

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 CRF Parts 98.16 and 98.45(c) require that the Hawaii's Department of Human Services (DHS) complete a biennial child care market rate study as part of Hawaii's state plan for expenditure of federal Child Care Development Fund (CCDF) monies.

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

METHODOLOGY

HAWAII'S CHILD CARE RESOURCE AND REFERRAL AGENCY

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

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

PATCH completed the survey process and a data extract was created from the NACCRRA system in 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.

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	ktract 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:

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, <u>urban</u> was defined as providers with a zip code prefix of 968xx; this zip code prefix is assigned to Honolulu metropolitan areas. All other zip codes were classified as 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 <u>type of care</u> 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". 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 <u>desired</u> capacity rather than <u>licensed</u> capacity was used because individual providers do not always choose to enroll the maximum number of children they are licensed to serve.

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

SUMMARY OF FINDINGS

This study examined current child care market rates in Hawaii. Monthly rate data was analyzed from a total of 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.

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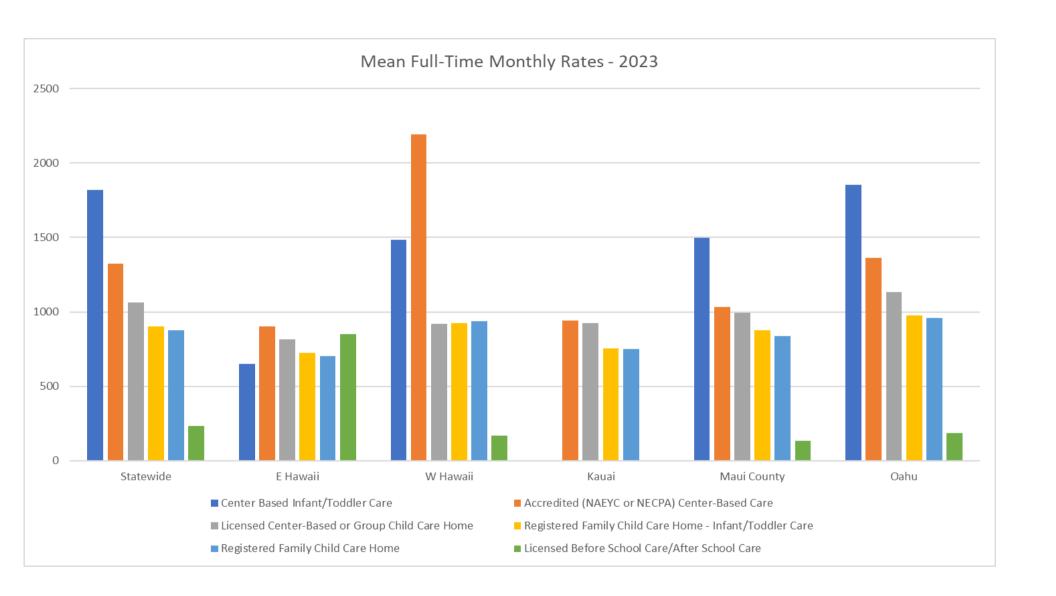
¹ Deana Grobe, Roberta B. Weber, Clara C. Pratt, and Arthur C. Emlen; *Market Rate Study Guidebook: A Guide to Implementing a Child Care Market Rate Study Using Child Care Resource and Referral Data* (September 2003, Oregon Child Care Research Partnership; page 9 footnote.)

Tables

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Charts

		STATEWII						
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



	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 (\$)				
				(Ψ)	(Ψ)	(Ψ)	(Ψ)	(Ψ)				
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				

	MAUI COUNTY Full-Time Monthly Rates											
Type of Care	Monthly # of Rate Type Provider	# 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				

	KAUAI 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				
	- Rate Type Troviders			(\$)	(\$)	(\$)	(\$)	(\$)				
Center Based Infant/Toddler Care	FULL-TIME	0	0	0	0	0	0	0				
Accredited (NAEYC or NECPA) Center-Based Care	FULL-TIME	2	4	940	932	932	950	950				
Licensed Center-Based or Group Child Care Home	FULL-TIME	12	34	925	850	600	1,200	1 100				
Licensed Center-based of Group Child Care Home	FULL-TIME	12	34	925	050	600	1,200	1,100				
Registered Family Child Care Home - Infant/Toddler Care	FULL-TIME	16	51	755	750	600	1,200	750				
Registered Family Child Care Home	FULL-TIME	19	80	749	750	600	850	800				
Licensed Before School Care/After School Care	FULL-TIME	0	0	0	0	0	0	0				
Elcensed before school care/Arter school care	1 OLL-TIME	0	3		0	0	3	3				

		WAII COL						
Type of Care	<u> </u>	# of Providers	# of Rates	Mean ¹	Median ²	Minimum Rate	Maximum Rate	75% Quantile ³
	Tate Type			(\$)	(\$)	(\$)	(\$)	(\$)
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
Accredited (NALTE OF NECFA) Center-based care	TOLE-TIME	4	13	1,013	023	000	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

		AST HAW						
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

		VEST HAV						
Type of Care	Monthly # of Rate Type 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
		4		0.400	0.480	0.480	0.040	0.040
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
Togotorou i anniy omia oare Home	I OLL-IIIIL	17	10	333	000	030	1,201	1,000
Licensed Before School Care/After School Care	FULL-TIME	2	3	166	50	50	320	320

	Full-	URBAN						
Type of Care	Monthly # of # Rate Type Providers	# of Rates	Mean ¹	Median ² (\$)	Minimum Rate (\$)	Maximum Rate (\$)	75% Quantile ³ (\$)	
				(Ψ)	(Ψ)	(Ψ)	(Ψ)	(Ψ)
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
Trogistered Farming Crima Care Floring Timana Feducial Care	1022 111112	2.	101	1,070	1,000	700	1,000	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-	RURAL						
Type of Care	<u> </u>	# 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

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Survey Instrument



PATCH

Annual Provider Survey for Child Care Centers April 2023

Part 1. PROVIDER PROFILE

	Name:		
	Facility Name:		
	License/Registration Number:	Accepted Ag	ge Range:
	Facility License/Registration Capacity:	-	_
	Address:		
	City:	State:	Zip:
	Mailing Address (if different):		
	City:		
	Business Phone:	_Additional Pho	ne:
	Business Email:	Fax	K
	Part 2. CHILD CAR	F SURSIDIES	
	PATCH would like to know about numbers of ci receive Department of Human S	hildren who are b	
>	Do you currently accept Department of Human Service	es (DHS) subsidiz	ed children? YES NO
>	If YES, how many children receiving subsidies are curr	ently enrolled? _	
	If YES: (You accept subsidized children.) Do you limi receive a child care subsidy?	it the number of c] NO	hildren in your facility who
>	If you accept DHS subsidized children and you limit the of children who receive a child care subsidy you will a		

>	If you accept DHS DHS subsidized of				nit the nu	mber of cl	nildren: V	Why do	you lim	it the nu	imber of
>	Do you charge fa	milies who		d care sub	osidies y	our full priv	vate pay	rate?			
	If YES: (You char	rae families	vour full pr	ivate pav r	ate.) Do	es their su	bsidv co	ver vou	r entire	rate?	
	(if the family has						•				formation
	If Yes: (The amount Please specify if	unt exceeds	s the family	share.) H	ow much	n is left for	•				
	If YES: (You acceprivate pay rate?			s.) Do you No	charge	families w	ho recei\	/e subsi	idies les	ss than	your
	If YES: (Your rate per child? Pleas							less do	oes a fa	mily pa	у,
	If you answered accept subsidized I would lose Other:	ed childrer	n	·			5. FIEdS	e tell di	s, willy		
1.	How many vaca	ancies do y		ROVIDE	R Gene	ral Inforn	nation				
2.	Do you provide If Yes: What is Spaces in Use, Please circle if t	your rate and # of S	for full-time paces Vac	cant.		mplete G	Broup Si	ze, Sta	ff/Child	l Ratio,	# of
(ages may		, , , ,	<i>J, J</i>		-	# of	Group	Staff/	# of Spaces	# of Spaces
	overlap)						class rooms	Size	Child Ratio	in Use	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 5-10 Year Olds	\$	Monthly Monthly	Weekly Weekly	Daily Daily	Hourly Hourly					
	11-15 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
	Do you provide		<u> </u>	Yes	No	•					
ა.	If Yes: How ma			•							
	If Yes: What is Spaces in Use,	your rate	for part-tim	ne care? F			Group S	Size, St	aff/Chi	d Ratio	o, # of

Please circle if t	his is a m	onthly, we	ekly, da	aily or h	ourly rate.					
(ages may overlap)		, , ,				# of classrooms	Group Size	Staff/ Child	Spaces	# of Spaces Vacant
2 Year Olds	\$	Monthly	Weekly	/ Dail	y Hourly			Ratio	,	
3 Year Olds	\$	Monthly	Weekly							
4 Year Olds	\$	Monthly	Weekly		,					
5-10 Year Olds	\$	Monthly	Weekly							
11-15 Year Olds	\$	Monthly	Weekly							
	1 +							l		<u> </u>
If Yes: What o				Yes sider as	∐ No alternativ		re?			
If Yes: Do you If Yes: (You ch	_						No			
(ages may over		Circle		t are tri	# of	Group	Staff/	/Child	# of	# of
(ages may ove	Jiap)	Full-Time (F Part-Time (I			classroor				Spaces in Use	Space Vacar
2 Year Olds		FT or		3						
3 Year Olds		FT or								
4 Year Olds		FT or								
5-10 Yer Olds		FT or								
11-15 Year Old	S		PT §							
Days Open: Open Time: Close Time:	Monday	Tuesday	Wedne		Thursday	Friday	Jaka	rday	Sunday	
ration:	ear		School	Year		Sum	nmer O	nly		
Types of Care: (Drop-In Before School	Temp/Em] Rota <u>tir</u>	ng 🗌 Interse		Summ	ner Holiday	/S		
Is your facility no If Yes: By whor National Ass	n? ociation f	or the Edu	cation c		_	(NAEYC)			
☐ National Earl ☐ Other:	•	ood Progra			`	,				
If Yes: Please e staff time, environ							te accı	reditat	tion, inclu	uding
How many native	Hawaiia	n children	are enr	olled in	your progi	ram?				_
Are you currently Open Closed	open or	closed?								

10.	If you are open, what type of care are you providing (this data will be used to identify which program are operating remotely and which programs are operating out of their facility)? All in-person All virtual/online Hybrid-both in-person and online	ทร
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? Done time fee One time per year Monthly Other: 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	

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:
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:

Island: Oahu E	rn the completed form to PATCH. Sast West Kauai Maui Lanai/ Molokai
Your Name	Business Name
	my electronic signature which verifies completed answers, ntained in my return email to PATCH of this Survey.
Signature	ntained in my return email to PATCH of this Survey. Date
Signature PLEASE COMPLETE	ntained in my return email to PATCH of this Survey.
Signature PLEASE COMPLETE If you have any question.	ntained in my return email to PATCH of this Survey. Date E ALL 5 PAGES AND SIGN HERE BEFORE RETURNING SURVEY FOR

RR105 PATCH Annual Provider Survey-April 2023



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 Ag	e Range:
	Facility License/Registration Capacity:	Desired Cap	acity:
	Address:		
	City:	State:	Zip:
	Mailing Address (if different):		
	City:	State:	Zip:
	Business Phone:	Additional Phor	ne:
	Business Email:	Fax	<u> </u>
	PATCH would like to know about numbers	ARE SUBSIDIES	
	receive Department of Huma	n Services child care	subsidies.
•	receive Department of Huma Do you currently accept Department of Human Ser	n Services child care	
	·	n Services child care vices (DHS) subsidize	ed children? YES NO
*	Do you currently accept Department of Human Ser	n Services child care vices (DHS) subsidize currently enrolled?	ed children? YES NO
	Do you currently accept Department of Human Ser If YES, how many children receiving subsidies are of If YES: (You accept subsidized children.) Do you	in Services child care vices (DHS) subsidize currently enrolled? limit the number of ch NO nit the number of child	ed children? YES NO nildren in your facility who Iren: What is the maximum number

>	Do you charge fa			d care sub	osidies yo	our full priv	ate pay	rate?			
	☐YES	☐ NC		_							
	If YES: (You char	ge families	your full pr	ivate pay r	ate.) Do	es their su	bsidy co	ver you	r entire	rate?	
	(if the family has	shared that	information	n)? 🗌 Ye:	s 🗌 No	☐ The F	amily H	as Not S	Shared	That Inf	formation
	If Yes: (The amount of Please specify if						the fami	ly to pa	y, per c	hild?	
	If YES: (You acceprivate pay rate?			s.) Do you No	charge	families wh	no receiv	ve subsi	dies les	ss than	your
>	If YES: (Your rate per child? Pleas		•		•	•		less do	es a fa	mily pay	y ,
>	If you answered accept subsidize			accept ch	ild care	subsidies	s: Pleas	e tell us	s, why	you do	not
	☐ I would lose	money	☐ The p	aperwork	is too d	ifficult					
	Other:	•		•							
											_
			Part 3. P	ROVIDE	R Gene	ral Inform	nation				
1.	How many vaca	ncies do v	ou have?								
١.	How many vaca	incies do y	ou nave:								
2.	Do you provide	full-time ca	are?	Yes	☐ No	ı					
	If Yes: What is				lease co	mplete G	roup Si	ze, Sta	ff/Child	l Ratio,	# of
	Spaces in Use,					•	·				
_	Please circle if t	his is a mo	onthly, wee	ekly, daily	or hour	ly rate.				T	
	(ages may						# of class	Group Size	Staff/ Child	# of Spaces	# of Spaces
(overlap)	Φ.	NA (I-I)A/II	D. II	II. d	rooms		Ratio	in Use	Vacant
	0 – 6 Months	\$	Monthly	Weekly	Daily	Hourly					
	7 – 12 Months	\$	Monthly	Weekly	Daily	Hourly					
	13 – 18 Months	\$	Monthly	Weekly	Daily	Hourly					
	19 – 24 Months	\$	Monthly	Weekly	Daily	Hourly					
	25 36 Months	\$	Monthly	Weekly	Daily	Hourly					
	2 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
	3 year Olds	\$	Monthly	Weekly	Daily	Hourly					
-	4 year Olds	\$	Monthly	Weekly	Daily	Hourly					
_	5 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
-	5-10 Year Olds	\$	Monthly	Weekly	Daily	Hourly					
	11-15 year Olds	\$	Monthly	Weekly	Daily	Hourly					
2	Do you provide	nart-time o	are?	Yes	□No	ı					
٥.	Do you provide	part-tillie (Jait:	169		ı					
	If Yes: How ma	any hours o	do vou con	ısider as ı	oart-time	e care?					

Please circle if the discrete of the lease 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					
If Yes: Do you of If Yes: (You cha	_						No			
			.) vvnat a							
(ages may ove	erlan)	Circle Full-Time (FT) or Part-Time (PT)		#		Group Size	Staff/Chil Ratio	Spa		# of Spaces Vacant
(ages may ove	erlan)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$	#	# of C			Spa	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT FT or PT	\$ \$	#	# of C			Spa	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT FT or PT FT or PT	\$ \$ \$	#	# of C			Spa	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$	#	# of C			Spa	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$	#	# of C			Spa	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$ \$	#	# of C			Spa	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$ \$	#	# of C			Spa	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$	#	# of C			Spa	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$	#	# of C			Spa	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds 5-10 Year Olds	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$ \$	#	# of C			Spa	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$	#	# of C			Spa	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds 5-10 Year Olds	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$ \$	#	# of C			Spa	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds 5-10 Year Olds 11-15 Year Old	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$ \$	f class	# of C			Sprin	aces	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds 5-10 Year Olds 11-15 Year Old Hours of Operat Days Open: Open Time:	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$ \$ \$	f class	# of Common Comm	Group Size	Ratio	Sprin	aces Suse	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds 5-10 Year Olds 11-15 Year Old Hours of Operat Days Open:	erlap)	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$ \$ \$	f class	# of Common Comm	Group Size	Ratio	Sprin	aces Suse	Spaces
(ages may ove 0 – 6 Months 7 – 12 Months 13 – 18 Months 19 – 24 Months 25 – 36 Months 2 Year Olds 3 Year Olds 4 Year Olds 5 Year Olds 5-10 Year Olds 11-15 Year Old Hours of Operat Days Open: Open Time:	erlap) s ion: Monday	Circle Full-Time (FT) or Part-Time (PT) FT or PT	\$ \$ \$ \$ \$ \$ \$ \$	day	# of Common Comm	Friday	Ratio	Sprin	aces Suse	Spaces

	Is your facility nationally accredited?
8.	How many Native Hawaiian children are enrolled in your program?
9.	Are you currently open or closed? ☐ Open ☐ Closed
10	O. If you are open, what type of care are you providing (this data will be used to identify which programs are operating remotely and which programs are operating out of their faciliy)? All in-person All virtual/online Hybrid-both in-person and online
11	. What are your greatest needs at this time?
12	Are you worried that you will need to close in the next year or two? Yes No If yes or no, please indicate why:
	Do you charge extra enrollment/registration fees to families? Yes No a. If Yes: What is the cost? Done 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:

gn and date below, an Island: Oahu (Check One)	East West Hawaii	Kauai Maui Lanai/ Moloka
Your Name		Business Name
By checking this box, I	attach my electronic signature	which verifies completed answers,
	attach my electronic signature ion contained in my return em	
Signature PLEASE COM	ion contained in my return em	ail to PATCH of this Survey.

RR105 PATCH Annual Provider Survey-April 2023



PATCH

Annual Provider Survey for Infant/Toddler Centers April 2023

Part 1. PROVIDER PROFILE

	Name:		
	Facility Name:		
	License/Registration Number:	Accepted Ag	je Range:
	Facility License/Registration Capacity:		
	Address:		
	City:	State:	Zip:
	Mailing Address (if different):		
	City:	State:	Zip:
	Business Phone:	Additional Phor	ne:
	Business Email:	Fax	
	PATCH would like to know about numbers		
	receive Department of Hum	an Services child care	subsidies.
	Do you currently accept Department of Human Se	rvices (DHS) subsidize	
·	If YES, how many children receiving subsidies are	rvices (DHS) subsidize currently enrolled?	
>	, , ,	rvices (DHS) subsidize currently enrolled?	
>	If YES, how many children receiving subsidies are If YES: (You accept subsidized children.) Do you	crvices (DHS) subsidized currently enrolled? I limit the number of child chil	nildren in your facility who Iren: What is the maximum numbe

>	Do you charge fa	milies who	receive chi	d care sub	sidies y	our full priv	ate pay	rate?			
	□YES)								
	If YES: (You char	ge families	your full pr	ivate pay r	ate.) Do	es their su	bsidy co	ver you	r entire	rate?	
	(if the family has	shared that	information	n)? ☐ Yes	s	☐ The F	amily H	as Not S	Shared	That Inf	formation
	If Yes: (The amou Please specify if t	unt exceeds	the family	share.) H	ow much	is left for	-				
	If YES: (You acce private pay rate?	ept child cai		s.) Do you No	charge	amilies wl	no receiv	re subsi	dies les	ss than	your
>	If YES: (Your rate per child? Pleas							less do	es a fa	mily pay	y ,
>	If you answered accept subsidize	•		accept ch	ild care	subsidies	s: Pleas	e tell us	s, why	you do	not
	☐ I would lose			aperwork	is too d	ifficult					
	Other:			•							
			D 40 D				4.				
			Part 3. P	ROVIDE	R Gene	al Inforn	nation				
1.	How many vaca	ıncies do y	ou have?								
2	Do vou provido	full time or	3ro2	l Voo							
۷.	Do you provide If Yes: What is			•	No ease co		roup Si	ze. Sta	ff/Chilo	l Ratio.	# of
	Spaces in Use,	and # of S	paces Vac	cant.		·		,		,	
	Please circle if t	his is a mo	onthly, wee	ekly, daily	or hour	y rate.	# of	Group	Staff/	# of	# of
	(ages may overlap)						class rooms	Size	Child Ratio	Spaces in Use	Spaces Vacant
	0 – 6 Months	\$	Monthly	Weekly	Daily	Hourly	1001113		rano		
	7 – 12 Months	\$	Monthly	Weekly	Daily	Hourly					
	13 – 18 Months	\$	Monthly	Weekly	Daily	Hourly					
	19 – 24 Months	\$	Monthly	Weekly	Daily	Hourly					
L	25 36 Months	\$	Monthly	Weekly	Daily	Hourly					
3	. Do you provide	part-time o	care?	Yes	☐ No						
	If Yes: How ma	any hours o	do vou cor	nsider as r	oart-time	e care?					
	If Yes: What is	•	•				Group S	ize, St	aff/Chil	_ ld Ratio	o, # of
	Spaces in Use,					•	•	•			

	Please circle if the	his is a m	onthly, we	ekly, d	aily or h	nourl	y rate.						
	(ages may			7.	ĺ			# of		Group	Staff/	# of	# of
	overlap)							classroo	ms	Size	Child Ratio	Spaces in Use	Spaces Vacant
	0 – 6 Months	\$	Monthly	Week	ly Dai	ily	Hourly				rano		
	7 – 12 Months	\$	Monthly	Week	ly Dai	-	Hourly						
	13 – 18 Months	\$	Monthly	Week	ly Dai	ily	Hourly						
	19 – 24 Months	\$	Monthly	Week	·		Hourly						
-	25 – 36 Months	\$	Monthly	Week	•	•	Hourly						
		, T	, ,		<u>, </u>								
4.	Do you provide a If Yes: What d				Yes sider a	s alte	☐ No ernative		care	e?			
												_	
	If Yes: Do you									No			
	If Yes: (You cha		ferent rate Circle	.) VVha	at are th	nose	rates?		rove	Ct-1	f/Ch:lel	# 0.4	# 04
	(ages may ove	erlap)	Full-Time (F Part-Time (classroo		roup Size		f/Child atio	# 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	\$								
		<u> </u>		l.	·		<u>.</u>			1	<u> </u>		
5.	Hours of Operat	ion:											
	Days Open:	Monday	Tuesday	Wedr	nesday	Thu	rsday	Frida	ıy	Satu	rday	Sunday	,
	Open Time:	-	-		-		-						
	Close Time:												
			•								,		
Dura	ation: 🔲 Full Y	ear		Schoo	l Year			□ S	umn	ner Oi	าly		
6.	Types of Care: (Check all	that appli	es)									
	☐ Drop-In ☐				ng 🗌] 24 h	nours	Su	mme	er			
	☐ Before School	☐ Af	ter School		Interse	essio	n	□ Ор	en H	loliday	S		
				_	_								
7.	Is your facility na	•	accredited?	? [Yes		☐ No						
	If Yes: By whor												
	National Asso					_		`	(C)				
	National Earl	y Childho	od Progra	m Accı	reditatio	on (N	ECPA))					
	Other:											_	
					_								
	If Yes: Please 6	estimate t	he total <u>ye</u>	early co	ost to ye	our fa	acility t	o com	plete	e accr	editati	on, inclu	uding staff
	time, environme	ntal impro	ovements a	and ac	creditat	ion fe	ees.						
8.	How many Nativ	e Hawaii	an childrer	n are e	nrolled	in yo	ur pro	gram?					
	•					•							
9.	Are you currently	y 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?
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No a. If Yes: What is the cost?
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2. Have you utilized PATCH Registry within the last year? Yes No
Suggestions to improve PATCH services:

n and date below, and Island: (Check One)	East West Hawaii	Kauai Maui Lanai/ Molokai
Your Name		Business Name
By checking this box, I a		which verifies completed answers,
	on contained in my return em	ail to PATCH of this Survey.
	on contained in my return em	ail to PATCH of this Survey. Date
Signature PLEASE COM	IPLETE ALL 5 PAGES AND SIG	

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 2023