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 (NACCRAA), 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 NACCRA 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 NACCRAA 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.

<table>
<thead>
<tr>
<th>Total Providers in Data Extract</th>
<th>Number of Providers Excluded</th>
<th>Total Providers Included in Study</th>
<th>Number of Rates From Providers Included in Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>818</td>
<td>303</td>
<td>515</td>
<td>2435</td>
</tr>
</tbody>
</table>

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:
2022 Hawaii Child Care Market Rate Study

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, urban 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 rural (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.

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.)
WEIGHTING OF DATA

Full-time monthly rates were weighted by total desired capacity of each provider. The desired capacity rather than licensed 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 & Charts
<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Monthly Rate Type</th>
<th># of Providers</th>
<th># of Rates</th>
<th>Mean $</th>
<th>Median $</th>
<th>Minimum Rate $</th>
<th>Maximum Rate $</th>
<th>75% Quantile $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center Based Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>45</td>
<td>178</td>
<td>1,576</td>
<td>1,440</td>
<td>650</td>
<td>2,290</td>
<td>1,990</td>
</tr>
<tr>
<td>Accredited (NAEYC or NECPA) Center-Based Care</td>
<td>FULL-TIME</td>
<td>72</td>
<td>213</td>
<td>1,117</td>
<td>1,025</td>
<td>600</td>
<td>2,150</td>
<td>1,278</td>
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<td>Licensed Center-Based or Group Child Care Home</td>
<td>FULL-TIME</td>
<td>166</td>
<td>448</td>
<td>1,003</td>
<td>950</td>
<td>500</td>
<td>2,150</td>
<td>1,185</td>
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<td>Registered Family Child Care Home - Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>198</td>
<td>684</td>
<td>824</td>
<td>800</td>
<td>470</td>
<td>1,620</td>
<td>900</td>
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<tr>
<td>Registered Family Child Care Home</td>
<td>FULL-TIME</td>
<td>221</td>
<td>899</td>
<td>808</td>
<td>750</td>
<td>470</td>
<td>1,600</td>
<td>900</td>
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<tr>
<td>Licensed Before School Care/After School Care</td>
<td>FULL-TIME</td>
<td>7</td>
<td>13</td>
<td>192</td>
<td>190</td>
<td>100</td>
<td>260</td>
<td>235</td>
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## FULL-TIME RATES 2022

### OAHU Full-Time Monthly Rates

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Monthly Rate Type</th>
<th># of Providers</th>
<th># of Rates</th>
<th>Mean $</th>
<th>Median $</th>
<th>Minimum Rate $</th>
<th>Maximum Rate $</th>
<th>75% Quantile $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center Based Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>37</td>
<td>147</td>
<td>1,617</td>
<td>1,560</td>
<td>800</td>
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<td>2,042</td>
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<tr>
<td>Accredited (NAEYC or NECPA) Center-Based Care</td>
<td>FULL-TIME</td>
<td>53</td>
<td>159</td>
<td>1,178</td>
<td>1,080</td>
<td>775</td>
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<td>1,350</td>
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<tr>
<td>Licensed Center-Based or Group Child Care Home</td>
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<td>99</td>
<td>252</td>
<td>1,081</td>
<td>1,000</td>
<td>538</td>
<td>2,150</td>
<td>1,200</td>
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<tr>
<td>Registered Family Child Care Home - Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>90</td>
<td>336</td>
<td>908</td>
<td>900</td>
<td>600</td>
<td>1,620</td>
<td>950</td>
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<tr>
<td>Registered Family Child Care Home</td>
<td>FULL-TIME</td>
<td>104</td>
<td>411</td>
<td>887</td>
<td>850</td>
<td>600</td>
<td>1,600</td>
<td>950</td>
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<td>Licensed Before School Care/After School Care</td>
<td>FULL-TIME</td>
<td>6</td>
<td>11</td>
<td>198</td>
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<td>100</td>
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<td>260</td>
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<td># of Rates</td>
<td>Mean ($)</td>
<td>Median ($)</td>
<td>Minimum Rate ($)</td>
<td>Maximum Rate ($)</td>
<td>75% Quantile ($)</td>
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<tr>
<td>Center Based Infant/Toddler Care</td>
<td>FULL-TIME</td>
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<td>23</td>
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<td>1,250</td>
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<td>10</td>
<td>30</td>
<td>804</td>
<td>820</td>
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<td>Licensed Center-Based or Group Child Care Home</td>
<td>FULL-TIME</td>
<td>27</td>
<td>72</td>
<td>928</td>
<td>825</td>
<td>500</td>
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<td>Registered Family Child Care Home - Infant/Toddler Care</td>
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<td>42</td>
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<td>748</td>
<td>725</td>
<td>550</td>
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<td>800</td>
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<td>Registered Family Child Care Home</td>
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<td>47</td>
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<td>752</td>
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<td>550</td>
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# FULL-TIME RATES 2022

KUAUI
Full-Time Monthly Rates

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Monthly Rate Type</th>
<th># of Providers</th>
<th># of Rates</th>
<th>Mean(^1) ($)</th>
<th>Median(^2) ($)</th>
<th>Minimum Rate ($)</th>
<th>Maximum Rate ($)</th>
<th>75% Quantile(^3) ($)</th>
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<tr>
<td>Center Based Infant/Toddler Care</td>
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<td>Accredited (NAEYC or NECPA) Center-Based Care</td>
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<td>4</td>
<td>9</td>
<td>847</td>
<td>800</td>
<td>800</td>
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<td>Licensed Center-Based or Group Child Care Home</td>
<td>FULL-TIME</td>
<td>10</td>
<td>30</td>
<td>821</td>
<td>800</td>
<td>535</td>
<td>1,200</td>
<td>890</td>
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<tr>
<td>Registered Family Child Care Home - Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>20</td>
<td>53</td>
<td>726</td>
<td>750</td>
<td>470</td>
<td>950</td>
<td>750</td>
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<tr>
<td>Registered Family Child Care Home</td>
<td>FULL-TIME</td>
<td>20</td>
<td>90</td>
<td>715</td>
<td>725</td>
<td>470</td>
<td>800</td>
<td>750</td>
</tr>
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<td>FULL-TIME</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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### FULL-TIME RATES 2022

#### HAWAII COUNTY
Full-Time Monthly Rates

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Monthly Rate Type</th>
<th># of Providers</th>
<th># of Rates</th>
<th>Mean (^1) ($)</th>
<th>Median (^2) ($)</th>
<th>Minimum Rate ($)</th>
<th>Maximum Rate ($)</th>
<th>75% Quantile (^3) ($)</th>
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<tr>
<td>Center Based Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>3</td>
<td>8</td>
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<td>1,990</td>
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<td>FULL-TIME</td>
<td>5</td>
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<td>825</td>
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<tr>
<td>Licensed Center-Based or Group Child Care Home</td>
<td>FULL-TIME</td>
<td>30</td>
<td>94</td>
<td>801</td>
<td>800</td>
<td>550</td>
<td>1,279</td>
<td>810</td>
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<tr>
<td>Registered Family Child Care Home - Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>46</td>
<td>160</td>
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<td>700</td>
<td>550</td>
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<td>850</td>
</tr>
<tr>
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<td>FULL-TIME</td>
<td>50</td>
<td>215</td>
<td>751</td>
<td>700</td>
<td>535</td>
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<td>850</td>
</tr>
<tr>
<td>Licensed Before School Care/After School Care</td>
<td>FULL-TIME</td>
<td>1</td>
<td>2</td>
<td>110</td>
<td>110</td>
<td>110</td>
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## FULL-TIME RATES 2022

### EAST HAWAI‘I

<table>
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<th>Type of Care</th>
<th>Monthly Rate Type</th>
<th># of Providers</th>
<th># of Rates</th>
<th>Mean $</th>
<th>Median $</th>
<th>Minimum Rate $</th>
<th>Maximum Rate $</th>
<th>75% Quantile $</th>
</tr>
</thead>
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<td>FULL-TIME</td>
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<td>650</td>
<td>650</td>
<td>650</td>
<td>650</td>
</tr>
<tr>
<td>Accredited (NAEYC or NECPA) Center-Based Care</td>
<td>FULL-TIME</td>
<td>3</td>
<td>11</td>
<td>901</td>
<td>800</td>
<td>600</td>
<td>1,500</td>
<td>850</td>
</tr>
<tr>
<td>Licensed Center-Based or Group Child Care Home</td>
<td>FULL-TIME</td>
<td>16</td>
<td>52</td>
<td>748</td>
<td>750</td>
<td>550</td>
<td>995</td>
<td>800</td>
</tr>
<tr>
<td>Registered Family Child Care Home - Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>29</td>
<td>98</td>
<td>695</td>
<td>675</td>
<td>550</td>
<td>950</td>
<td>700</td>
</tr>
<tr>
<td>Registered Family Child Care Home</td>
<td>FULL-TIME</td>
<td>31</td>
<td>132</td>
<td>667</td>
<td>650</td>
<td>535</td>
<td>950</td>
<td>700</td>
</tr>
<tr>
<td>Licensed Before School Care/After School Care</td>
<td>FULL-TIME</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>
# FULL-TIME RATES 2022

## WEST HAWAII

### Full-Time Monthly Rates

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Monthly Rate Type</th>
<th># of Providers</th>
<th># of Rates</th>
<th>Mean $¹</th>
<th>Median $²</th>
<th>Minimum Rate $</th>
<th>Maximum Rate $</th>
<th>75% Quantile $³</th>
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<tr>
<td>Center Based Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>2</td>
<td>6</td>
<td>1,408</td>
<td>875</td>
<td>875</td>
<td>1,990</td>
<td>1,990</td>
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<td>FULL-TIME</td>
<td>2</td>
<td>4</td>
<td>1,037</td>
<td>825</td>
<td>825</td>
<td>1,780</td>
<td>825</td>
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<tr>
<td>Licensed Center-Based or Group Child Care Home</td>
<td>FULL-TIME</td>
<td>14</td>
<td>42</td>
<td>848</td>
<td>805</td>
<td>595</td>
<td>1,279</td>
<td>875</td>
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<tr>
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<td>FULL-TIME</td>
<td>17</td>
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<td>Registered Family Child Care Home</td>
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<td>1,000</td>
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<td>FULL-TIME</td>
<td>1</td>
<td>2</td>
<td>110</td>
<td>110</td>
<td>110</td>
<td>110</td>
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</tr>
<tr>
<td>Type of Care</td>
<td>Monthly Rate Type</td>
<td># of Providers</td>
<td># of Rates</td>
<td>Mean (^1) ($)</td>
<td>Median (^2) ($)</td>
<td>Minimum Rate ($)</td>
<td>Maximum Rate ($)</td>
<td>75% Quantile (^3) ($)</td>
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<tr>
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<td>Center Based Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>19</td>
<td>75</td>
<td>1,588</td>
<td>1,585</td>
<td>800</td>
<td>2,290</td>
<td>1,990</td>
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<td>FULL-TIME</td>
<td>25</td>
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<td>1,260</td>
<td>835</td>
<td>2,150</td>
<td>1,410</td>
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<td>FULL-TIME</td>
<td>45</td>
<td>120</td>
<td>1,130</td>
<td>1,140</td>
<td>690</td>
<td>1,893</td>
<td>1,290</td>
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<tr>
<td>Registered Family Child Care Home - Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>26</td>
<td>97</td>
<td>958</td>
<td>900</td>
<td>700</td>
<td>1,620</td>
<td>1,000</td>
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<td>31</td>
<td>131</td>
<td>985</td>
<td>900</td>
<td>700</td>
<td>1,600</td>
<td>1,127</td>
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<tr>
<td>Licensed Before School Care/After School Care</td>
<td>FULL-TIME</td>
<td>3</td>
<td>5</td>
<td>207</td>
<td>235</td>
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<tr>
<td>Type of Care</td>
<td>Monthly Rate Type</td>
<td># of Providers</td>
<td># of Rates</td>
<td>Mean¹ ($ )</td>
<td>Median² ($ )</td>
<td>Minimum Rate ($ )</td>
<td>Maximum Rate ($ )</td>
<td>75% Quantile³ ($ )</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
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</tr>
<tr>
<td>Center Based Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>26</td>
<td>103</td>
<td>1,565</td>
<td>1,400</td>
<td>650</td>
<td>2,290</td>
<td>1,990</td>
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<tr>
<td>Accredited (NAEYC or NECPA) Center-Based Care</td>
<td>FULL-TIME</td>
<td>47</td>
<td>135</td>
<td>1,001</td>
<td>995</td>
<td>600</td>
<td>2,150</td>
<td>1,080</td>
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<td>Licensed Center-Based or Group Child Care Home</td>
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<td>121</td>
<td>328</td>
<td>947</td>
<td>850</td>
<td>500</td>
<td>2,150</td>
<td>1,060</td>
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<tr>
<td>Registered Family Child Care Home - Infant/Toddler Care</td>
<td>FULL-TIME</td>
<td>172</td>
<td>587</td>
<td>804</td>
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<td>470</td>
<td>1,600</td>
<td>900</td>
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<tr>
<td>Registered Family Child Care Home</td>
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<td>190</td>
<td>768</td>
<td>780</td>
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<td>470</td>
<td>1,600</td>
<td>850</td>
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<tr>
<td>Licensed Before School Care/After School Care</td>
<td>FULL-TIME</td>
<td>4</td>
<td>8</td>
<td>160</td>
<td>190</td>
<td>100</td>
<td>220</td>
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</table>
Introductory Letter & Survey Instrument
 PATCH
Annual Provider Survey
for Child Care Centers
April 2022

Part 1. PROVIDER PROFILE

Name: ________________________________
Facility Name: ________________________________

License/Registration Number: ___________ Accepted Age Range: ___________
Facility License/Registration Capacity: _____ Desired Capacity: _________________
Address: ________________________________
City: __________________ State: ________ Zip: __________

Mailing Address (if different): ________________________________
City: __________________ State: ________ Zip: __________

Business Phone: _______________ Additional Phone: _______________
Business Email: _______________ Fax ____________________________

Care Type: **Check only one (1) box**
☐ Licensed Before/After School Program
☐ Licensed Group Child Care Center
☐ Head Start Program

---

Part 2. CHILD CARE SUBSIDIES

PATCH would like to know about numbers of children who are being cared for who currently receive Department of Human Services child care subsidies.

- Do you currently accept Department of Human Services (DHS) subsidized children?  ☐ YES  ☐ NO
- If YES, how many children receiving subsidies are currently enrolled?  __________
  
  If YES: (You accept subsidized children.) Do you limit the number of children in your facility who receive a child care subsidy?  ☐ YES  ☐ NO
- If you accept DHS subsidized children and you limit the number of children: What is the maximum number of children who receive a child care subsidy you will allow at one time?
If you accept DHS subsidized children and you limit the number of children: Why do you limit the number of DHS subsidized children that you accept?

Do you charge families who receive child care subsidies your full private pay rate?

☐ YES  ☐ NO

If YES: (You charge families your full private pay rate.) Does their subsidy cover your entire rate?

(if the family has shared that information)?  ☐ Yes  ☐ No  ☐ The Family Has Not Shared That Information

If YES: (The amount exceeds the family share.) How much is left for the family to pay, per child? Please specify if this is a monthly, weekly, daily or hourly rate.

If YES: (You accept child care subsidies.) Do you charge families who receive subsidies less than your private pay rate?

☐ Yes  ☐ No

If YES: (Your rate is less than your private pay rate.) On average, how much less does a family pay, per child? Please specify if this is a monthly, weekly, daily or hourly rate.

If you answered NO that you do not accept child care subsidies: Please tell us, why you do not accept subsidized children.

☐ I would lose money  ☐ The paperwork is too difficult  ☐ Other: __________________________________________________________

Part 3. PROVIDER General Information

1. How many vacancies do you have? _______________________________

2. Do you provide full-time care?  ☐ Yes  ☐ No

   If Yes: What is your rate for full-time care? Please complete Group Size, Staff/Child Ratio, # of Spaces in Use, and # of Spaces Vacant. Please circle if this is a monthly, weekly, daily or hourly rate.

<table>
<thead>
<tr>
<th>(ages may overlap)</th>
<th># of class rooms</th>
<th>Group Size</th>
<th>Staff/Child Ratio</th>
<th># of Spaces in Use</th>
<th># of Spaces Vacant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Year Olds</td>
<td>$</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
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<tr>
<td>3 Year Olds</td>
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<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
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<tr>
<td>4 Year Olds</td>
<td>$</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
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<tr>
<td>5 Year Olds</td>
<td>$</td>
<td>Monthly</td>
<td>Weekly</td>
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<tr>
<td>11-15 Year Olds</td>
<td>$</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
</tr>
</tbody>
</table>

3. Do you provide part-time care?  ☐ Yes  ☐ No

   If Yes: How many hours do you consider as part-time care?

   If Yes: What is your rate for part-time care? Please complete Group Size, Staff/Child Ratio, # of Spaces in Use, and # of Spaces Vacant.
Please circle if this is a monthly, weekly, daily or hourly rate.

<table>
<thead>
<tr>
<th>(ages may overlap)</th>
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<tr>
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<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
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<td>4 Year Olds</td>
<td>Monthly</td>
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<td>5-10 Year Olds</td>
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<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
<td></td>
</tr>
</tbody>
</table>

4. Do you provide alternative-hour care?  □ Yes  □ No  
If Yes: What days and hours do you consider as alternative hour care?

If Yes: Do you charge a different rate for those hours?  □ Yes  □ No  
If Yes: (You charge a different rate.) What are those rates?

<table>
<thead>
<tr>
<th>(ages may overlap)</th>
<th>Circle Full-Time (FT) or Part-Time (PT)</th>
<th># of classrooms</th>
<th>Group Size</th>
<th>Staff/Child Ratio</th>
<th># of Spaces in Use</th>
<th># of Spaces Vacant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Year Olds</td>
<td>FT or PT</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Year Olds</td>
<td>FT or PT</td>
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</tr>
<tr>
<td>4 Year Olds</td>
<td>FT or PT</td>
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<tr>
<td>5-10 Yer Olds</td>
<td>FT or PT</td>
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<tr>
<td>11-15 Year Olds</td>
<td>FT or PT</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

5. Hours of Operation:

<table>
<thead>
<tr>
<th>Days Open:</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tr>
<td>Open Time:</td>
<td></td>
<td></td>
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<tr>
<td>Close Time:</td>
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</tbody>
</table>

Duration:  □ Full Year  □ School Year  □ Summer Only

6. Types of Care: (Check all that applies)

□ Drop-In  □ Temp/Emergency  □ Rotating  □ 24 hours  □ Summer  □ Before School  □ After School  □ Intersession  □ Open Holidays

7. Is your facility nationally accredited?  □ Yes  □ No  
If Yes: By whom?

If Yes: Please estimate the total **yearly** 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 facility)?
    - 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

   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:

3. 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 Hawaii ☐ West Hawaii ☐ Kauai ☐ Maui ☐ Lanai/ Molokai ☐
Your Name

Business Name

☐ By checking this box, I attach my electronic signature which verifies completed answers, consents and information contained in my return email to PATCH of this Survey.

Signature

Date

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 Age Range: ___________
Facility License/Registration Capacity: _____ Desired Capacity: _____________
Address: _______________________________________
City: __________________________ State: _______ Zip: ____________

Mailing Address (if different): _____________________________
City: __________________________ State: _______ Zip: ____________

Business Phone: _______________ Additional Phone: _______________
Business Email: ______________________ Fax _______________________

Part 2. CHILD CARE SUBSIDIES

PATCH would like to know about numbers of children who are being cared for who currently receive Department of Human Services child care subsidies.

- Do you currently accept Department of Human Services (DHS) subsidized children? ☐ YES ☐ NO
- If YES, how many children receiving subsidies are currently enrolled? ________________
  If YES: (You accept subsidized children.) Do you limit the number of children in your facility who receive a child care subsidy? ☐ YES ☐ NO
- If you accept DHS subsidized children and you limit the number of children: What is the maximum number of children who receive a child care subsidy you will allow at one time? ________________
- If you accept DHS subsidized children and you limit the number of children: Why do you limit the number of DHS subsidized children that you accept?
Do you charge families who receive child care subsidies your full private pay rate?

☐ YES       ☐ NO

If YES: (You charge families your full private pay rate.) Does their subsidy cover your entire rate?
(if the family has shared that information)? ☐ Yes ☐ No ☐ The Family Has Not Shared That Information

If Yes: (The amount exceeds the family share.) How much is left for the family to pay, per child? Please specify if this is a monthly, weekly, daily or hourly rate.

If YES: (You accept child care subsidies.) Do you charge families who receive subsidies less than your private pay rate?  ☐ Yes ☐ No

If YES: (Your rate is less than your private pay rate.) On average, how much less does a family pay, per child? Please specify if this is a monthly, weekly, daily or hourly rate.

If you answered NO that you do not accept child care subsidies: Please tell us, why you do not accept subsidized children.

☐ I would lose money ☐ The paperwork is too difficult
☐ Other: ____________________________________________________

Part 3. PROVIDER General Information

1. How many vacancies do you have? _______________________________

2. Do you provide full-time care?  ☐ Yes ☐ No

If Yes: What is your rate for full-time care? Please complete Group Size, Staff/Child Ratio, # of Spaces in Use, and # of Spaces Vacant.

Please circle if this is a monthly, weekly, daily or hourly rate.

<table>
<thead>
<tr>
<th>(ages may overlap)</th>
<th># of class rooms</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0 – 6 Months</td>
<td>$</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
</tr>
<tr>
<td>7 – 12 Months</td>
<td>$</td>
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<td>Weekly</td>
<td>Daily</td>
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<tr>
<td>13 – 18 Months</td>
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<tr>
<td>19 – 24 Months</td>
<td>$</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
</tr>
<tr>
<td>25 -- 36 Months</td>
<td>$</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
</tr>
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<td>2 Year Olds</td>
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</table>

3. Do you provide part-time care?  ☐ Yes ☐ No

If Yes: How many hours do you consider as part-time care?
If Yes: What is your rate for part-time care? Please complete Group Size, Staff/Child Ratio, # of Spaces in Use, and # of Spaces Vacant. Please circle if this is a monthly, weekly, daily or hourly rate.

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</table>

4. Do you provide alternative-hour care?  

   [ ] Yes  [ ] No

   If Yes: What days and hours do you consider as alternative hour care?

If Yes: Do you charge a different rate for those hours?  

   [ ] Yes  [ ] No

   If Yes: (You charge a different rate.) What are those rates?

<table>
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</tr>
<tr>
<td>5-10 Year Olds</td>
<td>FT or PT</td>
<td>$</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>11-15 year Olds</td>
<td>FT or PT</td>
<td>$</td>
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<td></td>
</tr>
</tbody>
</table>

5. Hours of Operation:

<table>
<thead>
<tr>
<th>Days Open:</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Time:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Close Time:</td>
<td></td>
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</tr>
</tbody>
</table>

Duration:  [ ] Full Year  [ ] School Year  [ ] Summer Only

6. Types of Care: (Check all that applies)

   [ ] Drop-In  [ ] Temp/Emergency  [ ] Rotating  [ ] 24 hours  [ ] Summer
   [ ] Before School  [ ] After School  [ ] Intersession  [ ] Open Holidays
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 yearly 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 facility)?  
    ☐ 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

   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:

   [ ]

3. 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 Hawaii
   - [ ] West Hawaii
   - [ ] Kauai
   - [ ] Maui
   - [ ] Lanai/Moloka
By checking this box, I attach my electronic signature which verifies completed answers, consents and information contained in my return email to PATCH of this Survey.

Signature

Date

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.
Annual Provider Survey for Infant/Toddler Centers
April 2022

Part 1. PROVIDER PROFILE

Name: ________________________________
Facility Name: ________________________________

License/Registration Number: ___________Accepted Age Range: ___________
Facility License/Registration Capacity: _____ Desired Capacity: ___________
Address: __________________________________________
City: ___________________________ State: _______ Zip: ___________

Mailing Address (if different): ________________________________
City: ___________________________ State: _______ Zip: ___________

Business Phone: ___________ Additional Phone: ___________
Business Email: ________________ Fax: ________________________

Part 2. CHILD CARE SUBSIDIES

PATCH would like to know about numbers of children who are being cared for who currently receive Department of Human Services child care subsidies.

- Do you currently accept Department of Human Services (DHS) subsidized children?  □ YES  □ NO
- If YES, how many children receiving subsidies are currently enrolled? _________________
  If YES: (You accept subsidized children.) Do you limit the number of children in your facility who receive a child care subsidy?  □ YES  □ NO
- If you accept DHS subsidized children and you limit the number of children: What is the maximum number of children who receive a child care subsidy you will allow at one time? _________________
- If you accept DHS subsidized children and you limit the number of children: Why do you limit the number of DHS subsidized children that you accept?

________________________________________

________________________________________
Do you charge families who receive child care subsidies your full private pay rate?

☐ YES  ☐ NO

If YES: (You charge families your full private pay rate.) Does their subsidy cover your entire rate?

(if the family has shared that information)?  ☐ Yes  ☐ No  ☐ The Family Has Not Shared That Information

If Yes: (The amount exceeds the family share.) How much is left for the family to pay, per child? Please specify if this is a monthly, weekly, daily or hourly rate.

If YES: (You accept child care subsidies.) Do you charge families who receive subsidies less than your private pay rate?

☐ Yes  ☐ No

If YES: (Your rate is less than your private pay rate.) On average, how much less does a family pay, per child? Please specify if this is a monthly, weekly, daily or hourly rate.

If you answered NO that you do not accept child care subsidies: Please tell us, why you do not accept subsidized children.

☐ I would lose money  ☐ The paperwork is too difficult

☐ Other: ________________________________

Part 3. PROVIDER General Information

1. How many vacancies do you have? _______________________________

2. Do you provide full-time care?  ☐ Yes  ☐ No

If Yes: What is your rate for full-time care? Please complete Group Size, Staff/Child Ratio, # of Spaces in Use, and # of Spaces Vacant.

Please circle if this is a monthly, weekly, daily or hourly rate.

<table>
<thead>
<tr>
<th>(ages may overlap)</th>
<th># of class rooms</th>
<th>Group Size</th>
<th>Staff/Child Ratio</th>
<th># of Spaces in Use</th>
<th># of Spaces Vacant</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 6 Months</td>
<td>$</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
</tr>
<tr>
<td>7 – 12 Months</td>
<td>$</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
</tr>
<tr>
<td>13 – 18 Months</td>
<td>$</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
</tr>
<tr>
<td>19 – 24 Months</td>
<td>$</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
</tr>
<tr>
<td>25 -- 36 Months</td>
<td>$</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
</tr>
</tbody>
</table>

3. Do you provide part-time care?  ☐ Yes  ☐ No

If Yes: How many hours do you consider as part-time care?

If Yes: What is your rate for part-time care? Please complete Group Size, Staff/Child Ratio, # of Spaces in Use, and # of Spaces Vacant.
Please circle if this is a monthly, weekly, daily or hourly rate.

(ages may overlap)

<table>
<thead>
<tr>
<th># of class</th>
<th>Group Size</th>
<th>Staff/Child Ratio</th>
<th># of Sp</th>
<th># of Sp</th>
</tr>
</thead>
<tbody>
<tr>
<td>classrooms</td>
<td>in Use</td>
<td>Vacant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 6 Months</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
</tr>
<tr>
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<td>Monthly</td>
<td>Weekly</td>
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<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
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<td>Monthly</td>
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</tr>
<tr>
<td>25 – 36 Months</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Hourly</td>
</tr>
</tbody>
</table>

4. Do you provide alternative-hour care? □ Yes □ No
   If Yes: What days and hours do you consider as alternative hour care?

   ________________________________

   If Yes: Do you charge a different rate for those hours? □ Yes □ No
   If Yes: (You charge a different rate.) What are those rates?

   (ages may overlap)

<table>
<thead>
<tr>
<th># of class</th>
<th>Circle Full-Time (FT) or Part-Time (PT)</th>
<th># of</th>
<th>Group Size</th>
<th>Staff/Child Ratio</th>
<th># of Sp</th>
<th># of Sp</th>
</tr>
</thead>
<tbody>
<tr>
<td>classrooms</td>
<td>in Use</td>
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<td>FT or PT</td>
<td>$</td>
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<td></td>
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</tr>
</tbody>
</table>

5. Hours of Operation:

   Days Open: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

   Open Time: ________________________________

   Close Time: ________________________________

   Duration: □ Full Year □ School Year □ Summer Only

6. Types of Care: (Check all that applies)
   □ Drop-In   □ Temp/Emergency   □ Rotating   □ 24 hours   □ Summer
   □ Before School   □ After School   □ Intersession   □ Open Holidays

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 (H AIS)
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   □ 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 yearly 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 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
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:

3. 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: (Check One)  Oahu ☐ East Hawaii ☐ West Hawaii ☐ Kauai ☐ Maui ☐ Lanai/Molokai ☐
Your Name  

Business Name  

☐ By checking this box, I attach my electronic signature which verifies completed answers, consents and information contained in my return email to PATCH of this Survey.

Signature  

Date  

PLEASE COMPLETE ALL 5 PAGES AND SIGN HERE BEFORE RETURNING SURVEY FORM  
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