

**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 CFR 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 (NACCRRRA), 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 NACCRRRA 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 NACCRRRA 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.

2022 Hawaii Child Care Market Rate Study

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	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:

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”.¹ 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.)

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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.

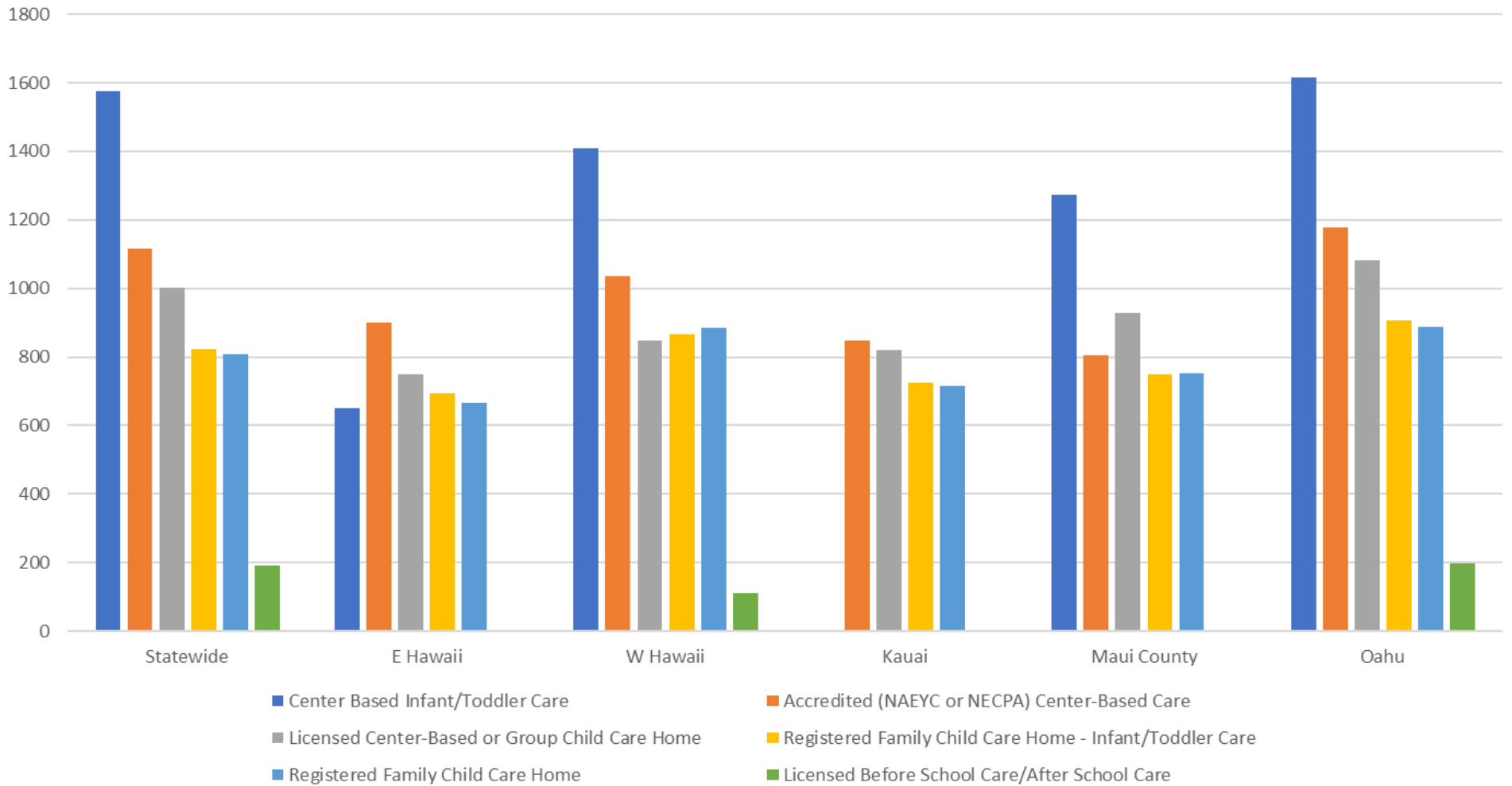
It is preferable to examine child care rates by statewide, county, or urban/rural classifications rather than by island because limited rate information was available for some of the islands.

**Tables
&
Charts**

**FULL-TIME
RATES
2022**

STATEWIDE 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 (\$)
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

Mean Full-Time Monthly Rates - 2022



**FULL-TIME
RATES
2022**

OAHU								
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 (\$)
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

**FULL-TIME
RATES
2022**

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 (\$)
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
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

**FULL-TIME
RATES
2022**

WEST HAWAII								
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 (\$)
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-TIME
RATES
2022**

URBAN								
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 (\$)
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
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-TIME
RATES
2022**

RURAL								
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 (\$)
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
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
&
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.

(ages may overlap)						# of class rooms	Group Size	Staff/Child Ratio	# of Spaces in Use	# of Spaces Vacant
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					

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)						# of classrooms	Group Size	Staff/Child Ratio	# of Spaces in Use	# of Spaces Vacant
2 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
3 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
4 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
5-10 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
11-15 Year Olds	\$	Monthly	Weekly	Daily	Hourly					

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)	Circle Full-Time (FT) or Part-Time (PT)		# of classrooms	Group Size	Staff/Child Ratio	# of Spaces in Use	# of Spaces Vacant
2 Year Olds	FT or PT	\$					
3 Year Olds	FT or PT	\$					
4 Year Olds	FT or PT	\$					
5-10 Yer Olds	FT or PT	\$					
11-15 Year Olds	FT or PT	\$					

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 (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 West Kauai Maui Lanai/
(Check One) Hawaii Hawaii 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 Statutes. Personal information (such as a home address or personal phone number) will not be shared.



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.

(ages may overlap)						# of class rooms	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					

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)						# 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					

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)	Circle Full-Time (FT) or Part-Time (PT)		# of classrooms	Group Size	Staff/Child Ratio	# of Spaces in Use	# of Spaces Vacant
0 – 6 Months	FT or PT	\$					
7 – 12 Months	FT or PT	\$					
13 – 18 Months	FT or PT	\$					
19 – 24 Months	FT or PT	\$					
25 – 36 Months	FT or PT	\$					
2 Year Olds	FT or PT	\$					
3 Year Olds	FT or PT	\$					
4 Year Olds	FT or PT	\$					
5 Year Olds	FT or PT	\$					
5-10 Year Olds	FT or PT	\$					
11-15 Year Olds	FT or PT	\$					

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)
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- 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:
(Check One)

Oahu

East
Hawaii

West
Hawaii

Kauai

Maui

Lanai/
Moloka

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.

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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 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.

(ages may overlap)						# of class rooms	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					

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)						# 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					

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)	Circle Full-Time (FT) or Part-Time (PT)		# of classrooms	Group Size	Staff/Child Ratio	# of Spaces in Use	# of Spaces Vacant
0 – 6 Months	FT or PT	\$					
7 – 12 Months	FT or PT	\$					
13 – 18 Months	FT or PT	\$					
19 – 24 Months	FT or PT	\$					
25 – 36 Months	FT or PT	\$					

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 (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 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

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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/
(Check One) 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

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