

**STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES**

**2023
HAWAII CHILD CARE MARKET RATE STUDY
SUMMARY OF RESULTS**

Audit, Quality Control and Research Office
Research Staff
November 2023

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 (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 August 2023 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.

2023 Hawaii Child Care Market Rate Study

SURVEY PARTICIPATION

There was a total of 805 child care providers listed in the data extract. Of these providers, 263 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, 542 surveyed providers were included in the final analysis. A total of 2,527 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
805	263	542	2527

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:

2023 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 center based 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. Accreditation for family child care homes is given by the National Association for Family Child Care Accreditation (NAFCC).

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, f) Licensed Before School Care/After School Care, g) NAFCC Accredited Family Child Care Home – Infant/Toddler Care, and h) NAFCC Accredited Family Child Care Home.

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

2023 Hawaii Child Care Market Rate Study

“would be regarded as providing equal access”.¹ Additionally, a percentile chart of subsidy rates is included for comparison.

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 542 child care providers. This data was obtained through surveys administered by the local CCR&R agency during 2023.

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.

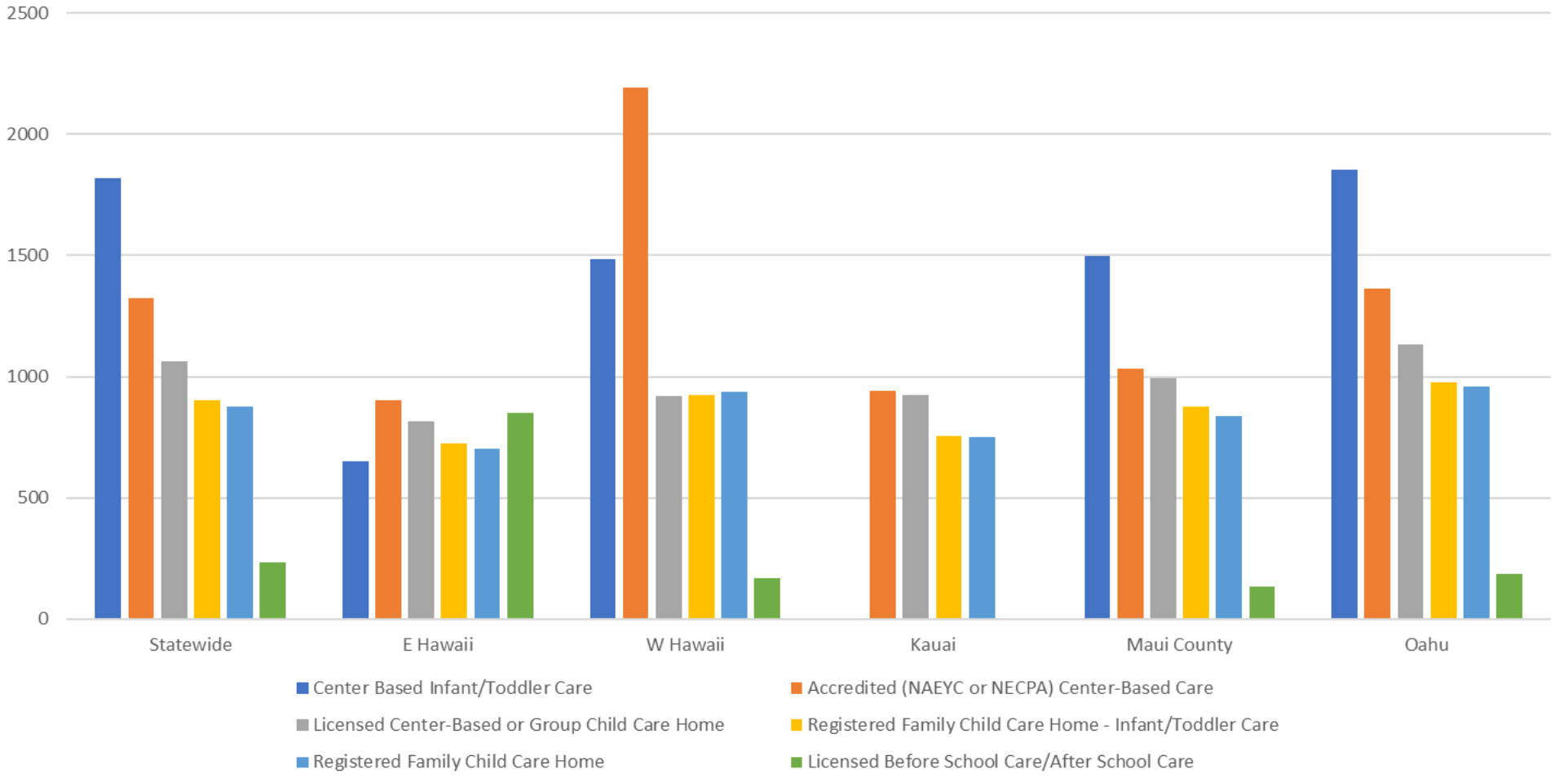
¹ Deana Grobe, Roberta B. Weber, Clara C. Pratt, and Arthur C. Emlen; *Market Rate Study Guidebook: A Guide to Implementing a Child Care Market Rate Study Using Child Care Resource and Referral Data* (September 2003, Oregon Child Care Research Partnership; page 9 footnote.)

**Tables
&
Charts**

**FULL-TIME
RATES
2023**

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	51	202	1,821	1,800	650	2,475	2,260
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	74	211	1,322	1,290	600	2,484	1,525
Licensed Center-Based or Group Child Care Home	FULL-TIME	178	481	1,063	1,000	475	2,908	1,210
Accredited Family Child Care Home - Infant/Toddler Care	FULL-TIME	3	9	899	900	750	950	950
Accredited Family Child Care Home	FULL-TIME	4	13	884	900	750	1,000	1,000
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	206	716	902	850	100	2,000	1,000
Registered Family Child Care Home	FULL-TIME	220	874	875	850	600	2,000	960
Licensed Before School Care/After School Care	FULL-TIME	12	21	231	175	50	850	235

Mean Full-Time Monthly Rates - 2023



**FULL-TIME
RATES
2023**

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	44	175	1,855	1,800	863	2,475	2,290
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	60	169	1,362	1,390	800	2,484	1,525
Licensed Center-Based or Group Child Care Home	FULL-TIME	106	275	1,134	1,100	554	2,908	1,269
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	103	377	978	950	600	1,800	1,000
Registered Family Child Care Home	FULL-TIME	109	423	957	920	600	1,800	1,000
Licensed Before School Care/After School Care	FULL-TIME	8	14	187	185	100	313	235

**FULL-TIME
RATES
2023**

MAUI 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	4	17	1,499	1,561	895	1,875	1,650
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	8	23	1,031	950	650	1,540	1,285
Licensed Center-Based or Group Child Care Home	FULL-TIME	31	86	992	900	500	1,575	1,200
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	44	136	875	825	620	2,000	925
Registered Family Child Care Home	FULL-TIME	48	179	839	800	600	2,000	900
Licensed Before School Care/After School Care	FULL-TIME	1	2	135	135	135	135	135

**FULL-TIME
RATES
2023**

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	10	1,346	920	650	2,380	2,320
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	4	15	1,015	825	600	2,240	1,100
Licensed Center-Based or Group Child Care Home	FULL-TIME	29	86	870	850	475	1,296	900
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	43	152	804	775	600	1,200	900
Registered Family Child Care Home	FULL-TIME	44	192	796	750	600	1,287	900
Licensed Before School Care/After School Care	FULL-TIME	3	5	427	320	50	850	850

**FULL-TIME
RATES
2023**

EAST 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	1	2	650	650	650	650	650
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	3	12	903	825	600	1,350	1,100
Licensed Center-Based or Group Child Care Home	FULL-TIME	14	44	815	800	645	950	850
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	27	93	725	700	600	1,100	800
Registered Family Child Care Home	FULL-TIME	27	116	704	700	600	1,000	750
Licensed Before School Care/After School Care	FULL-TIME	1	2	850	850	850	850	850

**FULL-TIME
RATES
2023**

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	8	1,486	920	920	2,380	2,320
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	1	3	2,193	2,170	2,170	2,240	2,240
Licensed Center-Based or Group Child Care Home	FULL-TIME	15	42	919	850	475	1,296	1,165
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	16	59	926	950	690	1,200	1,000
Registered Family Child Care Home	FULL-TIME	17	76	935	800	690	1,287	1,000
Licensed Before School Care/After School Care	FULL-TIME	2	3	166	50	50	320	320

**FULL-TIME
RATES
2023**

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	22	82	1,825	1,800	863	2,475	2,245
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	26	75	1,448	1,450	900	2,484	1,525
Licensed Center-Based or Group Child Care Home	FULL-TIME	51	138	1,221	1,200	750	2,908	1,445
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	27	101	1,079	1,000	700	1,800	1,200
Registered Family Child Care Home	FULL-TIME	28	113	1,066	1,000	700	1,800	1,200
Licensed Before School Care/After School Care	FULL-TIME	3	6	183	150	150	235	235

**FULL-TIME
RATES
2023**

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	29	120	1,818	1,800	650	2,475	2,320
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	48	136	1,234	1,130	600	2,330	1,465
Licensed Center-Based or Group Child Care Home	FULL-TIME	127	343	987	930	475	2,066	1,168
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	179	615	876	850	100	2,000	975
Registered Family Child Care Home	FULL-TIME	192	761	850	800	600	2,000	950
Licensed Before School Care/After School Care	FULL-TIME	9	15	265	198	50	850	313

**Introductory Letter
&
Survey Instrument**



PATCH
**Annual Provider Survey
for Child Care Centers
April 2023**

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 the Education of Young Children (NAEYC)
 National Early Childhood Program Accreditation (NECPA)
 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/
(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

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 2023

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) Expiration date: _____

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/
(Check One) Hawaii 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.

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 Infant/Toddler Centers
April 2023

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 the Education of Young Children (NAEYC)
 National Early Childhood Program Accreditation (NECPA)
 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
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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/
(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

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