

May 2014

## CHILD CARE RATE DECLARATION NOTICE

### INSTRUCTIONS:

**Complete this form and return it along with a copy of your current rate schedule. Failure to provide this information shall result in ineligibility to receive child care subsidy reimbursements.**

I do not provide a rate schedule to families in my care. (Rate schedule must be included, if used).

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

Provider Number (must be included): \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider City: \_\_\_\_\_ County: \_\_\_\_\_

The Division of Child Care Services must ensure that Federal subsidy funds do not pay more for services than is charged to the general public for the same service. In addition, ARSD 67:47:01:15 states that 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. To comply with these Federal and State requirements, the current rates charged by your program must be submitted.

### Please Select One:

Family Day Care    Group Family Day Care    Child Care Center    School-Age Program

1. Do you charge families (including private pay) a weekly rate? \_\_\_\_ Yes \_\_\_\_ No  
(If no, skip to question #3 or #4, whichever applies)

2. What is the weekly rate for the following age categories?

Infant (4 weeks up to 3 years) \_\_\_\_\_

Toddler (3 to 5 years) \_\_\_\_\_

School Age (6 years and older) \_\_\_\_\_

3. What is your hourly rate for the following age categories?

Infant (4 weeks up to 3 years) \_\_\_\_\_

Toddler (3 to 5 years) \_\_\_\_\_

School Age (6 years and older) \_\_\_\_\_

4. If you do not charge a weekly or hourly rate, please explain how you charge all families in your care on the back of this form.

Child Care (CCS) pays all child care providers on an hourly basis. Note, the amount billed cannot exceed your established hourly or weekly rate, i.e. the rate you normally charge private pay families.

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PROVIDER SIGNATURE

DATE

I declare and affirm under the penalties of perjury that the information on this form has been completed and examined by me, and to the best of my knowledge and belief, is in all things true and correct.

**Mail the completed form along with your rate schedule to:**

Child Care Services, Department of Social Services, 910 E. Sioux Avenue, Pierre, SD 57501