



Village of Canal Flats  
Child Care Needs Assessment  
2020-2025



Prepared for the Village of Canal Flats  
February 2020



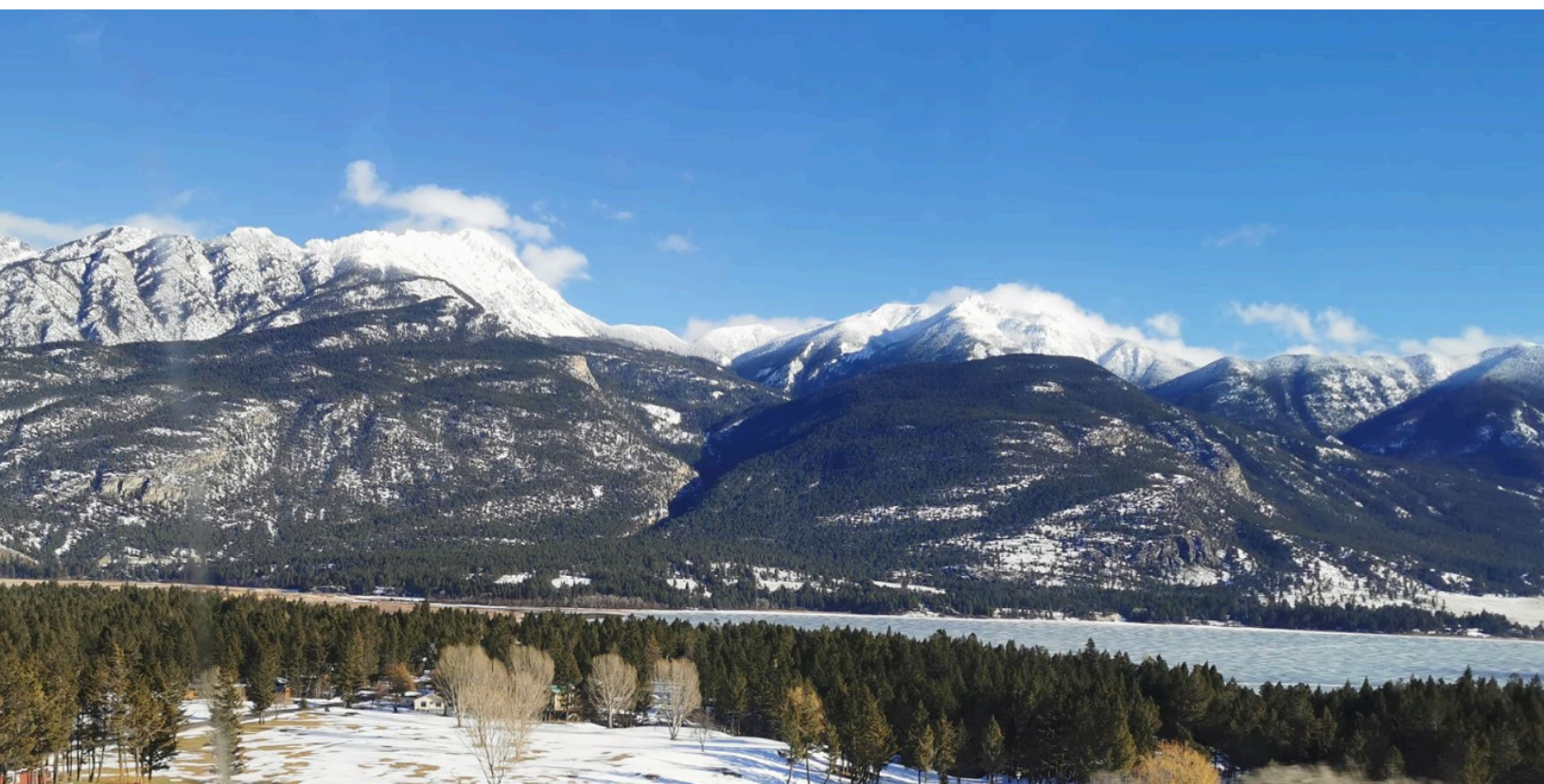
## Village of Canal Flats Vision

“We are the affordable, family-friendly Village building a new future in diverse housing options, quality of place initiatives, tourism and light industry development, and redevelopment of a unique work-live downtown. We will be a key employment centre in a Columbia Valley that reconnects people to nature ... and each other.”

Official Community Plan Economic Development Strategy Vision Statement

## Acknowledgements

This report was made possible in part with knowledge contributed by the residents of Canal Flats and its surrounding communities. The experiences, perspectives, and hopes regarding child care, which were shared by community members, reflect to a wealth of knowledge within the community about what children and families need to thrive —this report only begins to summarize a small part of that knowledge. Canal Flats is a caring community that is dedicated to the well-being of children and families. The researchers of this report are grateful for the opportunity to learn from every individual who donated their time to this project.



## Executive Summary

The argument for quality child care within a community is two-fold. First, high quality child care positively affects early development, acting as one tool to reduce child vulnerability rates and thus contributes to improved long-term population health. Second, the availability of child care has an economic impact, supporting parents in returning to work or school.

The Village of Canal Flats has an ambitious population growth target, supported by an economic development strategy which includes significant business redevelopment and growth. The success of the economic development strategy, in many ways, relies on the steps that the Village of Canal Flats takes in upcoming years to ensure child care is available for parents interested in working in Canal Flats.

At present, Canal Flats does not have licensed child care services. Families report using a range of child care arrangements, including licensed child care in neighbouring towns, nformall arrangements through friends and family, or local unlicensed child care arrangements.

Full-time child care is essential for parents who work full-time hours—especially those commuting to other towns. To maximize their employment, and avoid declining work, extended child care hours are a necessity for shift-workers. Families not requiring regular hours, yet still desiring limited time each month, seek occasional child care. Stay-at-home parents, who have children requiring early learning experiences, but do not need full-time care, must be able to access preschool care. Lastly, out of school care and extracurricular activities are warranted for school aged children.

A combination of all of these options will not only help support economic development but will also help address the rising child vulnerability rates found in the Canal Flats area. Licensed child care would additionally be able to offer families access to a variety of subsidies—income tested and universal—for child care services, improving affordability.

Recommendations within this report include the creation of child care spaces in multiple contexts, in order to meet the actual child care demand of the community: in-home child care, occasional child care, and multi-age programs are the most likely to be viable given the identified needs. Out of school care programs are also required; as out of school care programs do not require licensed Educators, they will encounter less operational viability obstacles than what other licensed child care programs will face. Funding is currently available for municipalities to build child care facilities, and opportunities to secure funding should be taken while funding is available. Collaboration with surrounding communities to address some of the significant challenges to child care in the area will support the viability and quality of child care in Canal Flats. *(For a detailed list of recommendations, please see Strategic Directions, beginning on page 50.)*

Finally, and perhaps most importantly: the child care sector is in the midst of an unprecedented ECE labour shortage. This shortage is province-wide, and Canal Flats will not be immune. Licensed child care requires trained educators with valid BC Early Childhood Educator and Infant-Toddler Educator certificates. All licensed child care programs in the Windermere Health region are struggling to operate

at capacity due to the labour shortage; 16% of licensed child care spaces are sitting empty due to the lack of trained Educators. Existing child care programs have implemented recruitment strategies such as signing bonuses, housing, free schooling, and school district pay parity—yet they are still struggling to retain enough Educators as required by provincial ratios. Without an aggressive strategy to recruit and retain certified Educators, and to implement and fund a training program to ensure new Educators are certified and available as required, a child care facility in Canal Flats will be unable to meet the necessary requirements for child care services.

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## Introduction

Purpose:

1. Identify key child care needs for the Village of Canal Flats, including to itemize and categorize all current child care options and per capita number of licensed child care spaces within the Village of Canal Flats.
2. Provide a resource for the council, and others involved with child care, in planning to address current and future child care needs, including locational requirements.
3. Identify key child care usage patterns and concerns of Canal Flats parents and caregivers, including out-of-town child care access.
4. Identify primary child care related concerns of Canal Flats business owners and employers as well as child care providers and educators.
5. Identify barriers to potential child care services operating or expanding within Canal Flats.
6. To identify strategic directions for the Village of Canal Flats to plan for and support child care services within the community as a part of community growth. The Village of Canal Flats is currently engaged in the initial steps to plan for a child care facility, and this report is to additionally serve as a resource and support document to guide planning decisions around the child care project.

## Background

Child Care Needs Assessments have been proven to be a valuable tool in aiding municipalities, school boards, and communities to understand the service needs of parents and children in the community to plan and predict the future spaces the community will need due to growth.

## Context

Due to the Provincial NDP Government's commitment to child care, which includes funding new spaces, educational training, and field research assessments, opportunities now exist to aid communities in determining their child care service needs.

The Village of Canal Flats is in the process of renewal after its main industry, the mill, shut down causing a population loss of -6.6% according to the 2016 census. With plans to rejuvenate not only the economy of Canal Flats, but also the community, population growth goals are for the community to reach a village population of 1000 within the next 5 years, representing a 30 percent population growth.

## Government Roles

### Federal Government

The Ministry of Families, Children and Social Development has entered into the Multilateral Early Learning and Child Care Framework in 2017, an inter-provincial agreement to guide efforts of the Federal, Provincial and Territorial governments on child care matters.

The framework articulates the commitment of the respective governments to work towards investments to increase quality, accessibility, affordability, flexibility, and inclusivity in early learning and child care, placing priority on those with greatest needs. Funding commitments were outlined in the 2017 Federal Budget and include \$540 million in 2018–2019, and \$550 million in 2020–2021. By 2026–2027, the Government of Canada’s child care allocation is envisioned to reach \$870 million annually. To date, the Federal contribution to BC through the framework has been \$153 million. These funds are being used to support initiatives set out in the Province’s Child Care BC plan (discussed below). The funding will be targeted at increasing the number of infant and toddler child care spaces in areas of highest need, providing low-cost infant and toddler care spaces, supporting culturally appropriate care for Indigenous families, and facilitating other initiatives to help vulnerable families.

### Provincial Government

The election of a new NDP government in 2017 introduced a change in focus for child care in B.C. ‘Child Care BC’ introduced the immediate goal of providing “accessible, affordable, quality” child care to B.C. families and the 10-year-goal of implementing a universal child care system throughout the province (Government of BC, 2018). The Child Care BC plan states that “building an affordable, accessible and quality child-care system is finally underway in B.C. as part of our 10-year plan... and will result in care for every child whose family wants it.”

BC offers a unique provincial context for early childhood education and care, where the responsibility for policy, funding, and oversight is split amongst three key ministries:

- Ministry of Children and Family Development (MCFD)
- Ministry of Health (MoH)
- Ministry of Education (MEd)

Additionally, other Ministries partner or support the three leads:

- Ministry of Advanced Education, Skills and Training (AEST)
- Ministry of Indigenous Relations and Reconciliation (MIRR)

The following chart illustrates breakdown of responsibility for the services and programs most connected to child care services.

<b>Early Years Policy and/or Program</b>	<b>MCFD</b>	<b>MEd</b>	<b>MoH</b>	<b>AEST</b>	<b>MIRR</b>
<b><i>Healthy pregnancy, birth and infancy</i></b>					
Parent Information Publications	Partner		Lead		
Infant Development and Aboriginal Infant Development Programs	Lead				
Early Childhood Screening			Lead		
<b>Early Years Policy and/or Program</b>	<b>MCFD</b>	<b>MEd</b>	<b>MoH</b>	<b>AEST</b>	<b>MIRR</b>
<b><i>ECD, learning and care</i></b>					
Indigenous Early Childhood Development Initiatives	Lead		Partner		Partner
Child Care Programs (CCOF, CCFRI, New Spaces Fund, Maintenance Fund, ACCB, CCRRs, ECE Registry)	Lead				
Child Care Licensing	Partner		Lead		
Strong Start BC Early Learning Centres	Partner	Lead			
Ready, Set, Learn	Partner	Lead			
Supported Child Development and Aboriginal Supported Child Development	Lead				
Autism Early Intervention Services and Early Intervention Therapy	Lead				
Roots of Empathy	Partner	Partner			
Seeds of Empathy	Lead				Partner
Indigenous Education Initiatives		Partner		Partner	Lead
Early Years Refugee Pilot	Partner	Partner	Partner	Lead	
Kindergarten and CR4YC	Partner	Lead			
Early Learning Framework	Partner	Lead			
<b>Early Years Policy and/or Program</b>	<b>MCFD</b>	<b>MEd</b>	<b>MoH</b>	<b>AEST</b>	<b>MIRR</b>



<b>Community supports</b>					
Children First **	Lead				
Success By 6® **	Lead				
Human Early Learning Partnership	Partner	Partner	Partner		

\*\*Note: many of these individual programs are in the process of changing, rebranding, or phasing out, under the current BC government.

### Provincial Office of the Early Years

The role of the Office of the Early Years is to improve coordination of early year services in B.C. It works to ensure that child care services across government and across B.C. are coordinated and effective.

### Ministry of Children and Families

MCFD has historically played several funding roles in supporting child care in B.C. These roles have expanded under the 2018 budget, under the *Child Care BC* initiative.

Funding to child care providers:

- Providing the Childcare Maintenance Fund, to provide limited financial assistance for maintenance, repairs, or relocations to licensed child care programs.
- Providing the Childcare BC New Spaces Fund, to support the creation, expansion, and relocation of child care facilities. Priority is given to public-private partnerships.
- Funding the Community Child Care Space Creation program, which is available to municipalities through the Union of British Columbia Municipalities.
- Funding start-up grants to support unlicensed child care providers and ECEs in opening a licensed family or in-home multi-age program.
- In 2018, MCFD began the Universal Child Care Prototype program, in which 50 prototype sites operated from November 1, 2018 to March 31, 2020, in order to test funding and operational models required to move British Columbia towards a universal child care system.
- Also in 2018, MCFD began to provide the ECE Wage Enhancement (1.00/hour wage subsidy for licensed ECEs and ITEs). In April 2020, this is set to increase to 2.00/hour.

Funding for families:

- Child care support programs such as CCRR and SCD.
- Affordable Child Care Benefit (replacing the former Child Care Subsidy program), income-tested subsidy is available for families with annual incomes up to \$111,000. This benefit is paid directly to

the child care provider. Amounts are determined based on household income, child age, and care-type.

- Child Care Fee Reduction Initiative, if a provider is eligible for the program, fee reductions can be offered to parents, up to:
  - \$350/month for group infant/toddler care.
  - \$200/month for family infant/toddler care.
  - \$100/month for group care for children aged 3 to Kindergarten.
  - \$60/month for family care for children aged 3 to Kindergarten.

In addition to the funding role, MCFD additionally manages the ECE Registry and is responsible for the certification of ECEs, ITEs, SNEs and ECE Assistants; including approving education, and professional development, validating certificates, conducting investigations regarding misconduct of a licensed educator, and responsibility for the sections in the CCLR and CCALA that pertain to the functions of the ECE Registry.

#### **A Point of Controversy**

Some advocates for BC child care have been calling for a more active regulatory body for licensed Educators, such as a teacher’s college.

With a growing labour shortage, declining numbers of fully certified Educators and increasing child care need, child care programs are often running “under exemption.” This means that an uncertified or under-certified Educator is taking the place of a certified educator. While any exemption for longer than 30 days requires the licensing officer to approve the exemption, the licensing regulations also allow for this to occur without an approved exemption for up to 30 days (referred to as a “section 37”).

Uncertified or under-certified Educators on a team can lead to increased staff team stress, decreased team ability to manage challenging behaviours, and ultimately, decreased quality of care. This is part of the reasoning for B.C. to implement a more active regulatory body.

### **Ministry of Health**

The Ministry of Health is responsible for the licensing and monitoring of licensed child care programs. This is delivered through five health authorities: Northern Health, Interior Health, Island Health, Fraser Health and Vancouver Coastal Health. Each Health Authority then uses the BC Child Care Licensing Regulations, which fall under the Community Care & Assisted Living Act, to license and regulate child care in B.C.

The BC Child Care Licensing Regulations are outcome-based, meaning that there can be multiple ways to ensure facility compliance. As a result, licensing processes and at times, interpretations of the CCLR, between health authorities can differ. For example, in Vancouver Coastal Health, one licensed facility with three licensed classrooms will have three different licenses, whereas one licensed facility with three licensed classrooms in Interior Health will have one license. Province wide, this can introduce training issues with a work force that may be seeking mobility between health authorities.

In 2018 and 2019, additional funding was made available to the MoH licensing departments in order to address staffing shortfalls.

**Local Connection**

Over the past five years, the licensing authority has not been able to perform regular child care licensing inspections for programs in the area, due to staffing shortages. As a result, some licensed facilities have gone for up to three years without an annual inspection. In 2019, all facilities appear to have had inspections, and at the time of the publishing of this report, all required annual licensing inspections for licensed facilities in the area have been completed.

**Ministry of Education**

The Ministry of Education (MoE) is responsible for developing and establishing curricular standards and tools for early learning, including the BC Early Learning Framework and the funding and operation of the CR4YC program. Additionally, MoE runs StrongStart and Ready, Set, Learn in school districts across the province.

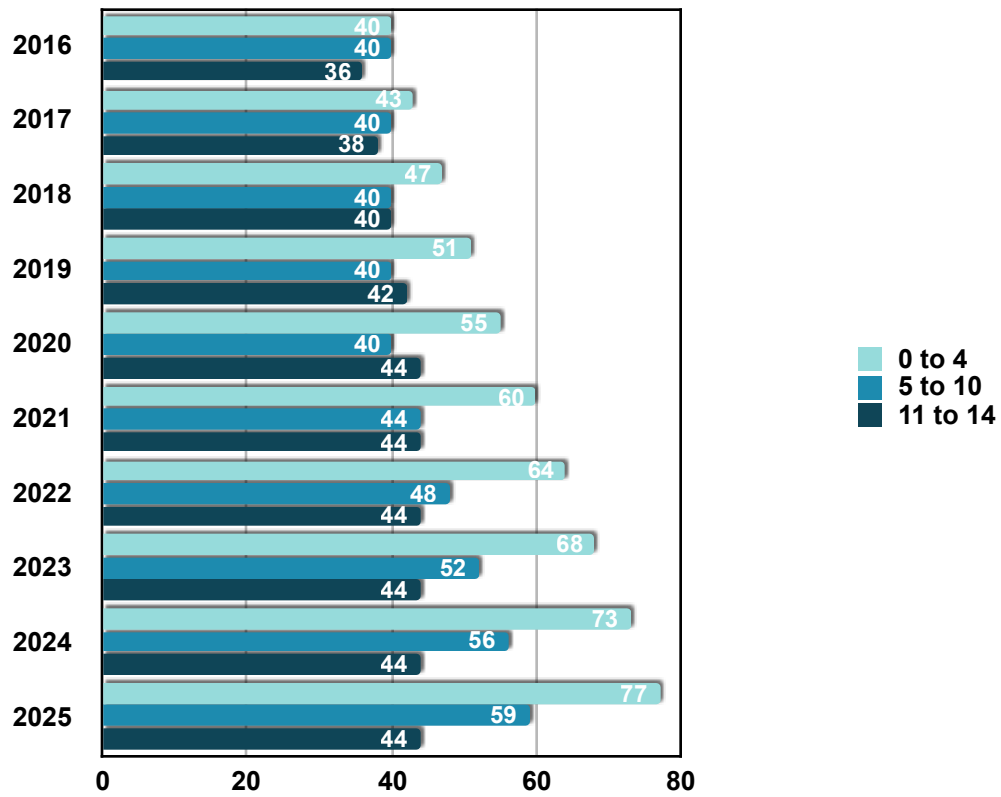
**Local Connection**

Martin Morigeau Elementary School currently runs an early learning program, Growing Together, four days per week. This program serves an estimated 10 children and their parents daily and is supported through the Columbia Basin Alliance Trust. The school is unable to run a StrongStart program, as there is nobody available with a valid ECE certificate to run the program. Ready, Set, Learn is offered annually to the community.

**The Future Home of Child Care in BC**

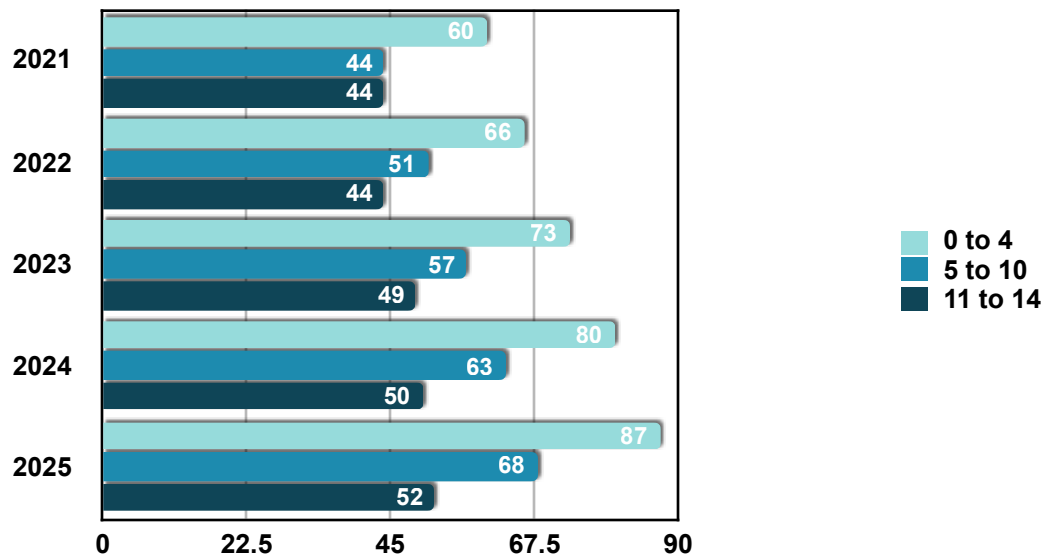
Governmental organization around early childhood education and care in B.C. is a point of debate throughout the sector. Some advocates have called for child care to move completely into the Ministry of Education; others are concerned that the Ministry of Education is ill-equipped to take on child care, as illustrated by the current struggles to meet the existing staffing needs throughout elementary and secondary schools in the province. Others have noted the advantages offered with cross-ministry approaches. More recently, some advocates have suggested a third option—that a newly created Ministry of Child Care would be the most appropriate approach to governance of child care in B.C.

Projected Age-Specific Growth, by year, maintaining current growth as per 2016-2020



Regardless of the eventual decisions made, this will introduce more change into B.C.'s child care

Projected Age-Specific Growth, by year, reaching target population size



system.

## Canadian Municipal Governments:

While municipalities in B.C. lack the mandate and resources, in comparison to the provincial and federal governments, to address child care needs, it is important to note that this is not necessarily the approach to child care Canada-wide. An awareness of how other provinces currently fund child care is worthwhile to consider, although outside of the scope of this child care assessment. With ongoing calls in B.C., and across Canada, for a national child care network, it is possible that as federal political platforms change, so may the national child care landscape. Policies and programs shift as political mandates change, and an awareness of different Canadian governmental funding and responsibility structures for child care can improve the informed decision-making process for local government.

## BC Municipal Governments:

*“UBCM’s policy position recognizes the concern that child care should not be a core mandate or service for local governments.”*

The lack of quality child care spaces, affordable child care spaces, or simply an inadequate supply of child care spaces within a municipality can dramatically affect municipal growth, workforce participation, and quality of life for children and family residents. There are municipality-specific barriers and assets when considering the provision of quality child care services within a municipality. Across the province, municipalities have taken up various strategies to support the child care sector within their area:

- Adopting municipal child care policies.



- Providing grants to child care providers.
- Amending zoning bylaws to facilitate development of child care spaces.
- Making space available in municipal facilities, at nominal or below market rates, for the provision of child care.
- Securing built child care spaces or cash in lieu from developers through the development approval process (e.g., by providing bonus density in exchange for child care contributions).
- Seeking funding and facilitating the creation of early childhood development hubs (e.g., child care centres in conjunction with other child and family oriented services).
- Supporting a child care website or link with information targeted both to child care operators and interested parents.
- Providing planning tools and resources for existing and prospective child care operators; and establishing family-friendly policies for municipal employees (e.g., compressed work weeks, and flexible scheduling to accommodate employees' child care needs).
- Facilitating development of City-owned child care facilities (e.g., by working with developers) to be operated by non-profit child care operators.
- Undertaking child care needs assessments.
- Sharing completed child care needs assessments with private and non-profit child care operators to assist with child care planning efforts.
- Liaising and maintaining connections with local child and family service organizations to strengthen networks and facilitate joint planning opportunities.
- Supporting a municipal child advisory committee.
- Encouraging the Provincial and Federal governments to adopt policies and provide stable funding to enhance resources for local child care providers.
- Directly addressing goals for child care within an Official Community Plan or Social Development Strategy.

## Canal Flats - Demographic Highlights

The Village of Canal Flats had a 2016 reported population of 688. Of these 688 citizens, 105 are children ages 0–14. From 2011 to 2016, the population percentage change was -6.6%. From 2016 - 2020, due to revitalization efforts, the population decline has turned around and the Village of Canal Flats now boasts a growing population.

Historical population growth in Canal Flats therefore does not align with the targeted growth projections identified by the Village. Recent investments and a community plan are targeting a full-time population of 1000 by 2026.

To calculate future age-specific growth projections, the researchers first calculated Crude Birth Rate (CBR), using 2016 census data and the number of births as reported in the nearest hospital (Invermere). To ensure data accuracy, this calculation was compared to recent and current grade enrolment at Morigeau Elementary. The comparison found that CBR calculations in this manner did not accurately predict age-specific population growth in Canal Flats.

A secondary calculation was run, this time including data from both the Invermere hospital and the Kootenay Hospital in Cranbrook, which is the Tier 3 birth centre for the region. While the combined birth data led to improved age-specific population calculations, they still did not align with current grade enrolment.

A final calculation was made, averaging the data reported in 2011 and 2016. This resulted in numbers that were within reasonable range of the reported student population, for both recent and current grade enrolment at Morigeau Elementary, providing confidence in the formula.

Two age-specific growth projections were then calculated: one which projected growth rate to continue at the same rate that has occurred from 2016 - present; a second calculated age-specific growth rate to align with the community growth target of 1000 in the next 5 years. This second calculation has more room for error, as it is based on assumptions of how many children and ages of children that will relocate to the community, which is less predictable than birth rate.

## Methodology

### Needs Assessment

Information for the Needs Assessment was gathered from a variety of primary and secondary sources and utilized both quantitative and qualitative data. The primary data came from:

**Parent survey**—shared via Morigeau Elementary, Canal Flats Facebook groups and the Canal Flats community newsletter. Forty-six individuals completed the parent survey.



**Key informant interviews**—all licensed child care providers in the Windermere Health Region were contacted via email and, if available, through social media. Six of the 9 providers participated in telephone interviews.

The principal of Morigeau Elementary, the Supported Child Development consultant and the Child Care Resource and Referral Consultant all participated in telephone interviews. A licensing officer with Interior Health additionally answered specific questions to clarify data.

**Parent focus group** — Twenty-two individuals (parents and community stakeholders) participated in a 1 hour focus group.

Finally, we spoke to Lorri Fehr, at BID Group, to discuss the impact child care has on potential and current employers in the region.

Secondary data for the Needs Assessment came from the 2016 Census, child care licensing records, and assorted government and non-government documentation (e.g., VOFC Community Plan, CCRR, Columbia Basin Child Care Need and Demand Assessment).

## **Strategy Development**

Strategy Development flowed from the research for the Needs Assessment. The researchers considered the array of suggestions, values, hopes and concerns put forward through community consultation and then compared this to recent research on child care throughout B.C. Possible action steps were then assessed against best practices in child care, understandings of operational viability in B.C., and need and preferences for the specific community of Canal Flats.

## **Limitations of Data**

Like all research, this child care needs assessment faces an array of limitations and biases; findings and recommendations should be viewed accordingly.

This report contains both quantitative and qualitative data. The researchers' interpretations of data from interviews and focus groups may inadvertently contain limitations and biases. All findings and recommendations presented in this child care needs assessment should be considered accordingly.

A notable limitation of this data is that researchers, despite attempts through email, phone and social media, were unable to reach the unlicensed child care program which provides care for 7 children within the Village of Canal Flats. While her child care program was discussed in multiple interviews, the focus group, and was mentioned in the survey, there is no record of this program with CCRR and it is not a licensed program with child care licensing. While the researchers were able to reach out to the operator



via her Facebook website, via email, and via texts during the focus group; she did not return emails and her online business presence was taken down throughout the course of this research. We consider the perspective that this caregiver could provide to be important in terms of understanding the barriers to opening and operating a licensing facility in the area. To mitigate this limitation, researchers were able to conduct an interview with another provider in the region who had formerly operated an unlicensed group care program in contravention of the Child Care Licensing Regulations and has since become licensed; this interview provided the data throughout this report to reflect the perspectives of unlicensed child care operations.

## The Early Development Index and Canal Flats

The Early Development Index is a tool measuring five scales of early development, in order to identify vulnerability rates at the community level. Essentially, the EDI determines how many children are “starting school with vulnerabilities one or more areas that are critical to their healthy development.”

Canal Flats, which is identified as part of the Windermere region, shows an above average vulnerability rate when compared to the province as a whole and to surrounding neighbourhoods of Kimberly and Golden.

	Total Count	Physical	Social	Emotional	Language	Communication	One or More Scales	# Vulnerable
Kimberley	173	12	14	14	9	6	23	39
Golden	129	12	12	12	9	7	26	33
Windermere	193	23	19	23	6	10	37	72

Over time, there was a meaningful increase in vulnerability in this region, while the surrounding neighbourhoods saw a decrease in vulnerability or no change.

*"The reason for the rise in vulnerability rates in the Windermere Local Health Area has not been determined. However, the results do suggest the need for the community, local, regional and provincial agencies to focus efforts in the areas of child development."*

	Windermere Region	District Average	Provincial Average
Physical	23	16	14.8
Social	19	16	15.7
Emotional	23	17	16.1
Language	6	8	9.4
Communication	10	8	14.2
One or More Scales	37	29	32.2

At a very basic level, this suggests that the long-term health and well-being for Canal Flats residents will benefit from any supportive early years programming and services introduced to the community, and that these services will be necessary in order to have Canal Flats reduce current vulnerability levels to at least match the provincial averages.

*“The availability of ECD programs and services to support children’s development during the early years is a crucial component of an overall strategy for success in childhood....While early child development programs and services are essential, they will not be as effective if under-resourced and unregulated, and if they are of low quality.”*

## Needs Assessment

### The Landscape of Child Care in Canal Flats and the Surrounding Area

Our research found families use a mix of formal and informal arrangements to meet their child care needs. While this is partly due to preference, it is also due to necessity: Canal Flats does not offer any licensed or RLNR child care.

In order to understand the potential barriers to operating quality licensed child care programs in Canal Flats, the researchers chose to extend interviews to the entire Windermere Local Health Area, which was covered by the Columbia Valley Child Care Need and Demand Assessment (2017). Nine licensed child care programs and three school district early learning programs (parent participation) currently operate in this Health Area.

We have taken three ways to assess child care numbers:

1. Number of licensed child care spaces—refers to the possible spaces supported by existing facilities.
2. Number of operational child care spaces—refers to the number of child care spaces that can potentially be in operation. This is dictated by the availability of Educators holding the certificate level required by child care licensing regulations for any given child care type.
3. Number of available spaces—refers to the number of child care spaces that are operational and not currently filled by a child.

In total, there are 253 licensed child care spaces. There are 212 operational child care spaces. There are 33.5 currently available spaces.

If the staff shortage was able to be addressed, the 41 child care spaces that are currently licensed but not operational would be able to be offered to families in the community. The impact of the ECE labour shortage is significant, causing 16% of the regions child care spaces to sit empty.

#### **A Point of Controversy:**

*Different reports in B.C. calculate child care availability in different ways, making city to city comparisons very difficult. Most calculations rely on reported MCFD data.*

*However, current utilization calculations from MCFD are problematic, leading to inaccurate numbers. At the time of writing, MCFD is in the process of changing the formula used to calculate child care space utilization.*

*Operators report frustration and a lack of clarity on what to report to MCFD for child care availability. In order to access monthly operational funding, operators must report “available” spaces. Does this mean actual available spaces, or the number of spaces that are unfilled, regardless as to if they are available or not?*

*MCFD reporting also requires operators to report availabilities by the week, not by the day, meaning providers who may have spaces available on certain days of the week only will not report these availabilities accurately. In the Windermere Local Health Area, it is common for families to only register for 2 or 3 days of care each week.. This matters, because the operator-reported availability is what is shared publicly with families via the MCFD child care map - causing parental frustration when the child care map does not reflect the realities of child care in the area.*

**Number of licensed, operational and available child care spaces, Windermere Health Region**

North	Licensed group 0-5 spaces	OSC	FCC	Preschool	Total number of group care facilities	Strong Start
Invermere Licensed Child Care Spaces (sonshine, Windermere valley, playhouse, buddies babies, little tots)	75	24	21	20	5	1**
Invermere Operational Child Care Spaces	63	24	16	20		
Invermere Available Child Care Spaces	8	6	5	6		
Radium Licensed Child Care Spaces(dragonfly)	16	10	0	0	1	0
Radium Operational Child Care Spaces	16	10	0	0		
Radium Available Child Care Spaces	4	0.5	0	0		
Edgewater Licensed Child Care Spaces (Einsteins)	0	0	7	0	1	1**
Edgewater Operational Child Care Spaces	0	0	7	0		
Edgewater Available Child Care Spaces	0	0	0	0		

**South**

Canal Flats	0	0	0	0	0	1*
Windermere Licensed Child Care Spaces (mountain ridge & little badgers)	32	8	0	40	2	0
Windermere Operational Child Care Spaces	28	8	0	20		
Windermere Available Child Care Spaces	10	0	0	0		
Fairmont Licensed Child Care Spaces	0	0	0	0	0	0

**Total**

Total Region Licensed Spaces	123	42	28	60		
Total Region Operational Spaces	107	42	23	40		
Total Region Available Spaces	22	0.5	5	6		

\*Due to a lack of qualified Educators, this location is not running StrongStart, but is instead running an early years program..  
 \*\*These two StrongStart programs run part week with the same Educator running both programs.

### Barriers Parents Face in Accessing Formal Child Care

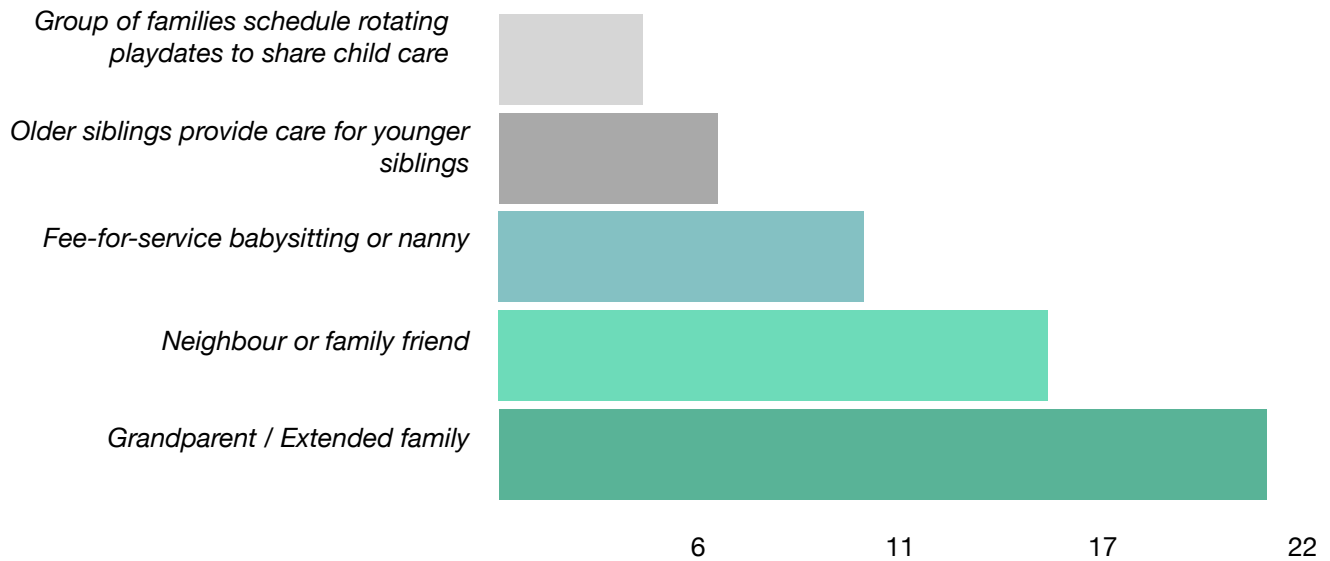
There is no licensed child care or registered license-not-required child care in the village of Canal Flats.

Morigeau Elementary offers a parent-participation Play and Learn program; StrongStart is not currently in operation as there is no qualified educator to teach the program. The Play and Learn program is well attended.

For school aged children, the Morigeau Elementary offers a Tuesday after-school tech club. A youth group for children ages 12 and up is offered one evening a week. Some school-aged children attend gymnastics and/or dance in Invermere, requiring parents to arrange a more complicated commuting schedule, often requiring carpooling. Parents and community members report that after school extracurricular programs are desperately desired as a way to support school aged children.

Responses to the parent survey indicated that child care is currently accessed through a wide variety of arrangements. Families requiring child care may piece together a patchwork of services through a variety of different arrangements. Other families have altered their work schedules or chosen not to return to work as a result of the lack of available child care.

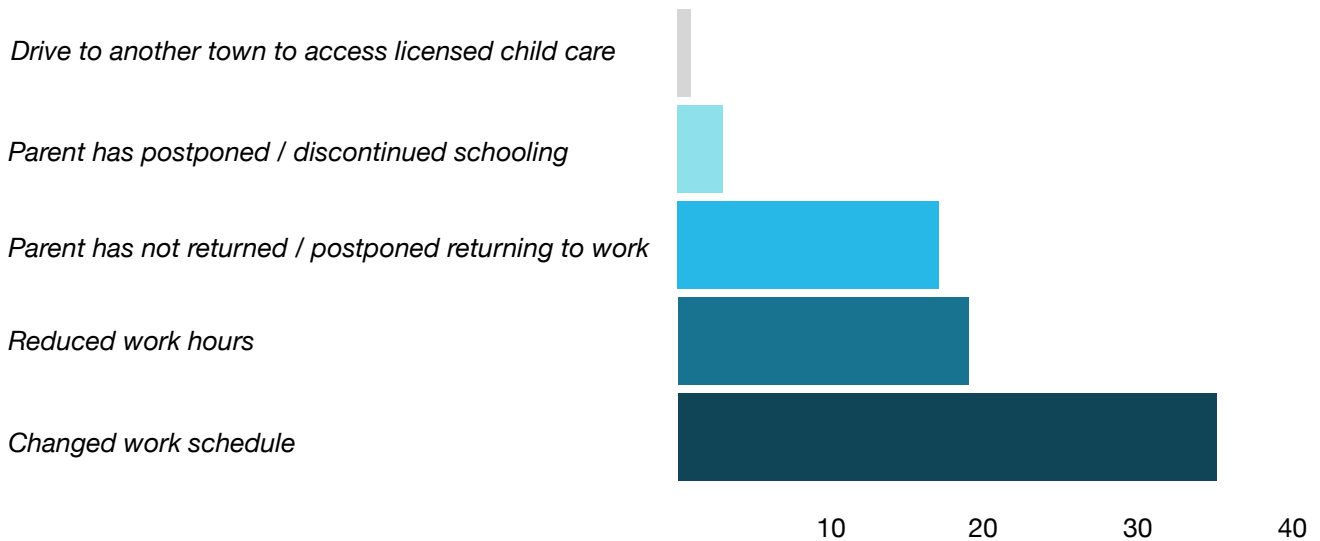
**Regularly accessed informal child care arrangements include**



*“Families need to work, but work at different times—so they all help each other. I take my child to your house, and then you take my child next. So there is a lot of group style care, because they have to go to work, and so parents help each other. And the kids can be moving around between multiple homes throughout the day, this causes so many behaviour problems because there is no stability.”*

Showing a sense of community-mindedness, multiple school-aged families have indicated that they participate in informal child care arrangements, with parents alternating days to provide care for one another’s children. Families rely on friends, neighbours, and grandparents for “child swaps” and child care.

**Lack of child care in Canal Flats has meant that**

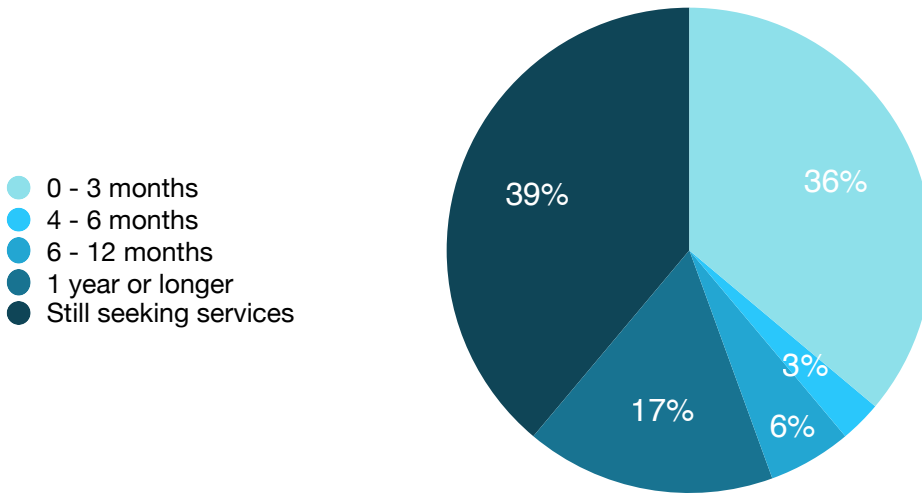


The lack of licensed care has contributed to supporting the ongoing operation of unlicensed child care. While alternative types of care fill the gap for many, they also present some unintended consequences. Unregulated child care may offer reduced quality of care which, in turn, has implications for early childhood development.

It is notable that out of the parents who responded to the child care survey, almost 20 percent stated that they were not seeking child care arrangements as at least one parent was available to provide for child care. Recognizing that for some, the lifestyle afforded by Canal Flats means that a parent is both able to and wants to be the primary caregiver, considerations around child care should extend to a variety of early learning programs. While school district programs such as Play and Learn or StrongStart offer a parent-participation option, there are no accessible preschool style programs. Preschool programs are typically 2–3 hours in length (but can operate up to 6 hours as an “extended day” program). A

significant commute to surrounding cities is a notable barrier for children and families not requiring regular child care, who would otherwise consider early learning programs, but are far more likely to forgo the experience when programs are not located near to home.

**Length of time to access child care arrangement**



### **Barriers Parents Face in Accessing Child Care Subsidies**

The ACCB and CCFRI are both funding measures in place to reduce costs to child care.

CCFRI is only available to licensed group or FCC child care providers and is not income tested. CCFRI can provide up to 350.00 per child, per month, as a fee reduction for families, depending on care type and age of child. As there are no licensed child care facilities in Canal Flats, families can only access this funding by attending programs in neighbouring communities.

With the median household income in Canal Flats reported as \$66 304.00 in 2015, the majority of families would qualify for ACCB, which in 2019 had a household income cut off of \$110,000.00.

ACCB is available to parents utilizing a variety of care sources, including group care programs, RLNR, LNR and in-home care provided by someone other than the child’s parents. Amount available to families depends on the care-type. With no LNR, RLNR or Group child care available in Canal Flats, families face restrictions in the funding they can access to help improve child care affordability.

Interviews and the focus group revealed an assumption by parents that any available subsidies are income-tested and therefore unattainable, so having a licensed child care program is irrelevant, in terms of funding, to many parents. This perspective does not align with the realities of available subsidies, and



leads to a regional acceptance of higher cost child care, despite the potential subsidies that could be made available to the community.

### **Barriers to Accessing Child Care Supports for Children with Diverse Abilities**

The focus group and interviews with SCD highlighted the current barriers providers and families face in order to received support for children with diverse abilities.

Again, the province-wide staffing shortage affects the ability to provide services. SCD reports hiring an EA from an elementary school, as a stop-gap measure; other support workers hired have no training.

*“The daycares do have some basic abilities. The programs will work as a team, share the work, do what they are good at for the children and as a team they understand the supports that are needed. The staff are so capable, but there are not enough staff, so they are given a job that is impossible to do—the workload is too high, they can’t provide the quality they would want to provide if they had the right amount of trained staff.”*



Providers indicated an inability to offer child care to children with diverse abilities because of a lack of staffing.

*"I want to offer the space to the family, and I can't, because it poses a health and safety risk without a support worker. Even if the family pays for it, even if I find funding, there isn't anyone to fill the job."*

Parent feedback as well as child care needs assessments for other communities in the region show a need to support the parents of children with diverse abilities and the children themselves. While funding is one part of this equation, the needs go beyond funding. Educators require training in supporting children with diverse abilities, facilities must be designed with inclusion in mind, and ongoing professional development for child care programs and caregivers (including parents, nannies, and Educators) must be easily available. Without having an effective system of educators and environments to support, SCD services are inadequate in meeting child and family needs.

### **Barriers to Accessing Quality**

Licensed child care determines a basic level of health and safety for child care programs. A program that meets all the child care licensing regulations is considered to only provide a basic level of child care. Considering child care quality just from a basic licensing standard demonstrates the first barrier to accessing quality care: there is confusion amongst parents and community members about what constitutes licensed child care.

Multiple parent interviews mentioned child care arrangements that they seemed to believe were licensed, but further research revealed that no licensed care, or care of that type, existed in the areas discussed—both in and outside of Canal Flats. Within the focus group, it was clear that the community is overall unaware of the differences between unlicensed and licensed care. It is apparent that there is a lack of information available for parents to understand if child care is licensed or regulated.

While licensing provides for the bare minimum standards, measures of quality are available to ensure child care offers a benefit to child development, rather than simply offering care for children while parents work.

*"Attending preschool can be beneficial for children from low-income families, but only if the preschools are high quality" (Horner, 2017).*

Interviews with providers offered candid and honest perspectives on delivering quality child care.

*"Is our program a high quality program? No. We don't have the number of trained staff required to focus on quality. We can only focus on opening each day. It could be so much better."*

CCRR noted that providers do not reach out to CCRR to improve or support quality operation, nor is it within their scope to address quality of care.

*“We might get requests about child behaviours that the program can’t manage, or usually, about when we could come by and drop toys off. We drop off toys once a month, and have a craft store in the office. But quality of care is up to the child care program, not CCRR. We are here to support wherever we can. Some ECEs will attend our workshops, but the staffing issue is so big that it overshadows everything.”*

Parents and children cannot access high quality child care when child care providers are unable to provide high quality child care, due to staffing shortages, training inadequacies, and a lack of systemic support. While it is easy to then dismiss quality as a potentially attainable goal, and instead focus on merely the availability of licensed child care, the research is clear: for all but the most vulnerable children, low quality care is more harmful than good in terms of child development. While the most vulnerable children may benefit from even low quality child care, the majority of children will not. A community-wide perspective must address both the need for quality and for availability, in order to see positive long term community and child health outcomes.

### **Barriers to Understanding Quality**

In a village such as Canal Flats, Child Care Needs Assessments may not get adequate, honest perspectives about child care program quality. Parents may simply be grateful for having any care at all; others may feel hesitant about providing any critical feedback about child care that is provided by a friend or family member. As such, our survey asked general questions about child care quality and did not specifically link questions about quality to specific programs or child care arrangements.

Many comments in the survey and in interviews suggested that there is a lack of understanding of licensed child care, license-not-required child care and illegal (child care operating in contravention of the child care licensing regulations) child care. For example, multiple interviews believed that child care subsidies would not be available to their family due to their income, not realizing the subsidies are available regardless of income as long as a child care facility is licensed.

When the “official” channels in place, such as CCRR or SCD, are unable to provide the community with accurate information (identifying both licensed and other quality care programs), families are forced to seek child care recommendations from friends and neighbours. As a result, this has exacerbated the lack of information and inaccurate information available to the community regarding child care quality, regulations and funding.

## Child Care Provider Experiences (Surrounding Region)

Interviews with child care providers supported findings reported across the province in other recent surveys and research: inadequate funding, administrative barriers, and staffing shortages are affecting the ability of operators to provide quality child care.

Of note, several care providers expressed frustration at needing to be licensed, as the license limits the number of children and ages of children that care can be provided for. At times it was obvious that the child care provider had no access to information, supports, or training that would help them in meeting licensing requirements.

At other times, providers candidly discussed operating unlicensed child care in contravention of the Child Care Licensing Act. Providers explained that licensing restrictions on numbers of children, ages of children, and what was considered onerous or unnecessary regulations were contributing factors to a decision to operate without a child care license.

*“I ran unlicensed for years, running a large group. I didn't know there were fines that could be associated with illegal child care; up until that point, I could renew house insurance without a license, and as of June that was no longer an option. Then I needed to either shut down or get licensed, because I didn't want to run without insurance.”*

### Licensing

There was general agreement by child care providers that the region's licensing officers seemed to genuinely care about their jobs and want to help child care operators. Operators shared frustrations with the lack of administrative and policy support available and the inconsistency of licensing inspections:

*“If I didn't know that I loved this job, I would have quit within the first few pages of the application process. They ask for all these different things but there is very little guidance about where to find them. Like a policy on care plans, for example. I would go to the internet, search for policies, there is no standard! There is no clear understanding of how to write these things as they pertain to British Columbia specifically.”*

Licensing inspections support providers in meeting the absolute minimum standards for child care. It is concerning that since 2015, licensing inspections have not occurred regularly. Given that all facilities have been not-in-compliance during inspections, and multiple facilities continue to be not-in-compliance with the same regulations year after year, it is possible that existing operators require more support, training, or both, in order to ensure they can meet basic standards. There is a potential opportunity for CCRR or other training programs to take leadership in this area, to support daycare providers in meeting licensing standards.

*“Frequency of inspections is not regular; we have gone two years without an inspection.”*

**WINDERMERE HEALTH REGION LICENSING INSPECTIONS (SUMMARY)**

Year	Number of Centres Inspected	Critical Infractions	Non Critical Infractions	Total Infractions
2015	5 of possible 5	1	10	11
2016	4 of possible 5	6	10	16
2017	1 of possible 5	1	2	3
2018	3 of possible 7	4	13	17
2019	7 of possible 9	3	17	20

**ALPHA CENTRE**

Year	Critical	Non Critical	Total
2015	0	1	1
2016	1	2	3
2017	0	0	No Inspections
2018	0	0	No Inspections
2019	0	3	3

**BETA CENTRE**

Year	Critical	Non Critical	Total
2015	0	2	2
2016	2	2	4
2017	0	0	No Inspections
2018	0	0	No Inspections
2019	2	4	6

**GAMMA CENTRE**

Year	Critical	Non Critical	Total
2015	0	0	not yet open
2016	0	0	not yet open
2017	0	0	not yet open
2018	0	0	not yet open
2019	0	3	No Inspections

**DELTA CENTRE**

Year	Critical	Non Critical	Total
2015	0	0	<i>not yet open</i>
2016	0	0	<i>not yet open</i>
2017	0	0	<i>not yet open</i>
2018	0	0	<i>not yet open</i>
2019	0	0	No Inspections

**EPSILON CENTRE**

Year	Critical	Non Critical	Total
2015	1	3	4
2016	1	2	3
2017	0	0	No Inspections
2018	0	0	No Inspections
2019	0	2	2

**ZETA CENTRE**

Year	Critical	Non Critical	Total
2015	0	0	No Inspections
2016	0	0	No Inspections
2017	0	0	No Inspections
2018	0	4	4
2019	0	0	No Inspections

**ETA CENTRE**

Year	Critical	Non Critical	Total
2015	0	2	2
2016	0	0	No Inspections
2017	0	0	No Inspections
2018	0	0	No Inspections
2019	0	3	3

**THETA CENTRE**

Year	Critical	Non Critical	Total
2015	0	0	No Inspections
2016	0	0	No Inspections
2017	0	0	No Inspections
2018	1	4	5
2019	0	2	2

**IOTA CENTRE**

Year	Critical	Non Critical	Total
2015	0	2	2
2016	2	4	6
2017	1	2	3
2018	3	5	8
2019	1	3	4

**Supported Child Development**

The EK Supported Child Development Program provides support to children with diverse abilities in the East Kootenays. Support Services can include:

1. Consultant services directly to child care program staff when a support worker is not needed yet the child care staff require consultant guidance and assistance in order to ensure inclusion. Services to families to help navigate child care programs, starting elementary school, and coordinating services.
2. Support Worker services, with a support aide working in the child care program to help ensure the child receives the developmental intervention and extra support they need to be included and fully participate in the child care program.
3. Resources such as specialized equipment, toys, books, and information.
4. Workshops and In-service training to parents and care providers; general or child-specific topics.

Providers shared how funding shortages and staffing shortages combine to prevent inclusive environments and support for children with diverse abilities. Funding is inadequate to meet current need. When funding is available, a lack of qualified staff often prevents the service from being provided to the child.

*“We have children who can not attend because there are over 30 children in the waitlist ahead of them to receive support services with SCD. We can not even receive consulting due to the length of the waitlist.”*

*“We could potentially get funding through indigenous funding streams, but there are no staff qualified or available to provide the service.”*

## **Administrative Barriers**

Providers shared frustrations with administrative barriers from all levels of government when opening or operating a child care facility.

*“Now that I am licensed, I am spending so many more hours on paperwork. I didn't use to keep exact records, or figure out enrolment reports for CCOF; nobody used subsidy before but now they do— the administrative time takes a lot. Submitting it every month, this affects the time I have to prepare teaching items. My quality of teaching and time with children has gone down in order to meet the regulations.”*

In some municipalities, by-laws presented barriers for in-home or group care programs. Lack of coordination between the fire department, child care licensing, and the city meant operators faced ongoing frustration, and at times, led to giving up on possible expansions.

*“The municipality needs to consider how the restrictions support or don't [support] child care. This isn't a multi-million dollar enterprise. It's a community need. Things like requiring a paved parking lot when a gravel parking lot could do...it's an unnecessary cost that prevents operations now. Families need the care. Municipalities need to help us create it.”*

*“Facility licensing needs to be inspected from a fire safety perspective. So I have to contact the fire department. The local fire department cannot do it; the other fire department says it is not in the jurisdiction. There is no responsibility; I'm left without an ability to be inspected.”*







Providers who have experienced changes in reporting requirements from MCFD, starting in 2017, commented on difficulties receiving funding. Multiple operators reported delays in payments, inaccurate payments, and gaps in information. There was appreciation for increased operational funding and wage enhancements, but operators universally stated that funding was simply inadequate.







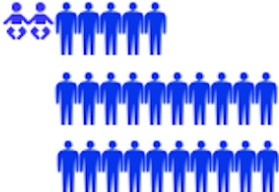

## Staffing

### REQUIRED RATIOS, EDUCATOR QUALIFICATIONS AND CORRESPONDING GROUP SIZE



Group Child Care (Under 36 Months)

Class Size & Ages	Required Ratios & Educator Qualifications
 <p>1-4 Children &gt;36 Months</p>	 <p>1 ITE</p>
 <p>4-8 Children &gt;36 Months</p>	 <p>1 ITE &amp; 1 ECE</p>
 <p>8-12 Children &gt;36 Months</p>	 <p>1 ITE &amp; 1 ECE &amp; 1 ECE A</p>



Group Child Care (30 Months to School Age)

Class Size & Ages	Required Ratios & Educator Qualifications
 <p>1-8 Children &gt;30 Months</p>	 <p>1 ITE</p>
 <p>9-16 Children &gt;30 Months</p>	 <p>1 ITE &amp; 1 ECE</p>
 <p>17-25 Children &gt;30 Months</p>	 <p>1 ITE &amp; 1 ECE &amp; 1 ECE A</p>

Multi-Age Care

Class Size & Ages	Required Ratios & Educator Qualifications
 <p>1-3 Children &gt;36 Months</p> <p>5-8 Children &lt;36 Months</p>	 <p>1 ECE</p>

Family Child Care

Class Size & Ages	Required Ratios & Educator Qualifications
 <p>1-4 Children &gt;48 Months</p> <p>5-7 Children &lt;48 Months</p>	 <p>1 Responsible Adult</p>

Many operators expressed concern about rising child care fees and the struggles families have in paying child care fees. This concern was almost paired with a more urgent concern of paying staff higher wages or facing an inability to recruit or retain. As several operators are not operating at full capacity due to staffing shortages, this was an urgent concern, and every operator expressed high levels of apprehension about the future of child care in the region unless the staffing crisis was addressed. In order to remain in compliance with licensing regulations, group child care programs require specific numbers of licensed educators to maintain legal ratios at all times. With a staffing shortage across the province, and experienced to varying degrees across Canada, maintaining compliance in this area is a growing challenge.

Similar to what was observed in the Kimberly child care needs assessment, and continues to be reflected in all child care research across B.C., a debilitating staffing shortage is the most pressing concern to child care providers.

*“We had multiple pregnancies announced last spring and we were weeks away from closing down, because there were not enough staff.”*

While in many programs the staffing crisis means licensed child care spaces are unable to operate, it also means that when spaces are used, the quality of care has decreased. The StrongStart program, which would typically pay higher wages than non-school-district programs, has been unable to recruit qualified educators and is therefore unable to operate as a StrongStart program. While the school has maintained early years programs, offering an alternative program without a certified ECE, quality of all early years services for children in the region is being affected by the staffing crisis.

*“Do we use the BC ELF? I would like to say yes, but the reality is we can not. We are focusing on basic training and trying to stay open, and don't have the ability to do programming and curriculum within the BC ELF. And I can't ask my team to take on more training when we are struggling to just learn the basics.”*

Beginning in January 2019, licensed providers began to access Wage Enhancement funding—\$1 per hour for qualified Educators until April 2020, and then \$2 per hour. Providers noted this funding has restrictions which include:

1. Availability only to Educators with ECE, ITE, or SNE certification.
2. Accessible only for facilities to have opted in the CCFRI program and not to preschools or OSC programs.
3. A monthly hour maximum that does not reflect the hours worked by in-home providers.
4. Onerous reporting requirements.
5. Lack of longevity. B.C. has had wage enhancements in the past that were eventually no longer available, pushing extra costs onto providers if wage levels were to be maintained.

While “every little bit helps,” operators were clear that the wage enhancement was completely inadequate to address the current ECE labour shortage.

*“There are not enough in the area; we are constantly advertising, if we need certified people, we aren't getting any - they are just RAs. RAs and Assistants's don't even qualify for the Wage Enhancement.”*

In some circumstances, staff are hired with no qualifications. Most operators stated that they currently have or have had in the past 12 months, licensing exemptions in order to operate without certified educators as none were available. Research is clear that operating programs without fully certified educators leads to decreased quality, health, and safety.

Providers reported providing signing bonuses, education bonuses, lending tuition fees to employees, or outright paying for the ECE training, and providing professional development funds and travel funds in order to support Educators in accessing required ongoing training. One provider is planning an expansion in 2020, with a new space grant, and is offering housing and school district pay parity as a part of her recruitment package. Despite these numerous approaches, there is unanimous agreement that the ECE shortage is the biggest barrier to providing child care in the Windermere Health Region. This is, however, a province-wide crisis, and every research project completed in the past two years agrees to the urgency and significance of this shortage.

Faced with closing down programs due to a lack of Educators, another provider in Windermere is designing an internship-style program together with BCACCS to train and certify educators through an on-the-floor apprenticeship model, which will begin in September.

*“This is the biggest barrier for me: the lack of actual people, the lack of training, the lack of interest from anyone to actually go into ECE. Why would they? The pay is low, they can make so much more per hour as a cleaner.”*

## **Training**

*“Nobody is even enrolling in the ECE programs in the colleges. One of the big things is that it’s not a high paying field. You go to school for a year, and you come out and are making minimum wage. Typically, the more education you get, you might get more wages, but in ECE, this is a major barrier because there is just no incentive.”*

ECE education requirements were another area discussed as a contributing factor to the labour shortage. The application process to access ECE Bursary funds to pay for ECE training was described as lengthy, funding is not guaranteed, and there are concerns about the delivery of the funding—funds are not paid to the student until after ECE courses are completed and that payment is not guaranteed. One provider shared how it took 3 months post course-completion to receive reimbursement. Many prospective students simply do not have the financial ability to pay tuition up front, leaving the bursary only accessible to those who have financial means or who can access short term credit or loans.

*“The staffing shortage is at a crisis point. The government is putting so much funding into new spaces, but there are no staff to work in existing spaces—this is a waste of resources, when we should be working to support and improve existing services. New spaces are not actually being created. New facilities are being built, that’s all; old ones are closing. Or you have a bunch of programs all at partial operation and all struggling day to day.”*

For child care providers requiring Educators, this places the burden of supporting staff to get their certificates onto the operator. With a cost of approximately \$12,000.00 for a training program (varies slightly between training institutions), per educator, in order to receive their full B.C. certificate, this amount will inevitably be passed on to families through child care fees, if other funding sources are not secured. In a class size of 16 children, for example, to fully train one educator, this would translate to an extra \$750.00, per family.

*“Honestly? The training is inadequate. The cost is a barrier. And staff can’t easily work full-time while studying, so a single mom? It’s impossible. I understand why nobody is doing the training. But I need trained Educators—they are everything. A nice classroom, a curriculum, sure. But without trained, great Educators, the program is nothing.”*

Similarly, providers and Educators indicated ongoing struggles to complete the necessary professional development hours required to re-certify every 5 years. Citing the distance to access CCRR workshops, sheer exhaustion due to staffing shortages, and the cost of workshops, providers commented that the size of the region contributes to barriers in completing required training.

## Child Care Needs Assessment Research in Surrounding and Similar Regions

Funding for child care needs assessment surveys throughout the province has led to a body of community-level published research. As this body of research grows, it offers a growing list of recommendations from both neighbouring communities and other rural communities located elsewhere in B.C. In 2020, many child care needs assessments for small communities will be completed and made publicly available, including local area assessments.

While the Village of Canal Flats requires a child care plan that reflects the unique needs, barriers, and opportunities that the community faces, an awareness of community-level recommendations in B.C. is a strong tool for child care providers and policy makers. The following charts summarize the recommendations made within the Columbia Valley Region and made for small rural towns throughout the province.

### Recommendations to Improve Collaboration

	Kimberly	Pemberton	Squamish	West Coast
Establish child care steering committee / action plan group	●	●	●	
Governmental partnerships for funding programs, facilities and augmenting programs	●	●		
Hold regular child care manager meetings to support providers in collaboration and joint initiatives			●	
Explore oportunities for businesses and child care providers to partner			●	
Develop relationships with First Nations that is culturally appropriate, Nation-led and initially focused on improving cultural safety and humility and increasing indigenous content in all ECE facilities			●	
Review and re-envision the role of CCRR as it relates to space creation				●



### Recommendations to Improve Availability

	Kimberly	Pemberton	Squamish	West Coast
Incorporate child care space creation targets into city planning activities	●	●		
Adopt community declaration on child rights			●	
Create spaces for child care programming, including applying for grants for said programming	●	●	●	
Develop City-run or City - Administered child care facility	●			●
Improve accessible parking for child care	●			
Improve funding access for providers	●			
Information sharing for providers and parents about child care registration, access, child care quality, and child care types	●		●	
Facilitate online supports for child care registration / space use	●	●		
Designate district child care staff liaison position			●	
Promote or require on-site child care by large employers	●			
Create school-based spaces for child care programming	●	●	●	

	Kimberly	Pemberton	Squamish	West Coast
Ensure by-laws and regulations reduce or remove barriers for child care facilities		●	●	●
Waive business license fees for child care operators				●
Offer grants / tax exemptions to support child care operators	●	●	●	
Facilitate collaboration between recreation / parks programs / school district and child care operators		●		●
Incentives for RLNR and FCC child care operators		●		
Encourage, support and promote community-based approaches outside of regulated child care to assist families with child care needs		●	●	
Set targets for child care spaces			●	
Streamline paperwork requirements for child care applications			●	
Encourage strata councils to permit child care facilities in their bylaws			●	
Track waitlists, ECE wages, new spaces provided and care options for families				●

### Recommendations to Improve Quality

	Kimberly	Pemberton	Squamish	West Coast
Improve inclusion through writing funding grants	●			
Consult with families to better understand additional support needs for children	●			
Change language in all city documents to respect professional nature of the ECE field	●			
Offer assistance to CCRR in advocating for increased funding		●		
Create online learning classrooms for ECES			●	
Offer community training for child care providers to support children with additional needs			●	●
Build fences around community playgrounds to enable child care providers to use these as outdoor spaces			●	
Explore oportunities for high school volunteering/job placements in child care programs			●	
Explore opportunities for therapists and child care providers to collaborate			●	
Develop quality programming standards for child care			●	
Design and implement quality monitoring systems for child care in municipality			●	
Provide information to illegal or unlicensed child care providers on becoming licensed			●	
Free first aid training for providers and parents				●

### Recommendations to Improve Viability

	Kimberly	Pemberton	Squamish	West Coast
Find ways to make ECE training more accessible, affordable and enticing	●	●		
Housing incentives for ECEs			●	
Invest in operating costs of child care programs				●
Offer ECE training incentives such as loan forgiveness or salary lifts				●
Create a registry of vetted, qualified individuals available to care for children part-time, evenings or occaisionally				●



### Recommendations for Advocacy

	Kimberly	Pemberton	Squamish	West Coast
Advocate for municipal framework to share knowledge and best practices	●			
Create inter-city working group to collectively bargain with Province to act on shared concerns	●			
Advocate to province for increased ECE wages	●			
Create campaign to highlight value of ECE	●			
Advocate for operational funding for further child care research for municipalities				
Advocate for increased funding for Supported child care		●		
Support child care advocacy initiatives such as universal basic income, \$10 a day, living wage project			●	●
Advocate for higher training requirements for Early Childhood professionals			●	
Advocate for ECE criteria to include a range of education backgrounds (i.e. nursing)			●	
Advocate for the the \$10/day plan (written by the Coalition of Child Care Advocates of BC and ECEBC)			●	●
Advocate for regulation changes to align licsening with school act and for outdoor programming				●
Advocate for provincial government to align licensing and building code requirements			●	

## Discussion & Analysis—Child Care Needs

Canal Flats requires licensed child care. If population growth is to meet the targets set by the Village, child care as an economic development support is a requirement.

If child vulnerability rates in the community are to improve, quality child care as an early years health support is a requirement.

It is not unrealistic to introduce child care programs that can both support economic development and improve child vulnerability rates. However, this is not likely to be accomplished without a clear strategic path to do so. It is relatively easy to create child care spaces. It is far more difficult to create and operate quality child care spaces.

### Child Care to Support Economic Development

*“It is clear from the survey results and in-person meetings that small, rural and remote communities have many of the same child care needs as their urban counterparts, including the need for more child care spaces and providers, more ECEs, and more affordable care. However, small, rural and remote communities face additional challenges, including a heightened need for more flexible child care, particularly in resource dependent communities” (Union Of B C Municipalities, 2018).*

In Canal Flats, where the village is actively promoting an affordable lifestyle, two-parent households may choose to have one parent stay home with young children. Even if child care becomes available, when comparing the cost of child care against income earned, some families will still elect to have one parent stay home rather than return to work. Other families may opt for one parent stay home rather than work simply because it is a lifestyle preference.

### Child Care to Improve Childhood Vulnerability Rates

*“Some families want to have mom at home. It’s difficult to gauge how many moms would be working if they didn’t provide childcare....but not all of them would be. Maybe not most of them.”*

It is a commonly held belief in Canada that the child care sector is (or is seen to be) a labour market support rather than a pivotal role in early development and education. Yet, when child care need is assessed only by required spaces to improve a workforce, the need assessment is failing children, families, and communities. Quality early education is a pillar for early learning and development. While child care is one factor that impacts a parent’s ability to work, the availability and access of quality care is what will most impact long term child and community health.

*“Even children that do have a place may not be receiving the quality of service they need to succeed. In this sense, Canada’s childcare system is not only expensive for families, it is failing to serve its users—children.”*

If child care does not exist solely as an economic strategy to improve workforce engagement, but is a social strategy to improve the long term health and viability of a community, it is imperative that issues around quality child care are understood.

The Early Development Instrument (EDI) is a questionnaire that measures five core areas of child development, which are considered to be strong predictors of adult health, education, and social outcomes. Completed in Kindergarten across British Columbia, the EDI looks at the population in a neighbourhood area, and enables policy makers to consider child vulnerability levels over time in a specific region, in order to better respond to population trends.

The Human Early Learning Partnerships (HELP), who conducts the research and analysis on data collected through the EDI, defines vulnerable children as *“those who, without additional support and care, are more likely to experience challenges in their school years and beyond.”* Vulnerability rates greater than 10% are considered to be avoidable vulnerability rates, and can be addressed through altering the social conditions of an area, through policy and family-friendly social supports and services.

The Village of Canal Flats' vulnerability rates are higher than the provincial average, and the vulnerability rates are increasing. Addressing vulnerability rates will require an early education and care strategy that does not include just the creation of licensed child care and early learning programs, but prioritizes actions designed to ensure ongoing quality within those programs. Child care must also be offered not only as a workforce strategy, but a community-health strategy.

“Licensed” does not equate quality. “Meeting licensing requirements serves only as a baseline providing the fundamental components necessary for operation rather than an indication of program quality.”

Quality child care programs include:

- A stable, well-trained Educator team, with enough Educators to ensure ratios are met during vacations, lunch breaks, and during sick leave.
- A learning framework (such as the BC ELF).
- A cared-for and well-maintained physical environment (facility and learning materials) that can respond to the individual and group needs of the children in care, indoors and outdoors.
- Effective leadership: including instructional support for Educators and managerial support for the business management of the program.
- Stable and sufficient funding stream.
- Access to ongoing professional development.
- An ability to offer family engagement and family support activities.
- Use of an ongoing quality improvement system.

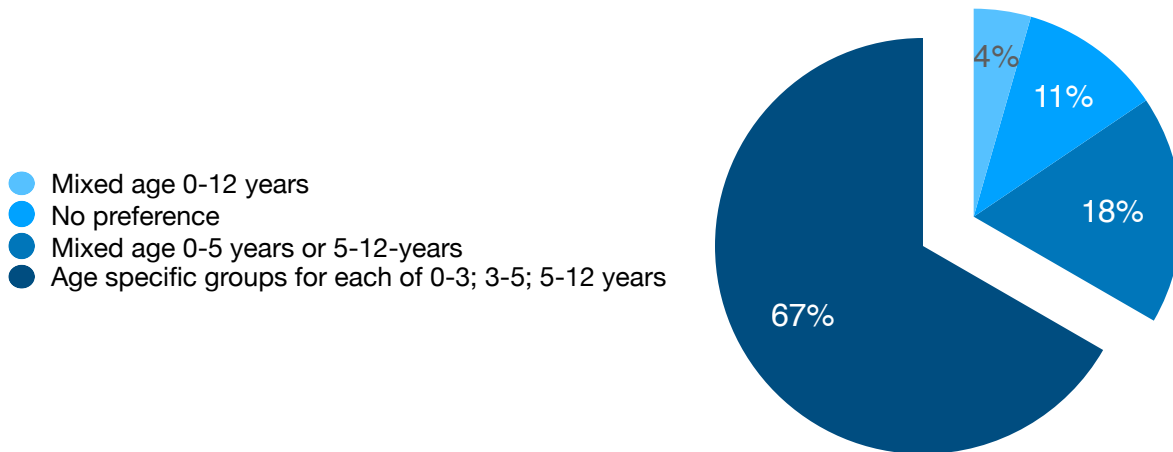
Finally, to truly address child vulnerability levels in the community, child care programs should be offered to support the developmental needs of young children with stay at home parents as well as those with working parents. This will require looking beyond providing full-day child care, and understanding how preschool programs and occasional-child-care play an important role within this.

Operationally, it is important to note that multi-age, group infant-toddler, and group 30 months–5 years programs will not allow the ACCB funding to be given to low-income families with a stay at home parent. However, a program that holds a preschool license will allow these families to access ACCB funding.

## Looking Forward: Parental Preferences in Canal Flats

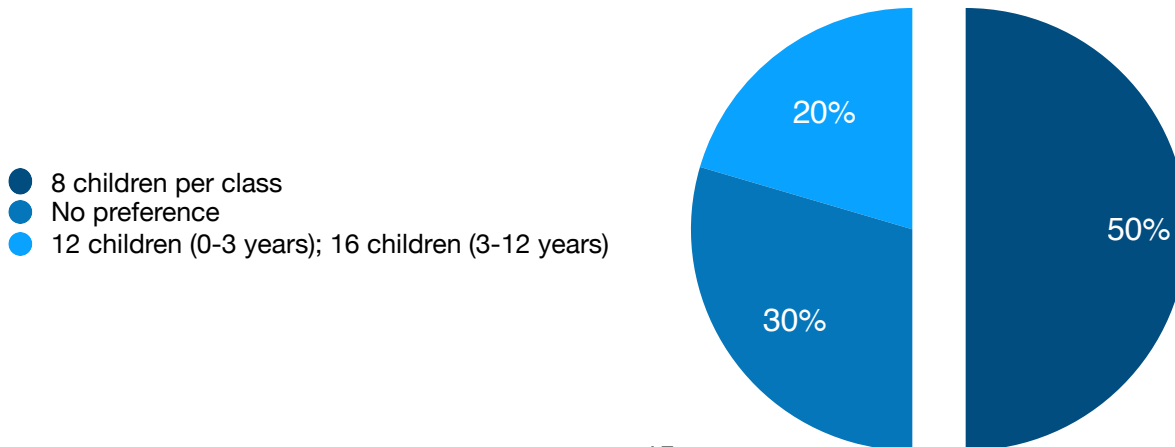
In discussion preferences for child care, 66.7% of parents indicated a preference for individual age groups (0–3, 3–5, 5–12); 17.8% of parents indicated a desire for mixed age classrooms for children ages 0–5 and 5–12 years of age. 11.1% indicated no preference. 11.1% indicated no preference.

**Parental Preferences for Group Composition**



68.9% of parents preferred class sizes under 12 children (ages 0–3) and under 16 children (ages 5–12), with the vast majority of parents preferring class sizes of 8 children or less.

**Parental Preferences for Group Size**



Preferences in terms of environment break down based on child age. For parents with school aged children, the vast majority prefer child care to be located on school grounds or within the school itself. For parents with younger children, the preference is for child care to be located in a small, homelike setting with the building exclusively for child care use.

The value of time in the outdoors was reiterated as one important to families. A child care facility with a strong outdoor component and indoor/outdoor contiguous space would hold value for the community.

Within the focus group and survey, parents frequently mentioned the need for drop in or occasional child care. While not typically viable in a traditional daycare, due to registration needs, an occasional child care license (OCC) offers this flexibility. Much like the rest of the province, the need for extended hours to accommodate shift work was also expressed.

### **Parent Perceptions and Quality of Care**

Families in Canal Flats access both family-provided child care and non-family provided child care arrangements. When discussing quality child care, this section specifically discusses formal and informal, non-family child care arrangements.

There are numerous barriers to parents accessing quality child care. One of the most obvious in Canal Flats is simply nonexistent licensed group or in-home child care. Research shows that licensed and regulated child care consistently offers higher quality care than unlicensed or unregulated child care. Our survey asked respondents about a range of questions discussing parental experiences and views around the quality of their child care arrangement.

Notably, only 31.4 percent of respondents indicated they Agreed (11.4%) or Strongly Agreed (20%) with the statement “My child care program is a high-quality program.” 37 percent of respondents Agreed (11.4) or strongly agreed (25.7%) that their child care program made a noticeable positive difference in their child’s development.

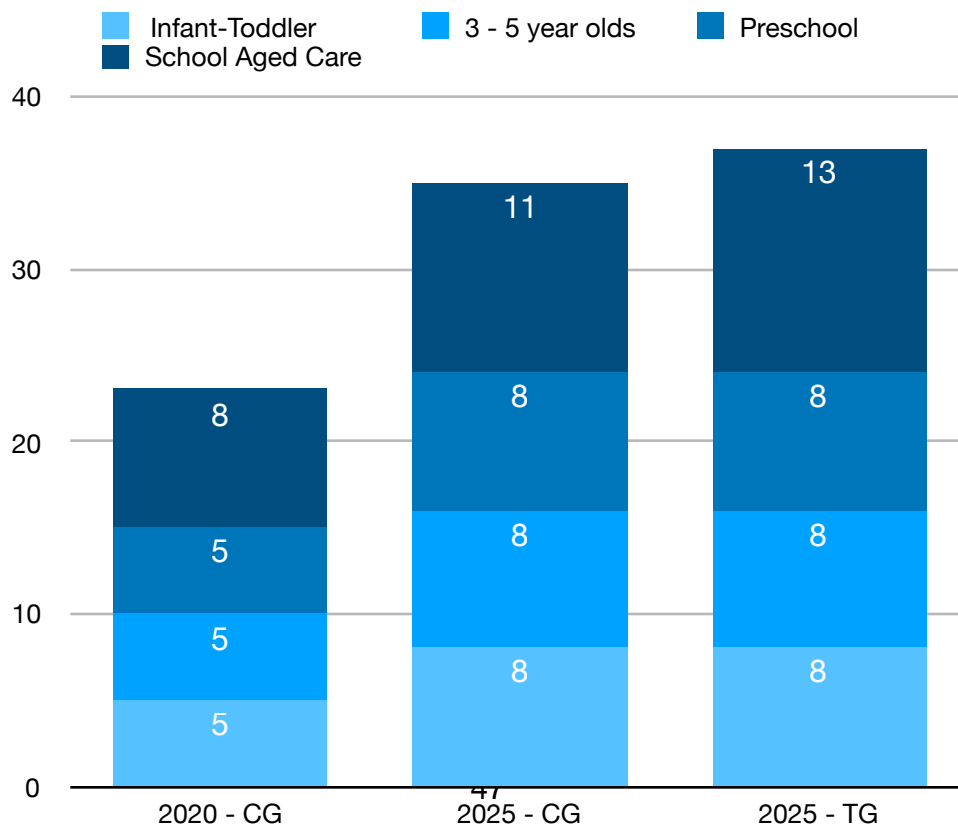
## Child Care Space Targets 2020-2025

### RECOMMENDED CHILD CARE SPACE TARGETS, 2025

	Projected need (current growth rate), 2025	Projected need (targeted growth rate), 2025
Infant-Toddler	8	8
3-5	8	8
Preschool	8	8
Out of School Care	11	13

The provincial average of child care spaces is 18.4 per 100 children ages 0–12. Using the provincial average as a child care target, and the current population growth numbers to project need, the Village of Canal Flats would need to create 8 infant-toddler spaces, 8 group 3–5 spaces, 8 preschool spaces, and 11 out of school care spaces.

Using the provincial average as a child care target, and the targeted population growth numbers to project need, the Village of Canal Flats would need to create 8 infant-toddler spaces, 8 group 3-5 spaces, 8 preschool spaces and 13 out of school care spaces.



Creating spaces to reach a rate of 18.4 child care spaces for each age group could be met under a variety of scenarios, each meeting a different community child care need. In terms of meeting the needs of extended hours or occasional care, residential-based programs such as FCC or in-home multi-age typically offer the most flexibility. In terms of meeting the needs of drop-in care and fees for actual-use only, an occasional child care program would be the only program likely to meet this need. An occasional child care program is most likely to be operationally viable when offered within a hub of other child care programs such as OSC or preschool.

***Balancing need with operational viability***

*Child care utilization rates in excess of 80 % - 85 % make finding child care increasingly challenging for parents to find child care when needed. However, for a child care operator, utilization rates below 95 % can pose a threat to fiscal viability, unless mitigating financial supports are provided, such as free lease rates and significant operating subsidy (exceeding what is currently provided via MCFD to child care operators).*

*Understanding that the current labour shortage has meant 16% of child care spaces are not able to operate in the region, financial viability projections for any proposed group care programs should project program revenue that reflects below-capacity operation. As group care programs require staffing levels far above what would be expected from in-home child care programs, projected operational budgets should include significant training expenses.*

Age-specific possibility with some drop in, least staffing flexibility

- 1 Infant-Toddler class of 8 students (1 ITE, 1 ECE)
- 1 Group 3–5 class of 8 students (1 ECE)
- 1 Preschool Group 3–5 or Occasional Child Care group of 8 students (1 ECE)
- 1 OSC class of up to 16 students (2 individuals)

OR Flexible age grouping possibility, with some drop in

- 2 multi age classes (2 ECE)
- 1 Preschool Group 3–5 or Occasional Child Care group of 8 students (1 ECE)
- 1 OSC class of up to 16 students (2 individuals)

OR Extended hours possibility, with some drop in and most staffing flexibility

- 1 multi-age class (1 ECE)
- 2 in-home family care (2 individuals)



- 1 preschool group 3–5 or Occasional Child Care group of 8 (1ECE)
- 1 OSC class of up to 16 students (2 individuals)

The immense barriers faced through the staffing shortage limits what type of care may be operationally viable, considering that it takes 12 months to gain an ECE certificate —the base requirement for one Educator to operate 8 group three-to-five child care spaces or 10 part day preschool spaces. It takes an additional 12 months to gain an Infant/Toddler certificate, which is the minimum requirement to operate just 4 group infant-toddler child care spaces. Parents have stated a variety of child care needs and not all parents want or need full day child care. It is recommended that any group child care facility plans (non-residential based) are made with an awareness of both the need for flexible care and the realities that without a staffing strategy, the facility may not be operationally viable. A strong staffing recruitment and retention strategy, including mentorship, in-service training, and funding for training, will be required for operational success.

## Strategic Directions

### Strategic Direction 1: Availability

#### SUMMARY OF RECOMMENDED ACTION STEPS TO IMPROVE CHILD CARE AVAILABILITY

1.0	Ammend by-laws to reflect provincial child care licensing regulations.
1.1	Apply for funding to build a municipality-owned child care facility.
1.2	Consider building/securing municipality-owned residential based child care facilities.
1.3	Set child care space targets for the Village of Canal Flats.
1.4	Fence in outdoor play spaces to improve access to these spaces for licensed operators.
1.5	Collaborate with school district in the creation of an on-site facility for OSC, preschool, and enhanced StrongStart programs.
1.6	Support currently unlicensed child care operators in becoming licensed.
1.7	Contract to a not-for-profit operator to operate a child care hub facility.

#### 1.0 Amend Canal Flats zoning by-laws to support the development of diverse, high quality child care arrangements.

Currently, several Canal Flats by-laws are not aligned with provincial licensing regulations. This can present a barrier to opening/operating child care programs. In particular, residential based child care programs can face restrictions in the number of spaces they can offer from municipalities when by-laws do not align with what provincial regulations will allow. Financial viability of child care programs often depends on full registration, and group sizes below provincial regulation allowances can decrease the long-term viability of a program.

- 2.3 HBB 1—remove preschool from the use term, as this refers to a specific type of child care and will be confusing for parents and operators.
- 2.3 HBB 1—limit to no more than two children unrelated to the care provider, under supervision at one time. This ensures that the zoning reflects rather than contradicts provincial requirements of unlicensed/LNR/RLNR care. A regular arrangement of caring for more than two children unrelated to the child care provider, without a child care license, is illegal child care provision.
- 2.4 HBB 2—change use conditions of daycare/preschool/before care to read “limited to no more than 8 children” to reflect current provincial licensing guidelines for group sizes.

- Consider a zoning that details group size allowances in line with provincial child care: allowing up to, but no more than 7 children for a licensed FCC, 8 children for a licensed IHMA/MA, and 10 children for a licensed preschool or OSC. This matches group sizes with provincial regulations, by type of care, and maximizes care type flexibility for operators.

1.1 Apply for funding to build a municipality-owned child care facility.

With the current political interest in child care, funding including MCFD’s new spaces fund, UBCM community child care planning program, and the Columbia Basin Trust Child Care Support Program can be accessed by municipalities to build new child care facilities.

If it is determined that a traditional group child care facility is the preferred design, we recommend a facility that will support operational flexibility.

Designing classrooms to allow for flexible care types (such as 2 multi-age classrooms that could be combined to offer 1 group three-to-five program; or an OCC classroom that can be used as a preschool 2 days per week) can provide a child care facility that allows for the operation of child care programs to be responsive to community needs and the availability of certified educators.

1.2 Consider building/securing municipality-owned, residential-based child care facilities.

The lack of certified Educators in the community, combined with parental preferences for residential-style child care facilities, presents the possibility to have a unique model for child care facilities that can work to grow a qualified work force:

A residential building, if the licensee of the child care program is located on-property (and by-laws allow), can run as any of the following:

Care Type	Max number of children	Certification level required
<i>Family Child Care (FCC)</i>	7	1 individual, 30 hours training
<i>In Home Multi Age (IHMA)</i>	8	1 ECE
<i>Multi-Age (MA) &amp; Group Three-to-Five (3-5)</i>	8	1 ECE
<i>Out-of-School Care (OSC)</i>	10	1 individual, 30 hours training
<i>Group Infant Toddler (IT)</i>	8	1 ECE, 1 ITE
<i>Preschool (PS)</i>	10	1 ECE

FCC allows for a potential child care operator to start up a program and immediately begin providing child care to 7 children, including up to 3 infants and toddlers. IHMA allows the child care operator to provide child care to 8 children, including up to 3 infants and toddlers. Both license categories require the care provider to live on-site.

CCFRI and ACCB are both provided at lower funding levels to parents, when compared to the other licensed care categories, posing a barrier to affordability for families.

In order to run any of MA, 3–5, OSC, IT, or PS in a residential building, the child care operator cannot live directly in the child care space. These programs can therefore be run in a residential building only if the child care program space is separate from the provider's living space: such as a separate suite, or an accessory building.

Program designs similar to the SOS Children's Village model (for foster homes) allow for a group of several residential buildings that offer private on-site living quarters for the educator together with the child care program.

One way of running a group of programs like this is to immediately begin child care programs without full certifications by the operators (operating as FCC), with a timeline for the operators to complete their certification, and thus upgrade the group of programs to one of MA, 3–5, IT, and PS/OSC (two programs offered in the same space, due to complementary operational hours).

Another way is to run the facilities as small group programs of MA, 3–5, IT, and PS/OSC from the start up, but providing the space at a subsidized lease rate, so that Educators working at the facilities are able to access subsidized housing as a part of their compensation.

While an unusual approach, this accesses a different potential demographic of Educators—those who are interested in business ownership but lack the capital to create a facility, or those wanting to work in child care but not yet holding certification. Quality support is possible if a manager/child care coordinator is put in place during the start up period to oversee all programs and support Educator training.

### 1.3 Set child care space targets for Canal Flats.

Setting child care space targets and monitoring progress towards that target can help ensure that progress is being made. Building a child care centre is only one part of meeting these targets, and staffing will be a significant obstacle that must be addressed, in order to meet child care targets.

#### 1.4 Fence in outdoor play spaces to improve access to these spaces for licensed and unlicensed operators.

One of the requirements under the child care licensing regulations is a fenced in outdoor space, as it improves safety in terms of supervision, particularly for young toddlers and children with additional needs.

Fenced in community outdoor spaces for public use can improve safety outcomes for child care providers utilizing the spaces. This benefit extends to parents and caregivers who bring young children to public outdoor spaces.

#### 1.5 Collaborate with school district in the creation of an on-site facility for OSC, preschool and enhanced StrongStart programs.

Currently, while Morgeau Elementary runs a successful and well-attended early learning program, they are unable to offer StrongStart without a qualified Educator. OSC programs are not available within the school and there is no classroom space to operate programs.

Utilizing available land, a partnership to install a modular early years building could support the introduction of a licensed preschool and a StrongStart program—creating a “hub” for parents who have chosen to stay at home but still want to access part time early learning (parent participation or otherwise).

Early learning hubs that offer complimentary programs such as preschool/StrongStart allow for resource sharing and professional collaboration.

This would then free up the existing StrongStart classroom to potentially operate a licensed OSC program within the school building itself, providing on-site wrap around services for school aged children. This was a parental preference for OSC programs, but would also allow a new child care centre to focus on full day care programs for ages 0–5.

#### 1.6 Support currently unlicensed child care operators in becoming licensed.

Licensing the current child care provider, assuming that she holds a valid ECE certificate, would result in a creation of 8 licensed child care spaces. These spaces would then be eligible for parent subsidies such as ACCB and CCFRI, as well as the CCOF operational subsidy, and the ECE wage enhancement. This could then result in a reduced cost of care to parents in the community. Multiple funding streams are available to support operators in obtaining a child care facility license.

1.7 Contract to a not-for-profit operator to operate a child care hub facility.

Auspice of child care operation does not necessarily correlate with quality, as indicators of quality can be met regardless of auspice. However, not for profit child care programs in B.C. currently have the advantage of eligibility to apply for a larger breadth of grants as well as a higher funding amounts of grants. This advantages not-for-profit operators, and aligns with the funding needs that would be required to start up a large-scale child care program in Canal Flats.

When an experienced not-for-profit is not available for the planning stages, contracting out start up services, such as design, materials, licensing and hiring, with the goal of handing over the operation to a not for profit, once established, can be another approach that allows for quality control while also ensuring the municipality does not take on long term facility operation.

**Strategic Direction 2: Quality**

**SUMMARY OF RECOMMENDED ACTION STEPS TO IMPROVE CHILD CARE QUALITY**

2.0	Implement (or collaborate with other municipalities to implement) a child care quality assessment system for licensed child care in Canal Flats (or the Windermere Health Region).
2.1	Collaborate with neighbouring municipalities to fund and hire a child care coordinator to provide direct support to multiple programs in the area.
2.2	Advocate for increased child care maintenance funding, available annually. Replacements, repairs and upgrades are required

2.0 Implement (or collaborate with other municipalities to implement) a child care quality assessment system for licensed child care in Canal Flats.

In BC, child care licensing regulations are designed to support programs in meeting the minimum standards for child care quality. The BC Early Learning Framework is not required as a curriculum standard in programs.

Research is clear that regulations combined with quality standards can be effective in improving child care quality. Child care regulations only ensure basic health and safety standards and do not assess or regulate for quality. Accreditation standards are in place in Alberta; Toronto requires city programs to use the AQL.

There are various quality assessments available at no to low-cost:

- BC QAS (BC-specific child care quality assessment tool, free of cost).
- AQI (Toronto, available free of cost online).
- ECERS / ITERS (American environmental quality assessment tool, under 100.00 to purchase for use).

While Alberta's accreditation approach is province-wide, Toronto takes on the quality assessment process as a municipality. Implementing a quality assessment standard such as one of the tools listed above, as a requirement to access support funding from the municipality, is one way to gain operator compliance while simultaneously supporting operators to improve quality. Some regions have opted to publicly share quality assessment ratings so parents have a better understanding of quality care.

### 2.1 Collaborate with neighbouring municipalities to fund and hire a child care coordinator to provide direct support to multiple programs in the area.

The rural and isolated nature of this region means that oversight and support are not available to child care operators, as seen by the sporadic licensing inspections since 2015.

Coupled with the crippling labour shortage in ECE, this region in particular faces a lack of mentor-educators to support new educators working in the sector who do not yet hold their certification. Even recent graduates from an ECE program lack the in-service training and mentorship required to provide quality child care.

This is one factor adding to overall stress levels, leading to rapid burn-out and perpetuating the labour shortage. Recent provincial pilot projects such as the Early Years Pedagogical Network offer limited support, through online access to programs about curriculum development, yet do not touch the basic day-to-day mentorship needs required by programs in the current labour market.

A child care coordinator, shared between several programs, could visit each program regularly and provide the context-specific support required.

Once Canal Flats has licensed child care, mentorship will be required. While the best case scenario is having a full-time mentor in place for the initial years of a program, a shared mentor within a region can still meet some of this need while reducing the cost.

2.2. Advocate for increased child care maintenance funding to be available annually.

Replacements, repairs and upgrades are required to ensure quality standards, and also to ensure that a facility is viable for the long term. Child care programs commonly rely on sporadic grants for maintenance. The provincial maintenance funding program is limited in availability, often running out in the early months of the fiscal year, and limited in scope, meaning that annual maintenance simply is not carried out by many programs. For municipality-owned facilities or municipality-run programs, this downloads an increased financial responsibility to the local government level.

**Strategic Direction 3: Design for Viability**

**SUMMARY OF ACTION STEPS TO IMPROVE CHILD CARE OPERATOR VIABILITY**

3.0	Consider a municipality run child care facility, offering employees access to a pension plan and fair wages.
3.1	Advocate for improved transferability of Early Childhood Education accreditation across the provinces.
3.2	Design child care programs to offer maximum operational flexibility

3.0 Consider a municipality run child care facility, offering employees access to a pension plan and fair wages.

As shown in the Columbia Valley Child Care Need and Demand Assessment (2017), two-thirds of the licensed group infant-toddler programs was operating below capacity due to staffing shortages; one group 3–5 care program was operating below capacity due to staffing shortages. These numbers appear only to have grown since then. Remaining a competitive employer within the region will be vital to ensure operational viability. As such, operating child care services under the umbrella of municipal services can potentially present a stronger job offer for potential Educators.

3.1 Advocate for improved transferability of Early Childhood Education accreditation across the provinces.

Canal Flats’ location near Alberta means that there is a potential pool of educators that could be drawn on from Alberta. While there is currently an agreement between provinces to transfer licenses between provinces, this is problematic for two reasons: (a) Alberta recognizes a larger breadth of training that can go towards certification; and (b) Albertan educators are not trained in the B.C. learning framework or licensing regulations.



Shifts at the provincial level in ensuring similar training equates similar certification could open up a larger potential pool of B.C. based educators, and may also speed up the process of getting out-of-province Educators certified to practice in B.C.

### 3.2 Design child care programs to offer maximum flexibility.

Custom-built spaces for child care should be designed to have as much flexibility as possible. With staffing shortages affecting the ability to operate, and a small population for child care programs, the ability to respond to changing community needs is important. Space that allows for group multi-age, which offers the most flexibility in terms of Educator requirements and ratios, but could also easily convert to other care types if demand required it, would allow child care operators to respond to needs without requiring licensing exemptions. In particular, infant-toddler programs may be the most difficult to run due to the additional Educator training requirements.

The community indicated that drop in child care would be of value, and including an Occasional Child Care classroom within a purpose built child care centre may be one way to meet this need.

Council could also consider child care approaches that recognize the Educator shortage. With many parents preferring a residential-style child care setting, think about setting aside multiple residential buildings, co-located, to provide residential based group child care. If the homes are renovated or constructed appropriately, they could attract individuals wanting to run a small business such as FCC (circumventing the ECE certification requirements in the short term). A requirement for the individuals to obtain their ECE certification, and upgrade to a group program within a certain timeline, allows for the majority of child care spaces to be created immediately, and a longer term plan to improve quality and increase spaces, as training is complete. Interviews with a current operator in the region who is relocating and expanding their facility revealed that success in staffing recruitment was found when the compensation package included housing.

## Strategic Direction 4: Collaboration & Advocacy

### SUMMARY OF RECOMMENDED ACTION STEPS TO IMPROVE STAKEHOLDER COLLABORATION

4.0 A	Create a regional child care advisory committee to improve communication and collaboration around best practices, knowledge sharing and regional child care strategies/initiatives.
4.0 B	Recognizing the interconnected labour barriers for the ECE sector, work with other municipalities to develop funding for ECEs, including loan forgiveness and wage enhancements.
4.0 C	Create an inter-city collaboration to enhance collective bargaining power of the municipalities with the province to act on common child care provider concerns in the region.
4.1	Advocacy for the creation of financial incentives (such as a northern/rural allowance) to encourage qualified child care staff to move to the region.
4.2	Develop a regional waitlist for child care programs, together with operators and CCRR.
4.3	Develop a document for families that supports finding child care and child care funding.
4.4	Advocate for improved grants by informing grant providers of the barriers and limitations of their grant funding.
4.5	Advocate for improved inclusivity for ACCB guidelines.

4.0 A Create a regional child care advisory committee to improve communication and collaboration around best practices, knowledge sharing and regional child care strategies/initiatives.

4.0 B Recognizing the interconnected labour barriers for the ECE sectors, work with other municipalities to develop funding for ECEs, including loan forgiveness and wage enhancements.

4.0 C Create an inter-city collaboration to enhance collective bargaining power of the municipalities with the province to act on common child care provider concerns in the region.

All three of these action steps (4.0, 4.1, 4.2) speak to the power of interconnected, inter-city collaboration. In having a regional committee there is the opportunity to bring together many of the small communities in the area that are facing similar challenges. A regional child care committee could act on 4.0-4.2, working to enhance the quality and efficiency of child care services in the region.

#### 4.1 Advocacy for the creation of financial incentives (such as a northern/rural allowance) to encourage qualified child care staff to move to the region.

Although researchers observed the construction of new residences, as well as plans for future development, it was reported that housing is not immediately available in the area. To accept a position at the child care centre in Canal Flats, an Educator, and potentially their family, will need a residence or will need to plan to commute to Canal Flats. While affordable housing exists in the bigger community plan for this area, designated housing incentives for ECEs can help to address recruitment challenges.

#### 4.2 Develop a regional waitlist for child care programs, together with operators and CCRR.

In large urban centres, developing a waitlist for the region presents the challenge of collaboration between numerous operators and finding common ground in creating a shared system for waitlist management.

Child care within the Windermere Health region is sparse, presenting an opportunity for operators to create a shared waitlist policy and waitlist. Online technology now exists to streamline a child care search for parents, so that they can complete one waitlist form and select the waitlists they wish to be added to. When offered a space, the family could choose to continue to remain on the waitlist for a preferred program, or be able to remove themselves from all waitlists. This alone allows regional waitlist numbers to be accurately counted; current waitlist numbers for the region are ineffective, as they double and triple-count families who are on multiple waitlists. Accurate waitlist numbers are needed for correctly estimating the demand for child care.

#### 4.3 Develop a document for families that supports finding child care and child care funding.

A thread found throughout this research was that the vast majority of parents and many operators/support agencies simply do not have an accurate understanding of the various types of child care, subsidy supports available to each type of child care, or the advantages offered by each type of child care. This has resulted in a barrier to families receiving affordable child care via existing subsidies. It has also resulted in families not always knowing the type of care they are receiving—family assumptions about what licensed child care is has led to some individuals choosing to provide unlicensed child care in contravention of the Child Care Licensing Regulation. This introduces safety risks that should not occur within B.C.

While addressing the regulation of unlicensed child care falls under the responsibility of the Ministry of Health via the child care licensing branch, the fact remains that a relatively small and isolated population spread out across a vast geographic region is not effectively or easily investigated.

Municipalities are able to provide information publicly to families to educate parents, in a simple and easily accessible way, so that parents are able to make informed decisions about child care.

4.4 Inform grant providers of the barriers and limitations of their grant funding; for example, the full amount for ECE tuition grants is only provided after tuition is paid by ECE students.

Policy does not always align with the reality of program delivery. While funding for ECE tuition via the ECEBC bursary is in place, the mechanics of delivery present a significant barrier to low-income individuals. To increase the number of individuals taking ECE training programs, students need to know if they are receiving a bursary before beginning coursework to feel confident in managing the financial realities of schooling. Low-income students need to have the bursary provided before starting classes, as they often cannot qualify for or afford to take on loans to cover the 3–6 months that is required to receive the bursary.

4.5 Advocate for improved inclusivity for ACCB and CCFRI guidelines.

The Affordable Child Care Benefit and the Child Care Fee Reduction Initiative privileges group child care over all other care types. While based on the assumption that licensed group child care is more expensive, and therefore requires more subsidy; in reality this is not always accurate. Furthermore, families requiring flexibility of care hours—which is typically only able to be provided by in-home care providers—are limited in the amount of ACCB and CCFRI due to the category of care. In rural communities such as Canal Flats, where many families wanting full-day child care require flexible care hours, families would then need to choose between a care type that provides higher subsidy amounts or a care type that meets their child care needs.

Advocacy to provide more equitable access for ACCB and CCFRI, regardless of care type, would result in increased subsidy availability for rural communities such as Canal Flats.

## Glossary of Terms

**Affordable Child Care Benefit (ACCB):** The Affordable Child Care Benefit is a monthly payment through MCFD to help eligible families with the cost of child care. The benefit is paid by MCFD directly to the Child Care Provider monthly. Factors like income, family size, and type of care determine how much support families can get. Families need to renew their application every year.

**Child Care:** “The care and supervision of a child in a child care setting or other facility, other than (a) by the child's parent, or (b) while the child is attending an educational program provided under the School Act, the Independent School Act or a law of a treaty first nation in relation to kindergarten to grade 12 education.”

**Child Care Fee Reduction Initiative (CCFRI):** Lowers the cost of child care for families. Parents do not need to apply. Child care providers must apply to receive funding and participation is voluntary.

**Child Care Licensing Regulations (CCLR):** The provisions of the renewed CCLR have been crafted to provide assurance of the quality of licensed child care facilities in British Columbia: to parents as well as the public.

**Child Care Operating Fund (CCOF):** Funds provided from MCFD to child care providers to assist with the day-to-day costs of running a licensed child care facility. Amount of funds available varies based on the license category, length of care day and age of child.

**Child Care Provider:** A person or organization operating a child care setting.

**Child Care Resource and Referral (CCRR):** Offers quality child care and community referrals, resources and support to child care providers and families in every community across the Province of British Columbia.

**Child Requiring Extra Support:** A child who, for physical, intellectual, emotional, communicative or behavioural reasons, requires support or services that are additional to, or distinct from, those provided to other children.

**Licensed Child Care Facility:** Licensed child care providers are monitored and regularly inspected by regional health authorities and meet specific requirements.

**Preschooler:** Preschool child means a child who is at least 30 months old but has not yet entered Kindergarten.

**Supported Child Development (SCD):** Can include (i) one-on-one help for children who may need assistance during meals or to take part in activities with peers; (ii) information and training for child care staff to help them make their programming more inclusive, such as creating a visual schedule to help children better understand their daily routine, or allowing children to begin their day earlier to be better

oriented before the day begins; (iii) working with families to link them to other local resources and support groups in the community, or to help them access medical and other needed services.

Toddlers: Children 19 months and over but under 37 months.

## Categories of Care

**Child Minding Service:** Child care provided falls under this category when “each child's parent is engaged, for 2 hours or less each day, in a recreational activity, or a parenting or life-skills class, on the same premises as where the service operates, and is immediately accessible at all times to attend to the child's needs.”

**Day Camp:** Defined as care that operates during the months of September to June, only on days of school closure, and that is "provided only to children who will be 5 years or older on or before December 31 of the year in which the day camp is operated.”

**Licensed Child Care:** Most formalized child care arrangements in B.C. require a valid child care license. The following categories of care all require a valid child care facility license, registered and regulated through the Ministry of Health.

**Family Child Care:** Defined as “being a program in which the licensee is a responsible adult, and personally provides care, within the licensee's personal residence, to no more than 7 children.”

**Group 30 Months to School Aged:** Defined as “being a program that provides care to preschool children.”

**Group School Age:** Defined as “being a program that provides, before or after school hours or on a day of school closure, care to children who attend school, including kindergarten.”

**Group Under 36 Months:** Defined as “a program that provides care to children who are younger than 36 months old.”

**In-Home Multi-Age:** Defined as “being a program in which the licensee personally provides care, within the licensee's personal residence, to no more than 8 children of various ages.”

**Multi-Age:** Defined as “being a program that provides, within each group, care to children of various ages.”

**Occasional Child Care:** Defined as “being a program that provides, on an occasional or short-term basis, care to preschool children who are at least 18 months old.”

**Preschool:** Defined as “being a program that provides care to preschool children who are at least 30 months old on entrance to the program, and 36 months old by December 31 of the year of entrance.”

**License-Not-Required Child Care (LNR):** Child Care that is provided for two or less children who are not related to the care provider by blood or marriage.

**Program For Children:** Defined as care that is directly operated and funded by a municipality and children attend for 2 hours or less each day.

**Registered License-Not-Required Child Care (RLNR):** Child Care that is provided for two or less children who are not related to the care provider by blood or marriage and is registered with Child Care Resource and Referral (CCRR).

**Specialty Child Care:** Defined as “a course of activity or study for children that has the promotion of specific recreational, artistic, musical, or athletic skills, or religious instruction, as its only purpose.”

**Summer Camp:** Defined as care that operates for no more than 13 weeks in each calendar year during the months of June to September, for children ages 6 or older, and does not operate in a single family dwelling.

**Tutoring:** Defined as “tutoring for children that has the promotion of specific academic skills as its only purpose.”

**Unlicensed Child Care:** Under the Community Care and Assisted Living Act, Child Care Licensing Regulations, several care types are permitted that do not require a valid child care facility license.



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