Informal & In-Home Provider Policy Handbook for Child Care

South Dakota Department of Social Services

Contents

The purpose of this handbook is to assist individuals in becoming an informal or in-home child care provider and interpret the policies and regulations pertaining to this type of child care. The handbook also offers resources and information that are helpful in establishing an informal care environment.

Section 1: Informal and In-home Care Regulations

Informal or In-home Providers

Definition of Informal and In-home Child Care

An informal child care provider offers child care for only one family, in the provider's home. An in-home provider offers child care for only one family, in the child's home. An informal or in-home provider that is at least 18 years of age, and meets the requirements outlined in this handbook, is eligible for payments for care services through Child Care Services, under the Department of Social Services.

Beginning the Process

When a family participating on the Child Care Assistance program has named an in-home or informal provider on their application, Child Care Services sends the following information to the prospective provider:

- Documents to be completed for a background check (2 fingerprint cards, a Declaration Form and a Permission to Screen form)
- An Intent to Provide Services form
- A sample inspection form
- Information on orientation training requirements
- And the Provider Policy Handbook

Background Screenings

An in-home and informal provider is required to have an in-state screening ***prior to contact with children in care***. Both in-home and informal providers are also required to have an out-of-state screening completed. All household members within an informal provider are also required to have both in-state and out-of-state screenings as well. When Child Care Services is notified of an individual who will be serving as an in-home or informal provider, the following documents are sent to that provider:

1. Permission to Screen form. This form is for screening against the Central Registry of Child Abuse and Neglect. This form is completed, and results obtained prior to doing paid child care.
2. Declaration of Prior Criminal Conviction and Military History Form. List all convictions including misdemeanors and felonies. If there were no convictions, write "none" or "NA".
3. DCI fingerprint card (darker blue card). Fill out and sign the front and back of the card. This check identifies any criminal convictions in South Dakota.
4. FBI fingerprint card. Fill out and sign the front of the card. This check identifies any criminal convictions in all states.

Provider submits all completed forms to Office of Licensing & Accreditation, 910 E. Sioux Avenue in Pierre, 57501. When the forms are received, a search of the following will be completed:

1. A Central Registry check. This check will verify whether the individual has a substantiated report of child abuse or neglect. This check is not related to a criminal conviction. This check is completed prior to caring for children.

2. A South Dakota Division of Criminal Investigation (DCI) fingerprint check. This check includes any criminal convictions in South Dakota. This check is completed prior to caring for children.
3. A Federal Bureau of Investigation (FBI) fingerprint check. This check includes any criminal convictions in the United States. This check is completed prior to caring for children.
4. The National Crime Information Center (NCIC) Sex Offender Registry check. This is a national sex offender registry check. This check is completed prior to caring for children.
5. A Sex Offender Registry check. This verifies whether the individual is registered or required to register as a sex offender. This check is completed prior to the individual caring for children.

The licensing specialist for your community will review your previous residence history and if an out-of-state screening is required, all forms will be sent to you. Once all out-of-state forms are completed, they will be returned to the licensing specialist for further processing.

When the in-state and out-of-state background screening is completed, the provider will be notified by a licensing specialist regarding their eligibility results. A provider is ineligible to provide child care that is paid for by Child Care Services, if the potential provider's name is listed on the Central Registry of Child Abuse and Neglect or if the provider was convicted of any crime that prohibits employment, including:

- A crime indicating harmful behavior toward children.
- A crime of violence as defined in SDCL 22-1-2 or a similar statute of another state. Including, but not limited to, murder, rape, pedophilia, assault, riot, robbery, burglary in the first or second degree, arson, kidnapping, felony sexual contact, child abuse or neglect.
- Felony convictions of spousal abuse, physical assault or battery.
- A sex crime pursuant to SDCL chapters 22-22 or 22-24A or SDCL 22-22A-3 or similar statute of another state; or
- A substantiated report of child abuse or neglect.
- Within the preceding five years, a conviction for any other felony.

In addition, a provider is ineligible for employment if they:

- Knowingly make false statements in connection with this background screening;
- Are registered, or required to be registered, on a Sex Offender Registry; or
- Refuse to consent to the background screening.

Locations for fingerprinting

Department of Social Services offices located in:

- Rapid City – 1.800.644.2914
- Pierre – 1.800.227.3020
- Aberdeen – 1.866.239.8855
- Brookings – 1.866.267.5228
- Sioux Falls – 1.866.801.5421
- Mitchell – 1.800.231.8346

Call the office to learn about days and times available.

Most local law enforcement agencies also conduct fingerprinting for employment purposes. There may be a fee for this service.

Training Requirements

All in-home and informal providers are required to complete orientation training within 90 days of eligibility in order to receive payment from Child Care Services for the care of children receiving assistance. The orientation training is entry level training that includes the following categories:

1. Prevention and control of infectious diseases
2. Prevention of sudden infant death syndrome and use of safe sleep practices
3. Administration of medication
4. Prevention of and response to emergencies due to food and allergic reactions
5. Building and physical premises safety
6. Prevention of shaken baby syndrome and abusive head trauma
7. Emergency preparedness and response planning
8. Handling and storage of hazardous materials, disposal of bio-contaminants
9. Precautions in transporting children
10. Recognizing and reporting child abuse and neglect
11. Pediatric First Aid
12. Infant-child CPR certification, and
13. Child development

Infant and Child CPR Certification. CPR training is to include hands-on skill testing as part of the training for infants and children. The certification is to remain valid, whether it is a one-year certification or a two-year certification. There are a variety of options to obtain CPR training in your local community, including through the ECE. Contact your licensing specialist for more information.

South Dakota Child Care Provider Orientation Training - free online/on-demand training specific to South Dakota child care providers and meets the new federal requirements. The training is 6 hours long.

Recognizing & Reporting Child Abuse and Neglect -Training required for recognizing and reporting child abuse and neglect is now available on the Department of Social Services, Division of Child Protection Services website. This online/on-demand training is one hour in length and is a federally required topic for orientation training.

To access the Reporting Child Abuse and Neglect Training:

1. Visit DSS Video Training for Mandatory Reporters
2. Under “Other Links” on the right hand side of the page, find and click on “Training for Mandatory Reporters.”
3. Click on the “Begin Video” button at the bottom of the page.
4. Complete the registration information using “Licensed or Registered Child Welfare Provider” for the Reporter Type.
5. The training is about one hour in length and the time it takes for you to complete may vary.
6. The session contains six modules; you can pause, rewind and resume throughout the session.
7. If you cannot complete the session in full, you will have to start again from the beginning.
8. At the end of the training you will be able to print a certificate of completion.

This training has been made available through federal Children’s Justice Act Grant funding, the Department of Social Services, in collaboration with the Justice for Children’s Committee. The overall goal of the training is to help assure effective responses to children who are unsafe due to child abuse and neglect.

Orientation Training Verification Form

Children in Care

Once infant-child CPR certification is obtained, orientation training is completed, and the background screening results are received, an informal or in-home provider is eligible to receive payment for the care of children who receive child care assistance. Informal or in-home care is provided only to the children of one family. If an informal or in-home provider would like to expand care to children from more than one family, and still provide care for families receiving child care assistance, the provider would need to become a registered provider. Contact your licensing specialist for details about becoming a registered provider.

Ongoing Required Training

After the first year of orientation training, three hours of ongoing training is required annually for informal and in-home providers. Training in the following health and safety categories is required once every 5 years:

- Prevention and control of infectious diseases
- Prevention of sudden infant death syndrome and safe sleep
- Administration of medication
- Prevention and response to emergencies due to food and allergic reactions
- Building and physical premises safety
- Prevention of shaken baby and abusive head trauma
- Emergency preparedness
- Pediatric first aid and CPR certification
- Recognition and reporting of child abuse and neglect

- Handling and storage of hazardous materials and appropriate disposal of bio contaminants
- Appropriate precautions in transporting children (if applicable)
- Child development

Level II Health and Safety Training - The Level II online, on-demand series meets ongoing training requirements for in-home and informal providers who have completed the Level I SD Orientation to Child Care training series. The Level II training is to be taken within 5 years of eligibility for payment from the State for care of one family's children. Classes in the Level II Training briefly review content from the 13 topic areas covered in the Level I SD Orientation classes as well as take a deeper look into each area. Completion of these classes will count towards your annual required training hours.

This training series can be taken over a short span of time or it can be taken over the period of 5 years from the time the initial SD Level I Orientation training is complete to the 5-year deadline.

If you experience any technical issues with accessing the training or obtaining the training certificate, you may contact the Child & Family Resource Network at 1.800.354.8238.

For example, an informal provider can take training in Training will be available for your convenience through a training module that contains all categories except CPR and first aid, much the same process as the initial orientation training. Individual training courses obtained through the Early Childhood Enrichment (ECE) system or other professional development organization that meet these requirements within the 5-year time frame, will also be counted toward meeting this requirement. The original orientation training will not count to meet this requirement.

Documentation of Training Activities

The department will verify orientation training and ongoing 3 hours annual training has been obtained. This is typically done through certificates of completion, or documentation of coursework taken.

When keeping track of the time spent in a training activity (class attendance, video viewing, book read, etc.) use these guidelines:

- 'hour for hour' credit is given for classes or workshops attended
- 'hour for hour' credit for viewing *an approved* video
- 15 hours credit is given for each 1 credit college course completed
- 10 hours credit is given for each Continuing Education Unit (CEU) completed
- 1 hour of credit is given for every 50 pages read of reading material
- CPR training is counted 'hour for hour' of *actual* training time. The time spent waiting to test on the mannequins is not counted as training.

When documenting training activities, include the following:

- Date the training is completed, or time frame a book was read
- Title of the class, workshop, video, book, etc.
- Subject covered by the training activity (i.e. discipline, nutrition, child development)
- Training source (i.e. name of sponsoring organization, instructor name, etc.)
- Length of time of the training activity or number of pages read in a book

Health and Safety Standards

The following health and safety standards are required to be met by all informal and in-home providers.

Immunization Requirements for Enrolled Children. Children who receive care outside their own home are required to meet the Department of Health's immunization standards; the record of immunization is to be on file at the provider's home. Immunization records are not required for children who receive care in their own home. If the child has a medical exemption from immunization, the parent is to provide a written statement from the child's doctor. If there is a religious exemption from immunizations, there is to be written documentation from the child's parent. This documentation is to be on file at the child's home. An exemption in federal law to having immunization records prior to enrollment would be in the event of a family who is experiencing homelessness, or in a foster care placement. For these two situations, if the record is not accessible at the time of enrollment, the child can be enrolled, and the record is to be obtained and placed in the file as soon as possible. Notify your licensing specialist if there is a delay in obtaining an immunization record beyond two weeks after the child is enrolled.

1. A schedule of immunizations is included in Section 2 of this handbook.
2. **Hand Washing.** Hand washing is required after using the restroom, before and after meals, and before handling food. Hand washing is one of the most effective methods to reduce the spread of disease and infection.
3. **Infant Safe Sleep.** Infants up to one year of age are to sleep in a play pen or crib. Infants are to be placed on their back to sleep, and with no soft bedding such as blankets, pillows, etc.
4. **Medications.** Medications are to be kept inaccessible to children in care. Medications should remain in their original container with clear directions and expiration dates. All prescriptions are to have the child's and doctor's name on them. A signed permission to administer medication is to be completed by a child's parent. Medication Administration Form
5. **Supervision.** When children are in care, the provider is to remain awake and alert to the children's needs.
6. **Building and Physical Premises.** The home where child care is provided, is required to be in good repair and safe for children. The following standards are to be met by all informal and in-home providers:
   - Firearms, matches, lighters, and archery equipment are to remain inaccessible to children.
   - Doors and windows are in good repair; storm windows and screens are easily opened to ensure ease of evacuation when necessary.
   - Electrical outlets are covered.
   - Fuel-fired room heaters are vented to the outside.
   - The home is clean.
   - Food preparation and storage areas are clean.
   - The outside play area is safe, and free of litter, trash and weeds.
   - The outside play area is fenced if there are hazards that can cause bodily injury including bodies of water such as a swimming pool; a creek or river; a ditch that holds water for several days; etc. Or hazards that increase risk of harm such as the home being located on or near a busy road or highway.
   - The temperature of the home is appropriate for children.

7. **Prevention of Shaken Baby Syndrome and Abusive Head Trauma.** Physical, humiliating, or frightening punishment such as spanking, shaking, or hitting are not used.
8. **Emergency Preparedness and Response.** An emergency evacuation plan is to be developed for each home where care is provided. This plan should be shared between the provider and family, so everyone is aware of the exit plan in the event of a fire or emergency. In addition to a plan for evacuation, the following are required in each home where informal or in-home care is provided: four fire drills and one tornado drill are to be completed annually; a working smoke detector; and two unblocked exits on each level of the home. A sample Emergency Preparedness Plan is provided in Section 2 of this Handbook, as well as graph paper that can be used to draw the home showing the plan for evacuation.
9. **Handling and Storage of Hazardous Materials and Appropriate Disposal of Bio-contaminants.** Hazardous cleaning supplies must be inaccessible to children in care. Bio-contaminants are to be properly disposed of, see *Handling of Bio-Contaminants* Poster is Section 2 of this handbook.
10. **Precautions in Transporting Children.** All informal and in-home providers must abide by state laws related to the transporting of children. Each vehicle carries only the number of children allowed by vehicle passenger capacity. This means:
    - The vehicle must have one safety belt for each passenger.
    - Safety belts are not shared. In a crash, two children in one belt will be thrown toward each other at the speed of the vehicle, possibly causing severe child to child head injuries.
    - Children under 40 pounds are transported in a child passenger safety seat.
    - Providers comply with the seat belt requirements as established by South Dakota Law (SDCL 32-37-1 and 32-37-1.1) which include:
    - All children under five years of age transported on the streets and highways of this state shall properly secure the child in a child passenger restraint. The requirements of this section are met if the child is under five years of age and is at least forty pounds in weight by securing the child in a seat belt.
    - A passenger who is at least five and under eighteen years of age shall assure that the passenger is wearing a properly adjusted and fastened safety seat belt.

    For more information about child passenger safety you may contact the South Dakota Highway Safety Division at (605) 773-6426.
11. **Recognition and reporting of child abuse and neglect**. Suspicions of child abuse or neglect are to be reported immediately to the Department of Social Services at 1-877-224-0864, law enforcement, or the State's Attorney's office. See indicators of abuse and additional information in Section 2 of this handbook.

Inspections for Compliance with Informal/In-home Provider Standards

An announced initial inspection is completed for all new informal and in-home providers. The licensing specialist will complete the Provider Inspection form. All subsequent annual inspections will be announced and scheduled with the provider. The inspection will ensure compliance with the informal/in-home standards outlined above.

Reporting Changes in Circumstances

If you discontinue providing care for the family or move to another location, you are required to notify Child Care Services immediately at 1.800.227.3020.

Section 2: Supplemental Information & Resources

Immunization Schedule

Immunization Requirements – effective November 1, 2016

Vaccine	Birth	1 Mo	2 Mo	4 Mo	6 Mo	12 Mo	15 Mo	18 Mo	19-23 Mo	4-6 Yr
Hepatitis B (Hep B)	#1	#2			#3					
Diphtheria, Tetanus, Pertussis (DTP)			#1	#2	#3		#4			#5
Haemophilus influenzae Type b (Hib)			#1	#2	#3 *	#4				
Inactivated Poliovirus			#1	#2		#3				#4
Measles, Mumps, Rubella (MMR)						#1				#2
Varicella						#1				#2
Hepatitis A						#1 & #2 (6 months apart)				
Pneumococcal (PVC)			#1	#2	#3	#4				

= Immunization is to be given within this range of time

Combination Vaccines Often Seen on Immunization Records:

Pediarix = DTaP, Hep B, Polio Kinrix = DTaP, Polio

Pentacel = DTaP, Hib, Polio MMRV = Varicella, MMR

*NOTE: The Pedvax or ComVax Hib is 3 doses, with the 6-month immunization not required. All other Hib series are 4 doses that include the 6-month immunization, using the schedule above.

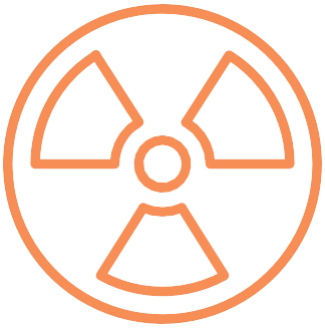
This chart indicates the recommended ages for routine administration of childhood vaccines in regulated child care programs, as of September 2016. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible, and based on input from the child's doctor.

If a child is behind on an immunization, the provider is to have on file a note from the child's doctor indicating the child is in the process of catching up on vaccinations.

Vaccine information is available from the National Immunization Information Hotline at 800-232-2522, and American Academy of Family Physicians: http://www.aafp.org.

South Dakota state law 13-28-7.1 does allow for a medical or religious exemption for immunizations. Any medical exemption is required to be signed by the child's physician. Any religious exemption is required to be in written form and signed by the child's parent. A sample copy of the religious exemption can be found on the following page.

Standard Precautions



Handling of Bio-contaminants

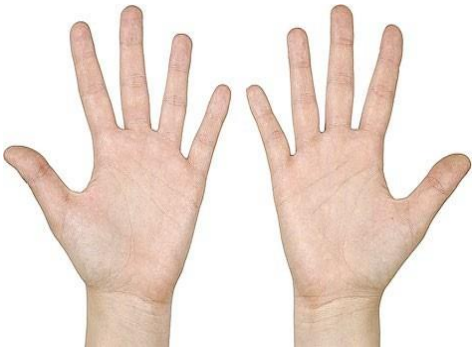
"Standard Precautions" is a term used by the U.S. Occupational Safety and Health Administration (OSHA) to refer to infection control practices.

All hazardous materials are to be stored inaccessible to children.

Registered providers are to have procedures for handling hazardous materials and bio-contaminants. In a child care program, the following standard precautions should be used any time contact with, or the possibility of contact with, blood and body fluids:

- The primary thing to remember with standard precautions is to always
- have a barrier between your skin and mucous membrane (around the eyeballs, gums, and inside the nose), and the (potentially) infectious substance. Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. The type of protective barrier should be appropriate for the procedure being performed and the type of exposure anticipated.
- Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.
- Use sterile gloves when hand contamination with blood may occur. Use vinyl or latex examination gloves for procedures involving contact with mucous membranes.
- Change gloves between contacts with children. Do not reuse surgical or examination gloves.
- Use general-purpose utility gloves (e.g. rubber household gloves) for housekeeping chores involving potential contact with blood and for instrument cleaning and decontamination procedures.
- Waste management: To clean spills of vomit, urine, and/or feces, use a commercially available cleaner (detergent, disinfectant-detergent, or chemical germicide cleaner) that will not spoil the surface being cleaned. Remove nasal secretions with tissues and throw them in the ordinary trash. For spills involving blood or other body fluids, remove all visible soil, and then disinfect the surface with freshly prepared diluted bleach. A 1:64 dilution is ¼ cup of bleach diluted in one gallon of water. Use disposable towels or tissues, and rinse mops in the disinfectant solution.

Handling of Bio-contaminates



1. Blood, body fluids and materials should never touch your skin.

2. Wear plastic gloves soiled

3. Put soiled clothing in a plastic bag

4. Clean and Sanitize

5. Place in container

6. Wash hands

Bleach Sanitizing Guidelines

Household bleach mixed with water is the most efficient sanitizer on the market. It is effective, economical, convenient and readily available. **Before using any sanitizer other than bleach, contact your licensing specialist for approval to use thate product.** Household bleach can be purchased containing different percentages of chlorine including, but not limited to, 5.25%, 6.15%, and 8.25% chlorine. Some brands have lower percentages of chlorine.

In order to determine the correct concentration of chlorine to ensure proper disinfection for the different areas of a child care program, use the following chart. If the bleach being used is a different concentration, test strips can be used to test the solution or a calculator at the following site can be used: http://www.indigo.com/sanitizer-dilution-calculator.php.

Concentration for bleach with **5.25%** chlorine

Area of Cleaning	Amount of Bleach	Amount of Water	PPM*	Rule
Diaper change table, bath tubs	1 ounce	1 quart	1600	67:42:11:06.01
Food contact areas, toys	1 ounce	2 gallons	200	67:42:11:07(03)
Kitchen sinks	1 ounce	4 gallons	100	67:42:11:07
Wiping clothes	¼ ounce	1 gallon	100	67:42:11:07

Concentration for bleach with **6.15%** chlorine

Area of Cleaning	Amount of Bleach	Amount of Water	PPM*	Rule
Diaper change table, bath tubs	1 ounce	1 quart	1600	67:42:11:06.01
Food contact areas, toys	1 ounce	2 gallons	200	67:42:11:07(03)
Kitchen sinks	1 ounce	4 gallons	100	67:42:11:07
Wiping clothes	1¼ teaspoon	1 gallon	100	67:42:11:07

Concentration for bleach with **8.25%** chlorine

Area of Cleaning	Amount of Bleach	Amount of Water	PPM*	Rule
Diaper change table, bath tubs	¾ ounce	1 quart	1600	67:42:11:06.01
Food contact areas, toys	1¼ Tablespoon	2 gallons	200	67:42:11:07(03)
Kitchen sinks	1¼ Tablespoon	4 gallons	100	67:42:11:07
Wiping clothes	¾ teaspoon	1 gallon	100	67:42:11:07

*PPM = Parts per million is a scientific term to describe a concentration level. It is used here to describe the concentration of bleach to water needed to kill germs in particular area of a day care.

Guidelines for using a Bleach Sanitizer

- Household bleach is the most efficient sanitizer on the market. It is effective, economical, convenient and readily available. If bleach is found to be corrosive on certain materials, a different sanitizer may be required. **Before using any sanitizer other than bleach, contact the licensing specialist for approval to use the product.**
- Household bleaches are acceptable only if the labels indicate they are EPA registered.
- A solution of bleach and water loses its strength and is weakened by heat and sunlight. Therefore, **a fresh mixture of the bleach solution daily**.
- Cool water between 75- and 120-degrees F should be used when mixing the bleach with water. Temperatures above 120 will cause the bleach to evaporate faster out of the water.
- Before using a bleach solution to sanitize a surface, first clean the surface with detergent and water to remove any visible surface "soil" (food, saliva, etc.). Any soil left on the surface will neutralize the sanitizer and the surface will not be properly sanitized.
- Bleach is an effective disinfectant that reacts quickly and breaks down quickly into mainly salt and water. It leaves no active residue on the surface and needs no rinse. A sanitizer must be in contact with the germs long enough to kill them. For example, when using a properly prepared solution of bleach water applied from a spray bottle to cleaned and rinsed surfaces, the minimum contact time is 10 seconds. For cleaned and rinsed dishes submerged in a container that is filled with properly prepared bleach solution, the minimum contact time is 10 seconds.
- All spray bottles and other containers in which sanitizers have been diluted for direct application must be labeled with the name of the solution (such as bleach sanitizer) and the dilution (i.e. 200 ppm, 1600 ppm). Keep all containers and bottles of sanitizer out of the reach of children.
- Bleaches that are scented or oxygen bleaches (sometimes labeled as color-safe bleach) are not acceptable for use as sanitizers in child cares as they do not contain enough active ingredients to kill required bacteria and germs.
- Bleach disposable wipes *cannot* be used in place of a bleach water solution. The wipes do not contain enough active ingredients to effectively sanitize a surface within a short period of time.

Safe Sleep

Studies have shown the techniques identified as reducing the incidence of Sudden Infant Death Syndrome (SIDS) are working because the numbers of SIDS deaths have decreased. Safe sleep requirements for child care centers and group family day cares include infants being placed on their back for every sleep time, with no pillow, blanket or other soft bedding.

The *Back to Sleep Campaign* and the American Academy of Pediatrics provide the following input for child care centers and group family day care homes in reducing the incidence of SIDS:

- **Place babies up to one year of age on their back for *every* sleep**. If baby rolls over on his tummy on his own, he can stay in that position. If baby falls asleep in a swing, or a car seat on the way to the center, put the child in a crib or play yard to sleep, not in the car seat.
- **Place baby on a firm sleep surface**. The crib or play yard needs to meet current Consumer Product Safety Commission requirements. No drop side cribs are allowed. If a baby falls asleep in a car seat, swing, stroller, or infant carrier, move him to a crib or other firm sleep surface.
- Do not use soft objects, loose bedding or any objects that could increase the risk of entrapment, suffocation, or strangulation in a crib. This includes blankets, pillows, or bumper pads in a crib or play yard. Research has not indicated when it would be 100% safe to have these objects in the crib; however, most experts agree that after 12 months of age these objects pose little risk to healthy babies. Refrain from putting blankets over a child's head while they sleep at any time, this is a suffocation risk.
- **Keep the day care environment smoke-free**. State law prohibits smoking in public places, which includes licensed child care programs.
- **Do not let babies get too warm**. Keep the room where babies sleep at a comfortable temperature. In general, babies should be dressed in no more than one extra layer than a caregiver would wear. Baby may be too hot if sweating or if his chest is warm or hot to the touch. If concerned an infant is cold, infant sleep clothing designed to keep babies warm without the risk of covering their head can be used.
- **With a parent's permission, offer a pacifier at naptime and bedtime**. Research has found this helps to reduce the risk of SIDS. It is ok if the infant doesn't want to use a pacifier. Try offering it at a later time but some infants just don't like to use pacifiers.
- **Remember tummy time**. Babies need plenty of time spent on their tummy during awake time to strengthen neck muscles.
- **More information** can be obtained on the Web from AAP.org or Healthychildren.org.

Diaper Changing Procedures

Recommended Procedures for Diaper Changing

1. Organize needed supplies so they are within reach of the diapering area:
   - ✓ fresh diaper and clean clothes (if necessary)
   - ✓ dampened paper towels or pre-moistened wipes for cleaning child's bottom
   - ✓ child's personal ointment, labeled (if provided by parents)
   - ✓ trash disposal bag
2. Place child on changing surface. Diapering surfaces are to be smooth, nonabsorbent, and easy to clean.
3. If using gloves, put them on at the start of the diapering process.
4. Remove soiled diaper and fold surface inward. Place diaper in a plastic-lined trash receptacle with a tight-fitting lid.
5. Clean child's skin with disposable cloth, removing all soil. Place the soiled cloth in trash receptacle.
6. Fasten fresh diaper in place.
7. If wearing gloves, remove and dispose of them after the clean diaper is in place.
8. Wash hands.

   NOTE: The diapering area should be next to a sink with running water so that hands can be washed without leaving the diapered child unattended. However, if a sink is not within reach of the diapering area, wipe hands with a pre-moistened wipe until the child is put down and then wash hands at a sink. *Never l*eave a child unattended on a diapering table.
9. Wash the child's hands under running water.
10. Dress the child. Remove child from changing area.
    - ✓ Clean changing surface with a sanitizing solution and disposable cloth.
    - ✓ A bleach water solution works the best and is the most economical.
    - ✓ Cloths such as Clorox wipes, do not kill the Giardia germ so are not to be used.
11. Wash hands thoroughly with soap and running water.

Hand Washing

- ✓ Run hands under warm water.
- ✓ Lather with soap.
- ✓ Rub hands together for 20 seconds.
- ✓ Rinse under water.
- ✓ Dry hands with paper towel or air blower.

☛ **Hand sanitizers are not to be used as a replacement for soap and running water. They can be used for special circumstances such as a picnic lunch where no water is available.**

3-Compartment Sink Dishwashing Method

It is recommended that dirty dishes be washed, rinsed and sanitized in a manner that prevents the spread of communicable diseases. This can occur by washing in a mechanical dishwasher or using a 3-compartment sink method.

The process for hand washing dishes using the 3-compartment sink method is to follow the **W R S** method.

W = Wash

Place the dishes in the first sink filled with 120-degree water and detergent.

R = Rinse

In the second sink, thoroughly rinse dishes in clean hot water after washing. This is very important to get all food and soap off the dishes before sanitizing.

S = Sanitize

In a third sink, sanitize each dish in warm water, that contains no less than 50 parts per million (PPM) chlorine bleach, for two minutes.

Safe Food Handling Tips

Recommendations for Keeping Food Safe

1. **Clean and Sanitize**

   - Always wash hands with soap and warm running water before handling food.
   - Always wash cutting boards, knives, utensils, and dishes with the 3- compartment sink method described in this section or in a mechanical dishwasher.
   - Always wash countertops with soapy, hot water and then sanitize with a solution of 1-ounce household bleach to 2 gallons of water.
   - Consider using paper towels to clean up the kitchen surfaces. If using
   - cloth towels, dishcloths, or sponges sanitize them in between uses in a bleach water solution to prevent the spread of germs and bacteria.
   - Wash dinner tables before and after use and then sanitize with a solution of 1-ounce bleach to 2 gallons of water.

     NOTE: Not all products listed as a sanitizer work in the same way. For this reason, CCS recommends household bleach as the sanitizer of choice. Bleach is economical to use and kills the germs and bacteria common in a kitchen area. Some sanitizers leave a residue on the counters or equipment that can be harmful. If choosing to use a sanitizer other than household bleach, it will need to be pre-approved by CCS to assure that it kills germs associated with kitchen areas and is safe to use around food and food preparation areas.

2. **Refrigeration**

   - Refrigerator temperature should be maintained at no higher than 41°F. Store meats, fish, and dairy products in the coldest part of the refrigerator.
   - Store refrigerated meats in a nonabsorbent container, so juices don't drip on other foods.

3. **Freezing/Thawing Foods**

   - Freezer temperatures should remain at 0°F or colder.
   - Freezer temp's slow bacteria growth but do not kill bacteria.
   - Thaw food either overnight in the refrigerator or defrost in the microwave immediately before cooking. Do not thaw foods on the counter, bacteria can grow as meat thaws at room temperature.
   - Never refreeze food that has been previously thawed. During thawing, bacteria can grow and remember freezing does not kill it.

4. **Mold**

   - If mold is visible on meat, poultry, or in cottage cheese, jelly, or other semi-solid foods, throw the whole product out. Mold cannot be completely removed from these types of foods.
   - If a slice of bread is moldy, throw the entire loaf. The mold roots might have spread to other slices which cannot be seen.

- If mold is visible on cheese, cut away a 1-inch section surrounding the mold and throw that portion out. The rest of the cheese is fine to eat if you don't see any more mold.

5. Cooking

- Thoroughly cook food to recommended internal temperatures to kill bacteria, viruses, and parasites. Use a food thermometer to make sure meats, chicken, turkey, fish, and casseroles are cooked to a safe internal temperature.
  - Cook roasts to at least 145º F.
  - Cook ground meat to at least 160º F.
  - Cook whole chicken or turkey to 180º F.
  - Cook eggs until the yolk and white are firm, not runny. Do not let children eat foods, such as cookie dough, that contain raw eggs.
  - Cook fish until it flakes easily with a fork.
- When using a microwave oven, check internal temperatures of foods. Cold spots are common in foods cooked in a microwave. These spots can support bacteria growth.

6. Safe Cooling and Reheating of Foods

- Reheat foods to 165º F.
- Cook food completely. Never partially cook food, let cool, and finish cooking it later. Bacteria can grow and form toxins that will not be killed by further cooking.
- Refrigerate or freeze leftover foods right away. Meat, chicken, turkey, seafood, and egg dishes should not sit at room temperature for more than 2 hours. Left-over food being saved should be cooled completely within 4 hours after cooking.
- Use left-over foods within 2 days after cooking.
- Previously cooked food should be reheated only once. Rapid reheating of foods can kill bacteria but not toxins.

Keeping the Child Care Food Environment Safe

1. Pets should always be kept away from food preparation areas such as tables and counters.
2. Pet food should be out of children's reach.
3. Before handling food, hands should be washed with soap and water for at least 20 seconds.
4. For food preparation, use utensils and surfaces that have been cleaned and sanitized.
5. Children's hands should be washed before and after meals and after outside play.

Allergies

Providers are to understand the need to ensure any food allergy requirements of the child/children in care are adhered to and proper procedures in case of an emergency.

Infant Nutrition

If infants are in care, they are to be held while bottle fed, and bottles are not propped at any time.

Sample Menus

	Monday	Tuesday	Wednesday	Thursday	Friday
Snack Or Break-fast	½ c banana ¼ c whole grain cereal ¾ c Milk	½ c pears 1 pancake ¾ c milk	½ c orange juice ½ slice toast ¾ c milk	½ c apple slices ½ mini bagel with low fat cream cheese ¾ c milk	½ c pineapple ¼ c Cream of Wheat ¾ c milk
Lunch	1 oz. chicken slices ½ c bean soup ¼ c pear slices 1 corn muffin ¾ c milk	2 meat balls ¼ c baked sweet potato fries ¼ c broccoli ¾ c milk	½ turkey sandwich ½ c mashed potatoes ¼ c carrots ¼ c orange sections ¾ c milk	2 oz. meat loaf ¼ c baked sweet potatoes ¼ c grape halves 1 dinner roll ¾ c milk	½ peanut butter and jam sandwich 4 oz. yogurt ¼ c green beans ¼ c apricots
Snack	½ c apple slices 2 oz. low fat yogurt water	½ oz. string cheese ½ c grape juice	1 pumpkin muffin ½ c milk water	2 T hummus on ½ oz. whole wheat pita wedges water	½ oz. whole grain crackers ½ oz. cheddar cheese water

	Monday	Tuesday	Wednesday	Thursday	Friday
Snack	½ c blueberries 1 oatmeal muffin ¾ c milk	½ orange juice 1 slice toast ¾ c milk	½ c strawberries 1/3 c unsweetened whole-grain cereal ¾ c milk	½ c kiwi slices 1 french toast stick (¾ slice of bread) ¾ c milk	½ c orange sections ¼ c oatmeal ¾ c milk
Lunch	1 ½ oz. roasted turkey ¼ c green beans ¼ c red grape halves ½ slice whole wheat bread ¾ c milk	1½ oz. hamburger on ½ whole grain bun ¼ c lettuce and tomato slice ¼ c apple slices ¾ c milk	1 tuna salad sandwich on 2 slices whole wheat bread ¼ c peas ¼ c banana slices ¾ c milk	1 1/1 oz. oven baked chicken ¼ c broccoli ¼ c mixed fruit 1 corn muffin ¾ c milk	1 piece of pizza with ground beef topping (1½ oz. meat) ¼ c shredded lettuce with 1 T. Ranch Dressing ¼ c peaches ¾ c milk
Snack	½ hardboiled egg ½ oz. graham crackers water	½ oz. mozzarella cheese ½ oz. wheat crackers	1 piece whole wheat muffin ½ c milk water	½ whole wheat pita pocket with 12 oz. melted cheddar cheese water	1 fruit kabob with ¼ c grapes and ¼ c apple cubes 2 oz. low-fat yogurt water

Indicators of Child Abuse and Neglect

All informal and in-home providers are considered mandatory reporters of child abuse and neglect and may have to report at some point. By reporting, you may save a child's life or prevent serious injury. Abuse and neglect may happen to any child at any time by anyone. Recognizing some common symptoms of abuse and neglect, can help bring about early intervention.

Indicators of Sexual Abuse

Physical Indicators	Behavioral Indicators
Difficulty in walking or sitting	Unwilling to change for gym or participate in PE class
Pain or itching in genital area	Withdrawal, fantasy or bizarre, sophisticated, or unusual sexual behavior or knowledge
Bruises or bleeding in external genitalia, vaginal or anal areas	Poor peer relationships
Venereal disease, especially in pre-teens	Delinquent or run-away
Pregnancy	Reports Sexual Assault by Caretaker

Indicators of Physical Neglect

Physical Indicators	Behavioral Indicators
Consistent ☐ hunger ☐ poor hygiene ☐ inappropriate dress	Begging, stealing food Extended stays at school; early arrival & late departure
☐ lack of supervision, especially in dangerous activities or for long periods	Constant fatigue, listlessness or falling asleep in class
Unattended ☐ Physical Needs ☐ Medical Needs	Alcohol or drug abuse Delinquency; thefts
Abandonment	States there is no caretaker

Indicators of Physical Abuse

Physical Indicators	Behavioral Indicators
Unexplained bruises & welts: ☐ on face, lips, mouth ☐ on torso, back, buttocks, thighs ☐ in various stages of healing ☐ clustered, forming regular pattern ☐ reflecting shape of article used to inflict; electric cord, belt buckle, etc ☐ on several different surface areas ☐ regularly appear after absence, weekend or vacation	Wary of adult contacts Apprehensive when other children cry Behavioral extremes; aggressiveness or withdrawal
Unexplained burns: ☐ cigar, cigarette burns, especially on soles, palms, back or buttocks ☐ immersion burns; sock-like, glove-like, doughnut shaped on buttocks or genitalia, patterned like electric burner, iron, etc. ☐ rope burns on arms, legs, neck or torso	Frightened of parents Afraid to go home
Unexplained fractures: ☐ to skull, nose, facial structure ☐ in various stages of healing ☐ multiple or spiral fractures	Reports injury by parents
Unexplained lacerations or abrasions: ☐ to mouth, lips, gums, eyes, genitalia	

Indicators of Emotional Abuse

Physical Indicators	Behavioral Indicators
Speech disorders	**Habit disorders** ☐ sucking ☐ biting ☐ rocking, etc.
Lags in physical developments	**Conduct disorders** ☐ anti-social ☐ destructive, etc. **Neurotic traits** ☐ sleep disorders ☐ inhibition of play
Failure to thrive	**Psychoneurotic reactions** ☐ hysteria ☐ obsession ☐ compulsion ☐ phobias ☐ hypochondria **Behavior extremes** ☐ compliant ☐ demanding ☐ passive or aggressive **Overly adaptive behavior** ☐ inappropriately adult ☐ inappropriately infant **Attempted suicide**

Reporting Child Abuse or Neglect

To report suspicions of child abuse and/or neglect, report orally to the State's Attorney, law enforcement or call Child Protection at:

1-877-244-0864

Tips for Reporting of Child Abuse and Neglect

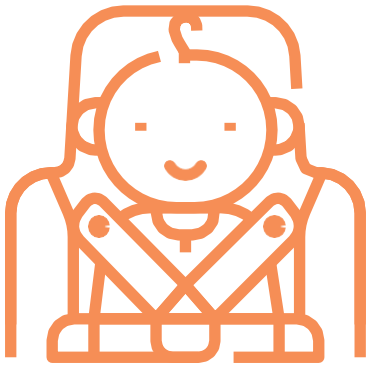
Once abuse or neglect is suspected or identified, contact the Department of Social Services or Law Enforcement as per state law requirements. Have the following information about the child(ren) available:

- child's name, address, and phone number
- child's age and sex
- parent or guardians (of child), name, address, and phone number
- day and/or time the abuse or neglect was first noticed
- any marks on the child & location of the marks any other symptoms
- current location of child and of the parent/guardian
- any other pertinent details/information

Without disclosing the source of the report, Child Protection Services will work to determine if there is sufficient information to conclude that the child is at risk.

Contact the Licensing Specialist for information, training, or to learn about special services available to protect children and strengthen families.

Transporting Children



- ✓ **All occupants of a vehicle up to age 18 years of age, must be buckled up.**
- ✓ **Children under five years of age, and under 40 pounds, are required to use an approved child safety seat in all seating positions.**
- ✓ **Only one occupant is to be restrained in each seat belt.**
- ✓ **Drivers are responsible for all passengers from birth up to age 18, which means the driver can be ticketed for not having children or youth properly restrained.**
- ✓ **This is a primary offense, which means a driver can be stopped for having children or youth not restrained in their vehicle even without another violation.**
- ✓ **South Dakota Laws:**

SDCL 32-37-1 – Use of system required-Violation as petty offense. Any operator of any passenger vehicle transporting a child under five years of age on the streets and highways of this state shall properly secure the child in a child passenger restraint system according to its manufacturer's instructions. The child passenger restraint system shall meet Department of Transportation Motor Vehicle Safety Standard 213 as in effect January 1, 1981. The requirements of this section are met if the child is under five years of age and is at least forty pounds in weight by securing the child in a seat belt. An operator who violates this section commits a petty offense.

32-37-1.1. Operator to assure that passengers between ages five and eighteen wear seat belts. Any operator of a passenger vehicle operated on a public street or highway in this state transporting a passenger who is at least five and under eighteen years of age shall assure that the passenger is wearing a properly adjusted and fastened safety seat belt system, required to be installed in the passenger vehicle if manufactured pursuant to Federal Motor Vehicle Safety Standard Number 208 (49 C.F.R. 571.208) in effect January 1, 1989, at all times when the vehicle is in motion. A violation of this section is a petty offense.

Transportation Recommendations

- A car seat is not recommended for routine sleep for children in child care or at home. Infants younger than 4 months are particularly at risk because they might assume positions that can create risk of suffocation or airway obstruction.
- Infants, birth to 1 year of age - should always ride in a rear-facing car seat.
- Toddlers, age 1 year to 3 years - Keep your 1 to 3-year-old children in REAR-FACING car seats for as long as possible. It's the best way to keep them safe. They should remain in a rear-facing car seat until they reach the top height or weight limit allowed by your car seat's manufacturer.

  Once outgrown the rear-facing car seat, they are ready to travel in a FORWARD-FACING car seat with a harness.

- Young Children, 4 years to 7 years of age - A forward-facing car seat with a harness should be used for the child until the child reaches the top height or weight limit allowed by the car seat's manufacturer. Once the child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.
- Young Children, 8 years to 12 years of age - Use a booster seat until the child is big enough to fit in a seat belt properly. To fit properly, the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not across the neck or face. The child should still ride in the back seat because it's safer there.
- All children younger than 13 years should be seated in the rear seat of vehicles for optimal protection.

Confidentiality

Informal and in-home providers shall maintain in confidence all information concerning the child's life and that of the child's family. Providers cannot share this information with unauthorized individuals. This includes sharing pictures or information regarding children or families via social network.

Early Childhood Enrichment (ECE Programs)

There are five ECE programs that promote the health, safety, and development of young children in early childhood programs by providing training and technical assistance to adults involved in day-to-day care of young children.

Training is provided on a variety of topic areas including infant and toddler care and development, activity planning, professionalism, guidance and discipline, child development, parent communication, etc. Technical assistance is also provided on issues such as behavior management, staff supervision, etc.

The ECE's also have extensive Lending Libraries. Along the same lines as a public library, providers can "check out" toys, resources, and equipment.

EARLY CHILDHOOD ENRICHMENT (ECE) PROGRAMS	
Program	**Coverage Area**
Early Childhood Connections 3645 Sturgis Road, Suite 110 Rapid City, SD 57702 342-6464 or 1-888-999-7759	Harding, Perkins, Butte, Meade, Lawrence, Pennington, Custer, Jackson, Fall River, Oglala Lakota, Haakon, Zeibach, and Bennett
The Right Turn 115 E. Sioux Avenue Pierre, SD 57501 773-4755, 1-866-206-8206	Sully, Hyde, Hughes, Stanley, Jones, Lyman, Buffalo, Brule, Mellette, Todd, Tripp, and Gregory
Sanford Children's CHILD Services 110 6th Ave SE, Suite 100 Aberdeen, SD 57401 226-5675 or 1-800-982-6404	Corson, Campbell, McPherson, Brown, Marshall, Dewey, Walworth, Edmunds, Day, Faulk, Potter, and Spink,
Brookings Child & Family Resource Network HDCFS Department, Box 2218; SDSU Brookings, SD 57007 688-5730 or 1-800-354-8238	Roberts, Clark, Codington, Grant, Hamlin, Deuel, Hand, Beadle, Kingsbury, Brookings, Miner, Lake and Moody
Sanford Children's CHILD Services 5015 S. Western Avenue, Suite 120 Sioux Falls, SD 57108 312-8390 or 1-800-235-5923	Jerauld, Sanborn, Aurora, Davison, Hanson, McCook, Minnehaha, Clay, Union, Lincoln, Charles Mix, Douglas, Hutchinson, Bon Homme, Turner, and Yankton

Emergency Preparedness Plan

Plan Developed By:_____

Date: _____

Program Information

Provider Name: _____

Registration Number: _____

Program address: _____

Program Phone Number: _____

Email: _____

Emergency Contact Name: _____

Phone Number: _____

Number of Children Enrolled: _____ Number of Helpers Employed: _____

Emergency Contact Information

Program	Name	Phone	E-mail
Medical Emergency		911	
Police		911	
Fire		911	
Hospital			
Poison Control			
Insurance			
Out-of-area contact person			
Near evacuation site contact			
Far evacuation site contact			
Child Care licensing specialist			
Child Protection Services			
Local Emergency Management			
Electric/gas company			
Water company			
Building inspector			
Plumber			

Location of Emergency Items

Daily list of children attending the program:_____

Children's emergency contact information: _____

Emergency supplies: _____

Location of home water shut off: _____

Location of home electrical/gas shut off: _____

Child Care Evacuation Plan

A child care evacuation plan is developed to assist providers and helpers in evacuating in an efficient manner and should include:

- ☐ Roles and responsibilities of providers and helpers in evacuating children and keeping them safe
- ☐ Location of exit doors
- ☐ Directions for exiting the building
- ☐ Items that should be taken when evacuating (emergency phone numbers; list of children present; etc.)
- ☐ Location where providers, helpers and children are to meet once outside

The Child Care Evacuation Plan includes the following:

_____

_____

_____

_____

Accommodations of Vulnerable Persons

A child care business is responsible for many persons who may not be able to evacuate on their own. Preplanning for more vulnerable persons helps ensure everyone is evacuated safely. Special consideration should be pre-planned for:

Infants and toddlers:_____

_____

_____

Children or helpers with a disability: _____

_____

_____

_____

Children or helpers with a chronic medical condition: _____

_____

_____

Alternative Locations

A major piece of a child care emergency plan is having a safe place to take the children should the child care home become unsafe. Choose two alternative locations; one location should be within the day care community that children and staff can walk to. The other should be outside the day care community should that immediate area be unsafe.

1. Evacuation Site – Near (within walking distance of the day care):

   Name of facility_____

   Address or location of facility _____

   Contact person(s) _____

   Site phone number_____

   Cell phone number _____

   Have you reviewed the monitoring checklist to ensure the facility is safe for children?

   ☐ Yes ☐ No

2. Evacuation Site – Far (outside the day care community)

   Name of facility _____

   Address or location of facility _____

   Contact person(s) _____

   Pphone number_____

   Cell phone number _____

   Have you reviewed the monitoring checklist to ensure the facility is safe for children?

   ☐ Yes ☐ No

Shelter-in-Place

At times when children are unable to leave the home, such as a tornado, the provider needs a plan to shelter-in-place. The space used for shelter-in-place should have access to a restroom; limited access to the outside; locks on all windows and doors; protection over windows; and access to emergency supplies.

The shelter-in-place room is located:_____

Emergency supplies are located: _____

The process for sheltering-in-place is: _____

_____

_____

_____

_____

Emergency Supplies

Child care programs will need to be prepared to accommodate several children in a small space that is often away from the items used in their care on a daily basis, such as diapers. The day care emergency supplies are kept in the following location_____, and include, but may not be limited to, the following suggested items:

- ☐ infant formula
- ☐ bottled water
- ☐ weather radio with batteries
- ☐ parent contact information
- ☐ toilet paper
- ☐ paper towels
- ☐ relocation site agreements
- ☐ hand sanitizers
- ☐ disposable cups
- ☐ first aid kit
- ☐ non-perishable food items
- ☐ flashlight and batteries
- ☐ diapers and wipes
- ☐ plastic bags
- ☐ extra children's clothing
- ☐ medical releases for children

Lock-Down Procedures

In the event of a situation that may result in harm to persons inside the home, including but not limited to a shooting, hostage incident, intruder, trespassing, disturbance, or any situation deemed harmful at the discretion of the provider or public safety personnel, the provider is to have plans for a lock-down. A lockdown drill means a drill in which the occupants of a home are restricted to the interior of the home and the doors and windows are secured to ensure no one enters or leaves until it is safe to do so.

The day care procedures for lock-down include: _____

_____

_____

_____

_____

Communication Plan

During an emergency, accommodating the needs of the children in care is the priority for a provider or helpers. Communicating the emergency plan to parents, helpers, and local emergency managers prior to an emergency; and pre-planning how to notify parents when an emergency arrives, allows providers to concentrate on the children during an emergency.

Parents will be notified by (phone tree, social media, auto text or email?.): _____

_____

The emergency plan is shared with parents (how, when, how often): _____

_____

All helpers are trained on the emergency plan (how, when, how often): _____

_____

The emergency plan is practiced with helpers and children (how, when, how often): _____

_____

Plan is shared with: (local emergency managers, fire department or local Red Cross): _____

_____

Reunification of Children with Families

After an emergency, the day care will do the following to assist in reuniting children and their parents:

_____

_____

_____

_____

_____

_____

Re-Opening After an Emergency

Items to consider or actions taken prior to re-opening the day care business after an emergency include:

- Have a professional inspection of the home and repair any damage.
- Restore meal service
- If the home was impacted, contact the licensing specialist to conduct a review of the home to ensure all regulations are met.

The day care plan for re-opening after an emergency includes: _____

_____

_____

_____

_____

_____

_____

_____

_____

Documentation of Emergency Preparedness Drills and Helper Training/Review of Plan

Current Year _____ Emergency Preparedness Plan Annual Review Date: _____

Four Fire Drill Dates: _____ _____ _____ _____

Annual Tornado Drill Date: _____

Current Year _____ Emergency Preparedness Plan Annual Review Date: _____

Four Fire Drill Dates: _____ _____ _____ _____

Annual Tornado Drill Date: _____

Additional Resources

Program/Provider Resources

Department of Social Services – Child Care Services (CCS)
http://dss.sd.gov/childcare/

- Child care licensing http://dss.sd.gov/childcare/licensing/
- Child care subsidy
  http://dss.sd.gov/childcare/childcareassistance/
- Professional development
  http://dss.sd.gov/childcare/pathwaystopd/
- Child care searchable database https://apps.sd.gov/ss45provinfo/search.aspx
- Links and resources http://dss.sd.gov/childcare/linksandresources/

Section 3: Administrative Rules and Codified Law

The requirements for Informal and In-home Child Care are based on Administrative Rules of South Dakota (ARSD), The Child Care Services State Plan, and Federal Laws.

SDCL 26-6-16 gives authority to the Department of Social Services (DSS) to develop Administrative Rules that set the standards for care of children. The rules that Informal and In-home providers are required to meet are found in Chapters 67:47:01. This chapter can be accessed on the State of SD website at: https://sdlegislature.gov/Rules/DisplayRule.aspx?Rule=67:47:01

The Federal laws pertaining to child care can be found at 42 USC § 9858c.

There are many aspects to the regulations that govern informal and in-home providers.