and space.

- Prioritize the development of needed child care spaces by providing:
  - (i) for school-age children (6 - 12 years old) across the City (see Table F):
    - 588-1907 Out-of-School Spaces
    - 38-121 Family Day Care Spaces
  - (ii) for birth to 5 years old (See Table F, and Tables C and D):
    - an estimated range of 34 to 75 Group (3-5 years old) or Kindercare (5-6 years old) spaces, particularly in Health Area 1 (Northwest Richmond/Sea Island)
    - approximately 31 Family Day Care Spaces (Kindergarten, Infants and Toddlers), mostly in Health Area 4 (Richmond Centre)
    - the development of one new regulated group facility (12 - 24 spaces) (under 3 years old) program in Area 5 (Richmond Centre North).

**Table F  
Minimum Additional Child Care Spaces Needed by 2006**

<b>Regulated Child Care*</b>	<b>Supply</b>	<b>Additional Need</b>	
1. Group Child Care (Licensed):			
- Infant/Toddler (under 3 yrs. old)	92	12 – 24**	44 – 99**
- Group (3-5 yrs.) or Kindercare (5-6 yrs.)	576	<u>34 – 75**</u>	
		46-99**	
- Out-of-School (6-12 yrs.)	1062	588-1907	
2. Family Day Care (Licensed and License Not Required):			
- Birth – 5 yrs. old	473	31	
- 6 – 12 yrs. old	64	38-121	
<b>TOTAL - (Birth – 5 yrs. old)</b>	<b>1,141</b>	<b>77 - 130</b>	
- (6 – 12 yrs. old)	1,126	626 - 2028	
<b>Total</b>	<b>2,267</b>	<b>703- 2,158</b>	

\* Complete data unavailable for preschool, specialized and childminding services.

\*\* While the Consultant's research identified the need for:

- 10 additional Infant / Toddler spaces, and
- 34 Group (3-5 years) or Kindercare (5-6 years) spaces,

consultation with the Needs Assessment Steering Committee of the Child Care Development Board resulted in the above higher figures due to factors including the recent closure of two child care centres in Richmond and the length of child care centre waiting lists.



## **6. Glossary (adapted from the 1995 Richmond Child Care Needs Assessment Report)**

### **Caregiver:**

A person providing child care on an ongoing basis. The person may be employed directly by the parents to care for the child(ren) either in their own home or in the caregiver's home or (s)he may be an employee in a licensed group child care facility.

### **Child Care Resource and Referral (CCRR):**

A provincially funded local support service to enhance the availability and quality of child care options by:

- advertising, recruiting and assessing potential family caregivers when a license is not required;
- supporting family and group caregivers;
- establishing and maintaining a registry of licensed and/or regulated child care options in the community; and
- providing resource and referral information to support parents' ability to select quality child care.

### **Childminding Facility:**

A program which may provide care for children 18 months to school entry.

Maximum group size is 16 for children under three years, and 20 for children over three years.

Staff are not required to have Early Childhood Training.

Children may not attend for more than three hours a day, twice a week.

### **Early Childhood Education (ECE):**

A course of study which is most commonly offered at a community college or through a continuing education program and which is required for those who wish to become Registered Early Childhood Educators.

Post-basic training may lead to an infant/toddler or special needs certificate.

### **Familial Child Care:**

Child care provided by a parent or other relative.

### **Family Day Care – Licensed:**

Child care offered in the caregiver's own home.

Licensed Family Day Caregivers may provide care to seven children from birth to twelve years with a maximum of five children under age six.

Of these five, not more than 3 children can be under 36 months, and only 1 under 12 months.

**Family Day Care – License not required (LNR):**

Family Day Care homes where care is provided for one or two children unrelated to the caregivers. A license through the Community Care Facility Act is not required, but monitoring is provided through the child care program for all LNR's on their registry.

**Group Child Care:**

The provision of care to children to children in a group setting, providing opportunities for their social, emotional, physical and intellectual growth.

**Infant/Toddler Child Care:**

Child care for children under the age of three years.

Infants are defined as between the ages of zero and eighteen months.

Toddlers are between the ages of eighteen and thirty-six months.

**In-Home Child Care:**

Care provided in the child's home by a live-in or live-out caregiver.

**Licensed Child Care Facility:**

A facility that meets the requirements of the Community Care Facility Act and the Child Care Regulation and which provides care, supervision, and opportunities for the social, emotional, physical and intellectual growth of children.

Licensed child care facilities in BC are administered under diverse auspices, including: parent or community operated non-profit societies; social service and health care agencies; churches; municipalities; community colleges; First Nations communities/organization; and private individuals or companies.

**Low Income:**

Low-income cut-offs (LICOs) are a measure produced by Statistics Canada based on family expenditure data for different sized families (from 1-7 members) living in five different sized communities (from rural areas to urban areas with more than 500,000 residents).

Expenditures on three essential items: food, clothing, and shelter are expressed as percentage of gross income.

The average family, according to the survey data, spent 36.2 percent of their gross income from all sources (before tax) on these three items.

The LICO is then set 20 percentage points above this average adjusted for family size.

Thus, a family is considered to have a low income if it spends more than 56.2 percent of its gross income before deductions on food, clothing and shelter.

**Non-Familial Child Care:**

Child care provided by someone other than a parent or other relative.

**Out-of-school Child Care:**

Child care that takes place outside normal school hours.

School age care may serve children from age of school entry to twelve years, with a maximum group size of 20 (25 for children age seven to twelve).

**Preschool:**

Part-day programs that are usually operated on a school year basis from September to June for children age thirty months to school age.

Preschools have a maximum group size of 20, and a staff trained in Early Childhood Education.

A child may not be enrolled in a preschool more than four hours per day.

**Provider:**

Refer to Caregiver.

**Regulated Child Care:**

Any child care space in a licensed facility or a License Not Required facility registered with the Child Care Resource and Referral Society.

**School age Child Care:**

Refer to out-of-school child care.

**School Based Child Care:**

A licensed child care facility which occupies school land or school space provided by the local School Board.

**Subsidy:**

On the basis of income testing, low income families may qualify for provincial government assistance with their child care costs.

Successful applicants are supplied with authorization forms to give to their caregiver, who in turn may bill the Ministry of Human Resources for services rendered to an established maximum dollar value.

The cost of care is often greater than the value of available subsidies, in which case the parents must pay the difference directly to the caregiver or centre.

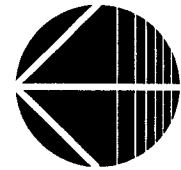
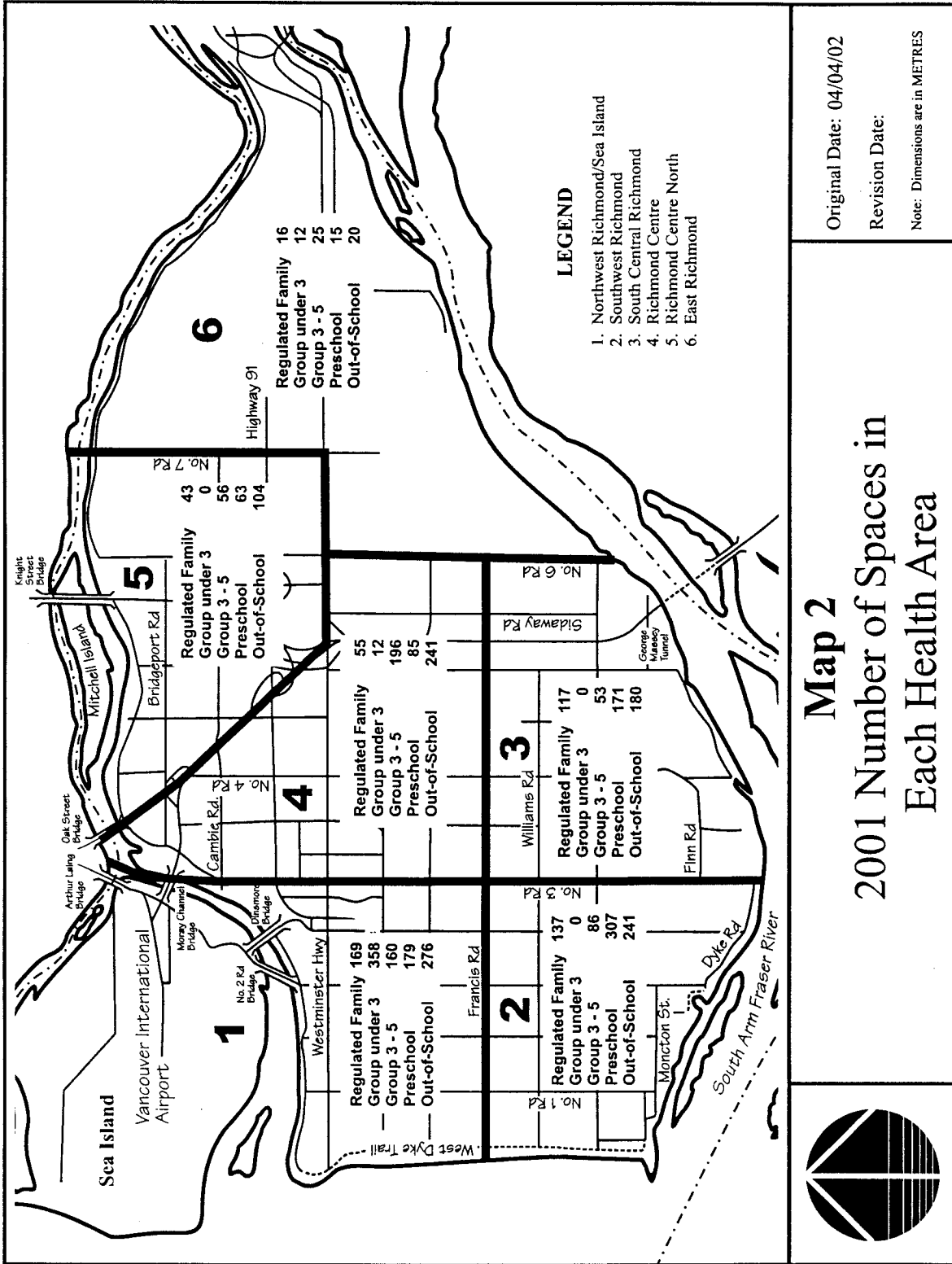
**Supported Child Care (SCC):**

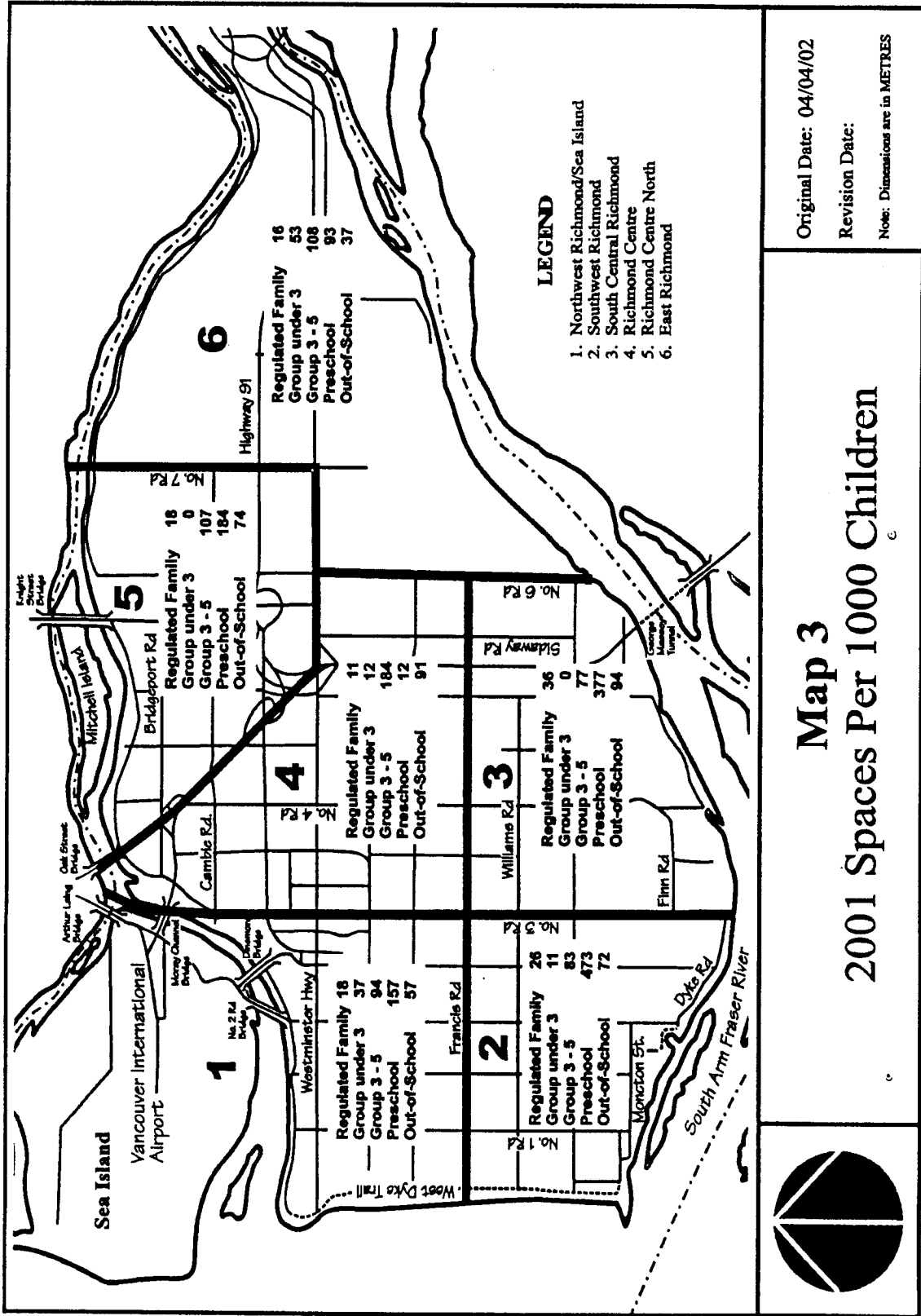
New provincial approach to the provision of child care spaces for children who require additional support or services as a result of physical, mental, or emotional handicaps. The SCC program has been implemented since the last Richmond Child Care Needs Assessment, and is based on the principles of inclusion, family-centred and community-based services.

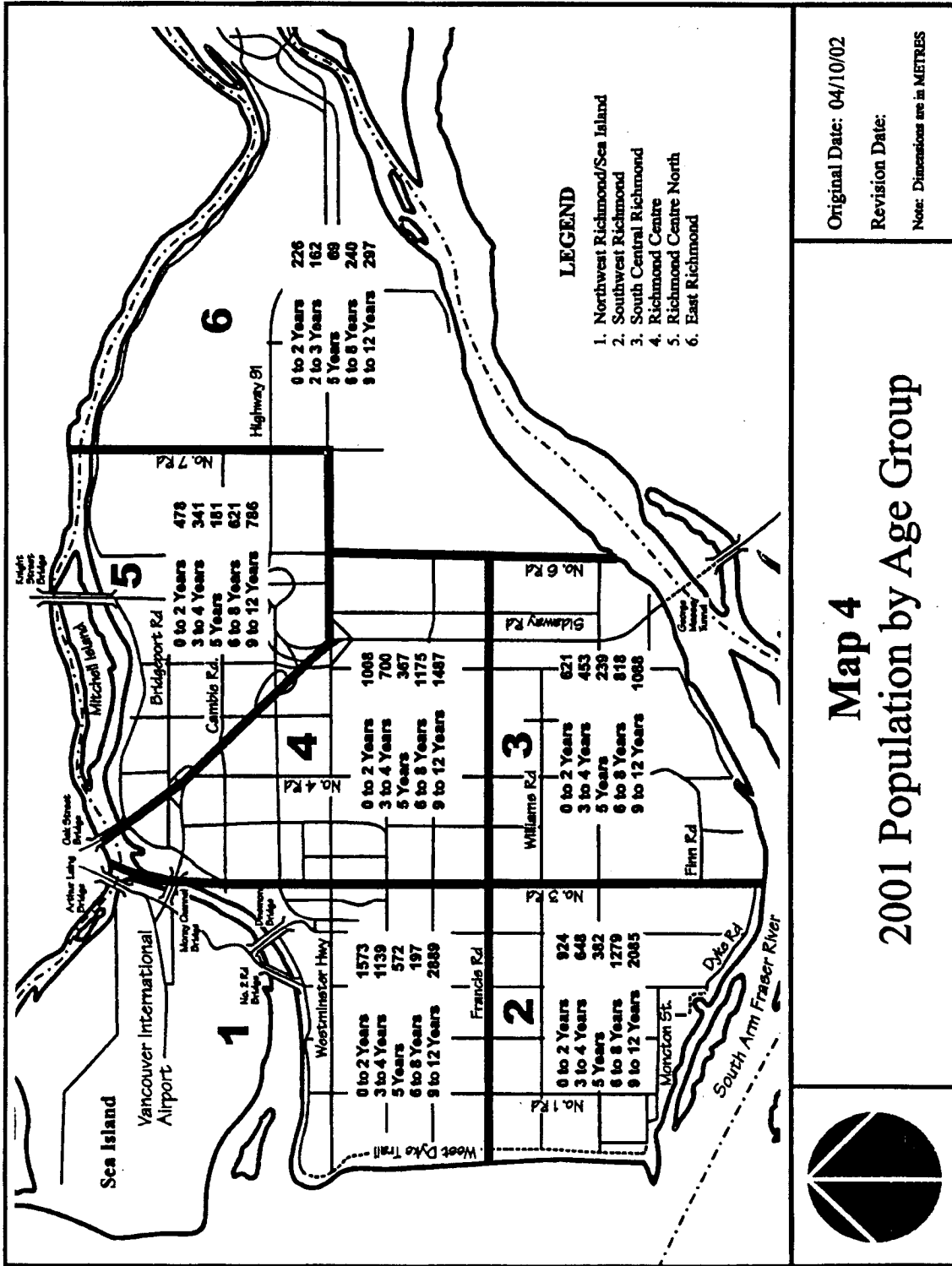
**MAPS 2 – 9**

THE FOLLOWING MAPS ARE EXPLAINED IN DETAIL IN THE FULL REPORT

MAP 2. 2001 NUMBER OF SPACES IN EACH HEALTH AREA .....24  
MAP 3. 2001 SPACES PER 1000 CHILDREN .....25  
MAP 4. 2001 POPULATION BY AGE GROUP .....26  
MAP 5. PERCENT CHANGE OF POPULATION BY AGE GROUP: 2001-2006 .....27  
MAP 6A. 2001 PERCENT OF CHILDREN THAT LIVE WITHIN EACH HEALTH AREA .....28  
MAP 6B. 2001 PERCENT OF SPACES IN RICHMOND .....29  
MAP 7. 2001 CONCENTRATION OF EMPLOYEES.....30  
MAP 8. 2001 FRENCH IMMERSION PROGRAMS AND PRIVATE SCHOOLS BY HEALTH AREA .....31



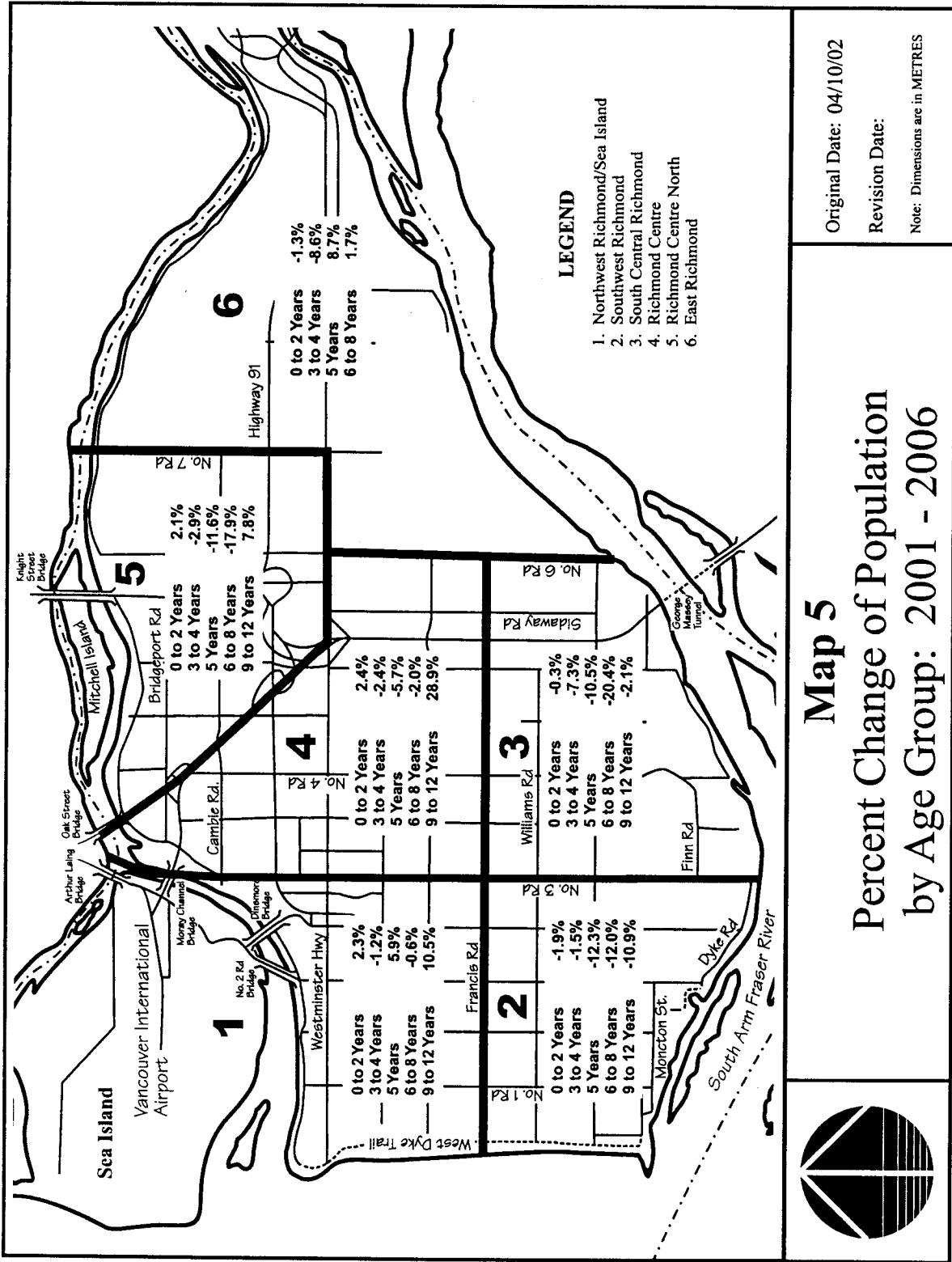




**Map 4**  
**2001 Population by Age Group**

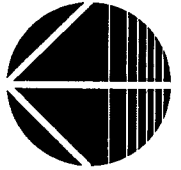


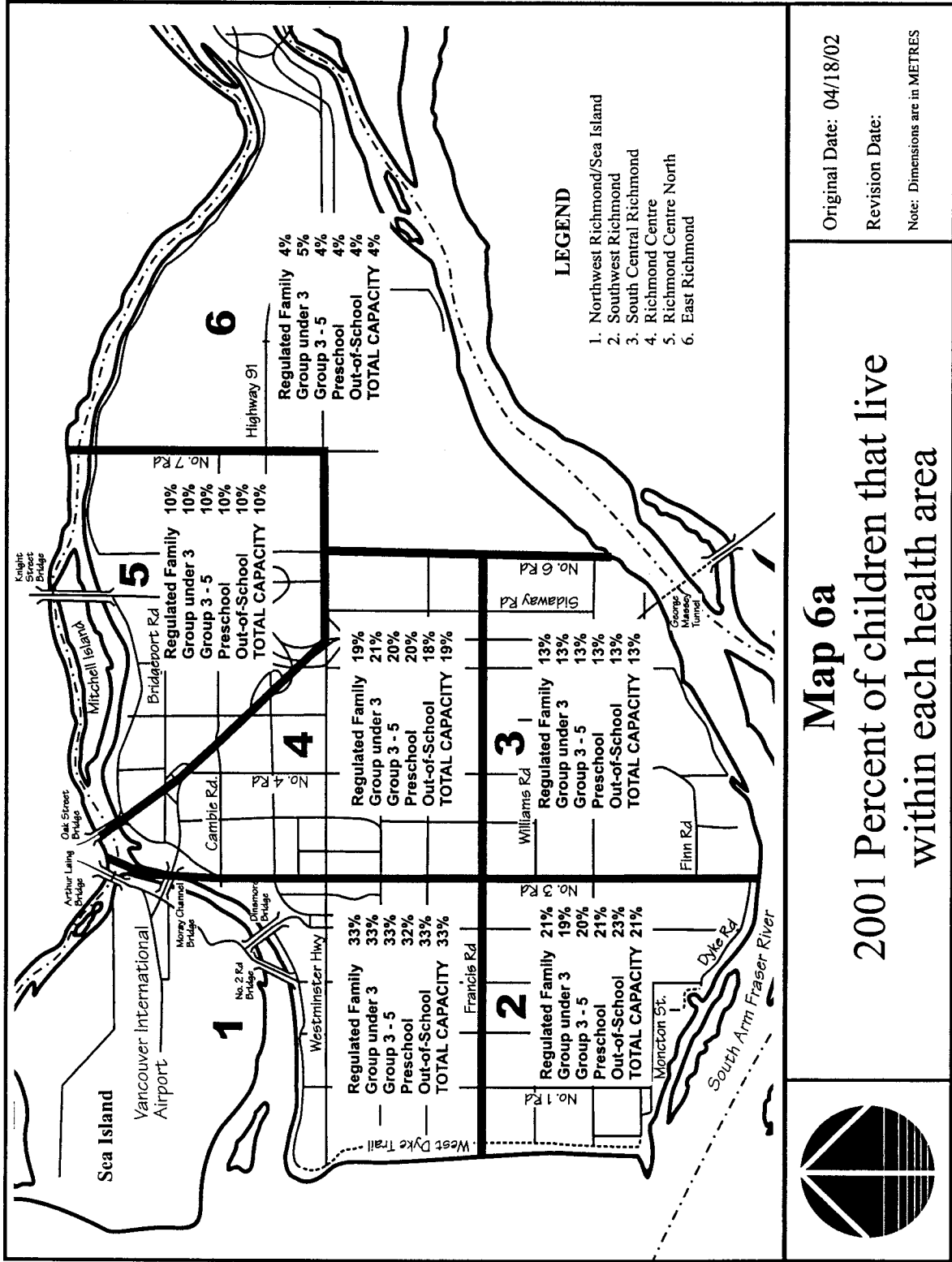


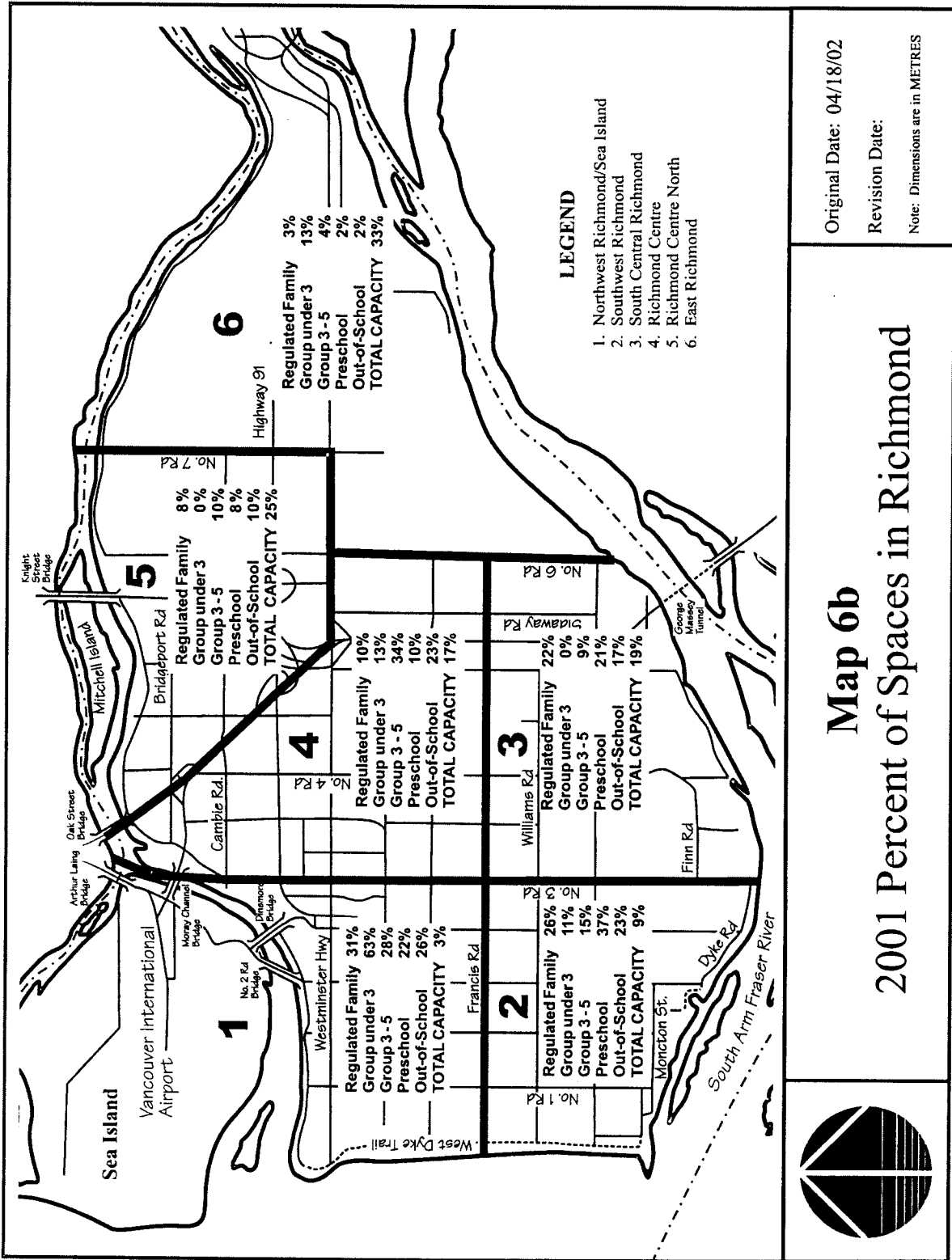


**Map 5**  
**Percent Change of Population**  
**by Age Group: 2001 - 2006**

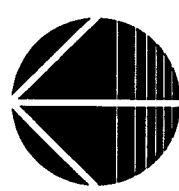
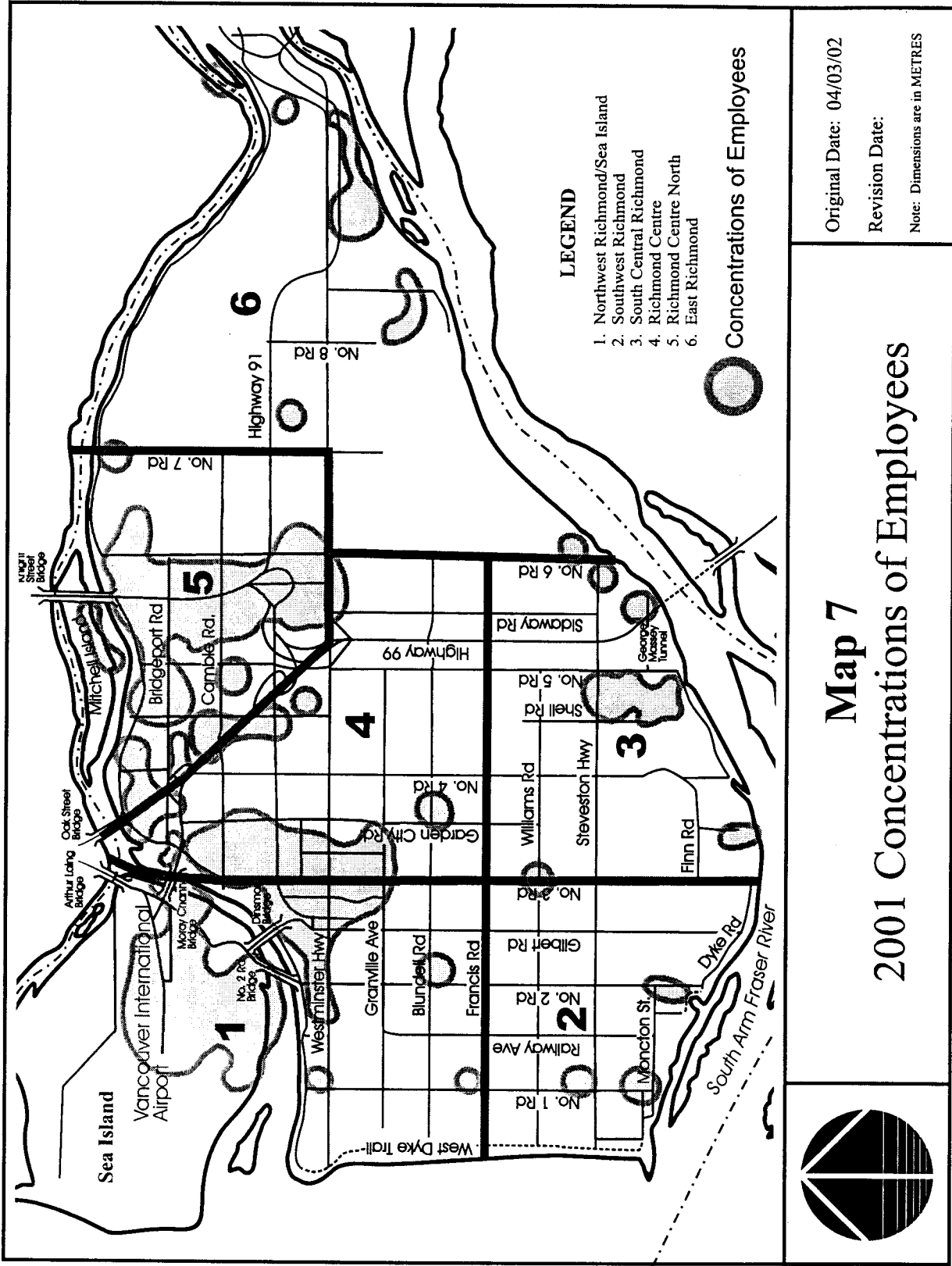
Original Date: 04/10/02  
 Revision Date:  
 Note: Dimensions are in METRES



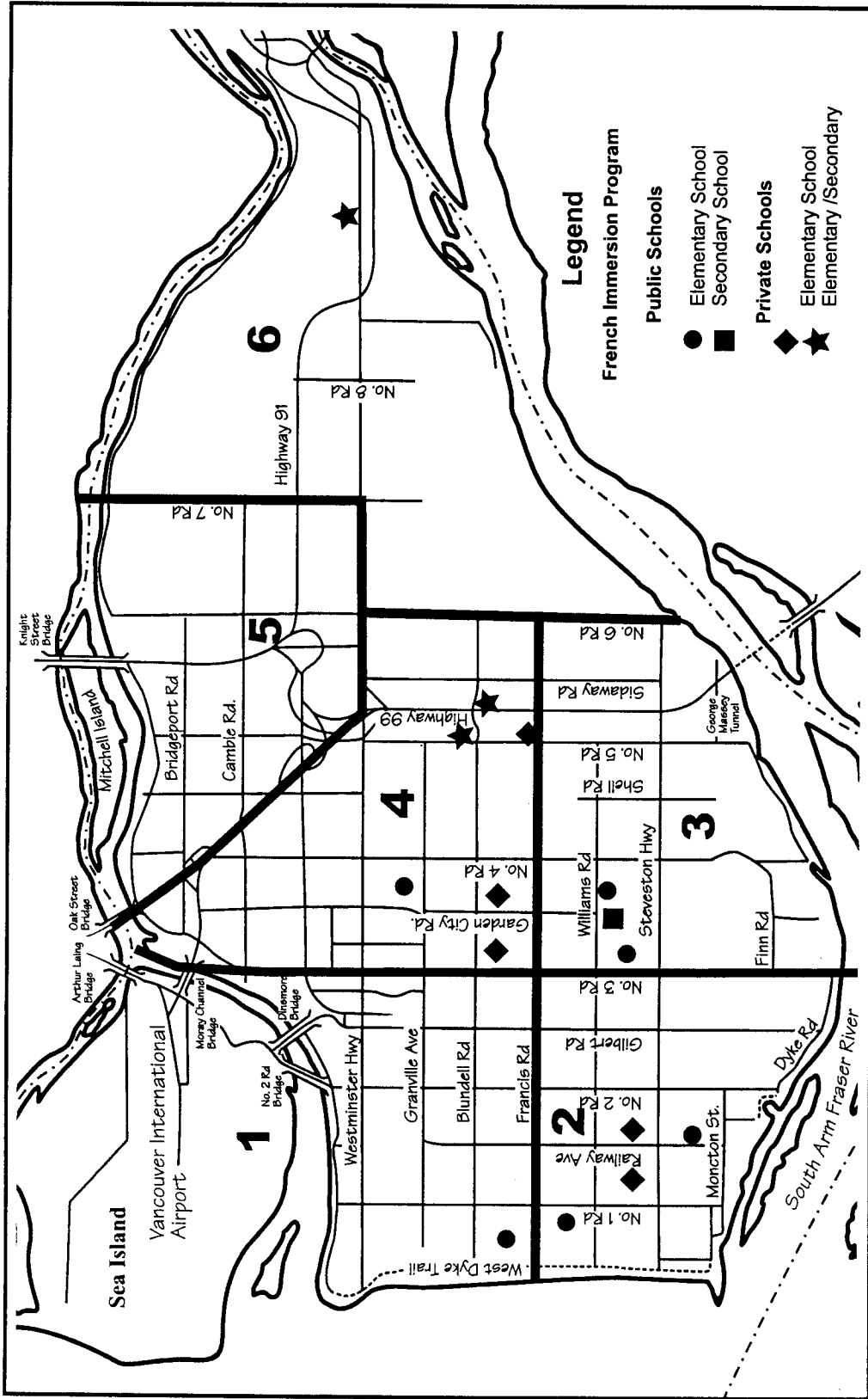




**Map 6b**  
**2001 Percent of Spaces in Richmond**



**Map 7**  
 2001 Concentrations of Employees



**City of Richmond**  
**Child Care Development Board**

**Report on the 2001 Child Care Needs Assessment**

The Child Care Development Board is pleased to present the final report of the 2001 Child Care Needs Assessment for the City of Richmond.

I do not intend to go over the details of the report that I know you have all received and which I hope you have at least read the Executive Summary. I would like to stress that the Executive Summary as presented is a collaborative effort of the Consultants, City staff and the members of the Steering Committee of the Child Care Development Board. The rest of the report is the Consultants report.

I want to touch on some of the key findings, outline for you the top four recommendations which the Child Care Development Board would like to see action on and the plan the Board has to move forward from here.

The Health Area by Health Area analysis of population projections, poverty levels and child care services was illuminating and will provide the City and Community Stakeholders with valuable information for child care planning in the years ahead.

It came as no surprise to us that there is a huge shortage of licensed child care spaces. We also know that while the population of children under 13 is going to remain fairly stable in the years ahead with the notable exception of the 8 – 12 year olds, we have a long way to go to catch up with licensed spaces.

You will see specific numbers in the recommendations on the number of spaces being recommended as a minimum. I want to clearly state that these numbers are extremely conservative and do not so much indicate the need so much as the capacity of child care operators to operate and parents to pay the fees. There is clearly a much greater need than for 10 infant spaces when less than 2% of Richmond's children under 3 years old have a licensed child care space but the prohibitive cost to operate and the high parent fee would lead us to be cautious in opening new infant and toddler spaces without substantial support from the provincial government. It is my educated opinion that we could support at least 24 new spaces of infant/toddler care right now but it will cater to parents who have substantial means to bear the fee burden, more so now than ever with the recent cuts to subsidy. The City must continue to press the Provincial Government to make child care affordable to all families.

As before, parents report that cost and availability of care are the major barriers. It may serve as a good reminder here that full-time infant care costs in the range of \$800 - \$1000 per child per month and there are very few available spaces. One infant program in Richmond has 122 families waitlisted for infant care. The

other huge area of concern for parents is Kindercare and Out of School Care. Kindercare for the Kindergarten year is extremely hard to find. The demand for School Age care was demonstrated by the increase in enrollment and waitlists for care when the FAP program from the Provincial Government made care available for \$7 a day. Programs expect to see a drastic drop in waitlists when the FAP program is reduced July 1,2002 and parents are faced with difficult decisions.

We heard again from Providers the challenges they face in operating. The external context outlined for you in the Annual Report of the Child Care Development Board will only make operating quality services across the spectrum, more difficult.

I hope you will read with interest the Chapter on Child Care Policy beyond Richmond's Borders. Since the writing of this Report, the City of Toronto has written a report on the model it is proposing to access the Federal Early Childhood Development dollars and I have copies here for those who are interested. It is in seeing the innovative ways other jurisdictions have managed child care need that we can be hopeful of finding our own way here in this City which already has a proud history of support to its children and families.

You will also see a long list of recommendations at the end of the report. We believe all of them are important and many of them have already been put into practice or alliances formed through the Needs Assessment project that will make them a reality. We very much wanted to bring forward to you our top four recommendations. As the discussion evolved, we found ourselves in a place of tension we so often feel. The report leaves no doubt that we need licensed child care spaces in the City in almost every service type and in every area of the City. However, we do not need spaces at any cost. It is not necessarily a case of build it and they will come. Given the data we now have we can carefully place a child care service in an area in which it is most needed and most likely to succeed. However, we do not control development and often a developer will offer a built space for child care in his or her development, which may or may not be an optimum location. Though this may not be a location that maximizes our potential to address real needs of families in Richmond and build a strong child care infrastructure; we are most unlikely to turn down built space. This tension brought us to the following set of four recommendations which though ranked really come as a package deal.

- #1. To work to develop new child care spaces in the City of Richmond with specific attention to Infant/Toddler and School Age Care.
- #2. To reinstate a City Child Care Planner / Manager to oversee the development of new child care spaces and to work to implement the other recommendations in the Needs Assessment Final Report. Ideally this person would work full-time for the City and provide community development and leadership in the child care sector in Richmond.

- #3 That Richmond adopt a practice of requiring developers to contribute a predetermined (formulaic) amount of money to the Child Care Statutory Reserve. This takes the development of child care out of the hands of developers and puts the City in control. The new Municipal Charter may provide a mechanism to assist with this.
- #4 That the City make an annual contribution to the Child Care Statutory Reserve Fund.

We ask for your careful consideration of these recommendations and for your timely action.

In closing the Board wishes to thank you for the funds to do this work, City staff for their assistance and the community for giving their time and expertise. We feel well positioned to move forward, even in this difficult context, and we propose to start by holding a forum in the next months titled Forum on the Future of Child Care which will include all community stakeholders. We will consider how we can work together to move forward and serve the children and families of Richmond.

My personal thanks to the Child Care Development Board members, especially the members of the Steering Committee for the Needs Assessment for their valued time and expertise.

Thank you.

Nicky Byres  
Chair  
Child Care Development Board