

STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES

2022 HAWAII CHILD CARE MARKET RATE STUDY SUMMARY OF RESULTS

Audit, Quality Control and Research Office
Research Staff
June 2022

INTRODUCTION

The purpose of this study is to examine current market rates for child care in Hawaii. Federal regulations 45 CRF Parts 98.16 and 98.45(c) require that the Hawaii's Department of Human Services (DHS) complete a biennial child care market rate study as part of Hawaii's state plan for expenditure of federal Child Care Development Fund (CCDF) monies.

Information about current child care rates is used to determine subsidy payment rates which helps to ensure equal access to child care. This results in access to child care which is comparable to child care received by and paid for by families who are ineligible for subsidies. The sole purpose of this study is to examine current market rates for child care in Hawaii. The subsidy payment rate setting process is not a part of this study and is completed separately.

METHODOLOGY

HAWAII'S CHILD CARE RESOURCE AND REFERRAL AGENCY

PATCH (People Attentive to Children) is Hawaii's child care resource and referral (CCR&R) agency. Through a contractual agreement with DHS, PATCH provides child care referral services to the public and maintains rate and other information about child care providers in the community. PATCH is a member of the National Association of Child Care Resource and Referral Agencies (NACCRRA), a national network of more than 600 child care resource and referral agencies across the United States.

PATCH maintains CCR&R information in a proprietary NACCRRA data system. Annually, PATCH surveys child care providers in Hawaii and updates information maintained in this system. Providers can complete the survey in hard-copy or electronic format. The survey process includes follow-up contact with providers who have not completed the survey by the deadline date or, have submitted surveys but clarification is needed for incomplete information.

PATCH completed the survey process and a data extract was created from the NACCRRA system in May 2022 and provided to DHS' Audit, Quality Control and Research Office - Research Staff. Using SAS statistical software, child care rate data was analyzed and summary reports were created.

SURVEY PARTICIPATION

There was a total of 818 child care providers listed in the data extract. Of these providers, 303 were excluded from this study for the following reasons. Providers affiliated with Head Start, Kamehameha Schools (private preschool) and local hotels/resorts were excluded from the analysis of survey data. Although these providers may have completed a survey, they were not included in this study of market rates since they would not offer child care to the general public. Also excluded were providers licensed for before/after school child care who only offered this care to students who already were attending the school or facility during the regular school day. Other reasons that providers were excluded from this study:

- inactive/closed provider status,
- rate information that was missing,
- rate information that related to part-time, not full-time care, and
- missing capacity information.

After these exclusions, 515 surveyed providers were included in the final analysis. A total of 2,435 rates from these providers were used in the study.

Total Providers in Data Extract	Number of Providers Excluded 303	Total Providers Included in Study	Number of Rates From Providers Included in Study
818	303	515	2435

DATA ELEMENTS

License Type

Providers with the following license types were included in child care rate analysis: a) Licensed Before/After School Program, b) Registered Family Home, c) Licensed Group Home, d) Licensed Infant/Toddler Center, and e) Licensed Preschool.

Full-time Monthly Rates

Only full-time monthly rates were analyzed. Monthly rate data that was zero or missing, or rate data that could not be associated with an age group range were excluded from the analysis.

Age Group

Full-time monthly rates were associated with the following age ranges:

a) 0 to 6 months, b) 6 to 12 months, c) 12 to 18 months, d) 18 to 24 months, e) 2 years, f) 3 years, g) 4 to 5 years, h) 5 to 10 years, and i) 11 to 15 years. If age range information was missing, the corresponding monthly rate was excluded from analysis.

In some cases, multiple rates were listed for the same age group range. The higher of the rates was selected for that age range.

Accreditation

For the purposes of this study, a child care provider was considered to be accredited if it possessed National Association for the Education of Young Children (NAEYC) or National Early Childhood Program Accreditation (NECPA) designation.

Island and Zip Code

Rate information is presented as follows: a) Statewide, b) by island where available, and c) by county - Maui County is comprised of the islands of Maui, Molokai, and Lanai; Hawaii County is comprised of West and East sections of the island of Hawaii.

Child care market rate information is also shown by urban and rural classifications. For this study, <u>urban</u> was defined as providers with a zip code prefix of 968xx; this zip code prefix is assigned to Honolulu metropolitan areas. All other zip codes were classified as <u>rural</u> (zip codes with prefix 967xx).

TYPE OF CARE

Based on the license types and age group ranges described above, child care rates were segregated into the following types of care: a) Center Based Infant/Toddler Care, b) NAEYC or NECPA Accredited Center Based Care, c) Licensed Center Based or Group Child Care Home, d) Registered Family Child Care Home - Infant/Toddler Care, e) Registered Family Child Care Home, and f) Licensed Before School Care/After School Care.

The following tables report child care market rate data by type of care groupings described above. Listed are figures for the number of providers, number of rates associated with these providers and summary statistical rate information: mean, median, minimum rate, maximum rate and 75% quantile. It is suggested by CCDF as a benchmark, that rates established at the 75th percentile or above "would be regarded as providing equal access". Additionally, a percentile chart of subsidy rates is included for comparison.

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¹ Deana Grobe, Roberta B. Weber, Clara C. Pratt, and Arthur C. Emlen; *Market Rate Study Guidebook: A Guide to Implementing a Child Care Market Rate Study Using Child Care Resource and Referral Data* (September 2003, Oregon Child Care Research Partnership; page 9 footnote.)

2022 Hawaii Child Care Market Rate Study

WEIGHTING OF DATA

Full-time monthly rates were weighted by total desired capacity of each provider. The <u>desired</u> capacity rather than <u>licensed</u> capacity was used because individual providers do not always choose to enroll the maximum number of children they are licensed to serve.

For providers with missing desired capacity information, licensed capacity was used. A provider's rate data was excluded from the analysis if both desired and licensed capacity were missing.

SUMMARY OF FINDINGS

This study examined current child care market rates in Hawaii. Monthly rate data was analyzed from a total of 515 child care providers. This data was obtained through surveys administered by the local CCR&R agency during 2022.

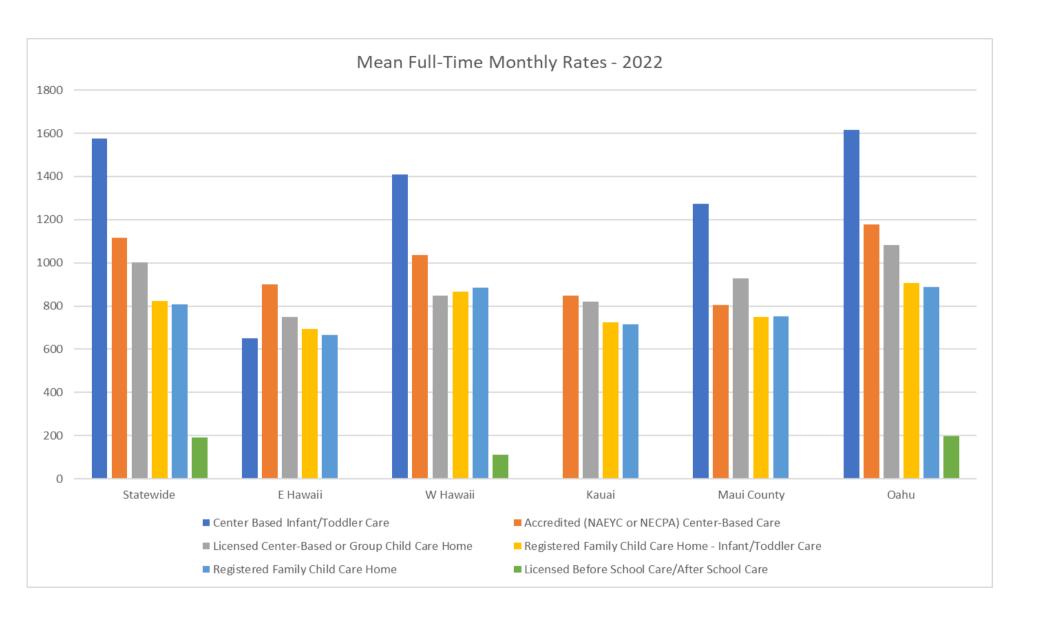
It is preferable to examine child care rates by statewide, county, or urban/rural classifications rather than by island because limited rate information was available for some of the islands.

Tables

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Charts

		STATEWII Time Monthl						
Type of Care	Monthly Rate Type	# of Providers	# of Rates	Mean ¹	Median ²	Minimum Rate	Maximum Rate	75% Quantile ³
				(\$)	(\$)	(\$)	(\$)	(\$)
Center Based Infant/Toddler Care	FULL-TIME	45	178	1,576	1,440	650	2,290	1,990
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	72	213	1,117	1,025	600	2,150	1,278
Licensed Center-Based or Group Child Care Home	FULL-TIME	166	448	1,003	950	500	2,150	1,185
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	198	684	824	800	470	1,620	900
·							·	
Registered Family Child Care Home	FULL-TIME	221	899	808	750	470	1,600	900
Licensed Before School Care/After School Care	FULL-TIME	7	13	192	190	100	260	235



	Full-	OAHU Time Monthl	y Rates					
Type of Care	Monthly Rate Type	# of Providers	# of Rates	Mean ¹	Median ²	Minimum Rate	Maximum Rate	75% Quantile ³
				(\$)	(\$)	(\$)	(\$)	(\$)
Center Based Infant/Toddler Care	FULL-TIME	37	147	1,617	1,560	800	2,290	2,042
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	53	159	1,178	1,080	775	2,150	1,350
Licensed Center-Based or Group Child Care Home	FULL-TIME	99	252	1,081	1,000	538	2,150	1,200
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	90	336	908	900	600	1,620	950
Registered Family Child Care Home	FULL-TIME	104	411	887	850	600	1,600	950
Licensed Before School Care/After School Care	FULL-TIME	6	11	198	220	100	260	260
Licensed before senious care/Arter senious care	I OLL-IIIIL	· ·		130	220	100	200	200

		AUI COUI						
Type of Care	Monthly Rate Type	# of Providers	# of Rates	Mean ¹	Median ²	Minimum Rate	Maximum Rate	75% Quantile ³
				(\$)	(\$)	(\$)	(\$)	(\$)
Center Based Infant/Toddler Care	FULL-TIME	5	23	1,273	1,250	914	1,730	1,540
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	10	30	804	820	620	1,100	825
Licensed Center-Based or Group Child Care Home	FULL-TIME	27	72	928	825	500	1,583	1,100
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	42	135	748	725	550	1,100	800
Registered Family Child Care Home	FULL-TIME	47	183	752	700	550	1,285	800
Licensed Before School Care/After School Care	FULL-TIME	0	0	0	0	0	0	0

	Full-	KAUAI Time Monthl	y Rates					
Type of Care	Monthly Rate Type	# of Providers	# of Rates	Mean ¹	M edian ²	Minimum Rate	Maximum Rate	75% Quantile ³
	Rate Type Providers			(\$)	(\$)	(\$)	(\$)	(\$)
Center Based Infant/Toddler Care	FULL-TIME	0	0	0	0	0	0	0
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	4	9	847	800	800	932	932
Licensed Center-Based or Group Child Care Home	FULL-TIME	10	30	821	800	535	1,200	890
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	20	53	726	750	470	950	750
Trogistered Farming Offine Care Fromo Timana Foundation Care	TOLL TIME	20	00	120	700	410	300	700
Registered Family Child Care Home	FULL-TIME	20	90	715	725	470	800	750
Licensed Before School Care/After School Care	FULL-TIME	0	0	0	0	0	0	0

	HAWAII COUNTY Full-Time Monthly Rates											
Type of Care	Monthly Rate Type	# of Providers	# of Rates	Mean ¹	Median ²	Minimum Rate	Maximum Rate	75% Quantile ³				
	Tuto Typo	110114010		(\$)	(\$)	(\$)	(\$)	(\$)				
Center Based Infant/Toddler Care	FULL-TIME	3	8	1,296	875	650	1,990	1,990				
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	5	15	944	825	600	1,780	850				
Licensed Center-Based or Group Child Care Home	FULL-TIME	30	94	801	800	550	1,279	810				
Licensed center based or croup cinia care nome			0 -1	001	000	000	1,270					
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	46	160	759	700	550	1,200	850				
Registered Family Child Care Home	FULL-TIME	50	215	751	700	535	1,200	850				
Licensed Before School Care/After School Care	FULL-TIME	1	2	110	110	110	110	110				
Election delicited and future serious cure	. 022	•	_		110	110	110					

		AST HAW Time Monthl						
Type of Care	Monthly Rate Type	# of Providers	# of Rates	Mean ¹	Median ²	Minimum Rate	Maximum Rate	75% Quantile ³
1.660		110010013		(\$)	(\$)	(\$)	(\$)	(\$)
Center Based Infant/Toddler Care	FULL-TIME	1	2	650	650	650	650	650
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	3	11	901	800	600	1,500	850
Licensed Center-Based or Group Child Care Home	FULL-TIME	16	52	748	750	550	995	800
		00	00	20.			0.50	
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	29	98	695	675	550	950	700
Registered Family Child Care Home	FULL-TIME	31	132	667	650	535	950	700
Licensed Before School Care/After School Care	FULL-TIME	0	0	0	0	0	0	0

		VEST HAV						
Type of Care	Monthly Rate Type	# of Providers	# of Rates	Mean ¹	Median ²	Minimum Rate	Maximum Rate	75% Quantile ³
				(\$)	(\$)	(\$)	(\$)	(\$)
Center Based Infant/Toddler Care	FULL-TIME	2	6	1,408	875	875	1,990	1,990
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	2	4	1,037	825	825	1,780	825
Licensed Center-Based or Group Child Care Home	FULL-TIME	14	42	848	805	595	1,279	875
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	17	62	867	900	600	1,200	975
Registered Family Child Care Home	FULL-TIME	19	83	885	900	600	1,200	1,000
Licensed Before School Care/After School Care	FULL-TIME	1	2	110	110	110	110	110

	Full-	URBAN Time Monthl						
Type of Care	Monthly Rate Type	# of Providers	# of Rates	Mean ¹	Median ²	Minimum Rate	Maximum Rate	75% Quantile ³
				(\$)	(\$)	(\$)	(\$)	(\$)
Center Based Infant/Toddler Care	FULL-TIME	19	75	1,588	1,585	800	2,290	1,990
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	25	78	1,275	1,260	835	2,150	1,410
Licensed Center-Based or Group Child Care Home	FULL-TIME	45	120	1,130	1,140	690	1,893	1,290
Davietana d Canailla Ohild Oana Hanaa Hafant/Taddhan Oana	ELLI TIME	20	07	0.50	000	700	4 000	4 000
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	26	97	958	900	700	1,620	1,000
Registered Family Child Care Home	FULL-TIME	31	131	985	900	700	1,600	1,127
Licensed Before School Care/After School Care	FULL-TIME	3	5	207	235	150	260	260

	Full-	RURAL Time Monthl						
Type of Care	Monthly Rate Type	# of Providers	# of Rates	Mean ¹	Median ²	Minimum Rate	Maximum Rate	75% Quantile ³
				(\$)	(\$)	(\$)	(\$)	(\$)
Center Based Infant/Toddler Care	FULL-TIME	26	103	1,565	1,400	650	2,290	1,990
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	47	135	1,001	995	600	2,150	1,080
		404	000	0.45	0.50	=00	0.450	4 000
Licensed Center-Based or Group Child Care Home	FULL-TIME	121	328	947	850	500	2,150	1,060
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	172	587	804	760	470	1,600	900
Registered Family Child Care Home	FULL-TIME	190	768	780	750	470	1,600	850
Licensed Before School Care/After School Care	FULL-TIME	4	8	160	190	100	220	220

Introductory Letter

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Survey Instrument



PATCH

Annual Provider Survey for Child Care Centers April 2022

Part 1. PROVIDER PROFILE

	Name:		
	Facility Name:		
	License/Registration Number:	Accepted Ag	ge Range:
	Facility License/Registration Capacity:	Desired Cap	pacity:
	Address:		
	City:	State:	Zip:
	Mailing Address (if different):		
	City:		
	Business Phone:	Additional Pho	ne:
	Business Email:		
	☐ Head Start Program		
		RF SUBSIDIFS	
	Part 2. CHILD CA PATCH would like to know about numbers of receive Department of Human	children who are be	
Оо ус	Part 2. CHILD CA PATCH would like to know about numbers of	children who are be Services child care	subsidies.
•	Part 2. CHILD CA PATCH would like to know about numbers of receive Department of Human	children who are be Services child care ces (DHS) subsidiz	subsidies. ed children? YES NO
f YES f YES	Part 2. CHILD CA PATCH would like to know about numbers of receive Department of Human ou currently accept Department of Human Servins, how many children receiving subsidies are cuts: (You accept subsidized children.) Do you line	children who are be Services child care ces (DHS) subsidiz	ed children? YES NO

>	If you accept DHS DHS subsidized of				nit the nu	mber of cl	nildren: \	Why do	you lim	it the nu	ımber of
>	Do you charge fa ☐YES	milies who		d care sub	osidies y	our full priv	vate pay	rate?			
	If YES: (You char	rge families	vour full pr	ivate pav r	rate.) Do	es their su	bsidv co	ver vou	r entire	rate?	
	(if the family has	ŭ		. ,	,		•	•			formation
	If Yes: (The amou	unt exceeds	the family	share.) H	ow much	n is left for	•				
	If YES: (You acceprivate pay rate?			s.) Do you No	ı charge	families w	ho recei\	/e subsi	dies les	ss than	your
>	If YES: (Your rate per child? Pleas				,	•		less do	es a fa	mily pa	у,
	If you answered accept subsidize I would lose Other:	ed childrer	۱	·			s: Pleas	e tell u	s, why	you do	not
1.	How many vaca	ancies do y		ROVIDE	R Gene	ral Inforn	nation				
2.	Do you provide If Yes: What is Spaces in Use, Please circle if t	full-time ca your rate t and # of S	are? for full-time paces Vac	Yes e care? Pl cant.		mplete G	roup Si	ze, Sta	ff/Child	l Ratio,	# of
((ages may						# of class	Group Size	Staff/ Child	# of Spaces	# of Spaces
_ (overlap)		B.A.)A/ ::	<u> </u>		rooms	JIZE	Ratio	in Use	Vacant
-	2 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
	3 Year Olds 4 Year Olds	\$	Monthly Monthly	Weekly Weekly	Daily Daily	Hourly Hourly					
	5 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
	5-10 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
	11-15 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
3.	Do you provide	· ·		Yes	No	, ,	<u>I</u>	I .		<u>I</u>	1
٠.	If Yes: How ma	•		•							
	If Yes: What is	your rate	for part-tim	ne care? F			Group S	Size, St	aff/Chi	ld Ratio	o, # of
	Spaces in Use,	and # of S	paces Vac	cant.							

Р	Please circle if the	nis is a m	onthly, we	ekly, dail	y or hou	rly rate.					
(a	ges may /erlap)						# of classrooms	Group Size	Staff/ Child Ratio	# of Spaces in Use	# of Spaces Vacant
2	Year Olds	\$	Monthly	Weekly	Daily	Hourly					
3	3 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
4	Year Olds	\$	Monthly	Weekly	Daily	Hourly					
5	5-10 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
	11-15 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
	o you provide a					☐ No ternative	e hour ca	re?		_	
	Yes: Do you o		ferent rate			e rates?] No			
	(ages may ove	erlap)	Circle Full-Time (F ⁻ Part-Time (F			# of classroom	Group Size	Staff/ Ra		# of Spaces in Use	# of Spaces Vacant
	2 Year Olds		FT or I	Ŧ							
	3 Year Olds		FT or I	Τ.							
Ī	4 Year Olds		FT or I	PT \$							
	5-10 Yer Olds		FT or I	PT \$							
-	11-15 Year Olds	3	FT or	PT \$							
	Days Open: Open Time: Close Time:	Monday	Tuesday	Wednes	day T	nursday	Friday	Satu	rday	Sunday	
Durati	ion: 🔲 Full Ye	ear		School Y	′ear		Sum	mer O	nly		
6. T	ypes of Care: (0 Drop-In Before School	Temp/Em	that applicergency [Rotating	ı ☐ 24 ntersessi	hours	Summ	ier Holiday	rs		
	your facility nay Yes: By whom National Asso National Early Hawaii Asso Western Asso Western Cath Association of National Luth Association Mo National After American Mo FCC CDA: Other:	n? ociation for cociation of cociation of cociation of cociation of the cociation of cociation of the cociation of cociation ociation ociation ociat	or Family (or the Eduction Program Independent Schools Cation Association Ass	Child Car cation of m Accred ant School and Colle ociation (of North A ciation (N onal (AM n (NASA	Young (ditation (bls (HAIS) eges (WCEA) America ILSA)	Children NECPA) S) ASC))		_	

	staff time, environmental improvements and accreditation fees.	
8. I	How many native Hawaiian children are enrolled in your program?	
9. /	Are you currently open or closed? Open Closed	
10.	 If you are open, what type of care are you providing (this data will be used to identify which p are operating remotely and which programs are operating out of their facility)? All in-person All virtual/online Hybrid-both in-person and online 	rogram
11.	. What are your greatest needs at this time?	_
12.	Are you worried that you will need to close in the next year or two? Yes No If yes or no, please indicate why:	-
13.	Do you charge extra enrollment/registration fees to families? Yes No a. If Yes: What is the cost?	_
	b. If Yes: How often is the charge? One time fee One time per year Twice per year Monthly Other:	
14.	Do you charge additional activity fees? Yes No a. If Yes: What is the cost? b. If Yes: How often is the charge? One time fee One time per year Twice per year Monthly Other:	-

15. Do you charge additional transportation fees?
Yes
□ No
a. If Yes: What is the cost?
b. If Yes: How often is the charge?
One time fee
One time per year
Twice per year
Monthly
Other:
16. Do you charge other fees?
Yes
□ No
a. If Yes: What is the cost?
b. If Yes: How often is the charge?
One time fee
One time per year
Twice per year
Monthly
Other:
17. Please explain why the fee(s) (enrollment, activity, transportation, other) are charged:
40. Who is required to require
18. Who is required to pay the fee(s)
New families
All families
Families who receive child care assistance
Families who do not receive child care assistance

_ Breakfast ☐ Special M	_
you are no	ot enrolled in the USDA Food Program, please explain why:
	utilized PATCH Registry within the last year? Yes No
	utilized PATCH Registry within the last year? Yes No ons to improve PATCH services:
Suggestic	ons to improve PATCH services: dicate the island on which your business operates by checking a box, then
Suggestic	ons to improve PATCH services: dicate the island on which your business operates by checking a box, then te below, and return the completed form to PATCH.
Suggestic	ons to improve PATCH services: dicate the island on which your business operates by checking a box, then te below, and return the completed form to PATCH.

Your Name	Business Name
By checking this box, I attach my electronic sig consents and information contained in my retu	nature which verifies completed answers, irn email to PATCH of this Survey.

PLEASE COMPLETE ALL 5 PAGES AND SIGN HERE BEFORE RETURNING SURVEY FORM If you have any questions regarding this survey, please contact your local PATCH office.

Thank you for taking this survey.

Information provided on this survey may be subject to disclosure as a public record in accordance with chapter 92F, Hawaii Revised Statues. Personal information (such as a home address or personal phone number) will not be shared.

RR105 PATCH Annual Provider Survey-April 2022



PATCH

Annual Provider Survey for Family Child Care/Group Child Care Home April 2022

Part 1. PROVIDER PROFILE

	Name:		
	Facility Name:		
	License/Registration Number:	Accepted A	ge Range:
	Facility License/Registration Capacity:		
	Address:		
	City:	State:	Zip:
	Mailing Address (if different):		
	City:	State:	Zip:
	Business Phone:	_Additional Pho	ne:
	Business Email:		
	Part 2. CHILD CAR PATCH would like to know about numbers of or receive Department of Human S	hildren who are b	
•	Do you currently accept Department of Human Servic	es (DHS) subsidiz	zed children? YES NO
>	If YES, how many children receiving subsidies are cur	rently enrolled? _	
	If YES: (You accept subsidized children.) Do you lim receive a child care subsidy?	it the number of c ☐ NO	children in your facility who
>		☐ NO he number of chil	dren: What is the maximum number

>	Do you charge fa ☐YES	milies who		d care sub	osidies yo	our full priv	/ate pay	rate?			
	If YES: (You char			ivate nav r	ate) Do	as thair su	hsidy co	ver vou	r entire	rate?	
	`	J					•	•			
	(if the family has a lif Yes: (The amount of Please specify if the specific specify is the specific sp	unt exceeds	the family	share.) H	ow much	is left for	-				iormation
	If YES: (You acceprivate pay rate?			s.) Do you No	charge	families wh	no receiv	⁄e subsi	dies les	ss than	your
>	If YES: (Your rate per child? Pleas							less do	es a fa	mily pa	у,
>	If you answered accept subsidize	•		accept ch	ild care	subsidies	s: Pleas	e tell u	s, why	you do	not
	☐ I would lose	monev	☐ The pa	aperwork	is too d	ifficult					
	Other:	•		•							
		-									
	-										
			Part 3. P	ROVIDE	R Gene	ral Inforn	nation				
1	How many yaca	noios do v	vou hovo?								
1.	How many vaca	aricies do y	ou nave?								
2.	Do you provide	full-time ca	are?	Yes	□No)					
	If Yes: What is						roup Si	ze, Sta	ff/Child	l Ratio,	# of
	Spaces in Use,					•	•	•		•	
	Please circle if t	his is a mo	nthly, wee	kly, daily	or hour	ly rate.					
	ages may						# of class	Group Size	Staff/ Child	# of Spaces	# of Spaces
(overlap)			147	5 "		rooms		Ratio	in Use	Vacant
	0 – 6 Months	\$	Monthly	Weekly	Daily	Hourly					
	7 – 12 Months	\$	Monthly	Weekly	Daily	Hourly					
_	13 – 18 Months	\$	Monthly	Weekly	Daily	Hourly					
	19 – 24 Months	\$	Monthly	Weekly	Daily	Hourly					
	25 36 Months	\$	Monthly	Weekly	Daily	Hourly					
	2 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
	3 year Olds	\$	Monthly	Weekly	Daily	Hourly					
	4 year Olds	\$	Monthly	Weekly	Daily	Hourly					
_	5 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
	5-10 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
	11-15 year Olds	\$	Monthly	Weekly	Daily	Hourly					
2	Do you provide	nart time s	oro?	Voc	□ NI~						
პ.	Do you provide	part-time c	aie!	Yes	☐ No	1					
	If Yes: How ma	any houre d	do vou con	sider as r	nart-time	care?					

(ages may overlap)		a monthly, we	J y , G. G ,			# of classrooms	Group Size	Staff/ Child Ratio	# of Spaces in Use	# of Spaces Vacant
0 – 6 Months	\$	Monthly	Weekly	Daily	Hourly					
7 – 12 Months	\$	Monthly	Weekly	Daily	Hourly					
13 – 18 Months	\$	Monthly	Weekly	Daily	Hourly					
19 – 24 Months	\$	Monthly	Weekly	Daily	Hourly					
25 – 36 Months	\$	Monthly	Weekly	Daily	Hourly					
2 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
3 year Olds	\$	Monthly	Weekly	Daily	Hourly					
4 year Olds	\$	Monthly	Weekly	Daily	Hourly					
5 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
5-10 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
11-15 year Olds	\$	Monthly	Weekly	Daily	Hourly					
(ages may ove		Circle Full-Time (FT) or		#	# of (Group Size	Staff/Ch	ild #	f of	# of
i					srooms		Ratio			Spaces
0 – 6 Months		Part-Time (PT) FT or PT			srooms		Ratio			Spaces Vacant
0 – 6 Months 7 – 12 Months		Part-Time (PT)	\$		srooms		Ratio			
		Part-Time (PT) FT or PT			srooms		Ratio			
7 – 12 Months		Part-Time (PT) FT or PT FT or PT	\$ \$		Srooms		Ratio			
7 – 12 Months 13 – 18 Months	;	Part-Time (PT) FT or PT FT or PT FT or PT	\$ \$ \$		srooms		Ratio			
7 – 12 Months 13 – 18 Months 19 – 24 Months	;	Part-Time (PT) FT or PT FT or PT FT or PT FT or PT	\$ \$ \$ \$ \$		Srooms		Ratio			
7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds	;	Part-Time (PT) FT or PT FT or PT	\$ \$ \$ \$ \$		Srooms		Ratio			
7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds	;	Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$		Srooms		Ratio			
7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds	i	Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$		Srooms		Ratio			
7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds 5 Year Olds	;	Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$ \$		Srooms		Ratio			
7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds	;	Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$		Srooms		Ratio			
7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds 5-10 Year Olds 11-15 Year Old	S	Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$ \$		Srooms		Ratio			
7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds 5-10 Year Olds 11-15 Year Old Hours of Operat Days Open:	S	Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$ \$		hursday	Friday	Ratio	in		vacant
7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds 5-10 Year Olds 11-15 Year Old Hours of Operat Days Open: Open Time:	s ion:	Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$ \$			Friday		in	Use	vacant
7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds 5-10 Year Olds 11-15 Year Old Hours of Operat Days Open:	s ion:	Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$ \$			Friday		in	Use	vacant
7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds 5-10 Year Olds 11-15 Year Old Hours of Operat Days Open: Open Time:	s ion:	Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$ \$	day				rday	Use	vacant

7. Is your facility nationally accredited? Yes No If Yes: By whom? National Association for Family Child Care (NAFCC) National Association for the Education of Young Children (NAEYC) National Early Childhood Program Accreditation (NECPA) Hawaii Association of Independent Schools (HAIS) Western Association of Schools and Colleges (WASC) Western Catholic Education Association (WCEA) Association of Waldorf Schools of North America (AWSNA) National Lutheran Schools Association (NLSA) Association Montessori International (AMI) National After School Association (NASA) American Montessori Society (AMS) FCC CDA: Expiration date: Other:
If Yes: Please estimate the total <u>yearly</u> cost to your facility to complete accreditation, including staff time, environmental improvements and accreditation fees.
8. How many Native Hawaiian children are enrolled in your program?
9. Are you currently open or closed? Open Closed
 10. If you are open, what type of care are you providing (this data will be used to identify which programs are operating remotely and which programs are operating out of their faciliy)? All in-person All virtual/online Hybrid-both in-person and online
11. What are your greatest needs at this time?
12. Are you worried that you will need to close in the next year or two? Yes No
If yes or no, please indicate why:

12. Do you charge outre enrellment/registration food to families?
13. Do you charge extra enrollment/registration fees to families?Yes
□ No
a. If Yes: What is the cost?b. If Yes: How often is the charge?
☐ One time fee
One time per year
☐ Twice per year☐ Monthly
Other:
14. Do you charge additional activity fees?
☐ Yes
□ No
a. If Yes: What is the cost?b. If Yes: How often is the charge?
☐ One time fee
One time per year
☐ Twice per year ☐ Monthly
Other:
15. Do you charge additional transportation fees?
☐ Yes
□ No a. If Yes: What is the cost?
b. If Yes: How often is the charge?
☐ One time fee☐ One time per year
Twice per year
Monthly
Other:
16. Do you charge other fees?
a. If Yes: What is the cost?
b. If Yes: How often is the charge? ☐ One time fee
☐ One time ree
☐ Twice per year
17. Please explain why the fee(s) (enrollment, activity, transportation, other) are charged:

Part 4. Program & Professional Information Meals Provided: Breakfast AM Snack Lunch PM Snack Dinner Special Meal USDA Food Program If you are not enrolled in the USDA Food Program, please explain why: 2. Have you utilized PATCH Registry within the last year? Yes No Suggestions to improve PATCH services:	
Breakfast AM Snack Lunch PM Snack Dinner Special Meal USDA Food Program If you are not enrolled in the USDA Food Program, please explain why: 2. Have you utilized PATCH Registry within the last year? Yes No	
2. Have you utilized PATCH Registry within the last year? Yes No	
Please indicate the island on which your business operates by checking a box, then sign and date below, and return the completed form to PATCH.	
Island: Oahu East West Maui Maui Lanai/ Moloka	

Your Name	Business Name
By checking this box, I attach my electronic sign consents and information contained in my retu	nature which verifies completed answers, irn email to PATCH of this Survey.

PLEASE COMPLETE ALL 5 PAGES AND SIGN HERE BEFORE RETURNING SURVEY FORM If you have any questions regarding this survey, please contact your local PATCH office.

Thank you for taking this survey.

Information provided on this survey may be subject to disclosure as a public record in accordance with chapter 92F, Hawaii Revised Statues. Personal information (such as a home address or personal phone number) will not be shared.

RR105 PATCH Annual Provider Survey-April 2022



PATCH

Annual Provider Survey for Infant/Toddler Centers April 2022

Part 1. PROVIDER PROFILE

	Name:		
	Facility Name:		
	License/Registration Number:	Accepted Ag	ge Range:
	Facility License/Registration Capacity:		
	Address:		
	City:	State:	Zip:
	Mailing Address (if different):		
	City:	State:	Zip:
	Business Phone:	Additional Phor	ne:
	Business Email:	Fax	
	PATCH would like to know about numbers of	children who are be	eing cared for who currently
	receive Department of Human		
>	Do you currently accept Department of Human Service	, ,	
	If YES, how many children receiving subsidies are cu	rrently enrolled?	
>	10.750 07		
>	If YES: (You accept subsidized children.) Do you lir receive a child care subsidy?		
>		nit the number of ch NO the number of child	nildren in your facility who

>	Do you charge fa	milies who	receive chi	ld care sub	sidies y	our full priv	ate pay	rate?			
	□YES	□NC)								
	If YES: (You char	ge families	your full pr	ivate pay r	ate.) Do	es their su	bsidy co	ver you	r entire	rate?	
	(if the family has shared that information)? Yes No The Family Has Not Shared That Information										ormation
	If Yes: (The amount Please specify if						the fami	ly to pa	y, per c	hild?	
	W. 100 W		,	, 5					Р		
	If YES: (You acce private pay rate?	ept child car Ye:		s.) Do you No	cnarge	amilies wr	no receiv	e subsi	ales les	ss than	your
	If YES: (Your rate per child? Pleas							less do	es a fa	mily pa	У,
>	If you answered	•		accept ch	ild care	subsidies	s: Pleas	e tell us	s, why	you do	not
	☐ I would lose			aperwork	is too d	ifficult					
	Other:										
			Part 3. P	ROVIDEI	R Genei	al Inform	nation				
1.	How many vaca	ncies do y	ou have?								
2.	Do you provide If Yes: What is				□ No		roup Si	za Sta	ff/Child	l Patio	# of
	Spaces in Use,	•			case cc	inplete G	iloup oi	26, Sia	II/ CI IIIC	i italio,	# OI
	Please circle if t	his is a mo	onthly, wee	ekly, daily	or hour	y rate.	<i>u</i> - t	0	01-111	# of	# of
	(ages may overlap)						# of class	Group Size	Staff/ Child	Spaces in Use	Spaces Vacant
F	0 – 6 Months	\$	Monthly	Weekly	Daily	Hourly	rooms		Ratio		
	7 – 12 Months	\$	Monthly	Weekly	Daily	Hourly					
	13 – 18 Months	\$	Monthly	Weekly	Daily	Hourly					
	19 – 24 Months	\$	Monthly	Weekly	Daily	Hourly					
L	25 36 Months	\$	Monthly	Weekly	Daily	Hourly					
3	. Do you provide	part-time o	care?] Yes	☐ No						
	IC V		1			0					
	If Yes: How ma If Yes: What is						Group S	izo St	off/Chil	_ d Datic	, # of
	Spaces in Use,				icase C	ompiete (Jioup S	nze, St	an/OIII	u NaliC	ν, # UI
	- part 3 330,		- 2000								

Р	lease circle if the	nis is a m	onthly, we	ekly, daily	/ or hoι	rly rate.					
(a	ges may /erlap)						# of classrooms	Group Size	Staff/ Child Ratio	# of Spaces in Use	# of Spaces Vacant
	0 – 6 Months	\$	Monthly	Weekly	Daily	Hourly					
	7 – 12 Months	\$	Monthly	Weekly	Daily	Hourly					
1	3 – 18 Months	\$	Monthly	Weekly	Daily	Hourly					
1	9 – 24 Months	\$	Monthly	Weekly	Daily	Hourly					
2	25 – 36 Months	\$	Monthly	Weekly	Daily	Hourly					
	o you provide a					☐ No Iternative	e hour ca	re?		_	
	Yes: Do you o		erent rate			e rates?] No			
	(ages may ove	erlap)	Circle Full-Time (F Part-Time (# of classroo	ms Group Size		f/Child Ratio	# of Spaces in Use	# of Spaces Vacant
	0 – 6 Months		FT or	PT \$							
	7 – 12 Months		FT or	PT \$							
	13 – 18 Months	i	FT or	PT \$							
	19 – 24 Months		FT or	PT \$							
	25 - 36 Months		FT or	PT \$							
	Days Open: Open Time: Close Time:	Monday	Tuesday	Wedneso	day T	hursday	Friday	Satu	rday	Sunday	
Durati	ion: 🗌 Full Y	ear		School Y	ear		Sum	mer O	nly		
6. T	ypes of Care: (Drop-In Before School	Temp/Em	that applicergency er School] Rotating	24 ntersess	l hours ion	Summ	ner Holiday	rs		
	s your facility natify and Yes: By whore National Association of National Early Western Association of National Luthy Association of National After American Modern Cother:	n? ociation for cociation of lociation of Waldorff leran School of School of lociation of School of lociation	or Family (or the Edu- od Progra Independe f Schools cation Asso- cools Asso- ri Internation Association	Child Care cation of Maccred and Collection (North Acciation (Nonal (AMI) (NASA)	Young (litation (ls (HAI) eges (W WCEA) merica LSA)	Children (NECPA) S) ASC)))		_	

If Yes: Please estimate the total yearly cost to your facility to complete accreditation, including statime, environmental improvements and accreditation fees.
8. How many Native Hawaiian children are enrolled in your program?
 9. Are you currently open or closed? ☐ Open ☐ Closed 10. If you are open, what type of care are you providing (this data will be used to identify which programs are operating remotely and which programs are operating out of their building)?? ☐ All in-person ☐ All virtual/online ☐ Hybrid-both in-person and online
11. What are your greatest needs at this time?
12. Are you worried that you will need to close in the next year or two? Yes No If yes or no, please indicate why:
13. Do you charge extra enrollment/registration fees to families? Yes No a. If Yes: What is the cost?
b. If Yes: How often is the charge? One time fee One time per year Twice per year Monthly Other:
14. Do you charge additional activity fees? Yes No a. If Yes: What is the cost?
b. If Yes: How often is the charge? One time fee One time per year Twice per year Monthly Other:

15. Do you charge additional transportation fees? Yes No a. If Yes: What is the cost? b. If Yes: How often is the charge? One time fee One time per year Twice per year Monthly Other:
16. Do you charge other fees? Yes No a. If Yes: What is the cost? b. If Yes: How often is the charge? One time fee One time per year Twice per year Monthly Other:
17. Please explain why the fee(s) (enrollment, activity, transportation, other) are charged:
18. Who is required to pay the fee(s) New families All families Families who receive child care assistance Families who do not receive child care assistance
Part 4. Program & Professional Information
1. Meals Provided: Breakfast AM Snack Lunch PM Snack Dinner Special Meal USDA Food Program

	e not enrolled ir				•		
L	/OU 114:11:20 d D ^ 2	TCU Dogiotalia	within the le	ot voor? V-		• □	
	ou utilized PA			st year? Ye s	s N	o	
Sugge	stions to impro	ve PATCH ser	vices:				
3. Please	e indicate the is	sland on which	your busin	ess operate	s by chec	king a box,	then
	e indicate the is date below, an					king a box,	then
sign and	date below, an					king a box, Lanai/ Molokai	then
sign and Isla	date below, an	d return the co	ompleted for West	m to PATCI	Ⅎ.	Lanai/	then
sign and Isla	date below, an	d return the co	ompleted for West	m to PATCI	Ⅎ.	Lanai/	then
sign and Isla	date below, an	d return the co	ompleted for West	m to PATCI	Ⅎ.	Lanai/	then
sign and Isla	date below, an	d return the co	ompleted for West	m to PATCI	Ⅎ.	Lanai/	then
sign and Isla	date below, an	d return the co	ompleted for West	m to PATCI	Ⅎ.	Lanai/	then
sign and Isla	date below, an	d return the co	ompleted for West	m to PATCI	Ⅎ.	Lanai/	then

Your Name	Business Name
By checking this box, I attach my electronic signat consents and information contained in my return of	ture which verifies completed answers, email to PATCH of this Survey.
Signature	Date

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