

CHILD CARE RATE DECLARATION FORM

To comply with Federal and State requirements, this information is required annually, or whenever you experience a change in your rates. The Child Care Services must ensure that Federal subsidy funds do not pay more for services than is charged to the general public for the same service. In addition, the unit price billed for the child care services provided must be the provider's usual and customary charge for the same services provided on the same date to the general public per ARSD 67:47:01:15. This means that you must utilize the same rate schedule and policies for subsidy and private pay families including discounts, 'fee free allowance days', and method of charging. 7.19.22

Provider Name: _____

Provider county: _____ **Provider ID:** _____

(if you have multiple sites, complete a form for each)

The rates that you provide will become effective either the 1st or the 16th of the month depending on the date we receive this form in our office. If your rates change, be sure to notify our office in advance to ensure we can apply them appropriately. This form is available online at: dss.sd.gov/childcare/childcareassistance

1. What is the rate you charge for the following: (Circle One)

1a. Infant/Toddler (4 weeks up to 3 years): \$ _____ per Hour Day Week Month NA

1b. Pre-school age (age 3 to 5 years): \$ _____ per Hour Day Week Month NA

2. What school-age care does your program provide: Before School After School Summer Care N/A

3. Are your rates for school-age children different between the school-year and summer? Yes No N/A

2a. If yes, when do your school-year rates go into effect for the current school year? _____
(month/day/year)

2b. If yes, when will your summer rates go into effect? _____
(month/day/year)

2c. School year School Age (Kindergarten and older): \$ _____ per Hour Day Week Month NA

2d. Summer School Age (Kindergarten and older): \$ _____ per Hour Day Week Month NA

4. Provide any details about the rates you charge which were not captured by what you reported above:

5. If you offer discounts, please explain the discounts you provide (how much, for whom): _____

6. Attach your rate sheet to this form (REQUIRED)

A 'rate sheet' is whatever you provide to families that show what your rates are. If your rates are listed in your handbook, attach the sheet with your rates from your handbook to this form.

7. If you have not attached your rate form, explain why not: _____

8. Form completed by: _____ *Printed name* _____ *date* _____ *contact phone number*

OFFICE USE: Active certs: Y N Hourly rates: Y N Change rate type: Y N TANF certs: Y N Prov Type: _____
Effective date for rates: _____ Caseworkers initial: _____ NA _____ Staff review initial: _____