Child Care and Development Fund (CCDF) Plan
For
South Dakota
FFY 2019-2021

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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. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems, and outline the work they have done on their disaster preparedness and response plans.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency 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)).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)).

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: Lynne

Lead Agency Official Last Name: Valenti

Title: Cabinet Secretary

Phone Number: 605-773-3166

Email Address: Lynne.Valenti@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: Carroll

CCDF Administrator Last Name: Forsch

Title of the CCDF Administrator: Interim Director

Phone Number: 605-773-4766

Email Address: Carroll.Forsch@state.sd.us

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address: 910 E. Sioux Avenue

City: Pierre

State: South Dakota

ZIP Code: 57501

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

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name: N/A

Title of the CCDF Co-Administrator: N/A

Description of the role of the Co-Administrator: N/A

Phone Number: N/A

Email Address: N/A

Address for the CCDF Co-Administrator (if different from the Lead Agency):

Street Address: N/A

City: N/A

State: N/A

ZIP Code: N/A

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 it retains overall responsibility for the administration of the program (658D(b)). 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.

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

1. Eligibility rules and policies (e.g., income limits) are set by the:
   - [ ] State or territory
   - [ ] Local entity (e.g., counties, workforce boards, early learning coalitions).

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

   N/A

   - [ ] Other.

   Describe:

   N/A

2. Sliding-fee scale is set by the:

- ☐ State or territory
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).

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

N/A

- ☐ Other.

Describe:

N/A

3. Payment rates are set by the:

- ☐ State or territory
- ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).

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

N/A

- ☐ Other.

Describe:

N/A

4. Other. List and describe other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

N/A

1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply

a) Who conducts eligibility determinations?

- [x] CCDF Lead Agency
- [ ] Temporary Assistance for Needy Families (TANF) agency
- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [ ] Child care resource and referral agencies
- [ ] Community-based organizations
- [ ] Other.

Describe

N/A

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

- [x] CCDF Lead Agency
- [x] TANF agency
- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [ ] Child care resource and referral agencies
- [ ] Community-based organizations
- [ ] Other.

Describe

N/A

c) Who issues payments?

- [x] CCDF Lead Agency
- [ ] TANF agency
- [ ] Other state or territory agency
- [ ] Local government agencies, such as county welfare or social services departments
- [ ] Child care resource and referral agencies

☐ Community-based organizations

☐ Other.

Describe

N/A

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). 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, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

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 through the use of contracts, which outline activities and responsibilities to be performed within the annual contract period, and a line item budget outlines expenditures. Monthly activity and quarterly expenditure reports assess performance and ensure contract requirements and outcomes are met. Onsite program reviews, conducted at least twice per year, ensure administrative activities are in place and operating efficiently to meet contract expectations. Provider surveys are 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. Child Care Services (CCS)regularly reviews monthly reports to assess contract activities and how they relate to the responsibilities required of them. CCS addresses issues with contracted entities any time reported activities are not perceived to be on the right track of meeting provider needs. Regular regional meetings between CCS and the ECE program staff help ensure childcare provider technical assistance needs are met to assist them in meeting compliance with licensing regulations. Formal 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 these families choose to care for their child. Because the services provided are primarily sharing of

information, oversight is limited.

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, 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 on request to other public agencies, including 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 available to public agencies in other states to the extent practicable and appropriate.

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 system created for Child Care Services with federal funds is the online monitoring and inspection system. The code for this system is so specific to child care licensing but anyone interested has access to it. Availability of code or software is not publically 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 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 Department of Social Services 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. On a regular basis, and particularly in 2017, each Department staff person is required 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. Child Care Services 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)(I)(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 in the development of the CCDF plan.

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

Consultations were held with Sioux Falls City Health Department, as well as the cities of Aberdeen, Rapid City, and Vermillion, as these cities have some local childcare requirements/ordinances. In Belle Fourche, providers are required to be state registered. The federal law requirements and the State Plan were discussed and input solicited. In addition, there are ongoing consultations each year with Sioux Falls government leaders regarding state registered providers and city registered providers to ensure consistency with both sets of requirements where possible. Other counties and cities are consulted with 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.

Consultations occur on a regular basis with the State Child & Family Services Workgroup, which consists of all major entities in state government involved with young children. The State Child & Family Services Workgroup has been informed of the requirements and the proposed State Plan, input is solicited and gathered throughout each year at quarterly meetings and used in the development of the state plan. The following entities participate in the State Child & Family Services Workgroup: the Department of Education (specifically Head Start Collaboration Office, 21st Century Community Learning, Child & Adult Nutrition Services, State Liaison for Homeless Education, and the Birth To Three Program);the Department of Health (specifically Public Health, Child and Family Services, and WIC); and Department of Human Services (Developmental Disabilities). In addition, all childcare and school age provider

associations and related organizations have been updated multiple times on the changes and have provided input that was used in the development of this state plan. These meetings address issues that relate to serving children and families. The first two meeting of 2018 included the topics: childhood mental health, ACE (Adverse Childhood Experience) Interface Training; safe sleep, and the Infant Death Review Team. A Lead Agency safe sleep project implemented in October 2018, was sparked after communications with this group in particular the Department of Health home visiting program, and their projects to ensure safe sleep for those families. In addition, in learning more about ACE training, this training will be made available during this state plan period, to child care providers.

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 meetings in June 2017 and April 2018 to provide input on the Child Care Services State Plan and input where the state and tribes can share activities and resources. Tribal representatives participating were from: Oglala Sioux, Rosebud Sioux, Cheyenne River Sioux, Lower Brule Sioux, Sisseton Wahpeton Oyate, and Crow Creek Sioux. The discussion included a general overview of state requirements, how the state is addressing the requirements, input from Tribal Administrators including ways the state and tribes can collaborate on any of new requirements. The topics included: disaster preparedness (a provider emergency plan template was shared); online monitoring and inspection reports; graduated phase-out; homeless children and outreach; underserved areas; child care provider training requirements; background checks; quality of providers/consumer information and timelines; and the public hearing. Licensing specialists in each region of the state consult with Tribal Child Care and Development Fund Administrators a minimum of two visits per year regarding child care issues and share state and local updates, needs and concerns. In addition, two meetings were held with representatives from the South Dakota Department of Tribal Relations in December 2017 and January 2018 respectively, explaining federal and state requirements, collaborations with Tribal Child Care Directors and CCDF Administrators, and gathering input as to other possible collaborative efforts.

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

1. Developmental Disabilities Council and the Consumer Advisory Committee for the USD School of Medicine Center for Disabilities. The State Administrator is an appointed member of the State Advisory Council for Developmental Disabilities. Consultation on the state plan, emergency preparedness, training, and other federal requirements occurred with the Council as well as notifying them of the forthcoming public hearing. The deputy CCDF Administrator is a member of the Consumer Advisory Committee for the USD School of Medicine Center for Disabilities. Input was solicited regarding the state plan, provider training and technical assistance, and notifying them of the forthcoming public hearing. **2. State Institutions for Higher Education**. Consultation with the following higher education institutions with regard to articulation agreements, director requirements, and the federal requirements is ongoing. Institutions include: South Dakota State University, Oglala Lakota College, Black Hills State University, Sisseton Wahpeton College, and Southeast Technical University. Agreements provide for the articulation of the South Dakota Child Development Associate training into college credit toward an associate or bachelor's degree in early childhood. **3. Head Start**. A close partnership exists with the Head Start Collaboration Office. Ongoing consultation occurred through development of the Early Learning Guidelines, the process for background checks, orientation training open to head start programs, a quality system, and emergency preparedness, including sharing the child care emergency preparedness plan template to be used with Head Start programs. **4. Child and Adult Care Food Program (CACFP)**. Consultation with representatives of the CACFP included development of the State Plan and upcoming changes for regulated child care programs including the role of CACFP in the quality system. There are regular communications throughout the year with CACFP representatives related to data, requirements, compliance, etc. **5. South Dakota Department of Health.** There are a variety of programs within this Department that consult on the state plan activities to ensure alignment with the goals for both the CCDF and the Department of Health requirements. Community health nurses are consulted regarding the distribution of age-appropriate books to children from 6 months to age 5 during their well-child check-ups. Child Care Services has an ongoing partnership with the Office of Child & Family Services with regard to the South Dakota fitCare program, which provides training and technical assistance to child care providers on effective methods to integrate nutrition and physical activity for children in their care. In addition, the agencies partner to deliver the Physical

Activity Technical Assistance Program (PATA) in one region of the state. The Division of Public Health provides technical assistance on regulations that pertain to environmental health; conducts the environmental floor plan review of proposals for new child care facilities; and provides technical assistance on provider questions regarding environmental health. The Office of Disease Prevention Services provides assistance and training with regard to immunization standards, communicable disease prevention, temporary exclusion times related to certain communicable diseases, and consulted on the grace period for immunizations for children who are homeless or in foster care. **6. Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).** This agency is within the Department of Social Services, Division of Medical Services. Communication and consultation occurs with this Division regarding accessing these services and ways to enhance visibility of this program to child care providers and families. **7. McKinney-Vento State Coordinators for Homeless Education**. The Department of Education is responsible for the McKinney-Vento Plan and employs the State Coordinator for Homeless Education. Communication and consultation was held with the State Coordinator on January 9, 2018.During the meeting, the Division provided an overview of current program services and resources that were available to families. Instructions were provided to the Coordinator on how local school districts can obtain copies of brochures on Child Care Licensing, Child Care Subsidy, Responsive Parenting training and the South Dakota Child Safety Seat Distribution Program brochures to distribute to families experiencing homelessness. In 2016, an initial training for CCS staff and stakeholders on the McKinney-Vento Act and services was available to families through the education system. Child Care Services continues to consult with this agency to provide ongoing training and technical assistance regarding outreach to homeless families. **8. Mental Health.** Consultations are ongoing through contracts with local community mental health offices in Sioux Falls and Rapid City. These two offices support children, families and child care programs in addressing child behaviors that help reduce expulsions in these programs. These entities also are consulted when developing and implementing Child Care Services policies, including the expulsion policy. **9. The Helpline Center**, located in Sioux Falls, provides families information on child care availability, location, etc. They provide information upon family request related to a variety of topics including developmental screenings. After consultation, the Center agreed to include developmental screenings as an intake question asked of all parents. The staff has the list of resources Child Care Services shares with new families and will share those with families utilizing their services to

expand outreach. **10. Several provider groups and associations** were presented information the past couple years with regard to federal changes. Input from all of these meetings guided development of the state plan. The following state and regional associations were presented information and offered the opportunity for input with regarding the requirements of the CCDF state plan: 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 Professionals of South Dakota; South Dakota Head Start Association; Northern Hills Child Care Center Directors; Rapid City Child Care Center Directors; Sioux Falls United Way; and Child Care Services offered 11 Webinars for the purpose of sharing information about plans to meet federal requirements and soliciting provider input. **11. A parent survey** was conducted in 2018. The information from that survey was used to elicit information for development of the state plan. **12. A child care provider survey** was conducted to solicit information for the development of required activities that are included in the state plan. A second provider survey was also conducted in 2018 to support development of plan activities. A fairly high response to email surveys, in this case 57% of child care centers and 48% of family child care homes, indicates this is an effective means to gather input from providers

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. 05/17/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, 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).
04/25/2018

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 ran as a display ad in major South Dakota newspapers. Accommodations are made for anyone with a disability and the notice includes that the hearing sites are accessible. A letter was mailed to all regulated child care providers statewide (including tribal) informing them of the public hearing and their opportunity for input. Notice is given to various child care-related associations and advocacy groups. Notice is also placed on the Division of Child Care web site: http://dss.sd.gov/childcare/ and the Department website at http://dss.sd.gov/keyresources/hearings.aspx //. This draft plan is placed on these websites at least 20 days prior to the date of the hearing and remains on these websites until the hearing is completed. Typically there are changes made to this draft plan after the hearing, based on comments received, so that draft of the plan does not remain posted on the sites. The final draft plan is placed on the Child Care Services website when approved.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The hearing was held at 910 E. Sioux Avenue in Pierre, South Dakota and also via webinar to 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 Division of Child Care Services website and hard copies are mailed upon request. A letter is sent to all regulated child care providers statewide, including tribal providers, informing them of the public hearing and where the plan can be accessed. Notice of how to access the plan is given to various child care-related associations and advocacy groups. Notice of how to access the plan is placed on the Division of Child Care web site at http://dss.sd.gov/childcare/ and the Department 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 two comments provided following the public hearing, both related to ensuring the QRIS includes child learning through play, but no comments specific to the State Plan document. These two comments are already addressed in the QRIS.

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:

N/A

☐ Working with child care resource and referral agencies.

Describe:

N/A

☐ Providing translation in other languages.

Describe:

N/A

☑ 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., provider groups, parent groups).

Describe:

Email notice is provided when the plan is 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.

☑ Other.

Describe:

Notice is placed on the Lead Agency website at: http://dss.sd.gov/childcare/ .

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.

☑ (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns.

Describe the coordination goals and process:

Meetings and conversations will continue to occur on a regular basis with the Sioux Falls City Health Department as they have mandatory city registration for all Sioux Falls family home providers. Many of those providers are also state registered. In both cases there has been a decrease in the number of family home providers for the past few years so an ongoing goal for coordination is to discuss family needs and to expand accessibility by increasing the supply of providers. After evaluation of the child care desert data, Child Care Services will work with local governments in the areas showing child care need to coordinate recruitment plans to increase accessibility. The City sent safe sleep flyers to all city-registered providers in April 2018, aligning efforts with Child Care licensing to reduce SIDS. Formal and informal conversations are held regularly, the last meeting was held with the Sioux Falls City Health Department on April 3, 2018. These meetings, and future meetings, will include any changes to requirements, strategies to ensure streamlined process for dually registered providers based on these changes, updates to the Memorandum of Understanding for dually registered providers, and to address any immediate needs regarding supply of family child care providers to ensure the care needs of families with children ages birth through school age are met. Child Care Services also coordinates with other cities each year that have specific child care ordinances, such as Belle Fourche and Aberdeen, concerning changes to state regulations, the justification for those changes, and to determine how those changes can align with city ordinances to improve continuity of regulation processes for providers, and improve access to families by increasing the number of quality providers in those communities. In addition, there are

ongoing efforts each year with various community leaders, such as recently in Wall, Elkton, and Flandreau, to discuss increasing the supply of child care in these rural settings for all ages of children. Such local meetings and coordinating efforts will continue to occur throughout the 2019-2021 plan as well, with a focus on increasing the number of registered family child care providers. After evaluation of the child care desert project results, Child Care Services will take the data information to all local governments in communities showing a need for child care to develop recruitment plans specific to their individual community.

☑ (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(I)(A)(i) of the Head Start Act).

Describe the coordination goals and process:

The CCDF Administrator serves on the State Child & Family Services Workgroup. The workgroups consists of several state agencies that have goals and/or state plans that include a variety of methods for improving the lives of the families and children of our state. This group meets quarterly and discusses the goals and objectives for addressing common issues related to children ages birth through school age, so a coordinated effort helps ensure all services reach these vulnerable populations touched by each agency. CCDF Administrator provides updates on new endeavors such as federal requirements, the CCDF state plan goals, changes to provider requirements, etc. Meetings and coordinating efforts will continue to occur on a quarterly basis throughout the 2019-2021 plan. The intent of this forum is to share information and resources to make a difference for children in our state. The important role of child care providers is already recognized within this group. The goal in this next plan period is to enhance awareness of the change in roles child care providers play related to early childhood mental health so consistent messaging around this topic are shared. Invitations to the Early Childhood Mental Health conference will be extended to members of this committee. Presentations will occur to the group related to general types of issues dealt with in provider settings, resources to support providers, etc.

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

☑ (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes.

Describe the coordination goals and process, including which tribe(s) was consulted:

The Division of Child Care Services (CCS) connects with the tribal Child Care Administrators with goals 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 year with tribal administrators for program updates and to share any changes that may affect providers in their service areas. At the local level, at least biannually, the child care licensing specialists, who have tribal land within their coverage area, share information and discuss issues in order to address needs, provide support for increasing the number of licensed and/or registered child care programs and to expand accessibility and continuity of care. At the current time there are 14 state licensed programs operating on tribal land which includes the following tribes: Cheyenne River Sioux, Crow Creek Sioux, Lower Brule Sioux, Oglala Sioux, Rosebud Sioux, and Sisseton-Wahpeton Oyate. CCS 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. CCS coordinated May 2017 and April 2018 meetings with the Tribal CCDF Coordinators specifically to gather input for the development of the 2019-2021 Plan. A request from one Coordinator was for more specific training information be incorporated into the Early Learning Guidelines (ELG). CCS will schedule planning and development meetings with tribal coordinators in this plan period to develop material to be used in the ELG ECE and provider trainings. These regular tribal consultations will continue to occur throughout the next three years of this plan period as well to ensure coordinated efforts for all child care providers and families in South Dakota.

☐ N/A-There are no Indian tribes and/or tribal organizations in the State.

☑ (REQUIRED) 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 and Part B, Section 619 for preschool).

Describe the coordination goals and process:

Child Care Services (CCS) staff will continue to participate at the state level in membership of several advisory groups and councils that support efforts to promote options for meeting the unique needs of all children with special needs. These include the South Dakota Developmental Disabilities Council and the University of South Dakota Center for Disabilities Advisory Council, and the Birth to Three Program (B-3) within the Department of Education. A recent development in the B-3 Program, some of their staff experienced reluctance from child care providers in allowing them into the home to work with children. Some providers find this work to be a disruption in their program. Birth to Three staff found other areas such parks, etc. to do their work with children. CCS and B-3 will cross train staff in this next plan period to ensure continuity of care for children being served in both programs. CCS will offer therapists a provider perspective related to disruption, inclusion, coordination, etc. B-3 will give the licensing specialists and ECE's a perspective from their work related to challenges of working with children in busy environments, time constraints, etc. CCS will coordinate with Birth to Three staff to ensure continuity of care by communicating to the provider the importance of their work and communicating the milestones as they occur so providers see the benefit and progress of this work. A CCS goal will be to work with providers to also help them understand the importance in this work, the benefits to the child, and methods that can be less disrupting rather than refusing to have the service occur in their home. CCS will continue to partner with regional Early Childhood Enrichment (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. 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. Also at the local level, parenting classes are available through the ECE training

system for parents with children age birth to three. The classes emphasize responsive caregiving and include support for children with special needs. These classes are offered throughout the year at no cost. Meetings will continue at the same level throughout implementation of the 2019-2021 plan as well.

☑ (REQUIRED) State/territory office/director for Head Start state collaboration.

Describe the coordination goals and process:

The South Dakota Head Start Collaboration Office is located in the Department of Education. A positive working relationship with the Head Start Collaboration office has existed since the early 1990s. This office and CCS will continue working to increase promotion of the Pathways to Professional Development Career Lattice program and collaborate to provide stand-alone and integrated training on the Early Learning Guidelines for Head Start and child care programs. A goal is to work with this office to increase the number of Head Start programs that become licensed and consider extending services to full day to improve the continuity of care for those children by blending funding to link services. In an effort to ensure continuity of care for children participating in both child care and head start, CCS will continue to par child care providers for care of those children while they attend Head Start, in an effort to maintain availability of that slot for the child who is gone for 4 hours during the day to Head Start.

☑ (REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

Coordination of services will continue with many programs within the state Department of Health (DOH) with the goal of ensuring healthy child care environments, continuity of care, enhancements and alignment of quality services, linkages to comprehensive services for vulnerable populations, and ensuring parents receive information regarding available services and resources for children birth through school age. Nearly all DOH programs intersect with the Division of Child Care Services (CCS) which includes coordination efforts with WIC, immunizations, coordinating the review of child care facility floor plans, temporary exclusion of ill children, growth and developmental screening and guidance, well-child check-ups and screenings, etc. The "For Baby's Sake" web site has additional information for parents of infants and young children (http://www.forbabysakesd.com/). CCS goal is to increase the number of

programs offered training by the Disease Prevention program to access to the South Dakota Immunization Information System. This allows child care programs easy access to immunizations records for children in their care which expedites enrollment in programs when families may not have immediate access to those records and providers ability to ensure compliance with regulations.

☑ (REQUIRED) State/territory agency responsible for employment services/workforce development.

Describe the coordination goals and process:

The state agency responsible for employment services and workforce development is the South Dakota Department of Labor and Regulation (DLR). Child Care Services (CCS) works closely 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. If a contract is no longer a realistic location to meet family needs, DLR and CCS coordinate changes that better align with family location and transportation needs. CCS goal is to continue to provide group 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 and consistency of messaging to families utilizing both agencies. Programs turnover can be as high as 35% creating In this plan period, CCS will coordinate training to be offered by DLR staff to program directors related to recruitment and retention of staff to reduce child to staff ratio issues or programs needing to reduce enrollment due to lack of staff. The plan is to also provide a panel of program directors that have been successful in recruiting and maintaining staff.

☑ (REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK).

Describe the coordination goals and process:

The South Dakota Department of Education (DOE) 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 Child Care Services as their services are primarily offered to regulated child care programs that serve children birth through school age. Goals include seamless services so coordination includes, for example, a food program brochure and information is included in all regulated family child care, day care center and before and after school provider packets, and shared during provider inspections; and a CCS brochure is included in the 21st Century Community Learning Centers grant information. Updates are shared when necessary to ensure correct information is shared. Coordination efforts to share resources and services offered with these DOE programs will continue with regard to offerings of the Early Learning Guideline training, awareness of regulations, monitoring of child care and school age programs, streamlining and improving family access to available early childhood and school-age services, and working to ensure full day services for children in different early childhood programs. A goal for this plan period is to support the Department of Education in development of a survey to determine what early childhood services are offered in the state.

☑ (REQUIRED) State/territory agency responsible for child care licensing.

Describe the coordination goals and process:

Child Care Licensing is located in the same division as all other programs associated with CCDF funding. The licensing specialists contribute to Agency goals and objectives of all projects, rules, and requirements on a regular basis throughout each year. As has been regular practice for 20+ years, monthly conference calls and in-person meetings will continue in the next three years with goals that include to dissect and analyze licensing requirements, clarify justification for regulations; solicit input and answer questions to ensure consistency of monitoring and enforcement. The licensing supervisor is an integral part of the state plan development and implementation process, as the goal is to ensure the local licensing specialist perspective is included in the goals and objectives of the plan and all implemented activities related to children birth through school age. Child Care Services has longevity in licensing specialists with 133 years of service among 10 specialists. This has a significant positive impact on the Divisions ability to meet the goal of maintaining consistency, provide quality services and ensure knowledge about the program and resources which benefit child care providers. A goal for this plan period is to use the information from child care community accessibility data to determine local child care needs. This will include licensing staff working in communities that initially show a lack of child care

options and working with local providers, community members, etc. to determine validity of the information and recruit providers where necessary.

☑ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs.

Describe the coordination goals and process:

Child Care Services (CCS) and CACFP coordinators work closely to share proposed changes, program updates, and issues. CCS goals for this plan period include coordinating with CACFP in the work on the quality system to better align nutrition requirements with CACFP. Licensing specialists work closely with the CACFP Sponsors on regulations in order to ensure consistency in both programs sharing current and correct information with child care providers. Licensing specialists also share on-going child care facility status changes with CACFP regarding new regarding new child care and school age programs and those that are closing to assist CACFP in updating their records and outreach efforts. CACFP routinely notifies Child Care licensing specialists regarding any issues and concerns.

☑ (REQUIRED) 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 and process:

The Division of Child Care coordinates 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. The Homeless Education Director provides information and links to shelter coordinators and Homeless Education Liaison Offices. 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. Child Care Services 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 the Division 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. A goal for this plan periodis to provide a presentation at the statewide conference overviewing child care services, child care assistance, time extensions available when needed for families experiencing homelessness who do not have documentation readily available, resources, etc.

☑ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

The State agency responsible for TANF is located in the Department of Social Services - Division of Economic Assistance (EA). Because the Division of Child Care Services (CCS) and the Division of Economic Assistance are both housed in the same department, and working with many of the same families, a number of opportunities exist to ensure coordination of services, information, services and input throughout the year. In addition, the EA Division director serves on the Department of Social Services management team along with the CCS Director, 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. CCS and EA will continue to work on specific goals and efforts to enhance the state computer systems to benefit customers and improve service delivery. In this plan period Medical Services, Economic Assistance (TANF Agency) and CCS will be coordinating to develop systems for successful transition of Medicaid families, with children age 1 year through school age, into work situations.

☑ (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals and process:

The State agency responsible for Medicaid and Children's Health Insurance Program (CHIP) are located in the Department of Social Services - Division of Medical Services. Because the Division of Child Care Services (CCS) and the Division of Medical Services are both housed in the same department and in working with many of the same families, a number of opportunities exist for coordinating information,

services and input throughout the year. The Medical Services Division director serves on the Department of Social Services management team along with the CCS Director, who is lead agency CCDF administrator. Weekly communication opportunities exist for coordinating and enhancing efforts to align programs to the extent practicable, including the CHIP brochure being shared with all new families applying for child care assistance and with all new child care programs inquiring about becoming regulated. Child Care Services staff will continue as a member of the team developing goals to fulfill a new state initiative that includes work requirements for participants on the Medicaid programs, ensuring services and requirements are aligned to meet the needs of this group of people with children ages 1 year through school age. In this plan periodMedical Services, Economic Assistance (TANF Agency) and CCS will be coordinating to develop systems for successful transition of Medicaid families, with children age 1 year through school age, into work situations.

☑ (REQUIRED) State/territory agency responsible for mental health

Describe the coordination goals and process:

The division responsible for mental health is housed within the Department of Social Services. Coordination and collaboration occurs at weekly management meetings and on an as needed basis to ensure licensing staff have current information needed when sharing services and resources with providers and families to ensure easy access to services. Representatives of this Division also participate on the Child & Family Services workgroup. Future goals include enhancing awareness of early childhood mental health and the Adverse Childhood Experiences (ACE) training to child care providers and the public. Child Care Services goal for this plan period is to engage not only the early childhood field in this area but also practitioners in the mental health field by coordinating with this agency to make practitioners aware of the early childhood mental health conference.

☑ (REQUIRED) 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 and process:

The Division of Child Care Services (CCS) contracts with five agencies known as Early Childhood Enrichment (ECE) programs to provide an organized system of

training delivery, on-site technical assistance, and coaching to family, center and school age providers. This system supports 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's through monthly conference calls and in person meetings at least twice per year to develop and implement new quality initiatives, 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. Child Care Services has held many meetings these past few years with family, center and school age programs regarding changes. 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 through these changes as well. In this plan period, Child Care Services and the ECE's will coordinate all of 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's will also be involved in the development of the evaluation component as their staff are trained on the Environmental Rating Scales.

☑ (REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable).

Describe the coordination goals and process:

Child Care Services (CCS) has a long standing collaboration with the South Dakota School Age Care Alliance (SoDAkSACA) related to supporting development of after school programs and enhancing professional development for staff members in those programs. Staff from SoDAKSACA facilitated the technical assistance peer learning group related to QRIS in 2016. SoDakSACA, CCS, and the SD Statewide Afterschool Network are now coordinating on the development of a system to recognize quality before and after school programs. A draft framework for the system was shared and these entities are committed to completion of the project. On an invite from the

Afterschool Network, CCS staff attended the National Afterschool Network meeting in Washington, DC, in April 2018. In addition, CCS staff presented the federal and state updates, with representatives of the Afterschool Network and SoDakSACA in April 2018. Goals for this plan period include working together to finalize a quality initiative and supporting the initiative by recruiting programs to participate.

☑ (REQUIRED) Agency responsible for emergency management and response.

Describe the coordination goals and process:

The Division of Child Care Services worked closely with the Office of Emergency Management (OEM) on the development of the Child Care Services Emergency Preparedness and Response Plan. Staff from OEM reviewed the draft plan on several occasions and provided input. OEM and Child Care Services coordinate efforts to bring awareness of disaster preparedness to child care programs. CCS shared information with providers on the OEM's Tommy Turtle, a mascot available to visit children across the state to talk about emergency preparedness. CCS provided centers with children's books related to disasters that feature Tommy the Turtle. Licensing staff met with local emergency managers to link the services of both entities by informing them about Child Care Services Emergency Preparedness and Response plan and the requirement for all regulated child care providers to have a plan in place. Child Care Services will continue to participate in the OEM's Pediatric Emergency Preparedness workgroup, which includes goals to coordinate emergency preparedness for a variety of entities that involve children in state and tribal hospitals, schools, and child care programs. A goal for this plan period is CCS will schedule training from OEM staff for child care providers. This training will include providing best practices, tools, and resources to help providers enhance their emergency plans to better fit the needs of their programs.

The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

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

Describe

Child Care Services recognizes the benefit of these partnerships to enhance services for children and develop quality programs across the state. Efforts will continue in encouraging development of partnerships and coordinating with any program interested in beginning an early head start-child care partnership.

☑ State/territory institutions for higher education, including community colleges

Describe

The Division of Child Care Services 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 the Division of Child Care Services 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 which promotes continuity of care. Through increased accessibility to degree seeking programs in higher education, providers are able to increase access to ongoing professional development opportunities and gain knowledge that will enable them to increase their ability to provide nurturing and responsive care.

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

Describe

LifeScape Family Support 360 offers a wide array of 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. The Division of Child Care Services has partnered with LifeScape Family Support 360 local coordinators 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 childcare. 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. Family Support 360 coordinators often assist families in applying for childcare assistance and work closely with the family and the Child Care Services to identify the child's needs. If the family needs assistance in securing child care, the Child Care Subsidy Program Specialist works with the Child Care Licensing Specialist and the family to identify a provider and secure child care arrangement. If special training is needed for the child care provider, the regional ECE training program can provide training and support s or refer the provider to community services that provide training in the area of need. 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 is able to meet the needs of children who may not be successful in other settings. The Division of 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.

☑ 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.

☑ 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 Department of Social Services - Division of Medical Services. Ongoing communication and coordination occurs 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 Department of Social Services 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.

☑ State/territory agency responsible for child welfare.

Describe

The Division of Child Protection Services (CPS) is housed within the Department of Social Services and is responsible for child welfare. Child Care Services 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. Child Care 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.

☑ State/territory liaison for military child care programs.

Describe

The Division of Child Care's contact for military child care programs for South Dakota is the Lead Child & Youth Program Coordinator with South Dakota National Guard (SDNG) Child &Youth Programs. Through this Program Coordinator, access is available to the SD Family Assistance Center, which is within the SDNG Service Member & Family Support Office. Child Care Services will continue to coordinate with this program to conduct annual family day care inspections as also required by the military. The most recent contact was on 04/04/2018 with the Lead Child & Youth Program Coordinator regarding CCDF changes, strategies to ensure streamlined services for both military families looking for child care services and resources as well as child care providers who are licensed through the military and registered with the

State. Child Care Services began partnering with the Ellsworth Air Force Base licensed center on an MOU to accept home based registration standards. Those efforts will continue in this plan period.

☑ Provider groups or associations.

Describe

Child Care Services coordinated with the following state and regional child care associations regarding the requirements of the CCDF state plan on several occasions over the past few years through trainings, presentations, and 12+ webinars offered to child care providers and associations related to coordinating efforts. This coordination will continue as it always has, to keep providers abreast of information, and coordinate ways to meet the requirements. 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 Professionals of South Dakota, Northern Hills Child Care Center Directors, and Rapid City Child Care Center Directors. Meetings will continue ongoing to ensure justification of the regulations and share implementation strategies to meet compliance.

☑ 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 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. Child Care Services will be partnering with the Parent Connection representative who is the CDC's *Learn the Signs. Act Early* Ambassador for South Dakota for 2018 and 2019 to share information with child care providers. The state child care administrator and staff from SD Parent Connection sit on various advisory boards together where information is shared. Child Care Services will continue to coordinate with Parent Connection staff that is aware of families in need of child care.

☐ Other.

Describe

1.5 Optional Use of Combined Funds, CCDF Matching and Maintenance-of-Effort Funds

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) 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

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 11 for-profit centers, including 13 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:
The Lead Agency must check at least public and/or private funds as matching, even if preK funds also will be used.

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)).

- ☐ N/A - The territory is not required to meet CCDF matching and MOE requirements
- ☑ 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.

-- If checked, identify the source of funds:

State general funds are used to meet matching fund requirements.

-- If known, identify the estimated amount of public funds that the Lead Agency will receive: $

☐ 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)).
-- If checked, are those funds:

☐ donated directly to the State?

☐ donated to a separate entity(ies) designated to receive private donated funds?

-- If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

N/A

-- If known, identify the estimated amount of private donated funds that the Lead Agency will receive: $

☐ 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 preK expenditures (not to exceed 30 percent):

-- 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:

N/A

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: $

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

N/A

☐ State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
-- The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

☐ No

☐ Yes

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

N/A

-- Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent):

-- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:

N/A

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: $

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 the entities with which and the levels at which the state/territory is partnering (level-state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

State/Territory Level. 1. In South Dakota, a partnership exists with the Department of Education (DOE) 21st Century Community Learning Centers (21st CCLC). The goal of this partnership is to share licensing requirements with programs providing care and supervision to children of school age; receive information about child care subsidy, as well as coordinate existing training and technical assistance available through the DOE, Child Care Services and the ECE system. Programs provide services to school-age children before and after school and during the summer months. Information on state licensing requirements, the child care subsidy program and training/technical assistance through the ECE system is made available by DOE and Child Care Services to these programs to build the supply of programs available to CCDF families. The DOE 21st CCLC program currently provides funding to support over 37 afterschool programs statewide. Child Care Services participates in the 21st CCLC program grant reviews which also helps ensure 21st CCLC and child care goals better align for school age programs. As partners, representatives of both agencies provide resource support, guidance and recommendations to the SD After School Network and the SD School-Age Care Alliance. Coordination efforts help to increase the number of programs available to families and improve the quality of afterschool and summer programs for children 5-12 years of age through training and technical assistance. **2.** Partnerships are in place with the several associations, including Family Child Care Professionals of SD (FCCPSD), SD Association of Child Care Directors (SDACCD), SD Association for the Education of Young Children (SDAEYC), SD School Age Care Alliance (SoDakSACA) and SD Head Start Association (SDHSA). The goal of these partnerships is for SD providers to become more aware of licensing regulations, training opportunities available, and continuous quality improvement methods and opportunities. Methods include providing information to the state child care associations in the form of workshop presentations at state conferences, providing articles about licensing, quality, etc. in their association newsletters, and participate as resource partners to their association boards and/or committees. The goal is cohesive sharing of information and support for quality improvement activities. Child Care Services staff was invited and attended the 2018 National Afterschool Network Meeting. **3.** A partnership exists with South Dakota Department of Health & Sanford Health System. The goal is for early childhood caregivers to have knowledge and tools available to provide an environment that promotes a healthy lifestyle for children in their care. The method includes the continuation of the fitCare training and technical assistance program. The fitCare initiative emphasizes a holistic approach to living a healthy lifestyle and considers being fit as the ability to interplay between nutrition, physical activity, emotional management and rest to achieve a healthy lifestyle. The fitCare program consists of 3 parts, training, self-assessment,

and technical assistance delivered through the Early Childhood Enrichment (ECE) system statewide. The overall goal is caregivers are educated using the existing ECE system, on the fit concept and are able to work with individual staff to affect behavior change in individual practice. **4.** The Division of Child Care continues to partner with five Early Childhood Enrichment (ECE) offices with a goal to provide training and technical assistance to child care and afterschool programs statewide. The method includes a contract for services with each of the ECE offices to provide ongoing training and technical assistance services to SD child care providers. The outcome anticipated is that child care and afterschool providers in South Dakota have accessible training opportunities and technical assistance to meet licensing requirements and improve the quality of care provided. The ECE's are an integral part of the quality initiative and will provide the majority of training for the system. **5.** The Division of Child Care will continue to partner with the South Dakota Department of Education (DOE) with the goal to provide training on the expanded Early Learning Guidelines to bring further awareness of these existing birth to age 5 guidelines. Staff members from DOE and Child Care Services serve together on the Early Learning Guidelines Oversight Committee and are responsible to review and update the guidelines every 5 years. The goal is to ensure consistent enhanced services to persons guiding young children in the state. **6.** The Division of Child Care will partner with the SD Afterschool Network with a goal of creating and sustaining quality afterschool programs. In the next three years, the methods will include collaborating on possible projects such as promoting volunteer quality afterschool criteria, and establishing an afterschool program self-assessment tool, a focus on workforce issues, and establishing an information center on best practices & sustainability. The projected outcome would be higher quality after school programs which are long-running and self-sustained. **7.** A partnership with the Center For Disabilities that includes goals to provide sound, research-based information for child care providers to better address the screening and development needs of young children. In working toward meeting this goal, Child Care Services will partner by tagging on to an existing conference for mental health practitioners, to bring a Session specific to child care providers in September 2018. This will support child care providers in handling challenging behaviors of children in their care and how to share the information and techniques with the families of those children. This will be held as part of a 3-day session for mental health practitioners. **County/Local Level** **1.** Starting Strong is a partnership with the regional ECE program, Early Childhood Connections, in Rapid City. Several local partners work toward providing a high-quality preschool experience for children whose families have socio-economic challenges, research-based risk factors and who reside within the Rapid City Area

School district boundaries. The method used allows parents of eligible children to choose a quality preschool from among approved programs operating within child care centers that provide transportation, nutrition and qualified teachers. The goal is to assist these children in obtaining a high-quality early education and entering school ready to learn. **2.** Partnerships also exist between Early Childhood Connections and Behavior Management Systems in Rapid City, funded by CCDF. The goal 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. The anticipated outcome is children are able to remain in the most appropriate environment while services and strategies are provided to improve areas of delay, and provide continuity and consistency of care. **3.** The Division of Child Care partners with South Dakota Department of Health and Sanford Children's CHILD Services, Sioux Falls (regional ECE program) to deliver the Physical Activity Technical Assistance program as a compliment to the fitCare program. The goal is for child care programs to utilize evidence-based, age-appropriate physical activity policies that ensure children of all ages have optimal physical activity as part of their child care experience. Activities include intensive work with child care program directors on policy development and implementation. The overall goal is to reduce childhood obesity. **4.** The Division of Child Care partners with The Right Turn (regional ECE program) which works closely with the following entities with the goal of leveraging existing service delivery systems to increase the supply and quality of child care services through various methods: a) SD Vocational Rehabilitation Services to recruit, train and support individuals with disabilities for successful careers in the child care industry; b) SD Discovery Center to promote Harvest of the Month (http://www.sdharvestofthemonth.org/) to encourage children to get excited about eating more fruits and vegetables; c) Capital Area United Way, who provides funding to purchase quality educational toys and materials for a lending library and sponsors reduced cost "babysitter" training for area youth; and d) Department of Labor to provide the GED training program and serve as a PearsonVUE testing site for both the GED and Child Development Associate (CDA) credential program to provide an established career pathway to future child care professionals by referring students from the Adult Education and Literacy program to the Child Development Associate training program. The outcome is improving the availability of quality childcare programs by using existing business to share their expertise and knowledge with child care programs. **5.** Other partners at the local level include a partnership

with the South Dakota Lions Vision Program and Sanford CHILD Services (regional ECE program). The ECE coordinates these screenings for children in child care. The goal of this partnership is to provide young children an opportunity to access vision screening in the convenience of their child care setting. In addition, another partnership is in place with the Northern Plains Eye foundation to provide free vision screenings at child care centers in Rapid City in partnership with Early Childhood Connections (regional ECE program). The ECE program assists in arranging dates and other details of the program. The outcome of these services is that children will be referred as needed for further assistance with potential vision issues. **Program Level 1.** The Division of Child Care Services partners with two child care centers to contract for slots. The goal of this partnership is to provide child care options for families participating in TANF who have an immediate child care need. The method includes: Local TANF staff refer families who have not yet secured a formal child care arrangement, yet have immediate work requirements. In addition, 17 child care centers participate in a special program specific for TANF families. In these arrangements, the Division of Child Care Services can pay the full weekly rate of care and no additional costs are passed on to the family. The outcome of this partnership is to increase the number of programs available to this vulnerable population and ensure accessibility to care.

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 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 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, what services are provided and how it is structured and use section 7.6.1 to address 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?

- [x] 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 system. If yes, describe the following:

a) What services are provided through the CCR&R organization?

N/A

b) How are CCR&R services organized, include how many agencies, if there is a statewide network and if the system is coordinated?

N/A

1.8 Disaster Preparedness and Response Plan

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 that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(I)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

The State Emergency Preparedness Plan is developed in coordination with all State Agencies including the Department of Human Services. The Division of Child Care Services (CCS) Emergency Preparedness and Response Plan, that is aligned with the State Plan and the Department of Social Services Plan, outlines the framework to support child care providers and assist in the provision of safe and healthy child care alternatives for families in the event of an emergency or disaster. The plan was developed by Child Care Services with opportunities for input from several agencies. The Office of Emergency Management staff took several opportunities for review and input during development of the plan prior to finalization. Child Care licensing provided input to the plan requirements from a provider perspective as well as an inspector perspective. Licensing staff suggested development and implementation of a template that was offered to child care providers to ensure all provider

requirements are met. The licensing specialists made contact with the local emergency management personnel to share that Child Care Services has an emergency plan, and share the requirement for child care providers to have an emergency plan of their own. The State Health Department provided input as to emergency practices used in hospitals that are effective in evacuating young children and environmental precautions to implement that will mitigate emergencies and disasters. The Early Childhood Enrichment programs provided input on the plan including in the scope and expectations of their regional programs to assist in emergency response efforts. During development of the plan, various requirements over two years were shared with the Child & Family Services workgroup for input.

1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

The Department of Social Services (DSS) Continuity of Operations Plan (COOP) is in place and provides over-arching guidance across all departmental divisions including: alerts and notifications, initial actions, activation procedures for on-duty hours, activation procedures for nonduty hours, transition plans to alternate locations, alternative location support responsibilities, establishment of communications, team responsibilities, development of devolution plans, team lists including the Child Care Planning Team, and the Child Care Support Team. Within the DSS COOP there are specific provisions for the continuation of all functions, including child care subsidy payments in the mission-essential functions that outline a one-week time frame for subsidy payments to be made following a disaster. The timeframe helps ensure timely assistance payments to providers to help ensure continuation of those essential child care services for families. The COOP also contains provisions that support the establishment of temporary child care options to ensure safe environments for the continuation of a community workforce including emergency management personnel who need child care services if they work during an emergency event. Provisions within the Division of Child Care Services Emergency Preparedness and Response Plan include prior to an emergency, keeping contact information of all child care providers at an alternative location to ensure access, and keeping a list of prospective facilities that could house a child

care program to help ensure availability of safe environments. Provisions carried out during or after a disaster include: mobilizing as many Child Care Services staff as necessary to emergency areas to determine facility damage and community needs; activation of the state Emergency Operations Center as the hub for calls, questions, and as a means for providers to communicate with Child Care Services staff who may not be immediately available due to being activated; visits made to child care facilities to check on providers; assure continuation of services such as complaint visits, etc. by using other department, division and ECE staff if necessary; and communicate the needs of local child care providers to emergency personnel for additional assistance. Based on several disasters in South Dakota that did not require waiver of regulations, and in order to ensure safety of children, blanket waivers of child care regulations are not determined ahead of a disaster but determined as needed and as appropriate to the specific situations. The Department conducts an annual mainframe (computer) disaster recovery exercise.

1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

Procedures include Child Care Services (CCS) staff making visits to programs impacted by the emergency or disaster, which intends to resume services, in order to ensure the facility is safe for children. The searchable database on the CCS website includes a map to pinpoint regulated programs for ease of finding program locations for other agencies not familiar with these programs. Using guidance from the Fire Marshall's office and the Department of Health, licensing staff make initial determinations about program operations and needs. Those determinations are brought to the Licensing Supervisor or Assistant Director for approval. Local fire personnel will be consulted in situations where there is question about structural safety and coordination of approval for child care services in alternate locations. In the short term, CCS staff will contact directors of impacted programs whose staff may be available to work at alternative locations; and contact programs that are not currently using all of their licensed capacity and could house additional children in the program. Changes, such as business hours or caring for different ages of children, can often be handled over the phone when necessary for efficiency and then followed up by the licensing specialist. In the long term, Child Care Services staff will make initial visits to programs intending to reopen,

ensuring at least minimum requirements are met. Efforts will be coordinated with local and state fire marshalls as well as the Department of Health to ensure safety and compliance.

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place-evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

Child Care Administrative Rules of South Dakota and policy handbooks outline requirements for providers to have the following provisions included in their emergency preparedness plan: procedures for evacuation; relocation; shelter-in-place; lockdown; communications of the plan; reunification of families; continuity of their program operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions . An optional emergency plan template and guidance document was given to current regulated child care programs and all new programs, which helps ensure all the procedures are addressed. Program inspections since the onset of this requirement have ensured compliance with this requirement. Licensing staff will continue to share with providers, that three child care providers have reported how thankful they were to have a plan in place when there was an emergency situation in their program. Child Care Services reviewed with licensing specialists and Department of Public Safety Inspectors, the expectations for determining this requirement is met.

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers-emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

All providers and staff (paid or volunteer), including those receiving CCDF funds, are required via Administrative Rule to have emergency preparedness training as part of the

orientation training series, within 90 days after hire. Emergency preparedness training is also available statewide through the Early Childhood Enrichment programs. Four practice drills are required annually in Administrative Rule. Documentation of compliance for training and practice drills is verified during the annual inspections of every program. If practice drills were not completed, the program is required to conduct them as part of follow-up compliance. Inspections since the onset of this requirement have ensured that current licensed, registered, and licensed exempt providers have met this requirement.

1.8.6 Provide the link to the website where the statewide child care disaster plan is available:

http://dss.sd.gov/docs/childcare/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. In this section, Lead Agencies will address how information is made available to families 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.

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

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 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.

- [x] Application in other languages (application document, brochures, provider notices)
- [x] Informational materials in non-English languages
- [x] Website in non-English languages
- [x] Lead Agency accepts applications at local community-based locations
- [ ] Bilingual caseworkers or translators available
- [ ] Bilingual outreach workers
- [x] Partnerships with community-based organizations
- [ ] Other.

Describe:

N/A

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.

- [ ] Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- [ ] Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- [ ] Caseworkers with specialized training/experience in working with individuals with disabilities
- [ ] Ensuring accessibility of environments and activities for all children
- [x] Partnerships with state and local programs and associations focused on disability-related topics and issues
- [x] 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
- [x] Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- [x] Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- [ ] Other.

Describe:

N/A

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; 98.32).

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, CCS staff complete a complaint form to ensure necessary information is obtained. 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 Child Care Services for investigation. These are also 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 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

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 Child Protection Services and that Division takes the lead in these investigations, typically in collaboration with Child Care Services 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 Child Care Services licensing specialist. Child Care Services policy is to complete a complaint visit within one to two weeks of receipt of the complaint but 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 in order after a substantiated complaint in order 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 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

Complaints are received via referral from another agency, by phone, in writing or through in-person contacts. All complaints received on non-CCDF 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 Child Protection Services who take the lead in these investigations, typically in collaboration with Child Care Services if related to care by a provider. Any complaints alleging non-compliance of a regulated, non-CCDF provider are investigated via unannounced, onsite monitoring visit conducted by a Child Care Services licensing specialist. Child Care Services policy is to complete a complaint visit within one to two weeks of receipt of the complaint but 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. Depending on the complaint issue, a type of corrective action is most often in order after a substantiated complaint in order 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.

2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

All substantiated parental complaints on regulated child care programs or informal/in-home child care providers are maintained on a database, available only to Child Care Services staff. Each complaint not received online is written up by the licensing specialist and added to that system in order 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.

2.2.5 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:

On 02/28/2018, complaints determined to be substantiated, were posted on the Child Care Services website. The information is also available via hard copy by request.

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

CCS Licensing Manual Chapter 5

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)). The website must include information to assist families in understanding the policies and procedures for licensing child care providers. The website information must also include provider-specific information, monitoring and inspection reports for the provider, the quality of each provider (if such information is available for the provider), and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding 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 link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. 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:

The Child Care Services website has been created to be consumer friendly and easily accessible by: not usingjargon or complicated references; plain language that is easy to read and understand is used; 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 explains 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 Department of Social Services website provides a toll free number, in 15 different languages, so users who do not speak English can call for assistance. The website provides the contact information for Child Care Services staff. When necessary, Child Care Services contacts InterpreTalk, an interpretive service with over 150 languages, to assist customers in navigating the website or learning about the services offered. Persons can also stop in at a Department of Social Services office, which are located in 63 of 66 counties in 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 Services has 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 the majority of 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 are able to 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 Child Care Services (CCS) toll free at 1-800-227-3020 or visit any Department of Social Services 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 Lead Agency 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 link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

Licensing process: http://dss.sd.gov/childcare/licensing/licensed.aspx#dcc; and https://dss.sd.gov/docs/childcare/licensed_program_flowchart.pdf. Types of providers including exempt: http://dss.sd.gov/childcare/licensing/ ; and the Licensing Policy Handbook, Section 1: https://dss.sd.gov/docs/childcare/licensing_handbook.pdf .

b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:
Monitoring and inspection process:
http://dss.sd.gov/childcare/licensing/dccmonitoring.aspx

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:
Background check process: http://dss.sd.gov/childcare/licensing/backgroundchecks.aspx

2.3.5 List of providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. 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 searchable list of child care providers:

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):

- [ ] License-exempt center-based CCDF providers
- [ ] License-exempt family child care (FCC) CCDF providers
- [ ] License-exempt non-CCDF providers
- [ ] Relative CCDF child care providers
- [x] Other.

Describe

Informal or in-home providers caring only for one family.

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.

Licensed Providers

- [x] Contact Information
- [x] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken

- [ ] Quality Information
- [x] Monitoring Reports
- [ ] Other.

Describe:

N/A

License-Exempt, non-CCDF Providers

- [ ] Contact Information
- [ ] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [ ] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

Describe:

N/A

License-Exempt CCDF Center Based Providers

- [ ] Contact Information
- [ ] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [ ] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

Describe:

N/A

License-Exempt CCDF Family Child Care

- [ ] Contact Information
- [ ] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [ ] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

Describe:

Relative CCDF Providers

- [ ] Contact Information
- [ ] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken
- [ ] Quality Information
- [ ] Monitoring Reports
- [ ] Other.

Describe:

N/A

Other.

Describe:

Informal or in-home providers caring for only one family.

- [x] Contact Information
- [ ] Enrollment Capacity
- [ ] Years in Operation
- [ ] Provider Education and Training
- [ ] Languages Spoken

- [ ] Quality Information
- [x] Monitoring Reports
- [ ] Other.

Describe:

N/A

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) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- [ ] Quality rating and improvement system
- [x] National accreditation
- [ ] Enhanced licensing system
- [ ] Meeting Head Start/Early Head Start requirements
- [ ] Meeting prekindergarten quality requirements
- [ ] School-age standards, where applicable
- [ ] Other.

Describe

N/A

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

- [x] Licensed CCDF providers.

Describe the quality information:

Programs nationally accredited byoutside entities meet the requirements of those entities. The National Association for the Education of Young Children (NAEYC)

accreditation consists of the following standards: teaching approaches that enhance each child's learning and development; curriculum that is consistent with its goals for children and that promotes earning and development; promotes positive relationships between all children and adults; variety of formal and informal assessment approaches to provide information on children's learning and development; the child care program promotes the nutrition and health of children; teaching and administrative staff that have the qualifications, knowledge, and professional commitment; collaborative relationships with each child's family; establishes relationships with and uses the resources of the children's communities to support the achievement of program goals; program has a safe and healthful environment; and program effectively implements policies, procedures, and systems that support stable staff and fiscal management. Another entity recognized is the Council on Accreditation Child and Youth Development Programs. The focus of the accreditation standards for this entity include the following: Administration of the program; parent involvement; health; safety; classroom environment; educational and developmental activities; relationships; children with special needs; supervision; transitions, and more.

.

☑ Licensed non-CCDF providers.

Describe the quality information:

Programs nationally accredited byoutside entities meet the requirements of those entities.The National Association for the Education of Young Children (NAEYC) accreditation consists of the following standards: teaching approaches that enhance each child's learning and development; curriculum that is consistent with its goals for children and that promotes earning and development; promotes positive relationships between all children and adults; variety of formal and informal assessment approaches to provide information on children's learning and development; the child care program promotes the nutrition and health of children; teaching and administrative staff that have the qualifications, knowledge, and professional commitment; collaborative relationships with each child's family; establishes relationships with and uses the resources of the children's communities to support the achievement of program goals; program has a safe and healthful environment; and program effectively implements policies, procedures, and systems that support stable staff and fiscal management. Another entity recognized is the Council on Accreditation Child and Youth Development Programs. The focus of the accreditation standards for

this entity include the following: Administration of the program; parent involvement; health; safety; classroom environment; educational and developmental activities; relationships; children with special needs; supervision; transitions, and more.

☐ License-exempt center-based CCDF providers.

Describe the quality information:

N/A

☐ License-exempt FCC CCDF providers.

Describe the quality information:

N/A

☐ License-exempt non-CCDF providers.

Describe the quality information:

N/A

☐ Relative child care providers.

Describe the quality information:

N/A

☐ Other.

Describe

N/A

2.3.7 Lead Agencies are required to 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 on the consumer education website. These reports must include 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. The reports must be in plain language 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 when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

The South Dakota definition of plain language is using common, everyday words so providers and the public can understand and use what is written. Administrative rules are attached to each inspection report question, but the questions and compliance statements themselves are written in plain language, not in rule language. There are definitions on the website for terms used within licensing and monitoring. The Child Care Provider Search page includes contact information for Child Care Services in two different areas. Feedback from parents or the public is evaluated and used to update language or provide additional information for ease of understanding.

b) Are monitoring and inspection reports in plain language?

☑ If yes,

include a website link to a sample monitoring report.

https://dss.sd.gov/docs/licensing/Sample_Monitoring_Form.pdf

☐ If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

N/A

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

☑ Date of inspection

☑ Health and safety violations, including those violations that resulted in fatalities or serious injuries.

Describe how these health and safety violations are prominently displayed.

The monitoring checklist and Compliance Plans display all issues of non-compliance. The Compliance Plan prominently displays whether any death or serious injury occurred due to a lack of compliance with health and safety standards.

☑ Corrective action plans taken by the State and/or child care provider.

Describe

Depending on the severity of the violation, different corrective actions can be implemented. Those actions are explained on the online monitoring summary form. Compliance plans include corrective action required by Child Care Services and corrective action completed by the program.

d) The process for correcting inaccuracies in reports.

All non-compliance issues are reviewed witheach 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. All four provider types, at any time, have the opportunity to 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.

e) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded.

A provider can informally appeal the findings of an inspection with the Licensing Specialist and then the Supervisor or Division Director if necessary. Child Care Services will investigate the appeal at that time. There is no time frame limits for providers to informally appeal the findings. Child Care Services relays 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.

f) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of 'timely' and describe how it ensures that reports are posted within its timeframe. Note: While Lead Agencies 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

After an inspection, all monitoring documentation is reviewed by the licensing specialist to ensure completeness and accuracy. The report is then sent to the licensing supervisor, who posts each monitoring report to the on-line system within 60 days after the inspection visit. Biweekly meetings between the licensing specialist and the licensing supervisor help ensure timelines are met in moving the reports to the website.

g) Describe the process for maintaining monitoring 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 will be available on the CCS website for all regulated and informal or in-home providers; however this is not retroactive. The reports are posted starting 02/28/2018 going forward. 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 shown online.

h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

- ☐ License-exempt non-CCDF providers
- ☐ Relative child care providers
- ☐ Other.

Describe

N/A

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 on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

a) 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 and Child Care Services (CCS) tracks those numbers. Providers are also required to notify CCS 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 and 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 CCS if there is a report of substantiated abuse or neglect of a child in a child care program. CPS provides, to Child Care Services (CCS) upon request, aggregate data of substantiated child abuse or neglect as well as deaths or serious injury occurring in a child care program.

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

Substantiated child abuse is defined by Child Care Services 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.

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

Child Care Services definition of a serious injury is: an injury that requires medical attention to the child in care.

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

http://dss.sd.gov/childcare/licensing/childcaredata.aspx

2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. 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 Services 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 Services website. When non-compliance occurs with child care regulations, Child Care Services 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://apps.sd.gov/ss45provinfo/search.aspx.

2.3.10 The consumer education website should 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. Describe and include a website link to this information:

The website, at https://apps.sd.gov/ss45provinfo/search.aspx, provides a link for parents to contact a Child Care Services (CCS) licensing office should they have questions about a provider or questions about the website. There is also a link for the Early Childhood Enrichment programs for parents to contact with questions about choosing child care, child

development, etc. The Department website, which contains the CCS website, contains a "Contact Us" tab at the bottom of each page.

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

http://dss.sd.gov/childcare/

2.3.12 Other. Identify and describe the components that are still pending per the instructions on
CCDF Plan Response Options for Areas where Implementation is Still in Progress
in the Introduction.

N/A

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 preK, 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 types of child care services available is offered on the Child Care Services (CCS) application, brochure, and on the CCS website for parents, providers, and the public. All 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 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. Similar resources were mailed to all child care providers to be used to support families using their child care program. The Helpline Center 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: http://dss.sd.gov/childcare/blockgrant.aspx.

2.4.2 The partnerships formed to make information about the availability of child care services available to families.

Partnerships include: 1) The five Early Childhood Enrichment programs that provide training and technical assistance to child care providers and families on a variety of topics including resources that support families. 2) The Helpline Center, who works with 850 families per year, provides parents with information about child care, community resources, assistance programs, assist in gathering parent information, etc. 3) Child Care providers are supplied with various resources that will support families who use their program. With 76% of South Dakota children having all adults in the workforce, child care providers are an important, direct connection to parents. 4) The Child & Family Services Workgroup ensures continued sharing of services offered between all agencies involved in the workgroup to ensure families

are supported no matter which state agency they begin services with. Agencies include Health, Educations, Human Services, and Social Services. 5) Parent Connection is an organization that partners to share disability resources including information from the CDC *Learn the Signs, Act Early* campaign with child care providers and parents.

2.4.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description include, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

☑ Temporary Assistance for Needy Families program:

The five Division of Child Care Services (CCS) caseworkers have a combined 46 years of service, allowing them the opportunity to come to know, and better serve, the providers and families they work with. CCS mails information to parents applying for child care assistance. The information includes a brief description of many services available including TANF, web links to the applicable information as well, and brochures for several programs. Follow-up phone calls are also made to these new families explaining the packet information and how to use it. The information is reciprocated when parents apply for SNAP and TANF, an in-person family assessment is conducted and referrals for various services are made which include child care assistance. Each of the 63, of 66, county Department of Social Services offices also have available a local directory with a listing of available services including TANF. The resources and information was mailed to parents and regulated child care providers, was shared with the Helpline Center (referral services) and with the Early Childhood Enrichment (ECE) programs, and is available for providers and/or the public on the CCS website at http://dss.sd.gov/childcare/blockgrant.aspx.

☑ Head Start and Early Head Start programs:

The five Division of Child Care Services (CCS) caseworkers have a combined 46 years of service, allowing them the opportunity to come to know, and better serve, the

providers and families they work with. CCS mails 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 resources and information was mailed to parents and regulated child care providers, was shared with the Helpline Center (referral services) and with the Early Childhood Enrichment (ECE) programs, and is available for providers and/or the public on the CCS website at http://dss.sd.gov/childcare/blockgrant.aspx.

☑ Low Income Home Energy Assistance Program (LIHEAP):

The five Division of Child Care Services (CCS) caseworkers have a combined 46 years of service, allowing them the opportunity to come to know, and better serve, the providers and families they work with. CCS mails 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, web links to the applicable information is included. Follow-up phone calls are also made to these families explaining the packet information and how to use it. In this plan period, local Department of Social Services 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 Early Childhood Enrichment (ECE) programs, and is available for providers and/or the public on the CCS website at http://dss.sd.gov/childcare/blockgrant.aspx.

☑ Supplemental Nutrition Assistance Programs (SNAP) Program:

The five Division of Child Care Services (CCS) caseworkers have a combined 46 years of service, allowing them the opportunity to come to know the parents and state resources, to better serve the providers and families they work with. CCS mails 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 packet information and how to use it. The information is reciprocated when parents apply for SNAP an in-person family assessment is conducted and referrals for various services are made which include child care assistance. In this plan period, local

Department of Social Services 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 Early Childhood Enrichment (ECE) programs, and is available for providers and/or the public on the CCS website at http://dss.sd.gov/childcare/blockgrant.aspx.

☑ Women, Infants, and Children Program (WIC) program:

The five Division of Child Care Services (CCS) caseworkers have a combined 46 years of service, allowing them the opportunity to come to know, and better serve, the providers and families they work with. CCS mails information to parents applying for child care assistance, and 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, was shared with the Helpline Center (referral services) and with the Early Childhood Enrichment (ECE) programs, and is available for providers and/or the public on the CCS website at http://dss.sd.gov/childcare/blockgrant.aspx.

☑ Child and Adult Care Food Program(CACFP):

The five Division of Child Care Services (CCS) caseworkers have a combined 46 years of service, allowing them the opportunity to come to know, and better serve, the providers and families they work with. CCS mails information to parents receiving child care assistance, and 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, was shared with the Helpline Center (referral services) and with the Early Childhood Enrichment (ECE) programs, and is available for providers and/or the public on the CCS website at http://dss.sd.gov/childcare/blockgrant.aspx.

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

The five Division of Child Care Services (CCS) caseworkers have a combined 46 years of service, allowing them the opportunity to come to know, and better serve, the providers and families they work with. CCS mails 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 the applicable information as well, and brochures for several programs. Follow-up phone calls are also made to these families explaining the packet information and how to use it. In this plan period, local Department of Social Services 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 Early Childhood Enrichment (ECE) programs, and is available for providers and/or the public on the CCS website at http://dss.sd.gov/childcare/blockgrant.aspx.

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

The five Division of Child Care Services (CCS) caseworkers have a combined 46 years of service, allowing them the opportunity to come to know, and better serve, the providers and families they work with. CCS mails 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 which carries out activities under Section 619 and Part C of the Individuals with Disabilities Education Act (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, was shared with the Helpline Center (referral services) and with the Early Childhood Enrichment (ECE) programs, and is available for providers and/or the public on the CCS website at http://dss.sd.gov/childcare/blockgrant.aspx.

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

also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

Child Care Services 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 Services web site (http://dss.sd.gov/childcare/); Bright Start web site (http://www.sdbrightstart.com/) which includes screenings, immunizations, Responsive Parenting classes, resources, health and nutrition information, etc.; Governor's Task Force on Infant Mortality (www.forbabysakeSD.com) via state websites; Healthy South Dakota (www.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 state Early Learning Guidelines; The Early Learning Guidelines promote all adults sharing responsibilities of supporting a child's developmental progress; direct mailings to parents of newborns; 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 in health.

2.4.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood 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.

Information on Child Care Services (CCS) policies related to social emotional and behavioral issues and early childhood mental health of young children are shared with providers periodically via mail or email; included in the Policy Handbooks; and posted on the CCS website for providers, families and the general public. Per the CCS Suspension and

Expulsion Policy, child care providers are expected to contact their regional Early Childhood Enrichment (ECE) program for support and resources in working with a child exhibiting a challenging behavior. In September 2017, ECE staff participated in a Pyramid Model Train the Trainer facilitated by a trainer with the Pyramid Model Consortium to familiarize themselves with the model as well as with the various resources available to support children in child care settings. 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 ECEs.

A variety of social-emotional/behavioral tools are made available to families with children in child care and child care providers through training and technical assistance through the Early Childhood Enrichment (ECE). Child care providers, including those serving children receiving CCDF funding were mailed information regarding social-emotional resources and the prevention of expulsion of children. 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 Services (CCS) website and through newsletters. In 2019, two new social emotional series based on the Pyramid Model will be accessible to caregivers of infants and toddlers and preschoolers thru the statewide online training delivery system.

The South Dakota Early Learning Guidelines (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 childcare 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 3. 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 issues. 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.

2.4.6 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 Services 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 Early Childhood Enrichment (ECE) programs to gain knowledge and practice in working with challenging child behaviors so these children can remain in care. The policy information was mailed to all regulated providers, is shared during provider webinars, trainings, and is also included in all regulated, informal and in-home provider handbooks, and posted on the Child Care Website at: https://dss.sd.gov/docs/childcare/expulsion_policy.pdf.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of 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 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)). 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)).

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)).

Child Care Services partners with organizations who work with families, such as the Helpline Center, DSS Medical Services and 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. 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 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. CCS is partnering with the Early Childhood Enrichment program to schedule training in FFY 2019 that focuses on developmental screening resources to be offered to child care providers so when a family need arises, they have the information to share. 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 are in need of, including developmental screenings. The information is also available to providers and the general public through the CCS website at https://dss.sd.gov/docs/childcare/parent_resource_information.pdf. Information regarding accessible developmental screening opportunities for child care providers is included within a variety of training and technical assistance opportunities provided by the Early Childhood Enrichment (ECE) System. These resources are not provided in age specific references as this is gerneral information about the resources to bring awareness to child

care providers.

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.).

The Child Care Services (CCS) 10 licensing specialists and 5 assistance caseworkers have a combined 179 years of service that allows consistency for parents to get to know and trust them. It also has afforded staff opportunity to get to know families and providers, making it easier to share information related to various services available. Technical assistance is provided to the individual inquiring about the service related to the options available for the specifc age of their child. 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 program under the Medicaid program. Contact information for that program is provided, or the individual can stop in at any of the 63 DSS county offices 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/docs/childcare/parent_resource_information.pdf. If a parent or child care provider suspects a child may have development issues or delays, the Division of Child Care Services, the Early Childhood Enrichment (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 Services (CCS) website at: https://dss.sd.gov/docs/childcare/parent_resource_information.pdf . 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 infomration. For additional service needs that are brought up in conversations with the caseworkers, parents are referred to the Early Childhood Enrichment program or Parent Connection to consult with local screenings services to meet the families 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 Early, Periodic, Screening, Diagnosis & Treatment (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 3 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 Early Childhood Enrichment (ECE) System. Available statewide training offerings such as the Child Development orientation 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 Early, Periodic, Screening, Diagnosis & Treatment (EPSDT) Program, Birth to Three, and vision and hearing screenings are also made upon request from child care programs. Child Care Services shares with provider organizations the names of potential speakers from these agencies for their annual conferences.

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

There is no formal citation related to providing information on developmental screenings.

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. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.6.1 Certify by describing:

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

The caseworker mails a statement via hard copy or via email to new families who have submitted an application for assistance.

b) What is included in the statement, including when the consumer statement is provided to families.

Caseworker mails a statement to new families via hard copy or email that includes the purpose of the child care subsidy program, the provider's name, the type of provider they represent, and the provider number. The parent is directed to the CCS website at http://dss.gov/childcare to learn more about their provider 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 Early Childhood Enrichment programs, and contact information for the Licensing Specialists. The Consumer Statement is sent to the parent within two days after the applicant is determined eligible for assistance.

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

The Consumer Statement mailed via letter or email 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 http://dss.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 Early Childhood Enrichment programs, and contact information for the Licensing Specialists.

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 periods, 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 not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

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. This type pf 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.

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)).

3.1.1 Eligibility criteria based on a child's age

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
- [x] 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.
- [x] 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?

"residing with":

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

"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 based on reason for care

a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

"Working":

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

"Job training":

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.

"Education":

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.

"Attending job training or education" (e.g. number of hours, travel time):

Job Training is defined as any type of job training that is full or part-time and is at least 80 hours per month for non-TANF families. TANF families are required to meet the training requirements set forth by TANF criteria. 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. 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 based on reason for care

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

☐ No.

If no, describe the additional work requirements:

N/A

☑ Yes.

If yes, describe the policy or procedure:

Eligible parents participating in education are not considered using job search until they have graduated or permanently ended their education program. At that time the education ended, the parent is allowed up to 90 days of job search. Parents enrolled in a minimum of 12 college credits are not required to meet additional work requirements.

3.1.2 Eligibility criteria based on reason for care

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

- [x] No.
- [ ] Yes.

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

N/A

3.1.2 Eligibility criteria based on reason for care

d) Does the Lead Agency provide child care to children in protective services?

- [ ] No.
- [x] Yes. If yes:

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

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. Child Protection Services (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
- [x] 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 (658E(c)(5))?

☐ No
☑ Yes

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

☐ No
☑ Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of 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 would be money received for which a person does not perform a service. Countable unearned income includes: pensions, 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 SSI-Disability.

b) Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *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. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c) below the table.

	(a)	(b)	(c)	(d)
Family Size	100% of SMI($/Month)	85% of SMI ($/Month) [Multiply	(IF APPLICABLE) ($/Month)	IF APPLICABLE) (% of SMI) [Divide

	(a)	(b)	(c)	(d)
		(a) by 0.85]	Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	(c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	$3,497	$2,972	$1,771	51%
2	$4,572	$3.887	$2,401	53%
3	$5,648	$4,801	$3,031	54%
4	$6,724	$5,715	$3,661	55%
5	$7,800	$6,630	$4,291	55%

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)).

N/A

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-im2017-03.

d) SMI source and year. Federal Registry Notice SMI FY19

e) Identify the most populous area of the State used to complete the chart above.

Minnehaha County

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 03/01/2018

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

http://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?

- [x] No.
- [ ] Yes.

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

N/A

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

Child Care Services (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. In some cases, good cause is acknowledged. South Dakota does not have a wait 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 childcare hours to fit the applicant's needs within childcare guidelines. This reduces the need for the CCS caseworker to request additional documentation, such as paystubs or schedules, allowing for expedited processing in many cases. TANF applications are printed on colored paper to make them more prominent, and one person in the office 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 make contact with 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. There is no overpayment considered in these cases of families experiencing homelessness.

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)). 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.

- [ ] Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules
- [x] Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- [ ] Establishing minimum eligibility periods greater than 12 months
- [x] Using cross-enrollment or referrals to other public benefits
- [x] 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
- [ ] Providing more intensive case management for families with children with multiple risk factors;
- [ ] 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
- [x] Other.

Describe:

Caseworkers are located in a central location. Early Childhood Enrichment 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 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 Policies and processes for graduated phase-out of assistance at redetermination.

Lead Agencies are required to provide for 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. 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.

i. 85 percent of SMI for a family of the same size
ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:

(A) Takes into account the typical household budget of a low-income family
(B) Provides justification that the second eligibility threshold is:
(1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
(2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

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 copayment 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.

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.
- [ ] N/A - The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
- [x] The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

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 175% 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.

Provide the citation for this policy or procedure.

Child Care Subsidy Policy Manual Section 3.

- [ ] 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.

Provide the second tier of eligibility for a family of three.

N/A

Describe how the second eligibility threshold:

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

N/A

ii. 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:

N/A

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

N/A

iv. Provide the citation for this policy or procedure:

N/A

☐ Other.

Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

☑ No

☐ Yes

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

N/A

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 3.3.3 of the plan.)*

☐ No.

☐ Yes.

Describe:

N/A

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)). Check the processes, if applicable, that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

☑ Average the family's earnings over a period of time (i.e. 12 months).

Describe:

To account for fluctuations in earnings for individuals who work seasonally or have work that creates irregular fluctuations in income or are self-employed CCS will average their income over 12 months using their most recent income tax return information. In addition CCS uses an average to calculate additional countable earnings such as bonus or incentive earnings over the time lapsed year to date.

☑ Request earning statements that are most representative of the family's monthly income.

Describe:

If at the time of determination or redetermination family indicates that their current paystubs are not reflective of their usual income CCS allows for additional paystubs to be submitted and will utilize an average of the paystubs to calculate monthly income. In some circumstances, a wage verification from the employer may be used to calculate income, for example if the current pay stubs are not reflective due to use of leave.

☐ Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

N/A

☐ Other.

Describe:

N/A

3.1.9 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)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

☑ Applicant identity.

Describe:

Applicant self-declares their identity at the time of initial application and verified through access to other Department of Social Services programs such as the Economic Assistance Program, 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.

Describe:

At initial application, applicants self-declare their relationship to the child at the time of initial application and that is verified through access to other Department of Social Services programs such as Economic Assistance, 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 or a court document.

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

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.

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.

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.

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.

Describe:

Applicants self-declare household composition on the application and is verified through access to other Department of Social Services programs such as Economic Assistance Program, TANF program and Division of Child Support.

☑ Applicant residence.

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 Economic Assistance Program, TANF program and Division of Child Support.

☐ Other.

Describe:

N/A

3.1.10 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

☑ Time limit for making eligibility determinations

Describe length of time:

The Department 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:

N/A

☐ None

3.1.11 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

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

"Appropriate child care":

The provision of care that meets minimal health and safety standards and the developmental needs of children.

"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.

"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.

"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?

- [x] In writing
- [x] Verbally
- [x] Other.

Describe:

When the parent meets with their Economic Assistance 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(1) 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 childcare 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 Administrative Rule of South Dakota 67:10:06 (1-27)

3.2 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).

3.2.1 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 wait 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 awaiting list, applicants with children with special needs also receive priority for service per Administrative Rule of South Dakota (ARSD) 67:47:01:29. If the department does not have sufficient funding to serve an applicant eligible for child care assistance, 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 implemented, the department shall assign a level of priority. The first level of priority status consists of: 1) TANF recipients and those transitioning off TANF; 2) Applicants with children with special needs; 3) Applicants with children who will be receiving or need to receive protective services; and families experiencing homelessness. A change in an applicant's circumstances may warrant a change in an applicant's level of priority on the waiting list. If at any time, 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 the Federal Poverty Level. Currently, all eligible families are served in South Dakota, with no wait list. Applications from a family with very low income are prioritized by being evaluated promptly as they are received. If South Dakota implements a wait list, applicants whose monthly gross income falls below 175% federal poverty level will be prioritized by income in ascending order, lowest to highest of the federal poverty level. The co-payment is

waived for families with income at or below the Federal Poverty Level.

3.2.2 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

a) Identify how services are prioritized for children with special needs. Check all that apply:

- [ ] Prioritize for enrollment
- [x] Serve without placing these populations on waiting lists
- [ ] Waive copayments
- [x] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [ ] Other.

Describe:

N/A

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

- [ ] Prioritize for enrollment
- [x] Serve without placing these populations on waiting lists
- [x] Waive copayments
- [ ] Pay higher rates for access to higher-quality care
- [x] Use grants or contracts to reserve slots for priority populations
- [ ] Other.

Describe:

N/A

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

- [ ] Prioritize for enrollment

- [x] Serve without placing these populations on waiting lists
- [ ] Waive copayments
- [ ] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [ ] Other.

Describe:

N/A

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- [ ] Prioritize for enrollment
- [x] Serve without placing these populations on waiting lists
- [x] Waive copayments
- [ ] Pay higher rates for access to higher-quality care
- [ ] Use grants or contracts to reserve slots for priority populations
- [ ] Other.

Describe:

N/A

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

N/A

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

N/A

3.2.5 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 TA 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 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.

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

N/A

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)).

3.2.6 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:

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 time frame 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 South Dakota Immunization Information System, 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; andFamily Child Care Policy Handbook, Section 1

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 time frame 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. Childcare 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 South Dakota Immunization Information System 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; andFamily 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 South Dakota Immunization Information System (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?

- [x] No.
- [ ] Yes.

Describe:

N/A

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 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 SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. 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 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

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.

b) How does the Lead Agency define "temporary change?'

CCS does not require recipients to report temporary changes. 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. A temporary change that does not affect a family's eligibility is a move of household within South Dakota. Another area of change that does not impact a family'seligibility is when a child turns 13 during the current CCA 12-month eligibility period.

c) Provide the citation for this policy and/or procedure.

The policies that include temporary changes and the policy for 12-month eligibility can be found in Subsidy Policy Manual, Sections 3, 9 and 10

3.3.2 Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to 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, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

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 for 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 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.

a) Does the Lead Agency choose to discontinue assistance during the 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 allow this option to 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-temporarychanges 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.

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 3-month job search, the level of the family's subsidyis 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.

The citations are the Administrative Rule of South Dakota 67:47:10:18; and Subsidy Policy Manual Section 10.

b) The Lead Agency may discontinue assistance prior to the next 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 12-month redetermination. Check all that apply.

- [ ] Not applicable.
- [x] 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.

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

10 consecutive days absent.

ii. Provide the citation for this policy or procedure:

This is addressed in the Subsidy Policy Manual, Section 10.

- [x] 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 67:47:01:02; Subsidy Policy Manual Section 3

- [x] 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 and 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; 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.

3.3.3 Change reporting during the 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 (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(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 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) 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
- [x] 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 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.

- [x] 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.

- [x] 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.

- [x] 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 eleigiblity for payment also impacts recipient eleigilbility, since only qualified providers can recive payment.

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for 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.

- [ ] Phone
- [x] Email
- [x] Online forms
- [x] Extended submission hours
- [x] Postal Mail
- [x] FAX
- [x] In-person submission
- [ ] Other.

  Describe:

  N/A

d) Families must have the option to voluntarily report changes on an ongoing basis during the 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 increase work hours.

ii. Provide the citation for this policy or procedure.

Subsidy Policy Manual Section 10,

http://dss.sd.gov/childcare/childcareassistance/eligible.aspx

3.3.4 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, etc.).

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.

- [x] Advance notice to parents of pending redetermination
- [x] Advance notice to providers of pending redetermination
- [ ] Pre-populated subsidy renewal form
- [x] Online documentation submission
- [ ] Cross-program redeterminations
- [ ] Extended office hours (evenings and/or weekends)
- [ ] Other.

Describe:

N/A

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- [x] Postal Mail
- [x] Email
- [x] Online forms
- [x] FAX
- [x] In-person submission
- [x] Extended submission hours
- [ ] Other.

Describe:

N/A

3.4 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. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: 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. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	**Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than $0)**	**What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?**	**The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?**	**Highest Initial or First Tier Income Level Before a Family Is No Longer Eligible**	**What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?**	**The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?**
1	$1,013	$5	.48%	$1,771	$247	14%
2	$1,373	$5	.36%	$2,401	$336	14%
3	$1,733	$5	.29%	$3,031	$424	14%
4	$2,093	$5	.24%	$3,661	$512	14%
5	$2,453	$5	.20%	$4,291	$600	14%

b) What is the effective date of the sliding-fee scale(s)? 03/01/2018

c) Identify the most populous area of the state used to complete the chart above.

Minnehaha County

d) Provide the link to the sliding-fee scale:

http://dss.sd.gov/docs/childcare/sliding_fee_scale.pdf

e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A

3.4.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply.

- [x] The fee is a dollar amount and:
  - [ ] The fee is per child, with the same fee for each child.
  - [ ] The fee is per child and is discounted for two or more children.
  - [ ] The fee is per child up to a maximum per family.
  - [ ] No additional fee is charged after certain number of children.
  - [x] The fee is per family.
  - [ ] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

    Describe:

    N/A

  - [ ] Other.

    Describe:

    N/A

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

    Describe:

    N/A

☐ Other.

Describe:

N/A

3.4.3 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.

☐ Number of hours the child is in care.

Describe:

N/A

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

Describe:

N/A

☐ Other.

Describe:

N/A

3.4.4 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, 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.
- [x] Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size.
- [x] Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, 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. Administrative Rule of South Dakota 67:47:01:05

- [x] Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

Describe the policy and provide the policy citation.

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.

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. 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.

4.1 Parental Choice in Relation to Certificates, Grants, or Contracts

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 his or her 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 his or her 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 Describe how the parent is informed that the child 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.

- [ ] Certificate that provides information about the choice of providers
- [ ] Certificate that provides information about the quality of providers
- [ ] Certificate not linked to a specific provider, so parents can choose any provider
- [x] Consumer education materials on choosing child care
- [ ] Referral to child care resource and referral agencies
- [ ] Co-located resource and referral in eligibility offices
- [x] Verbal communication at the time of the application
- [ ] Community outreach, workshops, or other in-person activities
- [x] 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 materials for parents such as the Choosing Child Care brochure. Participants in parenting classes also receive information on choosing child care as well as new parents who receive Bright Start materials. Licensing Specialists respond to parent requests for a provider listing by referring them to the on-line 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; Child Care Services 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 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 4.1.4.
- [ ] Yes, in some jurisdictions but not statewide.

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

  N/A

- [x] 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:

  There are two licensed centers participating in the contract process for parents to choose from.

  ii. The type(s) of child care services available through grants or contracts:

  Licensed child care centers provide the contractual services specifically for TANF families.

  iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

  Licensed child care centers.

  iv. The process for accessing grants or contracts:

  All eligible families receiving TANF can access the contracted slots. The TANF Employment Specialist provides information to these families related to the availability of grants/contracted slots.

  v. How rates for contracted slots are set through grants and contracts:

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

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

CCS collaborates with Department of Labor and Regulation Employment Specialists as to the providers contracted with. The decision includes providers in areas of high concentration of TANF families; proximity to the population in need; quality of care provided; and willingness of the program to support and assist families through this process.

vii. If contracts are offered statewide and/or locally:

Contracts are available statewide but currently utilized in two urban areas.

4.1.3 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? Check all that apply.

- [ ] Programs to serve children with disabilities
- [ ] Programs to serve infants and toddlers
- [ ] Programs to serve school-age children
- [ ] Programs to serve children needing non-traditional hour care
- [ ] Programs to serve children experiencing homelessness
- [ ] Programs to serve children in underserved areas
- [ ] Programs that serve children with diverse linguistic or cultural backgrounds
- [x] Programs that serve specific geographic areas
  - [x] Urban
  - [ ] Rural
- [ ] Other

Describe

N/A

4.1.3 Child care services available through grants or contracts.

c) Will the Lead Agency use grants or contracts for child care services to increase the

quality of specific types of care? Check all that apply.

- [ ] Programs to serve children with disabilities
- [ ] Programs to serve infants and toddlers
- [ ] Programs to serve school-age children
- [ ] Programs to serve children needing non-traditional hour care
- [ ] Programs to serve homeless children
- [ ] Programs to serve children in underserved areas
- [ ] Programs that serve children with diverse linguistic or cultural backgrounds
- [x] Programs that serve specific geographic areas
  - [x] Urban
  - [ ] Rural
- [ ] Other

Describe

N/A

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: 67:47:01:13, 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.

☑ Restricted based on minimum the 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 for the applicant's children.

☑ Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

Describe:

The provider must be at least 18 years of age.

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

Describe:

N/A

☐ Restricted to care by relatives.

Describe:

N/A

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

Describe:

N/A

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

Describe:

N/A

☐ Other.

Describe:

N/A

4.2 Assessing Market Rates and Child Care Costs

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 child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost 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 child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note - Any Lead Agency considering using an alternative methodology, instead of a market 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 market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.

- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.

- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.

- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care'such as: staff salaries and benefits, training and

professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.

- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.

- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.

- Describe how the alternative methodology will use current, up to date data.

- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1 Please identify the methodology(ies) used below to assess child care prices and/or costs.

- [x] MRS
- [ ] Alternative methodology.

  Describe:

  N/A

- [ ] Both.

  Describe:

  N/A

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) 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)).

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

Department Representatives are members of the Child & Family Services workgroup, a group that has been made aware of federal changes for child care for the past two years. Input and suggestions are solicited at each meeting. That information is 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 or gathered at the time of survey response, is reviewed and incorporated as necessary. Input has been solicited from child care program administrators regarding the child care regulations and practices, on several occasions in the past few years. A child care provider survey to assist in development of the Market Rate Survey was also implemented in January 2018. All input is used to guide development of the Market Rate Survey

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 Child Care Services staff provides 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 theyear for input regarding the Market Rate Survey development based on their data and needs.

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For

example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods.

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. Surveys were sent by mail using current addresses maintained on the Licensing system; non-responders were sent a second mailing. Staff completed flow-up calls to providers to clarify or complete missing survey information. The data was collected over a period of two-and-a half months and the response rate for the most recent survey was 71%.To account for geographic variation, rates were calculated at a county level and blended in geographic groups with similar population and rate levels. To account for differences in rate by different provider types and child age, 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.

4.2.4 Describe how the market rate survey or 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 2015 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 (4 weeks up to three years), Pre-school (3 to 5 years), and School age (kindergarten and older).

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

Other survey variations included: program operation; provider services offered; enrollment availability; and provider education level.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated 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, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). by responding to the questions below.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 05/15/2017

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. 05/25/2017

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

An email was sent on 05/25/2017 to all regulated child care providers, Early Childhood Enrichment Programs, and Child Care Licensing Specialists, which contained a link to the posted results. The link is: http://dss.sd.gov/docs/childcare/2017_report.pdf .

d) 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; as an example, stakeholders were interested in employee salaries and questions were added to the survey. Stakeholder views and comments are solicited throughout the year at meetings, conferences, through additional surveys, etc., and are used to guide the survey development and program changes.

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, 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 funds. 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) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. 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. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

a) Infant (6 months), full-time licensed center care in the most populous geographic region

Rate $ 4.05 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region
Rate $ 3.00 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

c) Toddler (18 months), full-time licensed center care in the most populous geographic region
Rate $ 4.05 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region
Rate $ 3.00 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region
Rate $ 3.60 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region
Rate $ 2.85 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

g) School-age child (6 years), full-time licensed center care in most populous geographic region
Rate $ 3.70 per hour unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 75th

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region
Rate $ 3.00 per hour unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 75th

i) Describe how part-time and full-time care were defined and calculated.

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.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 06/16/2018

k) Identify the most populous area of the state used to complete the responses above.

Minnehaha County

l) Provide the citation or link, if available, to the payment rates.

http://dss.sd.gov/childcare/childcareassistance/

m) 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)).

After clicking on the link listed above, scroll down to Reimbursement Rates and find different rates for four types of providers - Family Child Care, Group Family Day Care/Day Care Centers, Before and After School Programs, and Unregulated Child Care Providers. Rates are set by the Lead Agency.

4.3.2 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).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

☐ Differential rate for *non-traditional hours*.

Describe:

N/A

☑ 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 $4.75 per hour regardless of age of child or county 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.

☑ 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 will be paid to registered family child care providers who care for 6 or fewer children. The special rate is available for children in care under age 3. Providers can be reimbursed up to a maximum of 25% above the established county reimbursement rate (based on 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.

☐ 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:

N/A

☐ Differential rate for higher quality, as defined by the state/territory.

Describe:

N/A

☐ Other differential rates or tiered rates.

Describe:

N/A

☐ Tiered or differential rates are not implemented.

4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

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; Rates are calculated separately among provider types in order to allow families access to child care of their choice of provider type. On average, approximately 51% of regulated child care providers participate in CCDF; that number ranges by provider type from 37% - 76%. Many providers report a positive experience with CCDF, including the benefits provided to low income families in their care. Some challenges with participating in CCDF, as indicated by providers, 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 the families' child care bill; challenges caused when eligibility determination takes longer due to family responsiveness; difficulties when the CCDF rate schedule or payment method does not fit the schedule or method they utilize for their child care program.

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.

Current payment rates are adequate as they are set at the 75th percentile based on the most recent Market Rate Survey completed in 05/31/2017. The 75th percentile is the federally identified benchmark for adequate payment rates, a benchmark South Dakota has historically met.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

Because the most recent Market Rate Survey prior to submission of the State Plan was conducted prior to receipt of the final federal rules, an emailsurvey was sent to all licensed and registered providers that included questions related to payment rates. According to this Spring 2018 survey, the majority of providers (61%) indicate the rates they charge cover the cost of running their child care program. South Dakota payment rates are set at the 75th percentile of provider rates as reported through the most recent Market Rate Survey, and take into account yearly FPL and SMI updates. Also, the majority of providers (67%) do not charge registration fees that support the cost of doing business. 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.

d) Describe how the Lead Agency took the cost of higher quality 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, Pre-K standards, Head Start performance standards, or State defined quality measures).

The Quality Framework is currently being established, and funding will be made available in this plan period to support the cost of meeting indicators that require financial investment. Direct quality investments, separate from the subsidy rates, will also be provided during this plan period to support programs at various quality levels. Program investment rates will be evaluated by quality level once the Quality Framework is in full use to determine if differences exist in program rates by quality level and what if any, modifications to South Dakota's payment system would help incentivize subsidy families to choose higher quality.

e) 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 funds (98.16 (k))? Check all that apply.

- [x] Limit the maximum co-payment per family.

  Describe: .

  There is currently no co-payment for families up to 100% of FPL. Families with income between 100%-105% Federal Poverty Level (FPL) have a $5.00 monthly co-payment. Families with income between 106%-110% Federal Poverty Level (FPL) have a $10.00 monthly co-payment Families with income over 111% FPL have a co-payment between 4.5% and 14% of the family income. Co-payments are capped not to exceed 14% of monthly income. This eliminates the "cliff" effect for families at the higher end of the sliding fee scale.

- [ ] 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

  N/A

- [x] 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 3.1.7.

  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.

- [ ] Other.

Describe:

N/A

f) To support parental choice and equal access to the full range of child care options, 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
- [x] 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.

As private businesses, child care providers use fees to assist with the cost of activities they may not otherwise be able to include in their programming, such as field trips and transporting children to school. In addition, programs may choose not to participate in the assistance program if limited by the state on what they can charge. South Dakota is one of few states that has historically set payment rates at the 75th percentile, allowing affordability and access for families to choose from a large variety of providers. A recent survey indicates 33% of providers charge a registration fee, therefore is not generally accepted practice for providers in South Dakota even without state restrictions on doing so. In addition, the 2017 Parents and the High Cost of Child Care report ranks South Dakota as one of the states with the lowest percentages of median income paid to child care.

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.

Results from a provider survey in 2018 reveal: 22% of providers responded all families on assistance have a difference to pay; 15% said almost all have a difference to pay; 16% of providers responded that about ½ the families in their program on assistance have a difference to pay. In addition, 29% of providers indicate that less than half of the families on assistance have a difference to pay; 16.9% of providers say 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.

South Dakota payment rates are set at the 75th percentile, allowing affordability and access for families to choose from a large selection of providers. From the survey results, 33% of providers charge a registration fee, and 29% of respondents indicate that less than half of the families in their care on assistance pay additional fees.

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

All payment practices, as described in 4.5, apply to all types of child care providers participating in subsidy; therefore, the practices provide equal access to a range of providers as all families enrolled with a provider participating in subsidy will experience the impact of all the payment practices.

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

☑ Geographic area.

Describe:

Payment rates are differentiated by county level to reflect varying county child care prices.

☑ Type of provider.

Describe:

Payment rates are differentiated by provider type: Registered Family Child Care; Group Family and Child Care Center; Before and After School Programs; and Informal care providers which includes non-registered or licensed providers, in home providers and relative providers.

☑ Age of child.

Describe:

Payment rates are differentiated by three age categories: Infant/toddler (birth up to age 3); Pre-school (3 to 5 years); and School Age (kindergarten and older).

☐ Quality level.

Describe:

N/A

☐ Other.

Describe:

N/A

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

☑ Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

Payment rates are currently set at the 75th percentile or higher. South Dakota has historically set rates at the 75th percentile and updated rates per the most recent market rate survey.

☐ Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

N/A

☑ Feedback from parents, including parent surveys or parental complaints.

Describe:

South Dakota surveys parents participating in assistance and utilizes the feedback to gauge how supportive the program is for parents.

☐ Other.

Describe:

N/A

4.5 Payment Practices and the 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)).

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)).

4.5.1 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):

☐ Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

N/A

☑ Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Child Care Services 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):

☐ Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

N/A

☐ Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

N/A

☑ 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, Child Care Services may reimburse the child care provider for a maximum of 50 hours a month for the time the child is not in care. Child Care Services 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,

☐ 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.

N/A

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 Understandingserving 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, which 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 Child Care Services (CCS) when a child is absent for five consecutive days and the daily fee will be paid through the fifth absent day. The provider also agrees not to pass any additional costs, not covered by the Lead Agency, on to the TANF family. The Lead Agency evaluates provider payment practices through the biennial Market Rate Survey. This is a statewide program with 14 providers, serving approximately 15-25 TANF families, have agreed to participate and follow the stipulations of the Memorandum of Understanding. 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 is considered generally accepted. The number of providers responding to the Market Rate Survey that charge a weekly rate is currently at 55%, which has very slowly increased over several years, but doesn't meet the standard of generally accepted practice. Percentages of providers that charge other rates include: 10% charging a monthly rate; 11% charging a daily rate, and 24% 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. South Dakota is consistently ranked as having one of the lowest percentages of median income paid to the care of young children. The Lead Agency has historically made conservative and responsible fiscal decisions in order 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, yearly 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. The Lead Agency also most recently made changes in the sliding fee scale resulting in copayment reductions for all families. In preparation for possible future changes, the Lead Agency has begun evaluating the impact of a transition in payment practices and has found it would include a substantial financial burden to complete the necessary modifications to our current payment system, as well as increased annual spending to support this transition. A change this significant, which 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 33% 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, 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, rates 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 promptly either by email or mail. This includes a certificate closure, or a 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:

N/A

4.5.2 Do payment practices vary across regions, counties, and/or geographic areas?

- [x] No, the practices do not vary across areas.
- [ ] Yes, the practices vary across areas.

Describe:

N/A

4.6 Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for 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 (658 E(c)(2)(M); 98.16 (x)).

4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

☑ In licensed family child care.

The numbers of family child care have declined in recent years and that would especially impact rural areas. Child Care Services has collected and is evaluating data that indicates areas of the state with low or no child care options. In this next plan period, licensing staff will work within these areas of the state to determine whether these will actually be considered child care deserts or areas that do not have a need for additional child care. If a need exists, licensing staff will participate in community development recruitment activities to meet the need. Parent surveys have been used in the past few years to solicit information regarding accessibility of care options. The survey replies have contained random comments in various areas of the state related to a parent's challenge in finding care, but no common threads showing need. The survey questions were changed in 2017 to obtain more informational responses in order to address needs. The Market Rate Survey will also include questions of providers about care in their communities. During this state plan period, the responses to these surveys will 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. Child Care Services has encouraged providers to support families using the searchable database by adding the days and hours of their program operation.

☑ In licensed child care centers.

Child Care Services has collected and is evaluating data that indicates areas of the state with low or no child care options. In this next plan period, licensing staff will work within these areas of the state to determine whether these will actually be considered child care deserts or areas that do not have a need for additional child care. If a need exists, licensing staff will participate in community development recruitment activities to meet the need. Parent surveys have been used in the past few years to solicit information regarding accessibility of care options. The survey replies have contained random comments in various areas of the state related to a parent's challenge in finding care, but no common threads showing need. The survey questions were changed in 2017 to obtain more informational responses in order to address needs. The Market Rate Survey will also include questions of providers about care in their communities. During this state plan period, the responses to these surveys will 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. Child Care Services has encouraged providers to support families using the searchable database by adding the days and hours of their program operation.

☐ Other.

N/A

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

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

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

N/A

☐ Family child care networks.

Describe:

N/A

☑ 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.

☑ Technical assistance support.

Describe:

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

☑ Recruitment of providers.

Describe:

Child Care Services has recruitment procedures for areas in need of child care. Child care mapping has taken place to determine during this plan period, areas of the state that are underserved and where recruitment is needed.

☐ Tiered payment rates (as discussed in 4.3.2).

Describe:

N/A

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

Describe:

N/A

☐ Accreditation supports.

Describe:

N/A

☐ Child Care Health Consultation.

Describe:

N/A

☐ Mental Health Consultation.

Describe:

N/A

☐ Other.

Describe:

N/A

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

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

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

N/A

☐ Family child care networks.

Describe:

N/A

☑ 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.

☑ Technical assistance support.

Describe:

The Early Childhood Enrichment programs provide technical assistance to programs serving or increasing slots for infant and toddler care.

☑ Recruitment of providers.

Describe:

Child Care Services has recruitment procedures for areas in need of child care. Data from the Help Line center, Early Childhood Enrichment programs, licensing

specialists and parent surveys assist in knowing where infant and toddler care needs are.

☑ Tiered payment rates (as discussed in 4.3.2) .

Describe:

To encourage smaller group sizes for infants and toddlers, a special rate will be paid to registered family child care providers who care for 6 or fewer children. The special rate is available for children in care under age 3. Providers can be reimbursed up to a maximum of 25% above the established county reimbursement rate (based on 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.

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

Describe:

N/A

☐ Accreditation supports.

Describe:

N/A

☐ Child Care Health Consultation.

Describe:

N/A

☐ Mental Health Consultation.

Describe:

N/A

☐ Other.

Describe:

N/A

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

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

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

N/A

☐ Family child care networks.

Describe:

N/A

☑ 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.

☑ Technical assistance support.

Describe:

The Early Childhood Enrichment programs provide technical assistance to programs serving or enrolling a child with a disability to support knowledge of the disability and care requirements.

☑ Recruitment of providers.

Describe:

Child Care Services 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.

☑ Tiered payment rates (as discussed in 4.3.2).

Describe:

Providers caring for a child with special needs can be reimbursed up to a maximum

rate of $5.00 per hour regardless of age of child or county 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.

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

Describe:

N/A

☐ Accreditation supports.

Describe:

N/A

☐ Child Care Health Consultation.

Describe:

N/A

☐ Mental Health Consultation.

Describe:

N/A

☐ Other.

Describe:

N/A

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

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

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

N/A

☐ Family child care networks.

Describe:

N/A

☐ Start-up funding.

Describe:

N/A

☐ Technical assistance support.

Describe:

N/A

☑ Recruitment of providers.

Describe:

Child Care Services has recruitment procedures for areas in need of child care. Child Care Services does not regulate hours of operation but providers do have the opportunity to list hours of operation on the searchable provider list. Child Care Services 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.

☐ Tiered payment rates (as discussed in 4.3.2) .

Describe:

N/A

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

Describe:

N/A

☐ Accreditation supports.

Describe:

N/A

☐ Child Care Health Consultation.

Describe:

N/A

☐ Mental Health Consultation.

Describe:

N/A

☐ Other.

Describe:

N/A

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

e) Other. Check and describe all that apply:

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

n/a

☐ Family child care networks.

Describe:

n/a

☐ Start-up funding.

Describe:

n/a

☐ Technical assistance support.

Describe:

n/a

☐ Recruitment of providers.

Describe:

n/a

☐ Tiered payment rates (as discussed in 4.3.2).

Describe:

n/a

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

Describe:

n/a

☐ Accreditation supports.

Describe:

n/a

☐ Child Care Health Consultation.

Describe:

n/a

☐ Mental Health Consultation.

Describe:

n/a

☐ Other.

Describe:

n/a

4.6.3 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.

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 wait list. Child Care Services (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 tract population living below the federal poverty threshold. The unemployment rate in South Dakota for June of 2018 was 3.2%. 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 wait list be implemented, Child Care Services 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, Child Care Services (CCS) will prioritize investments to providers participating in the forthcoming QRIS to ensure quality child care is accessible to families living in those areas. Child Care Services 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 with the nine Tribal CCDF Coordinators the successes achieved and help them support the efforts to improve quality care in the tribal areas as well.

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 providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

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 are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF services.

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 all that apply and provide a citation to the licensing rule.

☑ Center-based child care.

Describe and Provide the citation:

All center-based child care providers are licensed and 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. The citation is: South Dakota Codified Law 26-6-14(3).

☑ Family child care.

Describe and Provide the citation:

Family child care providers receiving federal funds are required to be registered with the Department and 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; 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. The citation is: South Dakota Codified Law 26-6-14.2.

☐ In-home care (care in the child's own home).

Describe and provide the citation (if applicable):

N/A

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.

Informal and in-home child care providers are both exempt from licensing standards and are eligible to receive CCDF funds. Both types of providers care for only one family. These providers must be at least 18 years of age and meet standards for orientation training, background checks, health and safety standards, ongoing annual training, and submit to an annual inspection of the home. These providers are not representing themselves as starting a profession as a child care provider and this is typically temporary care. These are not programs with large numbers of children. These children all come from the same family and spend much time outside child care together at home so there are less strict requirements such as in the area of preventing and reporting communicable diseases. Relative providers are exempt from licensing requirements but must be at least 18 years of age, maintain a separate residence from the applicant, and provide care only for related children. Since all the persons in relative care are related, parents most likely know these providers more intimately than they know other providers. Knowing them so well allows parents to make more informed choices about care for their child. Relative providers ensure children in care have current immunizations but are exempt from meeting other health and safety standards. Federal law also allows exemption of a relative provider from federal requirements.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? 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

☐ Center-based child care.

If checked, describe the exemptions.

N/A

☐ Family child care.

If checked, describe the exemptions.

N/A

☑ In-home care.

If checked, describe the exemptions.

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 of these 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 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish 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.

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

A child from birth up to age two.

-- Ratio:

1:5

-- Group size:

Maximum of 20 children.

-- Teacher/caregiver qualifications:

Infant 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.

2. Toddler

-- How does the State/territory define toddler (age range):

A child age 2 up to age 3.

-- Ratio:

1:5

-- Group size:

Maximum of 20 children.

-- Teacher/caregiver qualifications:

Toddler 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.

3. Preschool

-- How does the State/territory define preschool (age range):

A child age 3 up to age 6.

-- Ratio:

1:10

-- Group size:

Maximum of 20 children.

-- Teacher/caregiver qualifications:

Preschool 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.

4. School-age

-- How does the State/territory define school-age (age range):

A child age 6 or older and enrolled in school.

-- Ratio:

1:15

-- Group size:

Maximum of 20 children.

-- Teacher/caregiver qualifications:

School age classroom 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.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

N/A, there are no exempt centers in South Dakota eligible to receive CCDF funds.

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups.

The staff to child ratio of mixed-age groups must meet the requirements of the age grouping that comprises the majority of the children except when children under age three are present. When three or more children under the age of three are present in the grouping, the staff to child ratio for children under age three (1:5) must be maintained.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

Childcare center directors must be at least 18 years of age. If the childcare center director 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. There are no variations in these qualifications based on the ages of children in care at the center. There are no variations for qualifications based on ages of children.

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

A child from birth up to age two.

-- 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 andbackground checks as the registered provider, and must be at least 18 years of age if left unsupervised with children.

-- 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.

-- Teacher/caregiver qualifications:

A registered provider is required to be at least 18 years of ageif left unsupervised with children.

2. Toddler

-- How does the State/territory define toddler (age range):

A child age 2 up to age 3.

-- Ratio:

1:12

-- 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.

-- Teacher/caregiver qualifications:

A registered provider is required to be at least 18 years of age. Any registered helper left alone with children is required to be at least 18 years of age.

3. Preschool

-- How does the State/territory define preschool (age range):

A child age 3 up to age 6.

-- Ratio:

1:12

-- 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 helpers present.

-- Teacher/caregiver qualifications:

A registered provider is required to be at least 18 years of age. Any registered helper left alone with children is required to be at least 18 years of age.

4. School-age

-- How does the State/territory define school-age (age range):

Children age 6 or older and enrolled in school.

-- Ratio:

1:12

-- 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.

-- Teacher/caregiver qualifications:

A registered provider is required to be at least 18 years of age. Any registered helper left alone with children is required to be at least 18 years of age.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes

N/A

c) In-home CCDF providers:

1. Describe the ratios

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 requirements.

2. Describe the group size

This type of provider is limited to the care of children from only one family. Because care is for one family, there are no group size requirements.

3. Describe the maximum number of children that are allowed in the home at any one time.

There is no maximum number of children allowed, as the provider is limited to care for only one family.

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

There are no requirements related to the provider's children in this type of care because the provider is limited to care for only one family.

5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day

The only limit for children in this type of care is they are required to all be from only one family.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to

the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

a) To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note: This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

1. Prevention and control of infectious diseases (including immunization)

   -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

   The standards included under this category are outlined in individual regulations. This standard is defined as one that helps 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 who are allowed more time when needed.

   -- List all citations for these requirements, including those for licensed and license-exempt programs

   The following citations are from the Administrative Rules of South Dakota for all 4 different types of care. The individual rules for licensed centers and registered homes that are included in this category include: 67:42:10:15/67:42:03:08.01/67:42:14:24 medication; 67:42:11:05 sleeping areas; 67:42:11:06.01/67:42:03:12 diaper changing; 67:42:11:07 cleaning and sanitizing of equipment; 67:42:11:23/67:42:16:07 employee health; 67:42:11:24 personal cleanliness; 67:42:11:33/67:42:03:19 hand washing; and 67:42:16:13 maintenance of records; as well as the Licensing Policy Handbook Section 1, and Family Child Care Provider Policy Handbook Section 2. The citation for

informal and in-home providers pertaining to this category is 67:47:01:13.01 and the Informal and In-home Provider Handbook.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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 not as 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.

-- Describe any variations based on the age of the children in care

For school age care, there are no requirements for diaper changing or sleeping areas.

-- Describe if relatives are exempt from this requirement

Relatives are required to ensure children in care have current immunization records, but are exempt from meeting any other requirements.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Requirements that reduce risk to children related to safe sleep for licensed centers, family child care, in-home and informal providers include prohibiting the use of soft bedding materials that could pose a suffocation hazard in cribs or playpens, and infants must be placed on their back for sleeping.

-- List all citations for these requirements, including those for licensed and license-exempt providers

The citations for licensed centers, family child care providers are from Administrative Rules of South Dakota 67:42:11:05; 67:42:03:23 as well as the Licensing Policy Handbook Section 1 and Family Child Care Provider Policy Handbook Section 2; and for license exempt in-home and informal providers the citation is 67:47:01:13.01 and

the In-home and Informal Provider Handbook.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no requirements related to safe sleep or SIDS for school age programs as they do not provide care for infants.

-- Describe any variations based on the age of the children in care

There are no requirements related to safe sleep for programs that care only for school age children.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this requirement.

3. Administration of medication, consistent with standards for parental consent

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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".

-- List all citations for these requirements, including those for licensed and license-exempt providers

The citations for licensed centers, family child care homes are from Administrative Rules of South Dakota 67:42:10:15; 67:42:03:08.01; 67:42:14.24 as well as the Licensing Policy Handbook Section 1 and Family Child Care Policy Handbook Section 2; License exempt In-home and informal providers are from Administrative Rules of

South Dakota 67:47:01:13.01 as well as the In-home and Informal Provider Handbook.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Requirements for in-home and informal providers are limited to keeping medication inaccessible to children and must have written parental permission before administering.

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this requirement.

4. Prevention of and response to emergencies due to food and allergic reactions

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Regulated programs are required to have a written plan in place for prevention and response to emergencies due to food and allergic reactions. The Licensing and Family Child Care Policy Handbooks further explain programs need to have information related to children's food allergies. 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 center. In addition, all 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.

-- List all citations for these requirements, including those for licensed and license-exempt providers

The citations for licensed centers and family child care homes are from Administrative Rules of South Dakota 67:42:10:10; 67:42:14:16 and 67:42:03:13 respectively. In addition, clarifications are included in the Licensing Policy Handbook, Section 2, and the Family Child Care Policy Handbook, Section 1. Citations for license exempt in-home and informal regulation pertaining to this category are also from Administrative

Rule of South Dakota 67:47:01:13.01 as well as the In-Home and Informal Provider Handbook.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

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.

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this requirement

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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; no 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.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers and registered homes that are included in this category include: 67:42:11.02/67:42:03:17/67:42:03:20 - playground and pools; 67:42:11:12/67:42:03:11.06 - ventilation; 67:42:11:10/67:42:03:11.07 - electrical outlet covers; 67:42:11:14/67:42:03:11.10 - railings; 67:42:11:15.01-traffic in food

preparation areas; 67:42:10:18/67:42:14:28/67:42:03:11.02 - smoke detection and fire extinguishers; and 67:42:11:02/67:42:11:02.01 - space requirements; 67:42:03:21 - firearms; 67:42:16:19-supervision; 67:42:16:03-inspections, as well as the Licensing Policy Handbook Section 1 and Family Child Care Policy Handbook Section 2. License exempt in-home and informal requirements pertaining to this category is 67:47:01:13.01 as well as the In-Home and Informal Provider Handbook.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Centers are required to have an interconnected smoke detection system, family homes require at minimum a battery operated detectors; centers are required to have a fence, homes 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, homes are not; centers have space requirements per child, homes do not. In-home and informal care is not required to have a fenced play area, there are no restrictions to the kitchen or venting requirements; no space requirements and no pool safety requirements. School Age care requires 25 square feet per child for space, child care centers require 35 square feet.

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this requirement.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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 isviewed 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.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, and informal and in-home providers that fall under the category ofshaken baby include: 67:42:10.10, 67:42:10:11, 67:42:03:16, and 67:47:01:13.01. 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, 67:42:03:16, and 67:47:01:13.01. School age programs do not have regulations pertaining to shaken baby and abusive head trauma as those as 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: 67:42:10.10, 67:42:10:11, 67:42:03:16, 67:42:14:20 and 67:47:01:13.01. Shaken baby and abusive head trauma are also addressed in the Licensing Policy Handbook, Section 2, the Family Child Care Policy Handbook, Section 1, as well as the In-Home and Informal Provider Handbook.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no requirements related to shaken baby or abusive head trauma for school age centers as those are both associated with children under the age of 5 .

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this requirement.

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.

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Centers and home providers are required to have a plan the 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 Handbooks. Informal and in-home providers are required to have an evacuation plan and conduct four fire drills annually.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers/registered homes that fall under this category include: 67:42:10:10/67:42:03:11.03/67:42:14:16- emergency preparedness. The Licensing Policy Handbook, Section 5 and the Family Child Care Policy Handbook, Section 1 provides detail as to what is required as well as providing a template that can assist providers in meeting the requirement. The in-home and informal rule related to this category is 67:47:01:13.01 as well as the In-Home and Informal Provider Handbook.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The in-home and informal providers are required to have an emergency evacuation plan and conduct four practice fire drills annually.

-- Describe any variations based on the age of the children in care

School age programs are not required to have policies related to the care of infants

and toddlers.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this requirement.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, and Before and After School Programs that fall under this category include: 67:42:10:10/67:42:03:12/67:42:14:16- policies and procedures; 67:42:03:12/67:42:11:06.01-diaper changing; 67:42:03:12/67:42:11:40-hazardous supplies; 67:42:03:11.09/67:42:11:36-Insect and rodent control; -67:42:03:11.06/67:42:11:08-ventilation; 67:42:10:18/67:42:03:11.02 -smoke detection; 67:42:03:11.05/67:42:11:09- water supply; 67:42:03:13/67:42:11:34-garbage disposal; 67:42:03:22/67:42:11:44-pets. The Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbook, Section 1 outline requirements of Standard Precautions as well as provide a pictorial overview for handling bio-contaminants. The informal and in-home rule related to this category is 67:47:01:13.01 as well as the In-Home and Informal Provider Handbook.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Before and after school programs do not have requirements for handling and disposal of soiled diapers.

-- Describe any variations based on the age of the children in care

The ages a before and after school program cares for do not include infants therefore these programs do not have requirements for handling and disposal of soiled diapers.

-- Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this requirement.

9. Precautions in transporting children (if applicable)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Citation is from the Administrative Rules of South Dakota. The individual rule for licensed centers and registered homes that fall under this category is 67:42:16:15 transportation. The Licensing Policy Handbook, Section 2 and the Family Child Care Policy Handbook, Section 1 also provide detail as to what is required regarding transporting children. The citation for in-home and informal providers is 67:47:01:13.01 as well as the In-Home and Informal Provider Handbook.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None

-- Describe any variations based on the age of the children in care

None

-- Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this requirement.

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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 onsite at all times who is trained in pediatric first aid and certified in CPR. All staff hired thereafter are required to obtain CPR within 90 days of hire, but are supervised after hire until CPR certification is obtained. Before a registration is issued, a registered home provider is required to be certified in CPR. In-home and informal providers are required to be certified in CPR prior to being left unsupervised with children. CPR includes hands-on skill testing. CPR certifications are required to remain valid.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Citation from the Administrative Rules of South Dakota for licensed centers, registered homes, informal and in-home providers that fall under this category include: 67:42:10:06/67:42:10:06.01/ 67:42:03:07.02/ 67:42:03:07.06/67:42:14:13/67:42:14:12 as well as the Licensing Policy Handbook Section 1 and the Family Child Care Policy Handbook Section 2; and for in-home and informal, Administrative Rule 67:47:01:13.01 as well as the In-Home and Informal Provider Handbook.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None

-- Describe any variations based on the age of the children in care

None

-- Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this requirement.

11. Recognition and reporting of child abuse and neglect

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

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. Licensing, Registration and Informal Provider handbooks outline abuse and reporting requirements.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Citations from the Administrative Rules of South Dakota for licensed centers, registered homes, in-home and informal providers that fall under this category include: 67:42:10:22/67:42:03:09.01/ 67:42:14:14/ ; as well as the Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbooks Section 1, provide indicators of abuse and reporting requirements. In-home and informal citation is Administrative Rule 67:42:01:13.01 as well as the In-Home and Informal Provider Handbook.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None

-- Describe any variations based on the age of the children in care

None

-- Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this requirement.

b) Does the Lead Agency include any of the following optional standards?

- [ ] No, if no, skip to 5.2.3.
- [x] Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

If children are in care during regular meal times, they must receive a meal that is appropriate and meets 1/3 of the child's daily nutritional needs. Nutritious midmorning, mid-afternoon and evening snacks are served between meals. Programs must record actual food served on a weekly menu and post those menus.

-- List all citations for these requirements, including those for licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers/registered homes that fall under this category include: 67:42:10:13/67:42:03:13/ 67:42:14:21 as well as the Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbooks Section 1.

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Before and After School programs that don't operate full days are only required to serve foods appropriate to the time children are in care. Informal and in-home providers are not required to meet nutrition standards.

-- Describe any variations based on the age of the children in care.

Infants are fed according to their individual schedule and held while bottle fed.

--Describe if relatives are exempt from this requirement

Relative providers are exempt from meeting this requirement.

2. Access to physical activity

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

N/A

-- List all citations for these requirements, including those for licensed and license-exempt providers

N/A

-Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

N/A

3. Caring for children with special needs

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

N/A

-- List all citations for these requirements, including those for licensed and license-exempt providers

N/A

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

N/A

4. 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

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

N/A

-- List all citations for these requirements, including those for licensed and license-exempt providers

N/A

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

N/A

5.2.3 Health and safety training for CCDF providers on required topics.

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, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i);

98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

No specific number of hours is required. Caregivers, teachers and directors can obtain training from a number of opportunities, including through the Early Childhood Enrichment system and through Better Kid Care. Child Care Services developed a South Dakota specific 5-hour online training that contains all orientation categories except child abuse reporting, first aid and CPR. A South Dakota specific child abuse and neglect training was created by Child Protection Services and is offered online. Training in first aid is offered online and through in-person trainings offered by the Early Childhood Enrichment (ECE) programs. CPR is offered regularly by the ECE's and offered by many different entities locally.

2. Licensed FCC homes:

No specific number of hours is required. Caregivers and helpers can obtain training from a number of opportunities, including through the Early Childhood Enrichment system and through Better Kid Care. Child Care Services developed a South Dakota specific 5-hour online training that contains all orientation categories except child abuse reporting, first aid and CPR. A South Dakota specific child abuse and neglect training was created by Child Protection Services and is offered online. Training in first aid is offered online and through in-person trainings offered by the Early Childhood Enrichment (ECE) programs. CPR is offered regularly by the ECE's and offered by many different entities locally.

3. In-home care:

No specific number of hours is required for in-home and informal providers. These providers can obtain training from a number of opportunities, including through the

Early Childhood Enrichment (ECE) system and through Better Kid Care. Child Care Services developed a South Dakota specific 5-hour online training that contains all orientation categories except child abuse reporting, first aid and CPR. A 1-hour South Dakota specific child abuse and neglect training was created by Child Protection Services and is offered online. Other child abuse trainings are offered periodically through the ECE or Child Protection. Training in first aid is offered online and through in-person trainings offered by the ECE programs. CPR is offered regularly by the ECE's and offered through many different local organizations.

4. Variations for exempt provider settings:

Relative providers are exempt from meeting this requirement.

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

All providers have 90 days from the date of employment to complete orientation training requirements.

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

School age programs that serve only school age children are not required to have SIDS training or training in head trauma as those are topics primarily applicable to children under age five that are not served in these programs.

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

Training is offered in person and online in larger communities. Training is offered online in smaller communities.

e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, as well as license exempt in-home and informal providers that fall under this category include: 67:42:03:07.06, 67:42:10:06.01, 67:42:14:12, and 67:47:01:13.01; Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-Home and Informal Handbook.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this orientation training requirement.

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, and license exempt in-home and informal providers that fall under this category include: 67:42:03:07.06, 67:42:10:06.01 and 67:47:01:13.01; Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-Home and Informal Handbook.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this orientation training requirement.

5.2.3e 3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, as well as license exempt in-home and informal providers that fall under this category include: 67:42:03:07.06, 67:42:10:06.01, 67:42:14:12, and 67:47:01:13.01; Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-Home and Informal Handbook

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this orientation training requirement.

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, as well as license exempt in-home and informal providers that fall under this category include: 67:42:03:07.06, 67:42:10:06.01, 67:42:14:12, and 67:47:01:13.01; Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-Home and Informal Handbook.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this orientation training requirement.

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, and license exempt in-home and informal providers that fall under this category include: 67:42:03:07.06, 67:42:10:06.01, 67:42:14:12, and 67:47:01:13.01; Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-Home and Informal Handbook.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this orientation training requirement.

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, and license exempt in-home and informal providers that fall under this category include: 67:42:03:07.06, 67:42:10:06.01 and 67:47:01:13.01; Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-Home and Informal Handbook

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this orientation training requirement.

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, as well as license exempt in-home and informal providers that fall under this category include: 67:42:03:07.06, 67:42:10:06.01, 67:42:14:12, and 67:47:01:13.01; Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-Home and Informal Handbook.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this orientation training requirement.

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, and license exempt in-home and informal providers that fall under this category include: 67:42:03:07.06, 67:42:10:06.01, 67:42:14:12, and 67:47:01:13.01; Licensing Policy Handbooks Section 2, Family Child Care Policy Handbook Section 1, and the In-Home and Informal Handbook.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this orientation training requirement.

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, as well as license exempt in-home and informal providers that fall under this category include: 67:42:03:07.06, 67:42:10:06.01, 67:42:14:12, and 67:47:01:13.01; Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-Home and Informal Handbook.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this orientation training requirement.

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, and license exempt in-home and informal providers that fall under this category include: 67:42:03:07.06, 67:42:10:06.01, 67:47:10:25, 67:42:14:12, 67:47:01:13.01; as well as Licensing Policy Handbook Section 2, Family Child Care Policy Handbooks Section 1, and the In-Home and Informal Handbook. CPR ois required prior to caring for children unsupervised.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this orientation training requirement.

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, and license exempt in-home and informal providers that fall under this category include: 67:42:03:07.06, 67:42:10:06.01, 67:42:14:12, and 67:47:01:13.01; Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and In-home and Informal Provider Handbook.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

Relatives are exempt from meeting this orientation training requirement.

5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the Administrative Rules of South Dakota. The individual rules

for licensed centers, registered homes, and license exempt in-home and informal providers that fall under this category include: 67:42:03:07.06, 67:42:10:06.01, 67:42:14:12, and 67:47:01:13.01; federal law; as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, In-home and Informal Provider Handbook.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Describe if relatives are exempt from this requirement

elatives are exempt from meeting this orientation training requirement.

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

N/A

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

N/A

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes

☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Describe if relatives are exempt from this requirement

N/A

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

a) Licensed child care centers:

Ongoing health and safety training requirements include 20 hours annually for child care centercaregivers, 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) Licensed FCC homes:

Ongoing health and safety training requirements include 6 hours annually for family day care providers and their helpers.

c) In-home care:

Ongoing health and safety training requirements include 3 hours annually for in-home and informal providers.

d) Variations for exempt provider settings:

Relatives are exempt from meeting ongoing health and safety training requirements.

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

1. Prevention and control of infectious diseases (including immunizations)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations for licensed and licensed-exempt providers are from the federal law, Administrative Rules of South Dakota, as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-home and Informal Provider Handbook. The Administrative Rules of South Dakota that outline ongoing training requirements include: 67:42:03:07.02, 67:42:10:06, 67:42:14:13, and 67:47:01:13.01. The handbooks further outline specifically that the 12 topics outlined in the handbook, including prevention and control of infectious diseases, are required once every five years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for caregivers, teachers, and directors in licensed and registered CCDF programs.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for licensed-exempt in-home and informal providers.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations licensed and licensed-exempt are from the federal law, Administrative Rules of South Dakota, as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-home and Informal Provider Handbook. The Administrative Rules of South Dakota that outline ongoing training requirements include: 67:42:03:07.02, 67:42:10:06,and 67:47:01:13.01. The handbooks further outline specifically that the 12 topics outlined in the handbook, including prevention of sudden infant death syndrome and use of safe sleep practices, are required once every five years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for caregivers, teachers, and directors in licensed CCDF programs.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for licensed-exempt in-home and informal providers.

3. Administration of medication, consistent with standards for parental consent

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations licensed and licensed-exempt are from the federal law, Administrative Rules

of South Dakota, as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-home and Informal Provider Handbook. The Administrative Rules of South Dakota that outline ongoing training requirements include: 67:42:03:07.02, 67:42:10:06, 67:42:14:13, and 67:47:01:13.01. The handbooks further outline specifically that the 12 topics outlined in the handbook, including medication administration, are required once every five years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for caregivers, teachers, and directors in licensed CCDF programs.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for licensed-exempt in-home and informal providers.

4. Prevention and response to emergencies due to food and allergic reactions

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations licensed and licensed-exempt are from the federal law, Administrative Rules of South Dakota, as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-home and Informal Provider Handbook. The Administrative Rules of South Dakota that outline ongoing training requirements include: 67:42:03:07.02, 67:42:10:06, 67:42:14:13, and 67:47:01:13.01. The handbooks further outline specifically that the 12 topics outlined in the handbook,

including emergencies due to food and allergic reactions, are required once every five years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for caregivers, teachers, and directors in licensed CCDF programs.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for licensed-exempt in-home and informal providers.

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations licensed and licensed-exempt are from the federal law, Administrative Rules of South Dakota, as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-home and Informal Provider Handbook. The Administrative Rules of South Dakota that outline ongoing training requirements include: 67:42:03:07.02, 67:42:10:06, 67:42:14:13, and 67:47:01:13.01. The handbooks further outline specifically that the 12 topics outlined in the handbook, including building and physical premises safety, are required once every five years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for caregivers, teachers, and directors in licensed CCDF programs.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for licensed-exempt in-home and informal providers.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations are from the federal law, Administrative Rules of South Dakota, as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-home and Informal Provider Handbook. The Administrative Rules of South Dakota that outline ongoing training requirements include: 67:42:03:07.02, 67:42:10:06, 67:42:14:13, and 67:47:01:13.01. The handbooks further outline specifically that the 12 topics outlined in the handbook, including shaken baby syndrome, abusive head trauma, and child maltreatment, are required once every five years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually

☑ Other

Describe:

Training in this category is required once every 5 years for caregivers, teachers, and directors in licensed CCDF programs.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Training in this category is required once every 5 years for licensed-exempt in-home and informal providers.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations licensed and licensed-exempt are from the federal law, Administrative Rules of South Dakota, as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-home and Informal Provider Handbook. The Administrative Rules of South Dakota that outline ongoing training requirements include: 67:42:03:07.02, 67:42:10:06, 67:42:14:13, and 67:47:01:13.01. The handbooks further outline specifically that the 12 topics outlined in the handbook, including emergency preparedness and response planning, are required once every five years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Training in this category is required once every 5 years for caregivers, teachers, and directors in licensed CCDF programs.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for license-exempt in-home and informal providers.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations licensed and licensed-exempt are from the federal law, Administrative Rules of South Dakota, as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-home and Informal Provider Handbook. The Administrative Rules of South Dakota that outline ongoing training requirements include: 67:42:03:07.02, 67:42:10:06, 67:42:14:13, and 67:47:01:13.01. The handbooks further outline specifically that the 12 topics outlined in the handbook, including handling and storage of hazardous materials and disposal of bio-contaminants, are required once every five years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for caregivers, teachers, and directors in licensed CCDF programs.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Training in this category is required once every 5 years for license-exempt in-home and informal providers.

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations licensed and licensed-exempt are from the federal law, Administrative Rules of South Dakota, as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-home and Informal Provider Handbook. The Administrative Rules of South Dakota that outline ongoing training requirements include: 67:42:03:07.02, 67:42:10:06, 67:42:14:13, and 67:47:01:13.01. The handbooks further outline specifically that the 12 topics outlined in the handbook, including precautions in transporting children, are required once every five years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Training in this category is required once every 5 years for caregivers, teachers, and directors in licensed CCDF programs.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

Training in this category is required once every 5 years for license-exempt in-home and informal providers.

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations licensed and licensed-exempt are from the Administrative Rules of South Dakota. The individual rules for licensed centers, registered homes, before and after school programs, and license-exempt informal and in-home providers that fall under this category include: 67:42:03:07.02, 67:42:10:06, 67:42:14:13, and 67:47:01:13.01; the federal law; as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-home and Informal Provider Handbook.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in first aid is required once every 5 years for caregivers, teachers, and directors in licensed CCDF programs; CPR certification is to remain valid. Red Cross and American Heart Association issue a certification for one or two years, and providers are required to ensure it remains valid so the time frame for CPR training depends on the length of their CPR certification.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for license-exempt in-home and informal providers.

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations licensed and licensed-exempt are from the federal law, Administrative Rules of South Dakota, as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-home and Informal Provider Handbook. The Administrative Rules of South Dakota that outline ongoing training requirements include: 67:42:03:07.02, 67:42:10:06, 67:42:14:13, and 67:47:01:13.01. The handbooks further outline specifically that the 12 topics outlined in the handbook, including recognition and reporting of child abuse and neglect, are required once every five years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for caregivers, teachers, and directors in licensed CCDF programs.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for license-exempt in-home and informal providers.

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Citations licensed and licensed-exempt are from the federal law, Administrative Rules of South Dakota, as well as the Licensing Policy Handbook Section 2, Family Child Care Policy Handbook Section 1, and the In-home and Informal Provider Handbook.

The Administrative Rules of South Dakota that outline ongoing training requirements include: 67:42:03:07.02, 67:42:10:06, 67:42:14:13, and 67:47:01:13.01. The handbooks further outline specifically that the 12 topics outlined in the handbook, including child development, are required once every five years.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for caregivers, teachers, and directors in licensed CCDF programs.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training in this category is required once every 5 years for license-exempt in-home and informal providers.

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

N/A

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

NA/

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☐ Other

Describe:

N/A

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☐ Other

Describe:

N/A

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that 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 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

When a provider, including CCDF providers, applies to be a regulated, informal, or in-home child care provider, Child Care Service furnishes them 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 the following: an overview of all regulations, justification for the regulations, and example of how to meet compliance. Policy handbooks explain 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. Annual inspections ultimately ensure compliance with all requirements.

5.3.2 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 responding to the questions below to describe 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

1. Describe your state/territory's requirements 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 feels 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, justification for those regulations and examples of how to meet compliance. Any issues of non-compliance are confirmed corrected prior to issuance of the license.

2. Describe your state/territory's requirements 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. Visits to each program are attempted to be completed at different times of the year to avoid predictable patterns.

3. Identify the frequency of unannounced inspections:

- [x] Once a year
- [ ] More than once a year

Describe:

N/A

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

A full, inspection form is completed pre-licensure and annually at all licensed programs. These inspections include review of all programming standards, environmental health standards, and fire and life safety standards. The licensing specialist follows up on any non-compliance issues to ensure full compliance is met.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Administrative Rule of South Dakota 67:42:16:03 as well as the Licensing Policy Handbook Section 1.

b) Licensed CCDF family child care home

1. 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 feels 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, justification for those regulations and examples of how to meet compliance. Any issues of non-compliance are confirmed corrected prior to issuance of the registration.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

All registered providers receive an unannounced annual, onsite inspection for compliance with programing 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.

3. Identify the frequency of unannounced inspections:

- [x] Once a year
- [ ] More than once a year

Describe:

N/A

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

The full inspection form is completed initially and then again annually at all registered homes, including CCDF family child care providers. These inspections include review of all programming standards, environmental health standards, and fire and life safety standards. The licensing specialist follows up on any non-compliance issues to ensure full compliance is met.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Administrative Rule of South Dakota 67:42:16:03 as well as the Family Child Care Policy Handbook Section 1.

c) Licensed in-home CCDF child care

☑ N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards

N/A

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

N/A

3. Identify the frequency of unannounced inspections:

☐ Once a year

☐ More than once a year

Describe:

N/A

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

N/A

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Lead Agency licensing specialists complete all announced pre-registration inspections in all registered family child care homes. CCDF Lead Agency licensing specialists and the Department of Public Safety (DPS) inspectors share the responsibility of completing annual unannounced renewal inspections of registered family child care providers. For licensed centers, CCDF Lead Agency licensing specialists conduct the announced pre-licensure and unannounced annual programming inspections, which include verification of ratios, child and staff records, training and education qualifications, etc. The DPS Inspectors conduct the announced pre-licensure and unannounced annual inspections for environmental health as well as fire and life safety requirements which verify compliance with sanitation, heating and cooling, food preparation, fire alarm maintenance, etc.

5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies 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 (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to 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 are no license-exempt center-based CCDF providers in South Dakota.

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

N/A. There are no license-exempt CCDF family child care providers in South Dakota.

Provide the citation(s) for this policy or procedure

N/A

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used

Monitoring of exempt providers consists of an announced initial and annual inspection. 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. Relative providers are exempt from the inspection requirement.

Provide the citation(s) for this policy or procedure

Administrative Rule of South Dakota 67:47:01:13.01 as well as the In-home and Informal Handbook.

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

- ☐ No
- ☑ Yes. If yes,

decsibe:

Annual inspections for license-exempt in-home providers (caring for 1 family in thechild's home) are conducted as announced inspections. Annual inspections for licensed exempt informal providers (caring for 1 family in the providers home) are conducted as unannounced visits.

e) 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 CCDF providers.

5.3.4 Licensing inspectors.

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 and that those inspectors 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)).

All inspections are completed by Child Care Services licensing specialists and Department of Public Safety (DPS) inspectors. DPS inspectorsconduct inspections on behalf of Child Care Services. DPS inspectors do not provide enforcement of regulations or laws; technical assistance, or resources to providers. They submit all inspection reports to the Child Care Services licensing specialist when completed. The Child Care Services licensing specialists conduct inspections, enforce all regulations, follow up on all non-compliance issues from their or the DPR 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. Child Care Services licensing 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. 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, team work, planning and organization, and problem solving. Regular staff conference calls and 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 team work. Inspectors participate in initial training with CCS staff related to CCS philosophy, interpretation of regulations, and licensing processes. Training includes approaches to working with a family home provider as this is their home and inspectors have to 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, 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 issues, and answer questions. Ongoing training occurs that includes child care regulations; fire and life safety regulations, and environmental health regulations. The most recent training overviewing child care regulations occurred in March 2018.

b) Provide the citation(s) for this policy or procedure

Chapter 1 of the Child Care Services Licensing Procedure and Policy Manual.

5.3.5 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.

The Child Care Services Licensing Procedure and Policy Manual contains policies and

practices regarding inspection of child care facilities, including annual inspections required of all child care programs. A contract with the Department of Public Safety ensures inspections of all regulated programs as well as in-home and informal providers are conducted annually. Ten Child Care Services Licensing Specialists, and up to 22 Department of Public Safety 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 Services Licensing Procedure and Policy Manual.

5.3.6 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 inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

☑ Yes, relatives are exempt from all inspection requirements.
If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.
Relative providers, caring only for related children, are exempt from inspection. The federal law allows for this exemption. Most often, parents are making this choice to use a relative provider based on knowing the individual very personally, and for a long period of time. Verification of immunizations are required for children in relative care.

☐ Yes, relatives are exempt from some inspection requirements.
If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

N/A

☐ No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal 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 FCC 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)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-State	National	Inter-State
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. 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			x
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			x
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check require+J514ments, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is

committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.
In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
6. 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	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing)	

	staff
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The Division of Criminal Investigation (DCI), is the South Dakota repository for state criminal records. For all prospective employees in a licensed center or registered home, whose activities involve the care of children or unsupervised access to children, a DCI fingerprint card is submitted, before hire, to Child Care Services (CCS), the Lead Agency. One exception is those potential employees under the age of 18. DCI will not release to Child Care Services the criminal results of a minor. ACF Office of Child Care

guidance reiterated state criminal checks are not required if the results cannot be obtained, so the DCI check is not completed on child care staff under the age of 18. The individual is able to then start work as long as they are supervised by an employee who has already completed the background check, until the results of the check are obtained. CCS submits the fingerprint card to DCI. When completed, DCI returns the results to CCS. If eligible, CCS sends a letter to the program indicating the individual is eligible. If ineligible, CCS sends a letter to the program that the individual is ineligible to work in a regulated program, and also sends a letter to the individual indicating they are ineligible to be employed in a child care program, including due process rights. Citations include the Administrative Rule of South Dakota 67:42:16:04; Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbook Section 1.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

The Division of Criminal Investigation (DCI) is the South Dakota repository for state criminal records. All prospective licensed exempt providers (in-home and informal providers) submit a DCI fingerprint card to Child Care Services (CCS), the Lead Agency, before being approved as an exempt provider. CCS submits the fingerprint card to DCI. When completed, DCI returns the results to CCS. If eligible, CCS sends a letter to the provider indicating they are eligible. If ineligible, CCS sends a letter to the family noting their provider does not meet requirements of an in-home or informal provider and sends a letter to the provider that they are ineligible that includes due process rights. Citations include the Administrative Rule of South Dakota 67:47:01:13.01 and the Informal and In-Home Provider handbook.

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

The process is the same for existing and new providers. Citations include Administrative Rule of South Dakota 67:42:16:04; Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbook Section 1.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

N/A

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii))..

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Child Care Servicescurrently conducts the in-state sex offender registry check on all prospective employees in a licensed center and for registered family home providers and helpers whose activities involve care of children or unsupervised access to children, as well as everyone living in a registered family child care home over the age of 18. For all new and prospective employees in a licensed center or registered family child care home, a request for a background check, which includes the sex offender registry check, is submitted to Child Care Services prior to hiring the individual. Once the request is submitted, the individual can then start work as long as they are supervised, by someone

who has already completed a full background check, until the results of all components of the check are obtained.
If no record is found, CCS sends a letter to the program indicating the individual is eligible for employment. If ineligible, CCS sends a letter to the program that the individual is ineligible to work in a regulated program, and also sends a letter to the prospective employee indicating they are ineligible to be employed in a child care program, including due process rights. Citations include the Administrative Rule of South Dakota 67:42:16:04; the Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbook Section 1.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations
Child Care Services conducts a sex offender registry check on all prospective license exempt in-home or informal providers before being approved to receive CCDF funds. If there is no record, CCS sends a letter to the prospective provider indicating they are eligible to provide care and receive payment. If ineligible, CCS sends a letter to the family indicating their provider does not meet the requirements of an in-home or informal provider. CCS also sends a letter to the prospective employee indicating they are ineligible to be a provider, including due process rights. Citation is the Administrative Rule of South Dakota 67:47:01:13.01 and the In-home and Informal Provider Handbook.

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

The process for conducting a sex offender registry check on all existing staff is the same as for prospective/new providers. Citations include the Administrative Rule of South Dakota 67:42:16:04; the Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbook Section 1.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for

current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

N/A

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

For all prospective employees in a licensed center or registered home, whose activities involve the care of children or unsupervised access to children, a request for a background check is submitted, which includes the child abuse and neglect registry, to Child Care Services prior to hiring the individual. The results of this check are required prior to hiring the individual. Child Care Services conducts the in-state child abuse and neglect registry check as quickly as possible and usually within three days of the request. If no record is found, CCS sends a letter to the program indicating the individual is eligible for employment. If ineligible, CCS sends a letter to the program that the individual is ineligible to work in a regulated program, and also sends a letter to the prospective employee indicating they are ineligible to be employed in a child care program, including due process rights. Citations include the Administrative Rule of South Dakota

67:42:16:04; the Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbook Section 1.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Child Care Services conducts a child abuse and neglect registry check on all prospective license exempt in-home or informal providers before being approved to receive CCDF funds. If there is no record, CCS sends a letter to the prospective provider indicating they are eligible to provide care and receive payment. If ineligible, CCS sends a letter to the family indicating their provider does not meet the requirements of an in-home or informal provider. CCS also sends a letter to the prospective employee indicating they are ineligible to be a provider, including due process rights. Citation is the Administrative Rule of South Dakota 67:47:01:13.01 and the In-home and Informal Provider Handbook.

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

The process for conducting a child abuse and neglect registry check on all existing staff is the same as for prospective/new providers, the child abuse and neglect registry results is required before hiring the individual. Citations include the Administrative Rule of South Dakota 67:42:16:04; the Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbook Section 1.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

N/A

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Child Care Services currently conducts an FBI fingerprint check on all licensed center staff and registered family child care home providers and helpers whose activities involve the care of children or unsupervised access to children, as well as all residents of a registered family child care home over the age of 18.An FBI fingerprint card is submitted, before hire, to Child Care Services (CCS), the Lead Agency. The individual is then supervised in the program, by someone who has already completed a full background check, until the results of the check are obtained. CCS submits the fingerprint card to FBI. When completed, FBI returns the results to CCS. If eligible, CCS sends a letter to the program indicating the individual is eligible. If ineligible, CCS sends a letter to the program that the individual is ineligible to work in a regulated program, and also sends a letter to the individual indicating they are ineligible to be employed in a child care

program, including due process rights. Citations include the Administrative Rule of South Dakota 67:42:16:04; Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbook Section 1.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

All prospective licensed exempt providers (in-home and informal providers) submit an FBI fingerprint card to Child Care Services (CCS), the Lead Agency, before being approved as an exempt provider. CCS submits the fingerprint card to FBI. When completed, FBI returns the results to CCS. If eligible, CCS sends a letter to the provider indicating they are eligible. If ineligible, CCS sends a letter to the family noting their provider does not meet requirements of an in-home or informal provider and sends a letter to the provider that they are ineligible that includes due process rights. Citations include the Administrative Rule of South Dakota 67:47:01:13.01 and the Informal and In-Home Provider handbook.

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

The process is the same for existing and new providers. Citations include Administrative Rule of South Dakota 67:42:16:04; Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbook Section 1.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

N/A

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

☑ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Child Care Services currently conducts a name-based search of the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for all prospective employees in a licensed center or registered family child care home, whose activities involve the care of children or unsupervised access to children. A request forthis NCIC NSOR background check is submitted, before hire, to Child Care Services (CCS), the Lead Agency. The individual is then supervised, by someone who has already completed a full background check, until the results of the check are obtained. CCS submits the request to DCI/FBI. When completed, the results are returned to CCS. If no record is found, CCS sends a letter to the program indicating the individual is eligible. If ineligible, CCS sends a letter to the program that the individual is ineligible to work in a regulated program or family child care home, and also sends a letter to the individual indicating they are ineligible to be employed in a child care program,

including due process rights. Citations include the Administrative Rule of South Dakota 67:42:16:04; Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbook Section 1.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Child Care Services currently conducts a name-based search of the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for all prospective licensed exempt providers (in-home and informal providers). The licensed exempt provider submits a request for the NCIC NSOR background check to Child Care Services (CCS), the Lead Agency, before being approved as an exempt provider. CCS submits the request to DCI/FBI. When completed, the results are returned to CCS. If eligible, CCS sends a letter to the provider indicating they are eligible. If ineligible, CCS sends a letter to the family noting their provider does not meet requirements of an in-home or informal provider and sends a letter to the provider that they are ineligible that includes due process rights. Citations include the Administrative Rule of South Dakota 67:47:01:13.01 and the Informal and In-Home Provider Handbook.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

N/A

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry

(NSOR) check been put in place for all current (existing) child care staff?

☑ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

The process is the same for existing and new providers. Citations include Administrative Rule of South Dakota 67:42:16:04; Licensing Policy Handbook, Section 2 and Family Child Care Policy Handbook Section 1.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

N/A

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

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 (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

N/A

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

N/A

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Child Care Services has explored different processes for obtaining interstate criminal checks, although these checks are not yet completed on prospective providers.

Processes being evaluated include how to make payment to individual states for the background checks, budgeting for those payments, building a database for program directors so they know in advance what documents the different states will require, etc. Key challenges include the many different requirements of each state to release the information required and how often those requirements change. The book of contact information put together recently by the federal TA Center, although a great resource, was out dated almost immediately. The information CCS will put together for program directors will have the same fate. Although efforts were appreciated, the TA Centers were also not able to develop a clear process for obtaining this information which tells us this is a very complicated issue. Child Care Services strategy is to attempt to conduct all of the interstate checks in 2019 so providers don't have to continually submit information for the same staff persons. CCS will obtain the information that is available and document when information is not available or accessible.

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Child Care Services has explored different processes for obtaining interstate criminal checks, although these checks are not yet completed on existing providers and staff.

Processes being evaluated include how to make payment to individual states for the background checks, budgeting for those payments, building a database for programs directors so they know in advance what documents the different states will require, etc. Key challenges include the many different requirements of each state to release the information required and how often those requirements change. The book of contact information put together recently by the federal TA Center, although a great resource, was out dated almost immediately. The information CCS will put together for program directors will have the same fate. Although efforts were appreciated, the TA Centers were also not able to develop a clear process for obtaining this information which tells us this is a very complicated issue. Child Care Services strategy is to conduct all of the out of state checks in 2019 so providers don't have to continually submit information for the same staff persons. CCS will obtain the information that is available and document when information is not available.

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

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) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

N/A

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide

citations

N/A

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Child Care Services has explored different processes for obtaining interstate sex offender registry checks, although these checks are not yet completed on prospective providers. Processes being evaluated include how to make payment for any individual state charging for the information, and building a database for programs directors so they know in advance what forms and processes the different states will require, etc. Key challenges include these many different requirements, processes, and forms required of each state to release the information required and how often those requirements change. Instead of doing these last three checks at different times, Child Care Services strategy is to conduct all of the interstate checks in 2019, including the child and abuse registry check, so providers don't have to continually submit information for the same staff person for these three different checks. CCS will obtain the information that is available and document when information is not available.

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Child Care Services has explored different processes for obtaining interstate sex offender registry checks, although these checks are not yet completed on existing providers and staff. Processes being evaluated include how to make payment to individual states that charge for these checks, and building a database for programs directors so they know in advance what documents different states will require, etc. Key challenges include the many different requirements of each state to release the information required and how often those requirements change. Child Care Services strategy is to conduct all of the interstate checks in 2019 so providers don't have to continually submit information for the same staff person. CCS will obtain the information that is available and document when information is not available.

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

☐ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

N/A

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

N/A

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Child Care Services (CCS) has explored different processes for obtaining interstate child abuse and neglect checks, although these checks are not yet completed on prospective staff or providers. Processes being evaluated include how to make payment for any individual state charging for the information, and building a database for program directors so they can search the state where the prospective staff lived and print off the documents needed for all three checks. Key challenges include the many different requirements of each state to release the information requested and how often those requirements change. Child Care Services strategy is to conduct all three interstate checks in 2019 so providers don't have to continually submit information for the same staff person for three different checks. CCS will obtain the information that is available and document when information is not available.

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

N/A

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

In the past, Child Care Services (CCS) had completed the interstate child abuse and neglect registry checks on many existing family home providers. Since licensing staff meet with these providers directly they have the ability to discuss the forms needed from each state the individual has lived in the past five years. This helped ensure the correct forms are obtained and reduces frustration on the part of the program and individuals being screened. Many spouses have the child abuse and neglect check completed as well, but not all household members over the age of 18 have had the interstate child abuse check at this time. A database will be developed so center directors have access to documents needed in the state where the prospective staff lived and be able to print off the documents needed.

Provisional Employment

The CCDF final rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of

all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

☐ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving 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 child care staff member resides.

Describe and include a citation:

N/A

☑ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving 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 child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

Regulated child care programs are required to submit a request to Child Care Services for a background check on all prospective staff members prior to their employment. The staff member can begin employment after the request has been submitted, as long as that prospective staff member is supervised by an individual who has completed all components of the background check, until the results of the check have been received by the program. Citations include the Licensing Policy Handbook, Section 1 and the Family Child Care Policy Handbook, Section 2.

☐ Other.

Describe:

N/A

5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

Other states, territories and tribal entities needing background checks for potential child care employees are required to contact the SD agencies that conduct these individual background checks. These are the same agencies that Child Care Services (CCS) uses for background checks. That information is found on the CCS website. For example, the Division of Criminal Investigation requires a fingerprint card for all criminal background checks completed. The information to obtain a fingerprint card, and where to submit that card once completed, is outlined on the CCS website. The results are typically returned within a 2-3 week time frame. The Attorney General's Office manages the South Dakota Sex Offender Registry. Individuals can review the list of offenders registered in South Dakota. The instructions for reviewing that list are on the CCS website. The state law outlines entities the Division of Child Protection can conduct central registry background checks for. The laws do not include checks requested by other states for employment purposes. The contact information or links for the different agencies are provided on the CCS website for easy access to the information.

5.4.11 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. 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)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

- [ ] No
- [x] Yes.

Describe other disqualifying crimes and provide citation:

The convictions that prohibit individuals from working in a child care program in South Dakota that are not listed in federal rule or law include: 1) A crime that would indicate harmful behavior towards children; 2) Within the preceding 5 years, any other felony not already listed.

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, 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)).

Hard copies of background check results received from the state repository (DCI) or FBI do not leave the Division of Child Care Services (CCS). Results are stored in locked drawers while at CCS. Only individuals who have completed training in the handling of criminal history information are allowed to handle or shred the results. No hard copies of FBI results are shared with any individual outside the Division, including the individual being screened. No hard copies of results from any other background check conducted are shared with any individual except the person being screened, upon request. After results are evaluated by CCS staff, a letter is sent to the child care program indicating whether the individual is eligible or ineligible for employment. If ineligible, the individual also receives a letter from CCS that includes the process for requesting an administrative hearing on the matter within 30 days of the receipt of the letter. South Dakota statute outlines the prohibition of individuals with certain felony convictions, including a drug conviction, from working in a child care facility for five years after the conviction. Criminal background checks from individuals with drug convictions over five years old would be reviewed and eligibility considered.

5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Describe how the state/territory ensures 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. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Child Care Services pays the cost of the background checks for individuals in regulated child care programs and for in-home and informal providers.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

- ☐ No, relatives are not exempt from background check requirements.
- ☑ Yes, relatives are exempt from all background check requirements.
- ☐ Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

N/A

6 Recruit and Retain a Qualified and Effective Child Care Workforce

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.

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, which is 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:

-- State/territory professional standards and competencies. Describe:

The Division of Child Care Services (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.

-- Career pathways. Describe:

The Pathways to Professional Development Career Lattice is a voluntary workforce registry. The Career Lattice is comprised of 7 levels that range from Introductory Informal Education to Masters & Doctoral Degree. The training system provides training opportunities from entry level training to age-appropriate certificates which leads directly in to the 120 hours of training required for the Child Development Associate (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.

-- Advisory structure. Describe:

The Division of Child Care has a Pathways Advisory Committee that provides feedback on the Pathways to Professional Development Career Lattice and Trainer Registry. The committee includes the State Head Start Collaboration Director, Early Childhood Enrichment staff, and Division representatives. In the development of professional training and technical assistance opportunities, the Division of Child Care Services (CCS) works with the 5 regional Early Childhood Enrichment (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 for the project. For example, a special review panel was developed for the recent Early Learning Guidelines review that comprised 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).

-- Articulation. Describe:

The Division of Child Care has articulation agreements with 5 higher education institutions (South Dakota State University (SDSU), Black Hills State University (BHSU), Oglala Lakota College (OLC), Southeast Technical Institute (STI), and Sisseton Wahpeton College) to enable child care providers to articulate their Child Development Associate (CDA) training into 10-12 college credits toward an Associate's or Bachelor's degree program. Training must have been 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 a 30-hr Pathways to Professional Development Series training in order to receive articulation credit from higher education.

-- Workforce information. Describe:

The Pathways to Professional Development Career Lattice collects workforce data relative to those individuals who voluntarily participate. Additional workforce data is also collected at the time of each market rate survey. 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. Child Care Services (CCS) is collaborating with director groups to prepare discussion at the Directors conference in 2019 on workforce issues. ECE staff provides 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.

-- Financing. Describe:

The Division of Child Care Services (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. As costs for CPR Certification continue to rise, CCS purchased certification cards so that cost is not passed on to providers. As the Child Development Associate 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 has the opportunity to 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.

- [x] 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 3 college credits, 4.5 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 Early Childhood Enrichment (ECE) System. However, although

there are not many advertised CEU classes, there are a number of 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.

☑ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

A majority of the early childhood and school-age training opportunities in South Dakota are provided by the Early Childhood Enrichment (ECE) System. The Division of Child Care Services 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. In addition, the Division works with representatives from higher education to maintain current articulation agreements for the South Dakota Child Development Associate (SD CDA) Training Program and most recently on the implementation of the revised Early Learning Guidelines and incorporating those into the early childhood education field.

☐ Other

Describe:

N/A

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 Early Childhood Enrichment (ECE) training entities, Department of Education, Department of Health and other agencies as needed. Input from the childcare 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. The Division works with South Dakota State University (SDSU) on an ongoing basis on programs such as Sanford Harmony. SDSU has reviewed and approved the class content for the 30-hr Pathways to Professional Development Series as part of the articulation agreement. The Program for Infant Toddler Care (PITC) provides the foundation for all training and professional development provided to infant and toddler caregivers as the philosophy is integrated into all current training opportunities.

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 developed an online, on-demand orientation training series that is offered free of charge to all providers. Access to ongoing quality in-person and online training from the Early Childhood Enrichment system is available at no or low cost to programs. For example, age specific entry level series training provides caregivers with foundational knowledge to care for children in a specific age group. These series training options encourage caregivers to continue attending training.

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. For example, specific entry level, best practice and certificate training opportunities are available for family child care, infant toddler, preschool and school age caregivers. In addition, age-specific training and on-going professional development

opportunities such as the early learning guidelines, social emotional, and lesson planning enable caregivers, teachers and directors to meet the demands of diverse needs of children and their families. The training offered helps child care providers to understand and support families of various cultures and economic levels. The Early Childhood Enrichment (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 framework promotes provider stability by providing basic enrichment training classes focused on self-care for child care providers, such as *Stress Management* and *Self-Care beyond Chocolate* which are available on a regional basis. Additional classes are available that support providers in giving them the knowledge and skills needed to do their job well include addressing 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 that they interact with others. To further promote program and provider stability, on-site technical assistance opportunities through the Early Childhood Enrichment (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 through 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 Child Development Associate (CDA) credential. Income-based scholarship opportunities are available to providers to support the cost of the South Dakota Child Development Associate (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 Early Childhood Enrichment (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 South Dakota Child Development Associate (SD CDA) Training Program at the ECE agency. Through this agreement, students will be on the path to an early education credential before they graduate high school. This program will be piloted in Fall 2018. The framework also provides access to professional development opportunities such as training and technical assistance to apply for the Child Development Associate (CDA) credential.

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 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 early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (98.44(b)).

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. A train-the trainer series was conducted on the revised Early Learning Guidelines to support trainers in how to use the information within their training sessions. Training on health and safety topics required for licensure is available both in-person and online through the Early Childhood Enrichment (ECE) System. Topics are repeated throughout the year to meet the needs of new providers and staff. Enhanced topic areas for current providers are also offered. 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. In fall 2018, two new training series based on the Pyramid Model, the Preschool Social Emotional Foundations for Learning and the Infant/Toddler Social Emotional Foundations series will be available online to providers. In September 2017, ECE trainers and licensing specialists participated in an in-state, Train the Trainer opportunity that covered the bottom level of the Pyramid Model for both Infants/Toddlers and Preschoolers facilitated by a trainer from The Pyramid Model Consortium. The bottom level of the Pyramid is the foundation for all of the practices in the Pyramid are the systems and policies necessary to ensure a workforce able to adopt and sustain the evidence-based practices of the rest of the Pyramid. In addition to the 2-day training, a full day intensive training was held for Early Childhood Enrichment (ECE) trainers and Community Mental Health providers to learn more about the Individualized Interventions at the top of the Pyramid Model. The top of the Pyramid provides assessment-based intervention that result in individualized behavior support plans. Although, resources from the Center for Social Emotional Foundations for Early Learning (CSEFEL) have always been shared with child care providers, this train-the-trainer opportunity has enhanced our system's ability to provide additional training opportunities in this area and technical assistance support by Licensing Staff to expand the knowledge and implementation skills of child care providers.

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)).

The Division of Child Care Services (CCS) requires the Early Childhood Enrichment (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 on-site in a variety of communities, and through statewide and regional online training opportunities. In 2017, the Division developed an online, on-demand orientation training series to meet 9 of the 11 required health and safety topic areas, and the child development course was added in July 2018. This series is available to all child care providers at no cost, including those supported through tribal organizations. In 2017, Child Care Services met with tribal CCDF Administrators to provide an overview of this orientation training opportunity available to all providers. In April 2018, during another meeting with the tribal CCDF Administrators it was shared that some tribal child care programs were utilizing the online, on demand orientation training and felt that it was easy to access. In 2018, CCS and ECE staff participated in a webinar to learn more about the Making It Work: Implementing Cultural Learning Experiences in AIAN Early Learning Settings tool for early childhood programs. The link to this document was shared in an e-mail as a follow up to the April meeting with the Tribal Child Care Coordinators. CCS and ECE staff will also share this resource with American Indian early childhood staff as a resource to support them in identifying ways to teach children about their traditional cultural skills, values, and beliefs while meeting the goals of the Head Start Program Performance Standards and the Child Care Development Fund (CCDF). 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. The Division of Child Care Services 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 to 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 Child Development Associate (CDA) training and Continuing Education Units (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:

a) with limited English proficiency

Providers with limited English proficiency in South Dakota receive initial support from programs such as Lutheran Social Services Center for New Americans, Multi-Cultural Center of Sioux Falls, etc. which provide them with many connections in the community that assist with issues such as interpretation. Limited English speaking families themselves are a resource. Most often, familiar individuals are selected as a provider by the family and Child Care Services (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 a contact. They share the 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. The Better Kid Care orientation training courses enables individuals who speak Spanish, or need closed captioning to complete the training at no cost to the provider. Licensing staff work directly with providers and inform them of supports available to them. Licensing staff use pictorials to explain 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

Licensing staff work directly with providers and inform them of supports available to them. Licensing staff use pictorials to explain compliance items such as fire extinguishers and outlet covers. Challenges are most often supported on a case by case basis based on the needs of the provider. Individuals that need special accommodations such as sign language interpreters, translators, adaptive devices, or other accommodations in order to fully participate are also addressed on a case by case basis. 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 and Native Hawaiians (98.44(b)(2)(iii--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. The Division 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 Early Childhood Enrichment (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. Available training topics in cultural diversity include titles such as, The Changing Faces of South Dakota, Celebrating with Cultural Diversity, Embracing Diversity: Implementing Activities to Appreciate Culture,

and Including Diversity in Your Environment. In addition, as 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 5 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 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 number of state and regional training opportunities through the Early Childhood Enrichment (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, 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 South Dakota Child Development Associate (SD CDA) Training Program have all formally integrated this information. To facilitate the ongoing integration of this information, the Division of Child Care Services

developed and routinely reviews a list of key resources and talking points for the Early Childhood Enrichment (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.

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 3.2.2).

Child Care Services (CCS) Licensing Specialists, Subsidy Caseworkers, and Administrative Staff along with the regional Early Childhood Enrichment trainers, participated in a train-the-trainer session that focused on eligibility for and services provided through McKinney-Vento Act by the South Dakota Department of Education Homeless Coordinator. Ongoing training will occur with CCS agency staff. A CCS Representative participates in the statewide Housing for the Homeless Consortium and the Continuum of Care Youth subcommittee.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). 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

- [x] Issue policy change notices
- [x] Issue new policy manual
- [x] Staff training
- [ ] Orientations
- [ ] Onsite training
- [ ] Online training
- [ ] Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

N/A

- [ ] Other

Describe:

N/A

6.2.7 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 training and TA.

Basic training on business practices is available delivered by the Early Childhood Enrichment (ECE) network through such trainings 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. In addition, business training and tax information workshops delivered through state associations such as the Family Child Care Professionals of South Dakota, South Dakota Association for the Education of Young Children and the South Dakota Association of Child Care Directors are popular and CCS will support the costs of speakers for these groups. Regional ECE agencies and licensing staff provide one-on-one technical assistance to childcare programs to address individual program needs. During these technical assistance visits, staff utilizes 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. Regulated provider handbooks also include information from the Small Business Administration related to planning and creating budgets, expense and income analysis, etc. When needed for more formal, in-depth training, ECE agencies refer child care directors to the local resources such as the Department of Labor and the Small Business Administration who have additional expertise in this area. CCS and director associations across the state will focus more training on workforce development and retention in 2018 and 2019 as that need has been identified by these programs.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- ☑ Fiscal management
- ☑ Budgeting
- ☑ Recordkeeping
- ☑ Hiring, developing, and retaining qualified staff
- ☑ Risk management
- ☑ Community relationships
- ☑ Marketing and public relations
- ☑ Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ☑ Other

Describe:

Topics include Managing vs Leading; and Policy Development and Implementation.

6.3 Early Learning and Developmental Guidelines

6.3.1 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 are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

The Goals, Developmental Indicators, and strategies included in the Early Learning and Development Guidelines are based on current child development research. This research helped the team determine which Goals and Developmental Indicators are most appropriate for young children and informed the development of the strategies. The panel that developed and enhanced the ELDG, consulted many research-based sources and publications. A few selected sources are included in the ELDG document. Dr. Gera Jacobs, a Professor of Education at the University of South Dakota and who served as a past President of the National Association for the Education of Young Children (NAEYC) served as the lead author for both this and South Dakota's former 3-5 year old Early Learning and Development Guidelines document. In addition, Catherine Scott-Little, Ph.D. Associate Professor of Human Development and Family Studies at the University of North Carolina at Greensboro served as a consultant through every phase of developing this document. The ELDG document is divided by domain and contains both developmentally and age specific activities for children birth to 5 years. The document contains information on specific activities to support children from a variety of cultures or who may speak other languages. Teachers and Department of Education personnel were involved in the development of the Early Learning and Development Guidelines to ensure they align with school entry.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

The South Dakota Early Learning and Development Guidelines (ELDG) serve as the state's shared vision for young children and as a guide for the types of learning experiences teachers and caregivers should provide for children. The Goals and Developmental Indicators in the document describe how children to develop and learn. The Early Learning Guidelines were developed as a developmental continuum, intended for children from birth to age 5. The age levels used in the ELDGs are: Infants (birth to 12 months), Younger Toddlers (8 to 21 months), Older Toddlers (18 to 36 months), Younger Preschoolers (33 to 48 months), and Older Preschoolers (45 to 60+ months). Because children develop at different rates, there is overlap at the youngest age levels (e.g., the age range between 8 to 12 months is included in both Infants and Younger Toddlers). The overlap in the age levels reflects the fact that it is normal for children's development at this age to vary. While the ELDG's describes general expectations for children within these age levels, not all children of a particular age will demonstrate progress on all the Developmental Indicators for that age. Care was taken to include strategies for working

with different cultures and abilities.

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

- [x] Cognition, including language arts and mathematics
- [x] Social development
- [x] Emotional development
- [x] Physical development
- [x] Approaches toward learning
- [ ] Other

Describe:

N/A

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The original Early Learning and Development Guidelines for children ages 3-5 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 thru 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 perspective agencies with students, teachers or providers. Representatives from the ELDG Oversight Committee participate in the Child & Family Workgroup keeping the group informed throughout the development of the guidelines and notified of how to access it on the CCS website and contact information for obtaining hard copies of the document.

e) 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 3-5 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 Division of Child Care 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.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

N/A

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

http://dss.sd.gov/docs/childcare/early_learning_guidelines.pdf

6.3.2 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 Early Learning and Development Guidelines 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 Early Learning and Development Guidelines. Training is available through the ECE agencies to provide an overview of the SD Early Learning and Development Guidelines and 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.

7 Support Continuous Quality Improvement

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). 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 Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). 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 separate annual Quality Progress Report that will include a description of activities to be 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

-- Improving on the development or implementation of early learning and developmental guidelines

-- Developing, implementing, or enhancing a tiered quality rating and improvement system 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.

This section covers the quality activities needs assessment and 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)).

Informal surveys of licensing specialists, and formal surveys targeted for licensed child care center directors, family day care providers, and parents were conducted. The results from these surveyswere used to inform the process for quality improvement initiatives. The stakeholder surveys will be completed once every five years 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 Child Care Services through the during the Market Rate Survey process. Data gathered through this process includes a variety of information on the workforce including the educational level of the provider, certifications, where providers obtain their 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 Early Childhood Enrichment (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; with regulated child care providers; with 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.

Findings from the formal assessment for quality improvement identified the top five center priorities as positive teacher/child interactions; well-maintained age-appropriate environment set up for children; low teacher turnover; age-appropriate activities; and staff ability to receive a progression of training. The top 5 priorities identified by Family Day Care were positive

provider/child interactions; a well-maintained and age-appropriate environment for children; activities are available for children of all ages, abilities and interests; family involvement is always encouraged; and the provider has written policies and procedures. Parent surveys provided input as to their top 5 priorities. Licensing staff overwhelmingly identified eliminating blanket use in sleep areas as their top priority. This staff, provider and parent input was used in the development of quality initiatives including the statewide quality indicator framework that includes a focus on relationships and interactions, age-appropriate environments, age-appropriate activities, and family engagement.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

- [x] Supporting the training and professional development of the child care workforce If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

  N/A

- [ ] Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.
  - [ ] CCDF funds
  - [ ] Other funds

  Describe:

  N/A

☑ Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☐ Other funds

Describe:

NA

☑ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply

☑ CCDF funds

☐ Other funds

Describe:

N/A

☐ Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

☐ CCDF funds

☐ Other funds

Describe:

N/A

☑ Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☐ Other funds

Describe:

N/A

☑ Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

- [x] CCDF funds
- [ ] Other funds

Describe:

N/A

- [ ] Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.
  - [ ] CCDF funds
  - [ ] Other funds

Describe:

N/A

- [x] Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

Describe:

N/A

- [ ] 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. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply
  - [ ] CCDF funds
  - [ ] Other funds

Describe:

N/A

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest 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 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

- [x] 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

Describe:

The Division of Child Care Services contracts with five Early Childhood Enrichment (ECE) programs to provide training and technical assistance and facilitate implementation of other professional development activities for child care providers statewide. These agencies were selected through the State's Request for Proposal (RFP) process and are funded with CCDF funds. Specific training related to social emotional, physical and cognitive development includes: **The Physical Activity Technical Assistance (PATA) program**: The goal of this program is for child care programs to have evidence-based, age-appropriate physical activity policies that ensure children of all ages have optimal physical activity as part of their child care experience. **Pyramid training**: In 2017, a train the trainer was held in South Dakota on the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. Two new provider social and emotional training series (one for caregivers of infants and toddler and one for caregivers of preschool children) will be available statewide in 2018. **Early Learning and Development Guidelines (ELDG) training:** The ECE system offers a training series that provides an overview of the ELDG document and provides strategies to help providers utilize the document in their

programs. The ELDG document includes the following domains: approaches to learning, social and emotional development, communication, language and literacy, health and physical development, and cognitive development. Each domain is presented on a continuum showing the expectations for children's development at particular age levels. **Child Development Associate (CDA) training**: The South Dakota CDA training program provides early childhood professional training to support student's ability to meet the National CDA Assessment requirements. The statewide curriculum covers content in each of the 8 CDA Subject areas including planning safe and healthy environments; physical and intellectual development; supporting children's social and emotional development; building relationships with families; managing an effective program operation; maintaining commitment to professionalism; observing and recording children's behavior; and understanding principles of child development and learning. In the Fall of 2018, two regional ECE offices (located in Aberdeen and Sioux Falls) will pilot a new hybrid delivery model for the SD CDA Training Program to increase provider accessibility to this training program. Students will meet via online learning for the first 3 weeks of each module and then in person in their respective region for the fourth class. **Entry Level Training (Family Child Care, Infant/Toddler, Preschool, and School Age):** The Division of Child Care Services worked with the ECE System to develop an entry level training series to provide the basic, age-specific knowledge needed to provide child care. **Sanford Harmony:** The ECE system, in partnership with South Dakota State University, provides training opportunities for child care providers on the Sanford Harmony program tool kit. Sanford Harmony is a research-based, highly effective teaching strategy that strengthens classroom communities by helping each child understand and appreciate diversity in others.

☑ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health 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 2.5.)

Describe:

Child Care Services contracts with the five Early Childhood Enrichment (ECE) programs to provide training, technical assistance, and professional development activities to child care programs involving social emotional health and challenging child

behaviors. The ECE's are funded with CCDF funds. In addition, ECE agencies in Rapid City and Sioux Falls are able to 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. In these areas, if the ECE agency determines that support beyond what they are able to provide is needed, the agency will work with the family to determine if they agree to a referral being made on behalf of the child and their family to the community mental health agency. That agency then works with the provider, child and parent on strategies to resolve behavior issues.

☑ 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

Describe:

Child Care Services contracts with the five Early Childhood Enrichment (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. In addition, regional basic enrichment class titles such as Building a Bridge Go the Distance: Serving Families the "NAEYC Way", Involving Parents, and Talking to Parents about Difficult Issues are provided. The Sioux Falls ECE program provides the Physical Activity Technical Assistance (PATA) program that 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. A variety of resources and handouts are provided to programs through this initiative to share with parents. 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. Finally, the Division of Child Care Services works with the ECE system to coordinate and facilitate the Responsive Parenting series for parents of children birth to age 3. In these classes, parents learn about topics such as social-emotional growth, early brain development, temperament and guidance.

☐ 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.

Describe:

N/A

☐ 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:

N/A

☐ Using data to guide program evaluation to ensure continuous improvement

Describe:

N/A

☐ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment

Describe:

N/A

☑ Caring for and supporting the development of children with disabilities and developmental delays

Describe:

Child Care Services contracts with the five Early Childhood Enrichment (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, 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. South Dakota Parent Connections

is a partner as the liaison for the CDC's Learn the Signs, Act Early promotion.

☑ Supporting the positive development of school-age children

Describe:

Child Care Services contracts with the five Early Childhood Enrichment (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 training is provided through the state's ECE System. South Dakota has a state Out of School Time Certificate and Credential. Certificate and credential classes are available online on-demand through Cypherworx. 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.

☐ Other

Describe:

N/A

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. Check all that apply

☐ Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling

☐ Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities

☑ Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education

☐ Other

Describe:

N/A

7.3.2 Describe the measureable indicators of progress relevant to this use of funds 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 Early Childhood Enrichment (ECE) system conducts pre and post surveys to measure knowledge gain of 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 on-site technical assistance visit, and at routine follow-up visits (at 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 5 key measures that determine if a child care provider will do/does positively change practice. These measures are: knowledge gain, 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.

7.4 Quality Rating and Improvement System (QRIS)

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

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- [x] No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.
- [ ] No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.
- [ ] 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.

N/A

- [ ] 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. N/A

- [ ] Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds 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

7.4.2 QRIS participation

a) Are providers required to participate in the QRIS?

- [ ] Participation is voluntary

- [ ] Participation is mandatory for providers serving children 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).

N/A

- [ ] 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's QRIS? Check all that apply

- [ ] Licensed child care centers
- [ ] Licensed family child care homes
- [ ] License-exempt providers
- [ ] Early Head Start programs
- [ ] Head Start programs
- [ ] State prekindergarten or preschool programs
- [ ] Local district-supported prekindergarten programs
- [ ] Programs serving infants and toddlers
- [ ] Programs serving school-age children
- [ ] Faith-based settings
- [ ] Tribally operated programs
- [ ] Other

Describe:

N/A

7.4.3 Support and assess 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. 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). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of

the following standards?

- [x] 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.
  - [ ] 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) .
  - [ ] 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).
  - [ ] 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).
  - [ ] Programs that meet all or part of state/territory school-age quality standards.
  - [ ] Other.

Describe:

N/A

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- [x] No
- [ ] Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - [ ] Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - [ ] Embeds licensing into the QRIS
  - [ ] State/territory license is a "rated" license
  - [ ] Other.

Describe:

N/A

7.4.5 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

- [x] No
- [ ] Yes. If yes, check all that apply
  - [ ] One time grants, awards, or bonuses.
  - [ ] Ongoing or periodic quality stipends
  - [ ] Higher subsidy payments
  - [ ] Training or technical assistance related to QRIS.
  - [ ] Coaching/mentoring.
  - [ ] Scholarships, bonuses, or increased compensation for degrees/certificates
  - [ ] Materials and supplies
  - [ ] Priority access for other grants or programs
  - [ ] Tax credits (providers or parents)
  - [ ] Payment of fees (e.g., licensing, accreditation)
  - [ ] Other

Describe:

N/A

7.4.6 Describe the measureable indicators of progress relevant to this use of funds 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

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the 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. 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.

7.5.1 What activities 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? Check all that apply and describe

☐ 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:

N/A

☐ Establishing or expanding the operation of community- or neighborhood-based family child care networks.

Describe:

N/A

☑ Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers

Describe:

The South Dakota Early Childhood Enrichment (ECE) System utilizes the Program for

Infants and Toddler Care (PITC) philosophy of care as the foundation for all infant and toddler training. In July 2017, the Region VIII Infant and Toddler Specialist from the State Capacity Building Center provided the Relationship-Based Care Training for Trainers in South Dakota as a professional development opportunity. The group consisted of ECE trainers, licensing staff, and tribal Early Head Start staff. A pathway for infant and toddler training has been developed where child care providers new to infant and toddler care can receive an introduction to caring for infants and toddlers through an entry level training series and then further their education, taking the Child Growth and Development training which is offered as part of the South Dakota Child Development Associate (SD CDA) training program. Upon completion of these two trainings, a provider is eligible to receive an infant and toddler certificate. After receiving the South Dakota infant and toddler certificate, a provider is nearly halfway to completing training towards the CDA Credential with an Infant and Toddler setting. An Infant and Toddler Best Practice series is an advanced training offered to providers on the strategies, activities, and approaches that are most effective in working with infants and toddlers. In addition, basic enrichment classes on topics such as Safe Sleep Practices and Shaken Baby Prevention to Learning Spaces for Infants and Toddlers and Separation Anxiety.

☑ 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 Early Childhood Enrichment (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 that provide coaching services have completed the Child Care Aware Training Academy's Improving the Quality of Child Care Programs through Coaching course.

☑ 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 Division Director serves on the State Inter-Agency Group for the Birth to Three South Dakota Program. In addition, the Early Childhood Enrichment (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. Child Care Services 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 and how they can be an integral part of improvement for that child.

☑ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments

Describe:

The framework for a state voluntary quality framework program contains a requirement for age-specific training as well as training in quality indicators. The 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 will be 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.

☐ Developing infant and toddler components within the state/territory's child care licensing regulations

Describe:

N/A

☑ Developing infant and toddler components within the early learning and developmental guidelines

Describe:

The Early Learning and Development Guidelines (ELDG) include 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.

☐ 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:

N/A

☐ 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:

N/A

☐ Coordinating with child care health consultants.

Describe:

N/A

☑ 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.

☐ Other

Describe:

N/A

7.5.2 Describe the measureable indicators of progress relevant to this use of funds 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 Early Childhood Enrichment (ECE) system utilizes pre and post surveys to measure knowledge gain of providers attending infant/toddler specific training. 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 put the knowledge they have gained into practice. These forms collect information on the 5 key measures that determine if a child care provider will/does positively change practice. These measures are: knowledge gain, 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. The measurable indicator for the Safe Sleep Best Practice project will be the reduction in the number of programs in compliance with the safe sleep requirements. The measures for the infant toddler health and safety grants will be provider observations of improved quality environments for infants and toddlers. The measures for the Quality Framework will be completion of an assessment that measures progress of achievement in the levels. 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.

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand 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.

7.6.1 Describe the measureable indicators of progress relevant to this use of funds 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

Although the State does not have a federally defined child care resource and referral system (CCR&R), the Division of Child Care does contract with 5 Early Childhood Enrichment (ECE) programs to provide training, technical assistance, and coaching similar to a CCR&R.

7.7 Facilitating Compliance With State Standards

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:

Child Care Services (CCS) utilizes CCDF quality fundsto support the state's Early Childhood Enrichment (ECE) system to promote the health, safety, and development of young children in child care settings. The Early Childhood Enrichment (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.

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- [ ] No
- [x] Yes. If yes, which types of providers can access this financial assistance?
  - [x] Licensed CCDF providers
  - [x] Licensed non-CCDF providers
  - [ ] License-exempt CCDF providers
  - [ ] Other

  Describe:

7.7.3 Describe the measureable indicators of progress relevant to this use of funds 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 gain of providers. 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 change 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 gain, 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 are able to come into compliance with state regulations and improve the health and safety of children in care.

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

South Dakota has identified five main indicators of quality within the draft voluntary quality framework. These are: Health and Safety, Space and Materials, Activities and Experiences, Relationships and Interactions and Program Management. Under each indicator are specific knowledge and practices that must be completed in order to receive the designation of meeting a quality level. The current plan identifies using the Environmental Rating Scales to assess improvements and positive impact for children. However, as other tools become available, additional tools may be used as needed to assist programs in continuous quality improvement. During this Plan, the Division of Child Care Services will evaluate program progress through movement in this quality system as well.

7.8.2 Describe the measureable indicators of progress relevant to this use of funds 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

Progress in improving the quality of child care programs through the SD Quality Framework will be measured by tracking participating child care programs enrollment in and movement

toward higher levels of the system. In addition, the Division of Child Care Services will track the programs ability to successfully maintain a quality level designation. Levels 1 and 2 of the system are documented primarily through program self-report. As programs move into level 3, they will be required to complete a program self-assessment of the quality indicators completed. In Level 4 an external review of the program indicators will be completed. Investments in programs at each level will be based on the programs achievement in meeting those standards throughout the year. The current plan identifies using the Environmental Rating Scales to assess improvements and positive impact for children in Levels 3 and 4 of the proposed framework. However, as other tools become available, additional tools may be used as needed to assist programs in continuous quality improvement.

7.9 Accreditation Support

7.9.1 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?

☐ Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes

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

N/A

☐ 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:

N/A

☐ 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:

N/A

☐ Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

☐ Focused on child care centers

Describe:

N/A

☐ Focused on family child care homes

Describe:

N/A

☐ No, but the state/territory is in the accreditation development phase

☐ Focused on child care centers

Describe:

N/A

☐ Focused on family child care homes

Describe:

N/A

☑ No, the state/territory has no plans for accreditation development

7.9.2 Describe the measureable indicators of progress relevant to this use of funds 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

NA

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children

South Dakota's professional development system utilizes a combination of research and evidence-based resources. Entry level training is available for infant-toddler, preschool, and school-age providers. Individuals completing the entry level training series have an opportunity to complete additional age-specific training to receive a state age-specific certificate. Age-specific entry level, certificate and credential training along with stand-alone special topic classes provide meaningful learning experiences. The most impactful projects that bring about staff behavior change are those that provide a combination of on-site technical assistance and coaching opportunities with training. For example, **fitCare** is a collaborative effort that includes the South Dakota Department of Social Services, Division of Child Care, South Dakota Department of Health, 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). The special emphasis on emotional management (Mood), rest and relaxation (Recharge) are unique to this curriculum and is often overlooked in other such programs. Following the training, caregivers are provided with an opportunity to receive individualized technical assistance to put their knowledge into practice. Through this support, the caregiver identifies a specific goal they want to work on and with support from the Early Childhood Enrichment (ECE) program, develops an action plan to work toward that goal. As part of Healthy South Dakota, a representative from the Division of Child Care chairs the Parents and Caregivers subcommittee and participates in the Chronic Disease Prevention workgroup to collaborate with other agencies to bring nutrition and physical activity resources to the early childhood field and parents. 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, 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. Potential new relationships with local community mental health agencies are being explored to allow for expansion of the program in other regions of the state in the event that additional funding to support the project becomes available. In an effort to expand expertise in this area statewide, in September 2017, a 2-day Train the Trainer event was held to review the bottom level of the Pyramid Model for both Infants/Toddlers and Preschoolers, to provide information and supports for child care providers. Attendees included ECE trainers and Licensing Specialists. Additional trainings are proposed during this state plan that offer child care providers of infants and toddlers and preschoolers insight to working with children who have challenging behaviors. In addition to the supports provided through the Move class as part of the fitCare program, the **Physical Activity Technical Assistance (PATA) program** is available to early childhood programs in the Sioux Falls ECE's regional service area. PATA is a collaborative effort that includes the South Dakota Department of Social Services, Division of Child Care, 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. The process begins with an online Director's training on the importance of program policies. 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, based upon 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. 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, two trainings are available through the Early Childhood Enrichment (ECE) system. These training series will be broken out to address utilization of the guidelines with infants and toddlers and with preschoolers. In addition, to these training opportunities, additional training regarding physical development is available as part of the South Dakota Child Development Associate (SD CDA) Training program and a variety of regional training opportunities on child development for children birth to age 12.

7.10.2 Describe the measureable indicators of progress relevant to this use of funds 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

fitCare and Early Learning and Development Guidelines: The ECE system conducts pre and post surveys to measure knowledge gain of providers attending specific training series. 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 5 key measures that determine if a child care provider will/does positively change practice. These measures are: knowledge gain, 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. **Social Emotional Foundations Project**: The measure of progress for this project is that the interventions provided by the Early Childhood Enrichment (ECE) agencies and the local community mental health agency result in the child being able to remain in their current child care setting. **Physical Activity Technical Assistance (PATA):** Program progress in the PATA program is measured through 4 stages of involvement (action with the director, action with staff, action with parents and maintenance). Successful completion of the program will be 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 parent and staff handbook. The Division will track the number of programs in the maintenance stage along with the number of staff reached and children impacted through this program.

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable 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 Early Learning and Development Guidelines (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 gain of providers to measure progress and quality improvement.

7.11.2 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 measureable 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 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. Check all that apply:

☑ Train on policy manual

Describe:

Assistance caseworkers receive regular training on program policies, regulations and requirements found in the Subsidy Policy Handbook. 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 caseworkers conduct a periodic review of case files to ensure quality work and program requirements are followed which reinforces program and staff accountability. The Program Specialist provides periodic training for other entities such as TANF employment specialists who work with and share child care assistance information.

☑ Train on policy change notices

Describe:

Assistance caseworkers receive regular training on program policies, regulations and requirements and updated 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 caseworkers conduct a periodic review of case files to ensure quality work and program requirements are followed which reinforces program and staff accountability. The Program Specialist provides periodic training for other entities such as TANF employment specialists who work with and share child care assistance information.

☑ Ongoing monitoring and assessment of policy implementation

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. Administration and eligibility determination is completed in the central office for ease of ensuring consistency with accountability policies and practices.

☐ Other

Describe:

N/A

8.1.2 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:

☑ 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. Providers annually sign a 'Provider Agreement for Child Care Assistance' which outlines the requirements for participating in the assistance program, including appropriate record keeping.

☑ 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. Quarterly activity and expense reports are required to be submitted. Onsite overviews of processes and procedures are conducted by Child Care Services staff. 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.

☑ Tracking systems to ensure reasonable and allowable costs

Describe:

The State Department of Social Services Division of Finance, tracks expenditures attached to specific accounts and funding sources. The state computer systems track allowable payments to providers. Monthly tracking data is provided to the Division of Child Care Services to also track categories of expenditures to ensure expenditures are coded to the correct area.

☐ Other

Describe:

N/A

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

☐ Conduct a risk assessment of policies and procedures

Describe:

N/A

☑ 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.

☑ Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

The Program Specialist conducts periodic case file reviews to ensure caseworker

accuracy. Inaccuracies are reviewed with the caseworker. The Department's Provider Reimbursement and Audits provides strategies in establishing reimbursement methodology and practices to reduce risk.

☐ Other

Describe:

N/A

8.1.4 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 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. Include a description of the results of such activity.

☑ 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

When processing applications, the subsidy caseworks 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/IPV prevention.

☑ Run system reports that flag errors (include types).

Describe:

There are several reports that flag errors. A monthly auto-generated report identifies individuals receiving both State and Tribal administered CCDF funds. A monthly auto-generated 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.

☑ Review enrollment documents and attendance or billing records

Describe:

These records are typically used during an audit to validate information submitted by the child care provider or to identify inaccurate provider billing practices.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

The subsidy program supervisor conducts periodic quality assurance reviews of 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.

☑ Audit provider records.

Describe:

Provider attendance records are reviewed during an audit to determine compliance with program requirements.

☑ Train staff on policy and/or audits.

Describe:

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.

☐ Other

Describe:

N/A

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.

☑ 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:

When processing applications, subsidy caseworks 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 fromthese programs. This helps to maintain program integrity by identifying when additional information is needed to verify information.

☑ Run system reports that flag errors (include types).

Describe:

There are several reports that flag errors. A monthly auto-generated report identifies individuals receiving both State and Tribal administered CCDF funds. A monthly auto-generated 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.

☑ Review enrollment documents and attendance or billing records

Describe:

These records are typically used during an audit to validate information submitted by the child care provider. This assists Child Care Services in learning which providers may need technical assistance or training to improve practices.

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

The subsidy program supervisor conducts periodic quality assurance reviews of 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.

☑ Audit provider records.

Describe:

Provider attendance records are reviewed during an 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.

☑ Train staff on policy and/or audits.

Describe:

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.

☐ Other

Describe:

N/A

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.

☑ 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:

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. Information from the application is checked against existing

information from other programs. This helps to ensure Child Care Services 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.

☑ Run system reports that flag errors (include types).

Describe:

A monthly auto-generated report monitors against duplicate certificates for families and if duplicate certificates are discovered, the caseworker immediately corrects the error.

☐ Review enrollment documents and attendance or billing records

Describe:

N/A

☑ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

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.

☐ Audit provider records.

Describe:

N/A

☑ Train staff on policy and/or audits.

Describe:

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.

☐ Other

Describe:

N/A

8.1.5 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) Check and describe all activities 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. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

N/A

☑ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

The Lead Agency coordinates with the Department of Social Services, Office of Recovery and Fraud Investigation (ORFI) when further investigation is necessary in a potential fraud case orintentional 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.

☑ Recover through repayment plans.

Describe:

Recovery of improper payment due to fraud or intentional program violations is typically coordinated by the Department of Social Services, Office of Recovery and Fraud Investigation (ORFI) and may include repayment plans if a lump sum repayment is not negotiated. OFRI staff have expertise in fraud detection and recovery

efforts.

☑ Reduce payments in subsequent months.

Describe:

Recovery of improper payment due to fraud or intentional program violations may include reduction in future payments should the provider qualify to begin receiving subsidy reimbursements and still holds a debt due to fraud or an intentional program violation.

☐ Recover through state/territory tax intercepts.

Describe:

N/A

☐ Recover through other means.

Describe:

N/A

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

N/A

☐ Other

Describe:

N/A

b) Check 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:

☑ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

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.

☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

N/A

☑ Recover through repayment plans.

Describe:

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.

☑ Reduce payments in subsequent months.

Describe:

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.

☐ Recover through state/territory tax intercepts.

Describe:

N/A

☐ Recover through other means.

Describe:

N/A

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

N/A

☐ Other

Describe:

N/A

c) 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.

☑ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

Typically, a minimum dollar amount of $50 must be met before recovery is implemented due to an agency error. A minimum amount helps ensure efficient use of staff time in recovery efforts.

☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

N/A

☑ Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

Repayment through repayment plans may be used to recover funds related to agency errors. Repayment plans outline the agreement between the parties. When parties agree on the plan, repayment is more likely.

☑ Reduce payments in subsequent months.

Describe:

If a provider fails to repay the funds due to an agency error, the overpayment may be

recovered by reducing future payments. Because the provider can continue to be paid for services while that amount is reduced to repay the debt, repayment is more likely.

☐ Recover through state/territory tax intercepts.

Describe:

N/A

☐ Recover through other means.

Describe:

N/A

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

N/A

☐ Other

Describe:

N/A

8.1.6 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:

☑ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

If a recipient is proven to have committed an intentional program violation (IPV), he/she may be disqualified from receiving assistance. The first offense IPV is disqualification from receiving any monies or assistance from Child Care Services 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 Child Care

Services. 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.

☑ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe:

If a provider is proven to have committed an intentional program violation, he/she may be disqualified from receiving subsidy reimbursement. First offense IPV is disqualification from receiving any monies or assistance from Child Care Services for a period of one year. The second offense IPV is 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 Child Care Services. 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.

☑ Prosecute criminally.

Describe:

In cases of fraud, which are handled by Department of Social Services, Office of Recovery and Fraud Investigation (ORFI), the Department may pursue criminal prosecution.

☐ Other.

Describe:

N/A

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting

a time-limited waiver extension.

☑ **Appendix A.7:** Interstate criminal registry or repository check for new or prospective staff. (See related question at 5.4.6 (a))

Describe the provision from which the state/territory seeks relief.

The provision from which Child Care Services is seeking relief is conducting the interstate criminal repository check for newor prospective staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

New staff working in the programs prior to having the interstate checks completed are supervised until allthree in-state checks and two national checks have been completed, which includes the FBI and state fingerprint background check, an NCIC Sex Offender Registry check, a state child abuse and neglect registry check, and a state sex offender registry check. Completion of three in-state checks and two national checks provides a certain level of assurance for child safety. The system of obtaining the interstate background checks is not at the point of complete accessibility to states who need the information in a timely manner. A temporary waiver of this provision will allow South Dakota, with the federal technical assistance teams, to develop a more seamless process for obtaining these checks so the programs hiring staff needed to meet staff to child ratios aren't taxed with more burdensome processes and timelines that don't provide the information needed.

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.

New staff working in the programs prior to having the interstate checks completed are supervised until all three in-state checks and two national checkshave been completed, which includes the FBI and state fingerprint background check, an NCIC Sex Offender Registry check, a state child abuse and neglect registry check, and a state sex offender registry check. Completion of three in-state checks and two national checks provides a certain level of assurance for child safety.

☑ **Appendix A.8:** Interstate criminal registry or repository check for existing staff. (See related question at 5.4.6 (b))

Describe the provision from which the state/territory seeks relief.

The provision for which South Dakota seeks relief is conducting the interstate criminal repository check for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The system of obtaining the interstate criminal background checks is not at a point of complete accessibility to states who need the information in a timely manner. A temporary waiver of this provision will allow states, with the federal technical assistance teams, to develop a more seamless process for obtaining these checks so the programs hiring staff needed to meet staff to child ratios aren't taxed with more burdensome processes and timelines. Child Care Services is working on its own system to track which checks have been completed to support programs in this journey.

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.

At the time staff are hired without the three interstate checks completed, they have already completed an FBI and state fingerprint background check, an NCIC Sex Offender Registry check, a state child abuse and neglect registry check, and a state sex offender registry check providing a level of assurance for the safety of children in care.

☑ **Appendix A.9:** Interstate sex offender registry or repository check for new or prospective staff. (See related question at 5.4.7 (a))

Describe the provision from which the state/territory seeks relief.

The provision for which South Dakota seeks relief is conducting the interstate sex offender registry check for new and prospective staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The system of obtaining the out of state background checks is inconsistent. A temporary waiver of this provision will allow states, with the federal technical assistance teams, to develop a more seamless process for obtaining these checks so whenhiring staff, programs know what is needed to get their staff on board quickly and efficiently.

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.

New staff working in the programs prior to having the interstate checks completed are supervised until all three in-state checks and two national checkshave been completed, which includes the FBI and state fingerprint background check, an NCIC Sex Offender Registry check, a state child abuse and neglect registry check, and a state sex offender registry check. Completion of three in-state checks and two national checks provides a certain level of assurance for child safety.

☑ **Appendix A.10:** Interstate sex offender registry or repository check for existing staff. (See related question at 5.4.7 (b))

Describe the provision from which the state/territory seeks relief.

The provision for which South Dakota seeks relief is conducting the interstate sex offender registry check for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The system of obtaining the interstate sex offender background checks is inconsistent. A temporary waiver of this provision will allow states, with the federal technical assistance teams, to develop a more seamless process for obtaining these checks so the programs hiring staff needed know what is needed to get the staff on board quickly.

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.

At the time staff are hired without the three interstate checks completed, they have already completed an FBI and state fingerprint background check, an NCIC Sex Offender Registry check, a state child abuse and neglect registry check, and a state sex offender registry check providing a level of assurance for the safety of children in care.

☑ **Appendix A.11:** Interstate child abuse and neglect registry check for new or prospective staff. (See related question at 5.4.8 (a))

Describe the provision from which the state/territory seeks relief.

The provision for which South Dakota seeks relief is the interstate child abuse and neglect registry check for new or prospective staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The system of obtaining the interstate child abuse and neglect checks is the most inconsistent of all checks, because each state hassignificantly different requirements, forms and processes. A temporary waiver of this provision will allow South Dakota, with the federal technical assistance teams, to develop a system that provides access to the forms and processes required of each state. Child Care Services will provide program directors access to this information so they can efficiently submit correct information to reduce the time it takes to obtain the results of this check and get staff hired in order to meet staff to child ratios.

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.

New staff working in the programs prior to having the interstate checks completed are supervised until all three in-state checks and two national checkshave been completed, which includes the FBI and state fingerprint background check, an NCIC Sex Offender Registry check, a state child abuse and neglect registry check, and a state sex offender registry check. Completion of three in-state checks and two national checks provides a certain level of assurance for child safety.

☑ **Appendix A.12:** Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b))

Describe the provision from which the state/territory seeks relief.

The provision for which South Dakota seeks relief is the interstate child abuse and neglect registry check for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The system of obtaining the interstate child abuse and neglect registry checks is the most inconsistent of all checks, with each state having different requirements, processes and forms. A temporary waiver of this provision will allow states, with the federal technical assistance teams, to develop a more seamless process for obtaining these checks so the programs hiring staff needed to meet staff to child ratios, aren't taxed with more burdensome processes and timelines. Child Care Services will work on a system to

provide licensing centers access to what is needed for each state to ensure correct documents are submitted and ultimately reducing the time it takes to request these checks.

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.
Staff working in the programs prior to having the interstate checks completed, have already completed an FBI and state fingerprint background check, an NCIC Sex Offender Registry check, a state child abuse and neglect registry check, and a state sex offender registry check. Completing five backgrund checksprovides a level of assurance for child safety.

☑ **Appendix A. 13:** New staff hired to work provisionally until background checks are completed. (See related question at 5.4.9)

Describe the provision from which the state/territory seeks relief.
The provision South Dakota is seeking relief is requiring the state criminal check, where the individual resides,or the FBI fingerprint check results to be on file prior to hiring a staff person in a program.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children
The waiver will allow staff, while supervised by someone who has already completed the in-state background checks, to be hired to work in a child care program while awaiting their results of all in-state background checks. Child care providers had concerns that requiring staff to have the results of the FBI or state criminal checks prior to working at a child care program would be a hardship for the program in meeting child to staff ratios. Child care programs indicate they rarely receive more than a two week notice when a staff person's employment ends and often less than two weeks. The programs stated requiring this check be on file before working in the center will result in not meeting ratios or the other alternative is reducing the number of children in care for a time until results are received so ratio is met, which would leave parents suddenly without child care options.

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.

Staff, awaiting the results of interstate background checks, will be supervised by a staff person who has already completed three in-state checks and two national checks, helping to ensure the safety of children in care.