

Child Care and Development Fund (CCDF) Plan For South Dakota FFY 2022-2024

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. Respondents are asked to identify how match and maintenance-of-effort (MOE) funds are used. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems and describe their efforts on their disaster preparedness and response plans to support continuity of operations in response to emergencies.

1.1 CCDF Leadership

The Governor of a state or territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the state or territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto (658D; 658E(c)(1) and 98.16 (a)). Note: An amendment to the CCDF State Plan is required if the Lead Agency changes or if the Lead Agency official changes.

1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint interagency office designated by the state or territory. ACF will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here (658D(a) and 98.16(a)).

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Department of Social Services

Street Address: 700 Governors Drive

City: Pierre

State: South Dakota

ZIP Code: 57501

Web Address for Lead Agency: <http://dss.sd.gov/childcare/>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Laurie

Lead Agency Official Last Name: Gill

Title: Cabinet Secretary

Phone Number: 605-773-3166

Email Address: Laurie.Gill@state.sd.us

1.1.2 Who is the CCDF Administrator?

Identify the CCDF Administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the state's or territory's CCDF program. ACF will send programmatic communications, such as program announcements, program instructions, and data collection instructions, to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the Co-Administrator or the person with administrative responsibilities and include his or her contact information.

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Laura

CCDF Administrator Last Name: Menning

Title of the CCDF Administrator: Child Care Services Program Administrator

Phone Number: 605-773-4766

Email Address: Laura.Menning@state.sd.us

b) CCDF Co-Administrator Contact Information (if applicable):

CCDF Co-Administrator First Name: Laura

CCDF Co-Administrator Last Name: Nordbye

Title of the CCDF Co-Administrator: Child Care Licensing Program Manager

Description of the Role of the Co-Administrator: The co-administrator, Laura Nordbye, is the Licensing Program Manager for all requirements related to child care licensing and background screening within the CCDF State Plan.

Phone Number: 605-690-0948

Email Address: Laura.Nordbye@state.sd.us

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or public or private local agencies as long as the Lead Agency retains overall responsibility for the administration of the program (658D(b) and 98.16 (d)(1)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

1.2.1 Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as

counties or workforce boards (98.16(i)(3)). Check one.

- a. All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.

i. Eligibility rules and policies (e.g., income limits) are set by the:

A. State or territory

Identify the entity:

NA

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

NA

C. Other.

Describe:

NA

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

NA

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

NA

C. Other.

Describe:

NA

iii. Payment rates and payment policies are set by the:

A. State or territory

Identify the entity:

NA

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the payment rates and payment policies the local entity(ies) can set.

NA

C. Other.

Describe:

NA

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

NA

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

NA

C. Other.

Describe:

NA

v. Standards and monitoring processes for license-exempt providers are set by the:

A. State or territory

Identify the entity:

NA

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

NA

C. Other.

Describe:

NA

vi. Quality improvement activities, including QRIS are set by the:

A. State or territory

Identify the entity:

NA

B. Local entity (e.g., counties, workforce boards, early learning coalitions).

If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

NA

C. Other.

Describe:

Na

vii. Other. List and describe any other program rules and policies that are set at a level other than the state or territory level:

NA

1.2.2 The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify which entity(ies) implements or performs CCDF services.

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

Who conducts eligibility determinations?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who assists parents in locating child care (consumer education)?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who issues payments?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who monitors licensed providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies

- CCR&R
- Community-based organizations

Who monitors license-exempt providers?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

Who operates the quality improvement activities?

- CCDF Lead Agency
- TANF agency
- Local government agencies
- CCR&R
- Community-based organizations

b. Other. List and describe any other state or territory agencies or partners that implement or perform CCDF services and identify their responsibilities.

In partnership with the Department of Social Services Child Care Services (CCS), the Head Start Collaborative leads the process for developing the Early Learning Guidelines.

1.2.3 Describe the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.1 and 1.2.2 (98.16(b)). In the description include:

Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

--Tasks to be performed

--Schedule for completing tasks

--Budget which itemizes categorical expenditures in accordance with CCDF requirements

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

Five Early Childhood Enrichment (ECE) contracts are awarded through the state's Request for Proposal (RFP) process. Administrative and implementation responsibilities with the ECE programs and the Helpline Center are monitored using contracts, which outline activities and responsibilities to be performed within the annual contract period, and a budget that itemizes categorical expenditures in accordance with CCDF requirements. The Helpline Center performance measures include the number of parents served and referral data to enable CCS to monitor parent access to early childhood and school-age programs. Monitoring of ECE programs includes monthly activity and financials reports which are submitted to assess performance and ensure contract requirements and outcomes are met. In addition, program monitoring visits are conducted at least twice per year to ensure administrative activities are in place and operating efficiently to meet contract expectations. Financial audits are conducted based on state and federal requirements. Program performance measures include provider surveys conducted annually to ensure that ECE services are accessible statewide and to gauge the utilization of those services to help indicate the services are relevant to providers. Other performance measures include number of providers and parents reached, pre and post surveys to capture knowledge gain, and technical assistance measures to capture behavior change. (CCS) addresses issues with contracted entities any time reported activities are not perceived to be meeting provider needs. Regular regional meetings between Child Care Licensing (CCL) and the ECE program staff help ensure child care provider technical assistance needs are met to assist them in meeting compliance with licensing regulations.

Training, as well as informal technical assistance is provided regularly for Department of Labor (DOL) staff to ensure understanding of the CCDF practices and regulations they share with families participating in TANF and with the provider the families choose to care for their child.

1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)).

Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states.

To the extent practicable and appropriate, any code and software created with federal funds is available upon request to other public agencies including those in other states. The only non-mainframe system created for CCS with federal funds is the online monitoring and inspection system. The code for this system is specific to child care licensing but anyone interested has access to it. Availability of code or software is not publicly advertised but when requested, an explanation of the system and the code or software information is shared.

1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)).

Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information.

The Department of Social Services (DSS) has in effect policies related to confidentiality that are read and signed by all staff at the time of employment and annually thereafter. This policy is located in the DSS Employee Handbook. The Department confidentiality policy requires employees to respect the privacy of customers; hold in confidence all information obtained during the course of their employment, or after their employment with the Department; prohibits use of computers and documents for obtaining information on any

individual that is not for the sole purpose of their work; and ensures any conversation about a customer, occurring in the course their work, is held in a private setting. Each Department staff person is required annually to review videos related to confidentiality of personally identifiable information (PII). The video topics include: a definition of PII; practices that protect passwords, confidential and sensitive data, PII, identity theft, and privacy; as well as information to ensure awareness of malware, phishing, physical security, travel safety, and remote computing. File Director, which houses scanned documents for the Department, has security measures that only allow access to information by specific individuals who have a work need to view the documents. CCS and CCL confidential records are stored in locked cabinets.

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan, which serves as the application for a 3-year implementation period. As part of the Plan development process, Lead Agencies must consult with the following:

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation

involves meeting with or otherwise obtaining input from an appropriate agency in the

development of the state or territory CCDF Plan. Describe the partners engaged to provide services under the CCDF program in question 1.4.1.

1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan. Note: Lead Agencies must describe in a. - c. consultation efforts with required partners listed in Rule and Statute. ACF recognizes that there is great value in consulting with other entities and has provided element d. for Lead Agencies to identify consultation efforts with other agencies or organizations.

a) Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.

Invitations were sent to city officials in major cities within the state to participate in a consultation webinar held on March 2 and 3, 2021. Cities included in this invitation were Sioux Falls, Rapid City, Spearfish, Aberdeen, Huron, Watertown, Brookings, Mitchell, Yankton, Vermillion and Pierre. The State presented information on the 2022-2024 SD CCDF State Plan and solicited feedback. Local government representatives suggested the State provide them with information on the Child Care Assistance program in order to educate the child care providers on the benefits of this program should they choose to become state registered. Also requested was additional resource information to assist in promoting unregulated providers on the benefits of becoming registered. Other counties and cities are consulted throughout the year concerning city or county ordinance issues that impact child care providers. Input from these ongoing communications is used in development of the State Plan.

b) Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.

The Child and Family Services Interagency Workgroup is South Dakota's state advisory council. This collaborative workgroup serves several state agencies needs and, in some cases, will mandate for a forum of internal and external partners to share strategies and resources around children and families. This group consists of all major entities in state government involved with young children including State Child Care staff. The following entities are part of the workgroup: DSS (Behavioral Health, Child Protection Services, Medical Services (Medicaid), Economic Assistance, and Child Care); Department of Education (Head Start Collaboration Office, Birth To Three Program); Department of Health (Community Health Services, Child and Family Services, Maternal Child and

Health, and WIC); and Department of Human Services (Developmental Disabilities) and Department of Tribal Relations. Consultation occurs on an ongoing basis. The workgroup meets quarterly, and input is solicited and used in the development of the SD CCDF State Plan. Agenda and meeting minutes are documented and retained. The Child and Family Services Interagency Workgroup has been informed of the requirements and the proposed SD CCDF State Plan.

c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

South Dakota tribes were invited to participate in a meeting on April 22, 2021 to provide input on the Child Care Services State Plan and input regarding where the state and tribes can share activities and resources. Tribal CCDF administrators from each South Dakota Tribe was provided with an overview of the State CCDF State Plan including updates from Subsidy, Licensing and Quality areas. Topics included an overview of the organizational change within our state office, subsidy program policy and trends, explanation of the status of the Market rate Survey and waiver, licensing changes to interstate background check requirements, and status of QRIS and other quality incentives. A CCS or CCL staff member reached out to follow up with each Tribal CCDF administrator after the April meeting and held one on one calls to answer questions that may have developed after the initial presentation was provided. Tribes that participated included Oglala Sioux, Rosebud Sioux, Cheyenne River Sioux, Lower Brule Sioux, Crow Creek Sioux, Standing Rock Sioux, Flandreau Santee Sioux, and Yankton Sioux.

d) Describe any other entities, agencies, or organizations consulted on the development of the CCDF plan.

CCS and CCL consulted with Early Learner SD, a community-driven, grass roots effort lead by the South Dakota Association for Education of Young Children (SDAEYC), bringing awareness and support to the importance of how access to a variety of early learning environments impacts a community's future. In addition, the state child care licensing and quality staff provided presentations to the following child care organizations: SDAEYC, Family Child Care Professionals of South Dakota (FCCPSD), Siouxland Director Association and the South Dakota After School Network (SoDakSACA).

1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)).

Reminder:

Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date of the public hearing. 05/18/2021

Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 04/23/2021

Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g. the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).

c) How was the public notified about the public hearing? Please include specific website links if used to provide notice.

The notice for the public hearing was run as a display ad in major South Dakota newspapers. Accommodations were available for anyone with a disability. An e-mail was sent to all regulated child care providers statewide (including tribal) informing them of the public hearing and their opportunity for input. Notice was given to various child care-related associations and advocacy groups. Notice was also placed on the Child Care web site and remained an active link/notification until the close of the comment period.

The draft Plan was placed on these websites at least 20 days prior to the date of the hearing and remained on these websites until the hearing is completed. Typically, there are changes made to the draft Plan after the hearing, based on comments received, so that draft of the Plan does not remain posted on the sites. The final Plan is placed on the

CCS website when approved.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The hearing was held via webinar for any individual with internet connection.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) The proposed Plan was made available on the CCS website and hard copies was mailed upon request. An e-mail was sent to all regulated child care providers statewide, including tribal providers, informing them of the public hearing and where the Plan could be accessed. Notice of how to access the Plan was provided to various child care-related associations and advocacy groups. Notice of how to access the Plan was placed on the CCS website at <http://dss.sd.gov/childcare/> and the Department's website at <http://dss.sd.gov/keyresources/hearings.aspx> //. The DSS website provides access to a variety of languages.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? There were three comments received in response to the public hearing and review of the Plan. One question was regarding the State's plan for additional collaborations; another question was regarding the Comprehensive Background Screening requirement timeframes and flexibility; and, the last was not a question but a summary of work conducted in one South Dakota community regarding the child care workforce shortage. No changes resulted from the comments received.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: <https://www.acf.hhs.gov/occ/resource/pi-2009-01>)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

<http://dss.sd.gov/childcare/stateplan/default.aspx>

b) Describe any other strategies that the Lead Agency uses to make the CCDF Plan and

Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.

Working with advisory committees.

Describe:

NA

Working with child care resource and referral agencies.

Describe:

NA

Providing translation in other languages.

Describe:

NA

Sharing through social media (e.g., Twitter, Facebook, Instagram, email).

Describe:

The link to the Plan or copies of the Plan are shared via email upon request.

Providing notification to stakeholders (e.g., parent and family groups, provider groups, advocacy groups). Describe:

Describe:

Email notice was provided when the Plan was approved and posted, informing child care programs, related associations, and advocacy groups of the location where the Plan and any amendments or updates are found.

Working with statewide afterschool networks or similar coordinating entities for out-of-school time.

Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies are required to describe how the state or territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the federal, state/territory, and local levels for children in the programs listed below. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care (98.14(a)(1)).

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

This list includes agencies or programs required by law or rule, along with a list of optional partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services.

Include in the descriptions the goals of this coordination, such as:

- extending the day or year of services for families;
- smoothing transitions for children between programs or as they age into school;
- enhancing and aligning the quality of services for infants and toddlers through school-age children;
- linking comprehensive services to children in child care or school age settings; or
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings

Check the agencies or programs the Lead Agency will coordinate with and describe all that apply.

a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.

i. [Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results:](#)

CCL and CCS coordinated with local government leaders representing the top eleven cities in South Dakota. Child Care shared information regarding the CCDF State Plan and requirements. As a result of this meeting, Child Care is providing resources to local government agencies regarding the Child Care Assistance Program as well as information regarding the benefits of family day care registration. Local community agencies will then provide these resources to the child care providers they work with. Through this work, the goal will be an increase in accessibility of care for families to access the Child Care Assistance Program. As a result of the prior coordination efforts, CCL has obtained updated city ordinance information and continues to routinely communicate with local city government agencies to ensure city ordinance information is accurate. CCL communicates this city ordinance information to current licensed or registered providers as well as new providers. CCL also ensures that child care providers are in compliance with local city ordinances. CCL continues to collaborate with local government agencies to evaluate the impact on local child care providers and the community when state or federal regulations change. Over the next SD CCDF state plan period CCS and CCL will work with local governments to coordinate recruitment plans involving family day care to become state registered to increase accessibility and ensure health and safety of children in their community.

ii. [State Advisory Council on Early Childhood Education and Care or similar coordinating body \(pursuant to 642B\(b\)\(1\)\(A\)\(i\) of the Head Start Act\). Describe the coordination goals, processes, and results:](#)

The CCL program manager serves on the Child and Family Services Interagency Workgroup. This group consists of all major entities in state government involved with young children including state child care staff. The following entities are part of the workgroup: DSS (Behavior Health, Child Protection Services, Medical Services (Medicaid), Economic Assistance, and Child Care); Department of Education (Head Start Collaboration Office and Birth To Three Program); Department of Health (Community Health Services, Child and Family Services, Maternal Child and Health, and WIC); and Department of Human Services (Developmental Disabilities) and the Department of Tribal Relations. This group meets quarterly and discusses the goals and objectives for addressing common issues related to children ages birth through school age. As a result

of this collaboration, networking opportunities have been provided to allow each agency represented to routinely share data, information, and resources. Child Care is collaborating with the South Dakota Department of Health (DOH) in promote an Interactive Educational program to State registered and unregulated family day care providers. This program will teach safe sleep, nutrition, and physical activity.

Check here if the Lead Agency has official representation and a decision-making role in the State Advisory Council or similar coordinating body.

iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals, processes, and results, including which tribe(s) was (were) consulted:

CCS and CCL coordinated during an annual meeting in April 2021 with the tribal child care administrators who provide oversight to the 14 state licensed programs. As a result of this coordination, CCS and CCL are increasing our outreach to tribes to gain knowledge and build relationships with our tribal counterparts. Tribal coordinators will be offered an opportunity to meet routinely with a CCS or CCL team leader. The goal of this increased contact is to ensure continuity of provider requirements, enhance supply of providers for children birth through school age when necessary to meet family accessibility needs, share resources, and coordinate services to support all South Dakota providers. In addition, a formal meeting occurs at least once per plan cycle with tribal administrators for program updates and to share any changes that may affect providers in their service areas. CCS and CCL staff, and the Early Childhood Enrichment programs also coordinate training needs with tribal childcare and Head Start programs. CCS facilitates monthly coordination efforts with tribal child care administrators in regard to families who are dually eligible to ensure there is no unnecessary duplication of services. Input was requested from Tribal Administrators in development of the 2022-2024 State Plan.

N/A-Check here if there are no Indian tribes and/or tribal organizations in the state.

iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool).

[Describe the coordination goals, processes, and results:](#)

CCL is a member of the Birth to Three Program (lead agency for Part C) within the Department of Education. CCL meets quarterly with the Birth to Three Interagency Coordinating Council as well as provides input on the development of the Birth to Three Program state plan and performance reporting requirements. As a result of these quarterly meetings, this group is currently revising its parental survey process with a goal of obtaining more accurate data for the evaluation of results of Part C intervention. In addition to our coordination with the Birth to Three Program, CCS contracts with the regional ECE programs, to increase provider awareness and knowledge of resources and services available for families of children with special needs to include infants through school age children through training and on-site technical assistance and coaching. As a result, this allows each provider to receive individualized supports specific to the child and coordinate access to other services and supports as needed. This includes offering special services on a case-by-case basis for families challenged in finding and/or maintaining child care for any age child with special needs. The team consists of regional ECE staff, licensing specialists, subsidy program specialists and others depending on the family needs. The goal is to ensure the most appropriate care setting for the child and help ensure a smooth transition into programs by ensuring caregivers are properly trained and appropriately compensated for specialized care needs.

[v. State/territory office/director for Head Start state collaboration. Describe the coordination goals, processes, and results:](#)

The South Dakota Head Start Collaboration Office is housed within the Department of Education. As a result of our coordination efforts, CCS is continuing work to increase the promotion of the Pathways to Professional Development Career Lattice program as well as collaborate to provide stand-alone and integrated training on the Early Learning Guidelines for Head Start and child care programs. The goal of this work is to ensure continuity of care for children participating in both child care and Head Start. In addition, CCS continues to pay child care providers for care of those children while they attend Head Start to maintain availability of that slot for the child who is gone for four hours during the day while attending Head Start.

[vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals, processes, and results:](#)

i. CCS and CCL coordinate with the Department of Health (DOH) to enhance and align quality services ensuring a healthy child care environment, continuity of care and provide parents information regarding available services and resources for children birth through school age. Results of coordinated activities include:

- 1) CCL has coordinated efforts with DOH to allow all SD licensed child care programs and licensing specialists to access the DOH SD Immunization Information System (SDIIS), a system that houses immunization records for children. Providers can access the system in order to view and print immunization records immediately which allows them to expedite enrollment in programs when families may not have immediate access to those records. CCL reviews child immunization records during each annual inspection visit. DOH provides on-going training to child care licensing inspectors as needed to ensure proper understanding of SD immunization requirements for children.
- 2) Coordinating efforts continue with DOH to ensure the health and safety of children. Administrative rules ([ARSD](#)) [67:42:03:08](#) and [67:42:10:14](#) outline reporting requirements to DOH involving children who contract a communicable disease have been in existence for many years; however, the coronavirus pandemic has expanded the coordination between CCL and DOH. The pandemic provided an opportunity for the two agencies to develop and implement strategies to manage similar situations in the future. Child Care and DOH met weekly to monitor and coordinate efforts to support child care programs during the pandemic. As a result of this coordination effort, child care providers were able to obtain free COVID-19 *Rapid Testing* kits to utilize with symptomatic staff. In addition, free COVID-19 *Rapid Testing* kits are being made available to all child care providers interested in further supporting staff and families to utilize in the comfort of their own home.
- 3) Completing floor plan reviews to ensure the health and safety of children. CCL contracts with DOH to complete a formal floor plan review on each program seeking licensure. CCL coordinated with DOH to identify discrepancies and revise the guide for the floor plan review process which has allowed us to provide clarity for consumers.
- 4) Sharing information and services. Child Care continues to promote the use of the development screening conducted by DOH by listing information on the DSS website and includes information in child care provider and parent trainings. Information on available services such as Children's Health Insurance Program (CHIP) and, well-child checkup information is also shared with providers through the registration and licensing process.
- 5) CCS continues to oversee the implementation of the DOH funded Physical Activity and Technical Assistance (PATA) and fitCare.

vii. State/territory agency responsible for employment services/workforce development.

Describe the coordination goals, processes, and results:

The state agency responsible for employment services and workforce development is the South Dakota Department of Labor and Regulation (DLR). CCS routinely works with DLR Employment Specialists on mutual cases and in monitoring contract slot usage to ensure seamless, effective child care options are offered that meet the needs of vulnerable populations using these services. Applications for child care assistance for families participating in the TANF work program are initially completed with DLR employment specialists. The subsidy caseworker and DLR specialist work together to support the family through the CCA application process. If any additional information is needed to process the application, the DLR employment specialist can assist in obtaining the additional information. CCS provides contracts for emergency TANF child care slots. Should a contract no longer meet the family needs, DLR and CCS coordinate changes that better align with family needs such as location and transportation. CCS continues to provide training for DLR staff to answer questions, or when rule or policy changes are implemented to ensure understanding of the start dates and answer questions regarding the changes to ensure consistency of implementation as well as messaging to families utilizing both programs. The results of this program allow TANF families to access child care more efficiently.

viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals, processes, and results:

The South Dakota Department of Education is the state agency responsible for public education and houses key offices and programs that coordinate early childhood and after school services. These include the Head Start Collaboration Office, Child and Adult Care Food Program, State Liaison for Homeless Education, 21st Century Community Learning Centers, and Birth-to-Three. The majority of these programs intersect with CCS and CCL as their services are primarily offered to regulate child care programs that serve children birth through school age. The result of this coordination is to streamline and improve family access to available early childhood and school-age services which include:

1) CCS and CCL ensure child care providers are provided information about the Child and Adult Care Food programs offered through the Department of Education to all regulated family child care, day care center and before and after school programs.

2) Coordinating with the Head Start Collaboration to review and provide feedback on the revisions of the Early Learning Guidelines.

3) Early Learning Guidelines and Homeless Education information is included in training provided to child care providers.

4) CCL works with 21st Century Community Learning programs to identify programs that are required to obtain a license to operate. CCL provides support to assist the programs in becoming licensed and conduct ongoing monitoring

i. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

In the Fall of 2020, the Office of Licensing and Accreditation (OLA) was created within DSS. CCL now operates under OLA. CCS transferred to the Division of Economic Assistance with DSS and includes the child care assistance and child care quality programs. CCL is an integral part of the State Plan development and implementation process. The two offices meet routinely to share information, problem solve, and coordinate work to meet State Plan goals and requirements. CCL informs CCS who is eligible for CCDF funding through a shared database system. In the area of Health & Safety Grants, CCL coordinates efforts with CCS on the funding opportunities available to meet state licensing health and safety requirements. CCS and CCL work together to monitor the grants including ensuring programs have completed the requirements and coordinates communication to licensed and regulated child care programs. CCL gathers feedback from licensed and registered programs to inform CCS of training and support services needed to meet health and safety requirements and how to implement a quality child care program. The result of this on-going coordination is the ability to work collectively to serve child care providers, parents receiving subsidy as well as other CCDF requirements.

ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:

In the Fall of 2020, the Office of Licensing and Accreditation (OLA) was created within DSS. CCL now operates under OLA. CCS transferred to the Division of Economic Assistance with DSS and includes the child care assistance and child care quality programs. CCL is an integral part of the State Plan development and implementation process. The two offices meet routinely to share information, problem solve, and coordinate work to meet State Plan goals and requirements. CCL informs CCS who is

eligible for CCDF funding through a shared database system. In the area of Health & Safety Grants, CCL coordinates efforts with CCS on the funding opportunities available to meet state licensing health and safety requirements. CCS and CCL work together to monitor the grants including ensuring programs have completed the requirements and coordinates communication to licensed and regulated child care programs. CCL gathers feedback from licensed and registered programs to inform CCS of training and support services needed to meet health and safety requirements and how to implement a quality child care program. The result of this on-going coordination is the ability to work collectively to serve child care providers, parents receiving subsidy as well as other CCDF requirements.

[x. State/territory agency responsible for the Child and Adult Care Food Program \(CACFP\) and other relevant nutrition programs. Describe the coordination goals, processes, and results:](#)

The South Dakota Department of Education is responsible for the Child and Adult Care Food Program (CACFP). CCL and state CACFP staff and local sponsors meet quarterly to share program updates, address any areas of concern and coordinate communication about services provided. Monthly communication occurs with the State CACFP staff regarding provider registration and license issuance status changes. This work is a coordinated effort that results in assurances that all CACFP recipients are eligible for this program. Information is also shared between CCL and CACFP regarding potential child care licensing rule violations as CACFP sponsors will report concerns they may observe when conducting on-site visits into a provider home or center based program. CACFP is a benefit to registered and licensed programs, therefore, licensing specialists include CACFP information during the inquiry process as well as encourage participation during the provider application process.

[xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals, processes, and results:](#)

Child Care coordinates on an ongoing basis with the South Dakota Department of Education Title X Part C - McKinney-Vento Homeless Education Office and the SD Housing Development Authority to ensure child care services are known and accessible to the homeless population in South Dakota. As a result of this coordination The Homeless Education Director provides information and links to shelter coordinators and

Homeless Education Liaison Offices about Child Care. The information relates to licensing, child care assistance, car seats, training and technical assistance, and other child care services. The Early Childhood Self-Assessment Tool for Family Shelters, developed by the Administration for Children and Families/US Department of Health and Human Services (HHS), has been shared with the Housing for Homeless Consortium. CCS staff will continue to attend the annual state conference on homeless populations with a goal to share services and resources available that support families, including those experiencing homelessness. A representative from Child Care participates in the Youth Committee for the Consortium of Care as part of South Dakota Housing for the Homeless to share services, develop new partnerships, and coordinate new initiatives that effect youth experiencing homelessness. An additional goal for this plan period is to continue to share resources and identify ongoing training opportunities for lead agency staff, the Early Childhood Enrichment (ECE) System and child care providers.

xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals, processes, and results:

State agency responsible for TANF is located in the DSS - Division of Economic Assistance (EA). Because CCS is now housed within the Division in EA and working with many of the same families, several opportunities exist to ensure coordination of services, information, services, and input throughout the year. In addition, the EA division director is the direct supervisor to and regularly meets with the CCS Program Administrator who is the lead agency CCDF administrator. Weekly communication opportunities exist for enhancing efforts to align programs for children of all ages to the extent practicable. Through this coordination we have identified ways to better communicate information between the TANF and CCA programs, such as adding an appendix to the TANF manual related to CCS, to ensure that staff in both programs have the information available to efficiently assist mutual recipients. CCS and other EA programs including TANF are continuing to work on specific goals and efforts to enhance the state computer systems to benefit customers and improve service delivery.

xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:

i. The State agency responsible for Medicaid CHIP is located within the DSS. The State Medicaid director is located in the Division of Medical Services. Staff who determine eligibility for Medicaid and CHIP are located within the Division of Economic Assistance

(EA). EA Benefits Specialists are responsible for determinations for multiple programs including Medicaid, CHIP, Supplemental Nutrition Assistance (SNAP) and Temporary Assistance for Needy Families (TANF). Benefits Specialist assess family needs and assist in connecting those families to a variety of DSS programs, including CCS and to community resources that may assist the family. Department division directors and division staff work closely to ensure coordination of services and sharing opportunities across multiple divisions and programs. Effort is taken to align programs and processes where possible to provide a streamlined experience for our common customers. For example, the CHIP brochure is shared with all families applying for child care assistance and with Child Care providers for distribution to families. During the Pandemic CCS coordinated with Medical Services who had identified a need to promote well child visits and childhood vaccinations. As a result, a plan was developed to provide materials to child care providers through CCS to distribute to children in their care to promote these activities.

[xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:](#)

The Behavioral Health division responsible for mental health is housed within DSS. Child Care recognizes that mental health of children is an important aspect to their growth and development. The pandemic has increased or highlighted the need to support mental health and wellness of children in care. The coordinated goal includes enhancing awareness of early childhood mental health by focusing on building capacity across the State to increase accessibility to mental health services for young children. Child Care will focus on increased access to registered play therapists and build provider capacity to support children that might experience trauma including trauma experienced due to the pandemic. The result of this coordination effort has started the process to increase mental health services to child care providers in South Dakota which will result in improved care to children.

[xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals, processes, and results:](#)

CCS contracts with five agencies known as ECE programs to provide an organized system of training delivery, on-site technical assistance, and coaching to family, center, and school age providers. The result of this coordination is the ability to cohesively

support child care providers in meeting licensing requirements and facilitates continuous program quality improvement across South Dakota. The ECE programs are responsible for providing a wide variety of consumer education services to child care providers, families seeking child care or technical assistance related to children of all ages and child development, and assistance to communities in addressing early care and school age care needs. CCS coordinates with the ECE programs through monthly conference calls and in person meetings at least twice per year to develop and implement new quality initiatives and discuss provider needs and technical assistance requests. In addition to coordination within this system, CCS and the ECE programs also coordinate with other organizations that provide direct service to families and caregivers or in partnership with other ECE's or state level partners to assure services are provided seamlessly across the state. Communication will continue in this Plan period with a goal of keeping ECE's up to date with changes in an effort for them to support providers. In this Plan period, CCS and the ECE programs will coordinate all the training requirements and participant coaching offered in the QRIS to ensure accessibility in entering the system and moving through the system. CCS will schedule planning and implementation meetings throughout this Plan period. The ECE programs will also be involved in the development of the evaluation component as their staff are trained on the Environmental Rating Scales.

xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals, processes, and results:

CCS collaborates with the South Dakota School Age Care Alliance (SoDakSACA) to support the development of afterschool programs and enhance professional development for staff members in those programs. SoDakSACA, CCS, and the SD Statewide After School Network are coordinating on the development of a system to recognize quality before and after school programs. Child Care will provide state and federal updates to SoDakSACA through participation in SoDakSACA meetings and conferences. Goals for this Plan period include working together to finalize a quality initiative and supporting the initiative by recruiting programs to participate. The result of previously coordinated efforts was the identification of all licensed school age programs provided to the SD Statewide After School Network for a new referral system for parents to find accessible school age programming in South Dakota.

xvii. Agency responsible for emergency management and response. Describe the coordination goals, processes, and results:

The current Emergency Child Care Emergency Preparedness and Response Plan was shared with the Office of Emergency Management (OEM); Early Childhood Enrichment (ECE) agencies across the State; and The Child & Family Interagency workgroup to obtain input with the goal of updating the plan. The result of this work was a successfully completed updated plan and has been placed on the CCS website. A goal for this plan period is CCS and CCL will enhance the current website to provide additional resources that assist child care providers with the implementation of their emergency preparedness plans. The result of this work will streamline a consumer-friendly website to navigate.

1.4.1 Describe how the Lead Agency coordinates the provision of child care services with the following programs to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families (658E(c)(2)(O); 98.12(a); 98.14(a)).

b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.

i. State/territory/local agencies with Early Head Start - Child Care Partnership grants.

Describe

NA

ii. State/territory institutions for higher education, including community colleges

Describe

CCS has articulation agreements with five higher education institutions: South Dakota State University (SDSU), Black Hills State University (BHSU), Southeast Technical Institute, Oglala Lakota College, and Sisseton-Wahpeton College. Each of the institutions has agreed to articulate the 120 hours of training from the South Dakota Child Development Associate Training Program and 30-hr Pathways to Professional Development Series into 10 - 12 college credits. A representative from CCS serves on the Southeast Technical Institute Advisory Committee for the Early Childhood Specialist Program. The goal of this coordination is to ensure there is a clear path to higher education for the child care workforce. The result of this partnership is increased accessibility to degree seeking programs in higher education which enables providers

increased access to ongoing professional development opportunities and gain knowledge that will enable them to increase their ability to provide nurturing and responsive care. In addition, CCS contracts with SDSU to build capacity of ECE staff in a coaching model to support providers in meeting licensing requirements and as part of the SD QRIS implementation plan. The result of this coordination is to provide ECE staff with training in coaching practices to increase provider access to this support in the field.

iii. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services.

Describe

1. Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: The South Dakota Department of Human Services (DHS) Family Support 360 program offers services and supports to families of children and youth with a developmental disability. Supports are designed specifically for each family and are intended to help families stay together. A need for the availability of child care options for children with significant special needs was identified. Providing care for these children and meeting their needs requires accommodations on the providers part. Many of these accommodations are an expense for the provider. As a result of this CCS has developed a partnership with the DHS for when the need arises to assist with families whose children have special needs. These families often do not meet the eligibility requirements of the regular child care subsidy program and are experiencing special challenges in obtaining affordable child care. Families qualifying under the special service needs of the subsidy program are eligible if their income falls below 85% of the state median income and a higher rate can be authorized for provider reimbursement. DHS coordinators often assist families in applying for childcare assistance and work closely with the family and the CCS to identify the child's needs. If the family needs assistance in securing child care, the Child Care Subsidy Program Specialist works with the CCL Specialist from the OLA and the family to help identify a provider so the family can secure a child care arrangement. If special training is needed for the child care provider, the regional ECE training program can provide training and supports or refer the provider to community services that provide training in the area of need. The goal is to increase the availability of care for children with special needs. Here4Youth is a child care program in Sioux Falls, which offers services to all children while specializing in the provision of quality services to children with disabilities. The program maintains a 1:5 staff to child ratio, which helps to ensure a positive enrichment and learning environment. Here4Youth can meet the needs of children who may not be successful in other settings. Child Care works closely with these families and the child care program to

secure a higher rate of reimbursement which may be necessary to sustain the placement and ensure continuity of care.

iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

Staff from Maternal and Child Home Visitation participates on the Child & Family Workgroup with the CCDF State Administrator. During the regularly scheduled meetings coordination occurs on an ongoing basis regarding child care needs for the various areas served by the program. The program is operated in areas of high need to include the cities of Rapid City, Sioux Falls, Pine Ridge, Kyle, Huron, and the counties of Lawrence, Butte, Roberts, Day, Marshall, Lyman, Stanley, and Hughes counties. The goal of the program is improved maternal and newborn health; reduction in child abuse, neglect, normal treatment, and reduction of emergency room visits; improvements in school readiness and achievement; domestic violence awareness includes screening, referrals, and safety plans; family economic self-sufficiency; and coordination and referrals for other community resources and support. As a result of this collaboration, CCL will now participate in the state Child Death Review team if there are death cases that occur and involve a state licensed or registered child care provider. CCL involvement on this team will provide other team members additional information that was not previously shared. CCL was not previously involved in this group's work which is to further evaluate preventative measure involving the death of children.

v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

The agency responsible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is the Division of Medical Services withing DSS. Ongoing communication and coordination occur with this Division to ensure information is shared with providers related to screening, referral and access. Information about EPSDT and Medicaid programs is provided to Child Care, TANF and other families in need. Program information, brochures, and contact information are provided to families at local DSS offices statewide. Information is also mailed to parents receiving child care subsidy and follow-up phone calls made to ensure parents are aware of these services and

how to access them. The result of this collaboration is to provide an awareness of and access to families needing Early and Periodic Screening, Diagnostic and Treatment for their child(ren).

[vi. State/territory agency responsible for child welfare.](#)

[Describe](#)

The Division of Child Protection Services (CPS) is housed within DSS and is responsible for child welfare. CCL and CPS will continue collaboration to ensure all staff in regulated child care programs are screened against the Central Registry of Child Abuse and Neglect and ensure allegations of child abuse are investigated in a timely manner to keep children safe in out-of-home care. CCL and CPS will continue coordination efforts to ensure child care providers have quality training related to indicators of child abuse and neglect and reporting requirements. The results of this coordination effort has been data sharing to ensure accuracy between the two agencies with regard to child abuse and neglect investigations and number of central registry screenings conducted for employment purposes within state registered and licensed child care providers.

[vii. Provider groups or associations.](#)

[Describe](#)

CCS and CCL met with the following state and regional child care associations regarding the requirements of the CCDF State Plan. The groups and associations include: Siouxland Association of Child Care Directors (Sioux Falls area), South Dakota Association for the Education of Young Children, South Dakota School-Age Care Alliance, Family Child Care Providers of South Dakota, and the Sioux Falls Collaborative Group. Child Care will continue to keep provider groups and associations abreast of information and coordinate ways to support providers and families. Meetings will continue ongoing to ensure justification of the regulations and share implementation strategies to meet compliance. The result of collaboration with one such group is the development of a substitute staff pool program that will be housed in a state licensed program in the largest community of the state. A group of licensed child care centers came together and applied for funding to further explore this staffing option. CCL is a stakeholder on this group to ensure all federal and state child care licensing requirements are met in the development of this plan.

[viii. Parent groups or organizations.](#)

[Describe](#)

The South Dakota Parent Connection connects families caring for children/youth with the full range of disabilities or special health care needs to provide information, training, and resources. Individual assistance, workshops, printed materials, and online resources are available to families as well as professionals. A Family Resource Guide provides information on local, state, and national resources available to meet the needs of SD families raising children with disabilities and/or special health care needs. CCS is partnering with the CDC's Learn the Signs. Act Early Ambassador for South Dakota housed within SD Parent Connections to share information with child care providers. A representative from CCS serves on the South Dakota Act Early COVID-19 Response Team led by SD Parent Connections. The result of this collaboration is to ensure consistent messaging and readily available resources in multiple languages/formats (online, print, text, etc.) across ALL systems serving young children families to reach and support family engagement and resiliency around the early intervention process. In addition, staff from CCS and staff from SD Parent Connection sit on various advisory boards together where information is shared. CCS will continue to coordinate with Parent Connection staff when becoming aware of families in need of child care. The result of this collaboration is to provide training and develop resources and other support to ensure that children with special healthcare needs are successful in the child care environment.

[ix. Other.](#)

[Describe](#)

NA

[Optional Use of Combined Funds:](#)

[States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care \(658E\(c\)\(2\)\(O\)\(ii\)\). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple](#)

funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start - Child Care Partnerships:

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any required early childhood program (98.14(a)(3))?

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

Pooled together into one

b) Which funds you will combine

Title XX and CCDF

c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the

supply of child care for vulnerable populations? Note: Responses should align with the goals, processes and results describe in 1.4.1.

The goal is to allow for-profit child care centers to participate in the Child & Adult Care Food Program (CACFP). Since 1999, South Dakota has pooled Title XX funding to recognize the role proprietary providers play in serving low-income children. Section 17(a) of the National School Lunch Act, as amended, allows proprietary organizations to participate in the CACFP. Participating for-profit child care centers can be reimbursed for nutritious meals served to enrolled children of all ages. This participation on the part of the child care center enhances the nutritional value of meals served to all enrolled children and increases the availability and sustainability of quality child care to low-income families.

d) How you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?

The funding is combined at the state level to allow CACFP participation by for-profit child care programs that receive Title XX funds for at least 25 percent of enrolled children or licensed capacity (whichever is less) .

e) How are the funds tracked and method of oversight

The Department of Education, Child & Adult Nutrition Services staff monitors programs to ensure the 25 percent requirement is met. Currently 10 for-profit centers, including 12 sites, are operating in South Dakota. Monitoring visits are completed unannounced at each agency at least once every three years.

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)?

Note:

Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds.

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may

also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
 - i. If checked, identify the source of funds:
State general funds are used to meet matching fund requirements.
- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
 - i. If checked, are those funds:
 - A. Donated directly to the State?
 - B. Donated to a separate entity(ies) designated to receive private donated funds?
 - ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
NA
- d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement.

If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):

i. If the percentage is more than 10 percent of the matching fund requirement, describe how the State will coordinate its preK and child care services:

NA

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

NA

e. State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).

NA

ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

NA

iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent): NA

iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:

NA

f. The same funds are used to meet at least some of the CCDF MOE and TANF MOE requirements.

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements? NA

1.6 Public-Private Partnerships

Lead Agencies are required to describe how they encourage public-private partnerships among other public agencies, tribal organizations, private entities, faith-based organizations, businesses or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) (658E(c)(2)(P)). ACF expects these types of partnerships to leverage public and private resources to further the goals of the CCDBG Act. Lead Agencies are required to demonstrate how they encourage public-private partnerships to leverage existing child care and early education service-delivery systems and to increase the supply and quality of child care services for children younger than age 13, for example, by implementing voluntary shared service alliance models (98.14(a)(4)).

1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)) and if applicable, how those partnerships will be continued post-pandemic.

CCL and CCS serve as resource partners on the Sioux Falls Child Care Collaborative, an organization comprised of child care programs and other stakeholders in the Sioux Falls area. During the pandemic, the group met more intensively to facilitate conversations amongst providers to support each other and their needs. The group recognized the need to support families who did not have child care due to school/classroom closures caused by the pandemic. Therefore, the group created a listing of available openings and referred parents that needed substitute care. This group partnered with local businesses to ensure child care availability for front line workers. CCL assisted the group by expanding the availability of child care in an already licensed facility. The Sioux Falls Child Care Collaborative will continue to meet on a regular basis. Workforce retention and recruitment will be the focus for the future. CCL and CCS will serve as a resource partner. CCL also serves as a resource partner with Early Learners South Dakota in referring child care providers and other various representatives who may be looking for additional information on early learning opportunities in their communities. CCL and Early Learners South Dakota is also proposing to join efforts in the identification of the unregistered family day care provider population to further support the services they provide in the state.

1.7 Coordination With Local or Regional Child Care Resource and Referral Systems

Lead Agencies may use CCDF funds to establish or support a system or network of local or regional child care resource and referral (CCR&R) organizations that is coordinated, to the extent determined by the state/territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (such as a statewide CCR&R network) (658E(c)(3)(B)(iii); 98.52).

If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency:

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.
- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

Nothing in the statute or rule prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute or rule.

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use subsection 7.5 to address the services provided by the local or regional child care resource and referral agencies and the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Does the Lead Agency fund a system of local or regional CCR&R organizations?

- No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:
How are CCR&R services organized? Include how many agencies, if there is a statewide network, and if the system is coordinated:

1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children - including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122) - through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

1.8.1 Did you make any updates to the Statewide Disaster Plan since the FY 2019-2021 CCDF Plan was submitted? Please consider any updates that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)

No

Yes

If yes, describe the elements of the plan that were updated: [Click or tap here to enter text.](#)

The Statewide Child Care Disaster Plan outlines processes for mitigation, preparedness, response, and recovery efforts for the following key areas of work: planning for continuation of services to CCDF families, coordinating with emergency management agencies and key partners, regulatory requirements and technical assistance, provision of temporary child care services, and rebuilding child care after a disaster. The agency used processes outlined in the Statewide Child Care Disaster Plan during the statewide emergency due to the coronavirus pandemic. The agency made minor updates to the Plan to reflect organizational changes within the agency as well as added a few more details based upon the needs and actions that surfaced during the pandemic. The Plan already included processes to collaborate with other state agencies in a disaster or statewide emergency; however, as previously mentioned, modifications were made to reflect a few more details such as meeting weekly to coordinate response efforts and provide necessary supports when needed. Based on recent organizational and staff changes within the agency, the command and control section of the Plan was also updated.

1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.

a. The plan was developed in collaboration with the following required entities:

- i. State human services agency
- ii. State emergency management agency
- iii. State licensing agency
- iv. State health department or public health department
- v. Local and state child care resource and referral agencies
- vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body
- b. The plan includes guidelines for the continuation of child care subsidies.
- c. The plan includes guidelines for the continuation of child care services.
- d. The plan includes procedures for the coordination of post-disaster recovery of child care services.
- e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - i. Procedures for evacuation
 - ii. Procedures for relocation
 - iii. Procedures for shelter-in-place
 - iv. Procedures for communication and reunification with families
 - v. Procedures for continuity of operations
 - vi. Procedures for accommodations of infants and toddlers
 - vii. Procedures for accommodations of children with disabilities
 - viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

1.8.3 If available, provide the direct URL/website link to the website where the statewide child care disaster plan is posted:

https://dss.sd.gov/docs/childcare/blockgrant/CCS_Emergency_Preparedness_Response_Plan.pdf

2 Promote Family Engagement through Outreach and Consumer Education

Lead Agencies are required to support the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A key purpose of the CCDBG Act is to "promote involvement by parents and family members in the development of their children in child care settings" (658A(b)). Lead Agencies have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care consumer education websites.

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals, or policy issuances. See the Introduction on page 4 for more detail.

2.1 Outreach to Families With Limited English Proficiency and Persons With Disabilities

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and child care providers with disabilities in the CCDF program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available
- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

NA

2.1.2 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families with a person(s) with a disability. Check all that apply.

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities
- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

NA

2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

2.2.1 Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process:

Child Care Services (CCS) has a hotline that parents, or the public, can use to report provider complaints. The toll-free hotline is announced on the Consumer Statement letter mailed to families and is available on the CCS website. When a call is received, CCL staff complete a complaint form to ensure necessary information is obtained. The specialist completes an unannounced visit to the child care provider to address the concerns. Once a determination is made regarding non-compliance with child care registration and licensing rules, the program is notified of the outcome of the complaint visit. If non-compliance is noted, appropriate follow-up corrective action is taken to ensure compliance is obtained and maintained. All founded non-compliance is noted on the CCS website. Messages left on the Hotline are forwarded to the licensing specialist covering that area of the state as well as to the licensing supervisor. In addition, parents or the public can make a provider complaint report online via the CCS website and submit it to CCS for investigation. These complaints are forwarded to the licensing specialist covering that area of the state as well as to the licensing supervisor. The Hotline number and the complaint form are both found on the child care website at <http://dss.sd.gov/childcare/licensing/>.

2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Complaints are received via referral from another agency, by phone, in writing or through in-person contacts. All complaints received on regulated, informal, and in-home providers, including CCDF child care providers, are sent to the licensing specialist and the licensing supervisor. In general, complaints that are not related to state laws, licensing regulations or endangerment of a child, are screened out. Complaints related to child abuse and neglect are referred to CPS and that division takes the lead in these investigations, typically in collaboration with CCL when related to a child in care of a provider. Any complaints related

to regulated, informal, or in-home providers, including those eligible to receive CCDF funds, that allege non-compliance with regulations are investigated via an unannounced, onsite monitoring visit conducted by a CCL specialist. CCL policy is to complete a complaint visit within one to two weeks of receipt of the complaint or completed within one to two days if the concern is of high risk to children in care. Based on the circumstances of the complaint and information gained in the visit, some complaints are substantiated onsite, and some require discussion with the licensing supervisor after the visit, or after gathering additional information to make a determination. Depending on the complaint issue, a type of corrective action is most often implemented after a substantiated complaint to ensure increased knowledge is gained on the subject to meet compliance in the future. The licensing specialist makes unannounced follow-up visits to ensure the program has met, and maintained, compliance.

2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints. Highlight any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

All substantiated parental complaints on regulated child care programs or informal/in-home child care providers are maintained on a database, available only to CCL staff. Each complaint not received online is written up by the licensing specialist and added to that system to efficiently track the complaint process. The online system allows Child Care staff to run reports, track complaints on individual providers, etc. These records are maintained indefinitely.

2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3:

Complaints determined to be substantiated are continually posted on the Child Care website. There is a separate link on the website that posts a total number of substantiated complaints each Federal Fiscal Year. This information is updated annually. The information is also

available via hard copy by request. [Child Care Data \(sd.gov\)](http://ChildCareData.sd.gov)

2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints:

This information is available in the Child Care Licensing Manual which is not available on the DSS website. This process is in Chapter 5 pages 139-150.

2.3 Consumer Education Website

States and territories are required to provide information to parents, the general public, and when applicable, child care providers through a state website, which is consumer-friendly and easily accessible (658E(c)(2)(E)(i)(III) and 98.33 (a)). The website must include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers. The website information must also include monitoring and inspection reports for each provider, and the quality of each provider (if such information is available for the provider) (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To help families access additional information on finding child care, the website must include contact information for local child care and resource referral organizations. It must also include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the direct URL/website link to the consumer education website in 2.3.11.

Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites to be searchable, simple to navigate, written in plain language, and easy to understand.):

The Child Care website was created to be consumer friendly and easily accessible by: not using jargon or complicated references; using plain language that is easy to read and understand; the website provides detailed information about programs and processes as well as contact information; the searchable database allows multiple ways to search for a child care provider; the website describes the terms such as regulated and license exempt care (informal or in-home care), provides FAQ, and provides the results of monitoring inspections that are concise, written in language that does not include licensing jargon or terms that are not easily understood; and the full licensing inspection form is available as well as a short summary that includes all items that were not in compliance.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

The DSS website provides a toll-free number, available in 15 different languages so users who do not speak English can call for assistance. The website provides the contact information for Child Care staff. When necessary, Child Care staff contacts InterpreTalk, an interpretive service with over 150 languages, to assist customers in navigating the website or learning about the services offered. Individuals can also visit DSS offices located in 63 of 66 counties throughout the state. Interpretive services can be utilized to explain information from the website.

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

Child Care designed the website to increase access for persons with disabilities. To increase readability, the website has been developed with limited pictures or graphics, using primarily

text, so no alt tags are necessary. The background is light in color and most of the text is black that provides contrast with the light-colored background of the site. Pages are created with larger, clear titles and descriptive headings to help people navigate the site in different ways. Links are color coded for consistency. Readers can move through content at their own pace. Technical jargon is kept to a minimum. Videos are not used so subtext is not necessary. The site was not created with flashing bulletins or other distractible techniques to get people's attention. Persons with disabilities having difficulty accessing the website can call CCS toll free at 1-800-227-3020 or visit any DSS office in 63 of 66 South Dakota counties for assistance finding information or resources on the website. Contact information for TTY services is listed on the Department website.

2.3.4 Provide the specific website links to the descriptions of the Lead Agency's processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

a. Provide the direct URL/website link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2

<https://dss.sd.gov/childcare/licensing/>

b. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers, as described in subsection 5.4:

<https://dss.sd.gov/childcare/licensing/dccmonitoring.aspx>

c. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers, as described in 5.5.2.

https://dss.sd.gov/childcare/background_screening.aspx

d. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.4:

Circumstances that prohibit employment by a child care provider are found on the DSS website: https://dss.sd.gov/childcare/background_screening.aspx.

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

a. Provide the website link to the list of child care providers searchable by ZIP code:

<https://apps.sd.gov/ss45provinfo/search.aspx>

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- i. License-exempt center-based CCDF providers
- ii. License-exempt family child care (FCC) CCDF providers
- iii. License-exempt non-CCDF providers
- iv. Relative CCDF child care providers
- v. Other.

Describe

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

All Licensed Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt Non-CCDF Providers

- Contact Information

- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

Relative CCDF Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation
- Provider education and training
- Languages spoken by the caregiver
- Quality Information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

2.3.5 How does the Lead Agency post a localized list of providers searchable by zip code on its website?

The consumer education website must include a list of all licensed providers (98.33 (a)(2)). At the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt, can be included. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

d. Other information included for:

- i. All Licensed providers.

Describe

NA

- ii. License-exempt CCDF center-based providers.

Describe

NA

- iii. License-exempt CCDF family child care providers.

Describe

NA

- iv. License-exempt, non-CCDF providers.

Describe

NA

- v. Relative CCDF providers.

Describe

NA

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the individual provider.

a. What information does the Lead Agency provide on the website to determine quality ratings or other quality information?

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements

vi. School-age standards, where applicable

vii. Other.

Describe

NA

b) For what types of providers are quality ratings or other indicators of quality available?

i. Licensed CCDF providers.

Describe the quality information:

Providers may be accredited by The National Association for the Education of Young Children (NAEYC) or programs can be recognized by the Council on Accreditation Child and Youth Development Programs.

ii. Licensed non-CCDF providers.

Describe the quality information:

Providers may be accredited by The National Association for the Education of Young Children (NAEYC) or programs can be recognized by the Council on Accreditation Child and Youth Development Programs.

iii. License-exempt center-based CCDF providers.

Describe the quality information:

NA

iv. License-exempt FCC CCDF providers.

Describe the quality information:

NA

v. License-exempt non-CCDF providers.

Describe the quality information:

NA

vi. Relative child care providers.

Describe the quality information:

NA

vii. Other.

Describe

NA

2.3.7 Lead Agencies must post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services. These reports must include the results of required annual monitoring visits, and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the state does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit (e.g., by posting a blank checklist used by monitors).

The reports must be in plain language or provide a plain language summary, as defined by the state or territory, and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports.

Certify by responding to the questions below:

a. Does the Lead Agency post? (check one):

- i. Full monitoring reports that include areas of compliance and non-compliance.
- ii. Monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors). Note: This option is only allowable if the state/territory does not produce monitoring reports that include both areas of compliance and non-compliance.

If checked, provide a direct URL/website link to the website where a blank checklist is posted.

b. Check to certify that the monitoring and inspection reports and, if necessary, their plain language summaries include:

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider.

Describe how these health and safety violations are prominently displayed:

The monitoring and inspection report includes a list of each of the health and safety standards and check box that is marked to identify if the provider has met the standard or is in violation. The compliance plan prominently displays whether any death or serious injury occurred due to lack of compliance with a health or safety standard.

- Corrective action plans taken by the state and/or child care provider.

Describe:

Compliance plans include the violation that occurred, corrective action required by CCL and the date the corrective action was completed by the program.

- A minimum of 3 years of results, where available.

c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken.

i. Provide the direct URL/website link to where the reports are posted.

<https://apps.sd.gov/ss45provinfo/search.aspx>

Online Child Care Provider Monitoring and Inspections

The results of child care provider inspections are available on the Child Care Services website to assist families in making informed choices when choosing a child care provider. This site includes results from annual monitoring inspections and results from substantiated complaint inspections.

Start the process by clicking on the [searchable database link](#). Once on the searchable database site, follow instructions that outline searching for an informal provider.

- Search for a provider by type of provider, name, city, county or zip code;
- Click on the provider's name in order to enter the provider information page;
- At the bottom of the provider information page, click on *Inspection and*

Compliance Information to find the latest inspection.

ii. Describe how the Lead Agency defines timely posting of monitoring reports.

Monitoring reports are posted to the on-line system within 60 days after the inspection visit.

d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).

i. Provide the Lead Agency's definition of plain language.

Child Care defines plain language as writing that is clear, concise, and well organized.

ii. Describe how the monitoring and inspection reports or the summaries are in plain language.

Reports include headings to identify the provider, location, date of inspection, items that were not in compliance, summary of corrections to be made, completion date, as well as provider and inspector signature.

e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

All non-compliance issues are reviewed with each licensed center, registered family home, and licensed exempt informal or in-home provider before the inspector leaves the program. All four of these provider types are given a compliance plan outlining all non-compliance issues. At any time, the provider can address any inaccuracies in the inspection report with the licensing specialist and/or the licensing supervisor. Inaccuracies identified are either changed immediately or the non-compliance is justified with the provider before being posted online. If an inaccuracy is identified after the report is posted online, changes can still be made immediately once the inaccuracy is identified.

f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:

- filing the appeal
- conducting the investigation
- removal of any violations from the website determined on appeal to be unfounded.

A provider can appeal the findings of an inspection by contacting the licensing specialist by e-mail or phone and if necessary, may contact the supervisor or licensing program manager. CCL will investigate the appeal. There is no timeframe limits for providers to informally appeal the findings. CCL provides the results of the informal appeal via letter with notice of right to an administrative hearing if the provider still disagrees with the result. At that time, the provider has 30 days from receipt of the action letter to request an administrative hearing. Any changes made to an inspection report already posted on the website would be displayed on the next day of business. There is an option to change information immediately on the website if the results warranted an immediate change.

g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

Three years of inspection reports are available on the Child Care website for all regulated and informal or in-home providers. The online programming compares the inspection date to the current date. If the inspection date is outside a three-year time frame, that inspection report cannot be viewed online.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.33(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g. centers, family child care homes, and in-home care) and licensing status (i.e. licensed or license-exempt) for all eligible CCDF providers in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information should also include the total number of children regulated to be cared for by provider type and licensing status (81 FR, p. 67477), so that families can view the serious injuries, deaths, and substantiated cases of abuse data in context. The aggregate report should not include individual provider-specific information or names.

a. Certify by providing:

i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

Administrative Rule [67:42:16:09](#) requires child care providers to report all serious injuries and deaths to the department. CCL tracks the data. Providers are also required to notify CCL if they are involved with law enforcement or Child Protection Services (CPS). Providers are required to make reports related to suspected child abuse and neglect to CPS or law enforcement. All providers are made aware of this prior to becoming regulated or before providing care. The regulation is also reviewed annually with each provider. CPS maintains documentation of all abuse investigations whether investigated by CPS or law enforcement. CPS notifies CCL if there is a report of substantiated abuse or neglect of a child in a child care program. CPS provides, to CCL upon request, aggregate data of substantiated child abuse or neglect as well as deaths or serious injury occurring in a child care program.

ii. The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

Substantiated child abuse is defined as abuse to a child that is proven, or supported with proof or evidence, to have occurred. *Abused child* is defined in South Dakota Codified Law.

iii. The definition of "serious injury" used by the Lead Agency for this requirement.

Serious injury is defined as an injury that requires medical treatment to the child in care.

b. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings

- iv. the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

<https://dss.sd.gov/childcare/licensing/childcaredata.aspx>

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

Providers or the public can request information on a variety of topics from the Child Care website. Although South Dakota does not fund a CCR&R, information or training and technical assistance requests related to child development or other topics, are referred to the Early Childhood Enrichment (ECE) programs. The ECE contact information is located on the Child Care website. When non-compliance occurs with child care regulations, CCL refers these programs to the ECE to obtain training or technical assistance. If training or technical assistance is a requirement of a corrective action plan (CAP), the CAP is noted on the Compliance Plan, which is posted online. The link to the local ECE programs (R&R's) is <https://dss.sd.gov/childcare/educationalopportunities/sites.aspx>.

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information:

The Child Care website <https://dss.sd.gov/childcare/licensing/districts.aspx> provides contact information for parents, providers, and other stakeholders. The Department's website, which houses the CCS website, contains a "Contact Us" tab at the bottom of each page. There is also a link for the ECE programs for parents to contact with questions about choosing child care, child development, etc.

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

<https://dss.sd.gov/childcare/>

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

The availability of child care services is included on the Child Care Services (CCS) application, brochure, and on the Child Care website for parents, providers, and the public. All South Dakota eligible parents new to the child care assistance program are mailed a packet of written materials that include information on other financial programs the family may be eligible for including TANF, SNAP, Head Start, etc. The packet also includes

information on other topics such as choosing child care, developmental screenings, etc. A follow-up phone call is made to all these families to explain the information in the packet and how to use it. The Helpline Center in Sioux Falls was provided a copy of the resources to share with families who utilize their referral service. These resources are also available to child care providers or the general public at <https://dss.sd.gov/childcare/linksandresources/>.

2.4.2 How does the Lead Agency provide the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers? Certify by describing for each program listed below, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences. Include any partners who assist in providing this information.

a. Temporary Assistance for Needy Families program:

CCS caseworkers mail the following information to parents applying for child care assistance: brief description of services provided by the agency including TANF; web links to the applicable information; and brochures for several programs. Follow-up phone calls are also made to new families explaining the information and how to use it. The information is reciprocated when parents apply for SNAP and TANF, and when an in-person family assessment is conducted and referrals for various services are made which include child care assistance. Each DSS offices within 63 of 66 counties also have a local directory with a listing of available services including TANF. Resources and information are mailed to parents and regulated child care providers, shared with the Helpline Center (referral services) and with the ECE programs, and is available for providers and/or the public on the state website. Brochures and other information are available to view or order in a Spanish version on the DSS website

b. Head Start and Early Head Start programs:

CCS mails Head Start and Early Head Start information to parents applying for child care assistance. The information provides a brief description and web links for the Head Start and Early Head Start Programs. Follow-up phone calls are also made to these families outlining the contents of the packet and how to use the information. The

same resources and information are mailed to regulated child care providers as well as shared with the Helpline Center (referral services) and with the ECE programs. Parents and providers can also access information about Head Start through the Strong South Dakota Families website: <https://strongfamilies.sd.gov/>.

c. Low Income Home Energy Assistance Program (LIHEAP):

CCS mails Home Energy Assistance program information to parents applying for child care assistance, and to all regulated child care providers. The information includes a brief description of many services available including LIHEAP and web links to the applicable information. Follow-up phone calls are also made to these families explaining the information packet and how to use it. In this Plan period, local DSS offices will continue to make available a local directory with a listing of services in 63 of the 66 state counties. The resources and information mailed to parents, is shared with the Helpline Center (referral services) and with the ECE programs, and is available for providers and/or the public on the state website <https://dss.sd.gov/economicassistance/energyassistance/>.

d. Supplemental Nutrition Assistance Programs (SNAP) Program:

CCS mails SNAP information to parents applying for child care assistance, and to all regulated child care providers. The information includes a brief description of many services available including SNAP, web links to the applicable information as well, and brochures for several programs. Follow-up phone calls are also made to new families explaining the information packet and how to use it. The information is reciprocated when parents apply for SNAP and an in-person family assessment is conducted and referrals for various services are made which include child care assistance. In this Plan period, local DSS offices will continue to make available a local directory with a listing of services in 63 of the 66 state counties. The resources and information mailed to parents, was shared with the Helpline Center (referral services) and with the ECE programs, and is available for providers and/or the public on the state website at <https://dss.sd.gov/economicassistance/snap/>.

e. Women, Infants, and Children Program (WIC) program:

CCS mails WIC information to parents applying for child care assistance, and to all regulated child care providers. The information includes a brief description of many

services available including WIC, which is administered by the South Dakota Department of Health. Follow-up phone calls are also made to these families outlining the contents of the packets and how to use the information. The resources and information mailed to parents, is shared with the Helpline Center (referral services) and with the ECE programs, and is available for providers and/or the public on the state website at <https://sdwic.org/>

f. Child and Adult Care Food Program(CACFP):

CCS mails CACFP information to parents receiving child care assistance and to all regulated child care providers. The information includes a brief description and web links for many services including the Child and Adult Care Food Program (CACFP), which is administered by the South Dakota Department of Education. Follow-up phone calls are also made to these families outlining the contents of the packets and how to use the information. Regulated providers receive information on CACFP at initial inquiry to becoming a regulated provider. The resources and information mailed to parents, is also shared with the Helpline Center (referral services) and with the ECE programs.

g. Medicaid and Children's Health Insurance Program (CHIP):

CCS mails CHIP information to parents applying for child care assistance as well as all regulated child care providers. The information includes a brief description of many services available including CHIP, web links to applicable information as well as brochures for several programs. Follow-up phone calls are also made to these families explaining the information packet and how to use it. In this Plan period, local DSS offices will continue to make available a local directory with a listing of services in 63 of the 66 state counties. The resources and information mailed to parents, was shared with the Helpline Center(referral services) and with the ECE programs, and is available for providers and/or the public on the state website at <https://dss.sd.gov/medicaid/Eligibility/default.aspx>.

h. Programs carried out under IDEA Part B, Section 619 and Part C:

CCS mails Individuals with Disabilities Education Act (IDEA) information to parents receiving child care assistance as well as all regulated child care providers. The information includes a brief description and web links to the SD Department of

Education, the agency that carries out activities under Section 619 and Part C of the IDEA. Follow-up phone calls are also made to these families outlining the contents of the packet and how to use the information. The resources and information mailed to parents is shared with the Helpline Center (referral services) and with the ECE programs.

2.4.3 Describe how the Lead Agency makes information available to parents, providers and the general public on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity and information about successful parent and family engagement. The description should include:

- what information is provided
- how the information is provided
- how the information is tailored to a variety of audiences, including:
 - parents
 - providers
 - the general public
- any partners in providing this information

Description:

Child Care makes information about research and best practices in child development available to parents, providers and the general public in various ways including, but not limited to the following: Child Care website (<https://dss.sd.gov/childcare/>); Responsive Parenting classes, resources, health and nutrition information, etc.; Governor's Task Force on Infant Mortality (<https://forbabysakesd.com/>) via state websites; Healthy South Dakota (<https://healthysd.gov/>) which has information for parents, child care providers, and communities related to nutrition, healthy eating, and physical activity; in-person statewide parenting classes advertised through websites and newsletters; direct emails to child care providers; distribution and training surrounding the South Dakota Early Learning Guidelines

(ELG). The ELG promote all adults sharing responsibilities of supporting a child's developmental progress; training offerings through the ECE training system such as child development, family child care best practices and licensed programs best practices, and fitCare which provides a variety of activities, resources, and handouts that child care providers can use to educate children and their families on the importance of nutrition, physical activity, emotional management, and rest.

2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include

- what information is provided,
- how the information is provided, and
- how information is tailored to a variety of audiences, and
- include any partners in providing this information.

Description:

The Child Care policies related to social emotional and behavioral issues and early childhood mental health of young children are shared with providers through the Child Care Licensing Policy Handbooks and posted on the Child Care website for providers, families and the general public. Per the Child Care Suspension and Expulsion Policy, child care providers are expected to contact their regional ECE program for support and resources in working with a child exhibiting a challenging behavior.

A variety of social-emotional/behavioral tools are available to families with children in child care and child care providers through training and technical assistance through the ECE program. All providers have opportunities for continuous professional development through

training, coursework, coaching and mentoring that promotes social-emotional and behavioral development. This includes training in temperament, guidance, and family engagement. Information on parent and provider training and technical assistance is available on the Child Care website. In response to the COVID-19 pandemic, CCS plans to purchase a variety of children's books that promote the social and emotional health for young children to provide to child care programs. CCS also plans to host social and emotional training to assist child care providers in developing strategies to support children and families social and emotional wellness in their programs and communities.

The South Dakota ELG for children birth to age 5 include a separate Social and Emotional Development domain which includes information on specific strategies that anyone working with children in this age group can use to promote development in this area. The ELG are posted on the CCS website. A partnership with a Community Mental Health agency in Rapid City has resulted in greater accessibility for providers and the families they serve to mental health consultation specific to the child care setting. Licensing specialists refer providers or parents to the ECE to connect to this service. The Bright Start Responsive Parenting Series is available statewide to parents with children birth to age three. During the training, parents learn about topics such as social-emotional growth, early brain development, temperament, and guidance. Infant - toddler and inclusion specialists are available throughout the state to provide technical assistance to programs on these topics. Additional resources on various subjects such as biting, getting along with others, toilet learning, temperament, etc. can also be shared with parents through this process. South Dakota Parent Connection and CCS work together to share free resources, website information, and relevant tips for parents or providers for working with children who have challenging behaviors.

2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

The Child Care policy to prevent expulsion and suspension in child care settings, including all providers receiving CCDF funding, includes the expectation that child care providers

utilize the support, training and technical assistance offered through the ECE programs to gain knowledge and practice in working with challenging child behaviors so these children can remain in care. The policy information is mailed to all regulated providers, is shared during provider webinars and trainings is included in all regulated, informal and in-home provider handbooks, and posted on the Child Care Website at:

https://dss.sd.gov/docs/childcare/educational_opportunities/Expulsion_Policy.pdf. This link is also available for parents under the parent's resource page at: [Child Care Links and Resources \(sd.gov\)](#)

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

- a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

CCS partners with organizations that work with families, such as the Helpline Center, DSS Medical Services and South Dakota Parent Connection, to identify and share screening resources. The Helpline Center provides information to parents on developmental screening opportunities upon request and includes a website link to available developmental screening opportunities when providing child care referral information following a phone call with a family. South Dakota Parent Connection, an organization that partners to share disability resources including information from the CDC *Learn the Signs, Act Early* campaign, shares screening information and resources as well as tips for accessing the resources for parents and providers including how to inquire about or request services, and how to approach the subject of screening with a parent. Screening resource information is also mailed to families new to the child care assistance program via hard copy mailing. These entities reach parents with specific needs and provide resources for the age of child in need. Families on child care assistance are mailed information on developmental screenings which is developed in a specific way that prevents an overload of reading material, by providing a short description of the topic with a link to the website for more information. Follow-up calls are made to each family to reiterate the resources mailed and how to use the information to access services. Child care providers were mailed a list of resources to support families in their program find services they need, including developmental screenings. The information is also available to providers and the general public through the CCS website at <https://dss.sd.gov/childcare/linksandresources/>. The DSS website provides various language options and adaptations to further assist people with disabilities in accessing this information. Information regarding accessible developmental screening opportunities for child care providers is included within a variety of training and technical assistance opportunities provided by the ECE System.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). CCS caseworkers provide basic technical assistance to the individuals inquiring about service-related programs under Medicaid. Referrals are made based on input from the individual as to the needs of the specific child. New families and providers are mailed information about the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

program under the Medicaid program. Contact information for that program is provided, or the individual can stop in at any of the 63 DSS offices located across the state. Written screening resources are disseminated to families applying for the child care assistance program via hard copy mailing and follow-up calls are made to clarify resources and how to access them. Screening information is available to providers and the general public through the CCS website at <https://dss.sd.gov/childcare/linksandresources/>.

If a parent or child care provider suspects a child may have development issues or delays, CCS, the ECE program, or the Helpline Center provides resources and contact information for the appropriate resources or services. If working with a parent, a referral to an ECE or screening entity can also be made if requested.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

Written information on developmental screenings is mailed to families applying for child care assistance. The information mailed to families is also available to providers or the general public on the Child Care website at: <https://dss.sd.gov/childcare/linksandresources/>. CCS conducts follow-up calls to families regarding the information they received to clarify what is in the packet, answer questions, and ensure they know how to access any of the information. For additional service needs that are brought up in conversations with the caseworkers, parents are referred to the ECE program or Parent Connection to consult with local screenings services to meet the family's needs

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

South Dakota's EPSDT program is available to any child served on Medicaid or CHIP. Other developmental screening programs available to families are also included on a flyer provided to each eligible family. 1) Children of American Indian heritage are eligible for Indian Health Service screenings, as well as the state's screening services. 2) Children on the WIC program may also participate in screenings through the county nurse clinics and may also be referred to the Department of Health's Newborn Hearing Screening Program and Newborn Metabolic Screening Programs. 3) The Department of

Education's Birth to Three program works with families in their local communities and refers children birth to age three to the school for developmental screenings. Annually, the 'Child Find' program provides an opportunity for families to have their child screened and referred, if needed. 4) South Dakota school districts also sponsor 'kindergarten round-ups' for the purpose of developmental screening for children getting ready to enter school. 5) The State's 16 Head Start and 9 Early Head Start grantees also provide developmental screening for children in their programs. Parent Connection shares information regarding available services and how to access those services with parents and tips for providers in approaching the subject matter with parents in their programs. The Helpline Center provides information about accessing developmental screening as requested during calls with families seeking child care referrals.

e) [How child care providers receive this information through training and professional development.](#)

Information on accessing developmental screenings is provided to child care providers through a variety of regional training opportunities offered by the ECE System. Available statewide training offerings such as the SD Orientation to Child Care course, the South Dakota Child Development Associate (SD CDA) Training Program and the Infant and Toddler Entry Level series. Referrals to local developmental screening opportunities including South Dakota's EPSDT Program, Birth to Three, and vision and hearing screenings are also made upon request from child care programs.

f) [Provide the citation for this policy and procedure related to providing information on developmental screenings.](#)

Subsidy Caseworker Desk Guide page 25 This guide is not available on the CCS website and is used internally by CCS subsidy staff.

The Family Child Care Policy Handbook Section 4 [Family Child Care Provider Policy Handbook \(sd.gov\)](#) pg. 80

Licensing Policy Handbook Section 4 or [The Licensing Handbook \(sd.gov\)](#) pg. 93

Child Care Services website at [Child Care Links and Resources \(sd.gov\)](#).

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

2.6.1 Certify by describing:

a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected.

The caseworker mails a statement via hard copy or via email to new families who have applied for assistance and to families reporting a change in provider.

b. Certify by checking below the specific information provided to families either in hard copy or electronically. Note: The consumer statement must include the eight requirements listed in the table below.

- Health and safety requirements met by the provider
- Licensing or regulatory requirements met by the provider
- Date the provider was last inspected
- Any history of violations of these requirements
- Any voluntary quality standards met by the provider
- How CCDF subsidies are designed to promote equal access
- How to submit a complaint through the hotline
- How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

c. Provide a link to a sample consumer statement or a description if a link is not available.

The Consumer Statement mailed via letter to parents includes the purpose of the child care subsidy program, their provider's name, type of provider they represent, and the provider number. The parent is directed to the CCS website at <https://dss.sd.gov/childcare/> to learn more about the provider they have chosen including: regulation requirements met by the provider; health and safety standards met; any quality standards met; date of last inspection; inspection results including any violations; and any information the provider chooses to include about hours of operation and available openings. The letter outlines the process for making a complaint should they have concerns about a provider, contact information for the ECE programs, and contact information for the licensing specialists.

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination period, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of no fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. In addition, the Lead Agency is also required to describe procedures for the enrollment of children experiencing homelessness and, if applicable, children in foster care.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the

child care payment.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

3.1 Eligible Children and Families

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)); 98.20(a).

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 0

(weeks/months/years)

through 12

years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))

No

Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: Child Care Services defines mental or physical incapacity as a child who is physically or mentally incapable of caring for him or herself, or is under court supervision.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

No.

Yes

and the upper age is 18

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

i. "residing with":

Living in a particular household the majority of the time, in any given month.

ii. "in loco parentis":

An individual 18 years of age or older who is neither the child's parent or guardian nor residing with the child's parent or guardian, but who has a signed statement from the child's parent or guardian giving the individual authority to exercise parental control of the child by the court through guardianship.

3.1.2 Eligibility criteria: Reason for care

a. How does the Lead Agency define the following terms for the purposes of determining CCDF eligibility?

i. Define what is accepted as "Working" (including activities and any hour requirements):

Employed a minimum of 80 hours per month with a salary equivalent to the federal minimum wage per hour or meeting TANF work requirements.

ii. Define what is accepted as "Job training" (including activities and any hour requirements):

Any type of job training that is full or part-time and is at least 80 hours per month for non-TANF families. TANF or Medicaid families are required to meet the training requirements set forth by the respective agency.

iii. Define what is accepted as "Education" (including activities and any hour requirements):

Any type of formal education program, full or part-time, and at least 80 hours per month for non-TANF families. Full-time and part-time is as defined by the institution when applicable. If a TANF family or non-TANF family meets the work requirements and would like assistance for attendance at school, child care benefits will be provided. The work requirement for non-TANF families is waived for students enrolled in and physically attending a full-time program of study or training leading to a G.E.D., or a high school diploma. If in school, client must be attending 80 hours of actual class time a month. If the client is working and attending school, the combination of actual work and school hours must be a minimum of 80 hours a month. If attending a college, university, or technical institute a minimum of 12 semester credit hours, the recipient is meeting the minimum program requirements.

iv. Define what is accepted as "Attending" (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework):

Job Training is defined as any type of job training that is full or part-time and is at least 80 hours per month or any type of formal education program, full or part-time, and at least 80 hours per month for non-TANF families. Full-time and part-time is as defined by the institution when applicable. TANF families are required to meet the training requirements set forth by TANF criteria. CCS allows hours of assistance based on the hours parents are participating in job training or educational programs. Supplemental hours including travel time are calculated at 25% of the total weekly hours of employment, job training, or education. In addition to supplemental hours parents participating in education are allowed 10 hours of between class times. Supplemental hours are calculated at 30% of a parent's total weekly hours (employment, training, or school) for school-aged children. School-age children are also allowed 35

hours/month of vacation/in-service hours.

3.1.2 Eligibility criteria: Reason for care

b. Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training without additional work requirements?

Yes

No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

c. Does the Lead Agency provide child care to children who receive, or need to receive protective services?

No.

Yes. If yes:

i. Provide the Lead Agency's definition of "protective services":

Protective Services is defined as any legal action designed to protect the health and safety of a child. This includes foster care and respite child care. Respite care is available for children in protective services and is only for short, temporary periods of time. CPS or the court determines and verifies protective service cases.

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in

which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?

No

Yes

iv. Does the Lead Agency waive the eligible activity (e.g., work, job training, education, etc.) requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

No

Yes

v. Does the Lead Agency provide respite care to custodial parents of children in protective services?

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

Note: The questions in 3.1.3 relate to initial determination. Redetermination is addressed in 3.1.8 and 3.2.5.

a. How does the Lead Agency define "income" for the purposes of eligibility at the point of initial determination?

There are two categories of income, earned and unearned. Earned income is defined as income in cash or in-kind, before deductions, earned by an applicant or other adult household member counted for work purposes. Countable earned income includes wages, salaries, commissions, tips, work study, military pay, vacation or sick pay, rental income from a boarder, and self-employment. Unearned income is money received for which a person does not perform a service. Countable unearned income includes pensions, Veterans Administration (VA) benefits, alimony, child support received, retirement, Social Security, interest income, periodic and lease income, worker compensation, unemployment benefits, TANF, inheritance, and monetary gifts. Non-countable income includes tax refunds, Earned Income Tax Credit, work expense reimbursement, and Supplemental Security Income (SSI)-Disability.

b. Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) only if the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. If the income eligibility limits are not statewide, please complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children) and respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	\$3,845	\$3,268	\$2,243	58%
2	\$5,028	\$4,273	\$3,035	60%
3	\$6,210	\$5,279	\$3,825	62%
4	\$7,393	\$6,284	\$4,615	62%
5	\$8,576	\$7,290	\$5,407	63%

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

NA

d. SMI source and year. FFY22

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021?utm_medium=rss.

e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b.

Minnehaha County

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 3.1.2021

g. Provide the citation or link, if available, for the income eligibility limits.

<https://dss.sd.gov/childcare/childcareassistance/eligible.aspx>

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

The SD Child Care Assistance applications include a question inquiring whether family assets exceed \$1,000,000. The parent self declares and signs the application verifying the information on the application to be true.

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes.

If yes, describe the policy or procedure and provide citation:

NA

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency (98.20(b)) during:

a. eligibility determination.

CCS requires parents to cooperate with the Division of Child Support in opening and maintaining an active enforcement case for all children in the home as a condition of eligibility for assistance. Good cause reasons are acknowledged. South Dakota does not currently have a waiting list, so all families are currently served, and all applications are processed within 10 days. For TANF recipients, CCS has developed a simplified application process, which allows employment specialists to request child care hours to

fit the applicant's needs within child care guidelines. This reduces the need for the CCS caseworker to request additional documentation, allowing for expedited processing in many cases. TANF applications are printed on colored paper to make them more prominent, and one caseworker processes all TANF applications. Foster parent applications are also simplified and printed on colored paper to make them easier to identify. Foster families are allowed to self-declare work or provide school schedules. If the application from a family experiencing homelessness is missing any of the required verifiable documents, the caseworker will attempt to contact the appropriate entities to obtain the information. If the verifications are made, a 12-month certificate is issued within 10 days of receipt of the application. If the information cannot be verified within 2 working days, eligibility will be determined based on the information provided on the application and a 30-day certificate will be issued, allowing the recipient additional time to provide the required documentation. Upon receipt of the required documentation the certificate is extended to 12-months. If the family is determined to be ineligible upon receipt of documentation, the case is closed, and the family is sent notification of closure. There is no overpayment considered in these cases of families experiencing homelessness.

b. eligibility redetermination.

The same conditions apply at redetermination as an initial eligibility determination. The only exception is for a family reapplying, whose income now exceeds the first-tier eligibility limit who will be considered to receive the 12-month graduated phase out so long as their income does not exceed 85% State Median Income.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.

Describe:

Caseworkers are centrally located. ECE programs and licensing specialists in the field are knowledgeable about the communities they serve and the resources available in those communities. For this reason, parent referrals are made to these entities to share local resources that would be more pertinent to families. Resources that are more helpful to families promote the continuity of care of the child.

3.1.7 Fluctuation in earnings.

Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

- Average the family's earnings over a period of time (i.e. 12 months).
- Request earning statements that are most representative of the family's monthly income.
- Deduct temporary or irregular increases in wages from the family's standard income level.

Other.

Describe:

NA

3.1.8 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Lead Agencies should note that there are no federal requirements for specific documentation or verification procedures. Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe, at a minimum, what information is required and how often. Check all that apply.

Applicant identity.

Required at Initial Determination

Required at Redetermination

Describe:

Applicant self-declares their identity at the time of initial application and that is verified through access to other Department of Social Services programs such as SNAP, Medical assistance or TANF program and Division of Child Support. If no verifiable information is available, the applicant is required to provide additional verifications such as a birth certificate, Social Security card, driver license or identification card.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

Applicants self-declare their relationship to the child on each application and that is verified through access to other services provided by the Department of Social Services. If no verifiable information is available at the time of initial application, the applicant is required to provide additional verifications such as a birth certificate or a court document.

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Required at Initial Determination

Required at Redetermination

Describe:

At initial application, the child's information for determining eligibility is self-declared by the applicant and verified through access to other Department of Social Services programs such as Economic Assistance, TANF, and Child Support. If no verifiable information is available, the applicant is required to provide additional verifications for the children such as a birth certificate or a court document. Copies of immigration documents for all resident alien children are required.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

Paystubs, a wage verification completed by the employer, or in self-employment situations a tax return is required to verify work or job training. This is required at eligibility determination and redetermination.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

An official copy of the recipient's school schedule is required to verify an educational program. Job training is verified through the agency providing the training. This is required at eligibility determination and redetermination

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Copies of pay stubs, tax returns, wage verifications and child support received or paid out are required to verify income. If other unearned countable income sources exist

verification is required. This is required at eligibility determination and redetermination.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Applicants self-declare household composition on the application and is verified through access to other Department of Social Services programs such as SNAP, TANF, or Medical assistance programs and Division of Child Support.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

Applicant self-declares residency on the application and is verified through employer information or through access to other Department of Social Services programs such as SNAP, TANF, or Medical assistance programs and Division of Child Support.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

NA

3.1.9 Which strategies, if any, will the Lead Agency use to ensure the timeliness of eligibility determinations upon receipt of applications? Check all that apply.

Time limit for making eligibility determinations

Describe length of time:

CCS shall determine eligibility for child care services within ten working days after receiving a completed application.

Track and monitor the eligibility determination process

Other.

Describe:

NA

None

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

3.1.10 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a. Identify the TANF agency that established these criteria or definitions: The Department of Social Services, Division of Economic Assistance houses the TANF program that establishes criteria or definitions.

b. Provide the following definitions established by the TANF agency:

i. "Appropriate child care":

Appropriate child care is defined as the provision of care that meets minimal health and safety standards and the developmental needs of children.

ii. "Reasonable distance":

The child care provider is located in close enough proximity to the parent home or workplace to allow children to be transported without risk of harm.

iii. "Unsuitability of informal child care":

The provision of informal care is determined unsuitable when the health and safety or developmental needs of children are at risk.

iv. "Affordable child care arrangements":

Affordable child care arrangements ensure equal access can be maintained without undue financial hardship to the family.

c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

- i. In writing
- ii. Verbally
- iii. Other.

Describe:

When the parent meets with their employment specialist, an assessment is completed with the recipient in order to identify any barriers to employment such as child care. A Personal Responsibility Plan is then developed with the recipient, focusing on steps to address barriers, focus on goals and attain gainful employment. A Personal Responsibility Agreement is also completed at this time. The Agreement addresses the Rights and Responsibilities of both the employment specialist and the recipient and penalties for failing to comply with the Personal Responsibility Plan, as well as what constitutes good cause for not following through on the Personal Responsibility Plan. These good cause reasons are cited in Administrative rule of South Dakota ARSD 67:10:06:25 and reads as follows: "The department may determine that good cause exists for an individual's noncompliance with the personal responsibility agreement or the personal

responsibility plan if any of the following situations occur: (1) The individual is a single custodial parent caring for a child under six years of age and is able to prove the unavailability of child care because of distance; the unavailability or unsuitability of child care by a relative; or the unavailability of appropriate and affordable child care."

d. Provide the citation for the TANF policy or procedure:

The citation is found in [ARSD 67:10:06:25 \(1\)](#)

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. Question 3.2.5 addresses co-payments during the graduated phase-out period.

3.2.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

a. Complete the chart based on the most populous area of the state or territory (defined as the area serving the highest number of CCDF children, aligned to the response provided in 3.1.3 e).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier	What is the monthly co-payment for a	What percentage of	Highest initial or First Tier	What is the monthly co-payment for a	What percentage of

	(a)	(b)	(c)	(d)	(e)	(f)
	Income Level where family is first charged co-pay (greater than \$0)	family of this size based on the income level in (a)?	income is this co-payment in (b)?	Income Level before a family is no longer eligible.	family of this size based on the income level in (d)?	income is this co-payment in (d)?
1	\$1,718	\$1	<1%	\$2,243	\$262	12%
2	\$2,324	\$1	<1%	\$3,035	\$356	12%
3	\$2,929	\$1	<1%	\$3,825	\$448	12%
4	\$3,534	\$1	<1%	\$4,615	\$541	12%
5	\$4,140	\$1	<1%	\$5,407	\$634	12%

b. If the sliding-fee scale is not statewide (i.e., county-administered states):

i. N/A. Sliding fee scale is statewide

ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.

Minnehaha County

iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

NA

c. What is the effective date of the sliding-fee scale(s)? 03/01/2021

d. Provide the link(s) to the sliding-fee scale:

https://dss.sd.gov/docs/childcare/assistance/Sliding_Fee_Scale.pdf

3.2.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply under a. or b.

a. The fee is a dollar amount and (check all that apply):

i. The fee is per child, with the same fee for each child.

ii. The fee is per child and is discounted for two or more children.

- iii. The fee is per child up to a maximum per family.
- iv. No additional fee is charged after certain number of children.
- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

NA

- vii. Other.

Describe:

NA

- b. The fee is a percent of income and (check all that apply):

- i. The fee is per child, with the same percentage applied for each child.
- ii. The fee is per child, and a discounted percentage is applied for two or more children.
- iii. The fee is per child up to a maximum per family.
- iv. No additional percentage is charged after certain number of children.
- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

NA

- vii. Other.

Describe:

NA

3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

No.

Yes, check and describe those additional factors below.

a. Number of hours the child is in care.

Describe:

NA

b. Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

NA

c. Other.

Describe:

NA

3.2.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

No, the Lead Agency does not waive family contributions/co-payments.

Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.

a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

Co-payments are waived for low-income families at or below 160% of the Federal Poverty Level. Child Care Subsidy Policy Manual Section 9, Page 17 Child Care Subsidy Policy Manual Section 9,

https://dss.sd.gov/docs/childcare/assistance/Subsidy_Manual.pdf

- b. Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

Co-payments are waived for foster families and the foster family income is not considered as part of the eligibility determination. [ARSD 67:47:01:05](#)

- c. Families meeting other criteria established by the Lead Agency. Describe the policy.

Co-payments are waived for families participating in 0+TANF, relative caregivers, and Foster/Adopt families. Citation is the Child Care Subsidy Policy Manual, Section 15 and Section 20 at

https://dss.sd.gov/docs/childcare/assistance/Subsidy_Manual.pdf.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

3.2.5 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

Lead Agencies that provide a graduated phase-out must implement a two-tiered eligibility threshold, with the second tier of eligibility (used at the time of eligibility redetermination) to be set at:

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Lead Agencies that establish initial family income eligibility below 85 percent of state median income (SMI) are required to provide a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income (98.21 (b)(1)). Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

a. Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period. (If checked, skip to subsection 3.3)

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program. If at redetermination a family's income exceeds 209% of FPL but does not exceed 85 SMI, the family will receive assistance at the same level through the phase out period of 12 months.

B. Provide the citation for this policy or procedure.

Child Care Subsidy Policy Manual Section3.

https://dss.sd.gov/docs/childcare/assistance/Subsidy_Manual.pdf

- The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

A. Provide the income level for the second tier of eligibility for a family of three:

NA

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:

NA

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

NA

3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

NA

4. Provide the citation for this policy or procedure related to the second eligibility threshold:

NA

3.2.5 b. To help families transition from assistance, does the Lead Agency gradually adjust co-payments for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copayments for families under a graduated phase-out.

NA

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.4.3 of the plan.)*

No.

Yes.

Describe:

NA

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

Children with special needs is defined as a child under the age of 19 and physically or mentally incapable of self-care (as verified by a physician, physician's assistant, nurse practitioner, psychologist, psychiatric social worker, special education teacher, physical or occupational therapist, or social worker) or who is under court supervision. Currently, all eligible families are served in South Dakota, with no waiting list. Applications that

include a child with special needs are prioritized by being evaluated promptly as they are received. An overall higher rate is allowed for providers caring for children with special needs requiring additional care. A special rate can be negotiated depending on the need which allows for a 20% income disregard and consideration of income at a maximum of 85% of the SMI. If South Dakota implements a waiting list, applicants of children with special needs also receive priority for service per [ARSD 67:47:01:29](#). "If the department does not have sufficient funding to add an applicant eligible for child care assistance to the program, the department shall place the eligible applicant on a waiting list. An applicant must meet all eligibility requirements in order to be placed on the waiting list. If a waiting list is developed, the department shall assign a level of priority. The first level of priority status consists of: 1) TANF recipients; 2) Applicants with children who have special needs; 3) Applicants who meet the definition of homeless; and 4) Applicants with children who will be receiving or need to receive protective services." Within the first level of priority, eligibility is prioritized by the date the completed application is received. A change in an applicant's circumstances may warrant a change in an applicant's level of priority on the waiting list. If an applicant on the waiting list no longer meets eligibility requirements, the applicant shall be removed from the waiting list.

b) "Families with very low incomes":

Families with very low incomes are defined as income below 100% of FPL. Currently, all eligible families are served in South Dakota, with no waiting list. Applications from a family with very low income are prioritized by being evaluated promptly as they are received. If South Dakota implements a waiting list, applicants whose monthly gross income falls below 209% FPL will be prioritized by income in ascending order, lowest to highest of FPL and by the date of application. The co-payment is waived for families with income at or below 160% of the FPL.

3.3.2 Identify how the Lead Agency will prioritize or target child care services for the following children and families:

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

a) Indicate how the identified populations are prioritized or targeted.

i. Indicate how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

ii. Indicate how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iii. Indicate how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care
- Using grants or contracts to reserve spots

iv. Indicate how services are prioritized, for families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- Prioritize for enrollment in child care services
- Serve without placing on waiting list
- Waive co-payments (on a case-by-case basis). As described in 3.2.4
- Pay higher rate for access to higher quality care

Using grants or contracts to reserve spots

b. If applicable, identify and describe any other ways the identified populations in the table above are prioritized or targeted.

NA

3.3.3 List and define any other priority groups established by the Lead Agency.

NA

3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

NA

3.3.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and technical assistance to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

Providers who enroll a family who does not have access to all documentation at the time of application will be provided a grace period of 10 days to obtain the documents. CCS works with child care providers, sharing resources for obtaining the necessary information including using the South Dakota Immunization Information System (SDIIS) to obtain immunization records; other DSS agencies, etc.

b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations
- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- iv. Other

NA

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.3.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:

Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

i. Children experiencing homelessness (as defined by Lead Agency's CCDF)

Children from a family experiencing homelessness are offered a grace period to comply with immunization and other health and safety requirements. In SD, a two-week timeframe is set in policy from the date of enrollment for obtaining immunization records, but the licensing specialist and child care provider work with the family to obtain the information needed even if it takes longer than two weeks. Child care

providers are required to notify the licensing specialist if additional time is needed. An immunization record is required for all children, these situations are simply allowed extra time to obtain the information if needed. Resources such as the SDIIS, a database of immunization records in South Dakota, are used to assist families in obtaining this information. Personnel from the South Dakota Department of Health concurred with this time frame for the grace period policy .

[Provide the citation for this policy and procedure.](#)

[Licensing Policy Handbook](#) Section 2 pg 25;

[Family Child Care Policy Handbook](#), Section 1 pg. 22

[ii. Children who are in foster care.](#)

Families with a child in a foster care placement are offered a grace period to comply with immunization and other health and safety requirements when enrolling the foster child in a child care program. In SD, a two-week timeframe is set from the date of enrollment for obtaining immunization records, but the licensing specialist and provider work with the foster family to obtain what is needed even if it takes longer than two weeks. Child care providers are required to notify the licensing specialist if additional time is needed. An immunization record is required for all children enrolled in a regulated child care program; a grace period is implemented simply to allow a little extra time to obtain the information if needed. Resources such as the SDIIS are used to assist families to obtain this information. Personnel from the South Dakota Department of Health concurred with the time frame for this grace period policy.

[Provide the citation for this policy and procedure.](#)

[Licensing Policy Handbook Section 2](#); and [Family Child Care Policy Handbook, Section 1](#)

[b\) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements \(98.41\(a\)\(1\)\(i\)\(C\)\(4\)\).](#)

Program directors were notified that extra time can be allotted for obtaining required documentation for families who are homeless or children in foster care. Licensing staff in collaboration with Department of Health staff, work with child care providers and families

to obtain information from local clinics or through the SDIIS, an online immunization database. Licensing specialists also share other resources available to support families in meeting enrollment requirements.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No.

Yes.

Describe:

NA

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period:

regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI), regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)). The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the minimum 12-month

eligibility period (except as described in 3.1.1) any changes in residency within the state, territory, or tribal service area

a. Describe the Lead Agency's policies and procedures related to providing a minimum 12-month eligibility period at initial eligibility determination and redetermination and provide a citation for these policies or procedures.

When certificates are issued to eligible families, they are not adjusted if the family experiences a temporary change during the 12-month period. An exception to this is when a temporary change benefits the family by reducing their co-payment or increasing their need for child care. In this circumstance, a current certificate will be adjusted within that 12-month eligibility period when the change will benefit the family by reducing their co-payment or increasing their need for care. If their income is over 85% of the State Median Income, the family will not be eligible for the program. Subsidy Policy Manual Sections 9 page 17 and section 10 pages 18-19

https://dss.sd.gov/docs/childcare/assistance/Subsidy_Manual.pdf

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period

b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

- i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.

Describe or define your Lead Agency's policy:

Temporary changes include any time limited absences from employment or school due to maternity leave, extended medical leave, absence for care of a family member, changes in seasonal work schedule, or if a parent is enrolled in an educational program and is temporarily not attending due to semester or holiday breaks. This can also include a reduction in work, training or education hours, as long as the parent is still working or attending training or education, or any other cessation of work or attendance at a training or educational program that does not exceed three months.

Citation:

[Child Care Subsidy Policy Manual Section 10](#) pages 18-19

- ii. Any interruption in work for a seasonal worker who is not working.

Describe or define your Lead Agency's policy:

Temporary changes include any time limited absences from employment or school due to maternity leave, extended medical leave, absence for care of a family member, changes in seasonal work schedule, or if a parent is enrolled in an educational program and is temporarily not attending due to semester or holiday breaks. This can also include a reduction in work, training or education hours, as long as the parent is still working or attending training or education, or any other cessation of work or attendance at a training or educational program that does not exceed three months.

Citation:

[Child Care Subsidy Policy Manual Section 10](#) pages 18-19

- iii. Any student holiday or break for a parent participating in a training or educational program.

Describe or define your Lead Agency's policy:

Temporary changes include any time limited absences from employment or school due to maternity leave, extended medical leave, absence for care of a family member, changes in seasonal work schedule, or if a parent is enrolled in an educational program and is temporarily not attending due to semester or holiday breaks. This can also include a reduction in work, training or education hours, as long as the parent is still working or attending training or education, or any other cessation of work or attendance at a training or educational program that does not exceed three months.

Citation:

[Child Care Subsidy Policy Manual Section 10](#) pages 18-19

- iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.

[Describe or define your Lead Agency's policy:](#)

Temporary changes include any time limited absences from employment or school due to maternity leave, extended medical leave, absence for care of a family member, changes in seasonal work schedule, or if a parent is enrolled in an educational program and is temporarily not attending due to semester or holiday breaks. This can also include a reduction in work, training or education hours, as long as the parent is still working or attending training or education, or any other cessation of work or attendance at a training or educational program that does not exceed three months.

[Citation:](#)

[Child Care Subsidy Policy Manual Section 10](#) pages 18-19

- v. [Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency.](#)

[Describe or define your Lead Agency's policy:](#)

Temporary changes include any time limited absences from employment or school due to maternity leave, extended medical leave, absence for care of a family member, changes in seasonal work schedule, or if a parent is enrolled in an educational program and is temporarily not attending due to semester or holiday breaks. This can also include a reduction in work, training or education hours, as long as the parent is still working or attending training or education, or any other cessation of work or attendance at a training or educational program that does not exceed three months.

[Citation:](#)

[Child Care Subsidy Policy Manual Section 10](#) pages 18-19

- vi. [A child turning 13 years old during the minimum 12-month eligibility period \(except as described in 3.1.1\).](#)

[Describe or define your Lead Agency's policy:](#)

Children eligible for assistance- Applicants must have a child or children that meet the following requirements: The child is under age 13 or turned 13 during the current CCA eligibility period.

Citation:

[Child Care Subsidy Policy Manual Section 3](#) page 6

- vii. Any changes in residency within the state, territory, or tribal service area.

Describe or define your Lead Agency's policy:

Child care assistance shall only be available to those applicants residing within the state of South Dakota. Moving within the State is considered a temporary change.

Citation:

[Child Care Subsidy Policy Manual Section 3](#) page 5

- c. Provide any other elements included in the state's definition of "temporary change", including those implemented during the pandemic, and provide the citation.

NA

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

- a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)

3.4.2 Continuing assistance for "job search" and a Lead Agency's option to discontinue assistance during the minimum 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity.

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of state median income (SMI), assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

No.

Yes.

If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

Parents are required to report permanent, non-temporary changes in work, school, or eligible activities such as TANF participation. When a change is reported it is evaluated to ensure it meets the definition of a permanent change. If so, a 3-month job search is implemented on the date the permanent, non-temporary change occurs. If at the end of the 3-month job search, the parent is not participating in qualifying employment, school, or TANF activity, assistance is discontinued.

ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:

A permanent change in employment or school triggers the job search period. Permanent changes are defined as a job quit or termination, job ending due to the closure of a business, graduation from an educational or training program, or no longer participating in a TANF activity. During the 3-month job search, the level of the family's subsidy is not reduced. If at the end of the three months the parent is participating in qualifying work, school, or a TANF activity, the assistance continues until the next scheduled redetermination period.

iii. How long is the job-search period (must be at least 3 months)?

The job search period is a maximum of 3 months from the last day of employment.

iv. Provide the citation for this policy or procedure.

Child Care Subsidy Policy Manual, Section 10 pages 18-19

https://dss.sd.gov/docs/childcare/assistance/Subsidy_Manual.pdf

c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination. Check all that apply.

i. Not applicable.

ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

A. Define the number of unexplained absences identified as excessive:

10 consecutive days absent

B. Provide the citation for this policy or procedure:

[Administrative Rule of South Dakota 67:47:01:19](#)

iii. A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

[Administrative Rule of South Dakota 67:47:01:19](#)

- iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

Upon notification of substantiated fraud or intentional program violation a notice of intent to close the case is sent to the recipient notifying them of their right to an administrative hearing. The violations that lead to discontinued assistance based on substantiated fraud or intentional program violation include not maintaining an open child support enforcement case; providing false information at time of application; and applying for CCDF assistance from two different agencies. The notice shall specify the action taken, the reason, and the effective date. If the substantiation results in a change in the recipient's eligibility or the level of assistance, the Department shall notify the recipient's provider of the change. Citation: Administrative Rule of South Dakota [67:47:01:25](#) and Subsidy Policy Manual Section 10 paged 18-19.

https://dss.sd.gov/docs/childcare/assistance/Subsidy_Manual.pdf

3.4.3 Change reporting during the minimum 12-month eligibility period.

3.4.3 Change reporting during the minimum 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.2.5 b.

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.4.2 of the Plan, they may require families to report a non-temporary change in work, training or educational activities (otherwise known as a parent's eligible activity).

a. Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

No

Yes

b. Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of state median income (SMI)) or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

i. Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

Changes that may impact a family's eligibility during the 12-month period include: income changes; permanent changes in work, school, or TANF/other activities; substantiated fraud or an intentional program violation; and excessive absences.

ii. Changes that impact the Lead Agency's ability to contact the family.

Describe:

Child Care Services requests that address changes be reported since the primary method of communication between the recipient and the Department is through the mail.

iii. Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

Child Care Services requires that changes in the family's choice of provider be reported. Changes in provider eligibility for payment also impacts recipient eligibility, since only qualified providers can receive payment.

c. Any additional reporting requirements that the Lead Agency chooses to require from parents during the minimum 12-month eligibility period, shall not require an additional

office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families. How does the Lead Agency allow families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- i. Phone
- ii. Email
- iii. Online forms
- iv. Extended submission hours
- v. Postal Mail
- vi. FAX
- vii. In-person submission
- viii. Other.

Describe:

NA

d) Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Only information that will positively impact a family's assistance can be acted on.

These include decreases in household income, increases in family size, and changes in work or school that require additional child care allotment such as increased work hours. The Family may choose to report any change they feel may positively impact their level of assistance.

ii. Provide the citation for this policy or procedure.

Subsidy Policy Manual Section 10 pages 18-19,

https://dss.sd.gov/docs/childcare/assistance/Subsidy_Manual.pdf

3.4.4 Prevent the disruption of employment, education, or job training activities

3.4.4 Prevent the disruption of employment, education, or job training activities.

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

NA

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care, or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. In addition to generally building the supply of child care for all families, this effort also supports equal access for CCDF eligible children to the priced child care market.

This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each state/territory identifies and defines its own categories and types of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the

option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

To ensure families have a streamlined application process, and to ensure families can submit all information at one time, eligibility determination includes whether the provider is approved to receive CCDF funds. Therefore, a certificate is issued after the family has selected a child care provider. Information provided on each certificate includes: provider name; notification the provider has received a copy of the certificate; certificate start date; certificate expiration date; name of children receiving assistance; number of care hours allowed; rate payable; maximum amount paid for care; explanation of co-pay amount if applicable; certificate number; changes required to be reported; requirement for signing in and out of regulated programs; parental access to their child in care; and administrative hearing rights should they view an error has been made regarding benefits.

4.1.2 Identify how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

- a. Certificate provides information about the choice of providers
- b. Certificate provides information about the quality of providers
- c. Certificate is not linked to a specific provider, so parents can choose any provider
- d. Consumer education materials on choosing child care
- e. Referrals provided to child care resource and referral agencies
- f. Co-located resource and referral staff in eligibility offices

- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other.

Describe:

The Child Care Application includes a list of provider types the family may choose from including licensed or registered child care providers including private, non-profit, faith based, centers, family child care, or licensed exempt in-home or informal care. The local Helpline Center and Early Childhood Enrichment programs provide resource materials for parents such as the Choosing Child Care brochure. Participants in parenting classes also receive information on choosing child care. Child Care staff respond to parent requests for provider listings by referring them to the online State website; e-mailing the listing to the parent or mailing a hard-copy of the listing and other resources which include: choosing safe and quality child care; CCS' phone number to obtain additional program information; the various categories of care which are regulated by the State; and information on how to access the Child Care Assistance program.

4.1.3 A core principle of CCDF is that families receiving CCDF-funded child care should have equal access to child care that is comparable to that of non-CCDF families (658E(c)(4)(A) and 98.45(a)).

a. Describe how parents have access to the full range of providers eligible to receive CCDF:

The factors that make it possible for families using assistance to choose from a full range of providers include: South Dakota payment rates are set at the 75th percentile, the identified federal benchmark; South Dakota allows parents to choose from licensed centers, registered family homes, as well as informal and in-home child care providers who meet certain health and safety standards; South Dakota reimbursement rates are weighted by enrollment to account for the actual number of child care slots rather than the number of child care providers, which helps ensure the rates consider where children are being served; and rates are calculated separately among provider types in order to allow families access to child care of their choice of provider type.

b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

On average, approximately 49% of regulated child care providers participate in CCDF, based on number of eligible regulated providers and child care assistance payment data; that number ranges by provider type from 35% - 72%.

c. Identify any barriers to provider participation, including barriers related to payment rates and practices - including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

Some challenges to participating in CCDF, as indicated by providers through regular surveying, include: that CCDF does not cover the entire child care bill which sometimes creates difficulties in collecting balances owed by low income families; explaining to families how their child care program integrates CCDF and how that impacts a family's child care bill; challenges caused when eligibility determination takes longer due to family responsiveness; and difficulties when the CCDF rate schedule or payment method does not fit the schedule or method they utilize for their child care program.

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

Administrative Rules of South Dakota require all types of child care providers, including those eligible to receive CCDF funds, to allow a parent to observe their child at any time and immediately upon request. The rules include: [67:42:03:18](#), [67:42:10:12](#), and [67:42:14:25](#). The policy is also stated in the provider handbooks. It is listed on both the provider and parent certificates issued by the Child Care Assistance program.

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

No.

Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.

a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

Care must be provided only from the applicant's children.

b. Restricted based on the provider meeting a minimum age requirement.

Describe:

The provider must be at least 18 years of age.

c. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

NA

d. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)).

Describe:

NA

e. Restricted to care for children with special needs or a medical condition.

Describe:

NA

f. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

NA

g. Other.

Describe:

NA

4.1.6 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if every provider is simply required to sign an agreement to be paid in the certificate program.

No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

Licensed child care centers provide the contractual services specifically for TANF families. Contracts are available statewide but currently only two urban areas participate. Only these two areas have enough families participating in the TANF program to generate provider interest and justify slots.

ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:

Licensed Child Care Centers

iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

Rates are negotiated through consultation with each child care center to ensure participation.

4.1.6 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care?

No

Yes. If yes, does the Lead Agency use grants or contracts to increase the supply and/or quality of child care programs serving the populations below? Check all that apply.

i. Grants or Contracts are used in Child Care Programs that serve Children with disabilities:

To increase the supply of care

To increase the quality of care

ii. Grants or Contracts are used in Child Care Programs that serve Infants and toddlers:

To increase the supply of care

To increase the quality of care

iii. Grants or Contracts are used in Child Care Programs that serve School-age children:

To increase the supply of care

To increase the quality of care

iv. Grants or Contracts are used in Child Care Programs that serve Children needing non-traditional hour care:

To increase the supply of care

To increase the quality of care

v. Grants or Contracts are used in Child Care Programs that serve Children experiencing homelessness:

To increase the supply of care

To increase the quality of care

vi. Grants or Contracts are used in Child Care Programs that serve Children with diverse linguistic or cultural backgrounds:

To increase the supply of care

To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

To increase the supply of care

To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

To increase the supply of care

To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

To increase the supply of care

To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

To increase the supply of care

To increase the quality of care

Describe

NA

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).

a. In child care centers.

The numbers of child care centers has slightly increased in recent years. CCL has seen an increase in center-based care in more rural areas, having a positive impact on accessibility for families. Parent surveys are used to solicit information regarding accessibility of care options. Survey responses have shown varied areas of the state related to a parent's challenge in finding care, but no common threads have been identified. Responses to these surveys are tracked in a database where responses are categorized and will continue to be evaluated to determine where to focus efforts for increasing child care options. The data sources used are parent surveys which inquire whether finding care is a challenge and what type of care parents prefer to obtain. Child Care Licensing continues to encourage center based providers to support families using the searchable database by adding the days and hours of their program operation.

b. In child care homes.

The numbers of family child care homes have declined in recent years which especially impact rural areas. CCL had collected and evaluated information during the last Plan period and upon further outreach to rural areas did not find a substantial shortage of child care options. The consensus was that people are finding care to meet their needs. Parent surveys have been used to solicit information regarding accessibility of care options. Survey responses have shown varied areas of the state related to a parent's challenge in finding care, but no common threads have been identified. Responses to these surveys will continue to be evaluated to determine where to focus efforts for increasing family child care options. The data sources used are parent surveys which inquire whether finding care is a challenge and what type of care they prefer to obtain. CCL continues to encourage family child care providers to support families using the searchable database by adding the days and hours of their program operation.

c. Other.

NA

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with

disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

a) Children in underserved areas. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

Health and Safety grants are available to all child care providers in need of financial assistance to meet health and safety standard rule requirements.

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

NA

iii. Start-up funding.

Describe:

Health and Safety grants are available to new providers in need of supplies, materials or equipment when starting their new child care program.

iv. Technical assistance support.

Describe:

The Early Childhood Enrichment programs provide technical assistance to providers starting or expanding a child care program.

v. Recruitment of providers.

Describe:

Child Care Services has recruitment procedures for areas in need of child care.

vi. Tiered payment rates (as in 4.3.3).

Describe:

NA

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

NA

- viii. Accreditation supports.

Describe:

NA

- ix. Child Care Health Consultation.

Describe:

NA

- x. Mental Health Consultation.

Describe:

NA

- xi. Other.

Describe:

NA

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6).

Describe:

Grants are available to licensed and registered providers to purchase high quality items to support the development of infants and toddlers.

ii. Family Child Care Networks.

Describe:

NA

iii. Start-up funding.

Describe:

Health and Safety grants are available to new providers in need of supplies, materials or equipment when starting their new child care program.

iv. Technical assistance support.

Describe:

The Early Childhood Enrichment programs provide technical assistance to providers starting or expanding a child care program.

v. Recruitment of providers.

Describe:

CCS recruitment procedures for areas in need of child care includes data from the Help Line Center, Early Childhood Enrichment programs, licensing specialists and parent surveys to assist in knowing where infant/toddler care needs are.

vi. Tiered payment rates (as in 4.3.3).

Describe:

To encourage smaller group sizes for infants and toddlers, a special rate is paid to registered family child care providers who care for six or fewer children. The special rate is available for children in care under age three. Providers can be reimbursed up to a maximum of 25% above the established county reimbursement rate (based on the most recent Market Rate Survey) for this age category, as long as the final rate does not exceed what the provider currently charges the general public.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

NA

viii. Accreditation supports.

Describe:

NA

ix. Child Care Health Consultation.

Describe:

NA

x. Mental Health Consultation.

Describe:

NA

xi. Other.

Describe:

NA

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

NA

ii. Family Child Care Networks.

Describe:

NA

iii. Start-up funding.

Describe:

Health and Safety grants are available to new providers in need of supplies, materials or equipment when starting their new child care program.

iv. Technical assistance support.

Describe:

The Early Childhood Enrichment programs provide technical assistance to providers starting or expanding a child care program. In addition, technical assistance is provided to assist child care providers to address child specific needs.

v. Recruitment of providers.

Describe:

CCS has recruitment procedures for areas in need of child care. Recruitment of providers for children with disabilities is completed on a case by case basis depending on the disability, needs of child, and needs of the family. The licensing specialist and the Early Childhood Enrichment program assist in this process.

vi. Tiered payment rates (as in 4.3.3).

Describe:

Providers caring for a child with special needs can be reimbursed up to a maximum rate of \$5.15 per hour regardless of the age of child or county in which care is provided. This amount is established each time reimbursement rates are increased in relation to the most recent Market Rate Survey. In some instances, a higher rate for the care of a child with special needs can be established upon receipt of documentation required to complete the negotiation process.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

NA

viii. Accreditation supports.

Describe:

NA

ix. Child Care Health Consultation.

Describe:

NA

x. Mental Health Consultation.

Describe:

NA

xi. Other.

Describe:

NA

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

NA

ii. Family Child Care Networks.

Describe:

NA

iii. Start-up funding.

Describe:

NA

- iv. Technical assistance support.

Describe:

NA

- v. Recruitment of providers.

Describe:

CCS has recruitment procedures for areas in need of child care. CCS does not regulate hours of operation; but providers have the option to list hours of operation on the searchable provider list. CCS uses that information and the licensing specialist's knowledge of providers to support families in finding care during non-traditional hours. Recruitment for non-traditional hours is completed on an as needed basis for families in need.

- vi. Tiered payment rates (as in 4.3.3).

Describe:

NA

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

NA

- viii. Accreditation supports.

Describe:

NA

- ix. Child Care Health Consultation.

Describe:

NA

x. Mental Health Consultation.

Describe:

NA

xi. Other.

Describe:

NA

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

NA

iii. Start-up funding.

Describe:

NA

iv. Technical assistance support.

Describe:

NA

v. Recruitment of providers.

Describe:

NA

- vi. Tiered payment rates (as in 4.3.3).

Describe:

NA

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

NA

- viii. Accreditation supports.

Describe:

NA

- ix. Child Care Health Consultation.

Describe:

NA

- x. Mental Health Consultation.

Describe:

NA

- xi. Other.

Describe:

South Dakota will provide Stabilization sub-grants using American Rescue Plan (ARP) funds to provide stabilization to providers. All eligible providers will receive notice of the sub-grant opportunity by email or letter. Once published, providers will be able to apply for the sub-grant through an application available on the DSS website www.dss.sd.gov. Grant amounts will be determined and awarded based on providers' current operating expenses. The method for determining provider operating expenses is still being developed. Options for targeting funds are being discerned. This section will be amended with updates once plans are final.

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The Child Care Assistance program currently serves all children, with no waiting list. CCS has used Kids Count data and USDA Economic Research Service data to identify areas of high poverty and unemployment. High concentrations of poverty include areas where 40 percent of the tracked population are living below the federal poverty threshold. The unemployment rate in South Dakota for May 2021 was 2.8%. The definition for concentrations of unemployed for this project is any county with more than 4.3% unemployment. That data is compared to the Child Care Desert data in order to determine what areas of the state lack child care services. Should a waiting list be implemented, CCS has the ability to prioritize access for families in areas of high concentration of poverty and unemployment.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

In this Plan period, CCS will prioritize investments to providers participating in the forthcoming QRIS to ensure quality child care is accessible to families living in those areas. CCS will provide technical assistance to programs in areas of high concentration of poverty and unemployment to improve availability in these areas when concerns arise. The QRIS has a built-in evaluation and CCS will share the successes achieved with the nine Tribal CCDF coordinators to help them support the efforts of improving quality care in tribal areas as well.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative

methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

NA

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

NA

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

The Market Rate Survey is scheduled to be conducted in Fall 2021. The Market Rate Survey methodology will include appropriate variations in geographic area, provider type, and age of child. All regulated child care providers, regardless of their participation in the subsidy program are surveyed. Rates are weighted by enrollment to account for actual number of child care slots rather than number of child care providers. The narrow cost analysis, conducted within a similar timeframe as the Market Rate Survey, will analyze the estimated cost of care of operating each type of child care program related to the implementation of health,

safety, quality, and staffing requirements for each provider type, as well as the cost of higher quality care. In order for the cost estimates to be compared against the Market Rate Survey (MRS) rate results, the payment units, age groups, provider types, and geographic settings will align.

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

NA

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2. August 1, 2019

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

CCL staff were members of the Child & Family Services workgroup, a group that was made aware of federal changes for child care. Input and suggestions were solicited at each meeting. That information was used in the development of the Market Rate Survey questions and guides decisions about Child Care policy and practice.

b) Local child care program administrators:

Child Care Provider input, whether gathered during survey result presentations, gathered

at the time of survey response, or during informal communication, is reviewed and incorporated as necessary.

c) Local child care resource and referral agencies:

There are no R&R agencies in South Dakota.

d) Organizations representing caregivers, teachers, and directors:

Each year, CCS and CCL staff provide presentations at various conferences, hold webinars for programs and members of associations, and attend meetings with caregivers, teachers, and directors to solicit input into their practices and policies. This information is used to develop the Market Rate Survey questions.

e) Other. Describe:

The Early Childhood Enrichment programs are consulted throughout the year for input regarding the Market Rate Survey development based on their data and needs.

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

The South Dakota Market Rate Survey collects data that represents the child care

market by surveying all regulated child care providers across the state, regardless of their participation in the subsidy program.

ii. Provide complete and current data:

Child Care providers were contacted about the Market Rate Survey using contact information they provided to CCS. The data was collected over a period of two and a half months.

iii. Use rigorous data collection procedures:

Providers were sent email notifications and reminders regarding the Market Rate Survey using the email address they provided to CCS. If an email address was found to be incorrect during this process, the cause was researched, and the email address corrected, and emails resent. If a provider did not have an email address on file, or if they requested a paper survey, a hard-copy version was mailed along with a postage-paid return envelope. Staff completed follow-up calls to providers to clarify or complete missing survey information.

iv. Reflect geographic variations:

To account for geographic variation, rates were calculated at a county level and blended in geographic groups with similar population and rate levels.

v. Analyze data in a manner that captures other relevant differences:

To account for differences in rate by different provider types and child ages, rates were collected and calculated with these differentiations. Rates were weighted by enrollment to account for the actual number of child care slots rather than the number of child care providers.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

South Dakota is requesting a waiver for the Market Rate Survey, therefore, is

reporting on data collected Fall 2018, pre-COVID.

4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

a) Geographic area (e.g., statewide or local markets). Describe:

Rates were calculated for each county to reflect varying county child care prices. Rates were also calculated by blending counties with similar population density based on U.S. Census Bureau 2017 population estimates. This method increases the number of responses used to calculate a rate and provides a market rate for counties without a rate response for one or more age groups.

b) Type of provider. Describe:

Rates were collected from four types of providers: Family Child Care, Group Family Child Care, Child Care Center, and Out-of-School Time Programs.

c) Age of child. Describe:

Rates and enrollment were collected for the following age groups: Infant/toddler (four weeks up to three years), Pre-school (three to five years), and School age (kindergarten and older).

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

NA

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

- No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

NA

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

NA

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

NA

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

NA

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality

measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. August 1, 2019

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The report was posted online at the following link:

https://dss.sd.gov/docs/childcare/state_plan/2019_Report.pdf . This report is posted in the same location on the DSS website where other information relevant to providers including the State Plan is posted making it easily accessible for providers.

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

Stakeholder views and comments were considered in the drafting of the survey. Views and comments are solicited throughout the year at meetings, conferences, through additional surveys, etc., and are used to guide survey development and program changes.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency

must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

- a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:\$4.20/hr

Full-time weekly base payment rate: \$190.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:\$4.20/hr

Full-time weekly base payment rate: \$190.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:\$3.80/hr

Full-time weekly base payment rate: \$172.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

iv. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$3.85/hr

Full-time weekly base payment rate: \$175.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:\$3.10/hr

Full-time weekly base payment rate: \$141.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:\$3.10/hr

Full-time weekly base payment rate: \$141.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:\$2.85/hr

Full-time weekly base payment rate: \$129.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$3.00/hr

Full-time weekly base payment rate: \$136.00

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Hourly rates are annualized by multiplying by 2340 (based on 9-hour day), then divided by 12 months, and divided by 4.3.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

South Dakota does not strictly define full-time and part-time care when collecting rate information through the Market Rate Survey. Providers use their definition of full-time and part-time care in order to declare their full-time rates in the appropriate location on the Market Rate Survey.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). July 1, 2020

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Minnehaha County

f. Provide the citation, or link, if available, to the payment rates

<http://dss.sd.gov/childcare/childcareassistance/>

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

NA - Payment rates are set by the Lead Agency.

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

Payment rates are differentiated and published at the county level. Rate data from the Market Rate Survey is calculated at county level and by blending counties with similar population density based on U.S. Census Bureau population estimates.

Both are considered when setting final rates.

b. Type of provider.

Describe:

Payment rates are differentiated by type of provider, as collected and calculated through the Market Rate Survey.

c. Age of child.

Describe:

Payment rates are differentiated by type and age of child, as collected and calculated through the Market Rate Survey.

d. Quality level.

Describe:

NA

e. Other.

Describe:

NA

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

No.

Yes. If yes, identify below any tiered or differential rates, and at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply.

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

NA

b. Differential rate for non-traditional hours.

Describe:

NA

c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

Providers caring for a child with special needs can be reimbursed up to a maximum rate of \$5.15 per hour regardless of the age of child or county in which care is provided. This amount is established each time reimbursement rates are increased in relation to the most recent Market Rate Survey. The current rate is increased by the statewide

percentage increase which is calculated based on the final rate chart. In some instances, a higher rate for the care of a child with special needs can be established upon receipt of documentation required to complete the negotiation process.

- d. Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

To encourage smaller group sizes for infants and toddlers, a special rate is paid to registered family child care providers who care for six or fewer children. The special rate is available for children in care under age three. Providers can be reimbursed up to a maximum of 25% above the established county reimbursement rate (based on the most recent Market Rate Survey) for this age category as long as the final rate does not exceed what the provider currently charges the general public.

- e. Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

NA

- f. Differential rate for higher quality, as defined by the state/territory.

Describe:

NA

- g. Other differential rates or tiered rates.

Describe:

NA

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The Lead Agency is requesting a waiver for the Market Rate and Narrow Cost Analysis and plan to begin this work Fall 2021. Current payment rates are adequate as they are set at the 75th percentile based on the most recent Market Rate Survey completed in August 2019 using data collected in the fall of 2018, and take into account yearly FPL and SMI updates. The 75th percentile is the federally identified benchmark for adequate payment rates, a benchmark South Dakota has historically met. Per the most recent Market Rate Survey, the majority of providers indicate the rates they charge cover the cost of running their child care program. In order to further support those child care programs whose rates don't cover the cost of operating, Health and Safety grants are available to support the costs of meeting health and safety standards.

b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The Lead Agency utilized the data collected during the prior Market Rate Survey completed August 2019, to update Child Care Assistance reimbursement rates on July 1, 2020, at the 75th percentile, which is the federal benchmark for ensuring accessibility. The Lead Agency is requesting a waiver for the Market Rate and Narrow Cost Analysis and will begin this work Fall 2021. The information gathered from the Market Rate and Narrow Cost Analysis will be used to inform updates to reimbursement rates, which are scheduled to occur immediately following the completion of the Market Rate Survey and Narrow Cost Analysis; the timeline from survey/analysis to rate update implementation was shortened in order to ensure reimbursement rates continue to be adequate and provide accessibility. As required, the narrow cost analysis will analyze the estimated cost of care of operating each type of child care program related to the implementation of health, safety, quality, and staffing requirements for each provider type, as well as the cost of higher quality care. In order for the cost estimates to be compared against the Market Rate Survey (MRS) rate results, the payment units, age groups, provider types, and geographic settings will align.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

The Quality Framework is currently being established, with plans to include funding to support the cost of meeting indicators that require financial investment. Direct quality investments, separate from the subsidy rates, will be provided to support programs at various quality levels. Market rates will be evaluated by quality level once the Quality Framework is in full use to inform possible modifications to Child Care Assistance reimbursement rates to ensure participating families have equal access to higher quality programs. The Narrow Cost Analysis, which will be conducted Fall 2021, will consider quality aspects as part of this work.

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

The Lead Agency is requesting a waiver for the Market Rate and Narrow Cost Analysis and plan to begin this work Fall 2021. Child Care Assistance reimbursement rates were updated on July 1, 2020, based on data collected through the most recent Market Rate Survey collected prior to the COVID-19 pandemic.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-

paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

NA

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

The Lead Agency's policy is to make payment within 10 days of receipt of a complete request for payment.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

NA

- ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

NA

- iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

If a child is absent from care, the Lead Agency may reimburse the child care provider for a maximum of 50 hours a month for the time the child is not in care. The Lead Agency determined 50 absent hours is equal to 5 days based on the established 210 monthly maximum hours of care. This monthly maximum of 210 hours is divided by 4.333 weeks in a month, which equals 48.47 hours weekly. The weekly hours are divided by 5 days which equals 9.69 hours, rounded to 10 hours daily.

During the COVID-19 pandemic, the Lead Agency may reimburse a child care provider for unlimited absent hours for the time the child is not in care for a reason related to COVID-19 which may include: the child program is closed to address program needs related to COVID-19; a family has chosen to keep their child home out of precaution or because the parent is not currently working due to COVID-19; the family is quarantined at home due to exposure to COVID-19 or a COVID-19 illness. The Lead Agency communicates with child care providers the specific months this policy change is in place.

- iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

NA

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

The Lead Agency provides a full weekly or daily payment for providers participating in a Memorandum of Understanding serving TANF families. Providers who charge a full-time weekly rate are reimbursed for a maximum of 45 hours per week at the maximum hourly rate or reimbursed at the weekly rate as established by the program, whichever is lessor of the two. Regardless of the hours the child is in care each week, the provider receives an established daily rate or the weekly rate of reimbursement. The provider agrees to notify CCS when a child is absent for five consecutive days and the daily fee will be paid through the fifth absent day.

During the COVID-19 pandemic, CCS may reimburse a child care provider for unlimited absent hours for the time the child is not in care for a reason related to COVID-19 which may include: the child program is closed to address program needs related to COVID-19; a family has chosen to keep their child home out of precaution or because the parent is not currently working due to COVID-19; the family is quarantined at home due to exposure to COVID-19 or a COVID-19 illness. CCS communicates with child care providers the specific months this policy change is in place.

The provider also agrees not to pass any additional costs, not covered by the Lead Agency, on to the TANF family, and have agreed to participate and follow the stipulations of the Memorandum of Understanding. The Lead Agency evaluates provider payment practices through the biennial Market Rate Survey. Although the number of non-TANF providers who charge a full-time weekly rate has gradually increased over time, the proportion has not reached a level that the Lead Agency considered generally accepted. The number of providers responding to the Market Rate Survey that charge a weekly rate is currently at 60%, which has very slowly increased over several years, but is not considered significant enough at this time to direct system change. Percentages of providers that charge other rates include: 5% charging a monthly rate; 5% charging a daily rate, and 30% charging an hourly rate. CCS will continue to evaluate payment practices over time as well as continue to

explore methods to complete a transition with the least negative impact to participating families. The Lead Agency has historically made conservative and responsible fiscal decisions to balance funding levels to serve as many families as possible and support fair practices to providers. These decisions include supporting the update of payment rates on a regular basis and each time in alignment with the most current, biennial Market Rate Survey. Rates have consistently been set at the 75th percentile. Also, federal poverty changes are incorporated into the sliding fee scale each year. The benefit of these regular updates is delivered immediately upon implementation to families, rather than waiting for an eligibility re-evaluation period.

In response to COVID, the Lead Agency temporarily removed all copayments to assist families and continues to evaluate sustainability of continued copay relief from April 1, 2021 through September 30, 2021. In preparation for possible future changes, the Lead Agency plans to evaluate the impact of a transition in payment practices, while anticipating it would include a substantial financial burden to complete the necessary modifications to our current legacy system, as well as increased annual spending to support this transition. A change this significant has the potential to erode some of the consistent benefits provided over time, will continue to be evaluated.

ii. [Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.](#)

[Describe the policy or procedure.](#)

In South Dakota, registration fees are not generally accepted practices as only 39% of providers state they are charging a registration fee. The Lead Agency does not pay registration fees.

d. [The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:](#)

Regulated family day care, group family and day care, informal and in-home providers complete a 'Provider Agreement for Child Care Assistance' annually which describes the provider's and the State's requirements and responsibilities while participating in the

Child Care Assistance program. This Agreement includes provider policies, rate information, and schedules. There are no fees charged to providers by Child Care Services. The dispute resolution is informal initially. Any dispute in payments that is not resolved informally is conducted through the Administrative Hearing process. Any letter with continued dispute sent to a provider includes their right to due process through an Administrative Hearing.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

When a change occurs to the family's eligibility status that may impact payment, providers are notified the same day the change is processed either by email or mail. This includes a certificate closure, or change to eligibility dates, coverage level, or provider changes.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

When there is payment dispute, the provider is given written notice of the cause of the overpayment along with fair hearing rights. The request for a hearing must be made in writing to the Department of Social Services, Office of Administrative Hearings, within 30 days of the notice of overpayment.

g. Other. Describe:

NA

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

The factors that make it possible for families using assistance to choose from a full range of providers include: South Dakota payment rates are set at the 75th percentile, the identified federal benchmark; South Dakota allows parents to choose from licensed centers, registered family homes, as well as informal and in-home child care providers who meet certain health and safety standards, as indicated on their Child Care Assistance Application; South Dakota reimbursement rates are weighted by enrollment to account for the actual number of child care slots rather than the number of child care providers, which helps ensure the rates consider where children are being served; Rates are calculated separately among provider types in order to allow families access to child care and their choice of provider type.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

- a. Limit the maximum co-payment per family.

Describe: .

There is currently no co-payment for families up to 160% of Federal Poverty Level. Families with income over 160% of Federal Poverty Level have a co-payment

between <1% and 12% of the family income. Co-payments are capped to not exceed 12% of monthly income. In response to the COVID-19 pandemic, the Lead Agency has provided additional co-payment relief to families by temporarily removing all co-payments.

- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

NA

- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

The second tier of eligibility during phase out is 85% SMI, to offer maximum support for families and reduce the cliff effect. No increases in co-payments are made during the phase-out period.

- d. Other.

Describe:

NA

4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- No

- Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

The Lead Agency respects the child care providers' status as a private business and recognizes that restricting their ability to collect additional amounts above the required co-payment could limit the number of providers participating in the Child Care Assistance program, thereby compromising access for families; it could also

limit the ability for the provider to provide special programming or transportation for children in their care. The Lead Agency continues to maintain Child Care Assistance reimbursement rates at the 75th percentile, and modifies the co-payment sliding fee scale to support families whenever possible.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

In responses collected through the most recent Market Rate Survey, child care providers report that 20% of providers responded that all families on assistance have a difference to pay; 21% said almost all have a difference to pay; 13% of providers responded that about half of the families in their program on assistance have a difference to pay. In addition, 29% of providers indicated that less than half of the families on assistance have a difference to pay; and 17% of providers said no families have a difference to pay.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

The Lead Agency continues to maintain Child Care Assistance reimbursement rates at the 75th percentile, and modifies the co-payment sliding fee scale to support families whenever possible.

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

Note: When asked for citations, responses can include state statute, regulations, administrative rules, policy manuals or policy issuances. See the Introduction on page 4 for more detail.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing:

Providers who are providing group care and supervision of children on a regular basis for part of a day as a supplement to regular parental care, with or without compensation including more than 12 children outside of a person's home is known as a child welfare agency.

ii. Describe the licensing requirements:

All center-based child care providers are licensed and must meet the following requirements: background checks; orientation training; annual ongoing training; environmental health and safety standards such as hand washing, cleanliness, diaper change requirements, playground requirements including fences; fire and life safety standards including smoke detection systems, fire extinguishers, exit requirements, outlet covers; child to staff ratios; discipline standards; reporting abuse and neglect, injuries, and communicable diseases; nutrition requirements; record keeping, etc.

Each licensed program receives an annual inspection that verifies compliance with all

standards.

iii. Provide the citation:

[South Dakota Codified Law 26-6-14](#)

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Family child care providers receiving federal funds are required to be registered with the Department of Social Services.

ii. Describe the licensing requirements:

Registered Family Day Care providers are required to have background checks; orientation training; annual ongoing training; environmental health and safety standards such as hand washing, cleanliness, diaper change requirements, playground requirements; fire and life safety standards including smoke detection systems, fire extinguishers, exit requirements, outlet covers; child to staff ratios; discipline standards; reporting abuse and neglect, injuries, and communicable diseases; nutrition requirements; record keeping, etc. Each voluntarily registered family provider receives an annual inspection that verifies compliance with all standards.

iii. Provide the citation:

[South Dakota Codified Law 26-6-14.2](#)

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

N/A

ii. Describe the licensing requirements:

N/A

iii. Provide the citation:

N/A

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

a. License-exempt center-based child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

N/A

ii. Provide the citation to this policy:

N/A

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

N/A

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

N/A

ii. Provide the citation to this policy:

N/A

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

N/A

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

Informal (care provided for one family in the providers home) and in-home providers (care provided for one family in the family home) are eligible to receive CCDF payments but are exempt from meeting full licensing or registration standards. Both these types of providers are limited to the care of children from only one family. Both providers must be at least 18 years of age and meet the following: all federally required health and safety standards, orientation training, ongoing training, background checks, and submit to an inspection. The inspection covers all items required in federal law.

ii. Provide the citation to this policy:

[ARSD 67:47:01:13:01](#)

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Informal and In-home providers must be at least 18 years of age and meet the following: all federally required health and safety standards, orientation training, ongoing training, background checks, and submit to an inspection. The inspection covers all items required in federal law.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

A child from birth up to age one.

b. Toddler. Describe:

A child age one up to age three.

c. Preschool. Describe:

A child from ages three up to age six.

d. School-Age. Describe:

A child age six or older and enrolled in school.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

1:5

B. Group size:

A maximum of 20 children.

ii. Toddler

A. Ratio:

1:5

B. Group size:

A maximum of 20 children.

iii. Preschool

A. Ratio:

1:10

B. Group size:

A maximum of 20 children.

iv. School-age

A. Ratio:

1:15

B. Group size:

A maximum of 20 children.

v. Mixed-Age Groups (if applicable)

A. Ratio:

The staff-child ratio of mixed-age groups must meet the requirement of the age

grouping that comprised the majority of the children except when children under the age of three years of age are present. When three or more children under the age of three years are present in the mixed-age group, the staff-child ratio for children under three years of age must be maintained.

B. Group size:

A maximum of 20 children.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

N/A

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

A family day care provider may care for a maximum of 12 children, including the provider's own children who are under the age of six years. No more than four of the 12 children may be under the age of two years, and no more than two of these four children may be under the age of one unless there is a helper in the home. If a helper is present in the home, no more than eight of the twelve children may be under the age of two and no more than four of the eight may be under the age of one.

B. Group size:

No more than 12 children.

ii. Infant

A. Ratio:

No more than four children may be under two years of age, and no more than two of these four, may be under one year of age, unless there is a registered helper present in the home. If a registered helper is present with the provider, no more than eight of the twelve children may be under two years of age and no more than four of those eight, may be under one year of age. A registered helper is defined as an employee or volunteer present in the home to assist with the care of children, or an employee or volunteer who upon request of the provider, substitutes for the provider to care for children no more than 12 hours per week. Registered helpers meet the same requirements for training and background checks as the registered provider and must be at least 18 years of age if left unsupervised with children.

B. Group size:

No more than 12 children of any age may be in full day care at any one time, regardless of the number of registered helpers present.

iii. Toddler

A. Ratio:

No more than four children may be under two years of age, and no more than two of these four, may be under one year of age, unless there is a registered helper present in the home. If a registered helper is present with the provider, no more than eight of the twelve children may be under two years of age and no more than four of those eight, may be under one year of age. A registered helper is defined as an employee or volunteer present in the home to assist with the care of children, or an employee or volunteer who upon request of the provider, substitutes for the provider to care for children no more than 12 hours per week. Registered helpers meet the same requirements for training and background checks as the registered provider and must be at least 18 years of age if left unsupervised with children. If a child is between the ages of 2 and 3 years old the ratio is 1:12.

B. Group size:

No more than 12 children of any age may be in full day care at any one time, regardless of the number of registered helpers present.

iv. Preschool

A. Ratio:

1:12

B. Group size:

No more than 12 children of any age may be in full day care at any one time, regardless of the number of registered helpers present.

v. School-age

A. Ratio:

1:12

B. Group size:

No more than 12 children of any age may be in full day care at any one time, regardless of the number of registered helpers present.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

Informal and in-home providers are limited to the care of children from only one family.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

c. Licensed in-home care (care in the child's own home):

i. Mixed-Age Groups (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

ii. Infant (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iii. Toddler (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

iv. Preschool (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

v. School-age (if applicable)

A. Ratio:

N/A

B. Group size:

N/A

vi. Describe the ratio and group size requirements for license-exempt in-home care. This type of provider is limited to the care of children from only one family. Because care is for one family, there are no ratio or group size requirements.

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Child Care teachers in centers are required to be at least 18 years of age. If the teacher is responsible for program planning or staff supervision, the minimum educational requirement is a Child Development Associate (CDA) credential from the Council for Professional Recognition.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

The director or proprietor of a day care program must be at least 18 years of age and shall demonstrate the ability to provide care for children that attends to the child's physical growth and development and to the physical, emotional, cognitive, and social needs of the child. If the director is responsible for the program planning or staff supervision, the minimum requirement is a Child Development Associate (CDA) credential from the Council for Professional Recognition.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

N/A

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

<https://sdlegislature.gov/Rules/Administrative/24720>

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

A registered provider is required to be at least 18 years of age if left unsupervised with children.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

N/A

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

<https://sdlegislature.gov/Rules/Administrative/24541>

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

N/A

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

An informal or in-home provider is required to be at least 18 years of age.

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(l)(i)) and the content area of child development. Lead Agencies have flexibility in

determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Prevention and control of infectious disease standards help reduce the risk of

transmitting diseases and infectious germs from body fluids or environmental surfaces. Standards included are: medication administration including documentation and storage requirements; space between sleeping children to reduce spreading respiratory disease; diaper change practices such as sanitation and handwashing; cleaning and sanitizing of toys and equipment; staff personal cleanliness including handwashing, etc.; staff and child hand washing after using restroom, before and after food handling; and immunization requirements as a condition of enrollment with the exception of homeless and foster children who are allowed more time when needed.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

The variations for family child care providers are: 1) requirement of a health report completed by their physician; 2) no space requirements between sleeping children; and 3) less restrictive requirements for cleaning and sanitizing as compared to larger group care settings based on smaller numbers of children in care.

In-home and informal providers do not have requirements for space between sleeping children, personal cleanliness, maintenance of records, or diaper changing requirements because there is only one family under the provider's care.

School age programs are required to list the school the child attends and does not need Immunization records for children present at the program since South Dakota schools required children immunization records on file.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

The requirements for this identified health and safety standard for Prevention and control of infectious diseases (including immunizations) health and safety for licensed and family day care are outlined in: Medication [ARSD 67:42:10:15](#), [ARSD 67:42:03:08.01](#), [ARSD 67:42:14:24](#);

Health Standards and Immunization records for children [67:42:03:08](#), [ARSD 67:42:10:14](#);

Sleeping areas [ARSD 67:42:11:05](#), [67:42:03:23](#);

Diaper Changing [ARSD 67:42:11:06.01](#), [ARSD 67:42:03:12](#);

Cleaning and sanitizing of equipment [ARSD 67:42:11:07](#), [ARSD 67:42:03:12](#);
Employee health [ARSD 67:42:11:23](#), [ARSD 67:42:16:07](#); There are no other
employee health rules except for restrictions in working with food.

Personal Cleanliness [ARSD 67:42:11:24](#);

Hand washing [ARSD 67:42:11:33](#), [ARSD 67:42:03:19](#); and

Maintenance of records [ARSD 67:42:16:13](#).

The requirements for license exempt in-home and informal providers are outlined in
[ARSD 67:47:01:13.01](#)

All child care providers are monitored annually through using an inspection monitoring
tool. [Monitoring and Inspecting \(sd.gov\)](#) (All categories of care options have this same
information outlined as in this link).

The CCL monitoring policy and sample inspections are found on the following website:

https://dss.sd.gov/docs/childcare/licensing/Sample_Monitoring_Form.pdf Family Day
Care (FDC)

https://dss.sd.gov/docs/childcare/licensing/Licensed_Day_Care_Center/Facility_Safety_Inspection_Sample.pdf Day Care Center (DCC) & Group Family Day Care (GFDC)
environmental inspection (same checklist used for both categories)

https://dss.sd.gov/docs/childcare/licensing/Group_Family_Day_Care_Home/Program_Inspection_Sample.pdf GFDC & DCC Programming inspection (same checklist used
for both categories)

dss.sd.gov/docs/childcare/licensing/Before_and_After_School_Programs/Non-School_13-20_Facility_Safety_Inspection_Sample.pdf - School age Program Facility
inspection

dss.sd.gov/docs/childcare/licensing/Before_and_After_School_Programs/Program_Inspection_Sample.pdf School age program - programming inspection

https://dss.sd.gov/docs/childcare/Informal_In-Home_Inspection_checklist.pdf -
informal and in-home provider (license exempt)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both
licensed and license-exempt providers.

All new child care providers and volunteers are required to complete prevention and
control of infectious disease pre-service training as outlined in [ARSD 67:42:03:07.06](#)

(Family Day Care); sdlegislature.gov/Rules/Administrative/24726(Group Family Day Care and Day Care Center); [ARSD 67:42:14:12](#) (School Age Care); and [ARSD 67:47:01:13.01](#) (license-exempt - informal & in-home). All child care providers and volunteers are required to complete on-going training in the prevention and control of infectious disease (including immunizations) health and safety standards every five years as outlined in the handbook for each category of care. Citations include: [Licensing Policy Handbook](#) pg. 21
https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 14
[Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

For family child care, providers are required to have a health report completed by their physician, there are no space requirements between sleeping children, and there are less strict requirements for cleaning and sanitizing as in larger group care settings based on smaller numbers of children in care. For in-home and informal providers, there are no requirements for space between sleeping children, personal cleanliness, maintenance of records, or diaper changing requirements as there is only one family under the Provider's care.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care providers receive updated information and/or training on this topic area through state-wide formal notifications by CCL or through CCS contracted ECE agencies that are charged with ensuring appropriate training and information on all topics outlined in standards are accessible. Child care providers can also obtain information on [Education Opportunities \(sd.gov\)](https://www.sd.gov/education/education-opportunities). Child care providers are required to retain all completed training documentation on this topic showing compliance is achieved. Compliance is monitored through annual CCL monitoring visits.

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

To reduce the risk of sudden infant death syndrome and keep children safe during sleep, licensed centers, family child care, in-home and informal providers are prohibited from using soft bedding materials that could pose a suffocation hazard in cribs or playpens as well as required to have infants placed on their back for sleeping.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no requirements related to safe sleep or SIDS for school age programs as they do not provide care for infants.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

The requirements for this identified health and safety standard for prevention of sudden infant death syndrome and the use of safe-sleep practices for licensed and family day care are outlined in [ARSD 67:42:11:05](https://www.sdlegislature.gov/legislation/arsd-67-42-11-05)(GFDC and DCC) and [SDLRC - Rule 67:42:03:23 \(sdlegislature.gov\)](https://www.sdlegislature.gov/legislation/sdlrc-rule-67-42-03-23) (FDC)

The requirements for license exempt in-home and informal providers are outlined in

[ARSD 67:47:01:13.01](#)

Additional citations include: [Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pg. 9 and [Licensing Policy Handbook](#) pg. 32

All child care providers are monitored annually through using an inspection monitoring tool. [Monitoring and Inspecting \(sd.gov\)](#) (All categories of care options have this same information outlined as in this link.)

The CCL monitoring policy and sample inspections are found on the following website:

https://dss.sd.gov/docs/childcare/licensing/Sample_Monitoring_Form.pdf Family Day Care (FDC)

http://dss.sd.gov/docs/childcare/licensing/Licensed_Day_Care_Center/Program_Inspection_Sample.pdf Group Family Day Care and Day Care Center (GFDC and DCC)

https://dss.sd.gov/docs/childcare/Informal_In-Home_%20Inspection_checklist.pdf - informal and in-home provider (license exempt)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

All new child care providers and volunteers are required to complete sudden infant death syndrome and the use of safe-sleep practices pre-service training as outlined in [ARSD 67:42:03:07.06](#) (Family Day Care);

sdlegislature.gov/Rules/Administrative/24726 GFDC and DCC; and [ARSD](#)

[67:47:01:13.01](#) (license-exempt - informal & in-home). All child care providers and volunteers are required to complete on-going training in the prevention of sudden infant death syndrome and the use of safe-sleep practices every five years as outlined in the handbook for each category of care. Citations include:

[Licensing Policy Handbook](#) pg. 21

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 14

[Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

There are no requirements related to safe sleep or SIDS for school age programs.

These programs do not provide care for infants.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care providers receive updated information and/or training on this topic area through state-wide formal notifications by CCL or through the CCS contracted ECE that are charged with ensuring appropriate training and information on all topics outlined in standards are accessible. Child care providers can also obtain information [Education Opportunities \(sd.gov\)](https://www.sd.gov/education/education-opportunities). Child care providers are required to retain all completed training documentation on this topic showing compliance is achieved. Compliance is monitored through annual CCL monitoring visits.

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

These standards outline the requirements for safe administration and storage of medications. Standards include written consent from parents that includes the name of

medication and date to be administered. Staff documentation includes name of child; the dose provided, the time and date administered; and signature of staff administering the medication. Documentation is kept for six months. Medications must be kept in their original container, with the original label. Label must contain legible directions for use, expiration date, the child's name, and physician's name. Medications must be stored in a place inaccessible to children, and medications requiring refrigeration must be placed in another container which is nonabsorbent and labeled "medication".

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Requirements for in-home and informal providers are limited to keeping medication inaccessible to children and must have written parental permission before administering.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

The requirements for this identified health and safety standard with administration of medication, consistent with standards for parental consent for licensed care and family day care are outlined in [ARSD 67:42:10:15](#), [ARSD 67:42:03:08.01](#), [ARSD 67:42:14:24](#) as well as in

[Licensing Policy Handbook](#) pg. 30 and

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 23

The requirements for license exempt in-home and informal providers are outlined in [ARSD 67:47:01:13.01](#) and [Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pg. 9.

All child care providers are monitored annually through using an inspection monitoring tool. [Monitoring and Inspecting \(sd.gov\)](#) (All categories of care options have this same information outlined as in this link.) The CCL monitoring policy and sample inspections are found on the following website:

https://dss.sd.gov/docs/childcare/licensing/Sample_Monitoring_Form.pdf Family Day Care (FDC)

http://dss.sd.gov/docs/childcare/licensing/Licensed_Day_Care_Center/Program_Inspe

[ction_Sample.pdf](#) Group Family Day Care and Day Care Center (GFDC and DCC)
[dss.sd.gov/docs/childcare/licensing/Before_and_After_School_Programs/Program_Inspection_Sample.pdf](#) - School age program
[https://dss.sd.gov/docs/childcare/Informal_In-Home_%20Inspection_checklist.pdf](#) - informal and in-home provider (license exempt)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

All new child care providers and volunteers are required to complete the administration of medication, consistent with parental consent pre-service training as outlined in [ARSD 67:42:03:07.06](#) (Family Day Care);

[sdlegislature.gov/Rules/Administrative/24726](#) (GFDC and DCC); [ARSD 67:42:14:12](#) (School Age Care); and [ARSD 67:42:14:13](#) (license-exempt - informal & in-home).

All child care providers and volunteers are required to complete on-going training in the administration of medication, consistent with parental consent every five years as outlined in the handbook for each category of care. Citations include:

[Licensing Policy Handbook](#) pg. 21

[https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf](#) pg. 14

[Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care providers receive updated information and/or training on this topic area through state-wide formal notifications by CCL through the CCS contracted ECE agencies that are charged with ensuring appropriate training and information on all topics outlined in standards are accessible. Child care providers can also obtain information on [Education Opportunities \(sd.gov\)](http://Education Opportunities (sd.gov)). Child care providers are required to retain all completed training documentation on this topic showing compliance is achieved. Compliance is monitored through annual CCL monitoring visits.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Regulated programs are required to have a written plan in place for prevention and response to emergencies due to food (i.e. choking) and allergic reactions. The Licensing and Family Child Care Policy Handbooks further explain the need to have information related to emergencies involving food and allergic reactions. This includes developing a written care plan, preventing exposure to the food allergic to, recognizing symptoms, and a treatment plan should a child experience an allergic reaction at the program. In addition, all providers, helpers, and staff working with children who have allergies are to have access to that plan and be aware of procedures to follow should the child exhibit a reaction or be in distress.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In-home and informal providers are required to be aware of any food allergies of the children in care and adhere to proper procedures in the event of an emergency.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

The requirements for this identified health and safety standard for the Prevention of and response to emergencies due to food and allergic reactions for licensed care and family day care are outlined in [ARSD 67:42:10:10](#); [67:42:14:16](#) and [67:42:03:13](#) as well as in

[Licensing Policy Handbook](#) pg. 30 and

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 29.

The requirements for license exempt in-home and informal providers are outlined in [ARSD 67:47:01:13.01](#).

All child care providers are monitored annually through using an inspection monitoring tool. [Monitoring and Inspecting \(sd.gov\)](#) (All categories of care options have this same information outlined as in this link.) The CCL monitoring policy and sample inspections are found on the following website:

https://dss.sd.gov/docs/childcare/licensing/Sample_Monitoring_Form.pdf Family Day Care (FDC)

http://dss.sd.gov/docs/childcare/licensing/Licensed_Day_Care_Center/Program_Inspection_Sample.pdf Group Family Day Care and Day Care Center (GFDC and DCC)

dss.sd.gov/docs/childcare/licensing/Before_and_After_School_Programs/Program_Inspection_Sample.pdf - School age program

https://dss.sd.gov/docs/childcare/Informal_In-Home_%20Inspection_checklist.pdf - informal and in-home provider (license exempt)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

All new child care providers and volunteers are required to complete prevention of and response to emergencies due to food and allergic reactions as outlined in [ARSD 67:42:03:07.06](#) (Family Day Care); sdlegislature.gov/Rules/Administrative/24726

GFDC and DCC; [ARSD 67:42:14:12](#) (School Age Care); and [ARSD 67:42:14:13](#)

(license-exempt - informal & in-home).

All child care providers and volunteers are required to complete on-going training in the prevention of and response to emergencies due to food and allergic reactions every five years as outlined in the handbook for each category of care. Citations include:

[Licensing Policy Handbook](#) pg. 21

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 14

[Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-7.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relatives are exempt from meeting this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care providers receive updated information and/or training on this topic area through state-wide formal notifications by CCL or through the CCS contracted ECE agencies that are charged with ensuring appropriate training and information on all topics outlined in standards are accessible. Child care providers can also obtain information on [Education Opportunities \(sd.gov\)](#). Child care providers are required to retain all completed training documentation on this topic showing compliance is achieved. Compliance is monitored through annual CCL monitoring visits.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

The standards in this category help to ensure a safe environment for children in care. The standards included are: fence requirements, pool safety, safe playground environment and proper equipment installation; venting of food area and restrooms; covered electrical outlets; railings (barrier) to prevent falls; restriction of children allowed in a centers food prep area; smoke detection and fire extinguisher requirements; staff supervision; minimum space requirements per child; firearms inaccessibility; and inspections.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Centers are required to have an interconnected smoke detection system; family homes require, at minimum, battery-operated detectors on each level of the home. Centers are required to have a fence; family day care and informal and in-home providers are only required to have a fence if there's a potential area that could cause injury. Centers are required to prohibit children from the food preparation area; family day care and informal and in-home providers are not. Centers have space requirements per child; family day care and informal and in-home providers do not. In-home and informal care does not have restrictions to the kitchen or venting requirements. School age care requires 25 square feet per child for space; child care centers require 35 square feet per child for space.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

The requirements for this identified health and safety standard for the building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic for licensed care and family day care are included in this category are: [ARSD 67:42:11:12](#), [67:42:03:11.06](#); electrical outlet covers [ARSD 67:42:11:10](#), [67:42:03:11.07](#)); railings [ARSD 67:42:11:14](#), [67:42:03:11.10](#); traffic in food preparation areas [ARSD 67:42:11:15.01](#); smoke detection and fire extinguishers [ARSD 67:42:10:18](#), [67:42:14:28](#), [67:42:03:11.02](#); and space requirements [ARSD 67:42:11:02](#), [67:42:11:02.01](#); firearms [ARSD 67:42:03:21](#); supervision [ARSD 67:42:16:19](#); inspections [ARSD 67:42:16:03](#). The requirements for license exempt in-home and informal providers are outlined in [ARSD 67:47:01:13.01](#) and [Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pg. 6. All child care providers are monitored annually through using an inspection monitoring tool. [Monitoring and Inspecting \(sd.gov\)](#) (All categories of care options have this same information outlined as in this link.)

The CCL monitoring policy and sample inspections are found on the following website:

https://dss.sd.gov/docs/childcare/licensing/Sample_Monitoring_Form.pdf Family Day Care (FDC)

https://dss.sd.gov/docs/childcare/licensing/Licensed_Day_Care_Center/Facility_Safety_Inspection_Sample.pdf Day Care Center (DCC) & Group Family Day Care (GFDC) environmental inspection (same checklist used for both categories)

https://dss.sd.gov/docs/childcare/licensing/Group_Family_Day_Care_Home/Program_Inspection_Sample.pdf GFDC & DCC Programming inspection (same checklist used for both categories)

dss.sd.gov/docs/childcare/licensing/Before_and_After_School_Programs/Non-School_13-20_Facility_Safety_Inspection_Sample.pdf - School age Program Facility inspection

dss.sd.gov/docs/childcare/licensing/Before_and_After_School_Programs/Program_Inspection_Sample.pdf School age program - programming inspection

https://dss.sd.gov/docs/childcare/Informal_In-Home_Inspection_checklist.pdf - informal and in-home provider (license exempt)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

All new child care providers and volunteers are required to complete building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic training. [ARSD 67:42:03:07.06](#) (Family Day Care); sdlegislature.gov/Rules/Administrative/24726 GFDC and DCC; [ARSD 67:42:14:12](#) (School Age Care); and [ARSD 67:42:14:13](#) (license-exempt - informal & in-home). This is under the program health and safety topic in this rule.

All child care providers and volunteers are required to complete on-going training in the building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic every five years as outlined in the handbook for each category of care. Citations include:

[Licensing Policy Handbook](#) pg. 21

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 14

[Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-7.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relatives are exempt from meeting this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care providers receive updated information and/or training on this topic area through statewide formal notifications by CCL or through the CCS contracted ECE agencies that are charged with ensuring appropriate training and information on all topics outlined in standards are accessible. Child care providers can also obtain information on [Education Opportunities \(sd.gov\)](https://www.sd.gov/education/education-opportunities) Child care providers are required to retain all completed training documentation on this topic showing compliance is achieved. Compliance is monitored through annual CCL monitoring visits.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Centers are required to have a written policy addressing prevention of shaken baby syndrome and abusive head trauma to reduce the risk of harm to children in care. Administrative Rules related to discipline requirements for all types of regulated programs prohibit shaking, hitting, or inflicting any unusual physical punishment. Child maltreatment is viewed as an umbrella term for child abuse and neglect. Indicators of child abuse and neglect and reporting policies are addressed in administrative rule and the Policy Handbooks for all regulated providers as well as informal and in-home providers.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

There are no requirements related to shaken baby or abusive head trauma for school age centers as those are associated with children over the age of 5.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

The requirements for this identified health and safety standard for prevention of shaken baby syndrome, abusive head trauma, and child maltreatment for licensed and family day care are outlined in [ARSD 67:42:10.10](#), [67:42:10.11](#), and [67:42:03.16](#). The individual rules for licensed centers and registered homes that fall under the category of abusive head trauma include: [67:42:10.10](#), [67:42:10.11](#), and [67:42:03.16](#). School age programs do not have regulations pertaining to shaken baby and abusive head trauma as those are associated with children under the age of 5. Child maltreatment is viewed as an umbrella category for all child abuse and neglect. Individual rules for licensed centers and registered homes that fall under the category of child abuse and neglect include: [ARSD 67:42:10.10](#), [67:42:10.11](#), [67:42:03.16](#), and [67:42:14.20](#) as well as in [Licensing Policy Handbook](#) pg. 27 and https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 26.

The requirements for license exempt in-home and informal providers are outlined in [ARSD 67:47:01:13.01](#) and [Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pg. 10.

All child care providers are monitored annually through using an inspection monitoring tool. [Monitoring and Inspecting \(sd.gov\)](#) (All categories of care options have this same information outlined as in this link.) The CCL monitoring policy and sample inspections are found on the following website:

https://dss.sd.gov/docs/childcare/licensing/Sample_Monitoring_Form.pdf Family Day Care (FDC)

https://dss.sd.gov/docs/childcare/licensing/Group_Family_Day_Care_Home/Program_Inspection_Sample.pdf GFDC & DCC Programming inspection (same checklist used for both categories)

dss.sd.gov/docs/childcare/licensing/Before_and_After_School_Programs/Program_Inspection_Sample.pdf School age program - programming inspection

https://dss.sd.gov/docs/childcare/Informal_In-Home_%20Inspection_checklist.pdf - informal and in-home provider (license exempt)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

All new child care providers and volunteers with the exception of staff working in school age care programs are required to complete prevention of shaken baby

syndrome, abusive head trauma, and child maltreatment training. [ARSD 67:42:03:07.06](#) (Family Day Care); sdlegislature.gov/Rules/Administrative/24726 GFDC and DCC; [ARSD 67:42:14:12](#) (School Age Care) for the topic of child maltreatment; and [ARSD 67:42:14:13](#) (license-exempt - informal & in-home). All child care providers and volunteers are required to complete on-going training in the prevention of shaken baby syndrome, abusive head trauma, and child maltreatment every five years as outlined in the handbook for each category of care. Citations include:

- [Licensing Policy Handbook](#) pg. 21
- https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 14
- [Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-7.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relatives are exempt from meeting this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care providers receive updated information and/or training on this topic area through statewide formal notifications by CCL or through the CCS contracted ECE agencies that are charged with ensuring appropriate training and information on all topics outlined in standards are accessible. Child care providers can also obtain

information on [Education Opportunities \(sd.gov\)](https://www.sd.gov). Child care providers are required to retain all completed training documentation on this topic showing compliance is achieved. Compliance is monitored through annual CCL monitoring visits.

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Centers and home providers are required to have a plan that helps ensure the program is prepared for a variety of emergency situations. The Licensing Policy Handbook and the Family Child Care Policy Handbook outline the requirement to have plans and procedures for: sheltering in place; lock down; evacuation; relocation; communications with and reunification of families; continuity of operations; accommodation of infants and toddlers, children with disabilities; and children with chronic medical conditions. Regulated programs are required to have four practice drills annually. An Emergency Plan template is included in both the Licensing Policy Handbook and Family Child Care Policy Handbook. Informal and in-home providers are required to have an evacuation plan and conduct four fire drills annually. Center based staff, volunteers and home providers are required to be familiar with the Emergency Preparedness and Response plan and participate in all practice drills.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in

care.

The in-home and informal providers are required to have an emergency evacuation plan and conduct four practice fire drills annually.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

The requirements for this identified health and safety standard for the emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility) for licensed care and family day care are outlined in [ARSD 67:42:10:10](#), [67:42:03:11.03](#), and

sdlegislature.gov/Rules/Administrative/24845 as well as in

[Licensing Policy Handbook](#) pgs. 112-133 and

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pgs. 35-37.

The requirements for license exempt in-home and informal providers are outlined in [ARSD 67:47:01:13.01](#) and [Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pg. 10.

All child care providers are monitored annually through using an inspection monitoring tool. [Monitoring and Inspecting \(sd.gov\)](#) (All categories of care options have this same information outlined as in this link.)

The CCL monitoring policy and sample inspections are found on the following website:

https://dss.sd.gov/docs/childcare/licensing/Sample_Monitoring_Form.pdf Family Day Care (FDC)

https://dss.sd.gov/docs/childcare/licensing/Group_Family_Day_Care_Home/Program_Inspection_Sample.pdf GFDC & DCC Programming inspection (same checklist used for both categories)

dss.sd.gov/docs/childcare/licensing/Before_and_After_School_Programs/Program_Inspection_Sample.pdf School age program - programming inspection

https://dss.sd.gov/docs/childcare/Informal_In-Home_%20Inspection_checklist.pdf - informal and in-home provider (license exempt)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

All new child care providers and volunteers are required to complete emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility) as outlined in [ARSD 67:42:03:07.06](#) (Family Day Care);

sdlegislature.gov/Rules/Administrative/24726 GFDC and DCC; [ARSD 67:42:14:12](#) (School Age Care); and [ARSD 67:42:14:13](#) (license-exempt - informal & in-home).

All child care providers and volunteers are required to complete on-going training in the emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility) every five years as outlined in the handbook for each category of care. Citations include:

[Licensing Policy Handbook](#) pg. 21

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 14

[Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-7

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relatives are exempt from meeting this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the

standards above.

Child care providers receive updated information and/or training on this topic area through statewide formal notifications by CCL or through the CCS contracted ECE agencies that are charged with ensuring appropriate training and information on all topics outlined in standards are accessible. Child care providers can also obtain information on [Education Opportunities \(sd.gov\)](https://www.sd.gov/education/education-opportunities). Child care providers are required to retain all completed training documentation on this topic showing compliance is achieved. Compliance is monitored through annual CCL monitoring visits.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Standard precautions are outlined to ensure safe handling and storage of hazardous materials and appropriate disposal of bio-contaminates. Licensed programs are required to have a written plan for handling and storage of hazardous materials, meet diaper change requirements, and appropriate disposal of bio-contaminants. Home providers are required to keep hazardous cleaning supplies inaccessible to children; keep medications out of children's reach; meet diaper changing requirements; and meet waste storage and disposal requirements.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Before and after school programs do not have requirements for handling and disposal of soiled diapers.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

The requirements for this identified health and safety standard for handling and storage of hazardous materials and the appropriate disposal of bio-contaminants for licensed care and family day care are outlined in policies and procedures [ARSD 67:42:10:10](#), [67:42:03:12](#), and [67:42:14:16](#); diaper changing [67:42:03:12](#) and [67:42:11:06.01](#); hazardous supplies [67:42:03:12](#) and [67:42:11:40](#); insect and rodent control [67:42:03:11.09](#) and [67:42:11:36](#); ventilation [67:42:03:11.06](#) and [67:42:11:08](#); and pets [67:42:03:22](#) and [67:42:11:44](#).

The requirements for license exempt in-home and informal providers are outlined in [ARSD 67:47:01:13.01](#) and [Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pg. 10; and [FAMILY child CARE PROVIDER POLICY HANDBOOK \(sd.gov\)](#) pg. 32.

All child care providers are monitored annually through using an inspection monitoring tool. [Monitoring and Inspecting \(sd.gov\)](#) (All categories of care options have this same information outlined as in this link.) The CCL monitoring policy and sample inspections are found on the following website:

The CCL monitoring policy and sample inspections are found on the following website:

https://dss.sd.gov/docs/childcare/licensing/Sample_Monitoring_Form.pdf Family Day Care (FDC)

https://dss.sd.gov/docs/childcare/licensing/Group_Family_Day_Care_Home/Program_Inspection_Sample.pdf GFDC & DCC Programming inspection (same checklist used for both categories)

dss.sd.gov/docs/childcare/licensing/Before_and_After_School_Programs/Program_Inspection_Sample.pdf School age program - programming inspection

https://dss.sd.gov/docs/childcare/Informal_In-Home_%20Inspection_checklist.pdf - informal and in-home provider (license exempt)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

All new child care providers and volunteers are required to complete handling and storage of hazardous materials and the appropriate disposal of bio-contaminants as outlined in [ARSD 67:42:03:07.06](#) (Family Day Care);

sdlegislature.gov/Rules/Administrative/24726 GFDC and DCC; [ARSD 67:42:14:12](http://arsd.gov/ARSD%2067%3A42%3A14%3A12) (School Age Care); and [ARSD 67:42:14:13](http://arsd.gov/ARSD%2067%3A42%3A14%3A13) (license-exempt - informal & in-home).

All child care providers and volunteers are required to complete on-going training in handling and storage of hazardous materials and the appropriate disposal of bio-contaminants every five years as outlined in the handbook for each category of care.

Citations include:

[Licensing Policy Handbook](#) pg. 21

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 14

[Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-7.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relatives are exempt from meeting this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care providers receive updated information and/or training on this topic area through statewide formal notifications by CCL or through the CCS contracted ECE agencies that are charged with ensuring appropriate training and information on all topics outlined in standards are accessible. Child care providers can also obtain information on [Education Opportunities \(sd.gov\)](#). Child care providers are required to retain all completed training documentation on this topic showing compliance is

achieved. Compliance is monitored through annual CCL monitoring visits.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

.Licensed centers, registered home providers, and license exempt in-home and informal providers are required to follow all State laws related to transporting children. This includes transporting only the number of children the vehicle allows, and seat belt restraints and safety seats are to be used at all times.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

The requirements for this identified health and safety standard for precautions in transporting children for licensed care and family day care are [SDLRC - Rule 67:42:16:15 \(sdlegislature.gov\)](#). The requirements for license exempt in-home and informal providers are outlined in [SDLRC - Rule 67:47:01:13.01 \(sdlegislature.gov\)](#) [Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 33.

All child care providers are monitored annually through using an inspection monitoring tool. [Monitoring and Inspecting \(sd.gov\)](#) (All categories of care options have this same information outlined as in this link.)The CCL monitoring policy and sample inspections are found on the following website:

https://dss.sd.gov/docs/childcare/licensing/Sample_Monitoring_Form.pdf Family Day Care (FDC)

https://dss.sd.gov/docs/childcare/licensing/Group_Family_Day_Care_Home/Program

[Inspection_Sample.pdf](#) GFDC & DCC Programming inspection (same checklist used for both categories)

dss.sd.gov/docs/childcare/licensing/Before_and_After_School_Programs/Program_Inspection_Sample.pdf School age program - programming inspection

https://dss.sd.gov/docs/childcare/Informal_In-Home_%20Inspection_checklist.pdf - informal and in-home provider (license exempt)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

All new child care providers and volunteers are required to complete precautions in transporting children (if applicable) as outlined in [ARSD 67:42:03:07.06](#) (Family Day Care); [sdlegislature.gov/Rules/Administrative/24726](https://legis.sd.gov/Rules/Administrative/24726) GFDC and DCC; [ARSD 67:42:14:12](#) (School Age Care); and [ARSD 67:42:14:13](#) (license-exempt - informal & in-home).

All child care providers and volunteers are required to complete on-going training in precautions in transporting children (if applicable) every five years as outlined in the handbook for each category of care. Citations include:

[Licensing Policy Handbook](#) pg. 21

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 14

[Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-7.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relatives are exempt from meeting this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care providers receive updated information and/or training on this topic area through statewide formal notifications by CCL or through the CCS contracted ECE agencies who are charged with ensuring appropriate training and information on all topics outlined in standard are accessible. Child care providers can also obtain information on [Education Opportunities \(sd.gov\)](https://www.sd.gov/education/education-opportunities). Child care providers are required to retain all completed training documentation on this topic showing compliance is achieved. Compliance is monitored through annual CCL monitoring visits.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Before a license is issued, the director or designated staff member is to be certified in pediatric first aid and CPR. During facility operation, at least one person is always onsite who is trained in pediatric first aid and certified in pediatric CPR. All staff hired thereafter are required to obtain pediatric CPR within 90 days of hire but are supervised after hire until pediatric CPR certification is obtained. Before a registration is issued, a registered home provider is required to be certified in pediatric CPR. In-home and informal providers are required to be certified in pediatric CPR prior to being left unsupervised with children. Pediatric CPR includes hands-on skill testing. Pediatric CPR certifications are required to remain valid.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

The requirements for this identified health and safety standard for the pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) for licensed care and family day care are outlined in [ARSD 67:42:10:06](#), [67:42:10:06.01](#), [67:42:03:07.02](#), [67:42:03:07.06](#), [67:42:14:13](#), and [67:42:14:12](#) as well as in

[Licensing Policy Handbook](#) pg. 22 and

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 11. Pediatric CPR and pediatric first aid is not specified in rule; however, is further clarified in the handbooks indicating pediatric CPR and pediatric first aid are a requirement.

The requirements for license exempt in-home and informal providers are outlined in [ARSD 67:47:01:13.01](#) and [Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-6. Pediatric CPR and pediatric first aid is not specified in rule; however, is further clarified in the handbook indicating pediatric CPR and pediatric first aid are a requirement.

All child care providers are monitored annually through using an inspection monitoring tool. [Monitoring and Inspecting \(sd.gov\)](#) (All categories of care options have this same information outlined as in this link.) The CCL monitoring policy and sample inspections are found on the following website:

https://dss.sd.gov/docs/childcare/licensing/Sample_Monitoring_Form.pdf Family Day Care (FDC)

https://dss.sd.gov/docs/childcare/licensing/Group_Family_Day_Care_Home/Program_Inspection_Sample.pdf GFDC & DCC Programming inspection (same checklist used for both categories)

dss.sd.gov/docs/childcare/licensing/Before_and_After_School_Programs/Program_Inspection_Sample.pdf School age program - programming inspection

https://dss.sd.gov/docs/childcare/Informal_In-Home_%20Inspection_checklist.pdf - informal and in-home provider (license exempt)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

All new child care providers and volunteers are required to complete pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) as outlined in [ARSD 67:42:03:07.06](#) (Family Day Care); sdlegislature.gov/Rules/Administrative/24726 (GFDC and DCC); [ARSD 67:42:14:12](#) (School Age Care); and [ARSD 67:42:14:13](#) (license-exempt - informal & in-home). Pediatric CPR and pediatric first aid is not specified in rule; however, is further clarified in the handbooks indicating pediatric CPR and pediatric first aid are a requirement.

All child care providers and volunteers are required to complete on-going training in pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) every five years as outlined in the handbook for each category of care. Citations include:

[Licensing Policy Handbook](#) pg. 21

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 14

[Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-7.

CPR certification is to remain valid at all times.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relatives are exempt from meeting this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care providers receive updated information and/or training on this topic area through statewide formal notifications by CCL or through the CCS contracted ECE agencies that are charged with ensuring appropriate training and information on all topics outlined in standards are accessible. Child care providers can also obtain information on [Education Opportunities \(sd.gov\)](https://www.sd.gov/education). Child care providers are required to retain all completed training documentation on this topic showing compliance is achieved. Compliance is monitored through annual CCL monitoring visits.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed, registered, in-home, and informal providers are required to know the indicators of abuse and neglect and the process of reporting abuse and/or neglect concerns to the appropriate authorities. This information is outlined in the orientation training as well as ongoing training opportunities. Licensed center staff are provided with the information and required to sign a document outlining their understanding of the abuse and neglect indicators and the reporting process. Licensing specialists thoroughly review this requirement with registered and licensed providers at the initial program visits and at all subsequent visits. Informal and in-home providers must have training within 90 days of their intent to provide care services. All handbooks outline abuse and reporting requirements.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

The requirements for this identified health and safety standard for the recognition and reporting of child abuse and neglect for licensed care and family day care are outlined in [ARSD 67:42:10:22](#), [67:42:03:09.01](#); and [67:42:14:14](#); as well as in [Licensing Policy Handbook](#) pg. 41 and https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 25 The requirements for license exempt in-home and informal providers are outlined in [ARSD 67:47:01:13.01](#) and [Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 6-7. All child care providers are monitored annually through using an inspection monitoring tool. [Monitoring and Inspecting \(sd.gov\)](#) (All categories of care options have this same information outlined as in this link.) The CCL monitoring policy and sample inspections are found on the following website:

https://dss.sd.gov/docs/childcare/licensing/Sample_Monitoring_Form.pdf Family Day Care (FDC)

https://dss.sd.gov/docs/childcare/licensing/Group_Family_Day_Care_Home/Program_Inspection_Sample.pdf GFDC & DCC Programming inspection (same checklist used for both categories)

dss.sd.gov/docs/childcare/licensing/Before_and_After_School_Programs/Program_Inspection_Sample.pdf School age program - programming inspection

https://dss.sd.gov/docs/childcare/Informal_In-Home_%20Inspection_checklist.pdf - informal and in-home provider (license exempt)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

All new child care providers and volunteers are required to complete the recognition and reporting of child abuse and neglect as outlined in [ARSD 67:42:03:07.06](#) (Family Day Care); sdlegislature.gov/Rules/Administrative/24726 GFDC and DCC; [ARSD](#)

[67:42:14:12](#) (School Age Care); and [ARSD 67:42:14:13](#) (license-exempt - informal & in-home). All child care providers and volunteers are required to complete recognition and reporting of child abuse and neglect every five years as outlined in the handbook for each category of care. Citations include:

[Licensing Policy Handbook](#) pg 21

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 14

[Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-6.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relatives are exempt from meeting this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Child care providers receive updated information and/or training on this topic area through statewide formal notifications by CCL or through the CCA contracted ECE agencies that are charged with ensuring appropriate training and information on all topics outlined in standards are accessible. Child care providers can also obtain information on [Education Opportunities \(sd.gov\)](#). Child care providers are required to retain all completed training documentation on this topic showing compliance is achieved. Compliance is monitored through annual CCL monitoring visits.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

N/A

ii. Please enter 'NA' below

N/A

iii. Please enter 'NA' below

N/A

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Orientation training content includes recognizing the four domains of developmental milestones, helping providers to identify developmental milestones, and an understanding of the provider's role as a caregiver who supports children in meeting their developmental milestones. In the Level II training for the child development topic area, the content provides a review of the topics covered in the Orientation class and includes a brief look at how the Early Learning Guidelines can be a tool to use when monitoring children's growth and development and explores the impact that brain development has on young children. All new child care providers and volunteers are required to complete child development training as outlined in [ARSD 67:42:03:07.06](#) (Family Day Care); sdlegislature.gov/Rules/Administrative/24726(GFDC & DCC) and

[ARSD 67:42:14:12](#) (School age) and [ARSD 67:42:14:13](#) (license-exempt - informal & in-home). All child care providers and volunteers are required to complete child development training every five years as outlined in the handbook for each category of care. Citations include:

[Licensing Policy Handbook](#) pg. 21

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf pg. 14

[Informal & In-Home Provider Policy Handbook for Child Care \(sd.gov\)](#) pgs. 5-6.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Relatives are exempt from meeting this requirement.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Child care providers receive updated information and/or training on this topic area through statewide formal notifications by CCL or through the CCS contracted ECE agencies that are charged with ensuring appropriate training and information on all topics outlined in standards are accessible. Child care providers can also obtain information on [Education Opportunities \(sd.gov\)](#). Child care providers are required to retain all completed training documentation on this topic showing compliance is achieved. Compliance is monitored through annual CCL monitoring visits.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

Ongoing health and safety training requirements include 20 hours annually for child care center caregivers, teachers, and directors; 10 hours annually for group family home caregivers, teachers and directors; and 10 hours annually for before and after school program caregivers, teachers, and directors.

b. License-exempt child care centers:

N/A

c. Licensed family child care homes:

Ongoing health and safety training requirements include six hours annually for family day care providers and their helpers.

d. License-exempt family child care homes:

On going health and safety training requirements include three hours annually for informal and in-home providers.

e.Regulated or registered In-home child care:

N/A

f. Non-regulated or registered in-home child care:

N/A

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

Children must be offered a meal which consists of a variety of foods which supplies at least one-third of the child's daily nutritional needs. Nutritious midmorning, midafternoon, and evening snacks must be served between meals as long as there are at least two hours between each meal and snack. Breakfast may be substituted for the midmorning snack. The provider shall prepare and post menus of the meals available for the week and shall record on the menu the food actually served. The provider shall retain the menus for a period of six months after the week for which it was prepared. As applicable, infants must be fed according to their individual schedule and must be held while bottle feeding. Training addressing this standard is provided by the ECE agencies. Citations: [ARSD 67:42:03:13](#); [ARSD 67:42:10:13](#); [ARSD 67:42:14:21](#)

b. Access to physical activity:

Describe:

Child care centers and school age programs are required to have a written program of activities planned according to the developmental level of each group of children. The program schedule must be planned to provide a flexible balance of active and quiet activities, individual and group activities, and indoor and outdoor activities. Training addressing this standard is provided by the ECE agencies. Citation: [ARSD 67:42:10:10](#); [ARSD 67:42:14:15](#)

c. Caring for children with special needs:

Describe:

N/A

d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

N/A

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

When a child care provider applies to be a licensed center, regulated, informal, or in-home child care provider, Child Care Licensing (CCL) furnishes the provider with the following: a copy of regulations, a sample inspection form, and options for obtaining orientation and annual training. At the initial announced inspection, the licensing specialist provides the following: an overview of all regulations and examples of how to meet requirements. Policy handbooks detail and justify the regulations and provide options for meeting compliance. Child and staff manila folders are shared with providers to assist with compliance and organization of required documents to be on file for enrolled children and staff. The folders contain a list of all staff or child record requirements including an immunization schedule, background checks and training verifications. Periodically throughout the year, licensing specialists send reminders of the forthcoming inspections and tips related to organization and compliance. There are periodic training sessions that occur to review and explain regulations, different ways to meet compliance, and methods for improved provider organization to ensure compliance. CCL staff complete annual inspections to ensure compliance with all health and safety requirements.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

CCL reviews the training requirements to include pre-service CPR, orientation training,

progressive health and safety training, and on-going annual in-service training with providers who are applying to be a licensed center, regulated, informal, or in-home provider. CCL also provides staff folders and other training verification forms to assist providers in tracking training. Providers are required to maintain documentation of training completion. CCL staff reviews provider documentation annually to monitor compliance.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

When a provider applies to be a licensed center, regulated, informal, or in-home child care provider, CCL furnishes the provider with: copies of regulations, a sample inspection form, and options for obtaining orientation and annual training. At the initial announced inspection, the licensing specialist provides an overview of all regulations (state and federal) and examples of how to meet requirements. Policy handbooks detail and justify the state regulations and provide options for meeting compliance. Child and staff manila folders are shared with providers to assist with compliance and organization of required documents to be on file for enrolled children and staff. Periodically throughout the year, licensing specialists send reminders of the forthcoming inspections and tips related to organization and compliance. There are periodic training sessions that occur to review and explain regulations, different ways to meet compliance, and methods for improved provider organization to ensure compliance. Annual inspections ultimately ensure compliance with all requirements.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

All licensed centers receive a copy of the inspection form at the time of their initial inquiry for licensure as well as a copy of the regulations. The licensing specialist works closely with the program throughout the preparation process, including a floor plan review completed by the State Fire Marshall's office and the Department of Health. When the program determines all requirements are met, an initial announced pre-licensure onsite inspection is completed to ensure compliance with programming standards, environmental health standards, as well as fire and life safety standards. This includes a review of all regulations and examples of how to meet compliance. Any issues of non-compliance are confirmed as corrected prior to issuance of the license.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

All licensed centers, including licensed CCDF providers, receive an unannounced annual onsite inspection to ensure compliance with programming standards, environmental health standards, as well as fire and life safety standards. To ensure inspectors are consistent across the state, a standardized form that includes all requirements is used to complete the inspection.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

[ARSD 67:42:16:03](#)

SD Child Care Licensing Policy Handbook, Section 1.

https://dss.sd.gov/docs/childcare/Licensing_Handbook.pdf

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

All registered family child care programs receive a copy of the inspection form at the initial inquiry for registration. The licensing specialist works closely with the provider

throughout the registration process. When the provider determines all requirements are met, an announced pre-licensure onsite inspection is completed to ensure compliance with programming standards, environmental health standards, as well as fire and life safety standards. This includes a review of all regulations, and examples of how to meet compliance. Any issues of non-compliance are confirmed as corrected prior to issuance of the registration.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

All registered providers receive an unannounced annual, onsite inspection for compliance with programming standards, environmental health standards, as well as fire and life safety standards. Licensing specialists attempt to make visits to each program at various times each year to avoid patterns.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
 B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

[ARSD 67:42:16:03](#)

SD Child Care Family Child Care Policy Handbook, Section 1.

https://dss.sd.gov/docs/childcare/FDC_Handbook.pdf

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards -

of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

The Lead Agency licensing specialists are responsible for conducting all inspections of license-exempt CCDF providers.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address

the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

N/A. There is no license-exempt center-based CCDF providers in South Dakota.

i. Provide the citation(s) for this policy or procedure

N/A

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Monitoring of informal providers consists of annual announced monitoring visits. An inspection form, modified from the registered family home inspection form, is used. These inspections monitor all federally required standards. This full inspection form is completed at the initial and at each annual monitoring visit.

i. Provide the citation(s) for this policy or procedure

[ARSD 67:47:01:13.01](#) In-home and Informal Policy Handbook.

https://dss.sd.gov/docs/childcare/licensing/Informal_and_In_Home_Handbook.pdf

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of

monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. Monitoring of in-home providers consists of annual announced monitoring visits. An inspection form, modified from the registered family home inspection form, is used. These inspections monitor all federally required standards. This full inspection form is completed at the initial and at each annual monitoring visit.

b. Provide the citation(s) for this policy or procedure.

[ARSD 67:47:01:13.01](#)

In-home and Informal Policy Handbook.

https://dss.sd.gov/docs/childcare/licensing/Informal_and_In_Home_Handbook.pdf

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

The Lead Agency licensing specialists are responsible for conducting all inspections of license-exempt in-home CCDF providers.

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

All inspections are completed by The Office of Licensing & Accreditation CCL specialists

and Department of Public Safety (DPS) inspectors. DPS inspectors conduct inspections on behalf of the Office of Licensing & Accreditation. DPS inspectors submit all inspection reports to the CCL specialist when completed. The CCL specialists conduct inspections, enforce all regulations, follow-up on all non-compliance issues from their or the DPS inspections, and follow-up with all questions from providers, and provide resources and technical assistance. The licensing specialists provide training and technical assistance to DPS inspectors as well as interpretation of regulations. CCL specialists complete the National Association of Regulatory Administrators (NARA) National Regulatory Professional Credential (NRPC) when eligible to do so . This Credential is available only to staff who have worked for at least two years as a licensing specialist. As part of the credential process, staff agrees to comply with and adopt the NARA code of ethics. Licensing specialists are required to complete the child care orientation training modules and the progressive health and safety training modules. The licensing specialist position has competency standards specific to their area of work which are evaluated annually, as well as competencies including professionalism, communication, customer service, initiative, teamwork, planning and organization, and problem solving. Monthly staff meetings as well as routine in-person meetings are used to review regulations, justification, and compliance related to regulations for each type of provider. The DPS inspectors have standards and are evaluated annually on competencies related to their specific area of work as well as competency standards including professionalism, attention to detail, communication, composure, conflict management, customer service, developing others, planning and organization, problem solving, and teamwork. Inspectors participate in initial training with CCL staff related to CCL's philosophy, interpretation of regulations, and licensing processes. Training includes approaches to working with a family home provider as this is their home and inspectors must understand the process can be viewed as invasive, and environmental standards may not be the same as their personal standards. Inspectors then shadow licensing specialists during actual inspections to see how the licensing specialists work differently with home and center providers. Training includes age appropriate knowledge such as feeding patterns of infants, being held while bottle fed, etc. In addition, training includes requirements and best practices for school age programs as opposed to preschool programs. Thereafter, the inspectors meet locally with the licensing specialists on a regular basis to discuss programs, inspections, identify challenges and successes, clarify issues, and answer questions. Ongoing training includes child care regulations including fire and life safety regulations and environmental health regulations. CCL staff are also required to

complete annual Civil Rights training and Health Insurance Portability and Accountability Act (HIPAA) training.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Inspectors participate in initial training with CCL staff related to CCL's philosophy, interpretation of regulations, and licensing processes. Training includes approaches to working with a family home provider as this is their home; and, inspectors must understand the process can be viewed as invasive, and environmental standards may not be the same as their personal standards. Inspectors then shadow licensing specialists during actual inspections to see how the licensing specialists work differently with home and center providers. Training includes age appropriate knowledge such as feeding patterns of infants, being held while bottle fed, etc. In addition, training includes requirements and best practices for school age programs as opposed to preschool programs. Thereafter, the inspectors meet locally with the licensing specialists on a regular basis to discuss programs, inspections, identify issues and successes, clarify challenges, and answer questions. Ongoing training occurs that includes child care regulations, fire and life safety regulations, and environmental health regulations. Licensing specialists are required to complete the child care orientation training modules and the progressive health and safety training modules.

c. Provide the citation(s) for this policy or procedure.

Child Care Licensing Procedure and Policy Manual pg. 16 This manual is an internal guide and not available on the DSS website for public view.

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

CCL staff are located regionally across the state. The number of providers in a region is used to determine how many licensing specialists are needed to complete inspections in a timely manner. Also, the agency has an inter-agency agreement with DPS to assist with inspections of all regulated programs as well as in-home and informal providers. Ten CCL specialists and up to 22 DPS inspectors complete all annual inspections in a timely manner. The current inspector to program ratio is 1:30.

b. Provide the policy citation and state/territory ratio of licensing inspectors.

Chapter 1 of the Child Care Licensing Procedure and Policy Manual.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Citation: [ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); and [SDCL 26-6-14.5](#) Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

All other providers eligible to deliver CCDF Services

Citation:

Citation: Citation: [ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); and [SDCL 26-6-14.5](#); Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Citation : [ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); [SDCL 26-6-14.5](#); Child Care Licensing Policy Handbook Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

All other providers eligible to deliver CCDF Services

Citation:

Citation: [ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); [SDCL 26-6-14.5](#); Child Care Licensing Policy Handbook Section 2; Family Day Care Handbook,

Section 1; and Informal and In-Home Provider Handbook.

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Citation: [ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); [SDCL 26-6-14.5](#); Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

All other providers eligible to deliver CCDF Services

Citation:

Citation: [ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); [SDCL 26-6-14.5](#); Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check

components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

[ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); and [SDCL 26-6-14.5](#) Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

All other providers eligible to deliver CCDF Services

Citation:

[ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); and [SDCL 26-6-14.5](#) Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

[ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); and [SDCL 26-6-14.5](#) Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

All other providers eligible to deliver CCDF Services

Citation:

[ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); and [SDCL 26-6-14.5](#) Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check

components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

[ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); and [SDCL 26-6-14.5](#) Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

All other providers eligible to deliver CCDF Services

Citation:

[ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); and [SDCL 26-6-14.5](#) Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

[ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); and [SDCL 26-6-14.5](#) Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

All other providers eligible to deliver CCDF Services

Citation:

[ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); and [SDCL 26-6-14.5](#) Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

[ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); and [SDCL 26-6-14.5](#) Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

All other providers eligible to deliver CCDF Services

Citation:

[ARSD 67:42:16:04](#); [SDCL 26-6-14.3](#); [SDCL 26-6-14.4](#); and [SDCL 26-6-14.5](#) Child Care Licensing Policy Handbook, Section 2; Family Day Care Handbook, Section 1; and Informal and In-Home Provider Handbook.

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per \hat{A} § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in \hat{A} § 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

CCL specialists facilitate all required screening forms for family day care; informal; and in-home providers. All required screening forms are given to an applicant for completion,

including household members. The forms are returned to the licensing specialist and then shared with the Lead Agency for processing. For all other providers, CCL staff direct providers to [Child Care Provider Forms \(sd.gov\)](#) that provides instructions and forms needed to submit all appropriate screening forms to the Lead Agency for processing. Center-based programs complete all necessary screening forms and submit to the Lead Agency for processing.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

CCL pays the cost of background checks all center-based programs; family day care providers and household members; as well as in-home and informal providers.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Regulated child care programs are required to submit a request to CCL for a background check on all prospective staff members prior to their employment. The staff member can begin employment after the results from the FBI or South Dakota state repository (DCI) are received. CCL will send an eligibility letter to the child care program notifying them of screening completion. The staff will then remain under the supervision of an individual who has completed all components of the background check, until the results of the check have been received by the program. Once all screening requirements are met, CCL will send another eligibility letter to the program indicating all screening requirements have been met. Citation include:

https://dss.sd.gov/docs/childcare/Licensing_Handbook.pdf pg. 18-21. For the family day

care and family care license exempt category, providers are not eligible for CCDF funding until all screening checks have been completed.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

CCL specialists facilitate all required screening forms for family day care and informal and in-home providers. All required screening forms are given to an applicant for completion, including household members. The forms are returned to the licensing specialist and then shared with the Lead Agency for processing. CCL has a link on the CCS website for all licensed child care programs to utilize. This website provides instructions and forms needed to submit all appropriate screening forms to the Lead Agency for processing.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

Each center-based program is responsible to review and ensure all staff submit a five-year background screening check to the Lead Agency. Compliance is monitored by CCL through completing a staff file review during each annual inspection visit. During a file review, should it be discovered an individual is not in compliance with this requirement, a citation for non-compliance would be issued, correction plan issued, and monitored to ensure compliance. Annually CCL specialists review family day and license exempt family provider files to determine what providers or household members will be required to go through the comprehensive background screening process. If noted, a screening is required, the CCL specialist will provide the appropriate screening forms to the family day care provider or license exempt family day care provider. CCL monitors completion and compliance with this required screening. Family day care providers are responsible to ensure all helpers submit a five-year background screening as required. CCL specialists monitor compliance by reviewing helper files during the annual inspection visit. Should it be determined that a helper is not in compliance with this requirement, a citation for non-

compliance would be issued, correction plan issued, and monitored to ensure compliance.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

CCL specialists monitor compliance with this requirement during the annual inspection visit.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

[Child Care Provider Forms \(sd.gov\)](https://dss.sd.gov/childcare/background_screening.aspx)

https://dss.sd.gov/childcare/background_screening.aspx

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

-- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components

-- How the Lead Agency is informed of the results of each background check component

-- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

A request for an in-state background check is submitted to the Lead Agency prior to hire. The Lead Agency receives and processes all in-state background screening information for center-based, licensed family day care, and informal and in-home providers. The Lead Agency completes the in-state requests for the South Dakota sex offender registry and the South Dakota Central Registry. The South Dakota Division of Criminal Investigation (DCI) is the South Dakota repository for state criminal records. DCI receives and processes fingerprint requests for the in-state check. The Lead Agency makes all determinations on eligibility based on results received. Eligibility is based on non-qualifying offenses listed in Code of Federal Regulation ([CFR](#)) ([98.43\(c\)\(1\)\(iv-v\)](#)), [ARSD 67:42:16:04](#) and [SDCL 22-1-2](#). All in-state screenings are typically completed within two-three weeks of submission.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

The process is the same. A request for a national background check is submitted prior to hire. The Lead Agency receives and processes all national background check information for center-based, licensed family day care, and informal and in-home providers. The Lead Agency submits the completed FBI fingerprint card to the South Dakota DCI that processes these requests. The NCIC; NSOR and FBI print results are returned to the Lead Agency that makes the determination regarding eligibility for child care employment. Eligibility is based on non-qualifying offenses listed in federal rule ([CFR](#)) ([98.43\(c\)\(1\)\(iv-v\)](#)), [ARSD 67:42:16:04](#) and [SDCL 22-1-2](#). All national screenings are typically completed within two-three weeks of submission.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

A request for an inter-state background check is submitted prior to hire. The Lead Agency receives and processes all inter-state background screening information for

center-based, licensed family day care, informal and in-home providers. The Lead Agency completes the inter-state sex offender registry check for the appropriate state. The inter-state repository and inter-state central registry requests are submitted to the appropriate state for processing. The Lead Agency makes the final eligibility determination based on the results received from other agencies that have completed the search. Eligibility is based on non-qualifying offenses listed in ([CFR \(98.43\(c\)\(1\)\(iv-v\)](#)), [ARSD 67:42:16:04](#) and [SDCL 22-1-2](#). The Lead Agency submits all requests to other states within a week of receipt.

[d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.](#)

A request for all required screenings is submitted prior to hire. The Lead Agency allows center-based staff to obtain previous eligibility information if they are transitioning employment from one program to another if there is not more than 180-days gap in employment. In-state background screenings are completed within two to three weeks; however, inter-state background screening may take over 45 days. If this situation occurs, then the State will make the determination based on the in-state and national background screening results. Should the inter-state background screening result in an ineligibility determination, the Lead Agency will proceed with the appropriate notification and actions.

[e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.](#)

The Lead Agency would conduct a screening for both in-state, national, and inter-state through the process outlined previously. A request for an in-state background check is submitted to the Lead Agency prior to hire. The Lead Agency receives and processes all in-state background screening information for center-based, licensed family day care, and informal and in-home providers. The Lead Agency completes the in-state requests for the South Dakota sex offender registry and the South Dakota Central Registry. The South Dakota Division of Criminal Investigation (DCI) is the South Dakota repository for state criminal records. DCI receives and processes fingerprint requests for the in-state check. The Lead Agency makes all determinations on eligibility based on results received. Eligibility is based on non-qualifying offenses listed in Code of Federal

Regulation ([CFR \(98.43\(c\)\(1\)\(iv-v\)](#)), [ARSD 67:42:16:04](#) and [SDCL 22-1-2](#). All in-state screenings are typically completed within two-three weeks of submission. A request for a national background check is submitted prior to hire. The Lead Agency receives and processes all national background check information for center-based, licensed family day care, and informal and in-home providers. The Lead Agency submits the completed FBI fingerprint card to the South Dakota DCI that processes these requests. The NCIC; NSOR and FBI print results are returned to the Lead Agency that makes the determination regarding eligibility for child care employment. Eligibility is based on non-qualifying offenses listed in federal rule ([CFR \(98.43\(c\)\(1\)\(iv-v\)](#)), [ARSD 67:42:16:04](#) and [SDCL 22-1-2](#). All national screenings are typically completed within two-three weeks of submission. A request for an inter-state background check is submitted prior to hire. The Lead Agency receives and processes all inter-state background screening information for center-based, licensed family day care, informal and in-home providers. The Lead Agency completes the inter-state sex offender registry check for the appropriate state. The inter-state repository and inter-state central registry requests are submitted to the appropriate state for processing. The Lead Agency makes the final eligibility determination based on the results received from other agencies that have completed the search. Eligibility is based on non-qualifying offenses listed in ([CFR \(98.43\(c\)\(1\)\(iv-v\)](#)), [ARSD 67:42:16:04](#) and [SDCL 22-1-2](#). The Lead Agency submits all requests to other states within a week of receipt.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The South Dakota DCI is the agency responsible for conducting and responding to interstate screening requests. South Dakota allows for screening for employment purposes. The Lead Agency has information and instructions located on the CCS website to link the requestor to the South Dakota DCI which further outlines the process and provides information needed to submit for a South Dakota repository check.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Lead Agency's website has the South Dakota sex offender and National sex offender registry link listed on the CCS website, available for a requesting agency to search.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The South Dakota Division of Child Protection Services agency is responsible to conduct and respond to individuals requesting to be screened for substantiated reports of abuse or neglect. The lead agency has information and instructions located on [Child Care Provider Forms \(sd.gov\)](#). This links the requestor to the form required to be completed along with instructions on submission. The results are returned to the individual who requested the screening. In accordance with SDCL [26-8A-12.4](#), only central registry checks for prospective foster or adoptive parents can be conducted at the request of governmental social service agency for another state.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated

interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://dss.sd.gov/childcare/background_screening.aspx

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://dss.sd.gov/childcare/background_screening.aspx

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email
- vi. FAX

- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

https://dss.sd.gov/childcare/background_screening.aspx

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

- No
- Yes.

If yes, describe other disqualifying crimes and provide the citation:

[ARSD 67:42:16:04](#) outlines all State rules that disqualify child care staff based on a

conviction. The State rules align with the federal law; however, South Dakota does prohibit an individual from working in a licensed child care program or family day care if convicted of a crime of any felony within the preceding five years.

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

CCL processes and reviews all background screenings conducted. A notification letter informing of eligibility or ineligibility is completed and sent to all center-based programs for each staff person. The licensing specialist receives notification letters for family day care and informal and in-home providers. The letter includes an individual's name and all checks completed and a description of eligibility or ineligibility. No personally identifiable information is on the letter and no details of screening results are included.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4).

[SDCL 22-1-2\(9\)](#) outlines crimes that would indicate harmful behavior to children and [ARSD 67:42:16:04](#) prohibits anyone with a felony conviction within the past five years from providing care to children. Individuals who are not in violation of federal and state rules and laws are eligible to provide care.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

The procedure for each applicant to appeal the accuracy of a screening report is separate for the individual screening conducted. For an in-state central registry screening, the individual has 30 days from the date of the notice to add their name to the central registry to submit an appeal through the DSS Office of Administrative Hearings. The Office of Administrative Hearings provides fair and timely hearing. For an in-state Sex Offender Registry (SOR) appeal, an applicant should contact the local law enforcement agency or the Division of Criminal Investigation at [South Dakota Attorney General \(sd.gov\)](https://www.southdakota.gov/AttorneyGeneral). For an appeal regarding an in-state repository, FBI, or NCIC screening, an applicant has three options for requesting a change or correction. One option is to

contact **South Dakota** Division of Criminal Investigation; Mickelson Criminal Justice Center; 1302 East Highway 14, Suite 5; Pierre, SD 57501-5070. Another option is to submit challenges directly to the FBI at <https://www.edo.cjis.gov>. Finally, send a written request to: FBI CJIS Division; Attention Criminal History Analysis Team 1; 1000 Custer Hollow Road; Clarksburg, WV 26306.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

South Dakota requires the individual contact the specific state in which the conviction was made and follow that state's appeal process.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

South Dakota requires the individual contact the specific state in which the registry placement was made and follow that state's appeal process.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.
Describe:
- c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.
Describe:
- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.
Describe:
- c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

The CCS Core Knowledge and Competencies document was developed as a component of the South Dakota Pathways to Professional Development Trainer Registry. The purpose of the document is to provide Pathways Trainers with an understanding of the principles of knowledge that need to be addressed in training sessions in order to develop caregivers' knowledge and skills in the 15 Professional Training Areas of the South Dakota Pathways to Professional Development project.

ii. Career pathways. Describe:

The Pathways to Professional Development Career Lattice is a voluntary workforce registry. The Career Lattice is comprised of seven levels that range from Introductory Informal Education to Masters & Doctoral Degrees. The training system provides training opportunities from entry level training to age-appropriate certificates which leads directly to 120 hours of training required for the CDA credential. The CDA training articulates into 10-12 college credits toward an Associate's or Bachelor's degree program at five South Dakota higher education institutions.

iii. Advisory structure. Describe:

CCS has a Pathways Advisory Committee that provides feedback on the SD Pathways to Professional Development Career Lattice and Trainer Registry. The Committee includes the State Head Start Collaboration director, Early Childhood Enrichment staff, and CCS representatives. In the upcoming plan year, CCS will form a provider workgroup to assist in the review and potential revision of the SD Pathways to Professional Development

Career Lattice in preparation for the SD QRIS Pilot. When developing professional training and technical assistance opportunities, CCS works with the five regional ECE coordinators, licensing specialists, the Head Start Collaboration Office, representatives from higher education, and other various experts, such as the State Department of Health or Department of Public Safety based on the project or focus. For special projects or initiatives, advisory groups are developed based on the needs of the project.

[iv. Articulation. Describe:](#)

CCS has articulation agreements with five higher education institutions (South Dakota State University (SDSU), Black Hills State University (BHSU), Oglala Lakota College (OLC), Southeast Technical College, and Sisseton Wahpeton College) to enable child care providers to articulate their CDA training into 10-12 college credits toward an Associate's or Bachelor's degree program. Training must be completed through either the South Dakota CDA (SD CDA) Training Program or other state-recognized online training program to be eligible for articulation. Under each agreement, a child care provider must have a current CDA credential and have completed the 30-hr Pathways to Professional Development Series training in order to receive articulation credit from higher education.

[v. Workforce information. Describe:](#)

The Pathways to Professional Development Career Lattice collects workforce data relative to those individuals who voluntarily participate. Additional workforce data is collected through provider surveys. This data includes provider characteristics such as average number of days/hours of operation per week, enrollment; types of care offered; educational level of the provider/director and staff; turnover rates, etc. ECE staff provide presentations to high school students in area schools to introduce them to the early childhood field. Through an articulation agreement with the SD CDA Training Program, students completing the 1-year Diploma Program at Southeast Technical Institute can articulate their training into CDA to increase workforce available in early childhood programs. In SD, CDA qualifies a person as a program planner in a child care center. CCS staff participate on the SD early childhood informal workforce development group.

[vi. Financing. Describe:](#)

CCS provides financial support in the form of an online, on-demand orientation training series to providers at no cost (except for CPR Certification) to assist them in meeting that

training requirement. Costs for CPR Certification continue to rise. CCS purchased certification cards so the costs are not passed on to providers. As the CDA credential is a requirement for a program planner, CCS provides financial support to child care providers through income-based scholarship opportunities. The SD CDA Training Scholarship provides financial support towards the cost of training/technical assistance and the SD CDA Assessment Scholarship pays for the full assessment fee from the Council for Professional Recognition. After receiving the national CDA credential, the provider can take the 30-hour Pathways to Professional Development Series and then upon enrolling into a higher education program, articulate their training into free college credits.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

As the Council for Professional Recognition now accepts training in the form of three college credits, 4.5 Continuing Education Units (CEUs), or 45 clock hours to meet the Child Development Associate renewal requirements, South Dakota has limited the number of CEU training opportunities available through the ECE System. Although there are not many advertised CEU classes, there are several advanced training opportunities where there is an option for a student to receive CEU credit hours upon request. In addition to these opportunities, most professional early childhood, and school-age conferences in South Dakota provide both CEU and college credit opportunities.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Most of the early childhood and school-age training opportunities in South Dakota are provided by the ECE System. CCS works closely with these five regional agencies to design, implement, and periodically revise all statewide training and quality improvement initiatives, carefully considering how they will fit into the existing training framework. A training pathway has been established for child care programs from orientation to credential training. In addition, CCS works with representatives from higher education to

maintain current articulation agreements for the SD CDA Training Program and the implementation of the SD Early Learning Guidelines and incorporating those into the early childhood education field.

iii. Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

Training and professional development requirements are embedded in child care licensing administrative rules and serve as the foundation for training development. The Early Learning Guidelines and Pathways to Professional Development program serve as guidance for training content. Course content is developed in consultation with five regional ECE training entities, the Child and Family Services Inter-Agency Workgroup which includes representatives from the state departments of Education, Health and Human Services and other agencies as needed. Input from the child care field, is received through communication with various provider associations and through the administrative rules process. ECE and licensing staff have regional meetings on a regular basis to discuss local issues, needs, changes, etc., based on comments from providers or licensing issues in the field. SDSU has reviewed and approved the class content for the 30-hr Pathways to Professional Development Series as part of the articulation agreement.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

The South Dakota professional development framework was designed to improve the quality of child caregivers, teachers and directors by offering training opportunities that meet them wherever they are in their knowledge and skill level whether it be at entry level or more

advanced levels. All training provided is research or evidence-based utilizing sources such as the American Academy of Pediatrics, Program for Infant Toddler Caregivers (PITC), and the Pyramid Model Consortium. To promote continued growth toward quality care, the framework offers varied access to training. South Dakota has developed a pathway that begins with an online, on-demand orientation training series that is offered free of charge to all providers through the Child Development Associate and SD Out-of-School Time Credential programs. Access to ongoing quality in-person and online training from the ECE System is available at no or low cost to programs. Training opportunities in the professional development framework address the diverse needs of the child care workforce and the diverse needs of the people they care for by providing training specific to provider types such as family child care, child care center and out-of-school time, as well as specific ages of children such as infants, toddler, preschool, and school age children. Training opportunities provide help to child care providers to understand and support families of various cultures and economic levels. For example, the ECE system offers a variety of professional development opportunities to assist providers in understanding cultural diversity, how to create partnerships with families and activities to support children who have either English as a second language or a disability. The State's professional development framework promotes provider stability by providing basic enrichment training classes focused on self-care for child care providers. Additional classes are available that support providers in giving them the knowledge and skills needed to do their job well including challenging behaviors, guidance and discipline practices, and working as a team to provide information to support providers in finding ways to address the main sources of stress in the workplace. Through these opportunities, caregivers not only receive training that supports their work with children, but also are provided with information such as how their individual temperaments and perceptions affect the way they interact with others. To further promote program and provider stability, onsite technical assistance opportunities through the ECE system are available to support program directors in addressing program specific issues such as environment and addressing challenging behaviors to support programs in delivering quality services to the children in their care. Management classes are available statewide online not only to directors, but also to leaders within the field. These classes provide an opportunity for directors to learn new skills and network with other professionals from across the state. The South Dakota professional development framework was designed to support the retention of caregivers by providing them with the knowledge and skills to better and more efficiently do their jobs. When providers are equipped with the knowledge and skills specific to their work they are empowered, tend to stay in their positions longer, and provide higher quality care.

Continuing professional development offered through the framework provides opportunities for providers to obtain age-specific certificates and training toward the CDA credential. Income-based scholarship opportunities are available to providers to support the cost of the SD CDA training program and to cover the full assessment fee from the Council for Professional Recognition. Individuals with a CDA credential meet the state licensing requirements to be a program planner or director. Articulation agreements with higher education provide an opportunity for child care providers to obtain free college credit upon enrollment in an Associate's or Bachelor's degree program. In Rapid City, the regional ECE agency provides presentations on the opportunities for employment in the early childhood field. This ongoing relationship with a Family & Consumer Science instructor at Rapid City Central High School resulted in the development of an articulation agreement at the secondary level. This agreement enables high school students to articulate child development class hours from the Family and Consumer Education class into the SD CDA Training Program at the ECE agency.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

·The knowledge and application of its early learning and developmental guidelines (where applicable); Knowledge and application of the early learning and development guidelines, health and safety standards and social-emotional/behavioral and early childhood mental health intervention models, which include positive behavior intervention (based on the Pyramid Model) and other support models are available to providers as stand-alone training series or embedded within other existing training offerings throughout the state. In addition, a statewide Early Learning Guidelines series is held three times per year.

·Its health and safety standards (as described in section 5); The South Dakota ECE Orientation to Child Care Series provides information on state licensing regulations in relation to the federally identified health and safety topic areas. In addition, ongoing training on health and safety topics required for licensure is available both in-person and online through the ECE System. Topics are repeated throughout the year to meet the needs of new providers and staff.

·Social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)). Licensing regulations identify Guidance and Discipline as a specific training topic. Foundational knowledge of social and emotional development is incorporated at various levels of the professional development system. The SD ECE System provides two statewide online training series based on the Pyramid Model - the Preschool Social Emotional Foundations for Learning and the Infant/Toddler Social Emotional Foundations series three times annually to providers. Resources from the Center for Social Emotional Foundations for Early Learning (CSEFEL) are regularly shared with child care providers during training, technical assistance, and coaching opportunities to expand the knowledge and implementation skills of child care providers. Utilizing funding from the Coronavirus Response and Relief Acts, CCS purchased a variety of children's book titles for children birth to school-age to disseminate to child care providers through social emotional training opportunities as a resource to support children's social emotional health.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

CCS requires the ECE System to provide a variety of training opportunities accessible to all child care providers statewide, including those supported by Indian tribes on each of the nine tribal areas of the state. Entry-level to advanced training opportunities are provided onsite in a variety of communities, and through statewide and regional online training opportunities. CCS offers an online, on-demand orientation training series to meet the federally identified health and safety topic areas. In 2020, the online, on-demand Level II Ongoing Health and Safety training series was released. These series are available to all child care providers at no cost, including those supported through tribal organizations. The ECE agencies publish monthly training calendars on their websites and provide notifications of upcoming training opportunities through e-mails and newsletters to all regulated providers, including tribal programs. The calendars are also posted on the CCS website. Training is available on a regional level that directly addresses Native American culture and activities for child care providers. These have included trainings such as American Indian History & Culture: Past and Present and the Circle of Life Series. In addition to trainings available on the training calendar, the ECE agencies work in collaboration with licensing staff and tribal entities to identify and address potential gaps in training needs and accessibility to training. The ECE offices have worked with tribal child care centers in their regional service areas to provide Child Development Associate training classes to child care providers in the tribal communities of Pine Ridge, Rosebud, and Agency Village. CCS has established articulation agreements with Oglala Lakota College and Sisseton Wahpeton College to establish a pathway for area Head Start, Early Head Start staff, and child care providers to obtain and to encourage child care providers who have received their CDA credential to seek a degree. In addition to training provided directly by ECE staff, the agencies have license agreements with an online training organization to improve accessibility of CDA training and CEUs to child care providers in rural areas of the state.

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

South Dakota has organizations in the Sioux Falls region that offer various programs and resources to limited English-speaking child care providers. These programs provide many connections within the community to assist with interpretation services. Limited English-speaking families themselves are a resource. Most often, familiar individuals are selected as a provider by the family and CCS works with various interpretation services or English-speaking family members to increase communication and understanding of the training content. If a potential provider is identified, licensing specialists make contact with the potential provider. They share resource information available on services they can choose from and promote to the informal or in-home provider the higher rate paid to a registered provider and the process to encourage them to become registered. CCS provides access to an online orientation training provided by Better Kid Care to provide access for individuals who speak Spanish. Closed captioning is available to complete the training at no cost to the provider for the Orientation to Child Care and Ongoing Health and Safety training series. CCS has collaborated with the Aspire2Tech program offered at Southeast Technical College in Sioux Falls as a way to support individuals with limited English-speaking proficiency to enter the to the child care field. The Introduction to Child care course teaches developmental milestones, nutritional needs, and appropriate disciplinary strategies for young children. Students also gain reading and language skills and learn about the behaviors and values needed for the workplace. Students will also earn a Work Ethic Certificate through this course and upon completion are prepared to take the Orientation to Child Care Series required for all individuals working in state registered and licensed child care programs. Licensing staff work directly with providers and inform them of supports available to them. Licensing staff use pictorials to describe compliance items such as fire extinguishers and outlet covers. Often various languages and/or dialects are spoken and with the help of an Interpreter or a family member who speaks English, communication challenges have been overcome on a case by case basis based on the comfort level of the provider.

b) who have disabilities

Child Care supports providers on a case by case basis to provide individualized supports based on the needs of the provider. Special accommodations such as sign language interpreters, translators, adaptive devices, or other needed accommodations in order to fully participate are also addressed on a case by case basis. Licensing staff work directly with providers and inform them of supports available to them. Licensing staff use pictorials to describe compliance items such as fire extinguishers and outlet covers. Health and safety orientation training classes that have a closed captioning option are available to providers at no cost to meet this training requirement.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

Basic training and professional development requirements are generalized for all providers; however, specialized training is available throughout the state specific to the types of care provided such as age specific entry level training for infant-toddler care, preschool age care, or care of school age children. Child Care recognizes that every family has a unique culture and the training provided helps child care providers to understand and support families of various cultures and economic levels. Licensing regulations include cultural diversity and inclusion of all children as training topic areas. The ECE System provides professional development opportunities to assist providers in understanding cultural diversity, how to create partnerships with families and activities to support children who have either English as a second language or a disability. In South Dakota, the Native American population is the second largest in the state. Trainings that specifically address Native American culture and activities for child care providers focusing on the philosophy of Native American traditions are offered regionally. Training for best meeting the needs of children with disabilities is embedded in all training to ensure providers understand the concept of inclusion and implement inclusive practices into their program. Training for specific provider needs is

conducted on a case-by-case basis. In addition to training in this area, the SD Early Learning and Developmental Guidelines (ELDG) are a resource for child care providers serving children with disabilities. This document, for children birth to age five years, also includes information on working with English Language Learners and a variety of strategies and suggestions for setting up the environment.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

Information on identifying and serving homeless children and families is embedded into a variety of state and regional training opportunities through the ECE agencies. The decision to embed the information in this way rather than develop a stand-alone course was made based on how the system could impact the greatest number of providers with this information. In each class, the information presented is relevant to the class topic, for example, in a class regarding child development, information is included on the effects that experiencing homelessness can have on a child's development and how children may respond to their experiences. Resources such as the availability of local DSS Resource Guides, the State Coordinated Entry System (CES) which connects the homeless or those at risk of becoming homeless with available resources, and other state and national resources are shared as a way for providers to support families. State curriculums such as the Infant and Toddler Care Entry Level Series, Family Child Care Entry Level Series, and the SD CDA Training Program have all formally integrated this information. To facilitate the ongoing integration of this information, CCS developed and annually reviews a list of key resources and talking points for the ECE agencies to use in embedding information into existing training. Technical assistance is also provided to child care providers to share resources for families experiencing homelessness upon request. Child Care Assistance caseworkers also provide resources to families who apply for assistance that identify themselves as homeless. Additional resource information on serving children and families experiencing homelessness is listed in Section 4 of the Child Care Licensing Policy Handbook and Section 3 of the

Family Child Care Policy Handbook. This information provides resources and connections to help support the family.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

CCL specialists, subsidy caseworkers, and administrative staff along with the regional ECE trainers receive ongoing training in the area of identifying and serving children and their families experiencing homelessness. All new employees of CCS and CCL participate in a poverty simulation as part of the DSS new employee orientation. CCS staff have received training on eligibility for and services provided through McKinney-Vento Act by the South Dakota Department of Education Homeless Coordinator. A CCS representative participates in the statewide Housing for the Homeless Consortium and the Continuum of Care Youth Subcommittee.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

Basic training on business practices is delivered by the ECE network through trainings such as: Early Childhood Management Training Series, Family Child Care Entry Level Series, and the Pathways to Professional Development Series. These series are available through the Statewide Online Training Calendar to be accessible to child care providers statewide. The content includes information and resources for record keeping, budgeting, program policies, hiring practices, etc. Regional ECE agencies and licensing staff provide one-on-one technical assistance to child care programs to address individual program needs. During these technical assistance visits, staff utilize tools such as the Program Administration and Business Administration Scales as well as resources from First Children's Finance (<http://www.firstchildrensfinance.org/>) to improve program business practices. When more formal, in-depth training is needed, ECE agencies refer

child care directors to local resources such as the Department of Labor and Regulation and the Small Business Administration who have additional expertise in this area. In this Plan year, CCS and CCL will provide online training and resources for State registered and licensed child care programs by Tom Copeland.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers's business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

Topics include Managing vs Leading; and Policy Development and Implementation.

6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify

which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

CCS contracts with five ECE programs to provide training and technical assistance and facilitate implementation of other professional development activities for child care providers statewide. Specific training related to social emotional, physical and cognitive development includes: The Physical Activity Technical Assistance (PATA) program; Pyramid Model training; Early Learning and Development Guidelines (ELDG) training; CDA Training; and Entry Level Training (Family Child Care, Infant/Toddler, Preschool, and School Age). CCDF funds are used for this activity.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

CCS contracts with the five ECE programs to provide training and technical assistance to educate and support child care programs in supporting children's social emotional health and address challenging child behaviors. In addition, ECE agencies in Rapid City and Sioux Falls provide the Social Emotional Project to area providers. Through this project the ECE staff work with the child care provider, child, and the child's family to provide services related to challenging behaviors that will support the child remaining in the child care program and reduce expulsion and

suspensions. CCDF funds are used for these activities.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

CCS contracts with five ECE programs to provide training and technical assistance to support child care providers' in creating partnerships with families. The ECE's are funded with CCDF funds. This topic is woven into Series curriculums such as the SD CDA Training Program and Family Child Care Entry Level training. The Physical Activity Technical Assistance (PATA) program assists programs in developing or revising program physical activity policies and then works with the program to implement the policy into program practices with staff and families. The Social Emotional Project, available in Sioux Falls and Rapid City, works with the caregiver and parent(s) to open communication and provide necessary supports with the goal to provide consistent practices for the child both at home and in the classroom to help address challenging behaviors and reduce expulsion or suspensions.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

CCS contracts with five ECE programs to provide training and technical assistance to support child care providers' in creating partnerships with families. The ECE's are funded with CCDF funds. Training classes such as Something Doesn't Seem Quite Right, Including Children with Diverse Abilities, and Child Care, ADA and the Professional Way, are accessible through the state's ECE System for all providers. Individualized technical assistance is also available to families in finding a provider or community resources. In addition, technical assistance and coaching is provided to the child care provider, the child and their family when transitioning into a new program.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

CCS contracts with the five ECE programs to provide training and technical assistance to support child care providers. The ECE's are funded with CCDF funds. An Out-of-School-Time (OST) Entry Level and Out-of-School-Time (OST) Best Practice Series is provided through the State's ECE System. South Dakota has a state Out-of-School Time Certificate and Credential. As students are accessing the online classes, staff from the ECE System provide technical assistance to the student and assist them in preparing for the verification visit.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- iv. Other.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)

Describe:

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The ECE System conducts pre and post surveys to measure knowledge gained by providers attending the above referenced training opportunities. Pre/Post data is collected and reported on a regional level. Technical assistance outcomes are tracked utilizing a standardized data collection system that collects information from the child care provider prior to the technical assistance visit, at the end of the first onsite technical assistance visit, and at routine follow-up visits (30, 60, 90 and 120 days). This process measures behavior change as a provider progresses through the technical assistance process and puts the knowledge they have gained into practice. These forms collect information on five key measures that determine if a child care provider will do/does positively change practice. These measures are knowledge gained, confidence to put the intended action into practice, intent to put this knowledge into practice, practicing the action and if the intended action has become a habit. Technical assistance data is collected and maintained in a statewide database. It is reportable on a statewide or regional basis.

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The goals, developmental indicators and strategies included in the South Dakota Early Learning Guidelines were developed based on current child development research. Selected sources utilized in the development of the Early Learning Guidelines are provided in the appendices section of the document.

ii. Developmentally appropriate.

Because children develop at different rates, the ELG developmental indicators under each goal are provided on a continuum with overlap between the youngest levels. While the ELGs describe general expectations for children within these age levels, the document highlights that not all children of a particular age will demonstrate all developmental indicators for that age.

iii. Culturally and linguistically appropriate.

The ELGs serve as a shared vision for young children. These goals apply to all children regardless of what language they speak, or what strengths or disabilities or

unique family circumstances they may have. Strategies are provided in each domain to provide ideas for how to support children's progress on the Developmental Indicators included in the domain. There are strategies written to provide specific ideas for working with children who are dual language learners and include examples that reference diverse cultural activities.

[iv. Aligned with kindergarten entry.](#)

The South Dakota Head Start Collaboration Office has completed a crosswalk between the ELGs, the SD Kindergarten Content Standards and the Head Start Standards and found that they are all in alignment.

[v. Appropriate for all children from birth to kindergarten entry.](#)

The SD ELGs are written for children birth to age five. The ELGs promote play-based opportunities for children that provide a foundation for kindergarten along with the K-12 system accommodating each child's transition based on their unique strengths and challenges upon entering school.

[vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

The original ELDG for children ages three to five was completed in 2007. In 2014, the Early Learning Guidelines Review Panel was formed to review and revise the ELDG and expanded them to include children birth through two years of age. The Early Learning and Development Guidelines Review panel was comprised of a panel of professionals and parents from the early childhood community throughout the state including: child care, Head Start, private and public preschool, kindergarten, special education, university early childhood programs, state agencies, and representatives from the South Dakota Association for the Education of Young Children (SDAEYC). Representatives from these agencies have intentions to implement the Guidelines into their respective agencies with students, teachers or providers. Representatives from the ELDG Oversight Committee participate in the Child & Family Workgroup keeping the group highlighting any additions or other changes to the document, new resources developed to support use of the guidelines and how child care providers, parents and the public can access the document online or request a printed copy.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

The ELG contains two domains to cover this area. The first is the Cognitive Development Domain which includes the following components: Construction of Knowledge; Thinking and Reasoning; Mathematical Thinking and Expression; Scientific Exploration and Knowledge; Social Studies, Family and Community Connections; and Creative Arts and Expression. The second is the Communication, Language and Literacy domain which includes the following components: Communicating and Oral Language Development; Foundations for Reading; Foundations for Writing; and Learning New Languages.

ii. Social development.

The ELG contains the Social and Emotional Domain which includes the following components: Developing A Positive Sense of Self; Developing Relationships; and Self-Regulation and Pro-Social Behaviors.

iii. Emotional development.

Emotional Development is included within the Social and Emotional Domain.

iv. Physical development.

Physical Development is included in the Health and Physical Development Domain and includes the following components: Physical Health and Growth; Motor Development; and Self-Care, Safety, and Well-Being.

v. Approaches toward learning.

The South Dakota ELG contains the Approaches to Learning Domain which includes the following components: Curiosity, Information-Seeking, and Eagerness; Initiative, Effort Engagement and Persistence; Risk-Taking, Problem Solving, Flexibility, and Resilience; and Play and Imagination.

vi. Describe how other optional domains are included, if any:

N/A

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The initial ELDG document for children three to five years of age was completed in 2007. In 2014, that document was reviewed and expanded to include children birth to two years of age. The current document was published in 2017. CCS will work with the South Dakota Head Start Collaboration Office and the Department of Education to conduct a review of the Early Learning and Development Guidelines document every five years.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

N/A

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

https://dss.sd.gov/docs/childcare/early_learning_guidelines.pdf

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The South Dakota ELDG are not a curriculum or an assessment tool. They are a resource that is helpful for choosing curricula and planning daily activities. This document describes the skills and knowledge goals for children as they develop. This document does not inform

which curriculum, activities, or materials to select, but rather helps guide what experiences are best suited to help children develop and learn. Once there is a good understanding of the Goals and Developmental Indicators that are important for the age/developmental level being served, providers use curriculum that will help provide appropriate play based experiences to help children develop the skills described in the ELDG. A statewide online ELDG training series is held 3 times per year. In addition, training on the ELDG is embedded into other offerings such as the SD CDA Training program through the ECE agencies. The goal of these trainings is to increase caregiver's understanding of age-appropriate expectations for children's development and learning and increase their ability to establish goals for children's individual development and learning and to develop age-appropriate curricula and activities.

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

The ELDG training series provides an overview of the ELDG document and provides suggestions for how providers can utilize the document in their early childhood classrooms. The State will track the number of providers that participate in the State's Early Learning and Development Guidelines (ELDG) Training Series. In addition, the State will utilize data from Early Childhood Enrichment class pre and post surveys to measure knowledge gained of providers and measure progress and quality improvement.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring,

training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

During the State Plan process, individual meetings were held with CCS, Child Care Licensing and representatives from the following SD child care organizations: South Dakota Afterschool Care Alliance (SoDAKSACA), South Dakota Association for the Education of Young Children (SDAEYC), South Dakota Family Child Care Professionals of South Dakota, Siouxland Association of Child Care Directors (SACCD), and Early Learner South Dakota. During each meeting, an overview of the State Plan activities was provided, questions were answered, and feedback was received. The feedback from these meetings was used to inform the planning for quality improvement initiatives. Additional feedback will be solicited during the State Plan timeframe through stakeholder surveys as current quality initiatives are reviewed and revised and to gather feedback to direct the development of future quality activities. In addition to these surveys, additional information on the State's quality activities is gathered by CCS from child care programs during the Market Rate Survey process. Data gathered through this process includes a variety of information on the workforce such as the educational level of the provider, certifications, where providers obtain training hours, and awareness of available support services. The results of the Market Rate Survey are used to inform the work of the State's training, technical assistance, and coaching system. In between surveys, ongoing information regarding the needs of the early childhood and school-age fields are collected through meetings with a variety of stakeholders. For example, staff from the ECE agencies and licensing meet on a regular basis to address local provider needs within their regional service area. Throughout the development of the State Plan, and throughout the State Plan period, meetings are held with the ECE's and licensing, regulated child care providers, the Child & Family Services Inter-Agency workgroup, tribal CCDF coordinators, and Head Start program staff.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

During the child care organization meetings, written feedback highlighted statewide issues such as a workforce shortage, need for additional grant funding opportunities, additional business training and technical assistance opportunities, revision of the Pathways to Professional Development Career Lattice, and mentoring opportunities. During ECE and licensing staff meetings, eliminating blanket use in sleep areas, program management and workforce topics were identified as top priorities. In the next plan cycle, CCS will conduct formal surveys targeted at licensed child care center directors and family day care providers to gather further information that will be used to break down potential ideas to address areas highlighted during these meetings will be conducted.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

- i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

SD Department of Health funding to support fitCare and the Physical Activity Technical Assistance Program (PATA).

- j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.
Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.
- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.
- e. Yes, the state/territory has another system of quality improvement.
Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered

quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
 - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
 - c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
 - d. Programs that meet all or part of state/territory school-age quality standards.
 - e. Other.
Describe:

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
 - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

- b. Embeds licensing into the QRIS
- c. State/territory license is a "rated" license
- d. Other.

Describe:

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

- No
- Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

The South Dakota ECE System utilizes the Program for Infants and Toddler Care (PITC) philosophy of care as the foundation for all infant and toddler training. In February 2021, trainers from the ECE System began an eight-week Relationship-Based Care Training for Trainers series developed and facilitated by the Infant Toddler Specialist Network as part of the State Capacity Building Center. A state pathway for infant and toddler training provides training for child care providers who are new to infant and toddler care through training towards an Infant Toddler Center-Based CDA Credential.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

In each of the five ECE offices, there is an identified infant and toddler specialist who utilizes the Program for Infant and Toddler Caregivers (PITC) philosophy and resources to provide technical assistance to providers who care for infants and

toddlers. ECE staff are currently participating in a Practice-Based Coaching training provided by professors at SDSU. In addition, staff providing infant-toddler specific technical assistance and coaching are also participating in the Relationship-Based Care Training for Trainers Series.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

The CCL program manager serves on the State Inter-Agency Group for the Birth to

Three South Dakota Program. In addition, the ECE offices work with the Birth to Three coordinators/specialists on an as needed basis for training regarding Individual Family Service Plans (IFSP) and Individual Education Plans (IEP), consultation, and referrals. CCS continues to encourage child care providers to allow and coordinate with physical, occupational, speech and various types of therapies to occur in the child care setting as requested. Benefits of the program are shared with child care providers regarding how they can be an integral part of improvement for that child.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

The draft framework for a state voluntary quality framework program contains a requirement for age-specific training as well as training in quality indicators. The draft framework includes completion of the Infant and Toddler Entry Level and the Infant Best Practice Series training. In order to meet additional quality indicator education requirements, participating programs are required to have staff complete the Infant Toddler Social Emotional Foundations for Learning Social Emotional training series and the Early Learning Guidelines for Infants and Toddler training series. In addition to the training requirements, the framework also includes practice requirements related to infant and toddler care giving, as well as other age children.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

The ELDG includes infant and toddler components. Those components are, and will continue to be, shared, and enhanced in the ELDG training of child care providers who care for infants and toddlers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

Early Childhood Connections and Behavior Management Systems in Rapid City partner to provide mental health consultation to child care programs in western South Dakota. The overall goal of the program is to promote the social-emotional and behavioral health of young children in partnership with families and to prevent and/or limit expulsion and suspension practices in early childhood settings. Methods include offering technical assistance and coaching, observations, and assessments to child care programs to increase the caregiver's ability to manage challenging behaviors and provide families with access to mental health services when needed. In addition, children are referred to play therapy services as needed.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

The ECE System utilizes pre and post surveys to measure knowledge gained by providers attending infant/toddler specific training. In FFY 2020, overall providers showed a 20.7% increase in knowledge in infant and toddler classes. Technical assistance outcomes are tracked utilizing a standardized data collection system that collects information from the child care provider prior to the technical assistance visit, at the end of the first on- site technical assistance visit, and at routine follow-up visits (30, 60, 90 and 120 days). This process measures behavior change as a provider progresses through the technical assistance process and puts the knowledge they have gained into practice. These forms collect information on the five key measures that determine if a child care provider will/does positively change practice. These measures are knowledge gained, confidence to put the intended action into practice, intent to put this knowledge into practice, practicing the action and if the intended action has become a habit. In FFY 2020, 185 providers in 118 programs received on-site technical assistance from the ECE System. Providers participating in infant and toddler specific technical assistance through the ECE System showed an increase in knowledge and confidence levels from the initial visit to the final visit in the following areas: health and safety (28.5% knowledge/24.3% confidence), space and materials (25.6% knowledge/13.6% confidence), activities and experiences (31.3% knowledge/51.8% confidence), relationships and interactions (34.4% knowledge/49.4% confidence), and program management (14.4% knowledge/21.5% confidence). The measures for the infant toddler health and safety grants will be provider observations of improved quality environments for infants and toddlers. In FFY 20, 55 centers and 50 registered family child care programs received an infant toddler mini grant. The measures for the quality framework will be completion of an assessment that measures progress of achievement in the levels. The state QRIS is still being drafted so no current baseline measures are available. The measurable indicator of progress for mental health consultation is that children remain in the most appropriate environment while services and strategies are provided to improve areas of delay and provide continuity and consistency of care.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

Although the State does not have a federally defined child care resource and referral system (CCR&R), CCS contracts with five Early Childhood Enrichment (ECE) programs to provide training, technical assistance, and coaching similar to a CCR&R.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Child Care Services contracts with 5 agencies known as Early Child Enrichment (ECE) offices to provide training and technical assistance to state registered and licensed child care providers to meet licensing requirements as well as improve program quality. However, the activities performed by these agencies do not align with the federal definition of a Child Care Resource & Referral (CCR&R) agency. The ECE System partners with CCS to provide services to child care providers and families that address other quality activities outlined in this plan thus measurable outcomes are reported under the other quality funding areas.

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

CCS utilizes CCDF quality funds to support the State's ECE System to promote the health, safety, and development of young children in child care settings. The ECE System was developed to coordinate and provide early childhood and school-age training, technical assistance, and coaching to assist programs in meeting state licensing requirements. Programs are responsible for providing a wide variety of services which include services to child care practitioners, services to families seeking child care, and assistance to communities in addressing early care and education needs. Consumer education services for families on choosing and locating child care are also offered as needed. In addition to training and technical assistance, CCS also offers grant funding opportunities to child care programs for start-up and expansion and programs needing to meet licensing compliance issues.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

Yes. If yes, which types of providers can access this financial assistance?

Licensed CCDF providers

Licensed non-CCDF providers

License-exempt CCDF providers

Other

Describe:

N/A

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

During training opportunities, the ECE system conducts pre and post surveys to measure knowledge of providers gained. Technical assistance outcomes are tracked utilizing a standardized data collection system, based on behavior change theory, that collects information from the child care provider prior to the technical assistance visit, at the end of the first onsite technical assistance visit, and at routine follow-up visits (30,60,90, and 120 days). This process measures behavior changes as providers progress through the technical assistance process and put the knowledge they have gained through training into practice. These forms collect information on the five key measures that determine if a child care provider will/does positively change practice. These measures are knowledge gained, confidence to put the intended action into practice, intent to put this knowledge into practice, practicing the action and if the intended action has become a habit. Data from the pre/post surveys and technical assistance outcome tracking are utilized to revise course content and in the development of additional technical assistance supports. The measurable indicator of quality for the Health and Safety grants is to increase the number of programs that come into compliance with state regulations and improve the health and safety of children in care.

7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

Safe Sleep Policy training is provided by the SD ECE System to support child care programs to develop or revise their program's safe sleep policy. At the end of the training, each program receives safe sleep sacks to utilize in their infant classrooms. CCL specialists are reinforcing the safe sleep messaging by providing educational materials to materials during program inspections. fitCare is a collaborative effort for children birth to age 5 that includes the SD DSS CCS, SD Department of Health (DOH), Sanford Children's and Sanford fit Initiative. The program was developed to help child caregivers provide a healthy lifestyle for children in all child care settings. The fitCare classes provide caregivers with activities to help teach children about making healthy choices. The series is comprised of the following classes that highlight the individual components of "fit" are Food (nutritional fitness), Move (physical fitness), Recharge (restorative fitness) and Mood (emotional fitness). Following the training, caregivers are provided with an opportunity to receive individualized technical assistance to put their knowledge into practice. Finally, the South Dakota Early Learning and Development Guidelines (ELDG) for children birth to age 5 years, provides research-based information. The document includes a Health and Physical Development domain area

with strategies to ensure optimum physical development of children. To assist programs in implementation of the guidelines, training is available through the Early Childhood Enrichment (ECE) system.

b. Preschoolers

The Social and Emotional Foundations Project supports early childhood programs and families in an effort to prevent and/or limit expulsion and suspension practices in early childhood settings. Currently, the project provides services in the Rapid City and Sioux Falls areas via the local Early Childhood Enrichment (ECE) program in partnership with the local community mental health providers. The project's goal is to assist programs in accessing technical assistance, coaching, and training to increase the early childhood provider's ability to manage difficult behaviors and provide families with access to early childhood mental health services. In this work, the family, the child care provider, the ECE agency and sometimes mental health staff collaborate to work to identify strategies that assist the child and their caregivers to be successful within the child care environment. The Physical Activity Technical Assistance (PATA) program is available to early childhood programs in the Sioux Falls ECE's regional service and are being piloted in the Aberdeen and Brookings ECE regional service area. PATA is a collaborative effort that includes DSS, CCS, South Dakota Department of Health, and Sanford Children's CHILD Services. The program works with child care program directors and family child care providers to evaluate and promote best practices within their program's physical activity policy. A coach from the Early Childhood Enrichment (ECE) program then works with the programs to determine the strengths of the program's current physical activity policy, the number of best practice standards that are addressed within the policy. Up to twelve months of support are provided to assist the program in the development or revision of a program's physical activity policy along with support in implementation of the policy with staff and parents. As part of the intensive technical assistance, child care program staff are encouraged to attend fitCare classes and participate in the fitCare technical assistance. A program implementation manual has been developed that will provide guidance to expand the program to new areas of the state as additional funding becomes available.

c. and/or School-age children.

The SD Out-of-School Time (OST) Credential training series includes a course on Making Plans and Developing policies. This course covers the relationship between

planning, policy making, and the development of quality OST programs. In addition, the course covers effective strategies for linking policymaking to OST program vision and mission. The SD ECE System also provides individualized technical assistance opportunities to support program leaders in implementing or revising policies.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Safe Sleep Policy training: The performance measure for the safe sleep policy training is a reduction in the number of instances of non-compliance of safe sleep practices by child care licensing in infant classrooms. In FFY 20, there were 20 citations for non-compliance with safe sleep practices.

fitCare and Early Learning and Development Guidelines: The ECE System conducts pre and post surveys to measure knowledge of providers gained attending specific training series. In FFY 20, participant knowledge gain in the each of the following fitCare pillars was recorded: Recharge (5.7%), Mood (32.6%), Move (14.7%), and Food (7%).

Technical assistance outcomes are tracked utilizing a standardized data collection system that collects information from the child care provider prior to the technical assistance visit, at the end of the first onsite technical assistance visit, and at routine follow-up visits (30,60,90, and 120 days). This process measures behavior change as provider's progress through the technical assistance process and put the knowledge they have gained into practice. These forms collect information on the five key measures that determine if a child care provider will/does positively change practice. These measures are knowledge gained, confidence to put the intended action into practice, intent to put this knowledge into practice, practicing the action and if the intended action has become a habit. In FFY 20, providers participating in technical assistance showed an increase in knowledge and confidence levels from the initial visit to the final visit in the area of Move (50% knowledge/48% confidence).

Social Emotional Foundations Project: The measure of progress for this project is that the interventions provided by the ECE agencies and the local community mental health agency result in the child being able to remain in their current child care setting. In FFY 20, of the 81 children referred to the program, 42 remained in care, 23 are active cases and 28 were referred to community mental health or play therapists for additional support.

Physical Activity Technical Assistance (PATA): Program progress in the PATA program is measured

through 4 stages of involvement including (action with the director, action with staff, action with parents and maintenance). Successful completion of the program is documented as entering the maintenance stage of the program. To be considered in the maintenance stage, a program must have completed their program physical activity, supported their staff in obtaining the knowledge and skills needed to implement the policy and formally inserted the policy into their parent and staff handbook. CCS will track the number of programs in the maintenance stage along with the number of staff reached and children impacted through this program. In FFY 20, 30 programs (impacting 2,526 children and 591 providers) were actively working toward implementing a program physical activity policy. One program during this period fully implemented their policy and entered the maintenance phase of the program. In addition, during the federal fiscal year, the program provided support to another 23 programs (impacting 1,709 children and 460 providers) who had previously entered the maintenance phase of the program to ensure continued program wide implementation of the policy.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

N/A

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

Request for Payment forms are reviewed and processed daily as they arrive. All complete Request for Payment forms received in the office prior to each Monday payroll are processed so payments can be made on time. Providers annually sign a 'Provider Agreement for Child Care Assistance' which outlines the requirements for participating in the assistance program, including appropriate record keeping.

b. Fiscal oversight of grants and contracts

Describe:

All contracted entities submit goals and objectives related to services provided through the contract and a budget estimating expenditures. Monthly activity and expense reports are required to be submitted. Onsite overviews of processes and procedures are conducted by Child Care Services. Grant oversight includes an application outlining items to be purchased or professional bids for work to be completed; and receipts for costs incurred. Each grant applicant provides evaluation of the grant in improving their program.

c. Tracking systems to ensure reasonable and allowable costs

Describe:

The Department of Social Services Division of Finance tracks expenditures with specific accounts, funding sources, and grant years to track costs to specific federal grant and general fund match requirement. The Child Care programmatic staff reviews invoices to ensure costs are allowable with Child Care rules and regulations. The invoices are also reviewed by the accounting staff and the auditor's office staff to ensure the costs are allowable under state regulations and the Uniform administrative requirement 2 CFR 200.

d. Other

Describe:

NA

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

- a. Conduct a risk assessment of policies and procedures

Describe:

NA

- b. Establish checks and balances to ensure program integrity

Describe:

Information from other systems, such as TANF and Medicaid, is viewed to ensure accuracy of information received from families on assistance. Audits conducted of provider records are completed periodically to detect inaccuracies. Onsite visits to contracted entities helps ensure integrity and reduces risk.

- c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

The program specialist who supervises caseworkers conducts periodic case file reviews to ensure caseworker accuracy. Inaccuracies are reviewed with the caseworker.

- d. Other

Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

- a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and

integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

All child care providers receive policy change notices which comply with CCDF requirements via email or mail.

ii. Issue policy manual.

Describe:

All child care providers receive a Child Care Assistance Reimbursement Guide when they begin participating in the program. The guide is available online to child care providers. All child care providers complete an annual 'provider agreement' which outlines their responsibilities for participation, and aligns with CCDF integrity expectations.

iii. Provide orientations.

Describe:

Licensed child care providers that are new to Child Care Assistance are personally contacted to receive an orientation of Child Care Assistance, including policy requirements, which aligns with CCDF integrity expectations.

iv. Provide training.

Describe:

Child Care providers have access to a dedicated CCS staff member that can provide technical assistance with Child Care Assistance and reimbursement which align with CCDF integrity expectations.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Policy implementation is assessed during each child care provider reimbursement audit. All outcomes are documented and reviewed with the provider.

vi. Meet regularly regarding the implementation of policies.

Describe:

NA

vii. Other.

Describe:

NA

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

i. Issue policy change notices.

Describe:

When policy updates occur staff are notified during staff meetings and receive copies of updated manuals and guides either physically or by email. Staff have online access to electronic versions of manuals.

ii. Train on policy change notices.

Describe:

Subsidy caseworkers receive regular training on program policies, regulations and requirements and updates when changes are made to those policies, regulations, and requirements. Staff meetings occur three times weekly to discuss challenging situations, unique issues, and suggested improvements that can be made to the policies and processes. This process reinforces rules, regulations, processes, interpretation, and ensures consistency. The program specialist provides periodic training for other entities such as TANF employment specialists who work with mutual recipient families and share child care assistance information. As policy is updated notices of changes are provided to TANF and Child Protection staff when changes impact mutual cases.

iii. Issue policy manuals.

Describe:

The Child Care Assistance program maintains the Child Care Subsidy Policy Manual and Subsidy Caseworker Desk Guide.

iv. Train on policy manual.

Describe:

Subsidy caseworkers receive regular training on program policies, regulations and requirements found in the Subsidy Policy Manual and Subsidy Caseworker Desk Guide. Staff meetings occur three times weekly to discuss challenging situations, unique issues, and suggested improvements that can be made to the policies and processes. This process reinforces rules, regulations, processes, interpretation, and ensures consistency. The program specialist provides periodic training for other entities such as TANF employment specialists who work with mutual recipient families and share child care assistance information. As policy is updated notices of changes are provided to TANF and Child Protection staff when changes impact mutual cases.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

The program specialist does periodic reviews of case files to ensure compliance with policy and that procedures are understood and followed. Errors are discussed individually with caseworkers to ensure understanding of the requirements. Error rates are established for caseworkers and used in performance evaluation. If areas of concern are identified staff will receive additional training.

vi. Meet regularly regarding the implementation of policies.

Describe:

Child Care caseworkers meet three times weekly with the program specialist who supervises their work to discuss challenging situations, unique issues, and suggested improvements that can be made to the policies and processes. This process reinforces rules, regulations, processes, interpretation, and ensures consistency.

vii. Other.

Describe:

NA

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

In addition to supervisory case file reviews and ongoing provider audits, the Lead Agency also participates in required audits conducted by the South Dakota Department of Legislative Audit. The results of this audit, along with results of case file reviews and provider audits, are used to identify needed improvements in internal control activities including training needs. In 2020 CCS moved under the Division of Economic Assistance. With this change there are new opportunities for quality control measures being reviewed. These include formalizing a process for internal reviews through the quality control office and an overall assessment of the CCA program to review policies and procedures and compare to quality control measures in other Economic Assistance programs. CCS and Division of Economic Assistance Quality Control staff have been meeting to assess gaps and develop increased internal controls for the Child Care Assistance program. This work will continue through the new Plan period.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other

databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

When processing applications, the subsidy caseworkers at the Lead Agency have access to records from various other programs including TANF, SNAP, Medicaid, and the Department of Labor, to assist in eligibility determination. Information from the application is checked against existing information from other programs. This helps to maintain program integrity by identifying when additional information is needed to verify circumstances and aids in fraud and Internal Program Violation (IPV) prevention. Staff are trained how to cross check information between multiple programs.

ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

There are several reports that flag errors. A monthly auto-generated report identifies individuals receiving both State and Tribal administered CCDF funds. A monthly autogenerated report also monitors monthly provider billings to evaluate if any suspected overpayments require investigating. A third report reviews provider payments made during an indicated time frame and the results of the report are used as one factor in determining candidates for audit. Staff receive ongoing training on how to utilize these reports and what information reflected on the reports are considered red flags and require follow up.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

These records are typically used during any audit to validate information submitted by the child care provider or to identify inaccurate provider billing practices. Any resulting over-issuance is established using these records, and they are used to identify potential fraud.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The subsidy program supervisor conducts periodic quality assurance reviews of each caseworker's individual work. Individual caseworker error rates are monitored and used in annual employee evaluations. If a need for additional training is

identified, the caseworker will receive training from the supervisor.

v. Audit provider records.

Describe the activities and the results of these activities:

Provider attendance records are reviewed during any audit to determine compliance with program requirements. Resulting over-issuance is established using these records, and they are used to identify potential fraud.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Subsidy program staff receive ongoing training on any policy or rule changes made to the program. Staff are also trained on the audit processes and assist in completing internal audits. Subsidy staff participate in meetings three times a week to review challenging cases to ensure that caseworkers are implementing policy and rules with a uniform understanding.

vii. Other

Describe the activities and the results of these activities:

NA

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

When processing applications, subsidy caseworkers at the Lead Agency have access to records from various other programs including TANF, SNAP, Medicaid, and some Department of Labor records. Information from the application is checked against existing information from these programs. This helps to maintain program integrity by identifying when additional information is needed to verify information in order to prevent unintentional program violations. Staff are trained how to cross check information between multiple programs.

ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

There are several reports that flag errors. A monthly auto-generated report identifies individuals receiving both State and Tribal administered CCDF funds. A monthly autogenerated report also monitors monthly provider billings to evaluate if any suspected overpayments require investigating. A third report reviews provider payments made during an indicated time frame and the results of the report are used as one factor in determining candidates for audit. These reports can also point to unintentional program violations.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

These records are typically used during any audit to validate information submitted by the child care provider. This assists CCS in learning which providers may need technical assistance or training to improve practices. Any resulting over-issuance due to an unintentional program violation is established using these records.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The subsidy program supervisor conducts periodic quality assurance reviews of each caseworker's individual work. Individual caseworker error rates are monitored and used in annual employee evaluations. If a need for additional training is identified, the caseworker will receive training from the Subsidy supervisor.

v. Audit provider records.

Describe the activities and the results of these activities:

Provider attendance records are reviewed during any audit to determine compliance with program requirements. Comparing these records to billing requests helps determine provider knowledge related to billing and whether assistance is needed. Any resulting over-issuance due to unintentional program violations is established using these records.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Subsidy program staff receive ongoing training on all policy or rule changes and their interpretation. Staff are also trained on the audit processes and assist in completing internal audits. Subsidy staff participate in weekly meetings to review cases together that help ensure caseworkers are implementing policy and rules uniformly.

vii. Other

Describe the activities and the results of these activities:

NA

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

[Describe the activities and the results of these activities:](#)

When processing applications, subsidy caseworkers at the Lead Agency have access to records from various other programs including TANF, SNAP, Medicaid, and the Department of Labor and Regulation. Information from the application is checked against existing South Dakota information from other programs. This helps to ensure CCS has correct information. Incorrect calculations can also be detected if the Child Care Assistance income amount is different than the amount determined by another program.

[ii. Run system reports that flag errors \(include types\).](#)

[Describe the activities and the results of these activities:](#)

A monthly auto-generated report monitors against duplicate certificates for families and if duplicate certificates are discovered, the caseworker immediately corrects the error. Monitoring of this report has decreased the number of duplicative active certificates, preventing additional errors.

[iii. Review enrollment documents and attendance or billing records](#)

[Describe the activities and the results of these activities:](#)

NA

[iv. Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe the activities and the results of these activities:](#)

The Subsidy supervisor conducts periodic quality assurance reviews of caseworker's individual work. Individual caseworker error rates are monitored and addressed immediately, as well as in annual employee evaluations. If a need for additional training is identified the caseworker will receive such training

[v. Audit provider records.](#)

[Describe the activities and the results of these activities:](#)

NA

[vi. Train staff on policy and/or audits.](#)

[Describe the activities and the results of these activities:](#)

To ensure consistent implementation of policies and procedures, Subsidy program

staff receive ongoing training on any policy or rule changes made to the program. Staff are also trained on the audit processes and assist in completing internal audits. Subsidy staff participate in weekly meetings to review cases together, share other scenarios, etc.

vii. Other

Describe the activities and the results of these activities:

NA

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

a. Department of Social Services, Office of Recoveries and Fraud Investigations

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

NA

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

The Lead Agency coordinates with the Department of Social Services, Office of Recoveries and Fraud Investigations (ORFI) when further investigation is necessary in

a potential fraud case or intentional program violation case. ORFI staff have expertise in fraud detection and recovery. In a case of fraud which may impact various welfare programs, ORFI will take the lead on the case. All improper payment recovery, as a result of an intentional program violation or fraud, is managed through ORFI.

iii. Recover through repayment plans.

Describe the activities and the results of these activities:

Recovery of improper payment due to fraud or intentional program violations is typically coordinated by the Department of Social Services, ORFI and may include repayment plans if a lump sum repayment is not negotiated. OFRI staff have expertise in fraud detection and recovery.

iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

NA

vi. Recover through other means.

Describe the activities and the results of these activities:

NA

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

NA

viii. Other

Describe the activities and the results of these activities:

NA

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of

fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

Typically, a minimum dollar amount of \$50 must be met before recovery due to improper payments or unintentional program violations is implemented. Minimum dollar amounts help ensure efficient use of staff time spent in recovery activities.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

NA

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

Repayment plans outline the requirements for repayment and assist in the recovery of funds related to improper payments or unintentional program violations. Repayment plans typically result in an agreement between parties often helping to ensure repayment. Since 10/1/2018, 92% of recovery of improper payments due to unintentional program violations have been successfully recovered using repayment plans.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

If a provider fails to repay the funds due to an unintentional program violation, the overpayment may be recovered by reducing future payments made to the provider. Reducing payments is an effective way to ensure repayment from providers who owe the state money and are not delinquent while still being paid for some for their

services . Since 10/1/2018, 8% of recovery of improper payments due to unintentional program violations have been recovered by reducing payment in subsequent months.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

NA

vii. Recover through other means.

Describe the activities and the results of these activities:

NA

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

NA

ix. Other

Describe the activities and the results of these activities:

NA

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

NA

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

NA

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

NA

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

NA

- vii. Recover through other means.

Describe the activities and the results of these activities:

NA

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

NA

- ix. Other

Describe the activities and the results of these activities:

NA

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

If a recipient is proven to have committed an IPV, he/she may be disqualified from receiving assistance. The disqualification prevents further improper payments on behalf of the client. The first offense IPV is disqualification from receiving any monies or assistance from CCS for a period of one year. The second offense IPV is a disqualification from receiving any monies or assistance from Child Care Services for a period of two years. The third offense IPV is permanent disqualification from receiving any monies or assistance from CCS. If a recipient believes the action is incorrect, they may request an administrative hearing within 30 days of the disqualification notification letter. The request must be in writing, signed and submitted to the Department of Social Services, Office of Administrative Hearings. Funds related to IPV's are subject to repayment by the client. Since 10/1/2018 \$78,542.90 has been identified for recovery due to IPV's. Recovery of funds occurs through the department Office of Recoveries and Fraud Investigations (ORFI).

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

If a provider is proven to have committed an IPV, he/she may be disqualified from receiving subsidy reimbursement. Disqualification of the provider prevents further fraudulent reimbursement. First offense IPV is disqualification from receiving any monies or assistance from CCS for a period of one year. The second offense IPV is disqualification from receiving any monies or assistance from CCS for a period of two years. The third offense IPV is permanent disqualification from receiving any monies or assistance from CCS. If a recipient believes the action is incorrect, they may request an administrative hearing within 30 days of the notification letter. The request must be in writing, signed and submitted to the Department of Social Services, Office of

Administrative Hearings. Funds related to IPV are subject to repayment by the provider. Since 10/1/2018 \$49,824.00 has been identified for recovery due to IPV. Recovery of funds occurs through the Department ORFI.

c. Prosecute criminally.

Describe the activities and the results of these activities:

In cases of fraud, which are handled by Department of Social Services, Office of Recoveries and Fraud Investigations (ORFI), the Department may pursue criminal prosecution.

d. Other.

Describe the activities and the results of these activities:

NA

[Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form](#)

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

The Lead Agency is requesting a temporary waiver from the timeline for completing the Market Rate Survey during the COVID-19 pandemic. In order to determine how the pandemic may impact data collection, the Lead Agency conducted a survey with providers during Fall 2020. The survey showed that providers were experiencing significant enrollment declines that would exclude a large percent of typical enrollment, thereby compromising the adequate rate coverage for families seeking care. Though we request a waiver for the Market Rate Survey, we plan to maintain our typical rate update schedule as funding allows.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

By collecting rate data through the Market Rate Survey during a time which we anticipate will be less impacted by the pandemic, we will be able to collect rates for typical enrollment, thereby taking into account all child care slots available and providing better rate coverage.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Reimbursement rates will be updated according to the typical timeline regardless of this waiver. The waiver will allow the resulting reimbursement rates to provide adequate coverage of child care slots available to families participating in the Child Care Assistance program.

Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency

is seeking relief from this provision.

The Lead Agency is requesting a temporary waiver from the timeline for completing the Narrow Cost Analysis during the COVID-19 pandemic. In order to determine how the pandemic may impact data collection, the Lead Agency conducted a survey with providers during Fall 2020. The survey showed that providers were experiencing significant impacts due to the pandemic which would impact data collection. Currently the Lead Agency is finalizing a contract to complete the narrow cost analysis work.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

Conducting the narrow cost analysis during a similar timeframe as the Market Rate Survey will ensure consistent data sets for integration and analysis.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

This waiver will not impact the health, safety or well-being of children receiving assistance since it is for payment purposes only. South Dakota schedules rate updates for providers to occur every other year. The last rate increase took place in July 2020. Reimbursement rates will be updated according to the typical timeline regardless of this waiver. The waiver will ensure that the data collected aligns in timeframe with the Market Rate Survey, allowing for better quality outcome.