

# CHILD CARE RATE DECLARATION FORM

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

**Provider Name:** \_\_\_\_\_

**Provider county:** \_\_\_\_\_ **Provider ID:** \_\_\_\_\_

*(include all sites impacted by rates)*

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

**1. Attach your rate sheet to this form (required if you provide this to families)**

If the remaining questions on this form can be answered by looking at your rate sheet, simply complete question #5 and mail the form and rate sheet to our office.

**2. If you offer discounts, please explain the discounts you provide (how much, for whom):** \_\_\_\_\_

**3. What is the rate you charge for the following:** \_\_\_\_\_ (Circle One)

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

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

**4. Are your rates for school-age children different between the school-year and summer?**  Yes  No

**4a.** If yes, when do your school-year rates go into effect for the current school year? \_\_\_\_\_  
*(month/day/year)*

**4b.** If yes, when will your summer rates go into effect? \_\_\_\_\_  
*(month/day/year)*

**4c.** School year School Age (age 6 or older): \$ \_\_\_\_\_ per Hour Day Week Month NA

**4d.** Summer School Age (age 6 or older): \$ \_\_\_\_\_ per Hour Day Week Month NA

**Provide any details about the rates you charge which were not captured by what you wrote above:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Form completed by:** \_\_\_\_\_  
*Printed name* *date* *contact phone number*

## Office Use

Provider follow-up with: \_\_\_\_\_ date: \_\_\_\_\_  document call notes  
Online srch cross-check for all sites  Hourly rates Yes No Pro-rating documented Yes NA  
Provider has active certs: Yes No TANF certs Yes No Caseworkers initial: \_\_\_\_\_ NA \_\_\_\_\_  
Effective date for rates: \_\_\_\_\_ Staff review initials: \_\_\_\_\_ 12/17