

CHILD CARE TASK FORCE

FINAL REPORT

The Child Care Task Force was formed in September 2011 through the Vice President, Student Affairs and Campus Life - Brian Fleming. The committee originated from a request by the Mount Royal Faculty Association (MRFA) and supported by the Mount Royal University Child Care Centre (MRUCCC). A committee comprised of the MRUCCC (Board and Director), MRFA rep, Mount Royal Support Staff Association (MRSSA) rep, Students Association of Mount Royal University (SAMRU) rep and a representative from Administration. The mission of the task force was as follows:

The purpose of this committee is to determine the existing and future demand by MRU students and employees (faculty, staff and management) for child care at the MRCCC. Based on the information gathered, the committee will make recommendations to the committee sponsor that addresses child care at the University. The Vice President will discuss the recommendations with University executive and the Board of the MRCCC.

This report will include an outline of how this committee came to be, the issues of major concern and the results of the committee's deliberation over the year.

Historical Perspective

The Child Care Center at Mount Royal has operated as a Society since its inception in the 1970's. Over its years of operations, it has been administrated by the Student Association, The Faculty of Health and Community Studies and most recently, Student Affairs and Campus Life. The center has had an affiliation agreement with Mount Royal where provisions for use of space and ancillary services (e.g., security, maintenance, etc) is provided by Mount Royal University. The center has operated as an independent Society since its beginnings and at its core, has aimed to operate in a fiscally responsible manner. This goal of fiscal responsibility has been one of the major determinants in establishing the center as a program for Mount Royal students, staff, faculty and the external community. As employment for many members of the MR community is seasonal in nature, there has been a need to have members of the larger community involved on a year round basis to ensure that fiscal responsibility is met. This has lead to questions in the MR community about who should have access or preferred access to the child care center, the fee structure and the wait list protocols.

At present, the wait list protocols are complex as the child care center must meet the regulations determined by Licensing and Health policies while ensuring that numbers are

consistent. In meeting these multiple demands, a simpler process of 'being next on the list' is not how the wait list process operates and this has caused significant confusion within the MR community. In addition, child care operation has experienced many changes in the last few years and the child care program at MR has been subject to this impact, for example, new directions such as accreditation, staff hiring crisis, new licensing regulations. It is important to understand the context that the child care center operates within since there are demands and expectations from a variety of sources.

More recently, Mount Royal University went through significant change and growth from 2007 to 2010. Over this time period, many new faculty and staff were hired and student numbers increased. In addition, more students were remaining on campus for four years rather than the typical two years. As part of this growth, the child care center was inundated with requests for child care. The requests took two forms. The first were the requests for immediate child care for children under the age of five into existing programs and the second were the requests for child care for children under 19 months of age. The MRUCC offers child care for 85 children between the ages of 19 months and 5 years. In addition to the lack of care for infants and young toddlers at MRUCC, there was a shortage of child care across the city. This situation created a crisis for faculty, staff and students at MRU. This was exacerbated by the increased hiring of faculty and staff. The environment has changed since the provincial government froze post-secondary funding grants at the 2009 level and at this time only two years of the new degree programs had been implemented. This meant there was no new funding for years three and four and therefore, Mount Royal University had to re-calibrate the degree implementation plans to align with the grant and this required reducing enrolment plans and minimizing new faculty and staff hires. The landscape has changed.

The MRUCC Board of Directors pursued the need for child care for 12 to 19 month olds on campus. Over a short period of time, space was found and plans were put in place for required changes. It appeared that a program for twelve young toddlers could be easily filled. However, the costs were extremely high, due to licensing requirements for the physical plant (e.g., plumbing, sanitizing) and there were major delays in getting the required licensing documentation. In the end, the MRUCC Board postponed the development of the program to further seek resources and support.

The lack of child care for children under nineteen months significantly impacted faculty members as it appears that many of the new faculty had young children prior to being hired or just after assuming a full time position. The issue of child care was brought to the MRFA to investigate possible changes to the Child Care space on campus. Gerry Cross, President of the MRFA asked to meet with members of the MRUCC Board to gather information and subsequently met with the Board. A short position paper was put forth at the MRFA 2011 AGM

and the recommendation was to develop a broad based committee to better understand the issues surrounding child care and access at MRUCC.

At the same time, the MRUCCC Board and the Director at the child care center were attempting to garner support from the MR community to support the development of a young toddler program. Discussions held with the MRU Stakeholders led us to believe that there was inaccurate and conflicting information about the child care center. In particular, there were misconceptions about the make-up of the users and about the wait list process. In addition, users thought the cost for child care was higher than normal. MRUCC agreed that a committee to explore child care and child care needs on campus would be worthwhile.

The Committee

Brian Fleming, Vice President, Student Affairs and Campus Life, struck the Child Care Task Force early in October 2011. A copy of the Charter is attached.

The following individuals were appointed by their respective bodies as members:

Dr. Pat Kostouros – MRFA representative

Carmen O’Callaghan – MRSSA representative

Irene Langille – Management and Exempt employee representative

Kaylene McTavish – SAMRU representative

Maria Valenti – Director MRUCCC

Dr. Joanne Baxter – MRUCC Board of Directors representative

Don Best – OIAP (consultation as needed)

Heather Haddow – Human Resources (consultation as needed)

The committee’s first meeting was to determine goals and directions and thus, the scope of the review. It was decided that the committee would focus on child care at MRU and provide some updated information regarding wait list, costs, and focus on issues related to the MRU community. In addition, the committee would attempt to determine the need for child care and support services to parenting staff and students. Thirdly, broader information regarding child care would be gathered through OIAP.

Committee Processes

Don Best from OAIP was contacted with two requests. The first was to gather information about the way other post secondary institutions approach child care (e.g., onsite programs, support for faculty, staff or students). Don thought that this was outside of the purview of OIAP. The second question involved securing a more accurate number of students who are parents at MRU, and whether this information is requested at any time in the application or registration process. The only way that it may be available would be through Student Finances but would be limited to those students requesting financial assistance. Don noted that this question is not part of any of the student surveys, locally or internationally. It was agreed that this information would be beneficial information to have for planning purposes not only for the child care center but to better determine student needs and supports.

A survey was developed using Student Voice and was made available to MRSSA, MRFA members through their respective associations. Heather Haddow released the survey for administrative and exempt staff. It was not possible for the survey to be directly released to all students through the SAMRU so a link to the website was provided on the main social page of the SAMRU. Committee members monitored results and when the numbers of student respondents were low, faculty members attempted to find other ways to ensure that the voice of students was included. Unfortunately, the total number of students remained low. SAMRU was faced with very interesting issues at the time the survey was released and were unable to ensure that parenting students were aware that the survey was open and their involvement would be important. The survey was open to the MRU community from February 25 to March 16.

The survey was constructed to gather information but did have limitations. For example information beyond student, support staff and faculty respondents could not be sorted. The survey results could not identify if the respondents were using child care on campus, if the respondent was part time or full time, etc. Although there was a good response rate overall for a survey, the response rate for students was extremely low and the results for the other constituents were confusing.

Survey Findings

The survey consisted of two parts. There were four general questions for all members of the MRU community to complete. The remainder of the survey was open to community members who had young children requiring child care. There were a total of 673 responses for the general part and 161 who completed the entire survey. Of the 161 who completed the full survey, there were similar numbers of faculty (66) and staff (67) and lower numbers of student (28) respondents.

It must be noted that there were several issues with the survey. Upon release, it was noted that some information could not be captured since the age groupings were not clear. This change was made but it is unclear if parents who were initially unable to continue the survey completed the survey or re-entered and completed after the change was made. Some of the questions were unclear and the developers did not catch the specific information sought either as a product of wording or placement (e.g., the question regarding support of extra fees for a child care program was not offered for all respondents, only those who had children and continued through the survey). The third point of confusion is that the survey focused on child care at MRU and although there were questions about reasons for choosing other forms of child care the survey did not encompass all other forms of child care choices that students, faculty and staff may be using at this time. Based on final results, the survey provided a broader base on which we can speak about the issues of child care but would not be considered conclusive for any of the groups represented.

Significant Findings

- For the people using child care in general, child care and family child were the most preferred choices selected
- 60% of respondents thought that they had received the child care they required over the last year and 70% were not searching for child care
- Respondents currently using child care thought that care in the child's own home was most desirable and a child care centre was the second most desirable choice
- Just over half of respondents sought child care at MRU but had chosen to take their child elsewhere due to location, cost and convenience (Q. 16, 18 and 17 respectively).
- Respondents indicated that they missed 1-5 days of work due to child care difficulties, most commonly due to illness, and that they sometimes had back up care. The most common form of back up care was staying home with their child.
- When asked about factors important in the choice of child care, quality was the most important followed by accreditation achievement.
- Child care is most often required during day hours Monday to Friday.
- One question was to determine if community members would be willing to have a portion of their fees used to support child care costs. 54% of those respondents with children answered yes, 22% said no, the remaining were undecided.
- Of those who answered the survey 87% had incomes high enough that they would not qualify for government subsidy.
- Providing child care services was seen as an important recruitment and retention issue by 80% of respondents.

Recommendations

The survey may not have provided the scope of information that was intended. However, the committee discussions and survey provided some practical information and left some questions that require further deliberation from the perspective of the Child Care Center and Mount Royal community to consider.

Firstly, from the perspective of the Child Care Center, there were results that will inform practices in the future. For example, MRUCC has valid and practical rationale for how the wait list is managed and why the center must include non MRU community members. It is important that the center find ways to ensure that this information is communicated in a timely manner to all members of the Mount Royal community. The Director has initiated a project to update the website so that this information can be included and is easily accessed. Along with this, it will continue to be important that MRUCC has a visible part in the MRU community so that the center is better able to meet the needs of the MRU community in a timely manner. For example, MRU community members will need to understand the restrictions and guiding principles inherent in the child care so their expectations are suitable. It may be useful to inform parents about the fee structure and how fee increases are determined to ensure that all people who use the child care center have a clear understanding that costs are commensurate with community standards. Clearly, the results of the survey will serve to inform the Child Care Center where information is lacking or inadequate.

Related to findings for the Child Care Center is the question of how the center responds to trends. For example, there was a strong sense, several years ago, that child care needed to be offered for children under 19 months. Now that those children are 19 months and attending child care, the 'crisis' seems to have subsided and requests for care for this age group have diminished considerably. Over the last year, the request for child care for older babies has been negligible. Accordingly, how does the child care center ensure that the trends that come forward are meaningful and sustainable? Perhaps, strengthening the links with the three key organizations may provide better information. For example, the MRFA elects one MRFA member to the MR Child Care Center Board of Directors for a two year period and reports back to the MRFA membership. Perhaps formalizing this connection and ensuring that there is a similar one for the MRSSA and the Student Association may be one way to ensure that accurate and timely information is made available to the MRU Child Care Center Board of Directors. In addition, the associations can assist in disseminating important information to their respective communities.

Several results were interesting from the institutional perspective. In particular, the survey did suggest that child care appears to be considered as a 'service' offered to select parents in the MRU community. Some would see the service as a select service for those who can afford the

service as the perception has been that costs are high. Many of the parents did not express the need for parenting support beyond the provision of child care during the daytime and week day hours. Although this is a common perception of child care, it is unfortunate as child care can be a primary support for families and major influence for children especially when the quality of care is high. In fact, a recent study conducted in the United States entitled “Improving Child Care Access to Promote Postsecondary Success Among Low Income Parents” (Miller, Gault, Thorman, 2011) discussed how child care may be one means of alleviating poverty. The role of child care in supporting families and working or studying parents is largely unstudied but may be important to consider as MRU includes more students who will be on campus for four years and MRU strives to find ways to ensure student success.

In addition, it should be noted that many companies and organizations that strive to be employers of choice typically include the provision of child care. This may be true for many families within the MRU community but due to the size and ages of children, it is a small group who can attest to the importance of high quality child care on campus. However, many parents will unequivocally state the impact that the MRU child care has had on their child, their child’s development and their families.

In addition, it would be important to be able to gather information regarding student parents. Understanding the needs of students and how MRU might support this group may be useful information for the Student Association and the University in general. Perhaps there are ways to collect this information for campus use or to have this included in a more global forum such as the National Health Survey.

Unfortunately the survey did not gather all the information that was anticipated. The question regarding willingness to support child care by paying extra fees was administered only to those utilizing child care. This should have been asked of the larger community. The survey did not adequately sort out the needs of part time faculty, staff or students.

If the provision of child care is considered an important recruitment and retention issue, then it may be important for Human Resources to have access to current and relevant information to ensure that potential faculty members or support staff understand that having a child care on site, does not necessarily mean that space is readily available. The child care center can work more closely with MRU services (e.g., human resources, advising center, etc) to ensure that clear and accurate information is available at all times. In addition, it may be incumbent upon the MRFA and the MRSSA to consider child care in their formal discussions regarding workplace benefits.

In conclusion, the Child Care Task Force did gather information from the Mount Royal community and did begin a dialogue about child care and its place on campus. The need for expanded communication between the Child Care Center and the Mount Royal community became evident. The Board of Directors for the Child Care Center will consider these findings and consider ways to communicate with

institutional support services and the Mount Royal community. It is hoped that members of the Mount Royal community ensure reciprocal communication and find ways to support child care on campus in ways that are beneficial to their specific members.

Respectfully submitted,

Joanne Baxter (MRUCCC Board of Directors)

Maria Valenti (MRUCCC Director)

Pat Kostouros (MRFA representative)

Carmen O'Callaghan (MRSSA representative)

Kaylene McTavish (SAMRU representative)

Irene Langille (Management and Exempt employee representative)

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Miller, K., Gault, B., Thorman, A. (2011). *Improving Child Care Access to Promote Postsecondary Success Among Low-Income Parents*. Washington D.C.: Institute for Women's Policy Research.